

Safeguarding Policy

1. Context, aims and scope of this policy

Our Society provides supported housing accommodation to older adults who may be at risk of abuse or neglect. As well as our safeguarding duty towards residents, we also recognise that we have a duty to children visiting our premises, e.g. to see relatives, as part of a group, or to undertake volunteering.

Residents and others we provide services for have the right to live their lives free from any form of abuse or improper treatment. We aim to promote wellbeing within our safeguarding arrangements, recognising that people have complex lives and being safe is only one of the things they want for themselves. We also recognise our safeguarding obligations to children in our properties.

This policy applies to all of our staff and volunteers.

Our Chair currently acts as our designated Safeguarding Lead and can be contacted for advice and support via email at abbeyfield.lsa@btinternet.com or by telephone on 07962 610124

2. Background and overview of adult safeguarding

Safeguarding involves protecting a vulnerable person's right to live in safety, free from abuse and neglect. It requires other people and organisations to work together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that their wellbeing is promoted. This includes, where appropriate, having regard to the vulnerable person's views, wishes, feelings and beliefs in deciding on any action.

The Care Act 2014 (Sections 42 to 46) details adult safeguarding requirements in England. The changes introduced in April 2015 are fully detailed in the Department of Health Care and Support Statutory Guidance issued for the Act. Chapter 14 covers Adult Safeguarding, which is reflected within this policy. For adults, safeguarding duties apply to any person who:

- Has need for care and support (whether or not the Local Authority (LA) is meeting any of those needs); and
- Is experiencing, or is at risk of, abuse or neglect; and
- as a result of those needs is unable to protect them self against the abuse or neglect, or the risk of abuse or neglect.

The LA must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom. Detailed in Section 42 of the legislation, this duty is referred to as a S42 Enquiry.

LA statutory duties apply equally to adults with care and support needs regardless of

- whether those needs are being met
- the adult lacks mental capacity
- the setting (i.e. in their own home, supported housing or a care home).

The aims of adult safeguarding are to

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect towards adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse or neglect.

In order to achieve these aims, we will:

- ensure that all staff and volunteers are clear about their roles and responsibilities;
- work co-operatively as part of local multi-agency partnerships to facilitate timely and effective prevention of and responses to abuse or neglect;
- support the development of a positive learning environment; and
- actively work with relevant external bodies to ensure appropriate action is taken if staff have engaged in or are suspected of engaging in abusive behaviour.

The six Key principles of safeguarding applicable to provision of our services are:

Empowerment – People being supported and encouraged to make decisions for themselves with informed consent.

“I am asked what I want from the safeguarding process and these directly inform what happens”.

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

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”.

Proportionality – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interests as I see them and they will only get involved as much as needed”.

Protection – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent that I want to”.

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

“I know that staff treat any personal or sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me”.

Accountability – Accountability and transparency in delivering safeguarding.

“I understand the roles of those involved in my life and so do they.”

Types of Abuse and Neglect

The following is a list of the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be exhaustive; rather it is an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse and 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 ongoing ill-treatment. It can be through neglect or poor professional practice as a result 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.

Incidents of abuse may be multiple or one-offs and affect one person or more. Repeated instances of poor practice may be an indication of more serious problems and of what is now described as organisational abuse.

In order to see these patterns, it is important that information is recorded and appropriately shared.

3. Responding to Abuse and Neglect

Anyone who is alerted to suspected, alleged or actual abuse, or the risk of abuse, must report it immediately to the senior person working in the house at the time.

That person must then report the incident to the Safeguarding Lead as quickly as possible.

Exceptionally the abuse must instead be reported directly to

- a) the Safeguarding Lead if the most senior person in the house is involved in the suspected abuse.
- b) the Treasurer (or Secretary if not available) if the Safeguarding Lead is involved in the suspected abuse.

The staff member or volunteer who suspects, witnesses or is told about potential abuse or neglect must make a detailed, factual and legible record. This will be referred to as part of the investigation. The signed and dated record should be passed via the Safeguarding Lead to the Secretary who will ensure it is stored securely and confidentially.

The Safeguarding Lead is responsible for ensuring that any suspected or actual incidents of abuse or neglect are reported to the LA Safeguarding Team, in line with the local multi-agency policies and procedures and to the Police where necessary. The LA and / or Police will advise on the appropriate steps to be taken. Where the concern does not meet the LA's safeguarding threshold, the Safeguarding Lead will ensure an internal investigation is completed with appropriate actions taken and any lessons learned.

Any serious incident, including serious safeguarding issues, should also be reported to The Abbeyfield Society to enable reporting to the Charity Commission in line with the [Serious Incident Reporting Protocol](#). As a registered Charity, Trustees also have a duty to report any serious incidents directly to the Commission.

Information Sharing and Confidentiality

Sharing the right information, at the right time, with the right people is fundamental to good practice in adult safeguarding. Section 45 - 'supply of information' - of the Act covers the responsibilities of others to comply with requests for information from the Safeguarding Adults Board.

Organisations need to share safeguarding information with the right people at the right time to:

- Prevent death or serious harm;
- Coordinate effective and efficient responses;
- Enable early interventions to prevent the escalation of risk;
- Prevent abuse and harm that may increase the need for care and support;
- Maintain and improve good practice in adult safeguarding;
- Reveal previously undetected patterns of abuse which could identify others at risk of abuse;
- Identify low-level concerns that may reveal people at risk of abuse;
- Help people to access the right kind of support to reduce risk and promote wellbeing;
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour and
- Reduce organisational risk and protect reputation.

Staff and volunteers must not give a personal assurance of confidentiality and should always report safeguarding concerns to their manager in the first instance. The Safeguarding Lead should also be notified. However, it is good practice to try to gain the consent of the person providing the

information to further share the details involved and, so long as it does not increase risk, to inform him or her if they need to share these details without their consent.

Adults have a general right to independence, choice and self-determination, including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances such as emergency or life-threatening situations.

The law does not prevent the sharing of sensitive, personal information **within** organisations. If the personal information is confidential but there is also a safeguarding concern, sharing it may be justified. Additionally, the law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented. Sharing information between organisations as part of day-to-day safeguarding practice is also covered in the common law duty of confidentiality, the Data Protection Act, the Human Rights Act and the Crime and Disorder Act.

Any approach from the press or media should be referred to the Chair who will notify Abbeyfield's central PR team, as appropriate.

Mental Capacity

People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf – including the sharing of information – must be made in their best interests, in line with the Mental Capacity Act 2005 (as amended) (MCA).

4. Preventing Abuse and Neglect

Recognising the importance of abuse and neglect prevention is vital. Robust risk management processes can prevent concerns escalating to a crisis point requiring safeguarding interventions.

Each resident's Support Needs and Risk Assessment will include a comprehensive assessment of their needs, including any known risks, and they will be fully involved in this process. Actions to prevent or reduce known risks will be clearly recorded and acted upon.

Residents and their representatives will have access to this Safeguarding Policy, to our Complaints Policy, and to related procedures and information. We will ensure residents can have information about, and access to, local advocacy services.

Through thorough recruitment procedures and DBS checks we will ensure staff (and volunteers) are properly vetted as being suitable to work with older people as detailed in our Staff Recruitment and Selection Policy. They will receive safeguarding training commensurate with their roles and performance will be properly monitored and reviewed through the formal processes of appraisal and supervision.

An open and inclusive approach will be encouraged so that people are not afraid to voice any concerns and know that, however minor, their concerns be taken seriously and acted upon.

5. Whistleblowing (Public Disclosure)

The law (Public Interest Disclosure Act 1998) protects staff making certain disclosures in the public interest – see our Whistleblowing Policy for further information.

If they suspect an adult or visiting child is being abused, staff and volunteers are required to take action and report concerns regardless of the setting or who the perpetrator is. We will support those who stand up for anyone who they suspect or know is being abused.

Responsibilities

The Board are responsible for ensuring that the Society's safeguarding arrangements are effective, that staff and volunteers receive appropriate support and training, and lessons are learnt from any incidents.

The designated Safeguarding Lead (currently our Chair) is responsible for promoting and leading effective safeguarding governance arrangements and serving as a visible point-of-contact for anyone who may have safeguarding concerns. Also to act as the named person for external agencies, where required.

The senior staff member on duty at the time of an incident or concern is responsible for taking immediate action to deal with the issue.

Staff and volunteers are all responsible for ensuring that this policy is implemented on a day-to-day basis.

6. Safeguarding Children

Our Society will take steps to safeguard any "children" (defined as those under the age of 18 years old) whilst they are visiting our property.

Children and young people on the premises must be supervised by a responsible adult at all times.

For children visiting residents (e.g. grandchildren) the responsible adult may be the resident if they have capacity to do so.

For young people under the age of 18, a risk assessment will be completed prior to involving them as an employee or volunteer. Continuous supervision by a DBS-checked staff member will be implemented. Written parental consent will be obtained for those under the age of 16.

7. Changes since previous version

This policy has been substantially reformatted and replaces the 2020 version with further detail added on: The Care Act; Assessment of needs for each resident; Mental Capacity.