

SAFEGUARDING ADULTS AND CHILDREN POLICY AND PROCEDURE

1. AIMS

- 1.1 English Rural Housing Association (“The Association”) aims to take all reasonable measures to provide safe and secure accommodation and is committed to ensuring that the welfare of residents is always paramount whilst protecting the resident and preventing abuse, working in partnership with others to safeguard vulnerable adults through safe and effective working practices.
- 1.2 This policy sets out the roles and responsibilities of the Association in working together with other professionals and agencies to promote resident welfare and safeguard them from abuse and neglect, and applies to all staff and contractors as well as all people who work on behalf of residents and the Association.
- 1.3 All frontline staff will be trained to identify residents at risk and local multi-agency safeguarding procedures to ensure prompt reporting, information sharing and co-operation between agencies. Staff have a joint, collective and individual responsibility to ensure every safeguarding concern is reported to the relevant statutory authorities, so far as they are reasonably able to while undertaking their role.

2. RESPONSIBILITIES OF THE ASSOCIATION

- 2.1 Following the implementation of the Care Act 2014, housing providers have a duty to make enquiries, or to work with other agencies to do so, if they believe an adult is experiencing, or is at risk of, neglect or abuse. The Association’s responsibilities are to act to identify and prevent abuse from happening as far as possible, and respond appropriately when abuse has or is suspected to have occurred.
- 2.2 The Association must ensure there is a dedicated staff member to whom concerns must be reported (“the Designated Safeguarding Lead”) and must provide support, advice and resources to staff in responding to safeguarding adult issues, ensuring staff are aware and supported in their responsibilities to attend training.
- 2.3 All staff will have access to appropriate consultation and supervision regarding safeguarding adults, and any employees directly responsible for the care and support of vulnerable adults have a current DBS check, so far as is necessary and practicable.

3. CREATING A SAFE ENVIRONMENT

- 3.1 The Association is committed to creating a safe environment to facilitate resident welfare via recruitment, vetting and knowledge of staff, agents and contractors including through the use of ongoing training, refreshers, monitoring of legislation and good practice, and DBS checks to ensure compliance.

- 3.2 In particular all staff must be aware that some tenants may be “at risk”. An adult at risk is defined as “any person aged 18 years or older who is in need of care and support because of mental, or other disability, age or illness, regardless of whether they are receiving the support, and because of those needs are unable to protect themselves against abuse, serious exploitation or neglect.”
- 3.3 Staff should also be aware of the definition of “lacking capacity” in Section 2 of the Mental Capacity Act 2005 which states that “a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain”. Lacking capacity includes where someone’s ability to make decisions is affected either permanently or in the short term.
- 3.4 Particular consideration must be given to lone working staff and ensuring that they are supported and safe while carrying out their duties. This will be facilitated by training, good practice and by safety measures such as panic alarms, mobile applications etc as necessary. Staff will also be expected to keep the central calendar up to date so that their movements are known to colleagues.
- 3.5 At risk residents will also be identified so that staff, agents and contractors are aware and can ensure that any contact is appropriate and that necessary measures are taken to ensure the safety and welfare of both the resident and the Association’s staff and representatives.

4. RESPONSIBILITIES OF STAFF

- 4.1 All staff have a responsibility to adopt the safeguarding policy and procedure and to ensure regular participation in relevant training to maintain a current working knowledge of legislation and good practice.
- 4.2 Any concerns about the welfare of vulnerable adults should be communicated to the Designated Safeguarding Lead who will provide assistance with managing any ongoing cases, including but not limited to information sharing and attending meetings, working collaboratively with other agencies to safeguard and protect the welfare of residents.

5. RESPONDING TO ABUSE OR SUSPICION OF ABUSE

- 5.1 The six key safeguarding principles of the Care Act 2014 must be applied to any safeguarding concerns:
 - **Empowerment** - Presumption of person led decisions and informed consent
 - **Protection** - Support and representation for those in greatest need
 - **Prevention** - It is better to take action before harm occurs
 - **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented
 - **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
- 5.2 All allegations will be treated seriously, and further action taken as necessary, including notifying the Designated Safeguarding Lead immediately, keeping

accurate records and informing parents/carers unless there is suspicion of their involvement.

- 5.3 The role of the Association will be to ensure allegations are brought to the attention of other agencies and to avoid direct interrogation or investigation.

6. REPORTING ABUSE

- 6.1 Any suspected or actual concerns (either observed or reported) of abuse or neglect will be reported immediately to the Designated Safeguarding Lead. Where necessary and practicable the Emergency Services may also need to be informed.
- 6.2 All cases will be logged by the Designated Safeguarding Lead, and a full written record of each case detailed within the log. It is important that any and all information is accurate.
- 6.3 So long as it does not increase their risk of harm, the complainant should be notified that their case will be shared with the Designated Safeguarding Lead, and that it may be necessary to refer the case to external agencies. Information must only be shared with the Designated Safeguarding Lead and others on a need to know basis to ensure confidentiality.
- 6.4 Where there are allegations of abuse, and following discussion with the Designated Safeguarding Lead, a safeguarding concern form supplied by the local Safeguarding Board or Social Care Team must be completed and sent to the relevant agencies. The consent of the resident should be requested where they have capacity to give the same. Where an adult at risk has refused consent to refer to social services and other adults and children are also considered to be in danger a referral will be made even without consent.
- 6.5 Each Local Authority Social Services have different referral processes in place. Given the number of Local Authority areas in which the Association works, it would not be feasible to include full referral procedures within this policy. Regional Housing Managers should however be familiar with the referral process for each Local Authority within their region.
- 6.6 Safeguarding cases will be monitored on a monthly basis by the Designated Safeguarding Lead in consultation with the relevant Regional Housing Manager, and concerns discussed with the Association's board as necessary.

7. ALLEGED ABUSER AND VICTIM WHO ARE BOTH RESIDENTS

- 6.1 It is important that consideration be given to a co-ordinated approach, where it is identified that both the alleged abuser and alleged victim are residents. Appropriate staff should discuss cases and work together; however meetings with both parties in attendance are not considered appropriate.

8. ALLEGATION OF ABUSE AGAINST AN EMPLOYEE

- 7.1 The Association will ensure that any allegations made against a member of staff will be dealt with swiftly. Where an employee is thought to have committed an offence, the Police will be informed. A risk assessment will be undertaken, and this will

include whether it is safe and appropriate for the member of staff to continue in their role whilst an investigation is undertaken. Disciplinary action under the relevant policy will be taken as necessary.

9. SAFEGUARDING CHILDREN

- 9.1 A child is anyone under the age of 18 years old and may be a dependant of an Association's resident or a family member or visitor to the home. Child abuse can occur when a child is neglected, harmed or not provided with proper care. By working in partnership with other agencies, the Association will ensure that risk of harm to children is minimised and appropriate action taken when identifying a child at risk of abuse.
- 9.2 It is not the responsibility of staff to determine if a child is being abused. However, to protect the welfare of children within the Association's homes, staff must take appropriate action to report any suspected or allegations of abuse to the relevant agencies.
- 9.3 Where photographs of children are taken by staff or representatives of the Association for publications and other official material, permission in writing must be sought from the parent or carer before doing so.

10. RESPONDING TO CHILD SAFEGUARDING CONCERNS

- 10.1 Any concerns relating to the safety of a child within any of the Association's homes or areas it manages must be brought to the immediate attention of the Designated Safeguarding Lead.
- 10.2 All safeguarding concerns should be referred to the relevant Local Authority and Police where necessary. Consent should be obtained where possible from the family or carer to share data with other agencies. Where preventative intervention is required it is advisable to discuss any concerns with family or carers and work together to determine a way forward to prevent further risk. In cases where consent may pose a further risk to the child, a referral should still be made without consent.
- 10.3 All child safeguarding cases will be logged internally and reviewed by the Designated Safeguarding Lead in consultation with the Regional Housing Manager on a monthly basis.

10. CONTRACTORS AND OTHER REPRESENTATIVES OF THE ASSOCIATION

- 10.1 All external contractors and other representatives acting on behalf of the Association should be made aware of safeguarding procedures. Contractors regularly attend the homes of residents and therefore have a duty to report any safeguarding concerns to the Association.
- 10.2 Further follow up visits to the home by the Association's staff may be necessary following a safeguarding concern raised by an external representative. However in some cases where the concern is serious or imminent a referral may be made to the relevant Local Authority (and Police where appropriate) immediately.

11. CONFIDENTIALITY AND INFORMATION SHARING

11.1 It is important to identify an abusive situation as early as possible so that the individual can be protected. Withholding information may lead to abuse not being dealt with in a timely manner. Confidentiality must never be confused with secrecy. The Association has a duty to share information relating to suspected abuse with Social Care and the Police.

11.2 Consent is not required to breach confidentiality (capacity issues must be considered) and making a safeguarding referral where: -

- A serious crime has been committed
- The alleged perpetrator may go on to abuse others
- Other vulnerable adults or children are at risk in some way
- The vulnerable adult is deemed to be at serious risk
- There are statutory requirements e.g. Mental Capacity Act, Care Act, Children's Act
- Public interest overrides the interest of the individual
- A member of staff of a voluntary service or a volunteer is the person accused of abuse, malpractice or poor professional standards.

11.3 If a member of staff is in any doubt about the legality of information sharing, they must in the first instance consult the Designated Safeguarding Lead. All information provided to the Association will be marked as private and confidential and held in a secure location. Information will only be accessed and used internally on a "need to know" basis and with the consent of the Designated Safeguarding Lead.

ANNEX 1: SIGNS AND INDICATORS OF ABUSE OR NEGLECT

Abuse of an adult at risk can take place in any context and by any manner of perpetrator.

Abuse may be inflicted by anyone who encounters the resident. There are many signs and indicators that may suggest someone is being abused or neglected, these include but not limited to: -

- Unexplained bruises or injuries
- Lack of medical attention where necessary
- Persons belongings or money going missing
- Deterioration of appearance
- Self harm
- Becoming withdrawn

The types of abuse / neglect are set out in the Care Act 2014 as:

Domestic Violence	including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence
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, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
Psychological abuse	including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
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 or benefits
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.
Discriminatory abuse	including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
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 because of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission	including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
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.