

Alzheimer's Society Safeguarding Adults Policy and Procedure

Policy and procedure apply to:		Employees: All	Volunteers: All
		Contractors: All	Other: non defined
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1. Safeguarding Adults Policy

What you need to know

Policy Statement:

Alzheimer's Society (the Society) is committed to working in ways which promote the freedom and the dignity of those it comes into contact. Fundamental to this is the safeguarding of those who might be vulnerable, no matter whether they are children or adults. This policy outlines our commitment to the safeguarding of adults at risk.

Adults at risk are a category of adults with care and support needs (whether or not the local authority is meeting any of those needs) that are afforded special protection by legislation. Identifying someone as an adult at risk triggers a reporting process to the local authority where the adult is residing, often followed up by an assessment carried out by the local authority and support services being offered.

Adults with care and support needs at certain times in their lives or that are disabled do not automatically fall under the category of adults at risk. See [section 2.2 below](#) for the definition of an adult at risk.

Legislation and guidance across the three nations may vary but the principles of good safeguarding practice are the same.

How we work here

The six principles of good adult safeguarding are:

1. EMPOWERMENT

Empowerment enables people to be confident in making their own decisions and giving informed consent. The proper support has to be in place for individuals to have a choice and control over the decisions that they make.

2. PROTECTION

Proper support and representation have to be there should anyone need it. The Society has to take measures to help stop any abuse from taking place (as well as detecting and reporting abuse) and offer help and support to those who are already at risk.

3. PREVENTION It is critical to try and take precautionary actions before any harm ever takes place. The primary objective here is to prevent harm, neglect or abuse. Some of the ways that can demonstrate prevention measures are:

- Raising awareness
- Training the staff
- Making information easily accessible

4. PROPORTIONALITY

Any issue that comes up should be dealt with in the least intrusive manner. This means proportionality has to be present to make sure no parties are left stranded to fend for their own.

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This ensures that services take each person into account when dealing with abuse. They will respect each individual and assess any risks presented.

5. PARTNERSHIPS

One of the crucial things to do is to form partnerships with local communities so they can coordinate in creating solutions. Their assistance in preventing and detecting signs of abuse cannot be overlooked. Partnerships allow organisations to work together with each other, as well as with the local community.

6. ACCOUNTABILITY

There should always be accountability and complete transparency in delivering safeguarding practice. Safeguarding is something that every single person takes part in. Accountability ensures that everyone contributes to their role when it comes to safeguarding vulnerable people. Everyone is accountable for their actions as individuals, services, and organisations.

Safeguarding Governance

The Society's Board of Trustees is accountable for ensuring that the Society has appropriate structure, processes, and resources in place to ensure safeguarding is central to all the organisation does, and for monitoring compliance. As part of fulfilling their duties, trustees must take reasonable steps to protect from harm, people who come into contact with the Society. This includes:

- People who benefit from the Society's work
- Staff
- Volunteers
- Other people who come into contact with the Society through its work

Lines of accountability for safeguarding throughout the Society are detailed below:

Senior Accountable Officer: Chief Executive Officer

Strategic Lead for Safeguarding: Director of Dementia Support and Partnerships

Senior Lead for Safeguarding: Associate Director of Practice and Compliance.

Designated Safeguarding Lead: Head of Safe Practice

Caldicott Guardian: Associate Director of Practice and Compliance; Head of Quality Practice and Insight

Corporate safeguarding structure: please refer to Appendix 1 for detail and information

Policy Objectives

The policy seeks to ensure that everyone involved with the Society:

- Understands their responsibility to protect adults at risk in all areas of our activities
- Knows what to do if they are concerned about the welfare of an adult at risk or are concerned about the behaviour of others towards an adult at risk
- Knows where to go for advice and support if they are not sure about any aspect of protecting an adult at risk.

1.1 Who does it apply to?

This policy applies to anyone who engages with service users and the public for or on behalf of the Society. It includes:

- All Employees
- Freelance staff and contractors
- Trustees & other governing groups
- Volunteers

Everyone has a role to play in safeguarding and the Society expects everyone to take on this responsibility in supporting good safeguarding practices and behaviours.

The Society expects all our partners to share the same commitment to safeguarding adults at risk and we expect them to have their own safeguarding policy and procedures in place which meet safeguarding requirements to a safe standard. See [section 2.11](#) for more detail.

Roles and Responsibilities

We all have a responsibility to:

- Know and work within this policy framework to safeguard adults at risk including knowing how to report concerns.
- Promote safe practices by being an excellent role model; positively involve people in developing safe practices wherever possible and report any concerns swiftly using the mechanisms in this policy.
- Encourage open communication by treating all people equally with respect and dignity and share information appropriately with others and within the law.

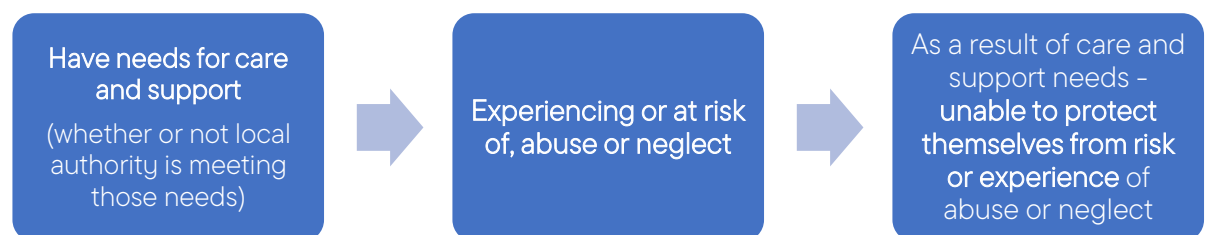
2. Safeguarding Adults at Risk Procedures

2.1 What is adult safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

2.2. Definition of an adult at risk

2.2.1 In England and Wales, safeguarding duties apply to an adult aged over 18 who is deemed to be at risk because they:



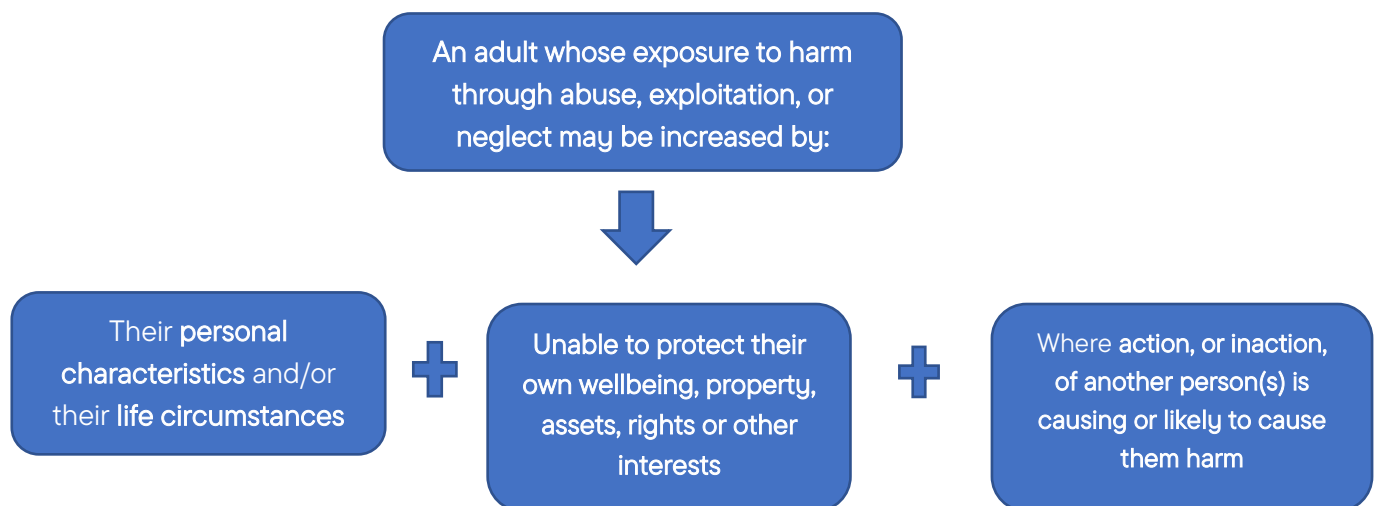
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There may be occasions when someone is aged 18 or over but is still receiving children's services (for example a disabled young person who is in a residential educational setting until aged 25, or a care leaver) and a safeguarding issue is raised. These matters should be dealt with through adult safeguarding arrangements.

'Care and support' (England and Wales) is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have. It can include help with things like getting out of bed, washing, dressing, getting to work, cooking meals, eating, seeing friends, caring for families, being part of the community. It might also include emotional support at a time of difficulty and stress or helping people who are caring for an adult family member or friend. Care and support includes the help given by family and friends, as well as any provided by the council or other organisations.

2.2.2 In Northern Ireland, the term 'safeguarding' is used in the widest sense, that is, to encompass both activity which prevents harm from occurring, and protects adults at risk where harm has occurred termed as 'adults in need of protection'.

An adult in need of protection is:



Personal characteristics may include but are not limited to age, disability, special educational needs, illness, physical frailty, or impairment of, or disturbance in the functioning of the mind or brain.

Life circumstances may include but are not limited to isolation, socio – economic factors or environmental living conditions.

For ease of reference, this policy will use the term 'adults at risk' when describing either the term 'adults in need of protection' (Northern Ireland) or 'adults at risk' (England and Wales).

2.3 Who abuses and neglects adults?

Frequently, the person who is responsible for the abuse is someone who is known to the adult although anyone can perpetrate abuse or neglect, including:

- spouses/partners

- other relatives and family members
- neighbours, friends, acquaintances
- other residents or service users attending the same support service
- strangers, including those people who deliberately befriend vulnerable people in order to exploit them
- paid staff, professionals, volunteers
- those providing or overseeing care services
- paid or unpaid carers
- another adult/adults or a child

2.4 Where can abuse and neglect of adults happen?

Abuse and neglect can happen anywhere: for example, in someone's own family and home, in a public place, online, on the phone, in the workplace, in hospital, in a care home or in college. It can take place when an adult lives alone or with others.

2.5 What is abuse and neglect?

This is the ill-treatment or abuse of an adult at risk. A person may abuse or neglect an adult at risk by inflicting harm or by knowingly failing to act to prevent harm. Incidents of abuse may be one-off or multiple and affect one person or more.

Repeated instances of poor care may be an indication of more serious problems and in order to see these patterns it is important that information is recorded and appropriately shared.

Anyone can witness or become aware of information suggesting that abuse and/or neglect is occurring. The matter may, for example, be raised by a member of staff or a volunteer, or from an external source. Regardless of how the safeguarding concern is identified, everyone should understand what to do and where to go to get help and advice. It is vital that we are vigilant and can recognise signs and indicators of safeguarding concerns. Abuse and neglect may take place in very many different forms and circumstances. Please [refer to Appendix 3](#) for Types of Abuse: Definitions and Possible Signs and Indicators.

2.5.1 Allegations of non-recent abuse

It can take many years for survivors of abuse to come forward for many different reasons; shame, fear of not being believed, difficulty in communicating or expressing the abuse. However, the alleged perpetrator may still remain a risk to others and so all non-recent allegations must be examined. Regardless of the length of time that has occurred since the abuse took place, whether involving anyone from the Society or outside of it such as partnerships/those working on behalf of the Society should still be taken seriously and acted upon in line with the Society's safeguarding policies and procedures. The Quality Safeguarding Team will work in partnership with the police and/or local authority in such cases.

2.6 Examples of where the Society may come into contact with an adult at risk

The examples below illustrate how we may come into contact with an adult at risk when working or volunteering with the Society. This list is not exhaustive:

2.6.1 Events

Concerns may be raised further to any public events, workshops, whilst meeting network volunteers or any other event where we engage with people that live with dementia and/or their carers and families. E.g., an adult visitor attending an event reported to be acting erratically, displaying suicidal thoughts, or aggressive behaviour towards others.

2.6.2 Unsolicited/solicited contact

We may be contacted directly by an adult at risk via email/social media/other digital means or other forms of communication, in response to the content of one of our campaigns.

2.6.3 Home visits

Our Dementia Advisors could become concerned about an adult being at risk of harm or self-neglect during a home visit.

2.7 Reporting and responding to abuse and neglect

2.7.1 What should you do if you get told about abuse or you witness/suspect abuse of an adult?

If there is no immediate danger and you are a CRS user, please submit a safeguarding concern via the person/profile page on CRS. Full guidance can be found on our [Arena](#) pages.

If the adult is in immediate danger or requires medical attention: You must contact the police or ambulance services on 999 or seek immediate medical attention. Once you have done that, refer the matter to the Quality Safeguarding Team as soon as possible by emailing safeguarding@alzheimers.org.uk or by contacting the Safeguarding Concern Line **0208 049 9290** and follow this up by submitting a safeguarding concern via the person/profile page on CRS.

Non CRS users – if you do not use CRS and there is no immediate danger, please complete the Society's safeguarding reporting form which you can download on our [Arena](#) pages and email this to safeguarding@alzheimers.org.uk

2.7.2 If you receive a direct disclosure about abuse or neglect

If an adult discloses information to you about their own experience of abuse or neglect it is important that you tell them that you cannot keep this confidential and that you have a duty to report. This may be a disclosure of recent or non-recent abuse.

It is important that you:

- remain calm and do not show shock or disbelief
- listen carefully to what is being said
- do not ask detailed, probing, or leading questions
- tell them that you take what they are saying seriously
- tell them what you are going to do next and that you will only tell people who you think need to know
- tell them that when you have spoken to someone, they will be told what is going to happen next, and
- make a full and written record of what has been said/heard as soon as possible.

2.7.3 What to do if you are concerned about safeguarding practices?

Modern Slavery

If you have a concern that a volunteer, employee or third-party contractor may be a victim or perpetrator of modern slavery, you need to refer the matter directly to the Head of Safe Practice (and in their absence notify the Quality Safeguarding Team) who will take appropriate action, as required. Please refer to Appendix 3 for types of modern slavery abuse and the Modern Slavery policy on Arena.

Concern relating to partner organisation or third party

In the event your concern is witnessed or disclosed within a partner organisation, you must refer your concern to the Quality Safeguarding Team who will then liaise with the organisation and any other relevant statutory agencies as required. This applies also in the case of concerns identified in a care home.

Online safeguarding concerns

If you have any online safeguarding concerns these should be referred to the Quality Safeguarding Team. This may relate to concerns relating to illegal, inappropriate, or harmful content, such as sexual images, bullying, grooming and exploitation, self-harm or suicide.

Concerns about an adult working for, volunteering for, or associated with, or representing the Society, and their contact with adults who may be at risk

You may be concerned that someone working or volunteering for or on behalf of the Society:

- is behaving, or has behaved, in such a way that an adult at risk has been harmed or may be harmed
- may possibly have committed a criminal offence against an adult at risk
- has behaved towards an adult at risk in a way that makes you think they may pose a risk of harm to others – including other adults or children
- behaves in a way that compromises the reputation and ability of the Society to safeguard adults at risk.

Examples of such behaviour (not exhaustive) could be:

- contravening or continuing to contravene any safe practice guidance for working with individuals.
- exploiting or abusing a position of trust and/or power, or consistently demonstrating a failure to understand or appreciate how their own actions could adversely impact upon the safety and wellbeing of adults at risk.
- exhibiting an inability to make sound professional judgements which safeguard the welfare of adults at risk.

- failing to understand or recognise the need for clear personal and professional boundaries in their work.
- or behaving in such a way that it seriously undermines the trust and confidence placed in them by the Society.

If you have concerns about the behaviour of a person – who is working or volunteering for, or representing, the Society – towards an adult who may be at risk, you must speak to the Head of Safe Practice or, if unavailable, the Quality Safeguarding Team immediately. Please refer to the flowcharts in Appendix 5 for more detail on the process.

2.8 What will the Quality Safeguarding Team do

The Quality Safeguarding Team is the central support team whose purpose is to promote safeguarding knowledge and best practices across the Society. It does so by being a single point of contact for the management of safeguarding concerns and allegations. Please refer to Appendix 4 for the Quality Safeguarding Team's Service Specification.

Once you have shared your concern with the Quality Safeguarding Team, they will decide what the next course of action should be, and they will be responsible for taking actions forward if the concerns relate to child safeguarding, or if it is suspected that concerns relate to an 'adult at risk'. The principle of this is that early sharing of information is the key to providing an effective response where there are emerging concerns.

A course of action may include:

- a discussion is held with the adult at risk to explore with them the way forward
- a referral is made to a statutory agency such as the police, adults safeguarding services in the local authority, children's services in the local authority where an adult at risk is a parent of a child
- a discussion is held with the carer of the adult at risk or the agency/institution that the adult attends for services
- advice is sought from a statutory agency regarding next steps, and guidance sought regarding whether to seek consent to share information, make a referral or any other case specific matter.

In the case of a partner organisation, the Quality Safeguarding Team may liaise with them to ensure appropriate action is taken.

If the allegation is about the behaviour of a person working or volunteering for, associated with or representing, the Society a separate process will be followed as per Appendix 5.

2.9 Whistleblowing

Safeguarding concerns or allegations that relate to the way the Society manages their safeguarding duties at an organisational level can also be reported via the [Whistleblowing policy and procedures](#).

2.10 Safe Recruitment

Building a culture of safeguarding depends on our ability to encourage a commitment to safeguarding amongst all those who join the organisation. This process begins at recruitment.

We demonstrate our commitment to safeguarding by:

- Ensuring all Recruiting Managers have received training on safer recruitment
- Including a statement about our commitment to safeguarding in all job adverts
- Including specific safeguarding questions in interviews for roles which have direct contact with children and adults in communities
- Completing appropriate criminal record checks and requesting two references on all staff and volunteers
- Safeguarding training is a compulsory part of the induction process for all new starters including to our Trustees
- Incorporating compliance with safeguarding in all employment and volunteering agreements

Please refer to the Safe Recruitment Policy of the Society's People Team for detailed information on the process to follow during recruitment.

2.11 Safeguarding Due Diligence with external partners

The Society is committed to entering in partnerships and sub-contractual relationships with safe organisations. This means that we take all appropriate steps to ensure that organisations that we subcontract to undertake a service on our behalf, who enter in partnership with us, or who utilise our brand, have adequate measures in place to prevent harm and to respond effectively if safeguarding issues do arise.

We will ensure this by undertaking safeguarding due diligence before entering in any contractual or other relationship with third parties.

2.12 Referrals to the Charity Commission

The Charity Commission will need to be informed of any suspicions, allegations and incidents of abuse or mistreatment that fall under the definition of serious incident. Please refer any such concerns and allegations to the Quality Safeguarding Team who will then manage and escalate this appropriately. Please refer to the [Safeguarding Serious Incident Procedure](#) on Arena for the definition of serious incident and more information.

2.13 Referrals to the Disclosure and Barring Service

If a safeguarding allegation is raised against a member of staff or volunteer of the Society, consideration will be given as to whether they are able or allowed to continue in this role depending on the outcome or any enquiries. If it is concluded that the individual should no longer be engaged in activity with adults, then the Head of Safe Practice will refer this individual to the Disclosure and Barring Service for consideration to bar the person from working with children or adults at risk.

2.14 Local Authority Statutory Safeguarding Reviews

A Safeguarding Adult Review is a review – led by a local authority in England and Wales – for all partner agencies to identify the lessons that can be learned from particularly complex or serious safeguarding adults' cases, where an adult in vulnerable circumstances has died or been seriously injured and abuse or neglect has been suspected.

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A Domestic Homicide Review is a review – lead by a local authority in England and Wales – of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were or had been in an intimate personal relationship, or a member of the same household as themselves, held with a view to identifying the lessons to be learnt from the death.

The Northern Ireland Adult Safeguarding Board initiates safeguarding adult and domestic homicide reviews following a process equivalent to England and Wales.

The Society commits to work openly, transparently, and support any request to be a participant and/or share information as part of a statutory review process initiated by a local authority. Any request for information relating to a statutory review should be shared in the first instance with the Quality Safeguarding Team who will undertake the coordination of the sharing relevant information and learning. The Quality Safeguarding Team will undertake an internal learning review of any such case at the point of notification.

2.15 Retention and storage of safeguarding information

2.15.1 Recording of information

It is essential that the Society maintains clear and comprehensive records of any concerns or allegations of actual or suspected abuse, which should detail the actions that were taken, discussions, and the outcomes.

The importance of ensuring that accurate, up to date and clear records are:

- To prevent an unnecessary re-investigation if an allegation or concern resurfaces in the future.
- Provide clarity in a situation where a future criminal records check reveals information from a police investigation that an allegation was made against a person, but did not result in a prosecution or conviction.
- To provide information to statutory services in the event of a statutory safeguarding review, case conference or court proceedings .
- To be able to provide accurate information in response for any future request for a reference for a member of staff or volunteer.
- To provide information and evidence should a decision be made to refer a person for consideration to be barred from working with children or young people
- To support the Society with best standard practices for their policies and procedures

2.15.2 Best practice rules when recording safeguarding information

- Recording should always be objective
- The records must reflect the language that is used by the person making the allegation or raising a concern. It should not be altered or amended in anyway
- Recording of a safeguarding concern or allegation should be made within 24 hours of receiving the information

2.15.3 Retention rules concerning safeguarding concerns or allegations

The general rule where concerns or allegations have been raised relating to an Adult at Risk should be kept in their personnel file for 25 years. All other safeguarding allegations and concerns should be kept for 25 years. This applies to all paid staff and volunteers.

3. Mental Capacity, Confidentiality and Consent

3.1 Mental Capacity

3.1.1 The [Mental Capacity Act 2005](#) provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf.

3.1.2. Although the Act applies only to England and Wales, the above principles are reflective of the management of capacity within Northern Ireland.

3.1.3. Whilst it is not the role of our people to formally assess capacity, there is a need to understand what capacity is and its impact on adult safeguarding in relation to consent. Further guidance can be found within the [Mental Capacity Act Policy and Procedures](#). Xx change link once reviewed

3.2 Confidentiality and Consent

3.2.1. Sharing of information as part of safeguarding practice is covered under the common law duty of confidentiality and numerous legislation and statutory guidance.

3.2.2. Staff/volunteers and anyone else engaging on behalf of the Society must assume it is their responsibility to raise a safeguarding concern if they believe an adult at risk is suffering or likely to suffer abuse or neglect, and/or are a risk to themselves or another, rather than assume someone else will do so.

They should share the information with the Quality Safeguarding Team following the processes outlined in 2.7 above.

3.2.3. Confidentiality is an important principle that enables people to feel safe in sharing their concerns and to ask for help. Sharing relevant information with the right people at the right time is vital to good safeguarding practice.

Adults at risk provide sensitive information and have a right to expect that the information that they directly provide and information obtained from others will be treated respectfully and that their privacy will be maintained. Whenever possible, informed consent to the sharing of information should be obtained. However:

- No consent is required to share and discuss safeguarding concerns or allegations with the Society's Quality Safeguarding Team.
- The Quality Safeguarding Team will reach out directly to the referrer if consent to disclose has not been provided.

- The Quality Safeguarding Team will share information only on a 'need to know' basis when it is in the interests of the adult. In accordance with Data Protection legislation, they will try and gain the consent of the adult to share information.
- If an adult refuses to consent to information being disclosed for safeguarding purposes, then the Quality Safeguarding Team must consider whether there is an overriding public interest that would justify information sharing (for example, because there is a risk that others are at risk of serious harm).
- These decisions will be taken on a case-by-case basis and in some instances it may be appropriate for the allocated Quality Safeguarding officer to seek advice from the local authority whilst initially keeping the details of the adult anonymous.

3.2.4. Whether information is shared with or without the adult at risk's consent, the information sharing process should abide by the principles of the Data Protection Act 2018. In those instances, where the person lacks the mental capacity to give informed consent, employees and volunteers should always bear in mind the requirements of the Mental Capacity Act 2005, and whether sharing it will be in the person's best interest.

3.2.5. The Data Protection Act 2018 should not be a barrier to sharing information. It provides a framework to ensure that personal information about living persons is shared appropriately.

Document details

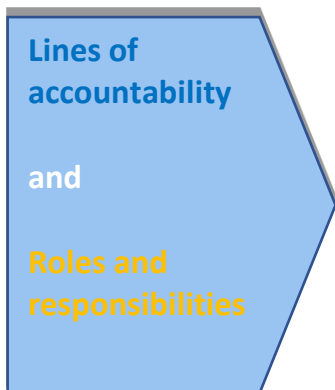
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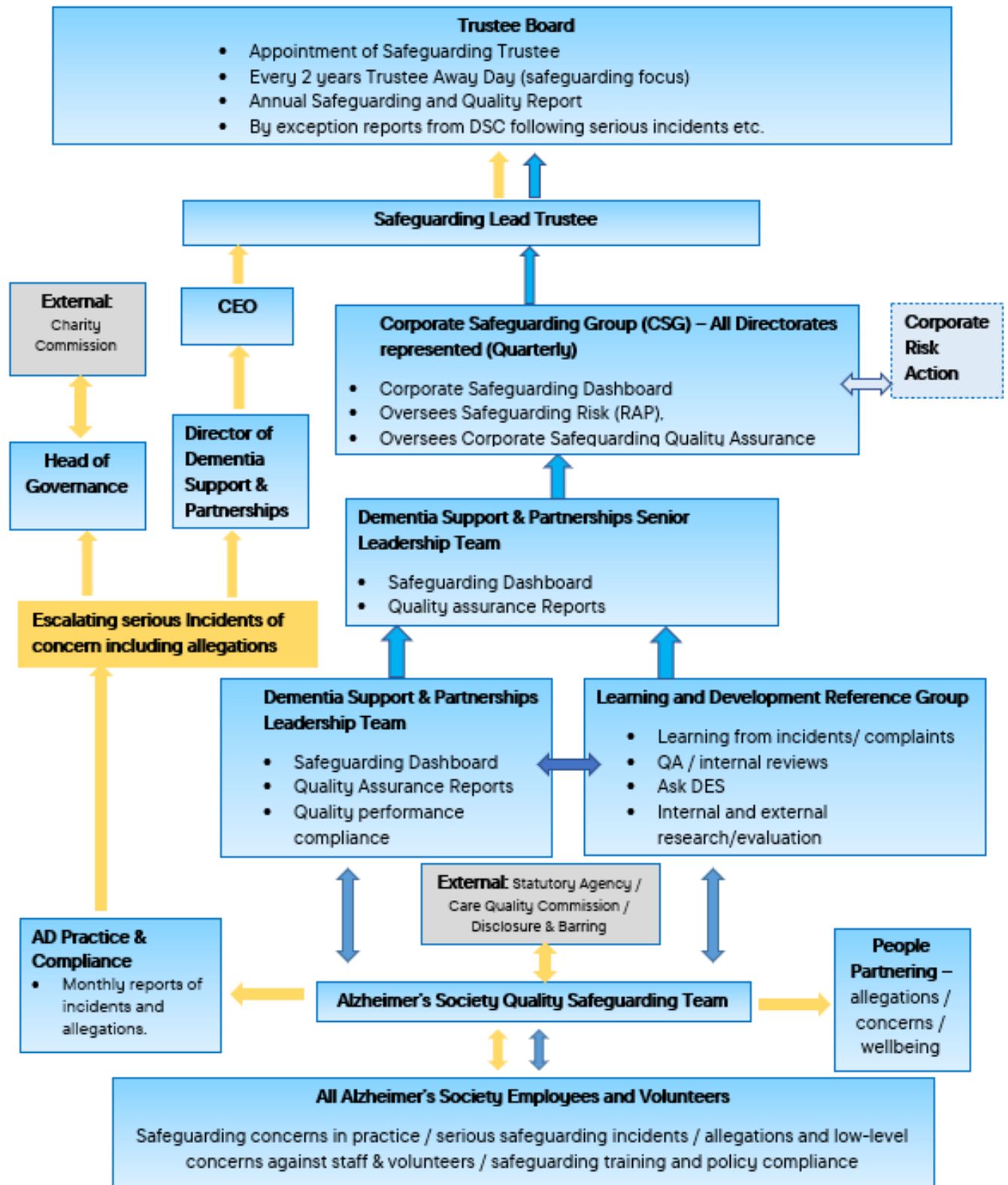
Appendices

Appendix 1: Safeguarding roles and responsibilities

Board of Trustees	Alzheimer's Society Trustees are accountable for ensuring that the organisation has appropriate structures, processes, and resources in place to ensure safeguarding is central to all that the organisation does, and for monitoring compliance. (Charity Commission for England and Wales, 2019; Charity Commission for Northern Ireland, 2019)
Corporate Safeguarding Group (CSG)	A forum to develop the strategic approach to safeguarding across Alzheimer's Society. It plays a key role in coordinating and ensuring the effectiveness of corporate safeguarding arrangements across the charity. Key issues and risks identified, improvement activity monitored, and learning promoted. Oversight and monitoring of all safeguarding risks held on the Corporate Risk Action Plan.
Chief Executive Officer (CEO)	The Chief Executive Officer is the senior accountable officer for all aspects of safeguarding across the organisation.
Safeguarding Lead Trustee	The Safeguarding Trustee is appointed by the Board reporting periodically on the work of the Corporate Safeguarding Group and other relevant Committees as appropriate.
Director of Dementia Support and Partnerships	The Director of Dementia Support & Partnerships holds the operational strategic leadership of safeguarding and accountability for operational safeguarding across the organisation.
Associate Director of Practice and Compliance	The strategic leadership of safeguarding and the quality and practice of safeguarding across the organisation is held by the Associate Director. The Associate Director is accountable for fostering a culture of continuous improvement and learning across all areas of safeguarding and line manager for the Head of Safe Practice. Alzheimer's Society Caldicott Guardian.
Head of Safe Practice	Manages and leads a dedicated team of safeguarding managers and officers to ensure consistently high standards of safeguarding practice across the organisation for children, young people, and adults at risk. Accountable for ensuring the delivery of internal escalation of risks relating to safeguarding in practice, serious incidents, and allegations against staff or volunteers.



Appendix 2: Safeguarding escalations and governance framework



Appendix 3: Categories of abuse and neglect in adult safeguarding work

The categories, along with their definitions and the signs and indicators are set out in the table below. These signs and indicators are not an exhaustive list and nor do any of these examples prove that abuse is occurring in this way. However, they do indicate that a closer look and possible inquiries may be needed.

Type	Definition	Possible Signs and Indicators
Physical Abuse	<ul style="list-style-type: none"> • assault, hitting, slapping, pushing, biting • misuse of medication • restraint • inappropriate physical sanctions, rough handling, restricting movement (e.g. tying to a chair) • scalding, burning • deliberate making uncomfortable, e.g. removing heating • involuntary isolation or confinement • force feeding or withholding food 	<ul style="list-style-type: none"> • no explanation for injuries or inconsistency with account of what happened • injuries are inconsistent with the person's lifestyle • bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps • frequent injuries • unexplained falls • subdued or changed behaviour in the presence of a particular person • failure to seek medical treatment or frequent changes of GP
Domestic abuse	<ul style="list-style-type: none"> • Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. • The abuse can encompass, but is not limited to physical, psychological, sexual, financial and emotional harm. • It also includes so called 'honour' - based violence, female genital mutilation and forced marriage. • Coercive or controlling behaviour is a core part of domestic violence. • Coercive behaviour can include: acts of assault, threats, humiliation and intimidation, harming, punishing, or frightening the person, isolating the person from sources of support, exploitation of resources or money, preventing the person from escaping abuse, regulating everyday behaviour. 	<ul style="list-style-type: none"> • low self-esteem • self-blame • physical evidence eg bruising, cuts, broken bones • verbal abuse and humiliation in front of others • fear of outside intervention • damage to home or property • isolation – not seeing friends and family • limited access to money

<p>Sexual abuse</p>	<ul style="list-style-type: none"> • rape, attempted rape or sexual assault • inappropriate touching • non- consensual sexual activity • any sexual activity that the person lacks the capacity to consent to • inappropriate looking, sexual teasing or innuendo or sexual harassment • sexual photography or forced use of pornography or witnessing of sexual acts • indecent exposure 	<ul style="list-style-type: none"> • bruising, particularly to the thighs, buttocks and upper arms and marks on the neck • torn, stained or bloody underclothing • bleeding, pain or itching in the genital area • unusual difficulty in walking or sitting • infections, unexplained genital discharge, or sexually transmitted diseases • pregnancy in a woman who is unable to consent to sexual intercourse • the uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude • self-harming • poor concentration, withdrawal, sleep disturbance • excessive fear/apprehension of, or withdrawal from, relationships • fear of receiving help with personal care • reluctance to be alone with a particular person
<p>Psychological and emotional abuse</p>	<ul style="list-style-type: none"> • enforced social isolation, eg through removing mobility or communication aids, preventing someone from being able to meet their religious needs, deprivation of contact • preventing the expression of choice and opinion • failure to respect privacy • preventing stimulation, meaningful occupation or activities • intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse • threats of harm or abandonment • cyber bullying 	<ul style="list-style-type: none"> • tension when a particular person is present • withdrawal or change in the demeanour of the person • insomnia • low self-esteem • uncooperative and aggressive behaviour • a change of appetite, weight loss/gain • signs of distress: tearfulness, anger

<p>Financial or material abuse</p>	<ul style="list-style-type: none"> • theft of money or possessions • fraud, internet scamming, postal scamming, doorstep crime • preventing someone from accessing their own money • taking ‘loans’ or ‘borrowing’ money or goods • undue pressure, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions • arranging less care than is needed to save money to maximise inheritance • denying assistance to manage/monitor financial affairs • misuse of personal allowance in a care home • moving into a person’s home and living rent free without agreement or under duress, unauthorised use of a car or possessions • misuse of a power of attorney or other legal authority • rogue trading 	<ul style="list-style-type: none"> • missing personal possessions • unexplained lack of money or inability to maintain lifestyle • financial hardship and apparent disparity between the person’s living conditions and their financial resources, e.g. insufficient food in the house, rent arrears. • impact on health and well-being as a result of shortage of money • impact on mental health resulting from mounting financial pressures • lack of heating, clothing or food • unexplained withdrawal of funds from accounts • others show unusual interest in the assets of the person • a lack of clear financial accounts held by a care home or service • unnecessary property repairs • misplacement of financial documents • sudden or unexpected changes in a will or other financial documents
<p>Modern slavery</p>	<ul style="list-style-type: none"> • slavery • human trafficking • forced labour • domestic servitude • sexual exploitation, such as escort work, prostitution and pornography • criminal exploitation and debt bondage – being forced to work to pay off debts that realistically they never will be able to 	<ul style="list-style-type: none"> • signs of physical or emotional abuse • appearing malnourished, unkempt or withdrawn • isolation from the community, seeming under the control or influence of others • living in dirty, cramped or overcrowded accommodation and/ or living and working at the same address • lack of personal effects or identification documents • always wearing the same clothes • avoidance of eye contact, appearing frightened or hesitant to talk to strangers • fear of law enforcers or government workers

<p>Discriminatory abuse</p>	<ul style="list-style-type: none"> • unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as ‘protected characteristics’ under the Equality Act 2010) • verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic • denying access to communication aids, not allowing access to an interpreter, signer or lip-reader • harassment or deliberate exclusion on the grounds of a protected characteristic • denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic • substandard service provision relating to a protected characteristic 	<ul style="list-style-type: none"> • appears withdrawn and isolated • expressions of anger, frustration, fear or anxiety • support offered does not take account of the person’s individual needs in terms of a protected characteristic
<p>Organisational abuse</p>	<ul style="list-style-type: none"> • discouraging visits or the involvement of relatives or friends • run-down or overcrowded establishment • authoritarian or rigid regimes • lack of supervision • insufficient staff or high turnover resulting in poor quality care • abusive and disrespectful attitudes towards people using the service • inappropriate use of restraints • not providing adequate food and drink, or not offering choice or promoting independence • misuse of medication or failure to provide care with dentures, spectacles or hearing aids • not taking account of individuals’ cultural, religious or ethnic needs • failure to respond to abuse appropriately • not respecting privacy eg interference with personal correspondence 	<ul style="list-style-type: none"> • lack of flexibility and choice for people using the service • people being hungry or dehydrated • lack of personal clothing and possessions, lack of clean clothing or range of clothing • absence of visitors • few social, recreational and educational activities • public discussion of personal matters • unnecessary exposure during bathing or using the toilet • lack of adequate procedures, poor record-keeping and missing documents • absence of individual care plans • lack of management overview and support

<p>Neglect and acts of omission</p>	<ul style="list-style-type: none"> • failure to provide food, shelter, clothing, heating, stimulation and activity, personal or medical care • failure to administer medication as prescribed • refusal of access to visitors • not taking account of individuals' cultural, religious or ethnic needs • not taking account of educational, social and recreational needs • ignoring or isolating the person • preventing the person from making their own decisions • preventing access to glasses, hearing aids, dentures, etc. • failure to ensure privacy and dignity 	<ul style="list-style-type: none"> • poor environment – dirty or unhygienic • poor physical presentation and/or personal hygiene • pressure sores or ulcers • malnutrition or unexplained weight loss • untreated injuries and medical problems • inconsistent or reluctant contact with medical and social care organisations • accumulation of untaken medication • uncharacteristic failure to engage in social interaction • inappropriate or inadequate clothing • depression
<p>Self-neglect</p>	<ul style="list-style-type: none"> • lack of self-care to an extent that it threatens personal health and safety • neglecting to care for one's personal hygiene, health or surroundings • inability to avoid self-harm • failure to seek help or access services to meet health and social care needs • inability or unwillingness to manage one's personal affairs 	<ul style="list-style-type: none"> • very poor personal hygiene • unkempt appearance • lack of essential food, clothing or shelter • malnutrition and/or dehydration • living in squalid or unsanitary conditions • neglecting household maintenance • hoarding • collecting a large number of animals in inappropriate conditions • non-compliance with health or care services • inability or unwillingness to take medication or treat illness or injury
<p>Radicalisation/ Prevent</p>	<ul style="list-style-type: none"> • The main aim of Prevent is to stop people from becoming terrorists or supporting terrorism. At the heart of Prevent is safeguarding children and adults and providing early intervention to protect and divert people away from being drawn into terrorist activity. 	<ul style="list-style-type: none"> • Losing interest in hobbies or education. • Changes in a person's circle of friends and disinterest in old acquaintances. • Increased social isolation.

Appendix 4: Quality Safeguarding Service Specification



Quality Safeguarding Service Specification

Alzheimer's Society Quality Safeguarding Team's purpose is to protect from harm anyone who comes into contact with our charity, and ensure the organisation is compliant with our safeguarding duties. We do this by ensuring our policies, procedures and training are in line with legal requirements and best practice; and by supporting our people to exercise their duty to protect children and adults at risk.

We deal with safeguarding risks relating to adults, whether service users and/or their carers, employees, or volunteers. We also deal with safeguarding risks relating to children, who come into contact with the Society.

There is a difference between an adult with care and support needs and an *'adult at risk'* (referred to as an *'adult in need of protection'* in Northern Ireland) as defined under legislation for the purposes of safeguarding. The Quality Safeguarding Team primarily deal with adults or children at risk of abuse, or in need of protection (NI). Taking a person centered, strengths-based approach, every situation will be assessed on the individual circumstances, adopting the six principles of safeguarding as outlined within the Care Act 2014¹.

We are responsible for:

- Risk assessing safeguarding concerns and reporting adults and children at risk, or in need of protection (NI), to the appropriate statutory agency.
- Promoting the person's voice and autonomy to make safeguarding personal.
- Creating and supporting teams to have the necessary safeguards in place, whether as part of business as usual or other activities and events.
- Designing and keeping up to date all safeguarding training.
- Keeping safeguarding policies and procedures up to date and legislatively compliant.
- Due diligence in relation to safeguarding matters when working with external organisations.
- Setting, quality assuring, and raising safeguarding standards across the organisation.
- Embedding high quality corporate safeguarding practices across the organisation.

Threshold for safeguarding adults

An 'adult at risk' is someone who (1) has care and support needs, (2) is experiencing or at risk of abuse or neglect, and (3) as a result of those care and support needs is unable to protect themselves from the abuse or neglect. Any allegations or concerns relating to an 'adult at risk' should be escalated to the Quality Safeguarding Team.

Adults that have unmet care and support needs don't automatically qualify as adults at risk for safeguarding purposes. Often their support needs are better addressed by the local authority carrying

¹ [What are the six principles of safeguarding? / SCIE](#)

² [Getting a social care needs assessment - NHS \(www.nhs.uk\)](#)



out a care needs assessment². Adults can self-refer for this assessment, or our services staff can make that referral for them, with their consent.

Examples of when to refer for a local care and support needs assessment

Unmet care and support needs refers to things like not taking medication correctly, not eating or drinking well, or poor living conditions. Below are some examples (not exhaustive) of unmet care and support needs which could (with the person's consent) be addressed by our services staff referring the person for a care and support needs assessment:

- Unintentional neglect by a carer who may be unable to safely care for the person with dementia. This could be due to lack of time, resources, or ability. Perhaps the care needs of the person living with dementia are so complex that adaptations are needed or extra support is required to safely meet those needs,
- Self-neglect of a person with dementia who lives alone. If the person has capacity, then we can only intervene if there is a significant risk. If they lack capacity, then our services staff can make a best interest decision to refer for an urgent assessment by the local authority.

Examples of when unmet care concerns should be referred directly to the Quality Safeguarding Team

- Intentional neglect is the deliberate withholding of basic care or necessities and must always be reported to the Quality Safeguarding Team.
- Harm has occurred - where harm has occurred due to the neglect, or is likely to occur, the concern should be escalated to the Quality Safeguarding Team. For example, if there the person has lost weight, had infections or illness, fallen or sustained injuries, the Quality Safeguarding Team should be consulted to consider whether a safeguarding approach is more appropriate.
- Institutional neglect such as a care home not providing medical care will always need reporting to the Quality Safeguarding Team. We are likely to report to the local authority (even without consent) because of the potential risk to others.

If you are unsure, you can contact the Quality Safeguarding Team for advice or guidance.

Threshold for safeguarding children

The Quality Safeguarding Team must be notified immediately of any child (under 18) who may be experiencing or at risk of abuse. It is best practice to seek consent to share information with the local authority from the child's parent or guardian. However, even if consent is not provided, the allegation or concern should always be escalated with the Quality Safeguarding Team. The Quality Safeguarding Team may share the allegation or concern with the local authority, police, or Local Authority Designated Officer even if they do not consent, because the child's welfare is paramount.



When to contact the team

When you have individual concerns, such as

- If you are concerned that a child or adult may be at risk of, or experiencing, abuse or neglect.
- If an allegation is made or safeguarding concern disclosed/observed about an employee or volunteer within the Society, or our third party suppliers.
- If a serious safeguarding incident^{3,4 & 5} has occurred or you suspect a serious incident may have occurred.
- If you are notified of a statutory safeguarding review following the death or serious harm to a current or previous service user.

When you have corporate safeguarding queries or concerns, such as

- When planning an event - either virtually or in person - which will involve employees and/or volunteers coming into contact with people affected by dementia.
- When planning a new service, or significant changes to an existing service.
- When planning a new activity that involves volunteers under the age of 18.
- If you are making changes to a process which could impact on the protection afforded to people who come into contact with the organisation.
- To provide guidance on suitability of a criminal records check for a new role within the Society.
- When you want guidance or advice relating to any safeguarding matter across the Society.

Safeguarding@alzheimers.org.uk or 0208 049 9290

The Quality Safeguarding Team work 9am-5pm Monday to Friday.

They are on call for urgent queries only (5pm-8pm Mon to Wed, and 10am-4pm on weekends)

³ A Serious Incident is defined by the Charity Commission as an adverse event, whether actual or alleged, which results in or risks significant:

- harm to your charity's beneficiaries, staff, volunteers or others who come into contact with your charity through its work (who are collectively referred to throughout this guidance as people who come into contact with your charity through its work)
 - loss of your charity's money or assets
 - damage to your charity's property
 - harm to your charity's work or reputation
- *significant* means significant in the context of your charity, taking account of its staff, operations, finances and/or reputation

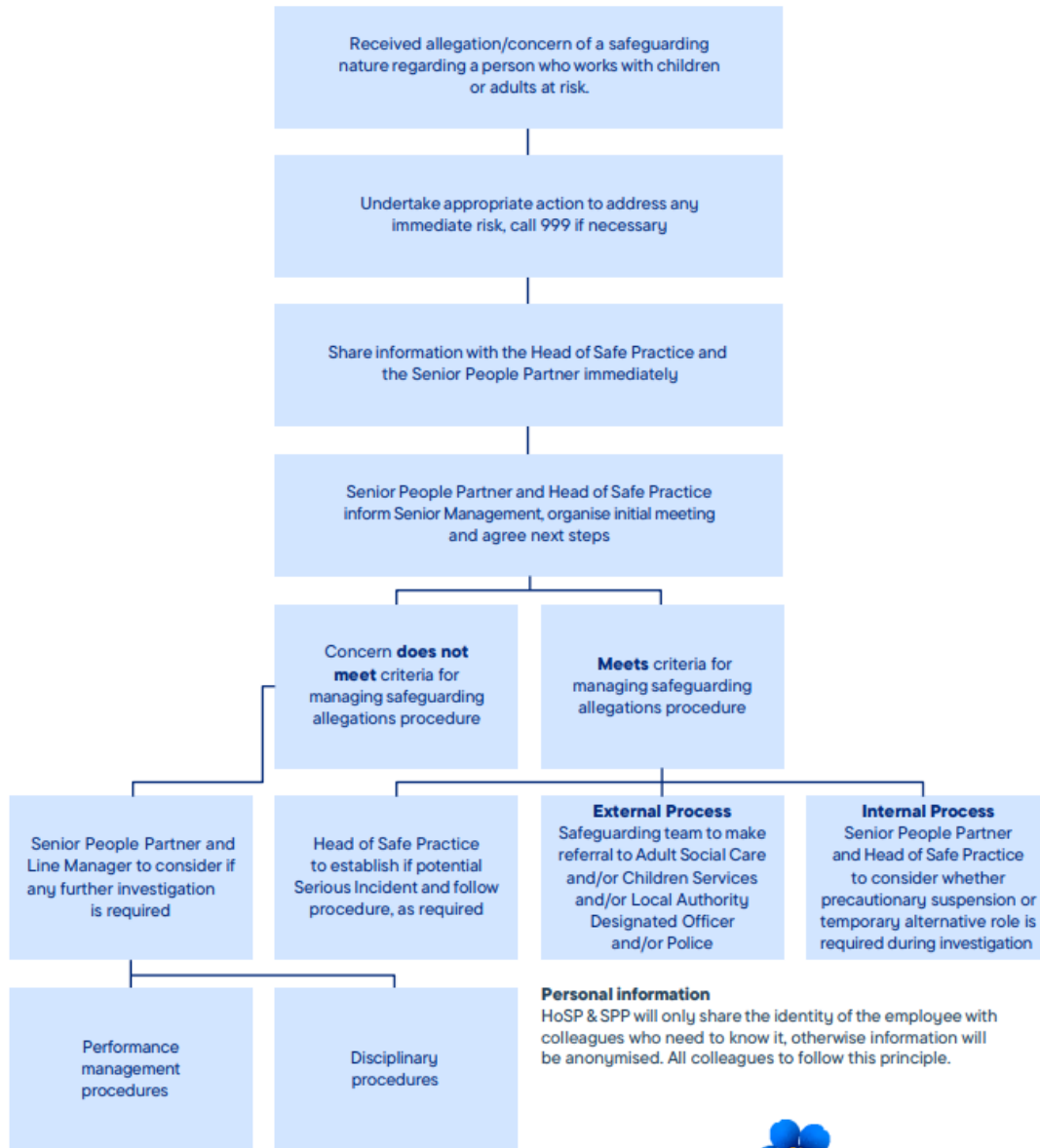
⁴ [Serious Incident Policy](#)

⁵ [Serious Incident Process](#)

Appendix 5: Managing safeguarding allegations and concerns employees/ volunteers

Alzheimer's Society

Managing safeguarding allegations and concerns against employees

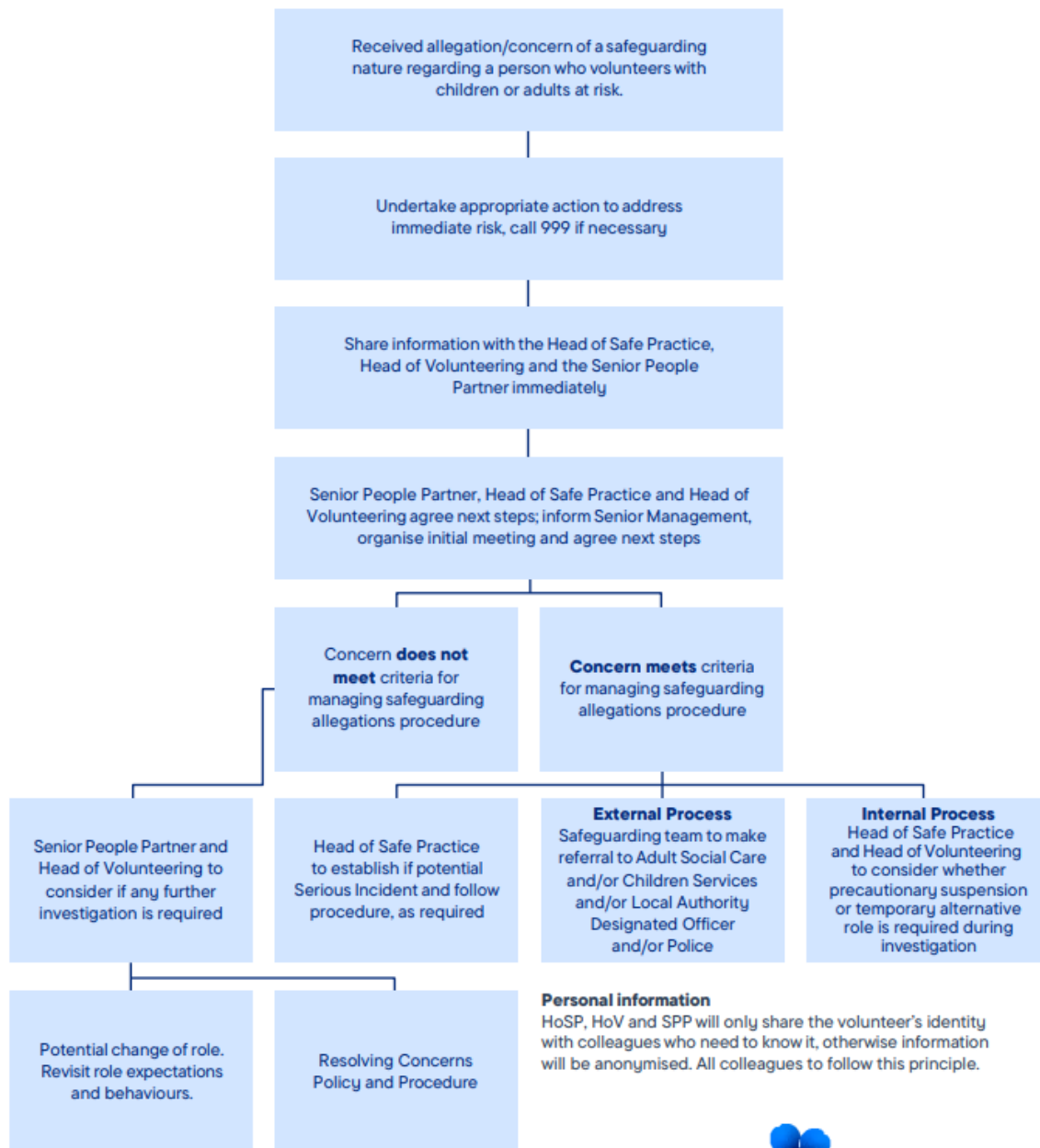


Registered office at Alzheimer's Society, 43-44 Crutched Friars, London, EC3N 2AE
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Alzheimer's Society

Managing safeguarding allegations and concerns against volunteers



Registered office at Alzheimer's Society, 43-44 Crutched Friars, London, EC3N 2AE

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Appendix 6: Legal Framework

This policy has been written based on law and guidance that seeks to protect adults at risk. For ease of reference, this policy will use the term 'adults at risk' when describing either the term 'adults in need of protection' (Northern Ireland) or 'adults at risk' (England and Wales).

The legislation below is applicable to England and Wales .

- Human Rights Act 1998
- Equality Act 2010
- Care Act 2014
- Care and Support Statutory Guidance 2016 (issued under The Care Act 2014)
- Mental Capacity Act 2005 & Deprivation of Liberty Standards
- Care Standards Act 2000
- NHS and Community Care Act 1990
- Children (Leaving Care) Act 2000
- Sexual Offences Act 2003
- Serious Crime Act 2015
- Domestic Violence Crime and Victims Act 2004
- The Protection from Harassment Act 1997
- Mental Health Act 1983
- Mental Health Act 2007
- Health and Social Care Act 2012
- The Police Act – CRB 1997
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Rehabilitation of Offenders Act 1974
- Public Interest Disclosure Act 1998
- Youth Justice and Criminal Evidence Act 1999 – Special Measures
- Data Protection Act 2018
- Protection of Freedoms Act 2012
- Modern Slavery Act 2015

In Wales:

- The Social Services and Well-being (Wales) Act 2014
- All Wales Protection of Vulnerable Adults Professional Concerns Protocol

In Northern Ireland:

- Adult Safeguarding: Prevention and Protection in Partnership (2015)