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<h2>Safeguarding Adults Policy</h2>	

### 1. Purpose or Aim

#### 1.1. Purpose

- 1.1.1. This policy details (saha's) position to ensure effective safeguarding within its services, schemes and premises, especially when working with adults with care and support needs and adults experiencing, or at risk of, abuse or neglect.

#### 1.2. Aims of Safeguarding

- 1.2.1. Stop abuse or neglect wherever possible.
- 1.2.2. Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- 1.2.3. Promote an approach that is person-centred.
- 1.2.4. Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- 1.2.5. Provide accessible information and support to help people understand the different types of abuse, how to stay safe and how to raise a concern about the safety or well-being of an adult.
- 1.2.6. Address what has caused the abuse or neglect.
- 1.2.7. Support recovery from the abuse or neglect.

### 2. The following documentation can be relied on to supplement this policy:

#### 2.1. Key Legislation

- Policy Care Act 2014
- Care and Support Statutory Guidance
- Domestic Violence, Crimes and Victims Act 2004
- Human Rights Act (1998)
- The Social Services Act 1970
- The Mental Health Act 1983
- The Public Disclosure Act 1998
- The Care Standards Act 2000
- The Protection of Freedoms Act 2012
- The Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DOLS)
- The Equality Act 2010
- Caldicott Principles 1997
- [2011 and 2016: Guidance on information sharing, with particular reference to Health and Social Care settings.](#)

2.2. All staff are encouraged to utilise the comprehensive guidance on promoting welfare and safeguarding practice from organisations such as the Social Care Institute of Excellence which can be found at:

<http://www.scie.org.uk/publications/index.asp>

- [Linked Policy and Guidance](#)
- [saha Supported Housing Strategy 2016-2021](#)
- [Safeguarding Children and Young people Policy](#)
- [Safeguarding Adults Procedure](#)
- [Safeguarding Children and Young People Procedure](#)
- [Whistle Blowing Policy](#)
- [Code of Conduct \(and Professional Boundaries\)](#)
- [Disclosure and Barring Policy](#)
- [Lone Workers Policy](#)
- [Recruitment Policy](#)
- [Adaptation Policy](#)
- [Customer Feedback Policy](#)

- Anti-Social Behaviour Policy
- Serious and Major Incident Policy
- Risk Assessment Policy

### **3. Introduction**

- 3.1. This policy outlines Salvation Army Housing Association's (saha's) framework for safeguarding assurance. This policy aims to ensure that this will be achieved through taking precautions to prevent abuse occurring, having effective systems to identify abuse and robust responses when abuse or suspected abuse or neglect is raised.
- 3.2. This policy forms part of a Safeguarding System which aims to encompass policy, procedures (both corporate and localised) and guidance (both internal and external) plus reporting, recording and reviewing methodologies to safeguard adults from abuse or neglect.

### **4. Scope**

- 4.1. The scope of this policy is applicable to all services owned and managed by the association. This policy applies to:
- All board members.
  - All staff and management.
  - All customers and visitors to our services.
  - Volunteers and contractors and agency staff working for the organisation.

### **5. Objectives**

- 5.1. The key objectives of the policy are:
- Raising awareness of our responsibilities to safeguarding adults throughout the leadership, employees, contractors, agency workers, volunteers and other stakeholders.
  - Provide a foundation for associated safeguarding procedures across all areas of the Association and promote a culture enabling individuals to confidently raise issues and concerns.
  - To ensure adherence with relevant legislation and requirements of local Safeguarding Adults Boards (SABs).
  - To demonstrate a commitment to safeguarding and provide clear lines of accountability through defined roles and responsibilities within the Association.

## **6. Definitions**

6.1. There is a comprehensive list of definitions in Appendix A.

## **7. Policy Statement:**

### **7.1. Prevent Duty**

7.2. Saha is fully committed to safeguarding and promoting the welfare of all its customers and volunteers. The Association recognises that safeguarding against radicalisation and extremism is no different from safeguarding against any other vulnerability.

7.3. Saha expects all of our staff, customers and volunteers to uphold and promote the fundamental principles of human rights and British values and exemplify these in their practice, including: democracy; the rule of law; individual liberty; mutual respect and tolerance of those with different faiths and beliefs.

7.4. This statement reinforces our expectation that all staff and volunteers are fully engaged in being vigilant about safeguarding, radicalisation and extremism.

### **7.5. Responding to Concerns**

7.6. Saha, as a registered provider for social housing, understands its responsibility and duty to report all relevant safeguarding issues in line with the Local Authority policies and procedures. A contact list of all the Local Authorities we work with can be found in saha's safeguarding procedures

7.7. There are 6 key principles that underpin safeguarding adults. They are:

7.7.1. Empowerment: People being supported and encouraged to make their own decisions with informed consent.

7.7.2. Prevention: It is better to take action before harm occurs.

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

7.7.4. Protection – Support and representati6on for those in greatest need.

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

7.7.6. Accountability – Accountability and transparency in delivering safeguarding.

### **7.8. The Care Act 2014**

7.8.1. The Care Act 2014 brings with it a shift in emphasis in safeguarding from undertaking a process to a commitment to improving outcomes alongside people experiencing abuse or neglect. The key focus is on

developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing the extent to which desired outcomes have been achieved.

### **7.9. Communication**

- 7.9.1. This policy will be circulated to all relevant staff and supported by appropriate training and awareness to ensure it is embedded throughout the organisation. Delivery will be via Safeguarding Champions and by appropriate Managers with responsibility of managing frontline staff who are most likely to encounter safeguarding issues.
- 7.9.2. Staff will record safeguarding concerns in accordance with the Safeguarding Adults procedure. Managers will monitor these concerns and referrals. Managers will undertake a monthly review of cases to ensure effective outcomes and procedural compliance. Any identified barriers to effective multi-agency working will be addressed by Managers as appropriate with relevant agencies.

### **7.10. Training**

- 7.10.1. Training provision will include induction training for all new staff.
- 7.10.2. All relevant frontline staff will receive mandatory training to ensure that they are fully aware of the key issues and responsibilities on safeguarding practice and the promotion of welfare.
- 7.10.3. Refresher safeguarding training for relevant staff will take place at a maximum of three yearly intervals.
- 7.10.4. Enhanced training on the management of Safeguarding practice and the promotion of welfare will be provided to Managers.
- 7.10.5. All of the actions listed above ensure that everyone is made aware of the organisation's arrangements for safeguarding and promote the welfare and well-being of Adults at Risk of Abuse or Neglect .

### **7.11. Recording Reports and Concerns**

- 7.11.1. Where abuse occurs or is suspected, or where there are welfare concerns, the guiding principles must be safety, well-being and independence of the person deemed at risk. Reports or concerns regarding safeguarding adults will be recorded as soon as possible after the event, situation or disclosure.

### **7.12. Sharing Information**

- 7.12.1. The overriding principle on the sharing of information is whether it is necessary to do so in the best interests of an individual(s) and to protect them from harm/abuse on a 'need to know basis'. The same applies if the information could prevent abuse occurring in the first place (please see the guidance and flow chart in Appendix B)

7.12.2. Information passed to Adult Social Care Services and other relevant agencies must have a clear distinction between fact, opinion and hearsay.

7.12.3. It is not appropriate to override an individual's consent in the best interests of an adult with capacity. The circumstances in which consent can be overridden is specified in the guidance in Appendix B

7.12.4. Where an individual does not have capacity the situation is different and decisions about how to proceed would be taken in their best interests in accordance with the Mental Capacity Act.

### **7.13. Partnership Working**

7.13.1. Relevant Managers will endeavour to build local relevant partnerships that:

- a) Ensure effective working relationships with all key agencies;
- b) Maintain appropriateness of referrals being made to key agencies such as Adults and Family Social Services and other agencies;
- c) Promote good practice with regards to safeguarding practice;
- d) Identify local and future training needs;
- e) Facilitate contact with harder to reach groups, ensuring our approach to safeguarding is widely circulated.

7.13.2. Situations do arise where the Association lets activity space to other groups and organisations to work with our customers and the wider community; when this occurs the relevant Manager will ensure that organisations and groups either have their own suitable safeguarding provisions or agree to operate with saha's policies, procedures and framework.

### **7.14. Safeguarding Adults Boards- Reviews and Case Audits**

7.14.1. Saha acknowledges the role of Safeguarding Adults Boards (SAB's) under the Care Act 2014, for arranging adult safeguarding reviews. In such cases the Association will work with the relevant agencies to participate in such reviews. The Director of Housing Care and Support Services is responsible for co-ordinating review submissions and for reporting subsequent review recommendations to the Board.

### **7.15. Allegations Made Against Staff**

7.15.1. Allegations regarding staff conduct (including in their personal life), even those that appear less serious, will be investigated and examined objectively by a Manager independent of the service concerned. All allegations or complaints logged must initially be sent to the line manager or the designated Safeguarding Champion and

the Head of Services of the alleged employee. Reports will also be made to the local adult safeguarding team.

#### **7.16. Quality of practice**

7.16.1. Concerns about quality of practice will be investigated by an appropriate Heads of Service. All concerns must be highlighted to the relevant Director. Significant concerns will be reported to the local safeguarding team.

#### **7.17. Complaints**

7.17.1. If there is a complaint about the service provision, the customer or their advocate should be directed to saha's complaints procedure. All Heads of Service have a duty to review complaints and customer feedback for any safeguarding implications. To act on those safeguarding concerns in line with saha policy, procedures and code of conduct.

#### **7.18. Working with Perpetrators & Alleged Perpetrators**

7.18.1. Saha is committed to working with perpetrators and alleged perpetrators as an integral part of managing safeguarding cases. However, the needs of victims take priority.

7.18.2. Where a perpetrator or alleged perpetrator is a customer or a member of staff/volunteer an immediate risk assessment will be undertaken with appropriate actions implemented to ensure the continued safety of other customers, staff, volunteers and the wider local community. Where a perpetrator or alleged perpetrator is not a customer or member of staff/volunteer the Association will work with them and other agencies as appropriate to the situation.

#### **7.19. Protection from Offenders**

7.19.1. Occasions may arise where we are asked to house individuals that have been convicted of safeguarding related offences. When these situations occur we are committed to ensuring that the risk is measured and controlled appropriately and will work with appropriate agencies, such a local multi-agency protection panel or equivalent.

### **8. Modern Slavery**

8.1. As an organisation working with some of the most vulnerable people in our society, saha is very aware of its responsibilities in ensuring that it maintains the highest ethical standards. In line with its Modern Slavery Statement which is published on the saha website and its obligations under the Modern Slavery Act 2015, saha has robust processes in place within its recruitment and procurement activities to make certain that Modern Slavery plays no part in our business or supply chain. All staff have access to e-learning courses which will assist them in identifying and reporting potential issues of Modern Slavery within our client base.

## **9. Monitoring and Reporting**

- 9.1. Managers will monitor concerns and referrals. Managers will undertake regular reviews of cases to ensure effective outcomes and procedural compliance. Any identified barriers to effective multi-agency working will be addressed by Managers as appropriate with relevant agencies.
- 9.2. All reports will be recorded on the corporate database with managed access. Reporting will be designed to provide the appropriate levels of robust assurance throughout the management and governance. Any serious incidents will be brought to the attention of Senior Managers immediately, or in line with our serious / major incidents procedure.
- 9.3. Referrals and concerns will be subject to regular management assurance checks and saha will carry out a scheduled audit of its services to ensure that policies and procedures are adhered to through our programme of internal audit. The outcome of the audit will provide learning outcomes for service improvement.

## **10. Implementation**

- 10.1. saha will ensure that the implementation of this policy is proactively inclusive across all activities with particular attention towards the protected characteristics as defined in the Equality Act 2010 whilst also being mindful towards the inclusivity of other vulnerable and marginalised groups that may be affected.

## **11. Roles and Responsibilities.**

- 11.1. At saha, we understand that we can come into contact with persons that are at risk of abuse and understand that our role is to;
  - Explicitly include adults with care and support needs as key partners in all aspects of safeguarding work. This includes building service-user participation into the monitoring, development, training, strategies and implementation of its work;
  - Develop a culture that does not tolerate abuse, neglect or exploitation;
  - Raise awareness about adult safeguarding;
  - Strive to reduce avoidable risk and harm where possible in order to prevent abuse, neglect and exploitation from happening wherever possible.
- 11.2. The Executive Director of Operations has overall responsibility for the implementation of the policy, and each Head of Service and local Manager will have direct responsibility to ensure it is implemented effectively.
- 11.3. **General Staff Responsibilities**

11.3.1. All staff, management, board members, volunteers and contractors for the organisation are duty-bound to report any concerns relating to suspected or alleged abuse immediately to their line manager, or other relevant officers of the Association as soon as practicably possible in line with the safeguarding procedures.

11.3.2. Where opportunities arise, staff should work proactively to raise awareness of safeguarding initiatives within the communities we work with to reduce potential cases.

11.3.3. Frontline staff are key in identifying and preventing abuse and, therefore, must have an understanding of the safeguarding policy and procedures of the Local Authority areas in which they operate.

11.3.4. Breach of this policy may result in disciplinary action.

#### **11.4. Specific Staff Responsibilities**

11.4.1. Executive Director of Operations is the executive lead on safeguarding and the promotion of welfare including the strategic implementation of this policy.

11.4.2. The Heads of Service are the operational lead on safeguarding and the promotion of welfare across saha's services, and collectively have the responsibility for the implementation of this policy, managing the safeguarding database register, lessons learnt and ensuring that suitable support and coaching is available to staff and volunteers handling safeguarding issues.

11.4.3. Managers have direct responsibilities for ensuring the policy is implemented effectively locally within their service, in conjunction with local safeguarding policies and procedures. Managers will act as Safeguarding Champions and will review all cases on a regular basis.

11.4.4. Where we inspect services on behalf of other organisations through our Quality Assurance (QA) team, the Quality Reviewer is responsible for having awareness of the other organisations' policies and procedures relating to safeguarding practice.

11.4.5. Customers have a responsibility towards their community, and if they know abuse is taking place, or there are concerns regarding an individual, saha encourages reports of these to any member of its staff, the Association's Customer Services Centre (CSC), Local Authority, or the Police.

#### **11.5. Designated Persons**

11.5.1. Designated Responsible Persons are provided in Appendix C

#### **11.6. Agency Managed Services**

11.6.1. Where saha engages Managing Agents to provide services on its behalf, the Association will work to ensure that they provide services that are at least as comparable as its own and that their approach is in line with saha's as set out in this policy.

## **12. Policy Review**

12.1. We will review the operation of this policy in consultation with our residents, staff and relevant stakeholders (where appropriate), in light of current best practice, amending the policy where required. This policy will be reviewed on an annual basis unless required sooner due to legislative changes or major / significant findings arising from on-going safeguarding cases.

## Definitions to Accompany The Safeguarding Adults Policy.



1. **Safeguarding Adults:** applies to anyone aged over 18 who is in need of care and support (whether or not the Local Authority is meeting any of those needs), and who is experiencing, or 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 experience of, abuse or neglect.
2. **The Care and Support Act 2014** further defines the following principles to consider in preventing and responding to abuse, harm and safeguarding factors which we aim to encompass within our safeguarding system:
  - a. **Empowerment:** Is an individual being supported and encouraged to make their own decisions and informed consent;
  - b. **Prevention:** It is better to take action before harm occurs;
  - c. **Proportionality:** The least intrusive response appropriate to the risk presented;
  - d. **Protection:** Support and representation for those in greatest need;
  - e. **Partnership:** Local solutions through services working with their communities;
  - f. **Accountability:** Accountability and transparency in delivering safeguarding.
3. **Defining Type and Patterns of Abuse:**
  - 3.1 Abuse is violation of an individual's human rights. It may consist of single or repeated acts. It may be physical, sexual, psychological/emotional, and financial, and includes trafficking. It includes acts of neglect and omissions to act, as well as exploitation (both sexual and other forms), harassment and threats.
  - 3.2 Abuse can occur through deliberate targeting or grooming of vulnerable adults and may be carried out by individuals or groups of individuals. Abuse may be carried out by staff.
  - 3.3 **Types of abuse**
    - a. **Physical abuse:** including hitting, slapping, pushing, kicking, and misuse of medication, restraint, or inappropriate sanctions.
    - b. **Sexual abuse:** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, or witnessing sexual acts, sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
    - c. **Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation and unjustified withdrawal of services or supportive networks.
    - d. **Financial or Material abuse:** including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in

connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions and benefits.

- e. **Modern Slavery:** encompasses; human trafficking, forced labour, sham marriage 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.
- f. **Neglect and acts of omission:** including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- g. **Self-neglect:** this covers a wide range of behaviour neglecting care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.
- h. **Radicalisation:** this is the process by which a person comes to support terrorism and forms of extremism that leads to terrorism. Adults at risk of abuse or neglect can be exploited by people who seek to involve them in terrorism and activity in support of terrorism.
- i. **Discriminatory abuse:** including hate crime or other forms of harassment, slurs, or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.
- j. **Organisational abuse:** including neglect and poor care practice, within an institution or specific care setting such as a care hospital or care home or services that are provided into 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.
- k. **Domestic violence and abuse:** including psychological, physical, sexual, financial, emotional abuse, forced marriage, Female Genital Mutilation (FGM) and so called 'honour' based violence.

3.4 This is not intended to be an exhaustive list, but an illustrative guide to the sort of behaviour which could give rise to a safeguarding concern. What constitutes abuse or neglect can take many forms and the circumstances of the individual case should always be considered.

3.5 Further guidance on the complex types of abuse can be found from The Social Care Institute of Excellence and all staff and management are encouraged to be familiar with this guidance and other local resources.

3.6 Incidents of abuse may be one-off or multiple, and may affect one person or several. Patterns of harm may become evident over time. Repeated instances of poor care maybe an indication of more serious problems and of organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

4. **Collaborative Working** - Safeguarding adults at risk of abuse or neglect requires working collaboratively for better outcomes for the individual. It involves people and organisations working together to prevent and stop both the risks and the experience of abuse or neglect, whilst 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.

## **5. Local Authority Safeguarding Duties**

5.1 The Care Act 2014 sets out a clear framework for how Local Authorities and other partner agencies should protect adults at risk of abuse or neglect. Local Authorities have new safeguarding duties,

They must:

- a. Lead a multi-agency local adults safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.
- b. Make enquiries, or cause others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to establish what action may be needed.
- c. Establish Safeguarding Adults Boards (SAB's), including representation from the Local Authority, the NHS, and the police. The SAB will develop, share and implement a joint strategy.
- d. Carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that partner agencies could have done more to protect them.
- e. Arrange for an independent advocate to represent a person who is the subject of a safeguarding enquiry or review, where the adult has a 'substantial difficulty' in being involved in the process and where there is no other substantial person to represent them.

5.1 The duty of cooperation applies to Local Authorities and their relevant partners who include Health, Department for Work and Pensions, Police and Probation services. Other partners may be requested to provide information and to work co-operatively in partnership to prevent abuse and neglect. Where possible early positive interventions are likely to prevent concerns escalating and ensure better outcomes for individuals.

## **6. Adult Safeguarding process / terminology**

- a. **Safeguarding Concern:** the initial worry about an adult at risk that is raised with the Local Authority and or statutory agencies.
- b. **Safeguarding Response:** is a response to a safeguarding concern that is appropriate to a person and their situation, but does not require a formal multi-agency enquiry. This may be an intervention, referral or even the provision of advice or information, but it is a safeguarding response because the person meets the criteria.
- c. **Safeguarding Enquiry:** the formal investigation of a safeguarding concern under Section 42 of the Care Act 2014. This places a duty on the Local Authority to make enquires or to cause enquiries to be made. This means that it may be more appropriate for the Local Authority to require others, such as Health partners or Care providers to make enquiries and report back to the Local Authority. Further information on the process of Safeguarding Enquiries can be found in Local Authority procedures.
- d. **Safeguarding Adults Reviews (SAR's) :** The Care Act 2014 requires SAB's to conduct a SAR when

- An adult dies from known or suspected abuse or neglect, and there is a concern that the partner agencies could have worked together more effectively to protect the adult.

Or,

- An adult experiences serious harm as a result of abuse or neglect and would have died but for intervention, and suffers life-changing consequences as a result.

6.1 The purpose of the SAR is not to apportion blame or to hold people or organisations to account. However, referrals may be made to organisations that will do that such as: the criminal justice system, professional registration bodies and regulators

## 7. **Statutory Enquiry**

7.1 We acknowledge that it is the responsibility of the Safeguarding Adult Boards (SAB's) to request a range of responses. The type of Safeguarding Enquiry depends on the circumstances and the situation of the safeguarding case. If the adult fits the criteria outlined under Section 42 of the Care Act, then the Local Authorities are required by law to conduct enquires. These will be referred to as 'Statutory Safeguarding Enquiries'.

7.2 Local Authorities will sometimes decide to make safeguarding enquiries for adults who do not fit the Section 42 criteria. These enquiries are not required by law and therefore will be referred to as 'Non-Statutory Enquiries'

### 7.3 **Safeguarding Enquiries for adults who fit the criteria outlined in section 42 the Care Act 2014 where the adult is believed to:**

- Have 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.

### 7.4 **Safeguarding Adult Reviews (SAR's)**

The Local authority SAB is required to commission or undertake Safeguarding Adult Review's (SAR's) in specific circumstances when there has either been a death of or significant harm to an Adult at Risk, or when there is a need to learn lessons from an Adult Case Audit, we will work with the relevant agencies.

## 8. **Information sharing**

8.1 Information passed to Adult Social Care Services and other relevant agencies must have a clear distinction between fact, opinion and hearsay, and will include the following:

The nature of the concern / allegation.

- Details of the Adult at Risk of abuse or neglect any alleged perpetrator, any witnesses.
- A description of any visible injuries, for examples bruises or cuts.
- An account of anything that may have been disclosed to you.

- d. Details of the times, dates and places of any of the incidents etc.
- e. Any follow up actions.

9. **Wellbeing-** In relation to an individual, means their wellbeing so far as relating to any of the following:

- a. Personal dignity (including treatment of the individual with respect);
- b. Physical and mental health and emotional wellbeing;
- c. Protection from abuse and neglect;
- d. Control by the individual over day-to-day life (including over care and support provided to the individual and the way in which it is provided);
- e. Participation in work, education, training or recreation;
- f. Social and economic well-being;
- g. Domestic, family and personal relationships;
- h. Suitability of living accommodation;
- i. The individual's contribution to society.

10. **The Person-Centred Approach**

Making Safeguarding Personal (MSP) means that the approach should be person-led and outcome-focussed. The process engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control, as well as improving quality of life, wellbeing and safety.

11. **Mental Capacity Act**

The presumption in the Mental Capacity Act (MCA) 2005 is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take.

This includes their ability:

- a. To understand the implications of their situation and to take action themselves to prevent abuse;
- b. To participate to the fullest extent possible in decision-making about interventions.

11.1 The MCA 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

11.2 The MCA 2005 states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests.

12. **The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 section 20 Duty of Candour.**

12.1 The aim of regulation 20, The Duty of Candour, is to provide to the service user and any other relevant person, all necessary support and all relevant information in the event that a 'reportable patient safety incident' occurs. A

'reportable patient safety incident' is one which could have, or did, result in moderate or severe harm or death.

### **13. Deprivation of Liberty Safeguards (DoLs)**

13.1 As cited in the Human Rights Act 1998 (article 5), the state has a duty to ensure that citizens are protected from unlawful deprivation of liberty. The Deprivation of Liberty Safeguards (DoLs) were introduced in 2009 and apply if a person may be deprived of their liberty as a consequence of their accommodation and care arrangements, and lack capacity to give their consent. In March 2014 the Supreme Court (P v Cheshire West and Chester District Council, March 2014) clarified that deprivation of liberty occurs whenever a person is under the continuous supervision and control of others and is not free to leave. This definition applies equally to all settings and to all people regardless of their disability or other impairment.

13.2 At present, although a deprivation of liberty can occur in other community settings such as supported living, it cannot be assessed under the usual DoL Procedure. In these cases, the Manager of the service should seek advice from the Local Authority which covers the service in which the person is living.

13.3 Whenever care arrangements are to be made as part of the protection plan, and the person might be deprived of their liberty as a consequence, authority must be sought immediately from the individual concerned.

### **14. Abuse by another adult with care and support needs.**

14.1 Where the potential source of risk is also an adult with care and support needs, the safety of the person who may have been abused is paramount. Organisations may also have responsibilities towards this person, and certainly will have if they are both in a care setting or have contact because they attend the same place (e.g. a day centre).

14.2 This applies to saha as there can be situations where an alleged perpetrator of abuse is also a service user. In this situation it is important that the needs of the adult who is the alleged victim are addressed separately from the needs of the potential source of risk. It may be necessary to reassess the adult who is the potential source of risk.

14.3 This may involve a meeting where the following could be addressed:

- a. The extent to which this person has the capacity to understand his or her actions;
- b. Whether the needs of this person are being met;
- c. A risk assessment of the likelihood that this person will further abuse the adult or others;
- d. Steps that should be taken to reduce or eliminate risks of further harm occurring.

### **15. Radicalisation**

15.1 Radicalisation is the process by which individuals come to support terrorism or violent extremism. There is no typical profile for a person likely to become involved in extremism, or for a person who moves to adopt violence in support of their particular ideology. Although a number of possible behavioural indicators are listed below, staff should use their professional judgement and discuss with their line Manager if they have any concerns regarding:

- a. Use of inappropriate language
- b. Behavioural changes

- c. The expression of extremist views
- d. Possession of violent extremist literature including electronic material accessed via the internet and communication such as email and text messages
- e. Advocating violent actions and means
- f. Association with known extremists
- g. Seeking to recruit others to an extremist ideology

## **16. Safeguarding Children**

**16.1** The Children Act 1989 and 2004 provides a legislative framework for agencies to take decisions on behalf of children and to take action to safeguard them from abuse and neglect.

**16.2** In situations where there is a concern that an adult is at risk of abuse or neglect; or could be being abused or neglected, and there are children present in the same household, these too could be at risk. If there are concerns about abuse or neglect of children and young people under the age of 18, staff and volunteers should refer to saha's Safeguarding Children and Young People policy and procedures. Local child protection procedures, and the local safeguarding partners guidance also needs to be followed.

## Guidance for Information Sharing

Frontline workers and volunteers should always share safeguarding concerns in line with Salvation Army Housing Association's (saha's) policy, usually with their line Manager or safeguarding lead in the first instance, except in emergency situations. As long as it does not increase the risk to the individual, the member of staff should explain to them that it is their duty to share their concern with their Manager. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be made on a case-by-case basis.

Individuals may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be frightened of reprisals, they may fear losing control, they may not trust Social Services or other partners, or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support along with gentle persuasion may help to change their view on whether it is best to share information.

If a person refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, their wishes should be respected. However, there are a number of circumstances where the practitioner can reasonably override such a decision, including:

- The person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act 2005
- Other people are, or may be, at risk, including children
- Sharing the information could prevent a crime
- The alleged abuser has care and support needs and may also be at risk
- A serious crime has been committed
- Staff are implicated
- The person has the mental capacity to make that decision but they may be under duress or being coerced
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- A court order or other legal authority has requested the information

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the person:

- Support the person to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the person is taking
- Alert your Manager of the situation, as appropriate
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust and use gentle persuasion to enable the person to better protect themselves.

If it is necessary to share information outside the organisation:

- Explore the reasons for the person's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information

- Tell the person who you would like to share the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone and that support is available to them.

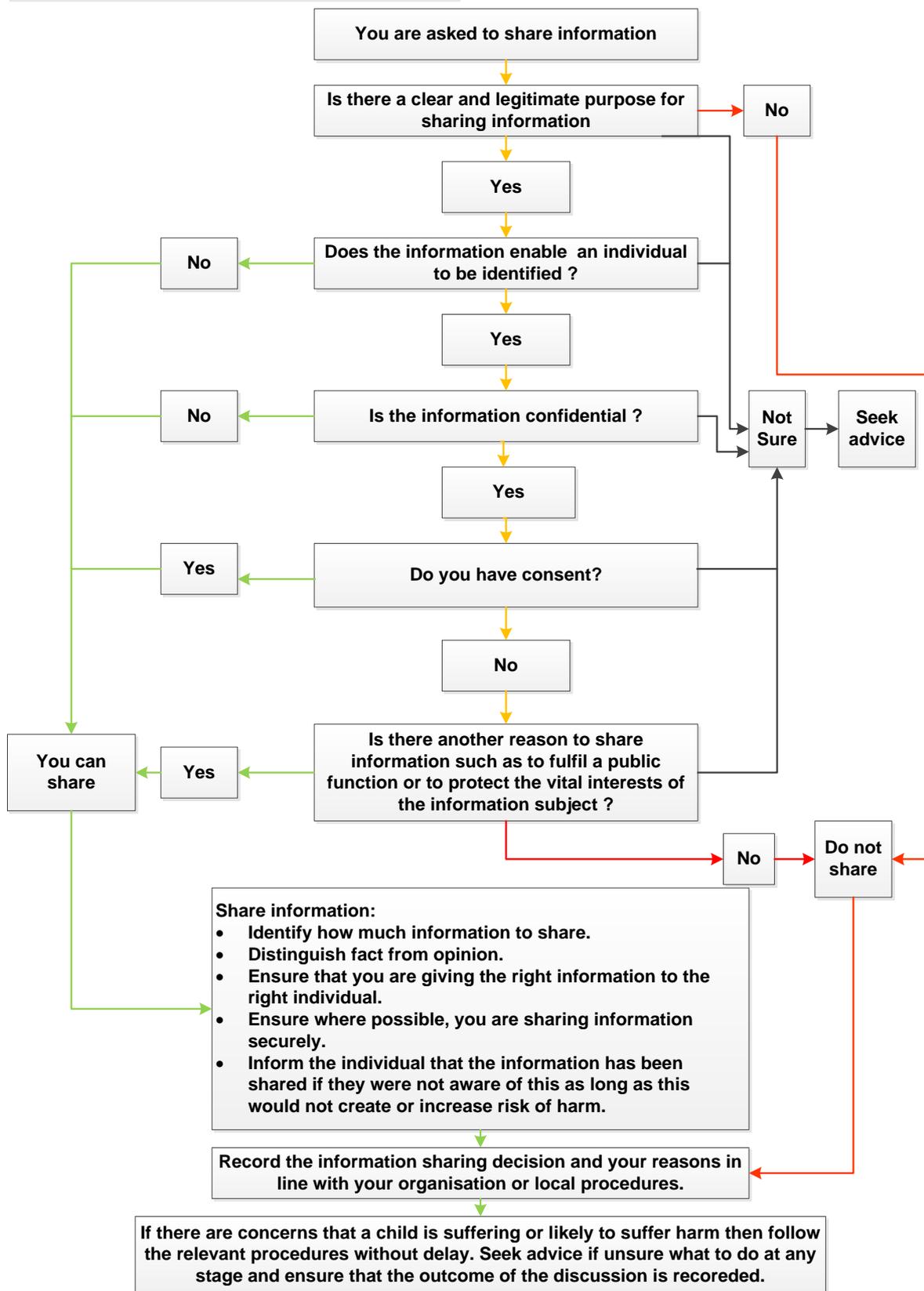
If the person cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and recorded.

If it is not clear that information should be shared outside the organisation, a conversation can be had with safeguarding partners in the Police or Local Authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

It is very important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual. Safeguarding partners need to work jointly to provide advice, support and protection to the individual in order to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

Domestic abuse cases should be assessed following the CAADA-DASH risk assessment and referred to a multi-agency risk assessment conference where appropriate. Cases of domestic abuse should also be referred to local specialist domestic abuse services.

**Flowchart of when and how to share information**



### Specific Staff Responsibilities within Safeguarding Adults

1. The Executive Director Operations Executive leads on Safeguarding and the promotion of welfare across our services.
2. The Heads of Service are the operational leads on safeguarding and the promotion of welfare across our services, and have the responsibility for the implementation of the safeguarding adults policy, managing the safeguarding data base register, lessons learnt and ensuring that suitable support and coaching is available to staff handling safeguarding issues.
3. Managers have direct responsibilities for ensuring the policy is implemented effectively locally within their service, in conjunction with local safeguarding policies and procedures. Managers will act as Safeguarding Champions and will review all cases monthly.
4. Quality Reviewers, have a responsibility for being aware of other organisations' policies and procedures relating to safeguarding practice where saha's Quality Assurance (QA) team conducts inspections of services on behalf of other organisations.
5. Residents/Customers: Customers have a responsibility for their community, and if they know abuse is taking place, or there are concerns regarding an individual in or around saha services, then we encourage these to be reported to any member of staff they feel comfortable with, our Customer Services Centre, local Social Services Team, or the Police.
6. The Executive Director for Operations and All Heads of Service have the responsibility for co-ordinating information from all services within the organisation in response to Statutory and Non Statutory Safeguarding Enquiry and Safeguarding Adults Reviews.
7. The Designated Named Person(s) for Safeguarding Adults are:

<b>Name</b>	<b>Designation</b>	<b>Safeguarding Role</b>
Anne McLoughlin	<b>Interim Executive Director of Operations</b>	EMT Lead
Sean Hughes	<b>Interim Head of Care and Support</b>	SMT Operational Lead
Stephen Bate	<b>Head of Customer Services</b>	SMT Operational Lead
Andrew Smith	<b>Head of Property Services</b>	SMT Operational Lead

John McFarlane	<b>Head of Capital Projects</b>	SMT Operational Lead
Post Vacant	<b>Head of Health and Safety</b>	SMT Operational Lead
Leon Jones	<b>Interim Manager ICT</b>	SMT Operational Lead
Joanne Holland	<b>Head of Assurance</b>	SMT Operational Lead
Mobo Quadri	<b>Head of HR and OD</b>	SMT Operational Lead
Post Vacant	<b>Head of Transformation</b>	SMT Operational Lead
Zafar Raja	<b>Head of Finance</b>	SMT Operational Lead

8. They should be contacted for support and advice on implementing safeguarding policies and procedures.
9. In addition to this all Managers will act as safeguarding champions, staff should initially report any safeguarding concerns to their line manager.

## Document History Log

Lead Reviewer	Date			Version	Approval	
	Created	Revised	Expiry		By	Date
K Venables	19/04/2012			1.0	Mon Com	19/04/2012
P Latham		31/10/2012		1.1	Management Review	31/10/2012
P Latham		28/10/2013	11/2014	1.2	Management Review	08/11/2013
Vina Mistry	draft	30/10/2014	11/2015	1.3		
P Latham	draft	25/02/2015	02/2016	1.4		
P Latham		18/03/2015	03/2016	1.5	EMT	23/03/2015
A Patel		01/09/2015	01/2017	1.6	EMT	26/01/2016
A Patel			April 2017	1.2	Management - Policy Extension	11/11/2016
S Haslam	Dual policy	30.01.2017				
Vina Mistry	Review	13.07.2017	13.07.2018	1.7		
S Haslam	SCIE review amends	30.11.2017		2.	Gov and HR	08.03.2018
Head of Housing Projects and Safeguarding Lead	Management Review	July 2019	July 2020	3.0	EMT Board	23/07/2019 25/07/2019

### Equalities Monitoring Form

Name of Policy: Safeguarding Adults		Carried out by: Head of Housing Projects and Safeguarding Lead		Date: July 2019
<b>Protected characteristics</b>	<b>Impact</b> (Positive, Negative, Neutral)	<b>Protected characteristics</b>	<b>Impact</b> (Positive, Negative, Neutral)	
Age	Positive	Disability	Positive	
Sex	Positive	Race	Positive	
Religion or Belief	Positive	Sexual Orientation	Neutral	
Marriage / Civil Partnerships	Neutral	Pregnancy / Maternity	Neutral	
Gender Reassignment	Neutral			

If Negative impact is identified, please complete [The Full EMF](#), including mitigations of risks section, and return to [Business Assurance Team](#).

### Privacy Impact Assessment Form

Privacy Data Impacting Policy:	Timescales for Retaining Data:	Notes:
This Policy is to be reviewed annually		
Independent Management Reviews	Permanently	Due to being recorded in Board minutes
Any tenancy details	Up to 6 Years	
Care Plans for Adults	Permanently	Can be transferred if adult transfers care provider.
Documentation, correspondence and information provided by other agencies relating to special needs of current tenants	While tenancy continues	Information held on 'need to know' basis. Medical and Social Services records liable to be confidential. To be returned or passed to subsequent agency at end of tenancy, or destroyed.
Records relating to offenders, ex-offenders and persons subject to cautions	No time scale guidance	Information held on 'need to know' basis. Police sourced records may be confidential. To be dealt with as required by police
Supporting people – subsidy claims / support plans / single	Duration of tenancy	

assessments including supporting information		
ASB case files and associated documents	5 years or until end of legal action	