

Severn Angels Housing & Support:

Safeguarding Adults at Risk Policy

Purpose	To ensure that all staff are aware of their legal obligations to safeguard and promote the welfare of vulnerable adults and what process to follow should they require advice and guidance on any suspected or actual abuse.
Issue Date	01/04/2022
Review Date	18/02/2027
Signed off	Precious Havana
Author	Spiwe Mhondiwa
Position	Support Manager
References/Legislation	Incident Policy Safer Recruitment Policy DBS Policy Data Management Policy Code of Conduct Policy Disciplinary Policy Whistleblowing Policy CARM
Scope of Policy	This policy applies to all Severn Angels Housing and Support staff, including employees, Board members, agency staff, and volunteers
Legal Framework	Care Act (2014) Safeguarding Vulnerable Groups Act (SVGA) 2006 General Data Protection Regulation and Data Protection Act 2018 Rights Act 1998

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1. Introduction

Severn Angels Housing and Support (hereafter referred to in this policy as “SAHS”) takes its responsibilities to all its tenants, staff, volunteers, and neighbors seriously. We also acknowledge a specific responsibility to adults at risk¹ of abuse or neglect. We understand that providing support to our specific client groups may mean that many of those we work with might be 'at risk'.

SAHS policy aligns with national guidance on Safeguarding Adults².

This policy is to be followed by all SAHS staff, and volunteers.

1.1 Additional Policies and Guidance Notes to Be Mindful of

- [Staff Care Policy](#)
- [Complaints Policy](#)
- [Whistleblowing Policy](#)
- [Sudden Death and Critical Incident Policy](#)
- [Disciplinary Procedure Advice \(found in \[Staff Handbook\]\(#\)\)](#)
- [Confidentiality Policy](#)
- [GDPR, Data Protection & Retention Policy](#)

1.2 SAHS - Commitment to Safeguard and Recruitment Process.

We are committed to creating a safe and secure environment for all individuals accessing our services. Safeguarding is paramount to our ethos, and we are dedicated to preventing harm, abuse, neglect, and exploitation. This policy outlines our approach to safeguarding and protecting vulnerable individuals within our care.

• **Recruitment Procedures**

a. Completing an Application Form: All staff and volunteers involved in direct contact with individuals will undergo a thorough application process. This includes completing a detailed application form that captures relevant personal and professional information.

b. Interview Process: Each applicant will undergo a comprehensive interview process to assess their suitability for working with vulnerable individuals. Interviews will be conducted by trained personnel who will evaluate the candidate's skills, experience, and suitability for the role.

¹ For our understanding of 'adults at risk,' please see section 3.1.

² National guidelines such as <https://www.adass.org.uk/AdassMedia/stories/Publications/Guidance/safeguarding.pdf> and <http://www.ccpas.co.uk/Documents/Help-VulnerableAdults.pdf> have been referred to.



c. Requesting References: As part of the recruitment process, SAHS will request a minimum of two references from previous employers or relevant individuals who can attest to the candidate's character, experience, and suitability for the role.

d. DBS Checks: All prospective employees and volunteers will be required to undergo Disclosure and Barring Service (DBS) checks. These checks will identify any criminal convictions or cautions that may pose a risk to vulnerable individuals. A satisfactory DBS check is mandatory before an individual can commence employment or volunteer work with SAHS.

- **Training and Development**

All staff and volunteers will receive comprehensive training on safeguarding policies, procedures, and best practices. This training will be regularly updated to ensure all individuals are aware of their responsibilities in safeguarding vulnerable individuals.

Training will cover topics such as identifying signs of abuse, reporting procedures, confidentiality, and maintaining professional boundaries.

- **Reporting Procedures**

Any concerns or suspicions regarding the welfare or safety of individuals must be reported immediately to the designated Safeguarding Officer.

Reports will be treated with the utmost confidentiality and will be investigated promptly and impartial.

SAHS will work collaboratively with relevant agencies and authorities to ensure the safety and well-being of individuals.

- **Review & Monitoring**

This safeguarding policy will be reviewed annually to ensure it remains current and effective.

Regular monitoring and evaluation will be conducted to assess the implementation of safeguarding procedures and identify areas for improvement.

2. Policy objectives

The policy and procedures at SAHS have been developed to aid staff, volunteers, trustees, and tenants in safeguarding. This involves promptly acting on and reporting any suspected or disclosed abuse at the earliest opportunity. Depending on the specific services provided or the needs of partner agencies, the local policy and procedures may be enhanced by additional local procedures.

3. Definitions of abuse

At SAHS, it's crucial to address the following aspects when defining abuse:

- Identifying adults who are 'at risk', understanding the concept of 'abuse', and the purpose of 'safeguarding'.
- Recognising different categories of abuse and determining actions or oversights that qualify as abusive.
- Identifying potential abusers.
- Understanding when it's necessary to report concerns.

3.1 Which adults are 'at risk'?

An 'adult' refers to an individual aged 18 years or older³. Our definition of an 'adult at risk' aligns with the criteria outlined in the Care Act 2014⁴, where a person:

- has needs for care and support (whether or not the authority is fulfilling any of those needs)
- is experiencing, or is at risk of abuse or neglect, and
- as a consequence of those needs, is unable to protect themselves against abuse or neglect or the risk thereof.

3.2 What is 'abuse'?

The term 'abuse' can have a broad interpretation, and even the Care Act acknowledges that its definition is not exhaustive. No Secrets 2000⁵ highlights that:

*Abuse is defined as the violation of an individual's human and civil rights by another person or persons."*⁶

'Action on Elder Abuse' further elaborates that abuse is:

"A single or repeated act occurring within a relationship where there is an expectation of trust which causes harm to an individual."

³ For further information <https://bristolsafeguarding.org/policies-and-guidance/mental-capacity/>

⁴ For the Care Act see <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

⁵ For No Secrets 2000 see <https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adultsin-care>

⁶ The Human Rights Act 1998 <http://www.legislation.gov.uk/ukpga/1998/42/contents> Article 2 gives the Right to life (and decision on how to live their own life within the law). Article 3 is the Prohibition of inhuman or degrading treatment. Article 5 is the Right to Liberty (and freedom to make their own choices) and Article 8 is the Right to respect for private life

3.3 Why do we 'safeguard'?

SAHS aligns with the objectives of the Care Act regarding Safeguarding:

- To prevent abuse or neglect whenever possible
- To avert harm and diminish the risk of abuse.
- To safeguard adults in a manner that supports them in making choices and having control over how they wish to live.
- To endorse an approach that focuses on enhancing life for those involved.
- To raise awareness and assist individuals in understanding abuse and how to voice concerns.

3.4 What constitutes abuse?

Abuse may involve a single act or repeated acts, but it is seldom accidental. It could be physical, verbal, or psychological; it could involve neglect or an omission to act. It may also occur when a vulnerable person is coerced into a financial or sexual transaction without consent or the ability to consent. Abuse ranges from trafficking workforces globally to domestic violence within a household.

Safeguarding is a collective responsibility.

Employees and volunteers at SAHS have a duty to be vigilant and attentive to signs that suggest something is amiss with a tenant, volunteer, or staff member. However, they are not tasked with diagnosing, investigating, or providing therapeutic responses to abuse. Additionally, not all concerns are related to abuse; there may be other explanations (more details in section 4.3 below).

3.4.1 Organisational Responsibilities

SAHS recognises that safeguarding vulnerable adults requires collaborative efforts and effective joint working between various agencies. We aim to build constructive relationships to facilitate the sharing of information crucial for identifying abuse and implementing necessary actions.

As an organisation, we will:

- Listen to and respect vulnerable adults.
- Appoint an adult safeguarding lead and a trustee board member responsible for safeguarding at the highest level.
- Ensure clear accountability for the safety and welfare of all adults.

- Develop detailed safeguarding procedures.
- Provide appropriate safeguarding training to staff and volunteers.
- Conduct risk assessments that include safeguarding considerations.
- Ensure staff and volunteers are alert to potential indicators of abuse.
- Enable informed and confident responses to safeguarding issues.
- Establish a framework for ongoing support and review of vulnerable adults' welfare.
- Ensure vulnerable adults and their families are aware of our safeguarding policies and procedures.
- Take all suspicions and allegations of abuse seriously and respond swiftly and appropriately.
- Contribute to actions needed to safeguard and promote vulnerable adults' welfare.
- Regularly review safeguarding concerns to improve practice.

3.4.2 Staff Responsibilities

Safeguarding is the responsibility of all staff and volunteers at SAHS. It is their duty to gather information and report concerns, rather than determine whether abuse has occurred. Staff and volunteers must report all concerns to the safeguarding lead.

All staff and volunteers will:

- Prioritise direct communication and positive relationships with vulnerable adults.
- Ensure safeguarding is integrated into all aspects of support and care.
- Maintain accurate record-keeping to assess potential harm.
- Report all concerns to the appropriate safeguarding lead.

3.4.3 Manager Responsibilities

Managers have additional responsibilities in safeguarding, including supporting staff, overseeing ongoing concerns, and collaborating with the safeguarding lead. Actions must be guided by consultation with the safeguarding lead.

All managers will:

- Support and supervise staff effectively.
- Facilitate reflection on best practices and identify areas for improvement.
- Arrange training and maintain training records.
- Adhere to safer recruitment policies.
- Maintain accurate safeguarding logs.



3.4.4 Adult Safeguarding Lead Responsibilities

The Adult Safeguarding Lead

At SAHS, Spiwe Mhondiwa serves as the Adult Safeguarding Lead. In Spiwe Mhondiwa's absence, cover will be arranged with another Team Lead or Trustee. Spiwe Mhondiwa can be contacted using the following details:

Spiwe Mhondiwa

Safeguarding Lead

Telephone: 01905 930709

Email: spiwe@severnangelshousingandsupport.co.uk

The Board of Trustee Safeguarding lead is:

Precious Havana

Telephone: 01905 930709

Email: board@severnangelshousingandsupport.co.uk

The Adult Safeguarding Lead has additional responsibilities, including:

- Receiving concerns about a vulnerable adult.
- Advising staff on managing safeguarding concerns.
- Reporting, storing, and retaining records following the organization's policies and procedures.
- Ensuring the organisation's safeguarding policies and procedures are fit for purpose.
- Ensuring the organisation's training in relation to safeguarding is fit for purpose.

4. Categories of abuse

The Care Act now identifies ten types of abuse:

Physical abuse, which encompasses hitting, slapping, pushing, kicking, misuse of medication, and restraint.

Sexual abuse, which includes rape, sexual assault, or sexual acts without consent from the vulnerable adult, young person, or child.

Psychological/emotional abuse, involving verbal and mental abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, and harassment.

Financial or material abuse, encompassing theft, fraud, exploitation, and the misuse or misappropriation of property, possessions, or benefits.

Neglect, which entails failure to provide access to appropriate health, social care, or educational services, as well as withholding necessities such as medication, adequate nutrition, and heating.

Self-neglect, which involves ignoring medical or physical care needs, such as hoarding, not taking prescribed medication, or not washing. This can be deliberate (e.g., refusing to eat) or due to failing to recognize that one's own needs are not being met (e.g., a dementia patient forgetting basic tasks).

Discriminatory abuse, including racist, sexist, or religious harassment, hate crime, or negativity towards other cultures, as well as not recognising or making reasonable adjustments to another's religious or disability needs or identity.

Domestic abuse and violence⁷, encompassing controlling, threatening, or coercive behavior. It also includes honour-based violence, female genital mutilation, and forced marriage. It often involves a combination of several other forms of abuse (e.g., psychological, physical, financial, etc.).

Organisational abuse (previously known as 'institutional'), which includes the misuse of power and abuse of trust by professionals, failure to act, poor care, or neglect.

Modern slavery, which includes being forced to live in overcrowded accommodation, forced to work for unfair pay, and having important documentation held by others.

⁷ "Self-neglect has been added as a category of abuse by the Care Act. Mental Capacity comes into play here, as it is a fine line between one's own choices in life and our Duty of Care. "Self-neglect is reported mainly as occurring in older people, although it is also associated with mental ill health. Differentiation between inability and unwillingness to care for oneself, and capacity to understand the consequences of one's actions, are crucial determinants of response. Professional tolerance of self-neglect as lifestyle choice is higher than when it accompanies physical/mental impairment. Professionals express uncertainty about causation and intervention." Abuse was typically viewed previously as to be harm caused by another. More recently the safeguarding definition draws "a distinction between **unwillingness** to maintain health and safety and **inability** to do so." Taken from <https://www.scie.org.uk/publications/reports/report46.asp> SCIE report on self neglect and safeguarding.

⁸ Domestic Violence is a form of abuse that many of our tenants may have experienced in their past and may do so while in a SAHS. It warrants special attention and handling. When reporting incidents of Domestic Violence we have to remember that on average there has been at least seven prior incidents before the victim has been able to report it. This means that although we would want to and always seek to gain the victim's permission to report, if after discussion with the safeguarding lead, location lead and at times with the ED it is considered that for the victim's safety and wellbeing, reporting may be necessary without permission.

4.1 Who can be an Abuser?

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. With this in mind, we at SAHS are aware that safeguarding issues can arise from individuals both known and unknown to the victim.

4.2 The SAHS ethos of empowerment and 'making safeguarding personal' (MSP)

Emphasises on a person-centered approach to adult safeguarding. Under MSP, individuals must be always involved in decisions about their own safety. Lord Mumby summarised this approach by stating, "Physical health and safety can sometimes be achieved at too high a price in happiness and emotional welfare. The emphasis must be on sensible risk appraisal, not striving to avoid all risk... what good is it making someone safer if it merely makes them miserable? We must tolerate acceptable risks as the price appropriately to be paid in order to achieve some other good."

This ethos resonates with our empowerment approach at SAHS, where tenant-led goals and personal development plans are central. The role of the Empowerment Worker is to journey alongside a tenant, listening to them and paying close attention to any risk elements. This involves regular discussions with the person to determine whether certain risks are deemed acceptable, thus protecting our tenant's human rights to privacy. However, if the risks pose a safeguarding issue, endangering the person's Right to Life or right to freedom from degrading treatment, a referral to the local authority safeguarding service may be necessary, even if the tenant does not consent to it.

4.3 Suspicion of Abuse

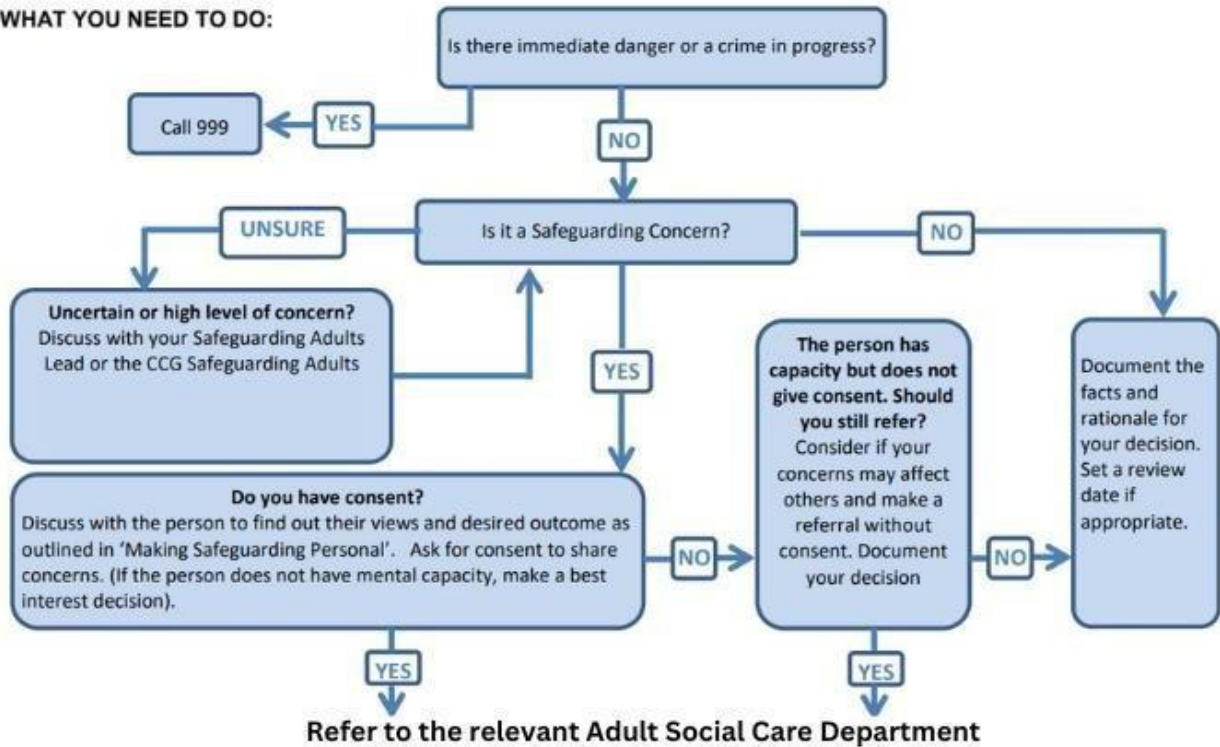
In all discussions regarding suspicion of abuse and 'acceptable risk', consideration should be given to whether different cultures and lifestyles have any bearing on the matter. While SAHS does not make judgments about the acceptability of lifestyles within the law, it is imperative that this philosophy does not hinder the organisation's responsibility to protect adults at risk from harm. Honest and sometimes difficult conversations may be needed to understand whether a person is coerced, afraid, or addicted. Education and offering alternatives may suffice in some cases. It is crucial to discuss any concerns or actions with a line manager promptly and to log discussions in field notes or the Incident/Cause for concern template.

It is vital to maintain an open mind and consider what is known about the person and their circumstances. Any suspicions or actions should be discussed with a line manager at the earliest opportunity. If there is reasonable suspicion that abuse is occurring, it should not be kept to oneself. Tenant consent for a referral to the Local Authority is best practice but not always essential, depending on the level of risk. If a volunteer or housemate suspects abuse, they should contact SAHS immediately and be familiar with the reporting procedures. Information on how to contact the SAHS Safeguarding lead should be prominently displayed in all properties. Additionally, each SAHS office should provide contact details for the local Multi-Agency Safeguarding Hub (MASH) team or equivalent authorities.

FLOWCHART OF RESPONSIBILITIES

Safeguarding Adult Flowchart

WHAT YOU NEED TO DO:



The Safeguarding lead for SAHS:UK is Spiwe Mhondiwa

info@severnangelshousingandsupport.co.uk / 01905930709 (office hours Monday- Friday)

Alternative Safeguarding Officers who can be contacted if Safeguarding Leads unavailable

Precious Havana- 01905930709.

5. Disclosures and Making a Safeguarding Referral

5.1 Disclosure of Abuse

If a person discloses that they are being abused or involved in abusing a vulnerable person, action should proceed urgently and without delay, as outlined in Section 4.3.

SAHS staff or volunteers informed of abuse must remind the individual that confidentiality cannot be guaranteed when a vulnerable person is at risk of abuse or further abuse.

Volunteers should consult with the assigned Empowerment Worker promptly. If the disclosure is made by a member of staff, the safeguarding lead should be contacted to lead the process; if made by a volunteer, the safeguarding lead should take the lead.

5.2 Actioning allegations, suspicions, or disclosures of Abuse

This should involve discussing welfare concerns with colleagues, managers, and other agencies. It is best practice to inform the individual of plans before informing the relevant authorities.

- Emergency action should never be delayed if an adult is at risk.
- All concerns and discussions about a vulnerable adult's welfare should be recorded in writing using the Safeguarding Report template or Incident Report template.
- Clear and explicit recorded agreement about who will take what action should be reached, or that no further action will be taken.

If an individual declines to disclose abuse, despite some efforts having been made towards disclosure, it may be necessary to report the alleged abuse without their agreement. The individual must be notified in advance of the decision to report to adult social services. Any staff member may report a disclosure of abuse to social services irrespective of the opinion of other staff.

It is important for staff and volunteers to make written records of any incidents or concerns as soon as possible. Records of conversations with the adult at risk should use the same language they used, especially names used for body parts or sexual acts. If the victim lacks mental capacity, refer to the relevant appendix 5 for more information.

5.3 Historical disclosures from the past or self-inflicted Abuse

Should a historical disclosure or self-inflicted abuse be disclosed, it should be passed on to the tenant's Empowerment Worker and logged accordingly.

After discussion with line management, a decision will be made on whether to pass this information to the appropriate authority. It may be necessary to report historical abuse to the non-emergency police as anonymous intelligence if deemed an appropriate response.

There are differing opinions regarding whether self-inflicted abuse constitutes a safeguarding issue (note that 'self-neglect' has now been added as a category of abuse). We all may neglect ourselves at times, making it challenging to establish safeguards around this issue.

However, please see below for guidance on two common issues we may encounter:

1. If there is suspicion or disclosure of worsening self-abuse, this should be recorded as an incident⁸. Many of our tenants may exhibit self-harming behaviors, such as eating disorders, cutting, or engaging in risky or addictive behavior. If anyone has concerns that a tenant's behavior is deteriorating, they should discuss this with the assigned Empowerment Worker and agree on a course of action. It's noteworthy that individuals who self-harm often perceive it as a coping mechanism. However, a relapse into hard drug use significantly increases the risk for both the tenant and property safety. Ideally, an action plan should be agreed upon with the tenant during the referral stage, so all parties know how to proceed if risks escalate.
2. Any attempts at suicide or serious thoughts about suicide should be reported to relevant mental health teams. If volunteers are first responders, they should not hesitate to seek emergency help if required. Crisis team details for the area can be found in Appendix 3. Encouraging the tenant to visit the local Accident & Emergency department may be advisable, especially if they have overdose or sustained severe injuries. It's crucial not to leave them alone until they are deemed safe. Inform SAHS line management promptly and use the Out of Hours Emergency number 07916320770 to log any 999 calls.

Please also revisit the tenant's Risk Reduction Plan (RRP) and review all safety measures in place. In some cases, worsening mental health or newly identified issues may render them too high-risk for our level of support and unsuitable for SAHS accommodation.

5.4 Making a Referral:

Local authorities (Adult Social Services) are the designated lead agencies responsible for coordinating responses to allegations or concerns of abuse (under section 42 of the Care Act 2014).

Referrals can be made by the SAHS staff members most involved, their location manager or the SAHS Safeguarding Lead. Each location may have a different procedure for making referrals; please refer to Appendix 3 for contacts in your area.

Staff should adhere to set timescales for reporting allegations or suspicions of abuse:

- Immediate reporting if the vulnerable person is at risk of serious physical harm or a serious criminal act has taken place, and evidence must be secured.
- Reporting within 24 hours if it relates to a specific incident that may still be ongoing or may recur.
- Reporting within 7 days if it is a general concern not indicating immediate harm.

All staff and volunteers should carry an ICE (In Case of Emergency) Card and familiarise themselves with the relevant processes outlined in this policy. This is also covered in the induction of new staff.

⁸ Whether abuse of oneself is a safeguarding issue is a hotly contested issue. 'Self neglect' noted as a new category of safeguarding abuse concentrates more on behaviours linked to psychiatric disorders such as hoarding or neglecting to tend to personal hygiene (as opposed to being a lifestyle choice).

6. Other Aspects & Implications:

6.1 Supporting Staff and Volunteers

SAHS acknowledges that abuse and safeguarding concerns are sensitive topics and will provide support to staff, tenants, and volunteers throughout the process. If further involvement from SAHS staff is needed following a report of abuse, a member of the management team may intervene and discuss the nature of their needs with the social services department.

In cases where staff or volunteers are subject to abuse allegations, SAHS will offer support and assist the local authority and/or police in their investigation. Disciplinary procedures may be implemented based on the investigation's outcome.

Any allegations made against a volunteer must be immediately referred to the SAHS's safeguarding lead. All staff and volunteers must:

1. Familiarise themselves with this policy and the relevant processes.
2. Attend safeguarding training offered locally by a professional body or attend a SAHS safeguarding training day.
3. Attend annual refresher training, preferably the half-day session offered by SAHS.

6.2 Allegations made against staff or volunteers.

Staff and volunteers at SAHS may be subject to abuse allegations. In such instances, SAHS will provide support. We will also assist the local authority and/or police in their investigation. Depending on the outcome of the investigations, disciplinary procedures may be implemented.

Any allegation of abuse made against a volunteer at SAHS must be promptly referred to the organisation's safeguarding lead.

SAHS will ensure that appropriate screening of volunteers is conducted by the Organisation, including checks with the Disclosure and Barring Service (DBS), and that safeguarding measures are implemented.

6.3 Protecting against abuse by staff and volunteers or towards staff and volunteers

SAHS understands that reporting concerns about a colleague to a line manager can be challenging. However, the safety and protection of the adult at risk must always take precedence. Therefore, any concerns regarding abuse involving a staff member must be promptly reported to the SAHS safeguarding lead.

Similarly, if a tenant wishes to file a complaint against SAHS, the procedure is outlined in our Complaints and Whistleblowing policies. Any significant breaches of policy by staff may necessitate a 'Serious Incident' report, which would be escalated to Trustee level and potentially to the Charity Commission board.

In the event that a staff member or volunteer suspects abuse occurring towards another staff member or if a staff member discloses abuse, it should be reported directly to the safeguarding lead. Any disclosures of abuse involving a volunteer or concerns about abuse towards a volunteer must be immediately reported to SAHS safeguarding lead.

6.3.1 Decision Tree and Recruitment Protocol

Those aspiring to work with adults at risk within SAHS must meet the following criteria:

- Must not be listed on any barred lists in disclosure checks.
- Must demonstrate commitment to SAHS's mission and values.
- Must have a genuine desire to support vulnerable adults.
- Willingness to undergo appropriate training opportunities.
- Ability to collaborate effectively within a team.
- Commitment to the mission and objectives of SAHS.

In the recruitment process, SAHS will adhere to the following steps:

1. Prospective workers will complete an application form, disclosing any previous offences.
2. Successful applicants will be interviewed by at least two staff members, including a member of the management team, discussing their understanding and experience in safeguarding.
3. References will be obtained.
4. Conditional employment offers will be made, pending DBS check results.
5. Applicants will receive SAHS's Safeguarding Adults at Risk Policy.
6. New recruits will undergo a probationary period of at least six months.
7. Feedback will be collected during the probationary period and documented in the personnel file.
8. Upon satisfactory completion of the probationary period, the appointment will be confirmed in writing.
9. Ongoing support will be provided to the worker.
10. Regular supervision meetings with the line manager will be scheduled for the worker's professional development and support.

6.3.2 DBS checks

It is crucial that all prospective employees or volunteers who will be working independently with adults at risk undergo thorough vetting before being recruited.

Prospective employees are required to disclose any offences during the application process. Upon appointment of new staff and trustees, a conditional offer is made, contingent upon satisfactory references and the completion of the appropriate Disclosure and Barring Service (DBS) check. Volunteers are also subject to a comprehensive vetting process.

All trustees, Executive, and staff members who interact directly with tenants are required to renew their DBS checks every three years. It is important to note that having a criminal record does not automatically disqualify someone from being recruited as a staff member or volunteer.

All roles are classified as 'Volunteer,' and the DBS form should specify that volunteers are working with the 'Adult Workforce' as they should not have direct responsibility for children. For those not directly working with tenants, a 'Basic' DBS check will suffice.

In the event of an allegation directed towards a volunteer, reflection, review, and appropriate action should be taken by the SAHS Safeguarding team lead. If necessary, the allegation should be reported.

An adult is deemed 'vulnerable' if they require the service provided due to their age, illness, or disability. Volunteers working with tenants are eligible for an 'Enhanced' DBS check.

6.3.3 ID

All SAHS staff and volunteers will be mandated to wear and present identification upon request. When a contractor is scheduled to visit a property, SAHS should contact the tenants and provide ample notice to facilitate access.

Contractors should be ready to present identification if requested by the tenants and can be provided with a 'SAHS Authorised Contractor lanyard' upon request. Additionally, they must complete and sign the Contractor's Confidentiality form, which is available for their reference.

6.4 Confidentiality and information held on adults at risk

Confidentiality is integral to the operations SAHS, and all staff and volunteers are directed to familiarise themselves with the Confidentiality Policy and the Data Protection Policy.

SAHS upholds confidentiality as ensuring that discussions concerning tenants, staff, volunteers, and individuals routinely encountered are limited to those with a genuine need for involvement or direct connection to the person whose information is being discussed. However, if there are suspicions of abuse, this overrides an individual's right to privacy and confidentiality:

SAHS Safeguarding Lead must be promptly informed of any safeguarding concerns as soon as possible of becoming aware of the following safeguarding concerns, a written report must be prepared and emailed using the SAHS:UK safeguarding template:

- Sexual offences committed by a tenant or ex-tenant, including allegations.
- Sexual offences where a tenant is the victim.
- Significant violence by a tenant or ex-tenant
- Arson by a tenant or ex-tenant
- Threats of violence or harm towards staff, volunteers, or members of the public (such as neighbors)
- Allegations of abuse made against a staff member or volunteer.

These categories of concern will be communicated to the Executive, Chairperson, and designated safeguarding Trustees of SAHS

6.5 Safeguarding Training

All SAHS staff and trustees must attend annual safeguarding training provided by SAHS. A full-day Safeguarding training and a Safeguarding Refresher training course will be offered annually. In subsequent years, either the Safeguarding Refresher course or the full-day training may be attended. This cycle will be followed annually.

6.6 Housing Young People or Children

SAHS primarily houses adults/individuals over 18 years old.

6.7 Pregnancy of Tenants

If a tenant becomes pregnant during their stay, the risk reduction plan must be reviewed for all tenants and SAHS will secure more suitable accommodation as soon as possible.

6.8 Safeguarding and Fundraising

SAHS acknowledges that some supporters may be vulnerable in their interactions with the organisation. To ensure ethical fundraising practices and safeguarding of vulnerable supporters:

- Compliance with the Code of Fundraising Practice is ensured.
- Staff and volunteers are trained according to the Institute of Fundraising guidance on keeping fundraising safe.
- Fundraising materials are accessible, clear, and ethical, without exerting undue pressure on individuals to donate.
- Donations are neither solicited nor accepted from individuals who may not be competent to make their own decisions. Procedures for addressing concerns about an individual's competence are outlined in the Safe Fundraising Policy.
- Reasonable adjustments and support mechanisms are provided to accommodate the specific needs of donors.

7. Review

This safeguarding policy will be reviewed annually by trustees. The Safeguarding Lead will attend safeguarding training every year.

8. Appendix

Appendix 1 Safeguarding Report Template

Safeguarding Report Template

Date of Report:	[Insert Date]
Main Individual Involved:	[Insert Main Individual's Name]
Incident Details:	
Description of Incident/Cause for Concern:	[Brief description of the incident or cause for concern]
Actions Taken:	
Steps Taken by Empowerment Worker:	[Description of actions taken by the Empowerment Worker in response to the incident or concern]
Confidentiality Measures:	
Efforts Made to Keep Information Confidential:	[Explanation of measures taken to maintain confidentiality]
Parties Informed:	[List of individuals or authorities informed, if any, keeping GDPR and data protection in mind]



Follow-up Report:

Date of Follow-up Report:	[Insert Date]
Summary of Follow-up Actions:	[Summary of any follow-up actions taken since the initial report]
Next Steps:	[Outline of any planned actions or further follow-up steps]

Appendix 2: Incident or Cause for Concern Report Template

Date of Report:	[Insert Date]
Main Individual Involved:	[Insert Main Individual's Name]
Incident Details:	
Description of Incident/Cause for Concern:	[Brief description of the incident or cause for concern]
Actions Taken:	
Steps Taken by Empowerment Worker:	[Description of actions taken by the Empowerment Worker in response to the incident or concern]
Confidentiality Measures:	
Efforts Made to Keep Information Confidential:	[Explanation of measures taken to maintain confidentiality]
Parties Informed:	[List of individuals or authorities informed, if any, keeping GDPR and data protection in mind]



Follow-up Report:

Date of Follow-up Report:	[Insert Date]
Summary of Follow-up Actions:	[Summary of any follow-up actions taken since the initial report]
Next Steps:	[Outline of any planned actions or further follow-up steps]



These reports should be completed by Empowerment Workers.

They should be sent to the Safeguarding Lead at SAHS. If there is more than one alleged victim, separate forms should be completed. All efforts must be made to keep the information confidential and only shared with those that need to know if it is in the best interest of the individual at risk. Initial contact should be made by telephone in cases of immediate concern, and the completed form returned as soon as possible. The SAHS Safeguarding report should be completed after alerting the Local Authorities or when it has been agreed that other (or no) further action is the best approach.

Appendix 3 SAHS Contact Details and Links for Adult Safeguarding

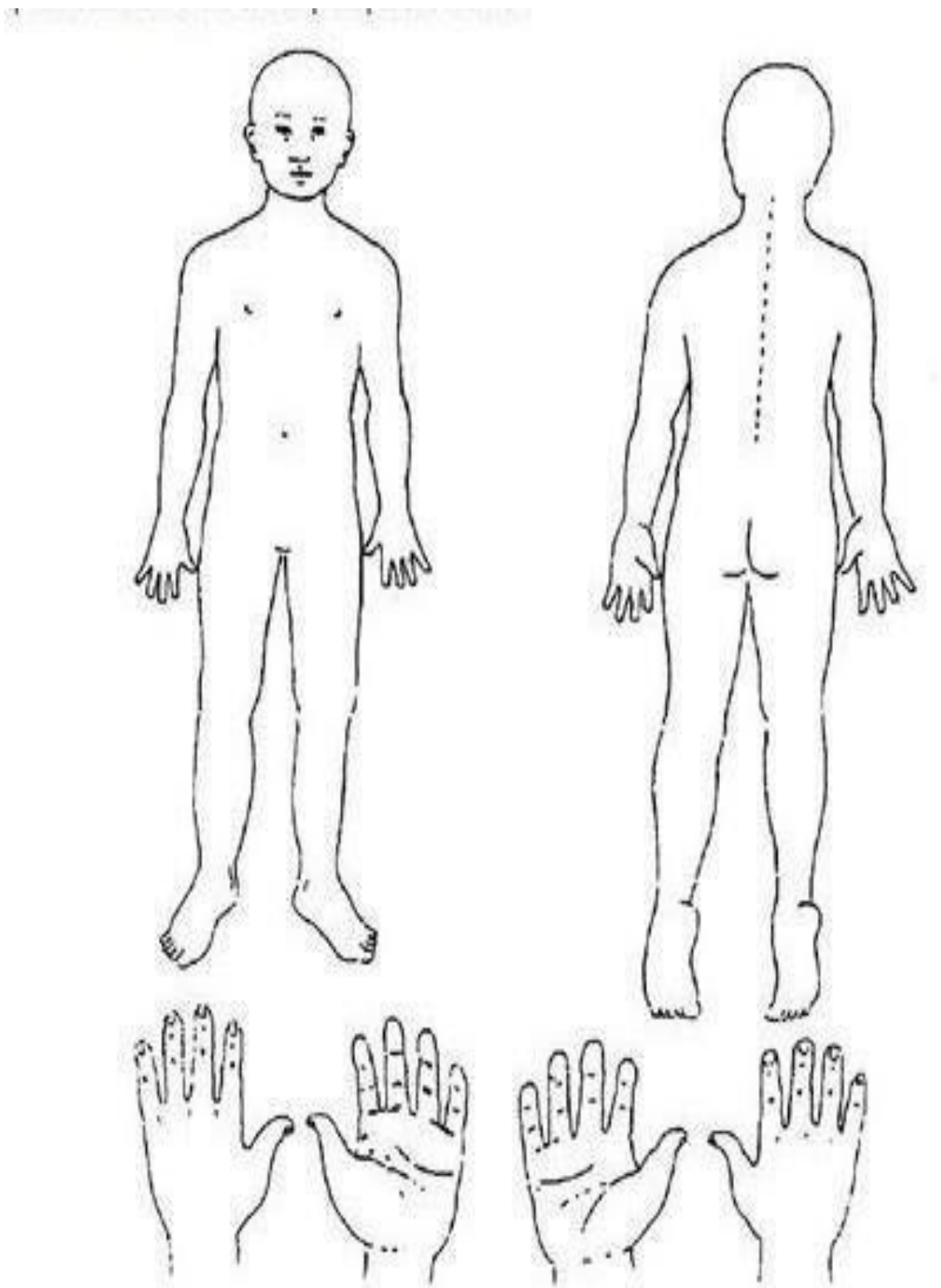
Reporting Crimes to the Police:

In case of emergency requiring immediate police response, dial 999. For situations where immediate response isn't necessary or for queries regarding abuse, honor-based violence, or Domestic Abuse, dial 101. For Worcester also click the link below on how to report safeguarding concern <https://www.worcestershire.gov.uk/council-services/adult-social-care/safeguarding-and-concerns-about-adult/report-safeguarding-concern-about-adult#:~:text=If%20you%20would%20like%20safeguarding,query%20within%20two%20working%20days>. Or <https://www.worcestershire.gov.uk/council-services/adult-social-care/safeguarding-and-concerns-about-adult>

For safeguarding advice, please contact the Safeguarding Early Response and Triage Team on 01905 843189. This advice line will be available from 10 am until 4 pm Monday to Friday. The team aims to respond to queries within two working days. (Note: This number does not accept referrals).

Appendix 4 Body map

This body map is just a tool to log physical injuries seen or reported, it IS NOT a substitute for a professional medical record.



Appendix 5 Guidance on Mental Capacity

Understanding Mental Capacity

Mental Capacity refers to the ability to make one's own decisions. It entails having the capability to decide for oneself. For handy wallet-sized reminder cards, you can contact <https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/> or <https://www.scie.org.uk/mca/>

The five statutory principles that form the foundation of the legal requirements in the Mental Capacity Act of 2005 are as follows:

1. Assume that a person has capacity unless proven otherwise.
2. Do not consider people incapable of making a decision unless all practical steps have been taken to assist them.
3. Do not assume a person lacks capacity simply because their decision may appear eccentric or unwise.
4. Always act in the best interests of individuals without capacity when making decisions or taking actions on their behalf.
5. Before making decisions or taking actions on behalf of someone without capacity, consider if the same outcome could be achieved in a less restrictive manner.

How to Assess Capacity:

- The assessment must be specific to the time and decision in question.
- Determine if there is an impairment in decision-making, such as a neurological difficulty.
- Assess if the person can: Understand the information provided, Retain the information, weigh up the information, and Communicate their decision. If the person can perform these tasks, they are considered to have capacity.

If you have reason to believe someone lacks mental capacity, contact your local authority or MASH team for advice on obtaining a professional capacity assessment.



SAHS - Staff & Volunteer Notice!

Mental Capacity:

Mental Capacity refers to an individual's ability to make decisions for themselves. It's essential to grasp this concept to ensure we provide appropriate support and assistance to our residents.

Key Principles:

The following principles underpin the legal requirements outlined in the Mental Capacity Act of 2005:

1. Assume that a person has capacity unless proven otherwise.
2. Avoid treating individuals as incapable of decision-making without trying all practical steps to assist them.
3. Do not assume incapacity simply because a decision seems unconventional or unwise.
4. Always act in the best interests of individuals without capacity when making decisions on their behalf.
5. Before making decisions on behalf of someone without capacity, explore less restrictive alternatives.

Assessing Capacity:

When assessing capacity, remember:


1. Assessments must be specific to the time and decision in question.
2. Consider any impairments in decision-making, such as neurological difficulties.
3. Determine if the individual can understand, retain, weigh up, and communicate their decision.

Action Required:

Please ensure you are familiar with these principles and understand how to assess capacity. If you have reason to believe someone lacks mental capacity, contact your local authority or MASH team for advice on obtaining a professional capacity assessment.

Appendix 6 Notice and example of ICE Card

This notice should be edited, printed, laminated, and distributed to all SAHS locations to ensure that all staff and volunteers are informed.



IN CASE OF EMERGENCY

Need medical help?

- 1) Call 999 for serious illness/injury where life is at risk OR Call 111 for urgent medical issues, non-life threatening.
- 2) Follow advice given.
- 3) Contact SAHS staff to inform them of event.

Concerned for someone's welfare?

- 1) Call 999 in emergencies (violence, threat to life, serious damage being caused to property)

OR

- Call 101 for local Police, non-emergencies.
- 2) Follow advice given.

Contact SAHS staff to inform them of event.

SAHS Safeguarding Lead

info@severnangelshousingandsupport.co.uk

Spiwe Mhondiwa 07916320770

SAHS CONTACT NUMBERS

Weekdays

07916320770

01905930709

PLEASE FAMILIARISE YOURSELF WITH THE REST OF THE SAFEGUARDING FOLDER

Line Managers and SAHS Safeguarding Lead to have copies of the above.

Appendix 7 Guidance / Press Release for a serious offence

Guidance for Handling Cases of Tenants Accused or Convicted of Serious Offences

Occasionally, SAHS may encounter situations where tenants or ex-tenants are accused, awaiting trial, or convicted of serious crimes. These cases, such as sexual offences or other high-profile incidents, may attract media attention. Here are some guidelines on how to approach these delicate situations:

1) Managing Press or Media Enquiries:

Determine who should handle any press or media enquiries:

For enquiries directed to the location (e.g., SAHS Worcester), they should be directed to the Safeguarding Lead or Chair of Trustees. No other staff members should respond to the press.

Enquiries directed to SAHS should be handled by the Executive Director. No other staff members should respond to the press.

2) Initial Response:

Our initial response to media enquiries should be: "No comment." If pressed further, state:

"It is not our policy to house anyone with a known sex offence."

If a press statement is deemed necessary, consider using the following template as a guide:

"We have received difficult news that has also been reported in the press. A (ex-)tenant and someone we know well was convicted of a serious offence. We want to emphasise that we condemn any form of sexual violation and abuse. Our thoughts are with the victim during this challenging time.

It is essential that justice is served, and we support the legal process. We do not condone the actions of the perpetrator in any way."

3) Internal Communication:

When communicating internally within the SAHS team, consider using the following message:

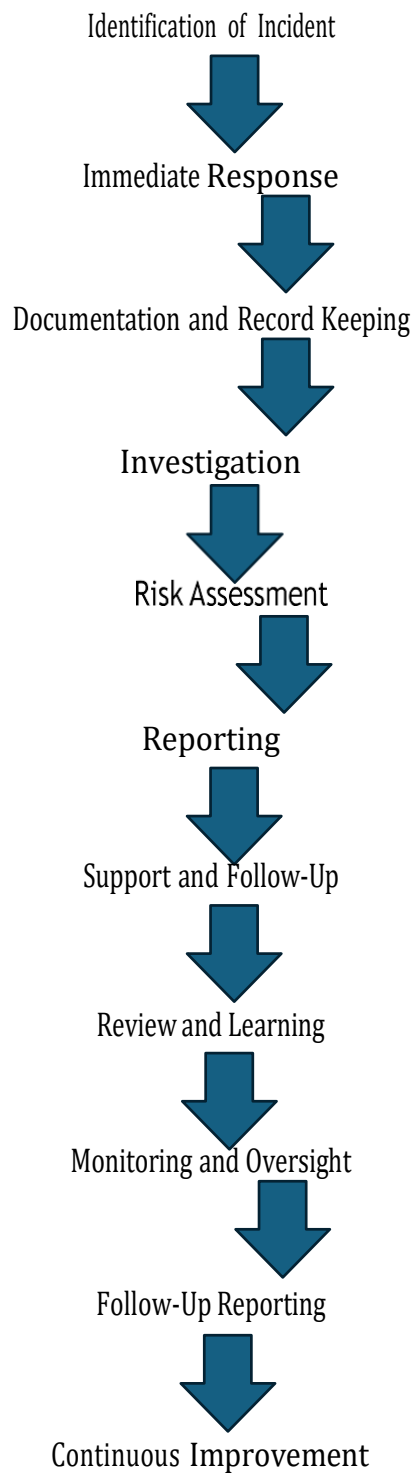
"In light of recent events, our Empowerment Worker was aware of the allegation and followed our safeguarding policy by reporting it to their line manager and the SAHS Safeguarding Lead.

For now, we ask for your understanding and support. If there are any media enquiries, please direct them to Spiwe (Safeguarding Lead) in the short-term. Do not provide any further information to the press."

Thank you for your attention to this matter. If you have any questions or concerns, please do not hesitate to contact me.

Best regards,

Appendix 8 Serious Incident Flow Chart



1. Identification of Incident

Any member of staff who suspects or is informed of a serious safeguarding incident must immediately report it to their line manager or designated safeguarding officer.

2. Immediate Response

The designated safeguarding officer (DSO) or their deputy must be informed promptly.

If necessary, take immediate steps to ensure the safety and well-being of the individual(s) involved.

If there is immediate risk of harm, contact emergency services.

3. Documentation and Record Keeping

All details of the incident must be accurately documented, including date, time, location, individuals involved, and nature of the incident.

Maintain confidentiality and ensure records are securely stored.

4. Investigation

The DSO will lead or oversee the investigation, involving relevant stakeholders such as staff members, authorities, and external agencies.

Conduct interviews with witnesses and individuals involved, ensuring sensitivity and respect throughout the process.

5. Risk Assessment

Assess the level of risk to the individuals involved and take appropriate measures to mitigate further harm.

Consider any necessary safeguarding interventions or support services.

6. Reporting

Report the incident to relevant authorities and regulatory bodies as required by law.

Inform senior management and the board of trustees, providing updates on the situation and actions taken.

7. Support and Follow-Up

Ensure individuals affected by the incident receive appropriate support, including counseling, medical assistance, and advocacy services.

Review and revise safeguarding policies and procedures as necessary to prevent similar incidents in the future.

8. Review and Learning

Conduct a thorough review of the incident, identifying any areas for improvement in policies, procedures, or staff training.

Implement any necessary changes to strengthen safeguarding measures and ensure the safety of all individuals under our care.

9. Monitoring and Oversight

Regularly monitor and review safeguarding practices to maintain compliance with legal requirements and best practices.

Provide ongoing training and support to staff members to enhance their awareness and understanding of safeguarding issues.

10. Follow-Up Reporting

Submit follow-up reports to regulatory bodies and authorities as required, documenting the outcomes of the investigation and any actions taken.

Continuously communicate with stakeholders, including residents, staff, and external partners, to ensure transparency and accountability.