

SAFEGUARDING ADULTS AT RISK POLICY

1. INTRODUCTION

Islington & Shoreditch Housing Association (ISHA) will not tolerate or collude with any form of neglect or abuse and we have a duty to ensure that we act 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 residents 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

This policy sets out our corporate responsibility to promote the safeguard and welfare of our residents and provides guidance for staff on how to spot the signs of neglect and abuse and how to respond and report it.

3. KEY TERMS 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 alerted - 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

The 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.

4. POLICY

What is safeguarding and why does it matter?

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'.

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 recognize that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

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.

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.

Principles of safeguarding at work

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.

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.

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 residents, 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.

Forms and types of abuse and neglect

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.

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.

Forms of abuse include:

Physical abuse

This 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

This 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.

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.

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 residents, 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.

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.

Cuckooing

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 and remove the drug dealers from the tenant's home. This may involve working with the police to obtain a property closure order.

Signs and symptoms of abuse and neglect

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. Therefore, staff working with vulnerable adults must be aware and mindful of possible indicators of abuse, such as:

- unexplained changes in mood or behaviour
- nervousness or watchfulness
- 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
- 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.)

Safe working practices

When working with residents, ISHA's staff, representatives and contractors must avoid placing themselves in positions that may cause residents 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 residents outside of work or work-related activities
- make unnecessary physical contact with residents
- do things of a personal nature for residents that they can do themselves, and if the resident does require help (for instance because of a disability) then only with their consent and his or her understanding of what is happening
- engage in or tolerate any bullying
- allow residents 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 residents, even in jest
- trivialise abuse
- let allegations made by a resident go unrecorded or unaddressed, including any made against themselves.

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 resident needs.

Whistleblowing

If a member of staff suspects that a resident 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 HR Manager.

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 residents. Staff who whistle blow can remain anonymous. However, this cannot necessarily be guaranteed if it results in a criminal enquiry.

Staff can also report suspected abuse to the Safeguarding team at the relevant local authority on which the victim resides.

Those making a complaint or allegation or expressing concern, whether they be staff, volunteers, residents, carers or members of the public, should be reassured that their complaint will be taken seriously and kept confidential where possible. Where reports are made to ISHA they will be given support and protected from reprisals and kept informed of the outcome of their report whilst maintaining the confidentiality of the victim.

Capacity

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 under the Mental Capacity Act (2005).

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 behalf of those lacking capacity.

The Act has five 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 freedoms.

Where staff have concerns about a resident'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 resident has an allocated social worker or care coordinator they should be contacted in the first instance.

5. HEALTH AND SAFETY

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

6. EQUALITY AND DIVERSITY

ISHA recognises the needs of a diverse population and always acts within the scope of its own equality and diversity policy, the Human Rights Act 1998, and Equalities Act 2010. ISHA works closely with its partners to ensure it has a clear understanding of its resident community with clear regularly updated service user profiles.

This policy sets out how ISHA will deal with vulnerable residents at risk of abuse, however adjustments will be made to take account of issues relating to capacity.

Where required we will translate information for residents who require it.

7. 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.

8. DATA PROTECTION CONSIDERATIONS

Working in partnership with statutory and other relevant agencies is a key element of enquiries into suspected abuse. The wishes of the resident in relation to what information should be shared, and with whom, should be respected where possible. However, where there is a concern that the resident 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.

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

9. STATUTORY AND REGULATORY FRAMEWORK

- Care Act 2014
- Human Rights Act 1998 Disability Discrimination Act Children's Act 1989
- Working together to Safeguard Equality Act 2010
- Housing Act 1996
- Anti-Social Behaviour, Crime and Policing Act 2014
- Mental Capacity Act 2005
- The Public Interest Disclosure Act 1998
- Protection of Freedoms Act 2012

10. MONITORING

Performance information will be collated and shared with relevant stakeholders. Performance data will be monitored by the Head of Housing Management, but it should be noted that not all safeguarding reports to local authorities by ISHA staff need to be reported to ISHA, as these reports are confidential between the person making the report and the local safeguarding team.

11. REVIEW

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

12. ASSOCIATED DOCUMENTS

- Domestic abuse policy
- Safeguarding children policy
- Data protection policy
- Confidentiality policy
- Complaints policy
- Whistleblowing policy
- Anti-social behaviour policy
- Code of Conduct

Reference	Version	Created	Author	Review	Leadership Team approved
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