



# Safeguarding Adults Policy

Policy No: 09

Policy Reviewed on: 27<sup>th</sup> November 2025

Next Review Date: November 2027

Signed: Head of Housing & Property Services

\*Policy to be read in conjunction with LRHS Health & Safety Policy

## 1. Policy Statement

This policy is relevant to Littlehampton & Rustington Housing Society Ltd Property Management Services and the staff within the Estates Team.

1.1. Safeguarding means “protecting a person's right to live in safety, free from abuse and neglect” (Care Act 2014). Whilst we recognise the Care Act 2014 doesn't place statutory duties on housing associations, our housing colleagues and partnering contractors have a really important role in relation to safeguarding and under the Care Act 2014 guidance we understand we are expected to:

- Follow the six principles of adult safeguarding
- Be vigilant
- Have clear policies and procedures.
- Share information and cooperate with partners such as the local authority.

## 2. Purpose of Policy

2.1. This Policy is to make sure we comply with all statutory and regulatory requirements and best practice, promote a culture of professional curiosity, deliver effective safeguarding practice, and the safe, timely reporting of neglect and abuse.

## 3. Policy objectives

3.1. The objectives of this Policy are to make sure we:

- Provide information and support in accessible ways to help colleagues and tenants understand the different types of abuse, how to stay safe and what to do to raise a concern about wellbeing or safety
- Make safeguarding personal, working with tenants in a way that supports them in making choices and having control about how they want to live
- Define the action we'll take on suspecting, witnessing, or discovering abuse or inappropriate conduct
- Recognise and respect cultural and ethnic diversity
- Work in partnership with multi agency partners around safeguarding
- Work in line with our safeguarding partners' policies and procedures
- Follow the six principles in our work safeguarding adults (see section 4)

## 4. Legal / Regulatory Framework

4.1. The Care Act 2014 identifies six principles that apply to all sectors and settings including housing to inform the ways professionals and colleagues work with adults. These are:

- *Empowerment* - People being supported and encouraged to make their own decisions and informed consent. For example, a tenant is asked what they want as the outcomes from the safeguarding process, and these directly inform what happens.
- *Prevention* - It is better to act before harm occurs. For example, our colleagues and tenants receive clear and simple information about what abuse is, how to recognise the signs and what they can do to seek help.
- *Proportionality* - The least intrusive response appropriate to the risk presented. For example, a tenant will feel reassured that professionals will work in their interest, and they will only get involved as much as needed.

- *Protection* - Support and representation for those in greatest need. For example, tenants can get help and support to report abuse and neglect, so that they can take part in the safeguarding process to the extent to which they want.
- *Partnership* - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. For example, tenants know colleagues treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. Tenants are confident professionals will work together and with them to get the best result for them.
- *Accountability* - Accountability and transparency in delivering safeguarding. For example, tenants understand the role of everyone involved.

4.2 In addition to these principles, the Act also states it is important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is stated for all organisations to recognise that adult safeguarding arrangements are there to protect individuals and make safeguarding personal.

4.3 This means, *“safeguarding practice should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety”* (Care Act 2014).

4.4 In addition to the Care Act 2014, we have due regard to:

- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (LPS)
- Human Rights Legislation
- Health and Social Care Act 2008 (Care Quality Commission)
- Public Interest Disclosure Act 1998.

## 5. Definitions

5.1. An adult is any person aged 18 years or over. Adults at risk within the Care Act 2014 are referred to as ‘people with care and support needs’. Safeguarding duties apply to an adult who:

- ‘Has needs for care or support (whether the local authority is meeting any of these needs or not)
- Is experiencing, or at risk of, abuse or neglect, and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect.’

5.2. What can constitute abuse and neglect can take many forms. Appendix A provides a guide as to the sort of behaviour which could give rise to a safeguarding concern. This is not an exhaustive list. The circumstances of the individual case should always be considered.

5.3. Patterns of abuse may also vary. Incidents of abuse may be one-off or multiple and affect one person or more. Colleagues and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of concern may be an indication of more serious problems. To see these patterns, it is important that information is recorded and appropriately shared. Patterns may include:

- 5.3.1. serial abuse, in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- 5.3.2. long-term abuse, in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse;

5.3.3.opportunistic abuse, such as theft occurring because money or jewellery has been left lying around.

## **6. Roles and responsibilities**

6.1. While safeguarding responsibility sits with all colleagues, there are individual and team responsibilities

6.2. All colleagues, contractors and Board members are responsible for understanding the different types of abuse and reporting concerns or suspected abuse

6.3. All managers are responsible for ensuring safeguarding matters are reported and safeguarding is effectively managed within their areas of responsibility

## **7. Reporting Concerns**

7.1. We will raise awareness of how to report safeguarding concerns and anyone raising a concern, should be reassured we'll listen, and take them seriously.

7.2. If any person is concerned about an adult at risk living in one of our homes, they can contact us directly to inform us and for support and guidance.

7.3. Tenants can raise concerns to us about their own wellbeing, or that of a member of their household by speaking with our estates team, by phone, email or requesting a home visit

7.4. Any other party / person can raise safeguarding concerns by also contacted our estates team by phone, email or visiting our office.

7.5. Internally, colleagues can raise safeguarding concern by speaking with the Head of Housing & Property Services

7.6. All safeguarding reports relating to our tenants living in our homes will be recorded on the tenant file held on the housing software database

7.7. We report safeguarding concerns to the relevant local authority by initiating a Section 42 enquiry. The threshold for initiating a Section 42 Enquiry is when there is reasonable cause to suspect that an adult:

- Has care and support needs
- Is experiencing, or at risk of, abuse or neglect.
- Is unable to protect themselves due to those needs.

7.8. Local authority are the decision makers in relation to section 42 enquiries (section 42 enquiry relates to the duty of the local authority to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect).

7.9. We will address any allegations of, or suspected abuse, by our employees through formal statutory investigative procedures and our own internal disciplinary procedures.

7.10. Any allegation we receive relating to a contractor or person working on our behalf may result in their immediate suspension from our contract. The suspension will remain in place pending the outcome of any investigation. We reserve the right to permanently exclude the operative or agent from our contract following the outcome of the investigation.

7.11. We will protect the anonymity of people who report concerns of abuse. If the concern relates to significant harm or a criminal act, we may need to share the details of the witness or person reporting their concerns with appropriate professionals. We will work sensitively with any person reporting concerns to support them throughout the investigation process.

## **8. Gaining consent**

8.1. Before we refer a safeguarding case to the local authority, we must obtain consent from the person affected.

8.2. We'll only override consent where there's risk of serious harm, or by asking for consent we would be putting the adult at risk. We define 'risk' to be where a person's life is in danger and/or they're a victim of abuse of power, or abuse causing a deterioration of mental or physical health. See also section 9 on 'Information Sharing'.

## **9. Information sharing**

9.1. We will work openly and cooperatively with partners, and when sharing information about tenants, we will comply with data protection legislation and our Data Protection and Data Sharing policies.

9.2. The Care Act 2014 guidance lists several situations where information about a safeguarding concern should be shared even if it is believed the adult has capacity to say that it shouldn't be. For example:

- If others are at risk or would be put at risk if nothing is done; for example, if a care worker is involved or if a child may be affected.
- Where it appears that the adult may be the subject to undue influence, duress or coercion.
- If the alleged perpetrator has care and support needs.
- Where it is in the public interest because a criminal offence has occurred.

9.3. We are permitted to share information with an appropriate agency where there are overriding and serious concerns about the risk to an individual's health or personal safety. The law also provides Registered Providers with the power to disclose information to, and request information from, relevant authorities where it will work towards reducing crime and anti-social behaviour.

9.4. We will respect the wishes of the person at risk in relation to what information should be shared, and with whom, where possible. Our colleagues will always respect confidentiality and not share any information given in confidence unless justified by the assessed risk to the person or required by law. In such circumstances we will ensure that we share the minimum data required for the purpose.

## **10. Mental capacity**

10.1. People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

10.2. Colleagues will be provided training to understand and work in line with the Mental Capacity Act 2005 (MCA).

10.3. 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. The 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.

10.4. Where colleagues have concerns about a tenant or their ability to make an informed decision relating to an abuse allegation or concerns around abuse, we should:

- Request a mental capacity assessment takes place
- Ensure advocacy is provided where necessary.

10.5. Where the person at risk has an allocated social worker or care coordinator, we'll ensure we speak to them in the first instance.

## **11. Safe recruitment and training**

11.1. Our DBS Policy sets out the requirements of Disclosure & Barring Service (DBS) checks within LRHS. It outlines the process should any convictions/cautions or relevant information be disclosed either prior to the recruitment process or during a colleagues' employment. We ensure DBS checks are carried out responsibly ensuring they are proportionate and relevant to the role.

11.2. We are committed to colleague training and reflective practice. All colleagues, volunteers, and Board members are required to complete mandatory safeguarding e-learning training as part of their induction. This will be repeated at intervals appropriate for their role.

11.3. We provide further opportunities for training on safeguarding and vulnerable tenants. Tenant facing colleagues are expected to attend these mandatory training sessions as appropriate to their role.

11.4. We recognise the emotional impact on colleagues working with vulnerabilities and having to recognise and deal with safeguarding concerns. Colleagues have access to support services provided through our Bupa Employee Assistance Programme (EAP).

## **12. Contractors and people working on our behalf**

12.1. Contractors and service providers for frontline services on our behalf need to make sure their colleagues are suitable to provide front line services (i.e. compliance with DBS regulations). They must comply with our contractual requirements and be aware of who to contact with any safeguarding concerns.

12.2. Contractors must notify us of any safeguarding concerns and fully co-operate with any investigations into received allegations.

### **13. Statutory Reviews and Inquests**

13.1. Where LRHS may be identified as an interested party in any safeguarding adult review, domestic homicide review or coroner inquest, we will appoint a lead to comply accordingly.

13.2. We will notify our CEO and record within our safeguarding risk reports the Housing Sub Committee.

13.3. Lesson learnt exercises will be conducted internally to review and consider any changes to current practice.

### **14. Escalating concerns**

14.1. We will consider contacting the Adult Safeguarding Board where we have concerns about the response to a referral we may make.

14.2. Incidents of significant abuse or harm that could lead to reputational, regulatory, or financial risk will be shared with the CEO and/or Board as deemed appropriate.

### **15. Key controls and reporting**

15.1. Risk reporting in relation to safeguarding will be completed as deemed necessary by the Head of Housing & Property Services.

15.2. All reports going to Board will be anonymised to hide the identities of those involved.

### **16. Equality and Diversity**

16.1. LRHS recognise that different people and communities may have specific needs which may require flexible approaches. We also appreciate that some groups or individuals may experience discrimination and disadvantage. This may be due to their protected characteristics under the Equality Act 2010.

16.2. We believe that everyone should be treated with dignity, respect and fairness, regardless of their characteristics. An Equality Impact Assessment has been carried out on this policy and shows no negative impact for any group.

### **Appendix A: Types of Abuse (not an exhausted list)**

Physical abuse including:

- assault • hitting • slapping • pushing • misuse of medication • restraint
- inappropriate physical sanctions

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

- psychological • physical • sexual • financial • emotional abuse • so called 'honour' based violence

Sexual abuse including: • 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 abuse including: • emotional abuse • threats of harm or abandonment • deprivation of contact • humiliation • blaming • controlling • intimidation • coercion •

harassment • verbal abuse • cyber bullying • isolation • unreasonable and unjustified withdrawal of services or supportive networks

Modern slavery encompasses: • slavery • human trafficking • forced labour and domestic servitude. • traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Discriminatory abuse including forms of: • harassment

- slurs or similar treatment:
  - o because of race o gender and gender identity
  - o age o disability
  - o sexual orientation
  - o religion

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.

Neglect and acts of omission including: • ignoring medical • emotional or physical care needs • failure to provide access to appropriate health, care and support or educational services • the withholding of the necessities of life, such as medication, adequate nutrition and heating

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. It should be noted that selfneglect 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.

Financial or material abuse including: • theft • fraud • internet scamming • coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions • the misuse or misappropriation of property, possessions or benefits

Financial recorded abuse can occur in isolation, but where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should also be aware of this possibility and look out for: • change in living conditions • lack of heating, clothing or food • inability to pay bills/unexplained shortage of money • unexplained withdrawals from an account • unexplained loss/misplacement of financial documents • the recent addition of authorised signers on a client or donor's signature card • sudden or unexpected changes in a will or other financial document