



Adult Safeguarding Policy

1. Policy Statement

The policy exists to ensure that Hallgarth Residents Association implements appropriate arrangements, systems and procedures to ensure that the organisation has the right skills, means and resources to protect and safeguard adults.

Hallgarth Residents Association recognises safeguarding means protecting an adult's right to live in safety, free from abuse and neglect.

2. Aim

The Care Act 2014 provides a definition and framework for Safeguarding Adults

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while 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.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to 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;
- Address what has caused the abuse or neglect.

3. Legislation - The Care Act 2014

Safeguarding Duties

The Care Act 2014 introduced statutory safeguarding duties. The safeguarding duties apply to an adult who:

- a. Has needs for care and support (whether or not the authority is meeting any of those needs);**
- b. Is experiencing, or is at risk of, abuse or neglect; and**
- c. As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.**

4. Key Principles for adult safeguarding

In the safeguarding of adults Hallgarth Residents Association are guided by the principles set out in The Care Act 2014 and aim to demonstrate and promote these principles in our work:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **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. Recognising the signs of abuse

Staff/volunteers may be particularly well placed to spot abuse and neglect - the adult may say or do things that hint that all is not well. It may come in the form of a complaint, or an expression of concern. Everyone within the organisation should understand what to do, and where to go locally to get help, support and advice. It is vital that everyone within the organisation is vigilant on behalf of those unable to protect themselves, including:

- Knowing about different types of abuse and neglect and their signs;
- Supporting adults to keep safe;
- Knowing who to tell about suspected abuse or neglect; and
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

The Care Act 2014 defines the following areas of abuse and neglect; they are not exhaustive but are a guide to behaviour that may lead to a safeguarding enquiry. This includes:

Physical abuse

The physical mistreatment of one person by another which may or may not result in physical injury, this may include slapping, burning, punching, unreasonable confinement, and pinching, force-feeding, misuse of medication, shaking, inappropriate moving and handling.

Signs and indicators

Over or under use of medication, burns in unusual places; hands, soles of feet, sudden incontinence, bruising at various healing stages, bite marks, disclosure, bruising in the shape of objects, unexplained injuries or those that go untreated, reluctance to uncover parts of the body.

Sexual abuse

Any form of sexual activity that the adult does not want and or have not considered, a sexual relationship instigated by those in a position of trust, 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.

Signs and indicators

Signs of being abused may include recoiling from physical contact, genital discharge, fear of males or female, inappropriate sexual behaviour in presence of others, bruising to thighs, disclosure, and pregnancy. Abusers may take longer with personal care tasks, use offensive language, work alone with clients, or show favouritism to clients.

Financial or material abuse

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

Signs and indicators

This may include not allowing a person to access to their money, not spending allocated allowance on the individual, denying access to their money, theft from the individual, theft of property, misuse of benefits. There may be an over protection of money, money not available, forged signatures, disclosure, inability to pay bills, lack of money after payments of benefits or other, unexplained withdrawals. An abuser may be evasive when discussing finances, goods purchased may be in the possession of the abuser, there may be an over keenness in participating in activities involving individuals money.

Psychological and/or Emotional abuse

This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. There may be a restriction of freedom, access to personal hygiene restricted, name calling,

threat to withdraw care or support, threat of institutional care, use of bribes or threats or choice being neglected.

Signs and indicators

Stress and or anxiety in response to certain people, disclosure, compulsive behaviour, reduction in skills and concentration, lack of trust, lack of self-esteem, someone may be frightened of other individuals, there may be changes in sleep patterns.

Neglect and acts of omission

Behaviour by carers that results in the persistent or severe failure to meet the physical and or psychological needs of an individual in their care. This may include 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, wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others, failure to use agreed risk management procedures, inadequate care in residential setting, withholding affection or communication, denying access to services,

Signs and indicators

There may be disclosure. Someone being abused may have low self-esteem, deterioration, depression, isolation, continence problems, sleep disturbances, pressure ulcers. There may be seemingly uncertain attitude and cold detachment from a carer, denying individuals request, lack of consideration to the individuals request, denying others access to the individual health care professionals

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.

Discriminatory abuse

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, and religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional.

Signs and indicators

There may be a withdrawal or rejection of culturally inappropriate services e.g. food, mixed gender groups or activities. Individual may simply agree with the abuser for an easier life, there may be disclosure, or someone may display low self-esteem. An abuser may react by saying "I treat everyone the same", have inappropriate nick names, be uncooperative, use derogatory language, or deny someone social and cultural contact.

Institutional or Organisational Abuse

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 as a result of the structure, policies, processes and practices within an organisation.

Signs and indicators

This may include a system that condones poor practice, deprived environment, lack of procedures for staff, one commode used for a number of people, no or little evidence of training, lack of staff support/supervision, lack of privacy or personal care, repeated unaddressed incidents of poor practice, lack of homely environment, manager implicated in poor practice. There may be a lack of personal clothing, no support plan, lack of stimulation, repeated falls, repeated infections, unexplained bruises/burns, pressure ulcers, unauthorised deprivation of liberty. Abusers may have a lack of understanding of a person's disability, misuse medication, use illegal controls and restraints, display undue/inappropriate physical intervention, and inappropriately use power/control.

Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Sexual
- Financial
- Emotional

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.

Signs and indicators

May include many of those indicators listed under previous categories in this document, including unexplained bruising, withdrawal from activities, work or volunteering, not being in control of finances, or decision making.

Modern slavery

Encompasses slavery, human trafficking, and 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.

Signs and indicators

There may be signs of physical or psychological abuse, victims may look malnourished or unkempt, or appear withdrawn. Victims may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. They may be living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address. Victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do

wear may not be suitable for their work. People may have little opportunity to move freely and may have had their travel documents retained, e.g. passports. They may be dropped off/collected for work on a regular basis either very early or late at night. Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

Radicalisation to terrorism

The Government through its PREVENT programme has highlighted how some adults may be vulnerable to radicalisation and involvement in terrorism. This can include the exploitation of vulnerable people and involve them in extremist activity. Radicalisation can be described as a process, by which a person to an increasing extent accepts the use of undemocratic or violent means, including terrorism, in an attempt to reach a specific political/ideological objective. Vulnerable individuals being targeted for radicalisation/recruitment into violent extremism is viewed as a safeguarding issue.

Signs and indicators

May include being in contact with extremist recruiters; articulating support for violent extremist causes or leaders; accessing violent extremist websites, especially those with a social networking element; possessing violent extremist literature; using extremist narratives to explain personal disadvantage; justifying the use of violence to solve societal issues; joining extremist organisations; and significant changes to appearance and/or behaviour.

Who might abuse?

Abuse of adults at risk, may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse;
- Or opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

6. Prevention of abuse

6.1. Promoting Adult Safeguarding within Hallgarth Residents Association

To assist in the prevention of abuse the following factors should be considered:

- Rigorous recruitment practices (including volunteers);

- Internal guidelines for staff and volunteers;
- Training;
- Making Safeguarding Personal and empowering service users.

6.2. Safe Recruitment & Selection

Hallgarth Residents Association ensures that all potential new staff, volunteers and trustees who work with vulnerable adults;

- **Complete an application form or a letter of application.** This includes: address, evidence of relevant qualifications, paid work and voluntary work experience and all criminal convictions;
- **Provide two pieces of identification which confirm both identity and address;**
- **Undergo an interview** (formal or informal) involving at least two interviewers;
- **Provide at least two references** which are followed up before a post is offered. One reference is from the last employer or an organisation that has knowledge of the applicant's work.

If undertaking a regulatory activity or if their post is eligible, staff and volunteers must consent to a **Disclosure and Barring Service check** and sign up to the update service and agree to Hallgarth Residents Association requesting an annual update. Hallgarth Residents Association understands that:

- A person who is barred from working with children or vulnerable adults is breaking the law if they work or volunteer, or try to work or volunteer with these groups;
- An organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law;
- If our organisation dismisses a member of staff or volunteer because they have harmed a child or vulnerable adult, or would have done so if they had not left, we must make referral to the Disclosure and Barring Service (<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>).

6.3. Management & Support of Paid Staff & Volunteers

Hallgarth Residents Association has the following items in place for managing its staff and volunteers who work with vulnerable adults:

- All staff and volunteers are provided with a job description (paid staff) or a role description (volunteers) outlining their main responsibilities. This includes a requirement to comply with the Safeguarding Policy;
- All paid staff and volunteers complete a role review at the end of their induction period before being confirmed in post. Inductions will be completed within 6 months;
- All paid staff are provided with supervision opportunity by their line manager;
- All volunteers are provided with regular support sessions;
- Hallgarth Residents Association disciplinary and grievance procedures are implemented for all paid staff, which comply with the ACAS Code of Practice;

- All trustees, paid staff and volunteers attend regular ongoing safeguarding training appropriate to their role;
- All trustees paid staff and volunteers receive an induction, which includes information on all the organisation's policies and procedures.

6.5. Training

Hallgarth Residents Association will promote awareness of Adult Safeguarding issues, to its trustees, staff, volunteers, broader membership and services users as appropriate.

Trustees, staff and volunteers, all receive Adult Safeguarding training appropriate to their role.

For all staff who are working or volunteering with adults at risk this requires them as a minimum to have awareness training that enables them to:

- Understand what safeguarding is and their role in Safeguarding Adult;
- Recognise an adult potentially in need of safeguarding and take action;
- Understand the procedures for making a safeguarding alert;
- Understand dignity and respect when working with individuals;
- Have knowledge of policy, procedures and legislation that supports safeguarding adults activity.

6.6. Making Safeguarding Personal

Making safeguarding personal means it should be person-led and outcome-focused. It 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.

We aim to empower our service users and provide them with the information they need to make decisions about how to be safe from abuse and reduce risks.

We recognise that adults may make decisions that might be perceived as risky or unwise. Adults 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, must be made in their best interests.

We need to understand and always work in line with the Mental Capacity Act 2005 (MCA). And seek support and guidance when we have concerns regarding an adult's capacity.

7. Reporting procedures

The following procedure refers to abuse or suspicion of abuse of that staff and volunteers become aware of during their work with Hallgarth Residents Association. Any member of staff or volunteer who becomes aware that an adult is or is at risk of, being abused or has safeguarding needs should raise the matter immediately with their supervisor /or with the designated safeguarding lead.

Early sharing of information is the key to providing an effective response where there are emerging concerns. To ensure effective safeguarding arrangements no member

staff or volunteer should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult.

Hallgarth Residents Association will:

- Inform the adult of the action we propose to take;
- Seek their agreement for any referral;
- Ensure that they are kept informed about what will happen next, so they can be reassured about what to expect;
- Endeavour to ensure that they are safe and supported before proceeding with any other action;
- Inform the adult if Hallgarth Residents Association are planning to seek advice from or report concerns to an external agency.

Reporting

Report abuse or neglect by telephone or email using the details below.

Local Adult Social Care Offices (updated 23/03/2020)

Opening Hours: Mon – Thurs: 9am – 5pm; Friday 9am – 4.30pm
Out of these hours please call: 01228 526690

Allerdale

West Cumbria House, Jubilee Road, Workington CA14 4UB
Tel: 0300 303 4589

Keswick: See EDEN below

Carlisle

3rd Floor, Cumbria House, 117 Botchergate, Carlisle, CA1 1RD.
Tel: 0300 303 3249

Copeland

Blencathra House, Tangier Street, Whitehaven, CA28 7UW.
Tel: 0300 3033589

Eden

Adult Social Care, PO Box 224, Penrith, CA11 1BP.
Tel: 0300 303 3249

Furness

4th Floor, Craven House, Michaelson Road, Barrow in Furness, LA14 1FD.
Tel: 0300 303 2704

South Lakes

Bridget Mills, Kendal, LA9 4UB.
Tel: 0300 3032704

The Area Contact will pass on reported concerns to the Cumbria Safeguarding Adults Team who will make a decision regarding the best course of action. In certain circumstances another appropriate authority may need to be involved, e.g. Adult Social Care, Police, Health and Safety Executive, etc. If this is the case their involvement will be coordinated by the Cumbria Safeguarding Adults Team.

For emergencies **outside normal office hours**, please contact the Emergency Duty Team (Adult Social Care) **01228 526690**.

There are some cases that require an urgent response

- If you suspect a serious criminal act has taken place, telephone 999. Tell them if you think it might be adult abuse.
- If the individual is injured seek immediate medical treatment. Tell the ambulance personnel or A&E staff that this is a potential adult abuse situation.

8. Child Protection

If at any time you become concerned that a Child might be at risk you need to follow the Child Protection Procedure outlined in Hallgarth Residents Association Protection/Safeguarding Policy.

Contact one of the designated safeguarding leads or if you cannot contact them go straight to the Cumbria Local Safeguarding Children Board, telephone: 0333 240 1727.

Or if a child is in immediate danger of being harmed, the police should be called on 999.

9. Recording

A written record must be kept in regard to any concern regarding to an adult with safeguarding needs. This must include details of the person involved, the nature of the concern and the actions taken.

The recordings must be signed and dated. All records must be securely and confidentially filed.

10. Designated Safeguarding Leads

Name	Contact Details
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Created:	
Approved as follows:	
Name:	
Position:	
Date:	
Signature:	
Review Date:	

Stage 1 Raising an Alert

Raising an Alert: Anyone who becomes aware of concerns of Abuse must report those concerns as soon as possible and in any case within the same working day to the relevant manager identified in their agency procedures.

Stage 2 Reporting an alert / Duty to Enquire

Enquiry: the local authority must make enquiries, or require another agency to do so, whenever abuse or neglect are suspected in relation to an adult with care and support needs.

Gathering information about a concern by consulting agencies and undertaking a further risk assessment.

Upon receiving a Referral, Adult Social Care must gather as much information as possible from the referrer, multi-agency partners, the adult concerned and previous records

Adult Safeguarding

Safeguarding Duties apply to an adult who:

- Has needs for care and support
- 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

Abuse or neglect includes:

- Physical abuse
- Psychological Abuse
- Domestic Violence
- Sexual abuse
- Financial and material abuse
- Modern Slavery
- Discriminatory abuse
- Neglect or acts of omission
- Organisational abuse
- Self neglect

Care Act 2014

Stage 7 Review

The purpose of the Review is to check if the agreed actions in the Safeguarding Plan have taken place and whether any further action is needed.

At the conclusion of an investigation, or at a Case Conference, a decision should be made of whether the Safeguarding plan should be reviewed within the Safeguarding Process. This should be the case whenever there is on-going risk of harm from Abuse.

The frequency of the review should be decided based on the situation and level of risk

Stage 6 Case Conference / Safeguarding Planning Meeting

Co-ordinating a multi-agency response to the risk of abuse that has been identified. All information gathered during the investigation will be presented at a **Multi-Agency Safeguarding Planning Meeting** where, if appropriate, a **Safeguarding Plan** will be agreed. The meeting and the Plan will be recorded on the correct template.

Stage 5 Investigation

Co-ordinating the collection of information about abuse or neglect that has occurred or might occur. This may include a criminal or disciplinary investigation.

- Establish matters of fact
- Provide a professional analysis of risk
- Provide rationale and inform decisions about any follow up action
- Produce a report

Stage 3 Assessment / Applying Thresholds

The Local Authority Adult Social Care manager will make the following decisions and take the following actions about the Referral. This is called the decision stage and should occur within one working day of receiving the alert

- Is the referral appropriate?
- Should a safeguarding enquiry proceed?
- If not, what other routes of referral or action would be appropriate and who would initiate these?

Stage 4 Strategy discussion or meeting

Formulating a multi-agency plan for assessing the risk, addressing any immediate protection needs and agreeing a plan for any further investigation or assessment.

This may be in the form of a meeting or by telephone contact, depending on the urgency of the situation.

Decisions and actions:

- Who will lead the investigation?
- Ensure a robust plan is in place to safeguard any adults with care and support needs who may be at risk

Minutes of the meeting must be recorded on the correct template.

Closure to Adult Safeguarding Process

Recording and monitoring the Safeguarding Adults process and its outcomes.

The aim is to establish:

- With the person to what extent their aims/wishes/outcomes have been achieved
- What difference did the safeguarding process make?

Updated November 2015