

Meningitis Research Foundation | Adult safeguarding policy

Introduction

Meningitis Research Foundation is committed to safeguarding adults at risk, in line with national and international legislation and relevant national and local guidelines. This policy outlines our practices to protect all adults who are in contact with us from the risk of harm or abuse.

It is unacceptable to abuse power and positions of trust and we recognise that our work may put us in positions of power and responsibility. Everyone who works or volunteers on behalf of Meningitis Research Foundation must have the opportunity to contribute fully to our work in a safe and dignified environment.

These procedures must be followed in any circumstances where an adult is at risk of harm or abuse.

It's important that staff know when it is and isn't appropriate to invoke safeguarding procedures. Safeguarding when it is not required can be limiting to a person's independence, dignity and freedom of choice.

For adults, safeguarding applies when someone:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
- Is experiencing, or is at risk of, abuse or neglect; **and**;
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

If something is not deemed safeguarding, it does not mean that Meningitis Research Foundation will not strive to offer the best support they can to improve a person's health, wellbeing and happiness.

Meningitis Research Foundation is committed to best safeguarding practice and to upholding the rights of all adults to live a life free from harm.

Purpose

This policy demonstrates the commitment of Meningitis Research Foundation to safeguarding adults and to ensure that everyone involved in our work is aware of:

- The legislation, policy and procedures for safeguarding adults.
- Their role and responsibility for safeguarding adults.
- What to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult.

This policy sets out our commitment to uphold relevant international and national standards which seek to protect adults at risk, including the [Care Act 2014](#), [The Human Rights Act 1998](#)

and the national and legal frameworks of the countries in which Meningitis Research Foundation operates.

This policy provides guidance and oversight to our Adult safeguarding procedures.

Policy scope

This policy applies to everyone working and volunteering for Meningitis Research Foundation or acting for or on our behalf. This includes all contracted staff, volunteers, Ambassadors and Trustees.

Safeguarding adults applies to anyone who has reached their 18th birthday and older. This policy relates to adults only. We have a separate child safeguarding policy in place for child safeguarding, which applies to anyone who has not yet reached their 18th birthday.

Guiding principles and values

This policy has been created in line with Meningitis Research Foundation organisational values:

- We are evidence led.
- We operate with integrity.
- We pursue our goals with determination.
- We are a passionate advocate.
- We collaborate to make progress.
- We act with compassion.

These span all areas of our work including:

- Research
- Health Insights and Policy
- Communications and Engagement, including Support Services
- Our central Confederation of Meningitis Organisations (CoMO) membership team
- Fundraising
- Operations activities that support all of the above.

Our principles

Everyone has:

- Rights and duties regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity or any other [protected characteristics](#) outlined in the [Equality Act 2010](#), including the right to equal protection from all types of harm or abuse.
- A duty to support the protection of adults. They should be aware of their obligations and respond appropriately to any concerns or potential breaches of the policy.

Some adults have care and support needs which mean they are more at risk of abuse and harm:

- An older person (70-80+).

- A person with a physical or learning disability or sensory impairment.
- Someone with mental health needs, including dementia or a brain injury.
- A person with a long-term health condition.
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.
- A carer, providing unpaid care to a family member or friend.

We know that health, wellbeing, disability and need for care and support can affect a person's resilience. Some people experience barriers, for example, to communication in raising concerns or seeking help. These factors can vary at different points in people's lives.

Key definitions

Key language used in, and relevant to, this policy has been defined. More definitions can be found in Appendix A.

Abuse: a violation of a person's physical, emotional or mental integrity by any other person. Please see Appendix A for a breakdown of different types of abuse listed in the [Care Act 2014](#).

Adult: any individual who has reached their 18th birthday.

Adult at risk: safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
- Is experiencing, or is at risk of, abuse or neglect; **and**;
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Care and support needs: a person may have care and support needs if they are experiencing any of the following:

- An older person (70/80+).
- A person with a physical or learning disability or sensory impairment.
- Someone with mental health needs, including dementia or a brain injury.
- A person with a long-term health condition.
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.
- A carer, providing unpaid care to a family member or friend.

Child: any individual who has not reached their 18th birthday, irrespective of local country definitions of when a child reaches adulthood (also known as the age of majority).

Mental capacity: the law states that to have the capacity to make a decision we need to be able to:

- Understand information.
- Remember it for long enough.
- Think about the information.
- Communicate our decision.

Safeguarding: refers to measures designed to protect the health, wellbeing and human rights of individuals. These measures allow children, young people and adults at risk to live free from abuse, harm and neglect.

Implementation

Meningitis Research Foundation makes commitments in a number of key areas to ensure the implementation of this policy.

Governance and accountability

The Board of Trustees has a key role in dealing appropriately with safeguarding issues and Trustees need to be clear about their responsibilities. They are required to report “incidents of a serious nature” to the Charity Commission. See: [How to report a serious incident in your charity - GOV.UK](#)

The Chief Executive, or the nominated Trustee if the Chief Executive is involved, will ensure appropriate follow-up and relevant external bodies are notified.

The safeguarding lead will update this policy, the adult safeguarding procedures, and other linked policies and procedures at least once every two years, and whenever there are changes in relevant legislation and/or government guidance as required, or as a result of any other significant change or event. The Board will be responsible for reviewing and approving changes as they are made.

A safeguarding report will be presented to the Audit Committee for review annually in June.

Safeguarding will be incorporated into all risk registers.

Any financial costs related to safeguarding will be included in the annual budget for the Communications and Engagement team.

Designating key staff

The safeguarding lead is responsible for monitoring our safeguarding practices and for managing any incidents that arise. Formal reports can be lodged and safeguarding concerns can be discussed with the safeguarding lead. The current safeguarding lead is:

Contact	Caroline Hughes
Email	carolineh@meningitis.org
Tel	0333 405 6267
Date	October 2025

The safeguarding lead reports to the Director of Communications and Engagement, who then reports to the Chief Executive on safeguarding issues. The Chief Executive is accountable to the Board of Trustees.

The Trustees of Meningitis Research Foundation have overall responsibility for safeguarding. A Trustee will be nominated as safeguarding Trustee for the Board, who is responsible for any safeguarding issues relating to the Board itself and any necessary reporting of investigations and incidents to the appropriate authorities.

The current nominated Trustee is:

Contact	Sarah Jeffery
Date	October 2025

Recruitment and selection

Meningitis Research Foundation is committed to safer recruitment practices, assessing the suitability of staff and volunteers to prevent the employment / deployment of unsuitable individuals in the organisation and wider voluntary and community sector.

Code of conduct

- Contracted staff, volunteers and trustees are required to read and sign a copy of the code of conduct.
- Ambassadors and CoMo members will also sign an agreement and code of conduct respectively, which has been created specifically for their role and responsibilities.
- Efforts will be made to make other associates (suppliers/service providers and fundraisers) aware of this safeguarding policy. They may be requested to sign the code of conduct if the risk assessment deems this to be necessary.
- Reference to the code of conduct will be made in all relevant contracts and agreements.
- Breaches of the code of conduct or this policy may lead to disciplinary action including possible dismissal. For partners/contractors, breaches can lead to termination of relations including contractual and partnership agreements. Where relevant, the appropriate legal or other frameworks as per the national laws will be referred to.
- Meningitis Research Foundation will not tolerate retaliation against anyone who, in good faith, reports illegal acts or violations of our adult safeguarding policy, child safeguarding policy, or code of conduct, or provides any information or other assistance in an investigation. Meningitis Research Foundation has a whistleblowing policy to support and protect those who are, or who wish to, go through the whistleblowing process.
- Meningitis Research Foundation will not tolerate deliberate false reporting of misconduct. This will be subject to disciplinary action.
- Meningitis Research Foundation will sever all relations with any staff proven to have committed abuse of an adult at risk or a child and will support any related criminal prosecution.

Training and supervision

- Everyone working for, and volunteering with, Meningitis Research Foundation must understand the adult safeguarding procedures, including what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult.
- We will promote and share this policy widely. Copies of the policy will be made available and accessible, in hard copy and electronically.
- For this policy to be well understood and effectively implemented, staff and volunteers need to feel confident and competent in putting the policy into practice.
- All staff will receive induction training on the policy and procedures and annual refresher training. Further training will be provided for staff with specific safeguarding responsibilities.
- Further resources such as flow charts, training opportunities and safeguarding overviews will be made available to all staff in the safeguarding folder.

- Understanding of this policy will be reviewed during annual appraisals for staff.
- Exit interviews will be offered to all staff, where they can raise any concerns on our safeguarding policies and procedures.

Research

- Our research activities must adhere to ethical guidelines. We will ensure that ethics approval and/or other regulatory permissions are in place before undertaking any interventions that impact on the public, whether directly or indirectly, through our research programme.

Events, project visits and communications

- For all events and projects, risk assessments will be completed, including safeguarding considerations and, where appropriate, defining who will act as safeguarding lead.
- Staff and volunteers working with children and / or adults at risk at events should be fully briefed beforehand of our adult and child safeguarding policies and procedures.
- Our current guidance on image consent should be adhered to for all photography and videography. This provides guidance to all staff and volunteers on how to apply consent processes and ensure that images respect human dignity and the rights, safety and wellbeing of the person or people being portrayed.
- This safeguarding policy will be published on the Meningitis Research Foundation website. People undertaking fundraising on our behalf will be signposted to a key document which includes, among other things, safeguarding best-practice and links to our website.

Partnership

- Where appropriate, this policy will be distributed to partners and other relevant parties to ensure that our commitments, principles and practices are clear. This is the responsibility of the person leading on the partnership.
- We will ensure, through due diligence processes, that any partner organisation has in place adequate safeguarding arrangements, in line with Meningitis Research Foundation values.
- Meningitis Research Foundation shares information about anyone found to be a risk to adults with the appropriate bodies. For example: Disclosure and Barring Service, Police, Local Authority/Social Services.
- Meningitis Research Foundation will cooperate with all relevant authorities and services in taking action to safeguard an adult.

Reporting and responding to concerns

- The adult safeguarding procedure document outlines the full reporting and responding process for adult safeguarding concerns. There are clear step-by-step flow charts; see Appendix B and Appendix C.
- The wellbeing of those at risk of harm will be put first and the adult actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to.
 - See adult safeguarding overview for more information.
- We are committed to person-centred safeguarding. The [Care Act 2014](#) principles are:
 - Accountability: accountability and transparency in delivering safeguarding.
 - Empowerment: people being supported and encouraged to make their own decisions and informed consent.

- Partnership: local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Prevention: it is better to take action before harm occurs.
- Proportionality: the least intrusive response appropriate to the risk presented.
- Protection: support and representation for those in greatest need.
- If you are at risk of or experience harm or abuse, you can disclose this to any member of Meningitis Research Foundation staff. You can choose whoever you feel most comfortable to speak to.
- Anyone made aware of any safeguarding concern affecting others must confidentially report this:
 - Reports can be formally received by the safeguarding lead, Director of Communications and Engagement, Chief Executive or nominated Trustee.
- Anyone using or participating in Meningitis Research Foundation activities will be made aware of their right to, and process, for reporting safeguarding concerns.
- Any allegations of abuse made against anyone associated with Meningitis Research Foundation will be thoroughly investigated, as will any alleged breach of the adult safeguarding policy, child safeguarding policy or the code of conduct.
 - See Appendix C below
- If a safeguarding concern involves a crime, it will be referred to the relevant authorities; Meningitis Research Foundation can share information with the police and other authorities, regardless of adult's consent preferences, if the concern involves a serious crime. If the safeguarding lead has concerns around consent, capacity and sharing of information, expert advice will be sought.
- Confidential and accurate records of all safeguarding concerns are maintained and securely stored in line with our data protection policy.

Mental capacity and decision making

UK law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved they can't. It also gives people the right to make any decision that they need to make and gives us the right to make our own decisions, even if others consider them to be unwise.

The law says that to make a decision we need to:

- Understand information.
- Remember it for long enough.
- Think about the information.
- Communicate our decision.

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. A person's ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Meningitis Research Foundation understands that there are times when we can make decisions for people who are unable to make decisions for themselves.

- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.

- If the decision can wait it should do so. For example, if we can get help so that the person can make their decision, or if the situation can wait until they can make it themselves.
- If we have to make a decision for someone else then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes.
- If the action we are taking to keep people safe will restrict them, then we must think of the way to do that which restricts their freedom and rights as little as possible.

The safeguarding lead has had relevant training and will make any initial decisions on mental capacity if required.

Professionals such as adult social care and [Hourglass](#) will be consulted, as required, to help make the best safeguarding decisions on behalf of others.

Type:	External Relations	Reviewer:	Director of Communications & Engagement (Elaine Devine)
Owner:	Support Services Manager (Caroline Hughes)	Reviewer:	Director of Finance & Administration (Carol Currie)
Last updated:	October 2025	Next review:	October 2026

Appendices

Appendix A: definitions

The UK's [Care Act 2014](#) includes ten categories of abuse that may be experienced by adults:

Discriminatory: discrimination is abuse that centres on a difference or perceived difference, particularly with respect to race, gender, disability, or any of the protected characteristics of the [Equality Act](#).

Domestic abuse: this includes psychological, physical, sexual, financial and emotional abuse perpetrated by anyone within a person's family. It also includes so-called "honour" based violence.

Emotional or psychological: this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.

Financial or material: this includes theft, fraud, internet scamming and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions. It can also include the misuse or misappropriation of property, possessions or benefits.

Modern slavery: this encompasses slavery, human trafficking, forced labour and domestic servitude.

Neglect and acts of omission: includes ignoring medical or physical care needs and failing to provide access to appropriate health, social care or educational services. It also includes the withdrawing of the necessities of life, including medication, adequate nutrition and heating.

Organisational: this includes neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or in relation to care provided in one's own home. Organisational abuse can range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Physical: includes hitting, slapping, pushing, kicking, restraint and misuse of medication. It can also include inappropriate sanctions.

Self-neglect: covers a wide range of behaviour but it can be broadly defined as neglecting to care for one's personal hygiene, health or surroundings. An example of self-neglect is behaviour such as hoarding.

Sexual: this includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault, or sexual acts to which the adult has not consented or was pressured into consenting.

There are four additional types of harm that are not included in the UK's Care Act, but they are also relevant to safeguarding adults:

Cyber bullying: occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating or isolating another person. It includes various different types of bullying, including racist bullying, homophobic bullying, or bullying related to special education needs and disabilities. Instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced marriage: this is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The [Anti-Social Behaviour, Crime and Policing Act 2014](#) make it a criminal offence to force someone to marry.

Mate crime: a "mate crime" is when "vulnerable people are befriended by members of the community who go on to exploit and take advantage of them" (Safety Network Project, ARC). It may not be an illegal act but it still has a negative effect on the individual. A mate crime is carried out by someone the adult knows, and it often happens in private.

Radicalisation: the aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship or through social media.

[Additional definitions relevant to this policy](#)

Associates: includes consultants and fundraisers working on Meningitis Research Foundation projects as well as visitors to Meningitis Research Foundation activities.

Beneficiary: someone in receipt of assistance. Can also be referred to as a service-user.

Code of conduct: a set of behaviour standards that all staff are obliged to adhere to.

Confidentiality: an ethical principle that restricts access to and dissemination of information. In safeguarding it requires that information is available only to a limited number of authorised people for conducting the investigation or taking next steps. Confidentiality helps create an environment in which people are more willing to recount their versions of events and builds trust in the system and in the organisation.

Making safeguarding personal: an approach adopted within the health and social care sector that focuses on making safeguarding processes more person-centred and outcome focused. The primary aim of MSP is to ensure that safeguarding practices are tailored to the specific needs and wishes of the individual involved, promoting their wellbeing and dignity. MSP is aligned with statutory duties and responsibilities as outlined in the [Care Act 2014](#), [Mental Capacity Act 2005](#), and other relevant legislation.

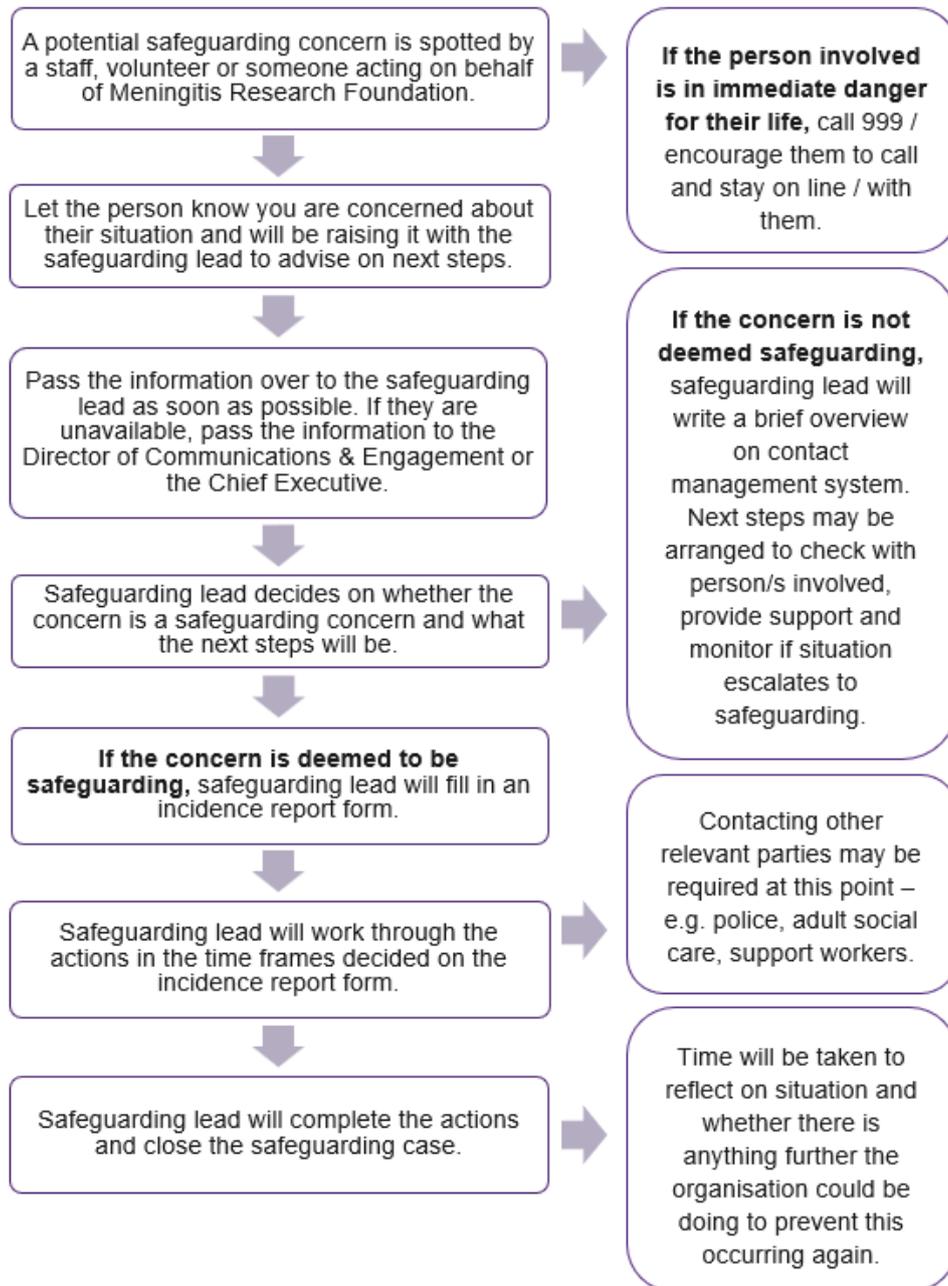
Partner: an organisation which is either implementing a programme, project or study funded by/through Meningitis Research Foundation or in partnership with Meningitis Research Foundation on a non-financial basis.

Protection from Sexual Exploitation and Abuse: used by the UN and NGO community to refer to measures taken to protect vulnerable people from sexual exploitation and abuse by their own staff and associated personnel.

Volunteer: a person who undertakes any activity that involves spending unpaid time doing an activity that aims to benefit Meningitis Research Foundation. This includes our Ambassadors.

Appendix B: Adult safeguarding flow chart

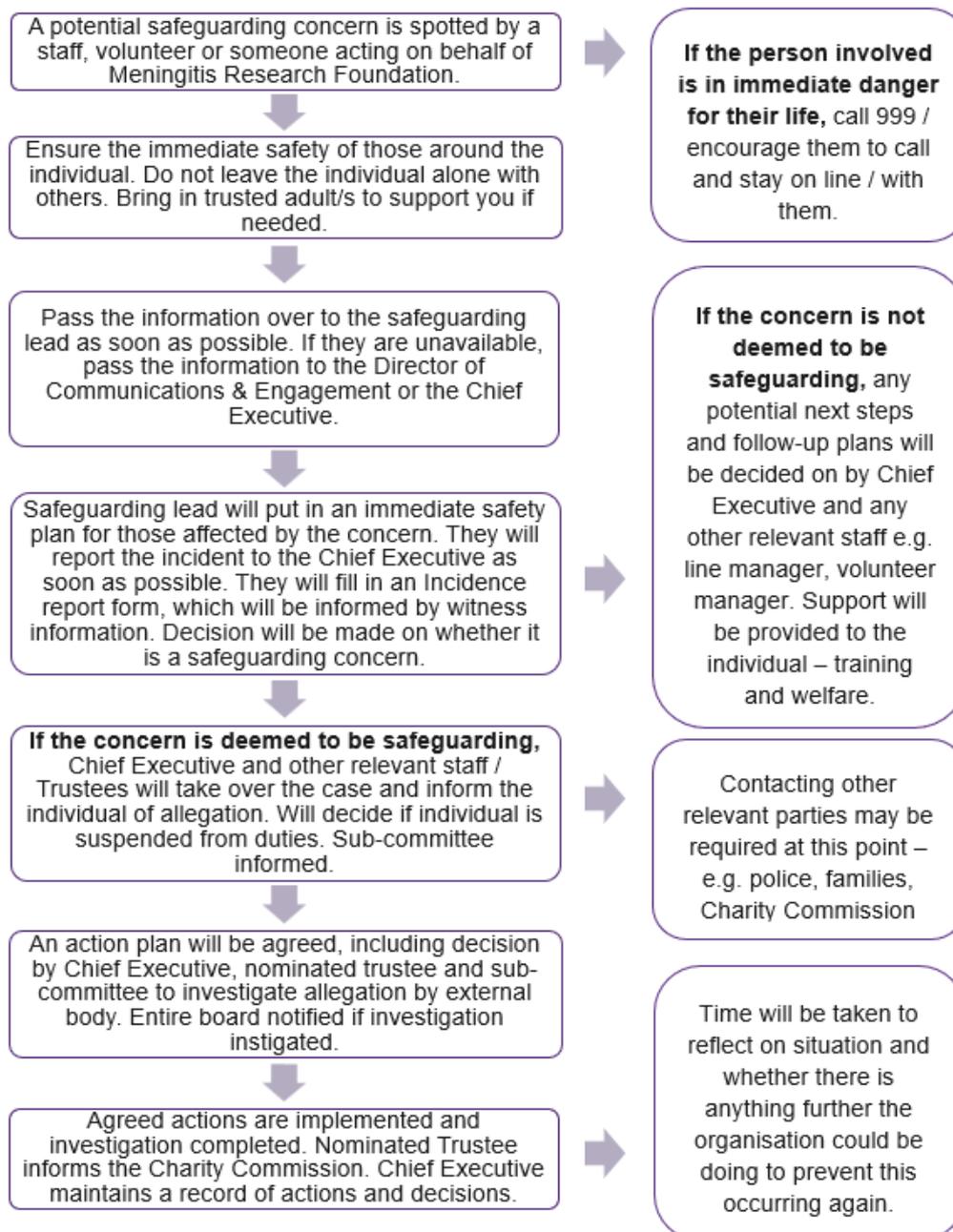
The following flow chart shows the actions to be taken by a staff member, volunteer, Ambassador, Trustee or other associate of Meningitis Research Foundation, should they spot a potential adult safeguarding concern.



Appendix C: Safeguarding internal concerns flow chart

The following flow chart shows the actions to be taken by a staff member, volunteer, Ambassador, Trustee or other associate of Meningitis Research Foundation, should they spot a potential safeguarding concern, that relates to a person associated with Meningitis Research Foundation.

This chart can also be found in the safeguarding folder [here](#).



Appendix D: related policies and documents

All staff and volunteers should ensure that they are familiar with relevant and appropriate Meningitis Research Foundation policies and procedures. Safeguarding considerations are included in the following:

- Anti-fraud, theft, bribery and money laundering policy
- Complaints
- Conflict of interests policy & declaration
- Data protection policy
- Disciplinary procedures
- Employment contracts
- Equality, inclusion and diversity policy
- Grievance policy
- Health and safety policy
- Personal Harassment policy and procedure
- Privacy policy
- Volunteer policy
- Whistleblowing policy

Appendix E: Safeguarding adults legislation (UK)

Safeguarding adults in the UK is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by:

- [The Human Rights Act 1998](#)
- [The Data Protection Act 2018](#)
- [General Data Protection Regulations 2018](#)

The practices and procedures within this policy are based on [The Care Act 2014](#) – England, reflecting the registered address of Meningitis Research Foundation.

Other relevant UK legislation and government guidance:

- Wales: [Social Services and Well Being Act 2014 Wales Safeguarding Procedures 2019](#)
- Scotland: [Adult Support and Protection Act 2007 Adult Support and Protection](#)
- Northern Ireland: [Adult Safeguarding Prevention and Protection in Partnership 2015](#)

Each UK nation also has legislation about the circumstances in which decisions can be made on behalf of an adult who is unable to make decisions for themselves:

- England and Wales: [Mental Capacity Act 2005](#)
- Scotland: [Adults with Incapacity Act 2000](#)
- Northern Ireland: [Mental Capacity \(Northern Ireland\) 2016](#)

The UK nations have differences in their legislation and procedures and it is Meningitis Research Foundation's responsibility to understand and comply with the correct definitions and procedures depending on where they are operating.

The following are key areas where variations exist:

- Definition of adults at risk.
- Categories of abuse and neglect.
- The principles of adult safeguarding.
- Mental capacity acts.

Appendix F: Safeguarding adults within the CoMO network

The Confederation of Meningitis Organisations (CoMO) is a volunteer member network, bringing together international organisations and individuals to defeat meningitis globally.

Membership is voluntary and members are asked to sign CoMO's [code of conduct](#) when they join. Individual events, including our member conferences, may have specific 'expected behaviours' and other related documents that members may sign to participate.

Meningitis Research Foundation, including its member network CoMO, understand that safeguarding, both in terms of understanding of the term and practice, varies in different countries. Because of this difference, each member is responsible for responding appropriately to safeguarding concerns within their own countries and communities.

Although Meningitis Research Foundation may be able to offer limited safeguarding guidance to members (if they reach out to us with queries), we understand our limits as an organisation whose safeguarding policies and knowledge aligns with UK expectations and standards.

When travelling to countries where CoMO members are based, including to any service provided by CoMO members, Meningitis Research Foundation staff will report and defer safeguarding concerns to the relevant CoMO member organisation or individual.

If concerns are raised about our staff, fundraisers or Ambassadors, Meningitis Research Foundation retains responsibility for investigating this further.