



## **POLICY FOR ADULTS AT RISK OF HARM (2022)**

<b>INTRODUCTION</b>	<b>Page 1</b>
<b>POLICY STATEMENT</b>	<b>2</b>
<b>DEFINITIONS</b>	<b>2</b>
<b>LEGISLATION</b>	<b>2</b>
<b>RESPONSIBILITIES OF AN MMM TEACHER IN AN 'ADULT AT RISK' SETTING</b>	<b>3</b>
1. Types of abuse	3
2. Prevention	3
3. Raising concerns	4
4. Information sharing	4
5. Recording an incident or concern	5
6. Risk assessment	5
7. Contacts	5
<b>MENTAL CAPACITY</b>	<b>6</b>
<b>MENTAL WELLBEING AND THE COVID PANDEMIC</b>	<b>6</b>
<b>COMPLAINTS AGAINST AN MMM TEACHER</b>	<b>6</b>
<b>HEALTH ADVICE</b>	<b>6</b>
<b>EXAMPLES OF ADULT SAFEGUARDING ISSUES FOR DISCUSSION</b>	<b>7</b>

## **ADULTS AT RISK OF HARM**

### **INTRODUCTION**

Margaret Morris was convinced that her method (combining as it does the therapeutic and aesthetic aspects of movement) significantly benefitted those with physical and mental disabilities. "MMM is concerned with making normal health exercise and free movement possible for all". She stressed that encouragement, infinite patience, repetition and a focus on relaxation could bring about surprising results and success in improving the confidence and health in those of her students with care and support needs.

In 1977 she set up a working party to gather together the experiences of MMM teachers who worked in remedial, therapeutic and associated fields (such as in special schools, with mentally and physically handicapped, the aged and infirm) as well as special clinics. The result in 1980 was MMM Movement Therapy, a specially designed syllabus.

Further reading on her philosophy can be found in 'Creation in Dance' by Margaret Morris 1972, page 116. Also 'Notes on the Theory of Teaching Margaret Morris Movement' by Betty Simpson and Francis Whitfield 1936, page 3 and from page 73. While using outdated terminology, there are very useful ideas on teaching methods for those with specific needs.



## **POLICY FOR ADULTS AT RISK OF HARM**

### **POLICY STATEMENT**

Safeguarding is everyone's responsibility.

All individuals working within or supporting Margaret Morris Movement International (MMMI) have the explicit duty to provide for the mental and physical safety, well-being and protection from harm of all participants. This policy highlights the particular issues relating to Adults at Risk of harm, formerly referred to as Vulnerable Adults, and applies to all, regardless of age, ethnicity, disability or impairment, sexuality or belief.

MMMI seeks to ensure the optimum level of care and respect for each member of its community in all activities, through rigorous training and high expectations of professional behaviour and moral and ethical behaviour.

### **DEFINITIONS**

*Safeguarding adults* means protecting a person's right to live in safety, free from harm or neglect.

An *adult at risk* of harm is a person over the age of 18 (16 in Scotland) whose ability to perform the normal activities of daily living or to provide for his or her own care and protection is impaired due to mental, emotional, sensory or long-term physical or developmental disability, dysfunction or brain damage.

*Adults in need of protection* are those with care and support needs (whether or not supported by their Local Authority), and also those whose exposure to harm through abuse, exploitation or neglect might be increased by personal characteristics, life circumstances or where the action or inaction of another person is causing (or likely to cause) harm.

### **LEGISLATION**

Nations within the UK have specific legislation which should be referred to. MMM teachers in other countries must ensure they are aware of that country's legislation.

*Safeguarding Vulnerable Groups Act 2006 (updated 2013)*: introduced the vetting and barring service. All those working with Adults at Risk should register with the Disclosure Barring Service (DBS).

*The Care Act 2014*: makes it a legal requirement for all organisations to have policies and procedures for Adults at Risk. It outlines the responsibilities of Local Authorities, and helps people connect with their local community, NHS, Safeguarding Boards and the Police.

*Assisted Decision Making (Capacity) Act 2015*: further develops the Mental Capacity Act (2005) designed to protect and empower people who may lack the mental capacity to make their own decisions.

*Care and Support Statutory Guidance (reissued 2018)*

*UN Convention on the Rights of Persons with Disabilities*



## **RESPONSIBILITIES OF AN MMM TEACHER IN AN ADULT AT RISK SETTING**

Types of setting might include: care home; day care centre; sheltered housing; private home; hospital and rehab centres; 60+ classes; exercise sessions set up by various charities; Local Authority classes; MMM private classes.

It is vital to be open to the possibility that any adult might be at risk (including the MMM teacher); risks might be temporary or on-going depending on the support and protective factors around them. MMM teachers must:

1. Be aware of types of adult harm and abuse, which may be a single or multiple acts of one or more types
2. Try to reduce the possibility of harm occurring in the first place
3. Know how to raise concerns
4. Understand when and how to implement the Adults at Risk reporting procedures – information sharing
5. Keep clear records of any incident causing concern
6. Write a risk assessment for each setting
7. Have available contacts for: your line manager (e.g. in a care home); emergency services; your local adult social care service (ASC); MMMI Designated Safeguarding Lead (DSL)

### **1. TYPES OF ABUSE**

Abuse is any violation of an individual's human and civil rights

(See also MMMI Safeguarding Policy, Section C, item 6)

Physical abuse – e.g. hitting, slapping, kicking, rough handling, restraint or inappropriate sanctions

Sexual abuse – any kind of sexual activity that the person has not consented to, or cannot consent to, or was pressured into consenting; being made to undress or watch sex acts when they don't want to

Psychological or emotional abuse – bullying, threats, intimidation, ridicule, deprivation of contact, being ignored, verbal abuse

Neglect or acts of omission – giving medication incorrectly, deprivation of warmth/food/clothing/healthcare, not having clean clothes, being hungry or thirsty

Financial abuse – misuse or theft of money or property; exploitation, pressure in connection with wills, property, benefits

Discriminatory abuse – being treated unfairly because of ethnicity, religion, sex, age, disability, language

N.B. In an MMM class, the teacher must seek consent from the adult before touching them, as even a friendly touch can be misunderstood.

### **2. PREVENTION**

Effective and safe recruitment of MMM teachers, student mentoring and support, and rigorous MMMI training includes safeguarding practices, and guidance on procedures.



MMM teachers must have a thorough knowledge and understanding of each adult's needs and care support, depending on the setting. This should be determined before the class begins.

Such information will inform the planning of an exercise programme:

(a) In care institutions, managers and supervisors have a duty of care and, prior to class, must ensure their clients are able to participate safely in exercise sessions, and are willing to do so. It is advisable that an MMM teacher is not left alone with a group, but has a colleague, volunteer or support worker present during the session.

(b) In a community class where each participant has chosen to attend, MMM teachers should ask each adult to complete an enrolment form and keep it updated. The enrolment form should include name and contact, any health issues which might affect their ability to participate in class, an emergency name and contact number. N.B. Adults are not obliged to give information if they do not wish to.

MMM teachers should obtain a copy of the setting's Adult at Risk Policy and be familiar with it.

Make clear arrangements on how to get help quickly.

### 3. RAISING CONCERNS

Everyone has a duty to recognise and report a safeguarding concern.

Concerns about someone's mental or physical wellbeing might be identified by physical signs of abuse, or a change in behaviour, or signs of distress or mood swings. You might witness an event happening. Someone might disclose their own abuse or that of others.

If it is an emergency, call 999. Tell other staff or carers.

*Sharing the right information, at the right time, with the right people is fundamental to good practice.*

If an MMM teacher has concerns that someone is being harmed, exploited or neglected, they should:

*Report to the carer or family member (in some limited circumstances it will not be appropriate to engage with carers or family members if it might increase the risk of harm)*

*Contact the line manager, for example the care home manager, or staff supervisor*

*Contact the local Health and Social Care Trust (HSC) or Adult Social Care Service (ASC)*

*Contact MMMI Designated Safeguarding Lead (DSL)*

Individuals have a right to complain if their concern, whether regarding themselves or another person, is not followed up or is ignored by the organisation.

### 4. INFORMATION SHARING

- Adults have a general right to independence, choice and self-determination, including control over information about themselves
- In adult safeguarding, these rights can be overridden in certain circumstances
- It is good practice to gain the person's consent to share information



- Emergency or life-threatening situations may warrant information sharing with the relevant emergency services without consent
- The law does not prevent sharing of personal information within an organisation; confidential information may be shared when safeguarding is a concern. MMM members must understand the importance of sharing safeguarding information, and the potential risks of not sharing it
- Ensure shared information is necessary, proportionate, relevant, accurate, timely and secure
- Base your information sharing decisions on consideration for the safety and wellbeing of the adult and others affected by their actions

When responding to someone's concerns, MMM teachers should:

- Acknowledge their concern, be calm and empathise. Keep them safe if necessary. Take them seriously and offer support
- Give them time to talk, especially if there is a speech or language difficulty – it is important that they feel listened to
- Communicate very clearly what you have done, or will be doing to safeguard them. Advise them on what follow up they can expect
- DO NOT promise to keep secrets, ask investigative questions or make judgmental comments, confront the alleged abuser, or investigate issues on your own

#### 5. RECORDING AN INCIDENT OR CONCERN

At the time or shortly after an incident or concern, the MMM teacher should note the date, time, place, details of the incident or injury, names (including witnesses), action taken, words of the adult at risk or third party reporting it. Note if there is immediate or future risk. Note also whether consent has been given to share information.

A comprehensive record of the event should be made, using the MMMI Adult at Risk Report Form. There may be occasions when this record is needed in a criminal trial.

Send a copy to MMMI DSL and to any authority requesting details within 24 hours.

#### 6. RISK ASSESSMENT

Planning ahead and anticipating problems and difficulties helps MMM teachers to be prepared and better able to deal with situations which might occur. Consider, for example:

*In an institution:* staffing, who will be in the room with you; access; toilet facilities; fire regulations; number of participants and how they will be arranged in the room; condition of the room; personal information and care needs of all participants; Covid guidance; emergency contacts etc

*In a community setting:* access; condition of the room, ventilation/heating/floor/ chairs; toilet facilities; clothing requirements, changing arrangements; payment methods; arrival and returning home; participants' information and emergency contacts; Covid guidance; register of attendance

#### 7. CONTACTS

In addition to class members' emergency contacts, keep a list of contact numbers for: the line manager e.g. Care Manager or Staff Supervisor, Local Authority Adult Social Care Service, the Care Inspectorate, MMMI DSL, emergency services



### **MENTAL CAPACITY**

MMM teachers should be alert to issues of cognitive capacity which can increase vulnerability. Reduced ability to make decisions may be transient (through shock, illness, fear or illness) or long term (due to disability, dementia, mental health issues).

Mental capacity is assumed unless there is reason to believe a person cannot understand.

Mental incapacity is defined as the impairment or disturbance in the functioning of the mind.

All individuals must be respectfully consulted in relation to participation in activities and/or sharing information about them. They are entitled to support to help them make a decision. Carers must act in the least restrictive way, and in their best interests. The following criteria should be considered when assessing whether a person has sufficient understanding at the time to consent, or refuse to consent, to an issue:

- What is their preferred mode of communication?
- Can they understand the question – can they rephrase the question?
- Is their response part of an active discussion?
- Can they understand the risks or benefits of their answer?
- Can they give a consistent personal view?

### **MENTAL WELLBEING AND THE COVID PANDEMIC**

The impact of the Covid 19 pandemic created mental health challenges for adults at risk, their carers, health workers and parents. Social anxiety and returning to group activity can be a struggle for those who have been isolated. Recent studies show that two-thirds of disabled adults said that Covid 19 related concerns were affecting their wellbeing. MMM teachers may have concerns about their vulnerable class members, and might consider ways to keep in touch and ensure people are safe and well. If teaching on-line, teachers should follow MMMI guidance.

### **COMPLAINTS AGAINST AN MMM TEACHER**

See MMMI Safeguarding Policy: Code of Ethics and Conduct (Section A, 4.)

In many cases, a complaint might be important but not serious enough to put adults at risk. Discussion between relevant parties, with a record of outcomes and actions might resolve the issue.

If an MMM teacher is accused of abuse or neglect of an adult, the complainant and/or their carer must complete a reporting form with details of the accusation and the name of any reliable witness. This should be sent to the MMMI DSL. The defined protocol will proceed in confidence, managed sensitively and fairly in accordance with policy, legislation and procedures (See MMMI Safeguarding Policy: The Role of the Designated Safeguarding Lead, Section C, 1.).

It is not the role of MMMI to investigate suspected abuse.

For MMMI insurance to be valid, teachers must follow policies and best practice guidance.

### **HEALTH ADVICE**

It is not appropriate for MMM teachers to give any advice on health matters beyond the 'uses' of exercises included in their training.



## **SOME EXAMPLES OF ADULT SAFEGUARDING ISSUES FOR USE IN DISCUSSION / TRAINING**

A. You have been asked to take an exercise session in a local authority care home. On arrival you are shown into the main sitting room with about a dozen elderly men and women, and left alone to begin. Many of the residents shout that they do not want to do exercises and want to watch TV.

How would you proceed?

How could the care home have taken more responsibility?

B. Older class members with poor eyesight or poor writing skills ask their MMM teacher to fill out payment cheques or to take money from their purses.

What are the potential risks when helping the elderly?

What precautions would reduce risks?

C. A lady with dementia needs to go to the toilet during her exercise session. You are alone with the group.

What do you do to minimise risk to the lady or the rest of the class?

D. In a community MMM class for the over 60's, a new lady omits to say that she recently had a hip replacement.

Was she within her rights to withhold this information?

How could the teacher prevent risk in future?

E. Walking in the park one day, you find a man semi-conscious on the grass. He is lying at an odd angle and is not moving. He revives a little when you talk to him, but says he wants to kill himself. He tells you not to call an ambulance.

What do you do?

F. In a sheltered-living home, a gentleman in a wheelchair was brought to the exercise session. After a few warming up movements, he said that he should not be moving his arms and shoulder. Further enquiry revealed that he had only that day come out of hospital following a fall and broken ribs.

What is your response?

What further action would you take?

(Compiled by Jane Johnston, January 2022. With thanks to Gail Borrows for examples of safeguarding issues)



**POLICY FOR ADULTS AT RISK OF HARM**

February 2022

Margaret Morris Movement International Limited  
Company Number: 1485530 Charity Number: 279795

**This policy was approved on: 22 March 2022**

**Signed by: MMMI Ltd Directors**

**It will be reviewed: Annually**