

SAFEGUARDING POLICY

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SAFEGUARDING POLICY

Contents

- 1.0 Policy Statement**
- 2.0 Scope of Policy**
- 3.0 Policy Aims**
- 4.0 Policy Objectives**
- 5.0 Definitions**
- 6.0 What do abuse, and neglect mean?**
- 7.0 Mental Capacity**
- 8.0 What does perpetrator of abuse mean?**
- 9.0 Safeguarding Principles**
- 10.0 Responsibilities**
- 11.0 Staffing Responsibilities**
- 12.0 Sharing of Information**
- 13.0 Record Keeping**
- 14.0 Cross Reference Policies and Legislation**

SAFEGUARDING POLICY

1.0 Policy Statement

- 1.1 As a social landlord, staff of Radcliffe Housing Society (RHS) will work with a variety of households, a small proportion of which will house vulnerable adults or children. Whilst the accountability for safeguarding such persons lies with statutory agencies, the Regulatory Code places a responsibility on Registered Providers to co-operate with statutory agencies in the undertaking of their duties. RHS is committed to assisting statutory agencies in safeguarding its vulnerable customers and will actively co-operate with those agencies to protect them from abuse.
- 1.2 RHS aim to promote an organisational culture of fairness and openness to allow any person to raise concerns without fear. This means that anyone raising a safeguarding concern will always be listened to, taken seriously and should be confident that we will act on it.
- 1.3 Supporting our customers' well-being is the guiding principle at the heart of all our safeguarding work. This is known as the 'well-being principle' in the Care Act 2014.
- 1.4 We are committed to a person-centered approach to safeguarding. This is about supporting a person to make their choices and is based on the belief that an individual is best placed to understand what 'well-being' means to them and what support they require.

2.0 Scope of Policy

- 2.1 This Policy applies to all staff, board members, contractors, agents, temporary staff and volunteers. All have a legal responsibility to take seriously any child / vulnerable adult concerns that come to their attention and follow the procedures given.
- 2.2 Subcontractors must be informed of this policy and deal with any concerns reported to them by contacting the designated person with responsibility for safeguarding adults in RHS.

3.0 Policy Aims

This policy aims to provide clear guidance on:

- Making sure we safeguard the adults at risk living in our properties
- Making sure we protect staff, volunteers and contractors who have a responsibility towards adults at risk
- Raising awareness of the forms and signs of abuse
- Raising awareness of the action we will take on suspecting, witnessing, or discovering abuse or inappropriate conduct
- How to inform their line manager of abuse or neglect concerns
- Having a zero-tolerance approach towards abuse and taking immediate action
- Making sure there is a lead on safeguarding at senior level
- Improving partnership working around safeguarding
- Recognising RHS's role is to support and cooperate with statutory agencies in their actions to address safeguarding concerns
- Ensuring RHS staff understand this policy and procedure and completes the mandatory safeguarding adult's awareness training

SAFEGUARDING POLICY

- Contributing to a fair and open organisational culture, where people are able to raise safeguarding concerns.

4.0 Policy Objectives

We will achieve our aims by:

- Protecting the rights of vulnerable individuals and treating them with respect and dignity at all times
- Ensuring all staff, volunteers and contractors who work within RHS are properly trained on safeguarding and supported by a champion in their role
- Ensuring that the safeguarding champion provides clear lines of accountability for reporting abuse
- Working within and keeping up to date with government legislation, guidance and regulation
- Ensuring that when in contact with vulnerable people all necessary health and safety risk assessments are carried out by appropriately trained staff.

5.0 Definitions

5.1 What does 'Safeguarding Adults' mean?

We use the updated definition of 'safeguarding adults' from the Care and Support Guidance 2014: "Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect."

5.2 Who is an adult with care and support needs?

An adult with care and support needs may include the following; however, this list is not exhaustive:

- An older person who may be frail
- A person with learning disability
- A person with a physical disability and/or a sensory impairment
- A person who has mental health needs, including dementia or a personality disorder
- A person with a long-term health condition;
- Someone who misuses substances including alcohol to the extent that it affects their ability to manage day-to-day living;
- A carer providing unpaid care to a family member or friend.

5.3 We are aware that just because a person has care and support needs this does not necessarily mean they are at particular risk of abuse or neglect, but they may become so at any point. This could be due to physical or mental ill-health, an acquired disability, advancing age, financial circumstances or social isolation.

5.4 There are various terms used to describe an adult with care and support needs who is at risk or experiencing abuse. In this policy we refer to them as the 'adult at risk'

6.0 What do abuse, and neglect mean?

6.1 There is not one definition of abuse or neglect and there are many different types of behaviour that may constitute abuse or neglect. However, exploitation is a common theme in all types of abusive and neglectful behaviour. However, it can be described as

SAFEGUARDING POLICY

a violation of individuals human and/or civil rights by any other person or persons who cause harm to an adult in need of care or support. It may be single, repeated acts or omissions occurring within a personal or closed relationship where there is an expectation of trust.

6.2 The Care Act 2014 expanded the types of abuse and neglect. All staff need to have an understanding of the different types of abuse and how they may be presented:

- Physical abuse: hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, slapping, pushing, kicking, rough handling, twisting of limbs/ extremities, misuse of medication, or inappropriate sanctions or restraint or otherwise cause physical harm to an individual
- Psychological/Emotional abuse: verbal assault or intimidation, emotional abuse, deprivation of contact, verbal abuse, threats of harm or abandonment, humiliation or blaming, overriding of consent, choices or wishes, feeling worthless, frightened or unloved
NB: Psychological/emotional abuse will usually occur in conjunction with other forms of abuse;
- Sexual Abuse or Exploitation: Rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent or was pressured into consenting. Non-contact abuse such as voyeurism, involvement in pornography
- Neglect: the failure to protect an individual from physical and emotional harm or danger. Ignoring medical 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, heating and shelter (including exclusion from home or abandonment)
- Financial or Material Abuse: theft, fraud, exploitation, and pressure in connections with wills, property, possessions or benefits
- Institutional Abuse/Poor Practice: This may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to persuasive ill treatment or gross misconduct or abuse by a regime or the individuals within an institution
- Discriminatory Abuse: This abuse is usually motivated by discriminatory and oppressive attitudes towards someone's age, being or becoming a transsexual person, being married or in a civil partnership being pregnant or having a child, disability, race including colour, nationality, ethnic or national origin, religion, belief or lack of religion/belief, sex, sexual orientation
- Self-neglect: Has been recognised within the Care Act 2014 as part of the safeguarding framework.

6.4 Any of these types of abuse may take place as the result of deliberate intent, negligence or ignorance. Multiple forms of abuse can occur simultaneously.

6.5 Abuse cannot be excused for any cultural or religious reason and should always be reported.

SAFEGUARDING POLICY

7.0 Mental Capacity

7.1 We recognise capacity and consent are central themes in safeguarding adult work and that every adult has the right to make their own decisions, a person is assumed to have capacity to do so unless it is proved that they do not.

7.2 The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.

7.3 A referral will be made to the local Social Care Team where there are concerns that a person being abused lacks mental capacity. A Mental Capacity assessment can be made, and the person will be informed of this referral. For further guidance please refer to The Mental Capacity Act 2005.

8.0 What does perpetrator of abuse mean?

8.1 An individual, group or organisation may perpetrate abuse so there are various terms that can be used to describe the 'perpetrator', depending on the circumstances. However, 'perpetrator' may not be an appropriate term for people who abuse without realizing it.

8.2 Perpetrators of abuse can be extremely manipulative and skilled at hiding the abuse from agencies.

9.0 Safeguarding Principles

Our safeguarding work and the safeguarding work of all our partners, is underpinned by the following six key principles set out in the Care and Support Statutory Guidance:

- Principle 1 – **Empowerment** - People being supported and encouraged to make their own decisions and informed consent;
- Principle 2 – **Prevention** - It is better to act before harm occurs;
- Principle 3 – **Proportionality** - The least intrusive response appropriate to the risk presented;
- Principle 4 – **Protection** - Support and representation for those in greatest need.
- Principle 5 – **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse;
- Principle 6 – **Accountability** - Accountability and transparency in safeguarding practice.

10.0 Responsibilities

10.1 Through the induction process and regular training, staff (and contractors) who come into contact with children and adults in their everyday work, including staff that may not perceive they have a specific duty to safeguard children, will understand their duty to safeguard children and adults.

SAFEGUARDING POLICY

- 10.2 Through its other policies, including the Lettings Policies, Anti-Social Behaviour and Domestic Abuse Policies, RHS will ensure that the welfare of children and adults is paramount.
- 10.3 RHS will be mindful of its role to safeguard children and adults in its day to day activities, including the provision of housing management, sheltered housing management, maintenance and adaptations services.
- 10.4 Within our homes, and when organising community-based activities, RHS will be mindful of its responsibility to safeguard children and adults and to promote the welfare of children and the wellbeing of adults.
- 10.5 RHS will engage with and contribute fully to multi-agency working that exists to promote the safeguarding of children and adults, for example by responding to requests for information from the Local Authority and Safeguarding Boards as part of a safeguarding children or adult enquiry and providing all relevant information required for Safeguarding Reports and Reviews. RHS will robustly implement learning points from relevant reports, Serious Case Reviews and best practice.
- 10.6 RHS recruitment processes will include Disclosure and Barring Service (DBS) checks at either Standard or Enhanced levels for new staff, where it has been identified in accordance to their role.
- 10.7 Staff subject to DBS checks will be required to advise their managers of any investigations and/or convictions that may impact upon their job role immediately.
- 10.8 The Chief Executive Officer will, following consultation with Human Resources, take appropriate action, up to and including dismissal to protect vulnerable adults and children.
- 10.9 RHS will ensure DBS checks are updated every 3 years.
- 11.0 Staffing Responsibilities**
- 11.1 The appointed Strategic Safeguarding Lead (CEO Level), who will be trained with appropriate knowledge, experience and skills and will be responsible for an Annual review of Safeguarding – including monitoring implementation, inter-agency response, training records and a review of policy and procedures.
- 11.2 The appointed Operational Lead, (Operations Director) who on a quarterly basis will review any legislative changes, the number of Safeguarding referrals, review and evaluate investigated cases, alerts and action and implement lessons learned. This will then be reported back to the Strategic Lead and board members.
- 11.3 The Operational Lead, will be responsible for providing information and guidance in relation to safeguarding enquiries, issues and concerns of all staff. They will ensure that they are linked to the local safeguarding adults board (SAB). Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangements (MAPPA).

SAFEGUARDING POLICY

- 11.4 All line managers are to ensure that their staff are appropriately trained and reinforce the priority that RHS gives to safeguarding, as part of its core purpose and values.
- 11.5 The Asset Manager will ensure all contractors comply with Safeguarding mechanisms to report concerns.
- 11.6 All Board Members to receive an overview of RHS responsibilities and the role they play in Safeguarding Adults.
- 11.7 The Strategic Lead will report to Board where there have been incidents of significant abuse reported to statutory agencies. All reports going to Board will be anonymous.
- 11.8 The Operational Lead will discuss any safeguarding concerns in their 1:2:1 meetings and to identify any lessons learnt.
- 11.9 The Operational Lead will be responsible for advising all staff and contractors of any legislation changes and/or guidance on safeguarding matters.

12.0 Sharing of information

- 12.1 RHS will manage its customers' information in line with statutory requirements and in accordance with the organisations own values of being straightforward, accessible, and professional. Staff will hold and process sensitive personal information about people, including personal identity information and information about health and financial issues. All staff must ensure that there is no unauthorised access, loss, misuse, modification or disclosure of this information.
- 12.2 When safeguarding adults at risk, there may be a need to disclose personal or sensitive information to another organisation. RHS staff will do so where the law permits and in accordance with information sharing protocols and in line with GDPR.
- 12.3 Information can be shared in certain circumstances with other people or agencies in compliance with the Data Protection Act 1998. Data can be shared with third parties "in the vital interest of the data subject" or "in the public interest" (e.g. in the interest of the client or others in the same care setting). Examples of when this may be appropriate will be if there is a need to seek information from another agency, or there is a potential risk to others from the alleged abuser. Any information relating to the accusation/suspicion of abuse should be shared with the relevant Social Services department or Police investigating the case.
- 12.4 Additionally, there are specific provisions in the Mental Capacity Act 2005 which facilitates the sharing of information between authorities and agencies involved in the care or treatment of the client:
- 12.5 If personal or sensitive information is to be shared, this will be done (where possible) with the person's agreement. In the absence of such, assessment of their best interests may still justify further enquiries, while questions involving the public interest may justify overriding their views. Where adults lack capacity to safeguard themselves, others will need to make decisions for them in accordance with the Code of Practice and in the

SAFEGUARDING POLICY

person's best interests. The rights of "whistle-blowers" and of alleged perpetrators of abuse will also be respected.

12.6 Information shared will always be on a "need to know" basis, i.e. when it is necessary to achieve the objective of safeguarding adults and children at risk. Care will be taken to ensure the quality of the information shared, e.g. names, addresses and dates of birth are accurately recorded.

13.0 Record Keeping

Record keeping is an important element of the adult and child at risk process and RHS staff will make and record details of any incident on our internal systems, which will be reviewed by the Operational Lead. In addition, staff will be made aware of the requirement under this policy to record:

- The reason for the concern
- What was said or witnessed
- Dates and times of incidents
- Date and time when notes were made

14.0 Cross Reference Policies and Legislation

- RHS Data Protection Policy
- RHS Anti-Social Behaviour Policy
- RHS Hoarding Policy
- RHS Self Neglect Policy
- RHS Whistleblowing Policy
- RHS Disciplinary Policy and Procedure
- Safeguarding and Vulnerable Group Act 2006
- Care and Support Guidance 2014
- Mental Capacity Act 2005
- Care Act 2014
- Criminal Justice Act 2003
- Health & Social Care Act 2012