

Safeguarding Adults Policy

Date written: 1st April 2009

Purpose: To set out our policy in delivering responsive services to adults at risk and to ensure that any adult identified is protected and kept safe from harm while they are in receipt of services provided by us.

Scope: This policy and its procedures apply to all members and colleagues of Bernicia Group, including Board Members, Trustees, Independent Committee Members, Directors, Involved Tenants, and Colleagues whether full-time, part-time, fixed term, casual employees, and volunteers of Bernicia, as well as all registered provider subsidiaries of the Group.

Definitions: The safeguarding duties apply to an adult who:

- Is aged 18 or over; and
- Has needs for care and support (whether or not those needs are being met)
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Date for review: November 2024

Responsibility: Head of Care and Support

Policy

1. Introduction

- 1.1 We provide housing services to a wide range of individuals throughout the North East of England, and we recognise that some of our clients will be more vulnerable to risks than others.
- 1.2 The procedures that relate to this policy are in place to guide and inform the practice of members of staff to protect adults at risk. The procedures should be applied in all situations where the possibility of abuse cannot be ruled out. These apply to adults at risk aged 18 years or over.
- 1.3 We recognise that vulnerable people can reside in any of our properties.
- 1.4 We recognise that for many of our clients, age, medical condition, and other potential vulnerabilities may increase their risk of being a victim of abuse. Whenever there is evidence to support a suspicion that an adult is, or may be at risk of abuse, we will take steps to protect and support the client and bring the matter to the attention of the appropriate authorities.
- 1.5 The aim of this policy is to set out how we will deliver responsive services to adults at risk and to ensure that any adult identified as being at risk due to vulnerabilities is protected and kept safe from harm while they are in receipt of services we provide.

2. Policy statements

2.1 **Statement of Commitment**

- 2.1.1 This policy has been produced to safeguard and promote the wellbeing of adults at risk, its purpose is to protect service users from abuse (with regard to the relevant legislation and issues of consent) and to support the abused person and their relatives. We believe in the following:

- Everyone has the right to live their life free from fear, violence, or harm.
- All adults have the right to be protected from harm or abuse.
- Everyone has the right to an independent lifestyle and the right to make choices, some of which may involve a degree of risk.
- Actively promoting the empowerment and wellbeing of adults at risk through the services we provide.
- Acting in a way that supports the rights of the individual.
- Recognising people who are unable to take their own decisions and/or protect themselves, their assets and bodily integrity, e.g. financial, physical, or sexual

abuse.

- Recognising that the right to self-determination can involve risk.
- Promoting the safety of adults at risk of abuse
- Respecting the rights of the alleged perpetrator.

The Care Act 2014 sets out six key principles that underpin all adult safeguarding work:

Empowerment – Personalisation and the presumption of person-led decisions and informed consent.

Prevention – It is better to take action before harm occurs.

Proportionality – Proportionate and least intrusive response appropriate to the risk presented.

Protection – Support and representation for those in greatest need.

Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.

Accountability – Accountability and transparency in delivering safeguarding.

Under the Act, housing providers have a duty to co-operate with local authorities implementing their statutory duties around adult safeguarding. This may include carrying out 'enquiries' into incidents, information sharing and working collaboratively with the local authority Safeguarding Adults Board. We will make staff familiar with the principles of safeguarding, train staff to be vigilant, recognise signs of abuse and know what to do if they see those signs.

- 2.1.2 Abuse of any persons may be a criminal offence and it is important that employees are able to recognise abuse and help prevent it. We seek to provide a safe environment for all clients, staff and visitors and strive to protect them from all forms and levels of abuse by encouraging management and staff to work together to achieve this objective. We all have a duty of care to protect the persons at risk in our society, to raise awareness and ensure service user abuse does not occur.

2.2 Legal Context

- 2.2.1 The law in respect of the abuse of adults at risk is found in various sections of separate acts of Parliament. These constitute a framework of legislation which either promotes the welfare of adults at risk or guides action after abuse has taken place.

- 2.2.2 The Care Act (2014), which came into force April 2015, set out for the first time a legal framework for safeguarding adults. Each Local Authority must have a Safeguarding Adults Board (SAB) that includes the local authority, NHS, and police. SABs must meet regularly, develop shared safeguarding plans, and publish an annual review of progress. SABs will carry out Safeguarding Adults Reviews in some circumstances relating to safeguarding failures. The act also introduces a responsibility for Local Authorities to make enquiries and take any necessary action if an adult with care and support needs could be at risk, even if that adult isn't receiving local authority care and support.
- 2.2.3 The Care Act (2014) made Safeguarding Adults a statutory duty for the first time along with the introduction of new definitions / terminology: "Adults at risk", replaces vulnerable adult.

2.3 Roles and Responsibilities

- 2.3.1 In most instances where there is a relationship between an organisation and a person who uses their service it is simply stated that a duty of care exists. In reality there will actually be various different duties operating concurrently which will overlap and complement one another.
- 2.3.2 Many clients in our accommodation are perfectly capable of independent living and do not require any support to manage their affairs, including their tenancy. From time to time we will offer accommodation to an individual known to be vulnerable or will become aware that an existing tenant is, or has become, vulnerable. Whenever a member of staff becomes aware of an adult at risk, they will take reasonable steps to ensure that the client has help, advice and appropriate support to maintain their independence, choice and control enabling the client to maintain their tenancy.
- 2.3.3 Clients should be informed about their right to protection and the organisation's policies on abuse. This will be delivered in a clear method appropriate to each client and include information about what constitutes abuse, the choices they have for reporting abuse and issues about confidentiality. The use of advocates will be encouraged, where appropriate, to represent clients' views.
- 2.3.4 It is essential that all individuals and agencies / organisations understand, not only their own role and responsibilities within adult protection, but also those of others.

Key roles:

- Alerter – Any person in contact with, or who has knowledge of an adult at risk, and who has concerns about the health, safety, and well-being of that adult. Anyone can be an Alerter. The Alerter is responsible for passing all concerns on to the Responsible Person.

- **Responsible Person** – A person who receives and considers concerns passed to them by the Alerter. The Responsible Person has the responsibility for reporting concerns, where the possibility of abuse cannot be ruled out, to the local authority in line with local authority procedures.

The Responsible Person - will ensure appropriate safeguarding measures are in place to reduce immediate risk if necessary, they will contribute to any strategy discussion meetings on behalf of a person or agency, making decisions and taking forward any actions including investigating and monitoring as identified.

The Responsible Persons are identified in the Safeguarding Reporting Triangle.

- **Designated Organisation Lead** – is someone who can act as a source of information and support for staff and volunteers within Bernicia particularly how the safeguarding process operated.

The Designated Organisation Lead is identified in the Safeguarding Reporting Triangle

- **Safeguarding Manager** – a person with managerial responsibility for all safeguarding matters within the organisation

These roles represent the roles as defined by Bernicia. Although they mirror the main roles designated by each of the local authorities in which we work, the terminology used may differ. All staff are trained to recognize, identify, and report potential abuse and / or an adult at risk. The Responsible Person and Designated Organisation Lead are trained in and understand the differing requirements and terminology of each local authority.

2.3.5 The most appropriate process if abuse is suspected, is for the Responsible Person to contact the relevant Local Authority Safeguarding Adults Lead in accordance with the relevant Safeguarding Protocol. The local authority has a statutory duty to make enquiries and would follow its process set out in their safeguarding protocol.

2.3.6 All cases are to be followed through to resolution in-line with the relevant Safeguarding Protocol. In cases of a financial nature relating to handling clients funds, these are to be fully investigated and not considered resolved until satisfactory evidence is provided to support its resolution.

2.4 What is abuse?

2.4.1 Abuse relies on the exploitation of differences in power within relationships where there is an expectation of trust, which causes harm to an individual. This can be by act or omission.

2.4.2 Abuse and neglect can take many forms. Professionals should not be constrained in their view of what constitutes abuse or neglect, and the circumstances of an individual case should always be considered.

Abuse may be:

- A single act or repeated acts;
- an opportunistic act or a form of serial abusing where the perpetrator seeks out and “grooms” individuals;
- an act of neglect or a failure to act;
- multiple in form (many situations involve more than one type of abuse);
- deliberate or the result of negligence or ignorance;
- a crime.

2.4.3 Individuals who are dependent upon, or rely on, others for the provision of care or support are at a higher risk of being abused not only by their main carer(s), but also by relatives, partners, professionals, neighbours, friends, and strangers. All staff have an active role to play in the prevention, reduction and reporting of any suspected abuse.

2.5 Categories of abuse

- **Physical abuse** (punching, hitting, slapping, pinching, pushing, and shaking)
- **Psychological abuse** (humiliation, intimidation, indifference)
- **Sexual abuse** (Non- contact i.e. voyeurism, involvement in viewing or making pornography, indecent exposure, harassment, serious teasing, and innuendo). (Contact i.e. touching breasts, genitals, anus, mouth, masturbation of either or both persons, penetration or attempted penetration of the vagina, anus or mouth with penis, fingers, or other objects)
- **Financial or material abuse** (Misuse or exploitation of the adults at risks money, property, inheritance, possessions, theft)
- **Neglect and act of omission** (Administering too much or too little medication, failure to access appropriate health, social care, or educational services. Withholding or failing to provide the necessities of life such as adequate nutrition, heating, or clothing. Failure to intervene in situations that are assessed as being dangerous to the person concerned or to others, particularly where the person lacks capacity).

- **Discriminatory abuse** (Motivated abuse by oppressive and discriminatory attitude towards the person's disability, race, gender, age, religion, cultural background, sexual orientation)
- **Organisational / Institutional abuse** (inflexible routines being imposed e.g. bed time bathing/washing, meals, using toilet)
- **Domestic abuse or violence** - Including an incident or a pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse, by someone who is, or has been, an intimate partner or family member regardless of gender or sexual orientation. This includes psychological/emotional, physical, sexual, financial abuse; so called 'honour' based violence, forced marriage or Female Genital Mutilation (FGM)
- **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
- **Self-neglect** - Includes a person neglecting to care for their personal hygiene, health, or surroundings; or an inability to provide essential food, clothing, shelter or medical care necessary to maintain their physical and mental health, emotional wellbeing and general safety. It includes behaviour such as hoarding

The response to the concern of abuse or neglect will be proportionate to the level of harm that has occurred or may occur.

The seriousness of harm, or extent of the abuse, is not always clear at the point of concern or referral. All reports of suspicions or concerns should be approached with an open mind.

2.6 Signs of abuse

2.6.1 All staff must be vigilant to recognise the reactions to abuse. Both service user and carer may demonstrate behavioural changes or show physical signs which may be an indication of abuse having taken place and may be recognisable by:

- Withdrawal, depression, fear, agitation, anxiety, tearfulness, self-neglect
- Visible signs such as bruising, burns, cuts, sores
- Changes in behaviour for example mental confusion, frustration, anger

- Fear of being alone with specific individuals
- Loss of personal possessions with no rational explanation
- Repeated visits to the G.P. or Accident and Emergency
- Difficulty interviewing the vulnerable person alone
- Poor physical appearance/condition, skin ulcers or pressure sores, unexplained weight loss or gain, reduced mobility

2.7 Patterns of abuse

- Serial abusing – the perpetrator seeks out and ‘grooms’ vulnerable individuals. Sexual abuse often falls into this pattern, as do some forms of financial abuse
- Long-term abuse – for example an ongoing family relationship such as domestic violence between generations / spouses / partners
- Opportunistic abuse for example theft
- Situational abuse – due to pressures building up or due to challenging behaviour

2.8 Protection

2.8.1 A range of actions need to be taken to:

- Promote the safety of adults through reducing the likelihood of abuse
- Ensure good practices based upon inter-departmental and inter-agency procedures and guidance are followed in the event of abuse
- Provide support and, where appropriate, care planning in the aftermath of abuse for survivors and carers

2.9 Prevention of abuse

2.9.1 It is far better to put in place strategies to minimise the likelihood of abuse occurring – preventative strategies – than to deal with abuse after it has happened.

2.9.2 We acknowledge and implement factors which contribute to the successful prevention of abuse and neglect, including;

- Rigorous recruitment practices (including volunteers)
- Internal guidelines for staff
- Training
- Information for users, carers and the general public including encouraging awareness and usage of the Complaints Procedure
- Attention to issues relating to the protection of vulnerable adults in Direct Payment situations
- Commissioning of services and contract monitoring.

2.10 Staff training

2.10.1 Staff training is a key element in protecting vulnerable adults from abuse as well as supporting staff. Policy and Procedure training is given as part of the induction process. In addition, all relevant staff are provided with training organised by the local authority within which they work. This ensures staff are trained to the correct protocol for their location and role.

2.10.2 Staff have access to regular supervisions, this process includes review of record keeping, professional development and case management

2.11

- Ensuring all staff / volunteers receive training in safeguarding every 3 years
- Ensuring that all new staff / volunteers are properly inducted in safeguarding issues within the first month.

2.12 Confidentiality & Information Sharing

2.12.1 We operate within our Confidentiality Policy but with specific regard to Safeguarding we respect the following:

- Information will only be shared on a “need to know” basis when it is in the best interests of the service user
- Confidentiality must never be confused with secrecy

- Informed consent should be obtained but, if this is not possible and others are at risk, it may be necessary to override this requirement

2.12.2 We will keep notes where we suspect that a safeguarding issue may develop or where one has been identified and we have been requested or deem it necessary to note observations.

2.12.3 Notes will be held securely. If stored electronically these will be in a secure location and protected by restricted access.

3. Responsibility for implementation

3.1 Directors and managers responsible for ensuring that this policy is adhered to and implemented.

4. Actioning the policy

4.1 This policy will be actioned every time there is a report of a potential safeguarding issue. An alert can be raised by anyone including a resident, a member of staff, a family member, the public or another agency.

5. Monitoring the policy

5.1 We will report to the relevant Boards throughout the year who use these statistics to form a judgement on the service we provide in relation to the issue. This will be the responsibility of the Head of Care and Support.

6. Resources

6.1 There are no resource implications of this policy as all actions should be able to be delivered from existing resources.

7. Equality and Diversity

7.1 An equality and diversity impact assessment has been undertaken on this policy. In carrying out its services, we are committed to:

- Treating all customers and employees positively regardless of including gender, age, ethnicity, disability, sexuality, gender reassignment or religion.
- Taking seriously all complaints and investigating and responding accordingly.

- Using plain language and providing information in other languages, large print, audio, and Braille on request.

Uncontrolled if printed – This may not be the latest version of the policy

All policies must be printed from Connect only – please make sure it is the latest version.

