

Safeguarding Adults at Risk - Policy and Procedures



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Approved:

27.5.2015

Scope: Housing Solutions

Date of review:

30.8.2016

Legislation:

Care Act 2014
Human Right's Act 1998
Disability Discrimination Act
Children's Act 1989
Working together to Safeguard
Equality Act 2010
Housing Act 1996
Anti-Social Behaviour, Crime and Policing Act 2014
Mental Capacity Act 2005
The Public Interest Disclosure Act 1998
Protection of Freedoms Act 2012

Date of next Review:

29.8.2017

Related Policies:

Hate Crime Policy
Domestic Abuse Policy
Safeguarding Children and Young People Policy
Data protection Policy
Confidentiality Policy
Complaints Policy
Mental Capacity Policy
Whistleblowing Policy
Anti-Social Behaviour Policy
Customer Risk Management Policy – Floating Support
Customer Risk Management Policy – Sheltered Services
Customer Needs Assessment and Support Planning Policy – Floating Support
Customer Needs Assessment and Support Planning Policy – Sheltered Services
Recruitment Policy
Code of Conduct

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1 Aims

- 1.1 To provide a clear statement that Housing Solutions will not tolerate or collude with any form of neglect or abuse.
- 1.2 To promote and safeguard the welfare of all our customers and will be proactive in responding to any allegation or suspicion of abuse.
- 1.3 To empower our customers by ensuring they are fully aware of what constitutes abuse and how to report it.
- 1.4 To stop abuse or neglect wherever possible, prevent harm and reduce the risk of abuse or neglect to adults with care and support need.
- 1.5 To ensure that everyone, is clear about their individual and corporate roles and responsibilities in preventing and responding to abuse or neglect.
- 1.6 Provide support and protection for victims and witnesses affected by abuse.
- 1.7 Support the rehabilitation of perpetrators to reduce reoffending.
- 1.8 Provide appropriate training and support for our staff to enable them to identify the types and causes of abuse, the role they play in prevention and how to respond to abuse and neglect.
- 1.9 Provide a team of trained safeguarding champions who are able to provide support and guidance to staff and customers, whilst promoting safeguarding across the organisation.
- 1.10 Work in partnership with our partners and stakeholders to promote and safeguard the welfare of all our customers and proactively work with them in responding to allegations or suspicions of abuse.
- 1.11 Procedures will ensure that allegations are dealt with promptly and that information is shared appropriately where there is potential risk to others.
- 1.12 Enquiries will be carried out promptly and with sensitivity, and appropriate action will be taken.
- 1.13 Regularly review our approach and performance in safeguarding our customers, with our customers and partners, and will focus on continuous improvement.

2 Scope

- 2.1 Our policy relates to all of Housing Solutions customers, including tenants, leaseholders, shared owners, other household members and their visitors and members of the community.
- 2.2 This policy is for all Housing Solutions staff, agency staff, visitors, volunteers, placements, board members, contractors and persons representing Housing Solutions.
- 2.3 This Policy sets out how Housing Solutions will approach the prevention, management and reporting of adult abuse and neglect.
- 2.4 We will promote this policy and its approach with our partners and stakeholders.
- 2.5 The Community Service’s Housing Manager is the designated Safeguarding Lead and with the Safeguarding champion team, is responsible for Adult and Child Protection.

3 Definitions

Safeguarding adults	<p>A term used to describe all work involved to protect Adult at risk from Neglect, potential harm or Abuse. Some local authorities may still use the term Adult Protection.</p>
Adult at risk OR Vulnerable adult	<p>An Adult at Risk (also referred to as a Vulnerable Adult) is a person who is 18 years or over and who is or may be in need of, community care or health care services by reason of mental or other disability or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against Significant Harm or exploitation.</p> <p>An Adult at Risk may therefore be a person who:</p> <ul style="list-style-type: none"> • Is frail due to ill health, physical disability or cognitive impairment; • Has a learning disability; • Has a physical disability and/or a sensory impairment; • Has mental health needs; • Has a long-term illness/condition; • Is unable to demonstrate the Capacity to make a decision and is in need of care and support.

<p>Perpetrator(s) OR Accused</p>	<p>The perpetrator(s) or the accused means the person(s) accused of causing harm, neglect or abuse.</p>
<p>Abuse</p>	<p>Violation of an individual's human or civil rights. Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.</p>
<p>Neglect</p>	<p>The repeated deprivation of assistance that the person needs for important activities of daily living, including a failure to intervene in behaviour which is dangerous to them or to others, or poor manual handling techniques.</p> <p>Under the Mental Capacity Act 2005, wilful neglect and ill-treatment of a person lacking Capacity becomes a criminal offence.</p>
<p>Harm</p>	<p>Harm is to be taken to include not only ill treatment (including Sexual Abuse and forms of ill treatment which are not physical) but also the impairment of or an avoidable deterioration in physical or mental health and the impairment of physical, intellectual, emotional, social or behavioural development.</p>
<p>Hate crime</p>	<p>Any crimes that are targeted at a person because of hostility or prejudice towards that person's;</p> <p>Disability; Race or ethnicity; Religion or belief; Sexual orientation; Transgender identity.</p> <p>This can be committed against a person or property. A victim does not have to be a member of the group at which the hostility is targeted.</p>
<p>Concern</p>	<p>A Concern is identified as an expression of concern, suspicion or allegation that an Adult at Risk (Vulnerable Adult) is or may be a victim of abuse or Neglect. A Concern may be as a result of an incident, disclosure or other signs or indicators.</p>
<p>Alerter</p>	<p>An alerter is the person who raises a concern that an Adult at Risk (Vulnerable Adult) is being, has been, or is at risk of being abused or neglected. Anyone can be an alerter including the person themselves. Alerters can also be paid staff, volunteers, a carer, friends, family, neighbours or members of the public/community.</p>
<p>Local Safeguarding Adults Board (LSAB)</p>	<p>A multi-agency forum which has responsibility for providing strategic leadership in preventing, detecting and protecting adults who are at risk from abusive behaviour and practice in</p>

	<p>all its forms. It is made up of a number of senior representatives from key agencies that have responsibilities for protecting Adults at Risk/Adult at risk.</p>
<p>Mental Capacity Act (MCA)</p>	<p>The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make certain decisions for themselves. It supports the individuals' right to make their own decisions even when others may think their decision is unwise. Support staff must keep this in mind whenever supporting customers. Please refer to the Mental Capacity Act Policy for full details.</p>

4 What is safeguarding adults and why does it matter?

4.1 Safeguarding adults is defined in the Care Act 2014, Care and Support Statutory Guidance as:

“protecting a person’s right to live in safety, free from abuse and neglect.”

4.2 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. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

4.3 People have complex lives and being safe is only one of the things they want for themselves. Professionals and staff should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating “safety” measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.

4.4 The Guidance states the aims of adult safeguarding are:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.
- To raise awareness around safeguarding so that staff and the wider community play their part in preventing, identifying and responding to abuse and neglect.

5 Six principles of safeguarding work

5.1 ¹The government has identified six key principles and their individual outcomes, underpinning all safeguarding work:

Empowerment: Personalisation and the presumption of person-led decisions and informed consent. Outcome: I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.

Prevention: It is better to take action before harm occurs. Outcome: I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

Proportionality: Proportionate and least intrusive response appropriate to the risk presented. Outcome: I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed.

Protection: Support and representation for those in greatest need. Outcome: I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.

Partnerships: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. Outcome: I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.

Accountability: Accountability and transparency in delivering safeguarding. Outcome: I understand the role of everyone involved in my life.

5.2 Furthermore, Housing Solution's Safeguarding Adults Policy is based on the following principles:

- ensuring suitable and appropriate staff are recruited
- ensuring effective management of staff through regular supervision, support and training
- sharing information about concerns with agencies who need to know, including care-coordinators and the safeguarding authority
- involving and supporting victims appropriately and, wherever possible, respecting their choice in the range of agencies they may wish to work with.
- where the perpetrator, or alleged perpetrator, is another Housing Solution's customer, providing them with appropriate support to enable them to engage with the enquiry and to understand and comply with

¹ Care and Support Statutory Guidance, Issued under the Care Act 2014- Department of Health

the outcome and any subsequent action plan

- sharing information about adult safeguarding and good practice with customers, staff, partner organisations and carers.
- ensuring that partner organisations (e.g. suppliers of agency staff, voluntary organisations) apply adult safeguarding practice when operating from Housing Solution's premises
- ensuring action is sensitive to and takes account of the victim's gender, age, disability, stage of development, religion, culture and race

6 Forms and Types of abuse and neglect

6.1 ²Abuse is the "Violation of an individual's human or civil rights. Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance."

6.2 The abuse may be the result of a direct act, or omission of an act, or both. Abuse can take a number of forms, and it may be the case that two or more types of abuse are occurring simultaneously. Furthermore, staff should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case.

6.3 ³Forms of abuse include:

6.3.1 **Physical Abuse:** may involve hitting, slapping, pushing, shaking, throwing, poisoning, burning or scalding, drowning, misuse of medication, restraint or inappropriate physical sanctions, suffocating or otherwise causing physical harm, including fabricating the symptoms of, or deliberately causing, ill health to someone.

6.3.2 **Sexual Abuse:** involves forcing or enticing someone to take part in sexual activities, whether or not the victim is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include involving victims in looking at, or in the production of pornographic material, or encouraging them to behave in sexually inappropriate ways.

6.3.3 **Emotional/Psychological Abuse:** is the persistent emotional ill-treatment of someone as to cause severe and persistent adverse effects on their emotional state or development. It may involve conveying to the victim that they are worthless or unloved, inadequate or only valued insofar as they meet the needs of another person. It may also involve acts induced to frighten, exploit or corrupt adults

² Berkshire Adults Safeguarding Procedures

³ Care and Support Statutory Guidance, Issued under the Care Act 2014- Department of Health

- 6.3.4 **Neglect and acts of omission:** is the persistent failure to meet the victim's basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. This may take the form of failing to provide adequate food, shelter or clothing. It may also take the form of neglect of, or unresponsiveness to the victim's basic emotional needs.
- 6.3.5 **Financial or Material Abuse:** includes having money or other property stolen, being defrauded, being put under pressure in relation to money or other property, and having money or other property misused.
- 6.3.6 **Discriminatory Abuse:** including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment.
- 6.3.7 **Organisational abuse:** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- 6.3.8 **Domestic abuse:** including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence and female genital mutilation.
- 6.4 Other forms of abuse which can also be considered, include but are not limited to;
- 6.4.1 **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- 6.4.2 **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
- 6.4.3 **Exploitation:** involves unfairly manipulating someone for profit or personal gain, either opportunistically or premeditated.

6.5 Types of abusive behaviour:

6.5.1 **Complex abuse:** (organised or multiple abuse) may be defined as abuse involving one or more abusers and a number of related or non-related victims. The abusers concerned may be acting together to abuse, sometimes acting in isolation or using an institutional framework or position of authority to recruit victims for abuse. This includes neglect and poor care practice within specific care settings, and may range from isolated incidents to continuing ill-treatment.

6.5.2 ⁴**Patterns of abuse:** vary and include;

- **serial abusing** in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse.
- **long-term abuse** in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse.
- **opportunistic abuse:** such as theft occurring because money or jewellery has been left lying around.

7 Who abuses and neglects adults and where can it happen?

7.1 Adults can suffer abuse by a range of possible perpetrators including relatives, carers, friends, acquaintances, 'trusted adults' (for example a professional who works with them), neighbours, other customers, and strangers.

7.2 While a lot of attention is paid, for example, to targeted fraud or internet scams perpetrated by complete strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

7.3 Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home, in prison or in college. It can take place when an adult lives alone or with others.

⁴ Care and Support Statutory Guidance, Issued under the Care Act 2014- Department of Health

8 Signs and symptoms of abuse and neglect

8.1 Whilst allegations of abuse may be raised directly by the victim through them disclosing abuse to a staff member, there may be occasions where the victim is unwilling or unable to disclose. All staff must be aware and mindful of possible indicators of abuse, such as:

- unexplained changes in mood or behaviour
- nervousness or watchfulness
- inappropriate relationships with peers
- inappropriate sexual language
- attention-seeking behaviour
- changes in appearance or hygiene
- scavenging or compulsive stealing
- persistent fatigue
- running away/absconding
- injuries inconsistent with an explanation g Injuries at different stages of healing given
- unrealistic expectations of the abilities of the individual
- lack of consideration or respect for factors such as race, age, gender or sexuality of the individual
- Controlling relationships between staff and adult at risk
- repeated acts of poor professional practice
- malnutrition resulting from poor diet
- untreated medical problems

(This is not intended to be an exhaustive list, but an illustrative guide to signs and symptoms of abuse.)

8.2 Further information on recognising signs and symptoms of abuse is available in the “Examples of Abuse” hand out in appendix 1.

9 Safe working practices

9.1 When working with customers, Housing Solutions staff, representatives and contractors, must avoid placing themselves in positions that may cause customers to feel uncomfortable and which could lead to questions and/or false accusations of abuse. While this policy cannot cover every eventuality, they must not:

- meet with customers outside of work or work related activities
- discipline customers
- restrain or imprison customers
- make unnecessary physical contact with customers
- engage in sexually provocative or rough physical games
- do things of a personal nature for customers that they can do themselves, and if the customer does require help (for instance because of a disability) then

- only with their consent and his or her understanding of what is happening
 - engage in or tolerate any bullying
 - allow customers to use inappropriate language unchallenged
 - engage in favouritism or in singling out of "trouble-makers"
 - make sexually suggestive remarks or discriminatory comments about or to customers, even in jest
 - trivialise abuse
 - let allegations made by a customer go unrecorded or unaddressed, including any made against themselves.
- 9.2 Housing Solutions expects its entire staff to abide by the Code of Conduct in order to avoid situations where their actions could be mistakenly interpreted and perhaps lead to allegations of abuse. Good practice will reduce the possibility of anyone using their position to gain access to adult at risk in order to abuse them. Staff must also ensure their actions are sensitive to customer needs.
- 9.3 Housing Solution's staff will always:
- listen to adult at risk
 - value and respect adult at risk as individuals, regardless of their gender, ethnicity, disability or sexual identity
 - as appropriate, involve them in decision-making processes
 - empower customers with the necessary information to make informed decisions.

10 Whistleblowing

- 10.1 If a member of staff suspects that a customer is being abused by another member of Housing Solution's staff or a representative, they should immediately speak to their Line manager, the Head of Service, Designated safeguarding officer or the Human Resources Department.
- 10.2 Where there is a failure to respond appropriately to allegations of abuse, or where staff have concerns that a colleague or superior is responsible for the abuse, staff must follow Housing Solution's Whistleblowing Policy. The Public Interest Disclosure Act (1998) protects workers from detrimental treatment or victimisation from their employer if they blow the whistle on wrongdoing, such as the abuse of customers. Staff who whistle blow can remain anonymous. However, this cannot necessarily be guaranteed if it results in a criminal enquiry.

11 Support for those reporting abuse

- 11.1 All those making a complaint or allegation or expressing concern, whether they be staff, volunteers, customers, carers or members of the general public, should be reassured that:
- they will be taken seriously
 - their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk
 - if service users, they will be given immediate protection from the risk of reprisals or intimidation
 - if staff or volunteers, they will be given support and afforded protection if necessary
 - they will be dealt with in a fair and equitable manner and;
 - they will be kept informed of action that has been taken and its outcome
 - Employees and volunteers who speak out (whistle blow) against their employers/ manager/directors in such circumstances are protected by law from being discriminated against as a result (The Public Interest Disclosure Act 1998), please refer to the Whistle blowing Policy.

12 Confidentiality and Capacity

- 12.1 Due attention must always be paid to confidentiality when working with customers. All staff must be familiar with Housing Solution's Data Protection Policy and Confidentiality Policy.
- 12.2 In all such cases, the individual must be informed of the possibility that confidentiality may not be possible, but that every step will be taken to ensure confidentiality is maintained as much as is possible.
- 12.3 Staff must also be aware of the customer's capacity to make decisions, as governed by the Mental Capacity Act (2005). In all cases it is assumed that adults have the capacity to make informed choices and decisions, unless they have been deemed to lack capacity by a qualified health or social care professional.
- 12.4 The Mental Capacity Act (2005) was created to enable people receiving support to make their own decisions, and to offer protection for those individuals charged with making decisions on the behalf of those lacking capacity.
- 12.5 The Act has 5 main principles:
- Every individual has the right to make their own decisions unless it can be shown they are incapable of doing so.
 - Individuals should be supported to make their own decisions where possible.

- A person has the right to make decisions even if others regard the decisions made as being inappropriate or 'unwise'. A decision deemed as inappropriate does not in itself mean the client should be deemed incapable.
 - A person making decisions on behalf of someone lacking capacity must do so in their best interests.
 - Decisions made by a third party on behalf of someone lacking capacity should always be the option which is least restrictive on their basic rights and freedoms.
- 12.6 Where staff have concerns about a customer's ability to make an informed decision that relates to an abuse allegation or concerns around abuse, they must request that social services, the local CMHT or NHS Trust arrange for an assessment to take place. Where the customer has an allocated social worker or care coordinator they should be contacted in the first instance. This assessment will consider:
- The individual's views.
 - Their past and present wishes, feelings, beliefs and values.
 - Any written statement they've produced.
 - Anyone they have requested be consulted.
 - The views of family, friends or support staff who have an interest in their welfare.
- 12.7 All staff must ensure they provide appropriate support to the customer during this process, and contribute to the assessment as required.

13 Information sharing

- 13.1 Working in partnership with statutory and other relevant agencies is a key element of enquiries into suspected abuse. The wishes of the customer in relation to what information should be shared, and with whom, should be respected where possible. However, where there is a concern that the customer may be suffering or is at risk of abuse or neglect, their safety must be the over-riding priority. Information must be shared with statutory authorities where there is any indication of abuse or neglect. The following points must be considered as part of this process:
- 12.1.1 It should be explained openly and honestly to the customer what information will have to be divulged to statutory authorities and any other third parties, how it will be divulged and to whom.
- 12.1.2 Information should not be shared with other non-statutory third parties where it would increase the risk to the victim or undermine the prevention, detection or prosecution of a crime.

- 12.1.3 Information shared must be accurate and up-to-date, necessary for the purpose for which it is being shared, and shared only with those who need to know.

13 Recording and reporting procedure

- 13.1 If an allegation or suspicion of abuse is discovered by a member of staff or Housing Solutions representative or contractor, they should inform the designated safeguarding officer or a Safeguarding champion as soon as possible.
- 13.2 Where an adult is seen to be at risk of serious/immediate harm, the Police must be contacted immediately. Information is to then be shared with the designated safeguarding officer or a safeguarding champion as soon as possible.
- 13.3 Anyone can report abuse and complete a safeguarding concern. Housing Solutions supports this practice, but asks that the designated safeguarding officer or a safeguarding champion is consulted in advance, where possible. They may take on the responsibility of raising an concern with the relevant safeguarding team or may delegate this duty.
- 13.4 Staff's role is to respond and record, unless specifically asked to do so you should not carry out an enquiry of the incident. This will be carried out by the relevant local authorities safeguarding team or Housing Solutions designated safeguarding officer, where directed by the local safeguarding team.
- 13.5 If the adult is suspected to have experienced physical abuse/harm and there are visible marks, bruises, scratched, cuts or any other signs of physical harm, these should individually be recorded on the relevant body map. Staff should always discuss this with the adult and seek permission beforehand. Staff must note that they should only record what they see and never ask a adult to remove clothing. When using the body maps to record visible marks, the staff member should give an accurate indication of where the marks are located and a description of what has been seen.
- 13.6 The person reporting the abuse should complete Housing Solutions Safeguarding Concern Form. The form is to be handed to the designated safeguarding officer or a safeguarding champion. The information provided will need to be accurate, as an edited version may be used in the event of criminal prosecution. The concern form will be stored securely in a locked cupboard, with the safeguarding risk register by the designated safeguarding officer or a safeguarding champion.
- 13.7 It is not the organisation's responsibility to decide whether abuse has taken place or not, however it is the organisations responsibility to pass on information to the appropriate authority immediately.

13.8 Making and retaining records is important at all stages of the process. All records/notes must be retained. This includes any information obtained during an enquiry and copies of any information passed to outside authorities. All material will be kept in a secure file by the designated safeguarding officer or safeguarding champion.

13.9 Everyone should also be aware of the need to ensure that any relevant evidence is preserved.

13.10 The written record of the abuse should be completed to the best of the person's knowledge. Do not interrogate the victim but if possible aim for the report to contain the following;

- Known details including name, date of birth address and contact numbers
- Whether or not the person making the report is expressing their own concerns or those of someone else.
- Date, Time, Place
- What happened - Precise details in Adult's or Child's own words
- Did anyone else witness it, if so their contact details?
- Did the Individual /Child go to hospital
- A description of any visible bruising or other injuries (To be recorded on a body mapping sheet – Appendix 2).
- Where there any indirect signs, such as behavioural changes.
- Were the police called?
- How often have the assaults taken place?
- Does the Individual/Child know the name of the person who assaulted or abused them?
- Does the Individual have any dementia or other impairment and if so could this have affected their recollection?

13.11 You must make a distinction between what is fact, opinion or hearsay.

13.12 If a staff member/volunteer has been told about the allegation of abuse in confidence, they should attempt to gain the consent of the vulnerable adult or child's guardian to make a referral to another agency. However, the gaining of the consent is not essential in order for information to be passed on.

13.13 Consideration needs to be given to:

- The scale of the abuse
- The risk of harm to others
- The capacity of the vulnerable adult or child to understand the issues of abuse and consent
- If there is any doubt about whether or not to report an issue to Social Services then it should be reported.
- Where the alleged abuser is a member of staff/volunteer, the Disciplinary procedure will be followed, commencing with removal from active duty where

there is a risk to others.

13.14 Full details on the process of raising a safeguarding concern with a local authority can be found in section 20.4 of this policy and procedure.

13.15 Housing Solutions operates a Safeguarding register, which is managed by the designated safeguarding officer and safeguarding champions. Every safeguarding concern/concern will need to be recoded in the register, including the outcome of the concern. The safeguarding register will be stored in a secure cupboard with restricted access and can only be shared in line with our confidentiality and data protection procedures.

14 Disincentives to reporting abuse

14.1 Housing Solution's recognises that it is often difficult for victims of abuse to disclose or report instances of abuse. This may be for a number of possible reasons, such as:

- fear
- stigma
- not realising it is abuse
- not knowing how to report it
- thinking they won't be taken seriously
- learned helplessness
- not being able to see any solutions
- feeling ashamed
- not wanting to get someone else into trouble
- lacking capacity or experiencing poor mental health

14.2 Overcoming these barriers is key to ensuring that no abuse goes unnoticed or unaddressed, and Housing Solution's aims to achieve this by:

- Regularly exploring barriers to reporting abuse with customers during House Meetings, information sharing events and Key working sessions. This includes discussing example cases and promoting awareness and reporting processes.
- Using Team Meetings, training and supervision to ensure staff are aware of how to recognise and respond to abuse, and how to empower and encourage customers to report it.
- Encouraging services to learn from each Safeguarding Concern by including the need for service improvements, including overcoming barriers, to be recorded as part of every safeguarding enquiry.

15 Recruitment

15.1 Disclosure and Barring Service (DBS)

15.1.1 The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged into the Disclosure and Barring Service (DBS). CRB checks are now called DBS checks.

15.1.2 The Disclosure and Barring Service aims to ensure that unsuitable people do not work with Adult, whether in paid employment or on a voluntary basis.

15.1.3 The Vetting and Barring Scheme includes two barred lists maintained by the Disclosure and Barring Service. One list comprises persons barred from working with children and the other is for persons barred with working with Adults. A person who is barred from working with children or Adults at Risk will be breaking the law if they work or volunteer, or try to work or volunteer with those groups. An organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.

15.1.4 Regulated Activity is work which involves close and unsupervised contact with vulnerable groups including children and adults and which cannot be undertaken by a person who is on the Disclosure and Barring Service's Barred List.

15.1.5 The definition of 'Regulated Activity' has been narrowed so as to reduce the type and number of activities falling within it. It is now designed to cover those activities which provide the highest levels of risk arising from the nature of the post and access to vulnerable people.

15.1.6 Housing Solutions will carry out a standard DBS check on all staff or volunteers who will be carrying our regulated activities with children or adults within their role. Work listed as a regulated activity will not be carried out by any staff or volunteers who have not successfully completed a DBS check. It is the responsibility of Housing Solutions Human resource department to carry out DBS checks in advance of any regulated activity being carried out by individuals.

15.2 Regulated activity relating to Adults

15.2.1 There are six categories of people who will fall within the new definition of Regulated Activity (including anyone who provides day to day management or supervision of those people):

- Providing health care;
- Providing Personal Care (e.g. providing/training/instructing/or offering advice or guidance on physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult's age, illness or disability; or prompting and supervising an adult to undertake such activities where necessary because of their age, illness or disability);

- Providing social work;
- Providing assistance with cash, bills and/or shopping;
- Providing assistance in the conduct of a person's own affairs, e.g. by virtue of an enduring power of attorney;
- Conveying/transporting an adult (because of their age, illness or disability) either to or from their place of residence and a place where they have received, or will be receiving, health care, Personal Care or social care; or between places where they have received or will be receiving health care, Personal Care or social care. This will not include family and friends or taxi drivers.

15.2.2 There is a duty on a 'regulated activity provider' to ascertain whether a person is barred before permitting that person to engage in Regulated Activity.

15.2.3 It is a criminal offence for a barred individual to take part in Regulated Activity, or for an employer/voluntary organisation knowingly to employ a barred person in a Regulated Activity role.

15.2.4 Further information on regulated activities for adults can be found at;

<https://www.gov.uk/government/publications/new-disclosure-and-barring-services>

16 Regulatory framework

16.1 When an allegation of abuse is made the designated safeguarding officer or Safeguarding champion must notify the appropriate commissioning body as contractually obliged. This will usually be either the local authority, CQC or the local NHS Foundation Trust.

16.2 In services where care is provided, staff must work in compliance with the Health and Social Care Act (Regulated Activities) Regulations 2010 and the CQC (Registration) Regulations 2009 and notify CQC as soon as possible of any of the following in accordance with Regulation 18 (Outcome 20):

- If any serious injury occurs to a customer
- Any applications made to deprive a person of their liberty
- Abuse or allegations of abuse
- Events that stop or threaten to stop the service from carrying out a regulated activity safely and to the appropriate standard
- Incidents reported to or investigated by the police.

16.3 All staff must ensure that they respond in accordance with the relevant regulations of the commissioning and governing bodies in all cases of abuse. Details of who to contact must be readily available in all services.

17 Monitoring and reviews

- 17.1 We will carry out an annual health check to ensure that we remain compliant with our policy and procedure, industry best practice and local safeguarding procedures. We will carry out regular audits on cases, to promote best practice and continuous learning.
- 17.2 Performance information will be collated and shared with relevant stakeholders. Performance data will be monitored by;
- Partnership panels
 - Housing Solutions management teams

18 Complaints

- 18.1 Housing Solutions operates a complaints policy and procedure. This is accessible for any persons who are dissatisfied with the level or quality of service being received.

19 Review

- 19.1 This policy will be reviewed on a yearly basis or in response to changes in legislation, regulatory guidance, good practice or changes in other relevant Housing Solutions policy.

20 Safeguarding Adults at risk – Reporting procedures

20.1 Housing Solutions are committed to stopping abuse or neglect wherever possible, prevent harm and reduce the risk of abuse or neglect to adults with care and support needs. We will ensure that everyone, is clear about their individual and corporate roles and responsibilities in preventing and responding to abuse or neglect.

20.2 Housing solutions operates within a number of different counties and works in partnership with a large number of local authorities. Each local authority has its own Safeguarding Adults Partnership Board and local safeguarding policy and good practice guides. The various boroughs and areas of operation include;

- Royal Borough of Windsor and Maidenhead
- Slough
- Reading
- Wokingham
- Bracknell Forest
- Basingstoke and Dean
- Marlow
- Abingdon
- Beaconsfield
- Aylesbury
- High Wycombe
- MiltonKeynes

20.3 When a Safeguarding concern is raised, it is essential to establish which local authority the concern relates to and what their reporting procedures are. Below you will find a breakdown of each local authority and a hyper link to their Safeguarding concern procedures;

20.3.1 Local safeguarding policies and reporting procedures;

Local authorities	Hyper link to relevant Safeguarding policy and procedures	Contact details for safeguarding information/referrals
Royal Borough of Windsor and Maidenhead	The Royal Borough of Windsor and Maidenhead - Safeguarding Adults procedure	Office hours Tel; 01628 683744
		Out of hours duty service (5pm – 9am & weekends) Tel; 01344 786 543

Slough Borough Council	Slough Borough Council - Safeguarding Adults procedure	Office hours Tel; 01753 475111
		Out of hours duty service (5pm – 9am & weekends) Tel; 01344 786 543
Reading Borough Council	Reading Borough Council - Safeguarding Adults procedure	Office hours Tel; 0118 937 3747
		Out of hours duty service (5pm – 9am & weekends) Tel; 01344 786 543
Wokingham Borough Council	Wokingham Borough Council- Safeguarding Adults procedure	Office hours – online referral only Report a safeguarding concern online - Wokingham Borough Council
		Out of hours duty service (5pm – 9am & weekends) Tel; 01344 786 543
Bracknell Forest Council	Bracknell Forest Council- Safeguarding Adults procedure	Office hours Tel; 01344 351500
		Out of hours duty service (5pm – 9am & weekends) Tel; 01344 786 543
Basingstoke and Dean	Hants - Safeguarding Adults procedure	Office hours Tel; 0300 555 1386
		Out of hours duty service (5pm – 8.30am & weekends) Tel; 0300 555 1373
<ul style="list-style-type: none"> • Marlow • High Wycombe • Beaconsfield 	Buckinghamshire County Council - Safeguarding Adults procedures	Office hours Tel; 0800 137915

<ul style="list-style-type: none"> • Aylesbury 		Out of hours duty service (5pm – 9am & weekends) Tel; 0800 999 7677
Milton Keynes Council	Milton Keynes Council - Safeguarding Adults procedure	Office hours Tel; 01908 253772
		Out of hours duty service (5.15pm – 9am & weekends) Tel; 01908 605650
Abingdon Town Council	Oxfordshire County Council - Safeguarding Adults procedure	Office hours Tel; 0845 050 7666
		Out of hours duty service (5pm – 9am & weekends) Tel; 0800 833408

20.3.2 Where the victim is seen to be in immediate danger or at immediate risk, immediate action must be taken to safeguard the victim. This can include but is not limited to;

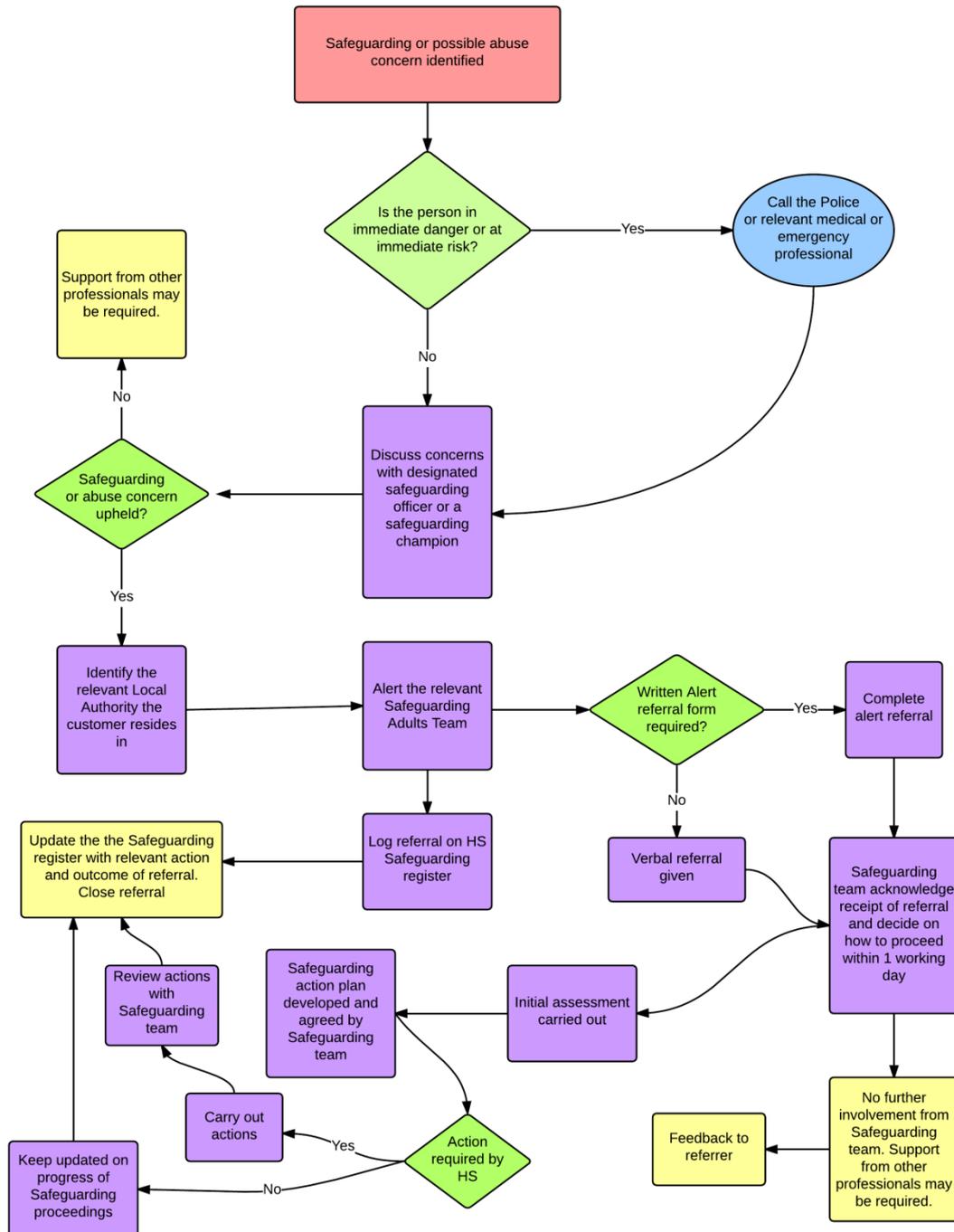
- Police interventions
- Emergency medical assistance
- Removing the victim from the immediate danger or risk where possible

20.3.3 Once the relevant Local Authority Safeguarding team has been established, it is the responsibility of the alerter to contact the Safeguarding team and inform them of the suspected abuse and or neglect. Where this is not possible, the designated safeguarding officer or a safeguarding champion will raise the concern.

20.3.4 If the victim is in immediate danger or at risk, it is the alerter's responsibility to report this immediately, explaining what danger and or risks are present and what interventions have been put in place to remove/safeguard the victim from the identified danger or risk.

20.3.5 It is the alerter's responsibility to give a detailed report of events, which include all of the relevant information, as outlined in section 13 of this policy.

20.4 Safeguarding adults referral process map



20.4.1 The safeguarding adults referral process map above, provides a guide to the processes and procedures, which need to be followed when suspecting abuse and or neglect of a vulnerable adult at risk. Please note this is a guide and each local authority may use a different process/procedure.

22 Advice and support

The following organisations can provide expert advice and support on issues of abuse;

Organisation	Telephone	Website	Notes
Elder Abuse response	0800 880 88141	www.elderabuse.org.uk	All calls are treated in confidence
Public Concern at Work	(020) 7404 6609 (Monday-Friday, 9.00am-6.00pm).	www.pcaw.org.uk	Initial enquires can be made anonymously.
Ann Craft Trust	0115 9515400	www.anncrafttrust.org	Support for people with learning disabilities who have been abused.
Mind	0300 123 3393	www.mind.org.uk	Help and advice for people with mental health needs.
Women's Aid	0808 2000247	www.womensaid.org.uk	Domestic abuse support for women and children
Men's advice line	0808 801 0327	www.mensadviceline.org.uk	Support for male victims of domestic abuse
NSPCC	0808 800 5000	www.nspcc.org.uk	Help and advice line for children who are victims of abuse
Broken rainbow	0300 999 5428	www.brokenrainbow.org.uk	National Lesbian, Gay, Bisexual and Transgender Domestic abuse helpline
Samaritans	08457 90 90 90	www.samaritans.org.uk	Help and advice line for persons experiencing suicidal thoughts

Appendix 1 - Examples of Adult Abuse

(This is not an exhaustive list, and is to be used as guidance)

<p>Physical Abuse</p>	<p>Includes but is not limited to: hitting, slapping, scratching, pushing, kicking, misuse of medication, inappropriate restraint, force feeding, etc.</p> <p>Indicators: bruising, cuts, pain, change in behaviour and personality, withdrawn, confused, sad, depressed, aggressive, etc.</p>
<p>Sexual Abuse</p>	<p>Includes but is not limited to: rape, inappropriate touching, sexual harassment, forcing pornographic magazines, videos, and pictures onto a vulnerable adult, kissing/hugging without consent, perpetrator exposing or touching themselves in front of a vulnerable adult, etc.</p> <p>Indicators: STI, STD, discharge, blood, bruising, change in behaviour and personality, crying, nervous, behaves in a sexual manner which is unusual for them, sleeping problems, etc.</p>
<p>Emotional/Psychological Abuse</p>	<p>Includes but is not limited to: threatening, ignoring, bullying, humiliating, blaming, controlling, coercing, harassing, verbal abuse, etc.</p> <p>Indicators: Becoming physically and mentally ill, depressed, suicidal, aggressive, self-harming, withdrawn, incontinent, feeling hopeless, low self- esteem, etc.</p>
<p>Financial/Material Abuse</p>	<p>Includes but is not limited to: stealing money and personal property (ie clothes, food, jewellery), fraud, exploitation, changing wills without consent, overspending and misusing benefits, etc.</p> <p>Indicators: Stealing or asking for money, change in behaviour and personality, poor personal hygiene, hungry, bills not being paid, receiving red letters, utilities being shut off, depressed, sleeping problems, aggressive, etc.</p>
<p>Neglect/Deprivation</p>	<p>It's about not providing support and services as agreed. Depriving adult of choice, services, and support. Not providing personal care, food, safe environment, medication, or over feeding, ignoring, etc.</p> <p>Indicators: Change in behaviour and personality, becoming frail and ill, feeling hopeless, depressed, suicidal, aggressive, self-harming, having panic attacks, losing or gaining weight, etc.</p>

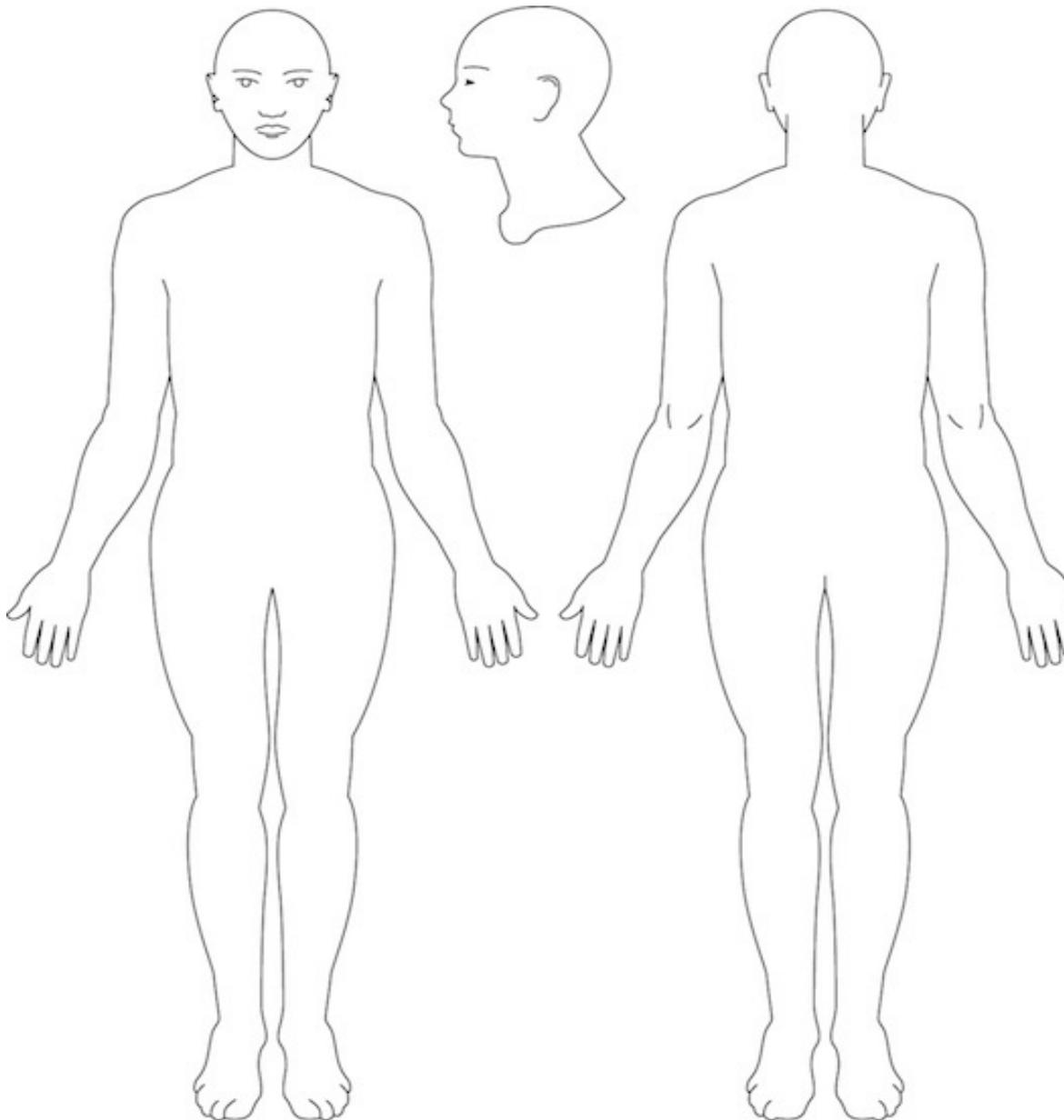
<p>Discriminatory Abuse</p>	<p>Includes but is not limited to: discriminating a person because of their disability, race, age, religion, beliefs, sexual orientation, size, where they live, education, social class, etc.</p> <p>Indicators: Change in behaviour and personality, low self-esteem, person changes their way of dressing or talking, aggressive, stops eating, becomes shy and/or quiet which is not the norm for them, etc.</p>
<p>Organisational Abuse</p>	<p>When an institution/organization, agency, or service places a vulnerable adult at risk of abuse and neglect. When these institutions deprive an adult of choice and fail to provide services and support, as agreed.</p> <p><u>Example:</u> A nursing home takes on clients who require hoisting, but they do not have the equipment in-house.</p> <p><u>Example:</u> A home care agency provides personal care services, but fails to train their staff on proper procedures.</p> <p>Indicators: Depressed, feeling hopelessness, self-harming, aggressive, confused, change in behaviour and personality, sleeping problems, stop eating/drinking, becoming ill, etc.</p>

Appendix 2 – Adult Body Map

Names for Adult; _____ Date of Birth: _____

Name of Worker: _____ Agency: _____

Date and time of observation: _____



Signature of worker: