

## **The Movement for Reform Judaism Adult Safeguarding Policy**

### **INTRODUCTION**

The Movement for Reform Judaism (known as Reform Judaism) is committed to promoting the Safeguarding of Adults and protecting them from harm. In line with our Safeguarding Policy, we acknowledge that abuse can occur within all communities. Reform Judaism's Adult Safeguarding Policy has been developed in line with UK legislation and guidance, most importantly The Care Act 2014.

### **THE SCOPE OF THE POLICY**

This statement applies to all personnel of The Movement for Reform Judaism, including the board of trustees, paid staff, volunteers, agency staff, students or anyone working/volunteering on behalf of Reform Judaism.

RSY-Netzer, Reform Judaism's youth movement, has distinct Safeguarding and Child Protection policies.

Individual synagogue communities have their own Safeguarding, Child Protection and Adult Safeguarding policies.

Section 42 Care Act, 2014 states that Safeguarding duties apply if:

An adult (18+)

- 1) Has needs for care and support (whether or not the Local Authority is meeting those needs)
- 2) Is experiencing, or at risk of, abuse or neglect, and
- 3) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

Abusive acts between adults (over 18) who do not have care and support needs should be addressed via the Criminal Justice System, and are outside the remit of this policy. Reform Judaism can provide some pastoral support to people in such situations, as well as signposting to other services.

### **BACKGROUND: WHY ARE PROCEDURES NECESSARY?**

Adults with care and support needs can be abused in any section of our society. Abuse occurs in all ethnic, religious and regional groups and in all classes. Adults with care and support needs may be abused by family members, family friends, peers, community members, professionals and carers and by strangers.

Abuse comes in many forms and the forms and signs of abuse are outlined in Appendix A. This is only a guide and abuse may manifest itself in many ways.

In all cases the welfare, well-being and protection of the adult must be paramount.

Professionals and volunteers need to be sensitive to the adult's needs, the distress which investigations may arouse in the person and that the needs of the adult and his/her family, or the needs of the community, may conflict. Actions should be guided by the Key Principles, below.

Responding to and managing suspicions and allegations of adult abuse demands much of professionals and volunteers, who should be appropriately supported in this role.

We recognise that our society embraces a variety of diverse practices that require sensitivity to the customs and views of families, while at the same time distinguishing what constitutes acceptable care and what does not.

The effective management of adult protection requires a multidisciplinary approach supported by sharing information in a timely manner with appropriate professionals.

Sharing information with other professionals is a fundamental aspect of enabling the safety and protection of adults with care and support needs. No professional should ever intervene alone. All concerns must be shared with others.

Adults with care and support needs may disclose abuse to Movement for Reform Judaism personnel, as trusted adults within their communities.

### **Key Principles**

Reform Judaism adheres to the Key Principles of the Care Act, 2014, as follows:

1. **Empowerment** People being supported and encouraged to make their own decisions and informed consent
2. **Prevention** It is better to take action before harm occurs.
3. **Proportionality** The least intrusive response appropriate to the risk presented.
4. **Protection** Support and representation for those in greatest need.
5. **Partnership** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. **Accountability** Accountability and transparency in safeguarding practice.

### **ROLES AND RESPONSIBILITIES**

Safeguarding is the responsibility of everyone within The Movement for Reform Judaism.

All personnel are responsible for:

- Promoting working practices that ensure the welfare of adults with care and support needs
- Completing training in Safeguarding Adults, as relevant to their role
- Ensuring they understand what abuse is and are aware of how to obtain help and advice in relation to Safeguarding Adults
- Ensuring they understand their role and responsibility in relation to Safeguarding Adults, as laid out in this document
- Understanding that they may need to disclose confidential information in the interests of safeguarding adults
- Ensuring they report any disclosure, allegation or concern regarding safeguarding adults to the Designated Safeguarding Lead or Informal Education Director.

The Designated Safeguarding Lead is responsible for ensuring all information is appropriately collated and appropriate actions taken. The Designated Safeguarding Lead is also responsible for supporting those involved.

The Designated Safeguarding Lead is responsible for informing the Trustees of any incidents, who in turn are responsible for informing the Charity Commission, where appropriate.

## **RESPONDING TO ABUSE**

The aim of this paper is to lay out guidelines and a procedure for dealing with situations where we come into contact with alleged or suspected cases of abuse of adults. It also deals with good practice in our work to protect the adults that we come into contact with within Reform Communities, and protect ourselves as professionals and volunteers.

Anyone with a concern about the possible abuse of an adult should contact the Designated Safeguarding lead (DSL). Where appropriate, the Designated Safeguarding Lead will liaise with the duty social worker of the Adult Social Care Service where the incident occurred, or where the adult usually resides if an ongoing situation (the contact details can be found online), and may also contact the duty social worker at Jewish Care (020 8922 2000).

The following procedures are summarised in flow chart form in Appendix B.

## **INFORMATION GAINED OUTSIDE THE SCOPE OF YOUR ROLE WITH MRJ**

We acknowledge that many of our personnel are also members of our communities and as such have personal relationships with people, including adults with care and support needs, in our communities. If concerns are raised outside the scope of your role within Reform Judaism, it is good practice to share these directly with the Adult Social Care Service for the Local Authority in which the person lives. In an emergency call the Police on 999.

## **DISCLOSURE PROCEDURE**

**If an adult with care and support needs asks if they can tell you something or you feel that they are about to disclose:**

- Never promise you can keep anything secret.
- If the person then decides not to tell you, don't pressure them - tell the Designated Safeguarding Lead what has happened.

If the person accepts that you may have to pass on any information they give you, suggest that both of you go to the Designated Safeguarding Lead. **Explain that you would have to tell them anyway and that they would probably want to talk to the person themselves.** If what the person has to tell is very distressing it is advisable to try to minimise the amount of times that they have to repeat it. If they prefer to talk to you alone, explain you will have to pass it on to the Designated Safeguarding Lead.

When a person discloses to you, stay calm and be reassuring.

In the most appropriate way possible try to convey that: -

- You are glad the person told you.
- That you believe what you are being told (people rarely lie about abuse).
- That you know it is not the person's fault.
- That Reform Judaism will do our best to protect and support the person, working in conjunction with Statutory Services.

## **Disclosure : RECEIVE – REASSURE – RECORD AND REFER**

### Receive:

- Listen to what is being said, trying not to display shock or disbelief.
- Accept what is being said but do not comment upon it.
- **Do not** ask 'leading' questions, for example, "What did s/he do next?" (This assumes s/he did something else), or, "Did s/he touch your private parts?" Such questions may invalidate your evidence (and the person's) in any later prosecution in court.

### Reassure:

- **Reassure** the person but only so far as is honest and reliable, for example, don't make promises you may not be able to keep, such as, "I'll stay with you", or, "Everything will be all right now".
- **Don't promise to keep what they tell you a secret; you have a duty to refer.**
- **Do** reassure and alleviate guilt, if the person refers to it. For example, you could say: "You are not to blame." "You are not alone, you're not the only one this sort of thing has happened to."
- **Do not** criticise the perpetrator; the person may love him/her and reconciliation may be possible.
- **Do not** share your personal experiences or opinions.

### Record and Refer:

- As soon as possible all information should be recorded. Record as much detail as possible, including names, address, and contact information.
- Write down the disclosure as it was told to you. Do not include your own language, judgement or assumptions. Stick to what was actually said by the person.
- Note any observations on behaviour/emotional state or injuries and bruising.
- Note time, location and date of disclosure and sign the notes.
- **Do not** investigate the matter yourself, merely receive information and be ready to refer.
- Pass this information and a verbal account to the Designated Safeguarding Lead as soon as possible. It is **your duty to refer this information** – you cannot keep it a secret.
- If the Designated Safeguarding Lead is not available, refer the information to the Informal Education Director, or another member of the Senior Management Team. You can also make a direct referral to the local Adult Social Care Service.
- If you believe the person is at **immediate risk, call the Police on 999.**

## **SUSPICION OF ABUSE PROCEDURE**

This section addresses what to do if you notice signs and symptoms of abuse, or which you are concerned about, but no disclosure has been made. Do **NOT** approach the person, family or anyone else involved

### Record and Refer:

- As soon as possible all information should be recorded. Record as much detail as possible in a clear and objective way
- Write down the nature of your concerns in an objective way; try to avoid making judgements or assumptions.
- Note any observations on behaviour/emotional state or injuries and bruising.
- Note time, location and date of any incidents or observations and sign the notes.
- **Do not** investigate the matter yourself.
- Pass this information and a verbal account to the Designated Safeguarding Lead as soon as possible. It is **your duty to refer this information** – you cannot keep it a secret.
- If the Designated Safeguarding Officers are not available, refer the information to the Informal Education Director, or another member of the Senior Management Team. You can also make a direct referral to the local Adult Social Care Service.
- If you believe the person is at **immediate risk, call the Police on 999**.

### **CONFIDENTIALITY AND DATA PROTECTION**

Confidential information is 'information not normally in the public domain or readily available from another source. It should have a degree of sensitivity and value and should be subject to a duty of confidence'.

All Trustees, employees and volunteers have a duty to disclose information where failure to do so could result in an adult with care and support needs suffering abuse.

Detailed contemporaneous records must be kept by all involved. These should separate fact, reported information and opinion. All records must be submitted within 24 hours, and ideally on the same day.

All records will be submitted to the Designated Safeguarding Lead, and held on MRJ records, in accordance with GDPR.

A public interest test can be used to make judgements regarding managing confidential information. The public interest in safeguarding children and vulnerable adults overrides the need to keep information confidential.

It is in the public interest:

- to protect children, adults with care and support needs and other people from harm;
- to promote the welfare of adults with care and support needs, children and the wider community;
- to prevent crime and disorder;
- alternatively, non-disclosure may also be, in some circumstances, in the public interest.

In sharing information, consideration should be given to the following:

- Is there a legitimate reason to share information?
- Is there a necessity to identify the individual?
- If the information is confidential, has consent been obtained?
- If consent to share information is refused, do the circumstances meet a public interest test?
- Ensure the right information is disclosed appropriately

## **SUPPORTING PERSONNEL INVOLVED IN ADULT SAFEGUARDING**

The Movement for Reform Judaism recognises that involvement in Adult Safeguarding can be stressful for personnel. It is therefore committed to offering help and support for staff/volunteers who have concerns. Staff can gain support from their Line Manager, the Designated Safeguarding Lead, or access the Employee Assistance Programme (EAP). Volunteers can be supported by the Designated Safeguarding Lead. Further support may be accessed if necessary.

## **COMPLAINTS**

Complaints about the failure to follow these procedures should follow the Movement for Reform Judaism Complaints Procedure.

# Appendix A

## Types of Adult Abuse

From <https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-ofabuse> (accessed 28/9/18)

### **1.1 Physical abuse**

#### 1.1.1 Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

#### 1.1.2 Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the 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
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

### **1.2 Domestic violence or abuse**

#### 1.2.1 Types of domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional.

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or 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. 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.

#### 1.2.2 Possible indicators of domestic violence or abuse

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as 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

### **1.3 Sexual abuse**

#### 1.3.1 Types of sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- 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

#### 1.3.2 Possible indicators of sexual abuse

- 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
- Foreign bodies in genital or rectal openings
- 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
- Incontinence not related to any medical diagnosis
- 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

## **1.4 Psychological or emotional abuse**

### 1.4.1 Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- 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
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

### 1.4.2 Possible indicators of psychological or emotional abuse

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

## **1.5 Financial or material abuse**

### 1.5.1 Types of financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, 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
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

### 1.5.2 Possible indicators of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g.
- insufficient food in the house
- Unnecessary property repairs

## **1.6 Modern slavery**

### 1.6.1 Types of modern slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

### 1.6.2 Possible indicators of modern slavery

- Signs of physical or emotional abuse
- Appearing to be 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

## **1.7 Discriminatory abuse**

### 1.7.1 Types of discriminatory abuse

- 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 lipreader
- 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

### 1.7.2 Possible indicators of discriminatory abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

## **1.8 Organisational or institutional abuse**

### 1.8.1 Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- 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
- Interference with personal correspondence or communication
- Failure to respond to complaints

### 1.8.2 Possible indicators of organisational or institutional abuse

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

## **1.9 Neglect and acts of omission**

### 1.9.1 Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- 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

### 1.9.2 Possible indicators of neglect and acts of omission

- Poor environment – dirty or unhygienic
- Poor physical condition 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

## **1.10 Self-neglect**

### 1.10.1 Types of self-neglect

- 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

### 1.10.2 Indicators of self-neglect

- 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

## Reform Judaism's Adult Safeguarding Flow Chart

