

Safeguarding Adults Policy

Adult Protection Statement

- North Halifax Partnership (NHP) is committed to creating a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation, or neglect manifests itself; and being willing to report safeguarding concerns.
- This extends to recognising and reporting harm experienced anywhere, including within our activities, within other organised community or voluntary activities, in the community, in the person's own home and in any care setting.
- NHP is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect. To ensure that NHP practice is maintained at the highest level, NHP will always follow the Joint Multi Agency Safeguarding Adults Policy and procedures in Calderdale. [Y:\Partners\NHP\NHP Staff Information\Policies\Threshold Guidance for Safeguarding Adults At Risk in Calderdale V11.pdf](#)
- NHP believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status. In line with all protective characteristics.
- NHP is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.
- NHP acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults.
- NHP recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, in communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives.
- NHP is committed to Safeguarding Adults in line with national legislation and relevant national and local guidelines and acts in accordance with local statutory safeguarding procedures.
- Actions taken by NHP will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

Policy

1 General

- 1.1 The purpose of this policy is to demonstrate the commitment of NHP to safeguard adults and to ensure that everyone involved in NHP is aware of:
 - The legislation, policy and procedures for safeguarding adults.
 - Their role and responsibility for safeguarding adults.
 - What to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult within the organisation.
- 1.2 This Safeguarding Adults policy and associated procedures apply to all individuals involved in NHP including Board members, Staff and Volunteers and to all concerns about the safety of adults whilst taking part in our organisation, its activities and in the wider community.
- 1.3 It is the responsibility of any NHP volunteer or staff member to act upon knowledge or suspicion that someone is being abused. A member of paid staff or volunteer has a legal duty of care to act upon this knowledge or suspicion. This is no more complicated than simply knowing who to tell. This is outlined in the staff working practice: Referral Procedure Adults at Risk
- 1.4 We expect our partner organisations to adopt and demonstrate their commitment to the principles and practice as set out in this Safeguarding Adults Policy and associated procedures.
- 1.5 This policy is to be used in conjunction with the policies and procedures of Calderdale Safeguarding Adults Board, specifically the threshold guidance for safeguarding adults at risk in Calderdale (see Calderdale Safeguarding Adults Board website)

2 Legal Context

- 2.1 NHP have a statutory responsibility to safeguard adults and the practices and procedures within this policy are based on the relevant legislation and government guidance.
- 2.2 The Care Act 2014 sets out how people's care and support needs should be met and introduces the right to an assessment for anyone, including carers and self-funders, in need of support.
- 2.3 Guidance on safeguarding adults statutory guidance issued under the legislation which is the Care and Support Statutory Guidance (revised October 2018):
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

3 Definitions

- (a) **Adult at risk:** An adult at risk is an individual aged 18 years and over who has needs for care and support (whether or not the local authority is meeting any of those needs), 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 or neglect

3.1 **Safeguarding:** This describes the activity that is undertaken to protect adults at risk from abuse, harm, ill-treatment and neglect.

3.2 **Abuse:** This is the ill-treatment of an adult at risk. A person may abuse or neglect an adult at risk by inflicting harm or by knowingly failing to act to prevent harm. Adults can be abused in a family, at a community event, in any type of institution/organisation, by those known to them or others, for example by those responsible for organising, participating or providing support or care.

Forms of abuse can include:

- Physical abuse such as: hitting, pushing, pinching, shaking, misuse of medication, scalding, inappropriate restraint, hair-pulling.
- Sexual abuse such as: rape or sexual assault; sexual acts to which the vulnerable adult has not or could not have consented, or to which they were pressurised into consenting.
- Psychological or emotional abuse such as: threats of harm or abandonment; deprivation of social or any other form of contact; humiliation, blaming, controlling, intimidation, coercion, or harassment; verbal abuse; prevention from receiving services or support.
- Financial or material abuse such as: theft; fraud or exploitation; pressure in connection with wills, property, or inheritance; misuse of property, possessions or benefits.
- Neglect or acts of omission such as: ignoring medical or physical care needs; preventing access to health, social care, or educational services; withholding the necessities of life, such as food, drink, or heating.
- Discriminatory abuse such as that based upon a person's race, sexuality, or disability; any other forms of harassment or slurs.
- Domestic violence - all forms of abuse can be experienced in a family setting by a partner, family member, or with someone with whom there is a relationship.
- Institutional abuse and poor practice - disrespect and unethical practice, ill treatment and professional misconduct.
- Any of these forms of abuse can be deliberate, or be the result of either ignorance, or lack of training, knowledge or understanding. Often if a person is being abused in one way they are also being abused in other ways. It is also important to recognise that domestic violence can occur in any relationship and at any age, and does not only include physical abuse but also sexual and psychological as described above.

3.3 **Prevention:** This is how we seek to reduce the abuse of adults at risk occurring in the first place. This includes training, guidance and support for employees and volunteers, as well as for those receiving services.

3.4 **Referral:** The point at which information is passed from NHP to Gateway to Care (Calderdale Council Adults, Health and Social Care), police, or any other relevant agency.

4 Signs and Indicators of Abuse and Neglect

- 4.1 An adult may confide to a member of staff or volunteer that they are experiencing abuse inside or outside of the organisation's setting. Similarly, others may suspect that this is the case.
- 4.2 The characteristics of adult abuse can take a number of forms and cause victims to suffer pain, fear and distress reaching well beyond the time of the actual incident(s). Victims may be too afraid or embarrassed to raise any complaint. They may be reluctant to discuss their concerns with other people or unsure who to trust or approach with their worries.
- 4.3 There are many signs and indicators that may suggest someone is being abused or neglected. There may be other explanations, but they should not be ignored. The signs and symptoms include but are not limited to:
 - 4.3.1 Unexplained bruises or injuries – or lack of medical attention when an injury is present.
 - 4.3.2 Person has belongings or money going missing.
 - 4.3.3 Person is not attending / no longer enjoying their sessions. You may notice that a participant in a team has been missing from practice sessions.
 - 4.3.4 Someone losing or gaining weight / an unkempt appearance and there is a deterioration in hygiene.
 - 4.3.5 A change in the behaviour or confidence of a person. For example, a participant may be looking quiet and withdrawn.
 - 4.3.6 Self-harm.
 - 4.3.7 A fear of a particular group of people or individual.
 - 4.3.8 A guardian/carer always speaks for the person and doesn't allow them to make their own choices.

5 Person Centred Safeguarding

- 5.1 NHP has a commitment to a Person Centred approach to Safeguarding i.e , treating people with respect, enhancing their dignity and supporting their ability to make decisions.
- 5.2 Person Centred Safeguarding means engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety.
- 5.3 An adult's views, wishes, feelings and beliefs must be taken into account when decisions are made about how to support them to be safe. There may be many different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them.
- 5.4 There may be some situations where victims are unaware that they are being abused or have difficulty in communicating this information to others. If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate (usually from a third sector organisation).

- 5.5 Where an Adult at Risk has the capacity to make appropriate decisions this should be respected but should not override the duty to safeguard. If a person has capacity, you should seek permission to act.

6 Mental Capacity and Decision Making

- 6.1 Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. If it is safe/possible to wait until they are able to be involved in decision making or to make the decision themselves.
- 6.2 Not being allowed to make decisions one is capable of making is abuse. For example, a disabled adult may want to take part in an activity but their parent who is their carer won't allow them to and will not provide the support they would need. Conversely the adult may not seem to be benefiting from an activity other people are insisting they do.
- 6.3 Another situation is where an adult is being abused and they are scared of the consequences of going against the views of the person abusing them. It is recognised in the law as coercion and a person can be seen not to have mental capacity because they cannot make 'free and informed decisions'.
- 6.4 Mental Capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an 'adult at risk' has choices in the actions taken to safeguard them, including whether or not they want other people informed about what has happened, however, in some situations the adult may not have the mental capacity to understand the choice or to tell you their views.
- 6.5 If a person who has a lot of difficulty making their own decisions is thought to be being abused or neglected you will need to refer the situation to the Local Authority. This should result in health or social care professionals making an assessment of mental capacity and/or getting the person the support they need to make decisions.
- 6.6 Full details about how to deal with any concerns are held in the working practices which are attached to this policy. However, as a general principle:
- 6.7 Where any member of the staff is concerned about the welfare of an adult they should discuss this with their Line Manager and named Safeguarding Lead.
- 6.8 After the initial discussion, the Line Manager and the named person will be responsible for deciding how to proceed.
- 6.9 Irrespective of any further action being taken, at the earliest possible opportunity all concerns must be clearly recorded.
- 6.10 All subsequent concerns and discussions must be clearly and accurately recorded until such time as the concern is deemed to be unfounded or a referral is made to the appropriate professional agency.
- 6.11 Where the nature of the concern is such that following an initial discussion, or following monitoring and observation, there is deemed to be a risk of harm, Gateway to Care will be informed at the earliest possible opportunity.

- 6.12 For full details of how to refer to Gateway to Care please see guidance in the Working Practices, and the guidance for Safeguarding adults in Calderdale.
- 6.13 If a person is at serious risk of domestic abuse this can be reported to Multi Agency Risk Assessment Conferencing Coordinator without permission, but the alleged victim must know you are doing this. (Seek advice from MARAC Coordinator – Police Safeguarding Team 01422 337041) .
- 6.14 The referral procedure should be followed in a way that ensures responsibility is passed over to the right person or body to act on behalf any adult at risk.

7 Self Harm & Suicide

- 7.1 There are circumstances in which risk of suicide could be identified as a safeguarding concern.
- 7.2 NHP recognises the need to protect the health, safety, and welfare of its staff (employees, volunteers, and associates) and service users, and to safeguard against the threat or attempt of suicide.
- 7.3 If an incident of self-harm/suicidal behaviour is identified, a staff member should seek to determine, as far as possible, whether a person has taken any substances or injured themselves. This is to establish, as a priority, if urgent medical attention is required. If urgent medical attention is required, then this should be arranged without delay.
- 7.4 Any incident of self-harm/suicidal behaviour, whether requiring medical attention or not, should be discussed with a line manager or safeguarding lead at the earliest opportunity.
- 7.5 If an incident is not considered a safeguarding concern, then another pathway for support for the adult should be indicated. Conversations with the adult and others will help in deciding how best to offer support and reduce the risk of harm.

8 Confidentiality

- 8.1 It is the responsibility of the volunteer/staff member to respect the confidentiality of all involved and not to disclose information to anyone outside of the correct processes.
- 8.2 NHP must comply with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR).
- 8.3 The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately.
- 8.4 Data protection legislation allows information sharing within an organisation. For example:
- Anyone who has a concern about harm can make a report to an appropriate person within the same organisation
 - Case management meetings can take place to agree to co-ordinate actions by the organisation
- 8.5 There are also many situations in which it is perfectly legal to share information about adult safeguarding concerns outside the organisation. Importantly personal

information can be shared with the consent of the adult concerned. However, the adult may not always want information to be shared. Their wishes should be respected unless there are over-riding reasons for sharing information.

- 8.6 Circumstances when we need to share information without the adult's consent include those where:
- 8.6.1 It is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk.
 - 8.6.2 You believe they or someone else is at risk, including children.
 - 8.6.3 You believe the adult is being coerced or is under duress.
 - 8.6.4 It is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed.
 - 8.6.5 The adult does not have mental capacity to consent to information being shared about them.
 - 8.6.6 The person causing harm has care and support needs.
- 8.7 When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them.
- 8.8 If you are in doubt as to whether to share information, seek advice from your line manager.
- 8.9 Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.
- 8.10 Sharing information, with the right people, is central to good practice in safeguarding adults. However, information sharing must only ever be with those with a 'need to know'. This does not automatically include the persons spouse, partner, adult, child, unpaid or paid carer. Information should only be shared with family and friends and/or carers with the consent of the adult or if the adult does not have capacity to make that decision and family/ friends/ carers need to know in order to help keep the person safe.
- 8.11 Anyone making a report or referral should feel confident that the matter will be handled with sensitivity on the part of NHP and Social Services/other agencies, and that their identity and welfare will be protected. It is a crucial aspect of this policy that the identity of all involved in the incident, report and referral is not disclosed to anyone outside the actual process. For example, forms will be kept securely, those involved will not discuss the matter outside of the report/referral process.

9 Record-keeping

- 9.1 Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those on a need-to-know basis.
- 9.2 Incidents of abuse or suspected abuse will be recorded on existing recording sheets on the case file OR if no file exists on an incident form. The record will state the date/s and brief details of the incident. These records will be confidential and kept securely.

10 DBS checks

- 10.1 It is NHP's policy that every staff member and registered volunteer are subject to pre-employment enhanced disclosure DBS checks and checking lists to confirm suitability for working with children and adults at risk.
- 10.2 People who are dismissed for serious misconduct will be reported to the Disclosure and Barring Service. See <https://www.gov.uk/disclosure-barring-service-check/dbs-barred-lists> for details)

11 Training

- 11.1 All NHP staff will receive basic safeguarding training as per our mandatory training guidelines.
- 11.2 Specific roles within the NHP require higher level safeguarding training which is outlined on mandatory training guidance.
- 11.3 Members of staff and their Line Managers are responsible for ensuring they periodically update their training as part of the appraisal process.
- 11.4 Staff with management responsibility should also be inducted into the recruitment process which includes safer working practices; relevant training will be offered as needed.

12 Reporting serious incidents to the Charities Commission

- 12.1 NHP Trustees are responsible for reporting serious incidents to the Charities Commission, in line with 2018 guidance "How to report a Serious Incident in Your Charity". The Chief Executive Officer is responsible for providing advice and support to the Trustees in respect of this duty.
- 12.2 The reporting of serious incidents to the Charities Commission is additional to reporting and information sharing with local services and other agencies. It is the responsibility of the NHP Area Safeguarding Lead, and the Chief Executive Officer to ensure Trustees are appraised of incidents which may need to be reported to the Charities Commission.

13 Whistle Blowing Policy

- 13.1 NHP has a positive commitment and open approach to whistleblowing. For full details and procedure see NHP Whistle Blowing Policy.

14 Responsibilities of all staff in group activities and/or group setting

- 14.1 All staff have a responsibility to safeguard children, young adults, and adults at risk in group settings or activities. All staff need to ensure that visitors and guests to a group are always escorted. Staff should not allow friends or family members to access the group unless their line manager has sanctioned that visit.
- 14.2 All staff must discuss with their line manager any unexpected or uninvited visitor who joins a group with no justification or rational explanation.

15 Responsibilities of all staff – personal circumstances

- 15.1 As outlined in this policy all staff have a responsibility to safeguard adults at risk. To this end all employees are expected to discuss with their line manager or a safeguarding lead any changes in their personal circumstances which could affect any adults at risk. This includes bringing to the employer's attention any information which could prevent them working with adults at risk, or a personal or family relationship that could impact the welfare of adults at risk of harm.
- 15.2 When staff are outside of their working role, they may identify safeguarding concerns in their own family or networks, community, neighbourhood or through activities in which they participate. NHP expects all its staff and volunteers to act appropriately on any safeguarding concerns they encounter about an adult at risk. Staff and volunteers should share any safeguarding concerns with relevant agencies. It should never be an option to do nothing where you have concerns about an individual who may be at risk of harm.

16 In the event of Concerns about other members of staff

- 16.1 Agreeing actions in relation to a 'person in a position of trust' where allegations have been made in relation to an employee, volunteer or student the relevant Senior Manager will assess the risk in the context of their service and consider appropriate risk management arrangements taking into consideration their own internal policies and procedures, and employment law. This may include actions, such as changes to their working arrangements or suspension. The Local Authority Designated Adults Safeguarding Manager (DASM) will need to have management and oversight of individual complex cases and coordination where allegations are made, or concerns raised about a 'person in a position of trust'. The role of the Local Authority DASM is to gain assurance that NHP has appropriately assessed and responded to the potential risk posed by a 'person in position of trust'.
- 16.2 Low Level Concerns

NHP strives to create a culture in which all safeguarding concerns and allegations about adults (including those that do not meet the harm threshold) are shared responsibly and with the right person and recorded and dealt with appropriately.

For full details and procedure see NHP Low Level concerns Policy.

NHP Safeguarding Adults at Risk Policy	
Staff Working Practices associated with this policy	Applies to
Removal of family files	NHP Family hub Staff
Managing allegations against NHP Staff	All NHP Staff
Procedure for referrals in relation to vulnerable adults	All NHP Staff
DBS and other disclosures	All NHP Staff
Recruitment and Selection	All NHP Staff involved in recruitment
Also see the threshold guidance for safeguarding adults at risk in Calderdale	All NHP Staff