



Safeguarding Adults Policy 2025-2026

Document Owner(s)
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Manual Version Control

Version	Date	Change Description
1.0	January 2016	New Equality and Diversity Strategy (Approved Resident Committee January 2016)
1.1	January 2017	Reviewed no changes
1.2	January 2018	Reviewed No changes
2.0	May 2019	Review and update of document for submission to May Board of Trustees meeting and Resident Committee June 2019
3.0	May 2020	Review and update to the document under section 9 Prevention and Awareness. Submission to May Board of Trustees meeting and resident Committee June 2020.
4.0	April 2022	Inclusion of Castleton process for recording and monitoring purposes.
5.0	September 2023	Review. Incorporates info on consent, recording and monitoring, GDPR and Equality, Diversity and Inclusion
6.0	September 2024	Review.
7.0	September 2025	Review. Reviewed against Hull Safeguarding Adults Partnership Board Policy and Procedure (includes some changes to the categories of safeguarding). Includes best practice on responding to safeguarding and additional info around capacity. Removal of process-related information.

1. Purpose

1.1 The purpose of this policy is to ensure that Pickering and Ferens Homes (PFH) fulfils its obligation to safeguard adults and promote their welfare. Safeguarding is everyone's responsibility and we want to identify those at risk and involve other agencies at an early stage. We also want to ensure that all staff in contact with adults are trained in identifying and reporting any form of abuse.

2. Policy Statement

2.1 In 2014 the Care Act replaced all guidance related to adult safeguarding included in the previous 'No Secrets' guidance, published in 2000.

2.2 Whilst registered providers do not have the same duties and responsibilities as Local Authorities under the Care Act 2014, PFH is expected to have its own Safeguarding Adults Policy and procedures. The regulatory requirement is that providers must work with Local Authorities and are expected to comply with their procedures.

2.3 Housing providers therefore 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 and participating in the local Safeguarding Adults Board. Housing providers are also expected to make staff familiar with the principles of safeguarding, train staff to be vigilant, recognise signs of abuse and know what to do if they see those signs.

2.4 This policy focuses on adults at risk as there is different legislation and terminology in place for safeguarding of children and young people. It sets out our responsibilities regarding safeguarding adults and how we meet these responsibilities are set out in the associated procedures.

2.5 Should PFH encounter safeguarding issues concerning children (for example the children or grandchildren of residents, or other visiting children) the principles of this policy should be followed and advice sought from the Local Authority Safeguarding Children Board.

2.6 PFH is committed to ensuring that staff are fully informed in regard to defining the parameters surrounding the Safeguarding Adults agenda. Throughout this policy the term 'staff' is used to refer to our own direct employees and those working with us such as agency staff, volunteers, key partners.

3. Policy Guidance

3.1 Safeguarding is not a standalone policy or separate activity and there are a number of interlinking policies and procedures, therefore the Safeguarding Adults policy and associated procedure should be read and cross referenced in conjunction with other policies in particular the following:

- Anti-Social Behaviour Policy
- Hate Crime Policy
- Financial Regulation Guidance
- Staff Code of Conduct/The PFH Way
- Resident Code of Respect
- Domestic Abuse Policy
- Complaints Policy

- Privacy Policy and Privacy Statements
- Discipline and Grievance Policy
- Equality, Diversity and Inclusion Strategy
- Hoarding Policy
- Health and Safety Policy
- Lone Working Policy
- Recruitment – (including DBS) Policy
- Whistle Blowing Policy
- Licence Management and Sustainment Policy

(This is not an exhaustive list)

3.2 This policy has been developed on the principles of the Care Act Guidance issued under the Care Act 2014.

3.3 PFH will also abide by existing regulatory requirement and legislation such as:

- The Regulator of Social Housing Neighbourhood and Community Standard, and Tenancy Standard
- The Mental Capacity Act 2005
- The Care Act 2014

4. Defining Who Is At Risk and in What Way

4.1 The Care Act 2014 refers to 'Adult at Risk' and recognises that vulnerability does not lie with the individual but lies in a complex interconnection between the individual's personal qualities, their situation or environment and the social factors that may protect them or increase their risk.

All adults could potentially be victims of crime or abuse, but not all adults are at risk.

4.2 Definitions

Adult Safeguarding - means 'working with adults with care and support needs to keep them safe from abuse or neglect, safeguarding is aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect'. (Statutory guidance to the Care Act 2014).

Living a life that is free from harm and abuse is a fundamental human right for every person and an essential requirement for health and well-being. Safeguarding adults is about safety and well-being and providing additional measures for those least able to protect themselves from harm or abuse.

Safeguarding duties therefore applies to an adult who is:

- 18 or over
- who has needs for care and support whether that be permanent or temporary) - whether or not the Authority is meeting any of those needs,
- who is experiencing or is at risk of abuse or neglect and,
- as a result of those needs, is unable to protect themselves against the abuse or neglect or risk of it.

'Care and Support' is described in the 2014 Care Act as: 'The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent including older people, people with a disability or long-term illness, people with mental health problems and

carers'. 'Care and support' includes an assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

Persons who have care and support needs could therefore include almost anyone at some time in their lives, however, examples of adults at risk may be someone who:

- has a physical disability and sensory impairment.
- has a learning disability.
- is elderly and frail due to ill health, physical disability or cognitive impairment.
- has a long-term illness or condition.
- has mental health needs including dementia or personality disorder.
- Is dependent on others to maintain their quality of life.
- misuse of substances or alcohol.

(This is not an exhaustive list).

The policy and associated procedures also cover informal carers, for example family members who provide unpaid care / support to an adult who is subject to abuse.

4.3 Abuse - defining abuse or neglect is complex and rests on many factors. The term "abuse" can be subject to wide interpretation. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a person is persuaded to enter into a financial or sexual transaction to which they have not or cannot consent.

Abuse is often a crime, for example assault, rape, theft, fraud, domestic abuse, harassment/discrimination, anti-social behaviour, hate crime, including disability hate crime, wilful neglect or mistreatment.

4.4 Harm - may be caused by direct acts, or by failure to provide adequate care. It may be systematic and repeated or may consist of a single incident.

4.5 Adults at risk can be at risk of one or several of the following categories of abuse the list is not exhaustive but can include:

- **Physical** abuse, including hitting, slapping, punching, burning, pushing, kicking, misuse of medicine, restraint, or inappropriate sanctions.
- **Sexual abuse** includes rape, sexual or indecent assault, inappropriate touching or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.
- **Psychological** abuse, threats of harm or abandonment, belittling, threats of harm or abandonment, deprivation of contact, humiliation, name-calling and blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable or unjustified withdrawal from services or supportive networks.
- **Financial or material** abuse, including theft, fraud, internet scamming, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits, and coercion in relation to an adult's financial affairs (including in connection with wills, property, inheritance, or financial transactions),
- **Domestic abuse** - this can include physical, psychological, sexual and financial abuse. It can also include emotional abuse, recognising controlling and coercive behaviour and Female Genital Mutilation. 'Honour-based' violence.

- **Modern slavery** – this includes slavery, human trafficking, forced labour, and domestic servitude. Modern slavery is characterised by traffickers and slave masters using whatever means they have at their disposal to exploit, coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Organisational abuse** – this can include neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in a person's own home. This may range from one off incidents to ongoing 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 or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating and leaving in soiled clothes.
- **Discriminatory** abuse, including racist and sexist abuse based on a person's disability and other forms of harassment.
- **Self-neglect** – for example, a person neglecting to care for their own personal hygiene, health or surroundings, including 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. Support should be offered support by agencies before the person presents in crisis, resulting in a safeguarding concern.

Abuse may be carried out deliberately or unknowingly and may be a single act or repeated acts.

4.6 It is acknowledged that many safeguarding concerns may not neatly fall within the above categories, however PFH may identify health and wellbeing concerns, gaps in a resident's care and support needs as a result of cognitive impairment, other mental or physical health or other concerning displays of behaviour. These concerns may create a risk to the residents' ability to live safely and comfortably in an independent living environment and may also affect other residents.

4.7 As a result, PFH categorises cases in a more detailed way to ensure we are monitoring and managing cases as effectively as possible and sourcing the best support outcomes available.

5. Who May Potential Abusers Be?

5.1 Abuse can occur in any relationship or in an institution or community setting. People who behave abusively come from all backgrounds and walks of life. They maybe professional staff such as doctors, nurses, social workers, paid care workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse, strangers and people who deliberately exploit vulnerable people.

6. In What Circumstances Can Abuse Occur?

6.1 Abuse can take place in any context. It may occur when an adult at risk lives alone or with a relative; it may also occur within nursing, residential or day care settings, in hospitals, custodial situations, support services into people's own homes, and other places previously assumed safe, or in public places.

7. Patterns of Abuse

7.1 Patterns of abuse and abusing vary and reflect very different dynamics. These include:

- Serial abusing in which the perpetrator seeks out and ‘grooms’ adults at risk. Sexual abuse usually falls into this pattern as do some forms of financial abuse.
- Long-term abuse in the context of an on-going family relationship such as domestic violence between spouses or generations.
- Opportunistic abuse such as theft occurring because money has been left around.
- Situational abuse which arises because pressures have been built up and/or because of difficult or challenging behaviour.
- Neglect of a person’s needs because those around him or her are not able to be responsible for their care, for example if the carer has difficulties attributed to such issues as debt, alcohol or mental health problems.
- Unacceptable ‘treatments’ or programmes which include sanctions or punishment such as the withholding of food and drink, seclusion, unnecessary and unauthorised use of control and restraint.
- Failure of agencies to ensure staff receive appropriate guidance on anti-racist and anti-discriminatory practice.
- Failure to access key services such as health care, dentistry, prostheses.
- Misappropriation of benefits and/or use of the persons money by other members of the household or other person.
- Fraud or intimidation in connection with wills, property or other assets.

8. Safeguarding Principles

8.1 The Care Act 2014 sets out the principles and values that govern how safeguarding should be implemented and sets out six key principles that underpin all adult safeguarding work which are set out below (Care and Support Statutory Guidance, Section 14, June 2014)

- Empowerment – personalisation and the presumption of person led decision and informed consent. Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. There must be clear justification where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they will still be included in decisions to the extent that they are able. Decisions made must respect the person’s beliefs and lifestyle.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

- Prevention – it is better to take action before harm occurs. Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within the services PFH provide.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

- Proportionality – proportionate and least intrusive response appropriate to the risk presented

“I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed.”

- Protection – support and representation for those in greatest need. Safeguarding responses should reflect the nature and seriousness of the concern. Responses must be the least

restrictive of the person's rights and take account of the person's wishes and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way

"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."

- Partnership – local solutions through services working with their communities. Communities have a part to play in preventing detecting and reporting neglect and abuse

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."

- Accountability - accountability and transparency in delivering safeguarding. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

"I understand the role of everyone involved in my life."

The safeguarding principles are applied throughout the policy and associated procedures, helping staff connect safeguarding with good practice that promotes human rights and advances equality.

9. Prevention and Awareness

9.1 Abuse can take place anywhere and PFH is particularly mindful of the fact that, in dealing with some adults, the opportunity for abuse may arise.

PFH aims to safeguard adults by:

- Ensuring that all of our staff and volunteers are carefully selected and are provided with training on an annual basis to ensure their awareness of safeguarding issues relating to adults (see Guidance, Appendix 1).
- New contracts awarded to PFH's main contractors will include a requirement to ensure their staff receive appropriate training.
- For all paid staff and volunteers who as part of their role come into personal contact with residents or have access to sensitive information a request will be made for a criminal record check through the Disclosure and Barring Service as part of the recruitment process.
- Having a Safeguarding Adults policy and procedures which are clearly understood, so that any member of staff or contractor has an appreciation of the appropriate guidance to follow, should concern be raised.
- Reviewing our Safeguarding Adults policy annually in order to ensure it is in line with national and local policy.
- Ensuring that officers are appointed, to hold a specific role in relation to advising PFH staff, whereby advice and a clear course of action can be offered in relation to any safeguarding adult concerns.
- Ensuring that staff who work closely with adults at risk and their carers, develop practice which ensures they know how to report their concerns about an adult at risk, staff member, contractor or volunteer. This will be achieved by ensuring an appropriate staff and volunteer induction is carried out, which will include information on our Safeguarding Adult policy and procedures.

- We will take seriously any matters raised in good faith by employees. The Whistleblowing Policy will support and protect any employee who has volunteered information from reprisals of victimisation.
- Should there ever be concerns about abuse, or suspected abuse, taking place between PFH staff, or PFH staff and a PFH customer, or a PFH contractor and a PFH customer, PFH will investigate and follow the staff Discipline and Grievance procedure. If it is suspected that a crime has been committed, then the police should be informed as soon as possible.
- Should there ever be concerns about abuse, or suspected abuse taking place between a Volunteer and a PFH customer, the contact will immediately be stopped and action will be taken as appropriate ie further investigation, contacting the police, contacting Safeguarding. If it is suspected that a crime has been committed, then the police should be informed as soon as possible.

10. Responding to a safeguarding concern and making a referral

10.1 Staff will follow the association's Safeguarding process and guide when identifying, managing and recording safeguarding concerns. The guidance is updated annually.

10.2 Due to the nature of PFH's work with vulnerable adults, front facing staff are trained in identifying safeguarding concerns and taking appropriate actions. In the event of a particularly complex or urgent case, where capacity is in question or where consent for a referral is not given, staff may consult with a Safeguarding Lead. The following people are nominated as Safeguarding Adults Leads and they are trained to offer policy guidance to front-facing staff:

- The Scheme Services Manager (SSM) [To be replaced with the Independent Living Manager during 2025]
- The Resident Services Manager (RSM)
- The Home Services Director (HSD)

10.3- The Mental Capacity Act (MCA) 2005 provides the legislative framework for managing cases and assessing an individuals mental capacity, and their ability to consent to referrals being made or interventions. It also provides the framework for obtaining consent, or managing cases without the individual's consent. The association's Safeguarding Guide and Process provides further information on this.

10.4 All Safeguarding concerns will be formally logged, regardless of whether a safeguarding referral is to be made.

11. Recording, Monitoring and Review

11.1 All Safeguarding referrals are to be logged as per the 'Safeguarding Guidance and Process 2025'. All logged referrals will be quality checked by the RSM or SSM to ensure referrals are logged correctly and actions taken are appropriate and proportionate.

11.2 An annual safeguarding report is submitted to the Governance Committee. The report includes an outline of safeguarding cases in the year, and any other relevant information in relation to our actions/progress on safeguarding.

11.3 Safeguarding matters are routinely on staff Check-In and Team Meeting agendas to remind staff of the importance of safeguarding issues and to offer the opportunity to raise any concerns for further investigation. It is also on the agenda at all contractor meetings.

11.4 Those logging the concern will record detailed and factual information, and all related forms, documents and emails should be attached to the record.

11.5 Following a safeguarding referral, if concerns persist, or if there has been no communication from the Safeguarding Team, staff will attempt follow up with the Safeguarding team if there has been no further contact from or with the resident or the safeguarding team following the initial referral, in order to obtain an update on any actions taken, and so as to understand how we can tailor our support to the resident. It is noted however, that the safeguarding team may not have consent to share information with PFH on interventions or actions taken.

11.6 Only staff who have a legitimate need to view the information will have access to safeguarding reports and logs.

12. Managing and Reviewing the Policy

12.1 PFH will ensure that the Safeguarding Adults policy and procedures are reviewed annually. The named Safeguarding Adults officers will be involved in this process and can recommend any changes. The Safeguarding Leads will also ensure that any changes are clearly communicated to staff, volunteers and service users.

12.2 The RSM and SSM (ILM) will regularly review safeguarding and abuse cases to make sure that incidences have been effectively managed and that PFH is fulfilling its corporate / strategic duties. This will also make sure that any points of learning or areas of improvement are identified, reported and addressed.

13) Data Protection

13.1 It is recognised that incidents of Safeguarding and Domestic Abuse are extremely sensitive and private incidents for victims to report and PFH shall maintain the confidentiality of a disclosure regarding abuse to the extent allowed by law and unless to do so would result in significant harm or risk of harm to any person on any cases that are reported.

13.2 PFH will however, share relevant information with local agencies such as the Safeguarding Adults team, police, MARAC and other involved agencies where necessary, to deal with cases more effectively by either gathering extra evidence to carry out enforcement measures against the perpetrator or sharing information in the interests of the victim to provide better or more effective support. The principles of UK GDPR and PFH's Data Protection Policy will apply to this Policy.

14) Our Commitment to Equalities

14.1 PFH seeks to ensure that their actions do not lead to unlawful discrimination. Deliberate acts of discrimination, including victimisation, harassment, instruction or pressure to discriminate, will result in disciplinary actions and/or termination of contracts with external agents.

14.2 We can provide access to interpreters for minority languages including sign language, and we can arrange written material in large print, Braille and first languages where necessary.

14.3 PFH will aim to ensure that no individual or group is treated less favourably on the grounds of age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. We aim to recognise the needs of individuals and treat each person with dignity and respect.

14.4 We will update the Equality Impact Assessment at least every three years to assess and compare safeguarding cases against protected characteristics.

14.5 We will consider the individual needs of residents who may require additional support and make reasonable adjustments in line with the Equality Act 2010 and in accordance with our EDI Policy.

14.6 We will work with our contractors to ensure that any resident who feels uncomfortable with male only operatives, for example, either can opt to have a female operative, or a female accompanying the operative.