

SAFEGUARDING ADULTS AT RISK POLICY

1. INTRODUCTION

ISHA has a duty to ensure that it acts in response to any concerns that an adult is at risk of abuse or neglect. This document sets out ISHA's approach to safeguarding adults.

It relates to all ISHA's customers including tenants, leaseholders, shared owners, other household members and their visitors and members of the community.

It applies to all ISHA staff, agency staff, volunteers, placements, board members, contractors and other persons representing ISHA.

2. AIMS

- To provide a clear statement that ISHA will not tolerate, or collude with, any form of neglect or abuse
- To promote and safeguard the welfare of all our customers and to be proactive in responding to any allegation or suspicion of abuse
- To empower our customers by ensuring they are fully aware of what constitutes abuse and how to report it
- To stop abuse or neglect wherever possible, prevent harm and reduce the risk of abuse or neglect to vulnerable adults
- To ensure that everyone is clear about their individual and corporate roles and responsibilities in preventing and responding to abuse or neglect
- To provide support and protection for victims and witnesses affected by abuse
- To provide training and support for staff to enable them to identify the types and causes of abuse, the role they play in prevention and how to respond to abuse and neglect
- To work in partnership with ISHA's partners and stakeholders to promote and safeguard the welfare of all our customers and respond to allegations or suspicions of abuse
- To deal promptly with allegations of abuse and share information appropriately where there is potential risk to others
- To ensure enquiries are carried out promptly and with sensitivity, and appropriate action taken

3. STATUTORY AND REGULATORY FRAMEWORK

Relevant legislation:

Care Act 2014

Human Rights Act 1998

Children Acts 1989 and 2004

Equality Act 2010

Reference	Version	Created	Author	Review	Board Approved
ISHA Safeguarding Adults	2	October 2019	David Smith	October 2021	November 2019

Housing Act 1996

Anti-Social Behaviour, Crime and Policing Act 2014

Mental Capacity Act 2005

Public Interest Disclosure Act 1998

Protection of Freedoms Act 2012

4. DEFINITIONS

Safeguarding adults	A term used to describe all work involved to protect adults at risk from neglect, potential harm or abuse.
Adult at risk	A person aged 18 years or over who is, or may be, in need of community care or health care services because of mental or other disability or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.
Perpetrator(s) or Accused	The person(s) accused of causing harm, neglect or abuse.
Abuse	Violation of an individual's human or civil rights. Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.
Neglect	The repeated deprivation of assistance a person needs for important activities of daily living, including a failure to intervene in behaviour which is dangerous to them or to others. Under the Mental Capacity Act 2005, wilful neglect and ill- treatment of a person lacking capacity is a criminal offence.
Harm	Ill treatment (including sexual abuse and non-physical forms of ill-treatment or the impairment of or an avoidable deterioration in physical or mental health and the impairment of physical, intellectual, emotional, social or behavioural development.
Hate crime	Any crimes targeted at a person because of hostility or prejudice towards their disability, race or ethnicity, religion or belief, sexual orientation or transgender identity. This can be committed against a person or property. A victim does not have to be a member of the group at which the hostility is targeted.
Concern	An expression of concern, suspicion or allegation that an adult at risk is or may be a victim of abuse or neglect.
Alerter	The person who raises a concern that an adult at risk is being, has been, or is at risk of being abused or neglected. Anyone can be an alerter - the person themselves, paid staff, volunteers, a carer, friends, family, neighbours or members of the public/community.
Local Safeguarding Adults Board (LSAB)	A multi-agency forum responsible for providing strategic leadership in preventing, detecting and protecting adults who are at risk from abusive behaviour and practice. Made up of senior representatives from key agencies with responsibilities for protecting Adults at Risk/Adult at risk.
Mental Capacity Act 2005	Provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make certain decisions for themselves. It supports the individual's right to make their own decisions even when others may think their decision is unwise.

Reference	Version	Created	Author	Review	Board Approved
ISHA Safeguarding Adults	2	October 2019	David Smith	October 2021	November 2019

5. WHAT IS SAFEGUARDING ADULTS AND WHY DOES IT MATTER?

5.1. Safeguarding adults is defined in the Care Act 2014, care and support statutory guidance as: ‘protecting a person’s right to live in safety, free from abuse and neglect’

5.2 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.

5.3 People have complex lives and being safe is only one of the things they want for themselves. Professionals and staff should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating “safety” measures that do not take account of individual well-being, as defined in Section 1 of the Care Act

5.4 The Guidance states the aims of adult safeguarding are:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.
- To raise awareness around safeguarding so that staff and the wider community play their part in preventing, identifying and responding to abuse and neglect

6. PRINCIPLES OF SAFEGUARDING WORK

6.1 The government identifies six key principles and their individual outcomes, underpinning all safeguarding work:

Empowerment: Personalisation and the presumption of person-led decisions and informed consent. Outcome: 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. Outcome: I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

Reference	Version	Created	Author	Review	Board Approved
ISHA Safeguarding Adults	2	October 2019	David Smith	October 2021	November 2019

Proportionality: Proportionate and least intrusive response appropriate to the risk presented. Outcome: I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed.

Protection: Support and representation for those in greatest need. Outcome: 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.

Partnerships: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. Outcome: 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. Outcome: I understand the role of everyone involved in my life.

6.2 Furthermore, ISHA's Safeguarding Adults Policy is based on the following principles:

- ensuring suitable and appropriate staff are recruited
- ensuring effective management of staff through regular supervision, support and training
- sharing information about concerns with agencies who need to know, including care-coordinators and the safeguarding authority
- involving and supporting victims appropriately and, wherever possible, respecting their choice in the range of agencies they may wish to work with
- sharing information about adult safeguarding and good practice with customers, staff, partner organisations and carers
- ensuring action is sensitive to and takes account of the victim's gender, age, disability, stage of development, religion, culture and race

7. FORMS AND TYPES OF ABUSE AND NEGLECT

7.1 Abuse is the violation of an individual's human or civil rights. Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

7.2 The abuse may be the result of a direct act, or omission of an act, or both. Abuse can take different forms, and it may be the case that two or more types of abuse are occurring simultaneously. Furthermore, staff should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case.

Reference	Version	Created	Author	Review	Board Approved
ISHA Safeguarding Adults	2	October 2019	David Smith	October 2021	November 2019

7.3 Forms of abuse include:

- **Physical Abuse:** may involve hitting, slapping, pushing, shaking, throwing, poisoning, burning or scalding, drowning, misuse of medication, restraint or inappropriate physical sanctions, suffocating or otherwise causing physical harm, including fabricating the symptoms of, or deliberately causing, ill health to someone.
- **Sexual Abuse:** involves forcing or enticing someone to take part in sexual activities, whether or not the victim is aware of what is happening. The activities may involve physical contact, including penetrative or non- penetrative acts. They may include involving victims in looking at, or in the production of pornographic material, or encouraging them to behave in sexually inappropriate ways.
- **Emotional/psychological abuse:** the persistent emotional ill-treatment of someone as to cause severe and persistent adverse effects on their emotional state or development. It may involve conveying to the victim that they are worthless or unloved, inadequate or only valued insofar as they meet the needs of another person. It may also involve acts induced to frighten, exploit or corrupt adults
- **Neglect and acts of omission:** the persistent failure to meet the victim's basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. This may take the form of failing to provide adequate food, shelter or clothing. It may also take the form of neglect of, or unresponsiveness to the victim's basic emotional needs.
- **Financial or Material Abuse:** includes having money or other property stolen, being defrauded, being put under pressure in relation to money or other property, and having money or other property misused.
- **Discriminatory Abuse:** including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment
- **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 as a result of the structure, policies, processes and practices within an organisation
- **Domestic abuse:** including psychological, physical, sexual, financial, emotional abuse; so-called 'honour' based violence and female genital mutilation.

Reference	Version	Created	Author	Review	Board Approved
ISHA Safeguarding Adults	2	October 2019	David Smith	October 2021	November 2019

7.4 Other forms of abuse which can also be considered, include but are not limited to:

- **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.
- **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.
- **Exploitation:** involves unfairly manipulating someone for profit or personal gain, either opportunistically or premeditated

7.5 Types of abusive behaviour

Complex abuse: (organised or multiple abuse) may be defined as abuse involving one or more abusers and a number of related or non-related victims. The abusers concerned may be acting together to abuse, sometimes acting in isolation or using an institutional framework or position of authority to recruit victims for abuse.

Patterns of abuse can 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.
- opportunistic abuse: such as theft occurring because money or jewellery has been left lying around.

8. WHO ABUSES AND NEGLECTS ADULTS AND WHERE CAN IT HAPPEN?

8.1 Adults can suffer abuse by a range of possible perpetrators including relatives, carers, friends, acquaintances, 'trusted adults' (for example a professional who works with them), neighbours, other customers, and strangers.

While a lot of attention is paid, for example, to targeted fraud or internet scams perpetrated by complete strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

8.2 Abuse can happen anywhere: in someone's own home, in a public place, in hospital, in a care home, in prison or in college. It can take place when an adult lives alone or with others.

Reference	Version	Created	Author	Review	Board Approved
ISHA Safeguarding Adults	2	October 2019	David Smith	October 2021	November 2019

8.3 Cuckooing is a Safeguarding incident which is specific to someone's home.

Cuckooing is where the home of a vulnerable person is taken over by drug dealers so that they can use the property for the purpose of dealing drugs. Where this happens ISHA will support the tenant remove the drug dealers from the tenant's home. This may involve working with the Police to obtain a property closure order.

9. SIGNS AND SYMPTOMS OF ABUSE AND NEGLECT

9.1 Whilst allegations of abuse may be raised directly by the victim through them disclosing abuse to a member of staff, there may be occasions where the victim is unwilling or unable to disclose.

9.2 All staff must be aware and mindful of possible indicators of abuse, such as:

- unexplained changes in mood or behaviour
- nervousness or watchfulness
- inappropriate relationships with peers
- inappropriate sexual language
- attention-seeking behaviour
- changes in appearance or hygiene
- scavenging or compulsive stealing
- persistent fatigue
- injuries inconsistent with an explanation given
- injuries at different stages of healing
- lack of consideration or respect for factors such as race, age, gender or sexuality of the individual
- controlling relationships between staff and adult at risk
- repeated acts of poor professional practice
- malnutrition resulting from poor diet
- untreated medical problems

(This is not intended to be an exhaustive list, but an illustrative guide to signs and symptoms of abuse.)

10. SAFE WORKING PRACTICES

10.1 When working with customers, ISHA's staff, representatives and contractors must avoid placing themselves in positions that may cause customers to feel uncomfortable and which could lead to questions and/or false accusations of abuse. While this policy cannot cover every eventuality, they must not:

- meet with customers outside of work or work-related activities
- make unnecessary physical contact with customers
- do things of a personal nature for customers that they can do themselves, and if the customer does require help (for instance because of a disability)

Reference	Version	Created	Author	Review	Board Approved
ISHA Safeguarding Adults	2	October 2019	David Smith	October 2021	November 2019

then only with their consent and his or her understanding of what is happening

- engage in or tolerate any bullying
- allow customers to use inappropriate language unchallenged
- engage in favouritism or in singling out of "trouble-makers"
- make sexually suggestive remarks or discriminatory comments about or to customers, even in jest
- trivialise abuse
- let allegations made by a customer go unrecorded or unaddressed, including any made against themselves.

10.2 ISHA expects all staff to abide by the Code of Conduct in order to avoid situations where their actions could be mistakenly interpreted and perhaps lead to allegations of abuse. Good practice will reduce the possibility of anyone using their position to gain access to an adult at risk to abuse them. Staff must also ensure their actions are sensitive to customer needs.

10.3 ISHA staff will always:

- listen to adults at risk
- value and respect adults at risk as individuals, regardless of their gender, ethnicity, disability or sexual identity
- as appropriate, involve them in decision-making processes
- empower customers with the necessary information to make informed decisions.

11. WHISTLEBLOWING

11.1 If a member of staff suspects that a customer is being abused by another member of ISHA's staff or a representative, they should immediately speak to their line manager, the Head of Service, Lead Safeguarding Officer or the Head of People and Organisational Development.

11.2 Where there is a failure to respond appropriately to allegations of abuse, or where staff have concerns that a colleague or superior is responsible for the abuse, staff must follow ISHA's Whistleblowing Policy. The Public Interest Disclosure Act (1998) protects workers from detrimental treatment or victimisation from their employer if they blow the whistle on wrongdoing, such as the abuse of customers. Staff who whistle blow can remain anonymous. However, this cannot necessarily be guaranteed if it results in a criminal enquiry.

12. SUPPORT FOR THOSE REPORTING ABUSE

12.1 All those making a complaint or allegation or expressing concern, whether they be staff, volunteers, customers, carers or members of the public, should be reassured that:

Reference	Version	Created	Author	Review	Board Approved
ISHA Safeguarding Adults	2	October 2019	David Smith	October 2021	November 2019

- they will be taken seriously
- their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk
- if customers, they will be given immediate protection from the risk of reprisals or intimidation
- if staff or volunteers, they will be given support and afforded protection if necessary
- they will be dealt with in a fair and equitable manner and;
- they will be kept informed of action that has been taken and its outcome
- employees and volunteers who speak out (whistle blow) against their employers/ manager/directors in such circumstances are protected by law from being discriminated against as a result (The Public Interest Disclosure Act 1998); please refer to the Whistleblowing Policy.

13. CONFIDENTIALITY AND CAPACITY

13.1 Due attention must always be paid to confidentiality when working with customers. All staff must be familiar with ISHA's Data Protection Policy and Confidentiality Policy.

13.2 In all such cases, the individual must be informed of the possibility that confidentiality may not be possible, but that every step will be taken to ensure confidentiality is maintained as much as is possible.

13.3 Staff must also be aware of the customer's capacity to make decisions, as governed by the Mental Capacity Act (2005). In all cases it is assumed that adults have the capacity to make informed choices and decisions, unless they have been deemed to lack capacity by a qualified health or social care professional.

13.4 The Mental Capacity Act (2005) was created to enable people receiving support to make their own decisions, and to offer protection for those individuals charged with making decisions on the behalf of those lacking capacity.

13.5 The Act has 5 main principles:

- Every individual has the right to make their own decisions unless it can be shown they are incapable of doing so.
- Individuals should be supported to make their own decisions where possible.
- A person has the right to make decisions even if others regard the decisions made as being inappropriate or 'unwise'. A decision deemed as inappropriate does not in itself mean the client should be deemed incapable.
- A person making decisions on behalf of someone lacking capacity must do so in their best interests.
- Decisions made by a third party on behalf of someone lacking capacity should always be the option which is least restrictive on their basic rights and

Reference	Version	Created	Author	Review	Board Approved
ISHA Safeguarding Adults	2	October 2019	David Smith	October 2021	November 2019

freedoms.

13.6 Where staff have concerns about a customer's ability to make an informed decision that relates to an abuse allegation or concerns around abuse, they must request that social services, the local Community Mental Health Team or NHS Trust arrange for an assessment to take place. Where the customer has an allocated social worker or care coordinator they should be contacted in the first instance. This assessment will consider:

- The individual's views.
- Their past and present wishes, feelings, beliefs and values.
- Any written statement they've produced.
- Anyone they have requested be consulted.
- The views of family, friends or support staff who have an interest in their welfare.
- The views of any independent advocates

14. INFORMATION SHARING

14.1 Working in partnership with statutory and other relevant agencies is a key element of enquiries into suspected abuse. The wishes of the customer in relation to what information should be shared, and with whom, should be respected where possible. However, where there is a concern that the customer may be suffering or is at risk of abuse or neglect, their safety must be the over-riding priority. Information must be shared with statutory authorities where there is any indication of abuse or neglect. The following points must be considered as part of this process:

- It should be explained openly and honestly to the customer what information will have to be divulged to statutory authorities and any other third parties, how it will be divulged and to whom.
- Information should not be shared with other non-statutory third parties where it would increase the risk to the victim or undermine the prevention, detection or prosecution of a crime.
- Information shared must be accurate and up-to-date, necessary for the purpose for which it is being shared, and shared only with those who need to know.

15. DISINCENTIVES TO REPORTING ABUSE

15.1 ISHA recognises that it is often difficult for victims of abuse to disclose or report instances of abuse. This may be for several possible reasons, such as:

Reference	Version	Created	Author	Review	Board Approved
ISHA Safeguarding Adults	2	October 2019	David Smith	October 2021	November 2019

- fear
- stigma
- not realising it is abuse
- not knowing how to report it
- thinking they won't be taken seriously
- learned helplessness
- not being able to see any solutions
- feeling ashamed
- not wanting to get someone else into trouble
- lacking capacity or experiencing poor mental health

15.2 Overcoming these barriers is key to ensuring that no abuse goes unnoticed or unaddressed, and ISHA aims to achieve this by:

- Regularly exploring barriers to reporting abuse with customers during information sharing and consultation events, in newsletters, house meetings in Specialist Housing services etc. This includes discussing example cases and promoting awareness and reporting processes.
- Using team meetings, training and supervision to ensure staff are aware of how to recognise and respond to abuse, and how to empower and encourage customers to report it.
- Encouraging services to learn from each safeguarding concern by including the need for service improvements, including overcoming barriers, to be recorded as part of every safeguarding enquiry.

16. HEALTH AND SAFETY

All staff working on safeguarding cases will adhere to ISHA's lone working policy.

17. EQUALITY AND DIVERSITY

17.1 This document sets out how ISHA will deal with vulnerable customers at risk of abuse; adjustments will have to be made to take account of issues relating to capacity.

17.2 Where required we will translate information for customers who require it.

18. TRAINING

ISHA will provide safeguarding training for all staff whose work includes contact with vulnerable adults and ensure they remain up to date with any changes in legislation and good practice.

Reference	Version	Created	Author	Review	Board Approved
ISHA Safeguarding Adults	2	October 2019	David Smith	October 2021	November 2019

19. DATA PROTECTION CONSIDERATIONS

All records and logs relating to safeguarding concerns will be kept in locked storage. Safeguarding reports will be kept for 12 months or for as long as advised by the Local Authority Safeguarding Boards.

20. MONITORING

Performance information will be collated and shared with relevant stakeholders. Performance data will be monitored by the Head of Customer Neighbourhoods and reported annually to Housing Services Sub Committee.

21. REVIEW

This policy will be reviewed every two years or in response to changes in legislation, regulatory guidance, good practice or changes in other relevant ISHA policy.

22. ASSOCIATED DOCUMENTS

Related ISHA Policies:

Domestic Violence Policy

Safeguarding Children Policy

Data Protection Policy

Confidentiality Policy Complaints Policy Whistleblowing Policy

ASB Policy

SLS Joint Safeguarding Reporting Procedure

Codes of Conduct

Reference	Version	Created	Author	Review	Board Approved
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