



Safeguarding Adults at Risk, Children and Young People Policy

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This policy was adopted by Council on xxxx

Review Frequency: MDH will review this Policy every 5 years and as required to address legislative, regulatory, best practice or operational issues. However the Head of Housing and Health is given delegated authority to make minor amendments to the Policy as required by legislative changes, formal guidance or local operational considerations.

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1 Introduction

- 1.1 This Policy aims to compliment and work in tandem with the Mid Devon District Council Corporate Safeguarding policy and guidance.
- 1.2 It draws on and reflects the relevant legislation and guidance on safeguarding for both children and adults at risk and sets out the housing management service's aims, role and responsibilities for ensuring effective safeguarding in partnership with other agencies. It includes:
 - Definitions of safeguarding and those who may be at risk.
 - Types of abuse and neglect.
 - Responsibilities for Safeguarding within the Council and Housing Service.
 - How we will respond to instances of abuse and neglect.
 - How we will share information and work with others.

2 Aims and Objectives

- 2.1 The aims of the Policy are to clarify the roles and responsibilities of Housing Officers and contactors employed by MDH when dealing with concerns about safeguarding of tenants or anyone living in or visiting our homes.
- 2.2 The objective is to provide employees and contractors with the processes needed to promote the welfare of and action to enable all children, young people and adults with care and support needs who live in or visit our homes to have the best life outcomes.

3 Legal Framework and Associated Policies

- 3.1 As a social housing provider working with children, young people, and families, MDH have specific statutory duties under Section 11 of the Children's Act 2004, to promote the welfare of children and young people, and ensure they are protected from harm. MDH also have statutory responsibilities for safeguarding adults, for example from the Human Rights Act (1998); the Mental Capacity Act (2005), and the Care Act (2014).
- 3.2 This policy should be read in conjunction with the following documents:
 - MDDC Corporate Safeguarding Policy
 - MDDC Disciplinary Procedure
 - MDDC Grievance Procedure
 - MDDC Whistleblowing Policy
 - MDDC IT Acceptable Use Policy
 - MDDC Equality and Diversity Policy
 - MDDC Complaints & Feedback Procedure
 - MDDC Dignity at Work Policy
 - MDDC Health & Safety at Work guidance
 - MDDC Disclosure & Barring Policy

3.3 Additional online resources:

[Home - Devon Safeguarding Adults Partnership](#)

[Report your concern - Devon Local Authority boundaries - Devon Safeguarding Adults Partnership](#)

[The Devon Safeguarding Children Partnership \(Devon SCP\)](#)

[Devon has a duty to keep vulnerable adults safe and away from harm](#)

[Domestic violence and abuse - Domestic and Sexual Violence and Abuse](#)

[Safeguarding - MIDDEVON.GOV.UK](#)

4 Definitions of Safeguarding

4.1 The NHS definition of safeguarding states:

'Safeguarding means protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility,

4.2 Those most in need of protection include:

- Children and young people
- Adults at risk, such as those receiving care in their own home, people with physical, sensory and mental impairments, and those with learning disabilities.

5 Types of Abuse and Neglect

5.1 Physical abuse- the use of force that results in pain, injury or deterioration in the person's physical state. Examples include: Punching, hitting, pinching, burning, and misuse of medication, excessive restraint and forced feeding.

5.2 Sexual abuse- sexual activities when the individual does not want the activity, or they have not consented, they do not understand/have the capacity to understand or they are under 16 years old. Examples include: rape or sexual assault, inappropriate touch, sexual teasing or innuendo, sexual harassment, indecent exposure and sexual photography or forced use of pornography.

5.3 Psychological abuse- has a harmful effect on the emotional, health and/or development of an adult or child at risk. Examples include: threats, intimidation, humiliation, bullying, harassment, verbal abuse, enforced isolation, preventing access to services, preventing choice and opinion and addressing someone in an infantile or patronising way. This can include psychological abuse suffered by children who witness the abuse of a parent, guardian or carer.

- 5.4 Financial or material abuse- using property, assets, income of adults who are vulnerable without their consent and making financial transactions for adults who do not have mental capacity. Examples include: theft of money or possessions, fraud, preventing a person access to their own money, pressure or threat in connection with money, loans, wills or property.
- 5.5 Discriminatory abuse- service or care given influenced negatively by an aspect of the individuality of the adult at risk. Examples include: a) unequal treatment based on age, disability, gender, reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation. b) verbal abuse, derogatory remarks, exclusion. c) hate crime, antisocial behaviour.
- 5.6 Neglect and acts of omission- not meeting basic or specific social and medical needs. Examples include:
- a) Failure to provide food, shelter, clothing, heating, personal or medical care.
 - b) Withholding medication as prescribed.
 - c) Failure to allow choice i.e. visitors, meeting cultural or religious needs.
 - d) Ensuring privacy and dignity.
- 5.7 Institutional abuse- the mistreatment of people brought about by poor or inadequate care or support. Examples include: lack of leadership and supervision, lack of respect and dignity, not providing assistance with activities of daily living, not offering choice or promoting independence and failure to respond to complaints.
- 5.8 Self-neglect- this covers behaviour relating to neglecting to care for one's health, personal hygiene and surroundings, and behaviour like hoarding.
- 5.9 Modern Slavery – when an individual is exploited by others, for personal or commercial gain. Whether tricked, coerced, or forced, they lose their freedom. This includes but is not limited to human trafficking, forced labour and debt bondage. This can also include individuals who are forced to work in pop up brothels.
- 5.10 County Lines - a term used to describe networks of gangs and organised crime groups, who use children, young people and vulnerable adults to carry out illegal activity on their behalf.

6 Responsibilities for Safeguarding

- 6.1 Every member of staff, including contractors, are responsible for raising any safeguarding concerns they have and making sure that they are alert to issues.
- 6.2 MDH will ensure that where safeguarding concerns have been raised that we put the safety and wellbeing of victims at the heart of everything we do.

- 6.3 MDH recognises that we cannot manage safeguarding concerns in isolation and we will seek assistance from partners and professionals in a timely manner when required to do so. This is an important consideration for the council which owns and manages housing across the local authority area.
- 6.4 MDH will work alongside our partner agencies Care Direct, Devon County Council via Early Help, multi-agency safeguarding hub (MASH) and other branches, Doctors and the Police to ensure the best outcome that we can for victims.
- 6.5 As a provider of social housing and support services we will build and maintain partnerships and effective referral procedures with other local authorities, agencies and organisations to safeguard children and adults at risk.

7 Contractors and Service Providers

7.1 Contractors and service providers for frontline services on our behalf need to make sure their staff:

- Are suitable to provide frontline services;
- Comply with contractual requirements; and
- Are aware of who to contact with any safeguarding concerns.

7.2 Contractors must also:

- Notify us of all safeguarding concerns; and
- Fully co-operate with any investigation into received allegations within reason and whenever possible.

7.3 They are responsible for working with employees of the council, to the same standard, in ensuring the safety and well-being of children and adults with care and support needs within their scope.

7.4 They are responsible for participating in any training or development opportunities offered to them to improve their knowledge of skills in this area where practicable.

8 Staff Recruitment and Training

8.1 MDH ensures that it recruits trustworthy and reliable staff who are capable of managing these delicate and sensitive issues. We have clear and robust safer recruitment practices in place that support our approach to safeguarding adults and children.

8.2 At recruitment, MDH assesses the skills, experience and previous training of the applicant in order to appoint the most suitable person for the job. Training needs are reviewed at the recruitment of new starters and then formally on an annual basis during appraisals.

- 8.3 All employees will be inducted in the contents of this Policy with particular emphasis on their personal responsibilities.
- 8.4 All new employees also receive a mandatory general safeguarding induction. This will either take the form of an E-learning course or will be delivered by a Team Leader. This training is required irrespective of whether the individual has undertaken recent similar training in another role.
- 8.5 Where an individual takes on specific safeguarding responsibilities, for example Safeguarding Champions, they will receive relevant safeguarding training in these responsibilities.
- 8.6 All staff will be required to undertake mandatory refresher training every three years.

9 Staff and Contractor Behaviour

- 9.1 The Children Act 2004 places a duty upon organisations to promote the wellbeing of children and young people. All adults have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of children and young people and adults at risk, with whom they work or come into contact with. It is therefore expected that they will adopt high standards of personal conduct in order to maintain the confidence and respect of the general public and of their colleagues.
- 9.2 Staff and those who work on our behalf, working with our residents, may have contact with children, young people and adults at risk. They are responsible for their own actions and behaviours and should avoid any contact which could lead to someone questioning their motives and intentions or allegations being made.
- 9.3 It is acknowledged that people may have concerns about the possibility of an allegation being made against them, and for that reason it is important that they familiarise themselves with behaviours that may be considered as constituting misconduct or gross misconduct, and those which would be considered illegal.
- 9.4 Example circumstances where misunderstandings may arise:
- Dress and appearance
 - Gifts, rewards, and favouritism
 - Communication with individuals (including the use of technology and /or social media platforms)
 - Social contact
 - Physical contact
 - Sexual contact
 - Children, young people, and adults at risk in distress

10 How we will respond

- 10.1 We aim to action each report of safeguarding as appropriate. This is monitored by the Safeguarding Champions and a quarterly report is produced and discussed to identify trends and put in place supportive actions.
- 10.2 We will provide a tailored approach where possible to each individual concern and all persons involved. This will include the provision of specific communication methods where required. If MDH is not able to assist, the appropriate sign posting to other organisations will be provided.
- 10.3 Emergency cases, for example life at risk or if a member of staff feel the need for urgent action will be immediately referred to the Police and/or Ambulance Service whether or not the victim has consented to a referral.
- 10.4 If a member of staff feels that urgent action is required they are encouraged to seek support whether or not they have gained consent of the person.

11 Children and Young People at Risk

- 11.1 Provided it is safe to do so, we will always talk to the family at risk about their concerns before making a safeguarding referral, involving the family in decisions about them and taking their views and wishes into account. We will consider the individuals capacity to understand the safeguarding concern.
- 11.2 The exception is when we believe that contacting the parent/carer could place a child or another adult at risk of harm. In these exceptional circumstances, or if consent is refused or cannot be obtained, we will contact the multi-agency safeguarding hub for advice.
- 11.3 Consent is not required when considering making a safeguarding referral for a Child, however in the appropriate circumstances, speaking with the parent/guardian prior to referrals is seen as best practice. We recognise the importance of the wishes and feelings of a child, however these may sometimes be contradicted in order to act in the child's best interests.

12 Adults at Risk

- 12.1 The Care Act 2014 The Act sets out six key principles that underpin all adult safeguarding work:
 - Empowerment- personalisation and the presumption of person-led decisions and informed consent
 - Prevention- it is better to take action before harm occurs
 - Proportionality- proportionate and the least intrusive response appropriate to the risk prevented
 - Protection- support and representation for those in greatest need

- Partnership- local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
 - Accountability- accountability and transparency in delivering safeguarding
- 12.2 At risk includes those who are unable to take care of or protect themselves; and whose independence and well-being is at risk without support because they are vulnerable through:
- Age;
 - Having a long-term limiting illness or condition;
 - Being in an abusive relationship;
 - Having a physical, learning or mental health disability;
 - Frailty; or
 - Having been in care, prison or other institution.
- 12.3 An adult under the scope of this policy means any person who is 18 years of age or over, and who is or may be in need of community care services by reason of for example. a physical or mental disability, a learning difficulty, reduced physical or mental capacity due to old age, dependency on drugs, alcohol or medication and who is or may be unable to take care of him/herself, or unable to protect him/herself against significant harm or serious exploitation.
- 12.4 Provided it is safe to do so, we will always talk to the adult at risk about our concerns before making a safeguarding referral, involving the adult in decisions about them and taking their views and wishes into account. An officer can raise a safeguarding concerns if they feel that the adult does not have capacity to agree to a safeguarding referral.
- 12.5 Consent is a legal requirement for safeguarding adults, unless the adult either lacks capacity; is at significant risk of harm; a crime could be prevented or an employee is an alleged perpetrator of the suspected abuse.
- 12.6 Where significant risk exists an update to the Care Act in 2018 allowed referrals to be made without consent. For example:
- If there is a risk to other people (including children or other adults at risk);
 - If a crime has been committed, or action is needed to prevent a crime being committed;
 - If seeking their consent would put them at further risk;
 - The adult lacks mental capacity to understand the risks to them, and it is in their best interests to take action;
 - If we believe the person is refusing support because they are being influenced or coerced by someone else; or
 - There has been abuse or neglect by a person in a position of trust, such as a carer or health professional.

- 12.7 If verbal consent has not been received by a vulnerable adult at risk, consent should be sought before sharing information outside the organisation such as via a referral. If consent is not given, the colleague should discuss with their line manager if risks to the person's safety or another person are high. This may make it appropriate to override the need for consent. A record should be kept of the conversation and the reasons for overriding consent.

13 Whistleblowing

- 13.1 Mid Devon District Council has robust whistleblowing and disciplinary procedures and would take action to investigate where staff are or are alleged to be engaged in any form of abuse or exploitation of adults or children at risk.
- 13.2 There may be exceptional instances when a staff member is involved in the abuse of an adult at risk or a child. All staff members take responsibility to report any concerns immediately via the MDDC Whistleblowing Policy. Normal disciplinary procedures would apply to investigate any allegation.
- 13.3 In addition, if any staff member has a concern regarding a colleague and their wellbeing they should report immediately to their line manager, or another available manager.

14 The Local Authority Designated Officer (LADO) process

- 14.1 The LADO is a statutory role which sits within Devon County Council Children Services. The LADO is responsible for co-ordinating the response to concerns that an adult who works with children may have caused them or could cause them harm. The LADO also gives advice and guidance to employers, organisations and other individuals who have concerns about the behaviour of an adult who works with children and young people. Included in this group are volunteers, agency staff and foster carers as well as people who are in a position of authority and have regular contact with children.
- 14.2 The LADO should be alerted to all cases in which it is alleged that a person who works with children has:
- Behaved in a way that has harmed, or may have harmed, a child;
 - Possibly committed a criminal offence against children, or related to a child;
 - Behaved towards a child or children in a way that indicated they may pose a risk of harm to children; or
 - Behaved or may have behaved in a way that indicates that they may not be suitable to work with children.

14.3 Allegations of non-recent abuse should be referred in the same way as contemporary concerns.

14.4 If a Council staff member or Member becomes aware of a situation as outlined in 14.2 above they should immediately alert the Corporate Safeguarding Lead (and in his absence the Chief Executive or a Director) and either:

- The Corporate Manager for People, Governance & Human Resources where a member of staff is involved, or
- The Monitoring Officer where an elected member is involved, or
- The Head of Housing and Health (where different to their Corporate Safeguarding Lead role) in cases which involve a licence issued by the Council,

who will then inform the LADO within 1 working day.

14.5 Having assessed the referral the LADO may arrange one or more Managing Allegations Meetings liaising with the police and other agencies as necessary. Attendance at a LADO Managing Allegations Meeting should be always be made by two officers together to ensure that if total confidentiality is required (e.g. to safeguard an ongoing police investigation) the weight of responsibility does not fall to one officer alone.

15 Sharing Information

15.1 MDH will process personal information in connection with tenants in accordance with the Data Protection Act 2018 and UK GDPR 2020.

15.2 MDH will ensure that all housing management staff understand government guidance for sharing information with other professionals and that information is shared effectively and efficiently to support early identification and assessment of any concerns.

15.3 MDH will ensure the information it shares is necessary for the purpose for which we are sharing it, it is shared only with those who need to have it, is accurate and up to date and shared securely.

15.4 MDH will be open about what and with whom information will or could be shared unless by doing so puts the adult at increased risk of harm, seeking consent and respecting confidentiality except where we consider safety or wellbeing of the adult or others to be at risk.

16 Complaints

16.1 We try to get things right the first time and when we do, we would love people to let us know. It's great for us to receive positive comments or feedback, so if people wish to complement our staff for doing a great job, we would love to hear from them.

16.2 If things do go wrong the Council is committed to:

- Dealing with complaints and comments quickly and effectively; and
- Using complaints, comments and compliments to review and improve our services

16.3 When tenants contact us to tell us they are dissatisfied with the service we have provided, we will offer them the choice to have an informal conversation to see if we can put things right quickly, without the need for a formal investigation.

16.4 The Housing Ombudsman Service advise that a complaint must be defined as:

'an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual resident or group of residents'.

16.5 Where a tenant considers that the council has given a poor service or has got something wrong, they may tell a member of staff in the first instance. This does not need to be treated as a formal complaint (unless the complainant asks us to do so) and may be resolved 'there and then' by way of an apology or plan of action. Any comments provided will be used to take appropriate action, or give information.

16.6 If a tenant does not want to do this or is unhappy with the response, they may make a formal complaint, which can escalate from stage 1 or stage 2 if they are still not satisfied with the response. Having been through stages 1 and 2 and they are still not satisfied, the tenant may contact the Housing Ombudsman Service.

16.7 MDH's complaints procedure is detailed on Mid Devon District Council website: [Feedback and Complaints](#)

17 Equality Impact Assessments

17.1 MDH complete an equality impact assessment each time we develop or review a policy, procedure or service. The assessment is to help us make sure our decision making is fair and does not present any barriers or disadvantage to customers from any protected group (including disability) under the Equality Act 2010.