

# Safeguarding Adults Policy 2024-2025

Document Owner(s)	Organisation Role
Kerry George Katie Burton	Scheme Services Manager Resident Services Manager

## Manual Version Control

Version	Date	Author	Change Description
1.0	January 2016	Katie Burton /Paula Kelly	New Equality and Diversity Strategy (Approved Resident Committee January 2016)
1.1	January 2017	Katie Burton/ Paula Kelly	Reviewed no changes
1.2	January 2018	Katie Burton / Paula Kelly	Reviewed No changes
2.0	May 2019	Katie Burton/ Paula Kelly	Review and update of document for submission to May Board of Trustees meeting and Resident Committee June 2019
3.0	May 2020	Katie Burton/Paula Kelly	Review and update to the document under section 9 Prevention and Awareness. Submission to May Board of Trustees meeting and resident Committee June 2020.
4.0	April 2022	Katie Burton	Inclusion of Castleton process for recording and monitoring purposes.
5.0	September 2023	Katie Burton	Review. Incorporates info on consent, recording and monitoring, GDPR and Equality, Diversity and Inclusion
6.0	September 2024	Joe Day / Katie Burton	Review.

## **1. Purpose**

1.1 The purpose of this policy is to ensure that Pickering and Ferens Homes (PFH) fulfils its obligation to safeguard adults and promote their welfare. Safeguarding is everyone's responsibility and we want to identify those at risk and involve other agencies at an early stage. We also want to ensure that all staff in contact with adults are trained in identifying and reporting any form of abuse.

## **2. Policy Statement**

2.1 In 2014 the Care Act replaced all guidance related to adult safeguarding included in the previous 'No Secrets' guidance, published in 2000.

2.2 Whilst registered providers do not have the same duties and responsibilities as Local Authorities under the Care Act 2014, PFH is expected to have its own Safeguarding Adults Policy and procedures. The regulatory requirement is that providers must work with Local Authorities and are expected to comply with their procedures.

2.3 Housing providers therefore have a duty to co-operate with local authorities implementing their statutory duties around adult safeguarding. This may include carrying out enquiries into incidents, information sharing and participating in the local Safeguarding Adults Board. Housing providers are also expected to make staff familiar with the principles of safeguarding, train staff to be vigilant, recognise signs of abuse and know what to do if they see those signs.

2.4 This policy focuses on adults at risk as there is different legislation and terminology in place for safeguarding of children and young people. It sets out our responsibilities regarding safeguarding adults and how we meet these responsibilities are set out in the associated procedures.

2.5 Should PFH encounter safeguarding issues concerning children (for example the children or grandchildren of residents, or other visiting children) the principles of this policy should be followed and advice sought from the Local Authority Safeguarding Children Board.

2.6 PFH is committed to ensuring that staff are fully informed in regard to defining the parameters surrounding the Safeguarding Adults agenda. Throughout this policy the term 'staff' is used to refer to our own direct employees and those working with us such as agency staff, volunteers, key partners.

## **3. Policy Guidance**

3.1 Safeguarding is not a standalone policy or separate activity and there are a number of interlinking policies and procedures, therefore the Safeguarding Adults policy and associated procedure should be read and cross referenced in conjunction with other policies in particular the following:

- Anti-Social Behaviour Policy
- Hate Crime Policy

- Financial Regulation Guidance
- Staff Code of Conduct
- Resident Code of Respect
- Domestic Abuse Policy
- Complaints Policy
- Privacy Policy and Privacy Statements
- Discipline and Grievance Policy
- Equality, Diversity and Inclusion Strategy
- Hoarding Policy
- Health and Safety Policy
- Lone Working Policy
- Recruitment – (including DBS) Policy
- Whistle Blowing Policy

(This is not an exhaustive list)

3.2 This policy has been developed on the principles of the Care Act Guidance issued under the Care Act 2014

3.3 PFH will also abide by existing regulatory requirement and legislation such as:

- The Regulator of Social Housing Neighbourhood and Community Standard, and Tenancy Standard
- The Mental Capacity Act 2005
- The Care Act 2014

#### 4. Defining Who Is At Risk and in What Way

4.1 The Care Act 2014 refers to 'Adult at Risk', and recognises that vulnerability does not lie with the individual but lies in a complex interconnection between the individual's personal qualities, their situation or environment and the social factors that may protect them or increase their risk.

All adults could potentially be victims of crime or abuse, but not all adults are at risk.

#### 4.2 Definitions

Adult Safeguarding - means 'working with adults with care and support needs to keep them safe from abuse or neglect, safeguarding is aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect'. (Statutory guidance to the Care Act 2014).

Living a life that is free from harm and abuse is a fundamental human right for every person and an essential requirement for health and well-being. Safeguarding adults is about safety and well-being and providing additional measures for those least able to protect themselves from harm or abuse.

Safeguarding duties therefore applies to an adult who is:

- 18 or over
- who has needs for care and support whether that be permanent or temporary) - whether or not the Authority is meeting any of those needs,
- who is experiencing or is at risk of abuse or neglect and,

- as a result of those needs, is unable to protect themselves against the abuse or neglect or risk of it.

'Care and Support' is described in the 2014 Care Act as: 'The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent including older people, people with a disability or long-term illness, people with mental health problems and carers'. 'Care and support' includes an assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

Persons who have care and support needs could therefore include almost anyone at some time in their lives, however, examples of adults at risk may be someone who:

- has a physical disability and sensory impairment.
- has a learning disability.
- is elderly and frail due to ill health, physical disability or cognitive impairment.
- has a long-term illness or condition.
- has mental health needs including dementia or personality disorder.
- Is dependent on others to maintain their quality of life.
- misuse of substances or alcohol.

(This is not an exhaustive list).

The policy and associated procedures also cover informal carers, for example family members who provide unpaid care / support to an adult who is subject to abuse.

4.3 Abuse - defining abuse or neglect is complex and rests on many factors. The term "abuse" can be subject to wide interpretation. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a person is persuaded to enter into a financial or sexual transaction to which they have not or cannot consent.

Abuse is often a crime, for example assault, rape, theft, fraud, domestic abuse, harassment/discrimination, anti-social behaviour, hate crime, including disability hate crime, wilful neglect or mistreatment.

4.4 Harm - may be caused by direct acts, or by failure to provide adequate care. It may be systematic and repeated or may consist of a single incident.

4.5 Adults at risk can be at risk of one or several of the following categories of abuse the list is not exhaustive but can include:

- **Physical** abuse, including hitting, slapping, punching, burning, pushing, kicking, misuse of medicine, restraint, or inappropriate sanctions.
- **Sexual abuse** includes rape, sexual or indecent assault, inappropriate touching or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.
- **Psychological** abuse, including emotional abuse, belittling, threats of harm or abandonment, deprivation of contact, humiliation, name-calling and blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material** abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property.

- **Neglect and acts of omission**, including 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 and heating and leaving in soiled clothes.
- **Discriminatory** abuse, including racist and sexist abuse based on a person's disability and other forms of harassment.
- **Institutional** abuse, which usually relates to practices adopted in care settings, including poor care standards, inadequately trained staff, under resourced facilities, unsupervised staff, where staff work in isolation or have little support from managers, rigid routines and lack of positive responses to complex care needs.

Abuse may be carried out deliberately or unknowingly and may be a single act or repeated acts.

## 5. Who May Potential Abusers Be?

5.1 Abuse can occur in any relationship or in an institution or community setting. People who behave abusively come from all backgrounds and walks of life. They may be professional staff such as doctors, nurses, social workers, paid care workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse, strangers and people who deliberately exploit vulnerable people.

## 6. In What Circumstances Can Abuse Occur?

6.1 Abuse can take place in any context. It may occur when an adult at risk lives alone or with a relative; it may also occur within nursing, residential or day care settings, in hospitals, custodial situations, support services into people's own homes, and other places previously assumed safe, or in public places.

## 7. Patterns of Abuse

7.1 Patterns of abuse and abusing vary and reflect very different dynamics. These include:

- Serial abusing in which the perpetrator seeks out and 'grooms' adults at risk. Sexual abuse usually falls into this pattern as do some forms of financial abuse.
- Long-term abuse in the context of an on-going family relationship such as domestic violence between spouses or generations.
- Opportunistic abuse such as theft occurring because money has been left around.
- Situational abuse which arises because pressures have been built up and/or because of difficult or challenging behaviour.
- Neglect of a person's needs because those around him or her are not able to be responsible for their care, for example if the carer has difficulties attributed to such issues as debt, alcohol or mental health problems.
- Unacceptable 'treatments' or programmes which include sanctions or punishment such as the withholding of food and drink, seclusion, unnecessary and unauthorised use of control and restraint.
- Failure of agencies to ensure staff receive appropriate guidance on anti-racist and anti-discriminatory practice.
- Failure to access key services such as health care, dentistry, prostheses.
- Misappropriation of benefits and/or use of the persons money by other members of the household or other person.
- Fraud or intimidation in connection with wills, property or other assets.

## 8. Safeguarding Principles

8.1 The Care Act 2014 sets out the principles and values that govern how safeguarding should be implemented and sets out six key principles that underpin all adult safeguarding work which are set out below (Care and Support Statutory Guidance, Section 14, June 2014)

- Empowerment – personalisation and the presumption of person led decision and informed consent. Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. There must be clear justification where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they will still be included in decisions to the extent that they are able. Decisions made must respect the person's beliefs and lifestyle.

*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*

- Prevention – it is better to take action before harm occurs. Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within the services PFH provide.

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

- Proportionality – proportionate and least intrusive response appropriate to the risk presented

*"I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."*

- Protection – support and representation for those in greatest need. Safeguarding responses should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person's rights and take account of the person's wishes and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way

*"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."*

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

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

- Accountability - accountability and transparency in delivering safeguarding. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

*"I understand the role of everyone involved in my life."*

The safeguarding principles are applied throughout the policy and associated procedures, helping staff connect safeguarding with good practice that promotes human rights and advances equality.

## 9. Prevention and Awareness

9.1 Abuse can take place anywhere and PFH is particularly mindful of the fact that, in dealing with some adults, the opportunity for abuse may arise.

PFH aims to safeguard adults by:

- Ensuring that all of our staff and volunteers are carefully selected and are provided with training on an annual basis to ensure their awareness of safeguarding issues relating to adults (see Guidance, Appendix 1).
- New contracts awarded to PFH's main contractors will include a requirement to ensure their staff receive appropriate training.
- For all paid staff and volunteers who as part of their role come into personal contact with residents or have access to sensitive information a request will be made for a criminal record check through the Disclosure and Barring Service as part of the recruitment process.
- Having a Safeguarding Adults policy and procedures which are clearly understood, so that any member of staff or contractor has an appreciation of the appropriate guidance to follow, should concern be raised.
- Reviewing our Safeguarding Adults policy annually in order to ensure it is in line with national and local policy.
- Ensuring that officers are appointed, to hold a specific role in relation to advising PFH staff, whereby advice and a clear course of action can be offered in relation to any safeguarding adult concerns.
- Ensuring that staff who work closely with adults at risk and their carers, develop practice which ensures they know how to report their concerns about an adult at risk, staff member, contractor or volunteer. This will be achieved by ensuring an appropriate staff and volunteer induction is carried out, which will include information on our Safeguarding Adult policy and procedures.
- We will take seriously any matters raised in good faith by employees. The Whistleblowing Policy will support and protect any employee who has volunteered information from reprisals of victimisation.
- Should there ever be concerns about abuse, or suspected abuse, taking place between PFH staff, or PFH staff and a PFH customer, or a PFH contractor and a PFH customer, PFH will investigate and follow the staff Discipline and Grievance procedure. If it is suspected that a crime has been committed, then the police should be informed as soon as possible.
- Should there ever be concerns about abuse, or suspected abuse taking place between a Volunteer and a PFH customer, the contact will immediately be stopped and action will be taken as appropriate ie further investigation, contacting the police, contacting Safeguarding. If it is suspected that a crime has been committed, then the police should be informed as soon as possible.

## 10. Dealing with Suspected or Known Abuse to Adults at Risk

10.1 **Urgent/emergency concerns** - Due to the nature of PFH's work with vulnerable adults, front facing housing staff are trained in identifying safeguarding concerns and taking appropriate actions. In the event of a particularly complex or urgent case, where capacity is in question or where consent for a referral is not given, staff may consult with a Safeguarding Officer. The following people are nominated as Safeguarding Adults Officers and they are trained to offer policy guidance to front-facing staff:

- The Scheme Services Manager (SSM)
- The Resident Services Manager (RSM)
- The Home Services Director (HSD)

10.2 Capacity - Under the Mental Capacity Act 2005 people must be assumed to have capacity to make their own decisions and be given all practicable help to do so before anyone treats them as not being able to make their own decisions. For adults this means that they have capacity to choose how they live and make decisions about their safety, even if we do not agree with certain decisions.

10.3 Consent - As a general rule, no decisions, actions or referrals should be made or actions taken without the consent of the person PFH is concerned about. (Mental Capacity Act 2010).

10.4 There will be occasions when it will be necessary to raise a concern without the person's consent and this will include situations where:

- There is risk of serious harm to the well-being and safety of others, often referred to as 'public protection' and consent is sometimes overridden in these circumstances.
- It is necessary to prevent crime or you are concerned a crime may have been committed.
- The person lacks the mental capacity to consent – The Mental Capacity Act procedure and guidance must be adhered to and evidenced.
- It is believed that the adult is being coerced or fearful of repercussions
- Gaining consent would further put the person at risk.

10.5 All Safeguarding concerns will be formally logged, regardless of whether a safeguarding referral is to be made.

10.6 The following are principles and actions are to be followed by staff when assessing the concern and before making a Safeguarding referral and are detailed in the procedure (the procedures also include guidance if concerns are raised about harm/ abuse including where a member of staff may be implicated).

- If the person is in immediate danger / emergency situation ensure that the person is safe, is as comfortable as possible and if necessary, has access to treatment and / or emergency services as appropriate.
- If it is suspected that a crime has taken place against the person, then the police should be informed as soon as possible; it is the police's responsibility to investigate.
- If abuse is recent then we should be careful not to contaminate or remove any possible evidence, e.g. do not tidy anything up or provide food or drink until after a medical examination. The person concerned should be reassured that they will not be forced to press charges and that further action will not be taken by the authorities that they are not in agreement with.
- Comprehensive notes should be taken, using the individual's own words.

#### 10.7 **In a non-emergency**

- Where staff have any concerns then they will assess the situation accordingly and agree a course of action with the individual.
- Staff will remain calm and non-judgemental.
- Staff will make a written record using the victim's own words.



- Staff will not agree to keep it secret; it will be explained to the victim that it may have to be passed onto HCC's Safeguarding team. Staff will reassure them that the allegation will be taken seriously and dealt with discreetly. Staff will maintain confidentiality at all times and will only discuss the case with people outlined in the policy and procedure.
- Staff will not confront the alleged abuser (nor put themselves in any danger).
- Staff will only ask questions necessary to pass onto the relevant person / agency.
- Staff should provide reassurance but will not press for more detail or make promises that cannot be kept.
- Staff will seek the person's consent to share this information before a referral is made to Adult Safeguarding or the police. Where the person has capacity, the 6 safeguarding principles will need to be discussed with the person concerned to determine which approach is most appropriate (see section 10.3 on consent).
- If a person requests the involvement of the police they should be helped to do so
- Where an adult is at risk with capacity and has made the decision that they do not want action to be taken and there are no public interest or vital interest considerations their wishes must be respected. It is however important that if in the opinion of PFH staff, they or others are at risk of harm the information should be passed onto the Adult Safeguarding team or where applicable the police if consent is not obtained, this would apply where it is the alleged abuser who has the care and support needs.

10.8 Should the perpetrator be a PFH customer, we will ensure that those facing eviction receive the support and guidance needed. We will identify any support needs and vulnerabilities of the perpetrator to maintain their safety, or that of the victim, and reduce the risk of further abuse. PFH may work collaboratively with the local authority ASB team, mental health team, support workers, police and others as appropriate.

## **11. Recording, Monitoring and Review**

11.1 All Safeguarding referrals are to be logged as per the 'Safeguarding Process 2024'. All logged referrals will be quality checked by the RSM or SSM to ensure referrals are logged correctly and actions taken are appropriate and proportionate.

11.2 An annual safeguarding report is submitted to the Governance Committee. The report includes an outline of safeguarding cases in the year, and any other relevant information in relation to our actions/progress on safeguarding.

11.3 Safeguarding matters are routinely on staff Check-In and Team Meeting agendas to remind staff of the importance of safeguarding issues and to offer the opportunity to raise any concerns for further investigation. It is also on the agenda at all contractor meetings.

11.4 Those logging the concern should record detailed and factual information, and all related forms, documents and emails should be attached to the record.

11.5 If concerns persist, or if there has been no communication from the Safeguarding Team, staff will follow up with the Safeguarding team within a month of the safeguarding referral being made, in order to obtain an update on any actions taken, and so as to understand how we can tailor our support to the resident. It is noted however, that the safeguarding team may not have consent to share information on interventions or actions taken.

11.6 Only staff who have a legitimate need to view the information will have access to safeguarding reports and logs.

## **12. Managing and Reviewing the Policy**

12.1 PFH will ensure that the Safeguarding Adults policy and procedures are reviewed annually. The named Safeguarding Adults officers will be involved in this process and can recommend any changes. The Safeguarding Officers will also ensure that any changes are clearly communicated to staff, volunteers and service users.

12.2 The RSM and SSM will regularly review safeguarding and abuse cases to make sure that incidences have been effectively managed and that PFH is fulfilling its corporate / strategic duties. This will also make sure that any points of learning or areas of improvement are identified, reported and addressed.

## **13) Data Protection**

13.1 It is recognised that incidents of Safeguarding and Domestic Abuse are extremely sensitive and private incidents for victims to report and PFH shall maintain the confidentiality of a disclosure regarding abuse to the extent allowed by law and unless to do so would result in significant harm or risk of harm to any person on any cases that are reported.

13.2 PFH will however, share relevant information with local agencies such as the Safeguarding Adults team, police, MARAC and other involved agencies where necessary, to deal with cases more effectively by either gathering extra evidence to carry out enforcement measures against the perpetrator or sharing information in the interests of the victim to provide better or more effective support. The principles of UK GDPR and PFH's Data Protection Policy will apply to this Policy.

## **14) Our Commitment to Equalities**

14.1 PFH seeks to ensure that their actions do not lead to unlawful discrimination. Deliberate acts of discrimination, including victimisation, harassment, instruction or pressure to discriminate, will result in disciplinary actions and/or termination of contracts with external agents.

14.2 We can provide access to interpreters for minority languages including sign language, and we can arrange written material in large print, Braille and first languages where necessary.

14.3 PFH will aim to ensure that no individual or group is treated less favourably on the grounds of age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. We aim to recognise the needs of individuals and treat each person with dignity and respect.

14.4 We will consider the individual needs of residents who may require additional support and make reasonable adjustments in line with the Equality Act 2010 and in accordance with our EDI Policy.

14.5 We will work with our contractors to ensure that any resident who feels uncomfortable with male only operatives, for example, either can opt to have a female operative, or a female accompanying the operative.

## Safeguarding Adults – a Guide for Front-Facing Staff

### *What is Adult Safeguarding and who is at risk?*

It means 'working with adults with care and support needs to keep them safe from abuse or neglect'. Abuse can occur in any relationship or in an institution or community setting. Safeguarding is aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect. Adults at risk may include:

- Those with a physical disability or sensory impairment.
- Those with a learning disability.
- Those who are elderly and frail due to ill health, have a physical disability or cognitive impairment.
- Those who have a long-term illness or condition.
- Those who have mental health needs including dementia or personality disorder.
- Those who are dependent on others to maintain their quality of life.
- Those who misuse substances or alcohol.

### *What are the forms of abuse an adult at risk may be subject to?*

Adults at risk can be at risk of one or several of the following categories of abuse. The list is not exhaustive but can include:

- **Physical** abuse, including hitting, slapping, punching, burning, pushing, kicking, misuse of medicine, restraint, or inappropriate sanctions.
- **Sexual** abuse, includes rape, sexual or indecent assault, inappropriate touching or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- **Psychological** abuse, including emotional abuse, belittling, threats of harm or abandonment, deprivation of contact, humiliation, name-calling and blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material** abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property.
- **Neglect and acts of omission**, including 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 and heating and leaving in soiled clothes.

- **Discriminatory** abuse, including racist and sexist abuse based on a person's disability and other forms of harassment.
- **Institutional** abuse, which usually relates to practices adopted in care settings, including poor care standards, inadequately trained staff, under resourced facilities, unsupervised staff, where staff work in isolation or have little support from managers, rigid routines and lack of positive responses to complex care needs.

Abuse may be carried out deliberately or unknowingly and may be a single act or repeated acts.

### ***In what circumstances can abuse occur?***

Abuse can take place in any context. It may occur when living alone, living with a relative, in a hospital, residential or nursing care setting, support services into people's own homes, Retirement Living Plus Schemes, in public places, and other places assumed to be safe.

### ***How will PFH deal with suspected or known abuse to adults at risk?***

Any member of staff or a PFH contractor may encounter a suspected safeguarding issue through their day-to-day work and the principles to be followed are detailed below. Staff may also wish to liaise with PFH's designated Safeguarding Adults Officers, who will provide guidance. Designated officer are:

- **The Resident Services Manager (RSM)**
- **The Scheme Services Manager (SSM)**
- **The Home Services Director (HSD)**

### ***What if the suspected abuse involves children?***

If you suspect children are involved, follow the process and the investigating officer will liaise with the Safeguarding Children board.

### ***Capacity and Consent***

Staff must allow the individual to make their own decisions and be provided with all practicable help to do so before anyone treats them as not being able to make their own decisions. For adults this means that they have capacity to choose how they live and make decisions about their safety, **even if we do not agree with certain decisions.**

There will be occasions when it will be necessary to **raise a concern without the person's consent** and this will include situations where:

- There is risk of serious harm to the well-being and safety of others, often referred to as 'public protection' and consent is sometimes overridden in these circumstances.
- It is necessary to prevent crime or you are concerned a crime may have been committed.
- The person lacks the mental capacity to consent – The Mental Capacity Act procedure and guidance must be adhered to and evidenced.
- You believe the adult is being coerced or fearful of repercussions

- Gaining consent would further put the person at risk.

## ***What to do in the event of a Safeguarding Disclosure***

**In ALL cases**, whether a referral is made or not, all disclosures of suspected safeguarding issues should be logged on the Housing Management system using the Complaints module and selecting the 'Safeguarding' drop down options. Detailed written records using the person's own words must be logged, and any related documents or subsequent conversations/actions should be logged against the record. (see process further down).

**In an emergency situation**, obtain the following information if possible, and report to the Area Coordinator or Scheme Manager:

- ✓ Is the person in immediate danger? Where possible ensure the person is safe, comfortable, has access to treatment and call the emergency services (police, ambulance).
- ✓ If a suspected crime has taken place against the person then the police should be informed as soon as possible (examples could include: the resident has been physically abused, they are fearful for their physical safety, they have been stolen from, their medical or physical care needs have not been met which has resulted in an immediate danger to life).
- ✓ If abuse is recent, be careful not to contaminate or remove any possible evidence – do not tidy anything up or provide food or drink until after a medical examination.
- ✓ The person concerned should be reassured that they will not be forced to press charges and that further action will not be taken by the authorities if they are not in agreement
- ✓ AC or SM to complete and send the Safeguarding Referral Form (if the emergency services have not done so).

### **In ALL situations (non-emergency and emergency)**

- ✓ Staff should remain calm and non-judgemental.
- ✓ Staff should make a detailed written record using the victim's own words.
- ✓ AC or SM to log this on the housing management system using the 'Safeguarding' drop down menu, where detailed records including related documentation must be kept.
- ✓ Staff must not agree to keep it a secret; it will be explained to the victim that it has to be discussed with the RSM/SSM.
- ✓ Staff should reassure that the allegations will be taken seriously and dealt with discreetly.
- ✓ Staff must maintain confidentiality at all times and will only discuss the case with staff who have a legitimate reason to know about it.
- ✓ Staff must not confront the alleged abuser or put themselves in any danger.
- ✓ Staff must only ask relevant questions, enough to pass onto the relevant person/agency.
- ✓ Staff must not press for more detail or make promises that cannot be kept.
- ✓ If a person asked for the police to be involved, they must be helped to do so.
- ✓ Staff must seek the person's consent to share this information before a referral is made to Adult Safeguarding or the Police (see Capacity and Consent above).
- ✓ When contacting the Safeguarding team, they should be made aware if consent has not been given so that the persons best interests are pursued. In non-urgent circumstances, a call or referral to 'See and Solve' may be the most appropriate option.
- ✓ If there is doubt over the person's mental capacity, or concern over their immediate safety, the information should be passed onto the Adult Safeguarding team or where applicable the police if consent is not obtained.

- ✓ Where an adult is at risk with capacity and has made the decision that they do not want action to be taken and there are no public interest or vital interest considerations their wishes must be respected.

## Reporting a Safeguarding concern

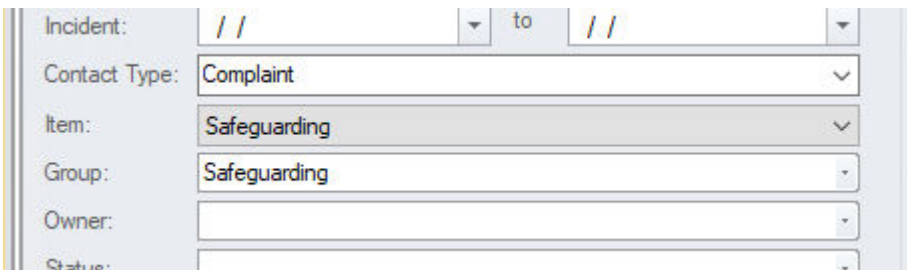
If received by Customer Services, concerns should be escalated to the Scheme Manager (R+ properties), or the Area Coordinator (other properties).

The SM or AC will liaise with the resident and assess what actions are required. A safeguarding or See and Solve referral may be made, and/or the police or other emergency services contacted:

- Multi Agency Safeguarding Hub (MASH), Tel: 01482 616092, or visiting <https://www.hull.gov.uk/support-adults/safeguarding>.
- Police Protecting Vulnerable People Unit: Tel: 101
- Emergency services when needed e.g. Tel: 999
- See and Solve initial enquiries: Tel: 01482 300 300, Email: [socialcare@hullcc.gov.uk](mailto:socialcare@hullcc.gov.uk).

## Logging a Safeguarding concern - Process

All safeguarding concerns, regardless of whether a referral to the Safeguarding Team has been made, should be logged via the housing management system on the 'Complaints, Compliments and Suggestions' module. Open 'new' record and complete as necessary, making sure that the record is marked up as follows:



The screenshot shows a form with the following fields:

Incident:	//	to	//
Contact Type:	Complaint		
Item:	Safeguarding		
Group:	Safeguarding		
Owner:			
Status:			

All documents should be added to the 'files' tab.

## Following Up

When adding a safeguarding report to the system, **staff should set an action for themselves to follow up with the Safeguarding team within one month, to request an update on any actions they may have taken, and outcomes.** It is accepted however, that Safeguarding may not divulge information if the necessary consents are not in place. The feedback received should be added to the safeguarding case on the system.

## Further referrals

Should an individual require a further safeguarding referral, for example if there continues to be concerns regarding the person's welfare, this should be done by phoning the Safeguarding Team and submitting another referral form, if necessary. **An additional log should be made on Castleton, with a note stating that it is a repeat referral.** This is so that the Safeguarding Team, through the richness of a conversation, can be made fully aware of the situation and our concerns.

•