

Safeguarding Adults Policy and Procedure

SAFEGUARDING ADULTS POLICY	
Purpose	This policy sets out how Harrison Housing manages Safeguarding concerns.
Applies to	This policy applies to all stakeholders of Harrison Housing.
Date first implemented	August 2024
Author	Head of Operations
Date first approved by Leadership Team	June 2024
Date first approved by Board of Trustees	September 2024
Review Frequency	Minimum of every year
Service Area	Operations
Document Status: This is a controlled document. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but always accessed from the Policy Library.	

CONSEQUENTIAL AMENDMENTS (made prior to full policy revision)		
Amendment Date	Nature of Amendment	Revised by

VERSION HISTORY			
Revision Date	Version No.	Revised by	Approved by
September 2025	2.0	Head of Operations	Board of Trustees

CURRENT POLICY REVISION	
Date revised	August 2025
Revised by	Head of Operations
LT approval date	September 2025
Board of Trustees Approval date	September 2025
Next revision due	September 2026

Policy

1. Introduction

- 1.1. Harrison Housing takes all concerns and allegations of abuse, neglect and harm seriously. Our responsibility for safeguarding means protecting a person's right to live in safety, free from abuse and neglect. The organisation, and individual staff members, will work together to prevent abuse or the risks of abuse and also to promote the wellbeing of our residents.
- 1.2. Abuse can take a wide variety of forms. It can be caused by inflicting harm, by neglect, or by failing to act to prevent such harm or neglect. The abusive behaviours can be deliberate, negligent or unwitting but the impact is still to cause harm, up to and including the endangerment of life.
- 1.3. Adults who are potentially at risk of abuse live in the properties which we manage. Abuse can occur across all sectors of society. Abuse can happen to anyone, cannot be excused for any cultural or religious reason and should always be reported.
- 1.4. Insofar as possible we will act with the consent of the person involved when responding to a safeguarding concern, and we will involve the resident in decisions about any action to be taken. Our focus must remain on the person and not process.
- 1.5. Safeguarding at Harrison Housing is carried out in accordance with the statutory duties under the Care Act 2014 and in partnership with local authority Safeguarding Adult Boards.

2. Scope

- 2.1. The definition of "adults at risk" that this policy covers is set out in section 42 of the Care Act 2014. They are people who:
 - are aged 18 years or more,
 - have needs for care and support (whether or not these are currently being met by the local authority),
 - are experiencing, or are at risk of, abuse or neglect, and
 - as a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.
- 2.2. This policy is intended primarily to support residents in our schemes, but may also apply to their household members and visitors to the property where we become aware of a safeguarding concern.

- 2.3. The scope of the policy applies to:
- Residents and their household members.
 - Harrison Housing employees.
 - Staff employed at Harrison Housing schemes via an agency or as a temporary contractor.
 - External contractors visiting Harrison Housing schemes.
 - Board and Committee members.
 - Visitors and other volunteers.
 - Members of the public visiting Harrison Housing schemes.
- 2.4. All adults covered by this policy have the right to be protected from abuse, regardless of age, gender, disability, pregnancy and maternity, class, race, religion, sexual orientation, gender identity, location, marital status, criminal behaviour or immigration status.
- 2.5. Partnership is one of the principles of Safeguarding and Harrison Housing understands that Safeguarding is everyone's responsibility. Harrison Housing has a duty to co-operate with local authorities around safeguarding (Care Act section 6).

3. Legislative frameworks

- 3.1. The following legislation is relevant to this policy. This list is not exhaustive and may be overridden by subsequent legislation:
- Care Act 2014
 - Data Protection Act 2018
 - Liberty Protection Safeguards (LPS) introduced by the Mental Capacity Amendment Act 2019
 - Domestic Violence Crime and Victims Act 2021
 - Equality Act 2010
 - General Data Protection Regulations 2018
 - Health and Social Care Act 2008
 - Human Rights Act 1998
 - Mental Capacity Act 2005
 - Modern Slavery Act 2015
 - Public Interest Disclosure Act 1998
 - Safeguarding Vulnerable Groups Act 2006
 - Sexual Offences Act 2003
 - Social Housing Regulation Act 2023

4. Responsibilities

- 4.1. All staff members (including agency workers and temporary contractors), trustees and volunteers have a responsibility for safeguarding at Harrison

Housing. This is a responsibility to act upon and report any safeguarding concerns about a resident, household member or a member of public visiting our schemes. We are all responsible for safeguarding and cannot assume that someone else will take responsibility.

- 4.2. As a provider of services to adults at risk, we have a responsibility and duty to consider and follow the Local Authority Safeguarding Policy, Procedure and Practice Guidance. The Care Act 2014 reinforces this responsibility which is further defined in the Department of Health publication Care and Support Statutory Guidance.
- 4.3. Housing providers 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, or participating in the local Safeguarding Adults Board.
- 4.4. The specific additional responsibilities of the designated staff and trustees at Harrison Housing are set out in our procedure below.
- 4.5. Harrison Housing has a Safeguarding Lead at Trustee level. There is a clear line of accountability with Harrison Housing staff able to report to the Leadership Team who in turn can report to the designated Trustee Safeguarding Lead.
- 4.6. Annual safeguarding training is mandatory for all Harrison Housing staff and Trustees.

5. Definitions of abuse

5.1. The definitions of types of abuse are set out in detail at Appendix 1. These include, but are not limited to, the following areas as set out in statutory guidance to the Care Act 2014:

- Physical abuse
- Sexual abuse
- Psychological & emotional abuse
- Financial abuse
- Discriminatory abuse and hate crime
- Neglect or acts of omission
- Organisational abuse
- Domestic abuse
- Modern slavery
- Self-neglect
- Cyber/Online abuse

5.2. This list is not exhaustive and more than one type of abuse may be happening at any time.

6. Risk factors associated with abuse

- 6.1. The definition of an 'adult at risk' is set out in section 2.1. Anyone may fit these criteria at a particular time of their lives. However, the following people may be at higher risk: older people, adults with a physical or learning disability, adults living with dementia, mental health needs or other long term health needs, or those who are drug or alcohol dependant.
- 6.2. Further risk factors may include loneliness, social isolation, difficulty with communication, dependence on carers (physically, psychologically or financially), emotional vulnerability. The person at risk may have behavioural traits that are out of character, poor quality relationships, pressures and responsibilities, lack of emotional support and social contact. Frequent requests for help and problems remaining unresolved may also point to someone at risk of abuse.
- 6.3. Our residents include older people who may also have disabilities making them dependant on care services. Adults can become temporarily at risk due to illness or other personal circumstances such as bereavement. However, just because a person is old or frail or has a disability, does not mean they are inevitably 'at risk'
- 6.4. Our staff, residents, volunteers and visitors could, from time to time, become aware of situations where abuse of an adult at risk may be taking place. We will not knowingly ignore or allow such incidents to continue unchallenged and will require our staff to act in all cases where it is suspected that abuse of an adult at risk is occurring.
- 6.5. Potential indicators of abuse include:
 - Change in living conditions
 - Lack of heating, clothing or food
 - Sudden loss of weight or change in personal appearance
 - Unexplained injuries/bruising
 - Changes in mood – seeming withdrawn or fearful
 - Unexplained changes of behaviour/engagement
 - Inability to pay bills/unexplained shortage of money
 - Unexplained withdrawals from an account
 - Unexplained loss/misplacement of financial documents
 - Sudden or unexpected changes in a will or other financial documents

7. Key Principles

7.1. **The Care Act 2014** sets out six key principles that underpin all adult safeguarding work:

- *Empowerment* – the person experiencing abuse is at the centre of decisions about what action is appropriate, and decisions are not taken on their behalf without their specific informed consent.
- *Prevention* – it is better to act before harm occurs, and mitigate any potentially risky situations in a timely manner.
- *Proportionality* – proportionate and least intrusive responses are advisable, appropriate to the risk presented.
- *Protection* – all staff should be aware of residents who are at the greatest risk, so protection measures can be put in place, and adults at risk should have a say in how this is implemented.
- *Partnership* – communication with other agencies working with adults at risk is an important part of protection from abuse and neglect.
- *Accountability* – accountability and transparency in delivering safeguarding services are essential.

7.2. **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.

7.3. The Mental Capacity Act has five main principles:

- Every person has the right to make their own decisions unless it can be shown they are incapable of doing so.
- People 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. A decision deemed as inappropriate does not in itself mean the person should be deemed incapable.
- A person making decisions on the 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.

7.4. Adults at risk are encouraged to make their own decisions and are provided with the support and information needed to empower them to do so. This approach recognises that adults have a general right to independence, choice, and self-determination, including control over information about themselves. Staff will strive to deliver effective safeguarding consistent with this principle in mind.

- 7.5. Harrison Housing adopts the Making Safeguarding Personal (MSP) approach as set out in care and support statutory guidance.

8. Data Protection and Confidentiality

- 8.1. Adults have a general right to independence, choice and self-determination including control over information about themselves and their privacy. In the context of adult safeguarding these rights can be overridden in certain circumstances.
- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent
 - The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified
 - The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented
 - The General Data Protection Regulation sets out a framework to enable the lawful sharing of information.
 - An individual employee cannot give a personal assurance of confidentiality
 - It is good practice to try to gain the person's consent to share information, but only where this is appropriate.

9. Policy Implementation and Review

- 9.1. The Safeguarding lead for Harrison Housing is the Head of Operations. Anyone with Safeguarding concerns can report this by emailing safeguarding@harrisonhousing.org.uk
- 9.2. This policy must be reviewed annually and approved by the Trustees of Harrison Housing. That review may take place sooner where any incident or allegation necessitates an earlier review of the efficacy of the policy, or if there is a change of legislation.

Safeguarding Procedure

10. Raising a Safeguarding Report

10.1. All Harrison Housing employees, volunteers and trustees have a duty to act upon and report actual or suspected allegations of abuse. Staff have clear instruction in how to record and report safeguarding concerns.

10.2. Any resident who feels they are being abused in any manner should immediately contact a member of Harrison Housing staff. Any staff member, volunteer, trustee, or resident having concerns about possible abuse being perpetrated towards one of our residents should report the matter in confidence to the Designated Safeguarding Lead at Harrison Housing, who is responsible for undertaking an initial enquiry to establish the facts and then deciding on appropriate action:

- The Designated Safeguarding Lead is the Head of Operations who should be contacted via safeguarding@harrisonhousing.org.uk.
- If the Designated Safeguarding Lead is unavailable or is the subject of a complaint, the Chief Executive Officer should be informed immediately of any safeguarding issue that has arisen (AlisonRobson-Young@HarrisonHousing.org.uk).
- If the concern which is being raised is about the conduct of any member of the Leadership Team (or they have failed to respond), the appropriate trustee should be contacted. The designated trustee to take the lead on Safeguarding concerns is Elizabeth McGinn safeguarding.trustee.HH@gmail.com

10.3. Any allegation of abuse needs to be handled sympathetically and sensitively whilst ensuring that no commitment or agreement is given at the outset. It is important to ensure that at this stage the complainant is not in direct contact with the alleged abuser and that sensitivity is used when handling the situation.

11. Investigating a Safeguarding Report

11.1. Depending upon the circumstances of the individual case, the person receiving the initial report should take the following steps:

- Ensure the person is safe, and if there is imminent danger call the police
- If necessary, seek medical assistance
- Listen carefully and find out the wishes of the abused person

- Do not make promises
- Explain what you are going to do and what information will be shared and why
- Ascertain the basic facts (but do not start investigating) including:
 - date, time and place of alleged abuse
 - name of complainant
 - where different, name of person who has allegedly been abused
 - nature of alleged abuse
 - description of any injuries observed
 - account of the incident which has been given
- Inform the Designated Safeguarding Lead or, if this is not appropriate or feasible, the Trustee who is the designated lead on Safeguarding matters within 24 hours
- Write a report recording any observation (photographs are acceptable with the person's permission) and details of accounts given (in the person's own words if possible)
- If a complainant requests that the information is kept secret, it is important that they are sensitively advised that cases of alleged abuse will be referred to the appropriate agencies and explain the reasons why.

11.2. Within 2 working days, the Designated Safeguarding Lead will gather any further available information and arrange a meeting with the staff member taking the initial report to establish the facts. In their absence this will be carried out by the Chief Executive Officer. A full record of the meeting will be made.

11.3. This meeting is to establish facts and decide, given the nature of the report, if the individual and the incident fall within the Care Act section 42 criteria for referral to the Local Authority safeguarding team or if another course of action is more appropriate. The safeguarding team may be contacted for advice, even where a referral is not being made. If the police or other emergency services were called as a result of a safeguarding concern, the incident must be reported to the Local Authority safeguarding team.

11.4. If a referral is made to the Local Authority safeguarding team from then on, any action should be guided by them.

11.5. Any information shared with the Local Authority safeguarding team should be clear both regarding the nature of the problem and the purpose of sharing. It should be based in fact not assumption and should be restricted to those who need to know. It should be relevant to the specific incidents and should be limited to the needs of the situation at the time. To sum up, it should be necessary, accurate and proportionate.

11.6. Such information is likely to include:

- Alleged victim's name, and addresses (including previous names or addresses if known);
- Their date of birth;

- The details of the concern or disclosure, circumstances, dates, times, witnesses;
- Type of abuse;
- Key people, family, agencies, workers involved;
- Details of whether the alleged victim knows of the referral and has given consent. If not why not;
- Alleged victim's preferred outcomes;
- Any concerns about capacity;
- What discussion has taken place;
- Any others at risk;
- Extent of harm; and
- Details of any immediate action taken e.g. police contacted or action taken to reduce risk.

11.7. If the Local Authority safeguarding team are not involved the situation will continue to be monitored by the Designated Safeguarding Lead who will report to the chair on a basis agreed at the meeting.

11.8. Any serious incidents of this nature which are reported to the Local Authority must also be notified to the Charity Commission.

12. Process following initial Allegations

12.1. We address any allegations of abuse, or suspected abuse, by Harrison Housing employees, trustees or volunteers through formal statutory investigative procedures and our own internal disciplinary procedures.

12.2. Any agency worker, contractor or partner agency's services will be suspended immediately in the event of a safeguarding alert naming that person as an alleged perpetrator, pending the outcome of any investigation by Harrison Housing, and where applicable by external statutory agencies. Where a complaint is upheld that service will be terminated and Harrison Housing will co-operate fully with any external statutory investigation.

12.3. Any external maintenance contractor providing services at Harrison Housing schemes that is subject to a safeguarding complaint will be informed they must not visit our schemes or contact any of our residents whilst an investigation is ongoing. Where a complaint is upheld we will cease to use this company's services with immediate effect. Where a concern about an individual operative is investigated but there is a lack of evidence to support the allegation we may still ask the company not to send that operative to our schemes or to contact our residents henceforward.

12.4. If there are allegations of abuse by another resident or a member of the public we will contact the local authority safeguarding lead for advice. If there is an immediate ongoing incident we would call the police to attend.

12.5. If the allegation of abuse is by another resident living in the same household we will make a safeguarding referral and then follow the steps set out in our domestic abuse policy.

13. Partnership working and statutory reporting

13.1. We will work in partnership with agencies such as Social Services, health services, and with multi-agency partnerships, co-operating where concerns are raised with us and making referrals where we identify causes for concern. We will be open to and supportive of individuals outside the charity who raise concerns with us.

13.2. We will record and refer all concerns, suspicions or allegations of abuse or neglect to the lead agencies responsible for carrying out safeguarding assessments and enquiries, specifically the Local Authority in line with section 42 of the Care Act 2014 (see above). Where permitted under the relevant legislation, we will do this only with consent from the adult at risk, unless they have been formally assessed as lacking capacity, or in our professional judgement we feel that capacity may be lacking despite a lack of a formal assessment, or where there is an overriding public interest consideration.

13.3. The threshold for referral to the Local Authority under section 42 of the Care Act is met when an adult is classed as an “adult at risk” – as defined in section 2.1 of the policy.

13.4. Someone may not meet the criteria for referral to the Local Authority safeguarding team but any cause for concern should be responded to appropriately and recorded. Sometimes this may be an accumulation of small incidents that point to a more serious situation occurring, for example, coercive control or domestic violence.

13.5. We will report any incidents of abuse that we suspect are a criminal offence to the police without exception. We will treat any disclosures of actual or suspected historical abuse in the same way as any allegation, disclosure or suspicion of current abuse.

13.6. We will share information for the purposes of safeguarding and will comply with the statutory duty to provide information where requested. We will

handle data in accordance with the Data Protection Act, General Data Protection Regulation, and the Data Protection Policy.

13.7. We will involve adults at risk of abuse in any safeguarding decisions. However, where someone is formally assessed as not having capacity to make an informed decision about their own wellbeing, these decisions will be made in their best interests on their behalf. These decisions will be made in liaison with statutory authorities, involving carers and family members as appropriate.

14. Staff, Trustee and Volunteers Recruitment, Training, Supervision and Support

14.1. We meet our responsibilities in the safe recruitment, selection and vetting employees by using the Disclosure and Barring Service (DBS) in line with our DBS Policy. All staff who have direct contact with residents require an enhanced DBS check, as do any office-based staff handling residents' monies. Staff who do not have direct access to residents or their monies are nonetheless required to have a basic DBS check.

14.2. Training in Safeguarding Vulnerable Adults is provided to relevant employees, volunteers and trustees so that they understand their roles and responsibilities in relation to safeguarding and are enabled to identify and report the signs of abuse in accordance with safeguarding procedures. This training is repeated every 2 years.

14.3. We provide support for employees and volunteers creating a safe environment in which they feel able to report safeguarding issues, including where they have concerns about the behaviour of another Harrison Housing employee. We recognise the emotional impact on staff of recognising and reporting safeguarding concerns. Employee support is available through line managers and through our Employee Assistance Programme.

15. Resident Awareness

15.1. We will raise awareness of safeguarding issues in our communities through information and advice. We will develop and communicate procedures to enable residents to report potential safeguarding issues, and to support them when they do so.

15.2. We will endeavour to make reporting mechanisms accessible to all residents through for example the use of translation and interpreting services. We will support residents to report their concerns through a wide variety of

communication methods, including by telephone, letter, email or in person. We will help residents to make safeguarding reports with the support of an advocate where applicable.

16. Review of policy and procedure

16.1. This procedure will be reviewed annually in line with the annual review of the main Safeguarding Policy statement above. This will take place annually or sooner in the event of any incident which raises concerns about the efficacy of the current procedure.

APPENDIX 1 - Definitions of abuse

Physical abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, not giving adequate food or drink, burning or scalding, misuse of medication, misuse or illegal use of restraint, suffocating, or otherwise causing physical harm.

Sexual abuse

Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting.

Psychological and emotional abuse

This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in: mental distress; the denial of basic human and civil rights such as self-expression, privacy and dignity; negating the right of an adult at risk to make choices and undermining their self-esteem; isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being. It can include isolating a person, controlling their movements or how they dress.

Financial abuse

This is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes:

- Theft
- Fraud
- Exploitation
- Internet scamming
- Undue pressure in connection with expenditure, wills, property, inheritance or financial transactions
- The misuse or misappropriation of property, possessions or benefits
- The misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship.

Discriminatory abuse

Discriminatory abuse denies opportunity to some groups or individuals due to a real or perceived protected characteristic that individual. It can be motivated by prejudice on grounds of age, gender, sexuality, gender identity or reassignment, disability, religion or belief, class, culture, language, race or ethnic origin. This list is not exhaustive. It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, housing, health, justice and access to services and protection. Where discriminatory abuse takes place as a result of a perceived characteristic, even if the victim does not actually have that characteristic, this is still discriminatory abuse.

Neglect and acts of omission

Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide. Behaviour that can lead to neglect includes including ignoring medical or physical needs, failing to allow access to appropriate health or social care services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating. Unintentional neglect could result from a carer failing to meet the needs of an adult at risk because they do not understand their needs, may not know about services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of or do not understand the possible effect of the lack of action on the adult at risk.

Organisational abuse

Organisational abuse is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights. Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

Domestic abuse

Women are more likely to experience domestic abuse, and much more likely to experience violent assault over a long period. We should however also be mindful of the existence of male survivors of domestic abuse, as well as the possibility of domestic abuse in same sex partnerships (male or female), and abuse against survivors who identify as transgender or non-binary. Our domestic abuse policy covers any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those who are, or have been, intimate partners or family members regardless of gender or sexuality. This can include:

- Physical assault
- Sexual assault, rape, incest and child sexual abuse
- Emotional or psychological abuse - e.g. intimidation, isolation, verbal abuse, humiliation, degradation etc.
- Coercive or controlling behaviour
- Financial control

Modern Slavery

This is a broad term used to encompass the offences of slavery, servitude and forced or compulsory labour and human trafficking. The term extends to slavery-like practices such as debt bondage, sale or exploitation of children and forced or servile marriage. While varied in nature, all involve one person depriving another person of their liberty, in order to exploit them for personal or commercial gain.

Self-Neglect

This covers a range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Contemporary Risks

This covers a range of modern behaviour including online scams, radicalisations, and cuckooing (gang exploitation of vulnerable residents).

Overview

Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance. Abuse may result from a deliberate intention to cause harm but may also occur where a provider of a service lacks the necessary knowledge or skills to respond to an individual's needs appropriately.

Abuse can take place anywhere, including:

- In a person's own home
- In communal settings of a supported housing or residential care environment
- In the homes of family and friends
- In public places/the community
- In hospitals or respite care facilities

Anyone can be the perpetrator of abuse and it can occur in any relationship. An individual, a group, or an organisation may perpetrate abuse. An abusive relationship often includes the misuse of power by one person over another and is most likely to take place in situations where one person has power over another.