

POLICY / PROCEDURE CONTROL DOCUMENT : SAFEGUARDING VULNERABLE  
ADULTS POLICY AND PROCEDURE

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<b>1</b>	Document title	Safeguarding Vulnerable Adults Policy and Procedure		
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## **1. POLICY STATEMENT**

- 1.1. Elim Housing Association (EHA) believe that all adults have a right to live in safety, free from abuse and neglect. All adults at risk, whatever their age, culture, disability, gender, language, racial origin, socio-economic status, religious belief and / or sexual identity have the right to be safeguarded from abuse.
- 1.2. EHA are committed to collaborating with customers and other partners to ensure that this right is both provided and protected, in keeping with legislation and related guidance, including the:
  - Care Act, 2014
  - Safeguarding Vulnerable Groups Act 2006
  - Mental Capacity Act 2005
  - Domestic Abuse Act 2021
  - Equality Act 2010
- 1.3. EHA also work closely with the local authorities and key stakeholders in areas they operate, engaging with local strategic approaches to safeguarding and relevant procedures.
- 1.4. This document explains the responsibilities of EHA staff and volunteers in upholding these values and the procedures that they will follow. It also outlines the responsibilities of partners in this work.
- 1.5. In fulfilling these responsibilities, EHA recognise the following:
  - Adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances.
  - People have complex lives and being safe is only one of the things they want for themselves. EHA will engage with individuals to recognise what being safe means to them and how it can best be achieved.
  - Safeguarding is not a substitute for the provision of high-quality support to those that need it.

## **2. SAFEGUARDING**

- 2.1. Elim Housing Association's safeguarding aims are to:
  - Stop abuse or neglect wherever possible.
  - Prevent harm and reduce the risk of abuse or neglect to adults at risk (i.e. they have needs for care and support and, because of those needs are unable to protect themselves against the abuse or neglect or the risk of it)
  - Safeguard adults in a way that supports them in making choices and having control about how they live.
  - Promote an approach that concentrates on improving life for the adults concerned.

- Raise public awareness so everyone can play their part in preventing, identifying and responding to abuse or neglect.
- Provide information and support in accessible ways to help people understand different types of abuse, stay safe and know how to raise a concern about the safety or wellbeing of an adult.
- Address the cause of the abuse or neglect.

2.2. In working towards these aims, EHA will observe the following principles:

- **Empowerment:** People will be supported and encouraged to make their own decisions and provide informed consent
- **Prevention:** Every effort will be made to act before harm occurs
- **Proportionality:** The least intrusive response taken to address the risk presented
- **Protection:** Representation/advocacy will be sought for those in greatest need.
- **Partnership:** Action will be taken in conjunction with local communities, the local authority, statutory agencies, and other providers
- **Accountability:** EHA will accountable and transparent in their safeguarding practise.
- **Personal safeguarding:** Safeguarding arrangements are in place to protect individuals who have different preferences, histories, circumstances, and lifestyles. Safeguarding practise will be person-led and outcome focused. EHA will engage the adult in a conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety.

### 3. DEFINITIONS AND CATEGORIES OF ABUSE AND NEGLECT

**3.1 Physical Abuse** – May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm.

**3.2 Physical harm** - can also be caused where a someone fabricates. the symptoms or deliberately induces illness in a vulnerable adult.

**3.3 Emotional Abuse** - the persistent emotional maltreatment of a vulnerable adult. Examples include bullying, threats, intimidation, name-calling, denial of basic rights such as privacy and social contact.

**Sexual Abuse** – Forcing or enticing a vulnerable adult to take part in sexual activities, this may involve physical contact such as kissing, touching, rape etc. It can also involve non-physical contact such as involving vulnerable adults to look at sexual images or behave in sexually inappropriate ways or grooming of a vulnerable adult in preparation for abuse (including via the internet). Sexual abuse can be perpetrated by any adult or child.

**3.5 Neglect and acts of omission**– the failure to meet basic physical and /

or psychological needs, likely to result in impairments to health and development including failure to provide adequate food, clothing, and shelter, failure to ensure adequate supervision and care, failure to intervene to assess, risk or avert or reduce danger. It may also include neglect of, or unresponsiveness to, a vulnerable adult's emotional needs. It may occur deliberately or by omission.

**3.6 Financial or material abuse** – the misuse of a person's property, assets, income, funds, or resources including theft, misappropriation or withholding of money, pressure to influence wills, inheritance or financial transactions, misuse of a power of attorney.

**3.7 Discriminatory abuse** – exists where values, beliefs, and culture result in a misuse of power that denies opportunity to individuals or groups based on factors such as gender, race, sexuality, age, disability, religion, political affiliation. This includes failure to recognise or address language issues, religious observance, the need for culturally appropriate services, and exclusion from decision-making.

**3.8 Institutional / Organisational abuse** – Abuse or mistreatment by a regime as well as individuals within a health or care setting or within a person's own home. This includes lack of privacy or respect, lack of choice, excessively rigid routines, use of restraint, and denial of individual identity.

**3.9 Domestic Abuse** – Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or above whom are, or have been, intimate partners or family members, regardless of gender or sexuality.

#### 4. PREVENT STRATEGY

EHA recognises its role in supporting the Government's counterterrorism Prevent Strategy. It acknowledges that radicalisation is usually a process not an event. EHA recognise that it has a part to play to prevent vulnerable people being drawn in to terrorism-related activity and that in some cases this may overlap with safeguarding duties. A link to details of the Government's Channel programme can be found in Appendix 2.

#### 5. THE SAFEGUARDING PANEL

5.1. The Safeguarding Panel will meet quarterly to review all safeguarding concerns raised by staff. The purpose of this review will be:

- To ensure the Safeguarding Adults Procedure is followed appropriately by all staff.
- To identify any trends or overarching concerns that may require either an organisational response or notification of any other agency.
- To identify individual cases that may require further action for any reason.
- To provide feedback to EHA staff on their management of safeguarding cases.

- To collate data for reporting to the Operational and Executive Management Teams.

Additionally, the Safeguarding Panel fulfil the following responsibilities:

- Providing guidance to staff as required.
- To support the Head of Support Services in and review of policy and procedure
- Provide guidance to HR regarding training requirements.

Exceptional meetings of the Safeguarding Panel will take place as required.

## 6. STAFF RESPONSIBILITY

- 6.1. All EHA staff have a responsibility and duty to report any allegations or concerns in relation to the safeguarding of adults following the procedures specified this document. Staff also have a responsibility to support local authorities and other agencies in carrying out their statutory safeguarding responsibilities.
- 6.2. The table below details staff with specific responsibilities in relation to safeguarding adults.

Role	Current post holder and contact no.	Responsibility
Head of Support Services (HOSS)	Current post vacancy (May 2025)  Absence covered by the Deputy Chief Executive. Rachel Pinchin: 01454 411172	<ul style="list-style-type: none"> <li>• Organisational responsibility for Safeguarding policy, procedure, and practise within the organisation.</li> <li>• Sign-off of relevant procedure/documents.</li> </ul>
Safeguarding Panel members:  Head of Housing Services (HOHS)  Housing manager (specialist)  Area Support Manager North (ASMN)  Area Support Manager South (ASMS)	Nick Jermyn, 01454 532362 / 07301006035  Lorraine Jenner 01454 532366  Sarah Kidger, 01454 532395.  Denise Tombs, 0117 9273844 / 01454532418  The Safeguarding Panel can be contacted at <a href="mailto:safeguarding@elimhousing.co.uk">safeguarding@elimhousing.co.uk</a>	<ul style="list-style-type: none"> <li>• Operational leads for safeguarding in respective areas.</li> <li>• Quarterly safeguarding review of all cases to ensure best practise being observed, trends monitored etc.</li> <li>• Advice, direction, and guidance for any staff with safeguarding queries</li> <li>• Review of relevant procedure/docs</li> <li>• To collate data for reporting to the Operational and Executive Management Teams</li> <li>• Providing guidance to Human Resources regarding</li> </ul>

		appropriate training, including content and frequency
Team Leader/Assistant Team Leader	Various	<ul style="list-style-type: none"> <li>‘Appropriate manager’ to support and advise staff teams on safeguarding issues and ensure day to day compliance with policy.</li> </ul>
On-call Manager	Various. Out of Hours on call telephone: 0800 1233001	<ul style="list-style-type: none"> <li>First response to any concerns raised out of office hours</li> </ul>

## 7. RECRUITMENT AND INDUCTION

- 7.1. All EHA staff and volunteers are subject to full Disclosure and Barring Service checks before they are permitted to lone work with any customer. These checks are renewed every 3-years.
- 7.2. Safeguarding vulnerable adults and children forms part of the induction process for all staff. All staff will receive induction from their line-manager around the contents of this document and associated policies in their first week of employment and will be expected to complete the relevant on-line training modules within four weeks of their start date.

## 8. TRAINING

- 8.1. All EHA staff and designated safeguarding board member will receive safeguarding training appropriate to their position. The table below provides further information of training frequency. Changes in legislation or central/local government guidance will be responded to appropriately as they arise. All new staff in the positions below will complete an online safeguarding adults module in the first month of their employment and receive additional training appropriate to their grade within their probationary period.

Roles	Training course and frequency			
	Lone working and Professional Boundaries, 3 years	Safeguarding children/adults for Managers (Local Authority), 2 years	Safeguarding Children, Safeguarding Vulnerable Adults, every two years minimum	Safeguarding adults refresher (online), Annual and during probation
Head of Supported Housing Services	x	x	x	x
Head of Housing Services				

<b>Area Support Manager</b>				
<b>Team Leaders</b>				
<b>Supported Housing Officer</b>				
<b>Housing Officer</b>	x		x	x
<b>Estate Officer</b>				

## 9. CONFIDENTIALITY AND DATA PROTECTION

- 9.1. EHA recognises that the safeguarding of vulnerable adults is paramount and takes precedence over other organisational principles relating to confidentiality and data protection. Whilst the Confidentiality and Data Protection Policy should be observed wherever possible, this must never be done in such a way as to compromise the safety or welfare of a vulnerable adult.
- 9.2. Relevant information should be shared with appropriate people and agencies as outlined in this procedure. If in any doubt staff should consult the appropriate manager for guidance.
- 9.3. Wherever possible, the vulnerable adult should be kept fully informed of all actions being taken.

## 10. CAPACITY AND CONSENT

- 10.1. All adults have the right to choice and control in their own lives. As a general principle, no action should be taken for, or on behalf of, an adult without obtaining their consent.
- 10.2. The most common capacity and consent issues to consider will usually be:
  - Whether the adult has the **mental capacity** to understand and makes decisions about the abuse or neglect related risks and any immediate actions necessary to safeguard them. Anyone who acts for, or on behalf of, a person who may lack capacity to make relevant decisions has a duty to understand and always work in line with the Mental Capacity Act (MCA) and the MCA Code of Practise. Further guidance can be found in Elim's Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedure (see section 4)
  - Whether the adult **consents** to immediate safety actions being taken and whether the adult consents to information being shared with other agencies. If there is an

overriding public interest, or if gaining consent would put the adult at further risk, the concern must be reported.

### 10.3 Unwise Decisions

- If a person making an unwise decision lacks capacity, then a decision needs to be made in the person's best interests in compliance with the MCA.
- A person with capacity is entitled to make unwise decisions relating to abuse
- If an unwise decision is related to exploitation, coercion, grooming, undue influence or duress, Staff should seek support from colleagues in social services or the police.
- Staff should share safeguarding information if a person with capacity is making an unwise decision that puts others at risk.

## 11. RECORD KEEPING

11.1. Staff should adhere to the following principles of record keeping in their application of any stage of this procedure:

- Records kept should be factual, not based on opinion
- Where an opinion is relevant to the concern being raised it should be clearly indicated as such and the basis for the opinion explained, for example: *"At 1045 shouting was heard from Flat 1. I immediately went to the flat. When the resident opened the door, I observed that their child had a cut on his head and was crying. Since blood was still flowing from the cut and the child's clear state of distress my opinion was that the cut was very recent."*
- Wherever possible, dates, times and names should be incorporated into the report.

## 12. RESPONDING TO A PERSON WHO ALLEGES ABUSE

12.1 Staff should observe the following principles response to an allegation of abuse:

- Anyone making an allegation of abuse must be listened to and their perspective respected.
- Vulnerable adults are given choice and control over their situation where possible.
- Not over-question. Staff should listen and offer support, establishing the key facts.
- Be honest and explain what the next course of action must be in accordance with EHA's procedure and the Law. Explain what is likely to happen, not guess.
- Not make false promises. Advise if further guidance is being sought.
- Advise that information may have to be shared in some circumstances.
- Encourage people to explain the reasons for any concerns in taking matters forward so that they can be communicated to the relevant agencies.
- Record information as accurately as possible, observing the guidance detailed in this document.
- Act quickly and observe the procedure flowchart (Appendix 1)

### 13. REPORTING PROCESS AND FORMS

- 13.1. The SG1 form will be completed on SharePoint by the staff member raising concern.
- 13.2. The incident code allocated to the forms should consist of the three letter Project Code and then three digits increasing consecutively for each safeguarding concern raised, whether relating to an adult or child. For example, the code TAY023 is the 23<sup>rd</sup> concern raised by Taylor House staff.
- 13.3. The relevant head of service or area support manager on the Safeguarding Panel will review the case and will email back with feedback or advice for further action.
- 13.4. The SG2 form is used by the reporting service area to record actions taken in response to the safeguarding concern.
- 13.5. The SG3 form will be completed by the reporting staff member or their team leader/assistant team leader and emailed to the Safeguarding Panel ([safeguarding@elimhousing.co.uk](mailto:safeguarding@elimhousing.co.uk)) within four weeks of the initial SG1 form.

- 13.6. The table below gives an overview of the forms and their purpose:

Form code	Form title	Form purpose	Location
SG1	Safeguarding Reporting Form	<ul style="list-style-type: none"><li>• Completed by the member of staff on SharePoint raising the concern to provide essential information to the Safeguarding Panel.</li><li>• Can also be sent to relevant safeguarding authority.</li><li>• The person completing the SG1 can use the body chart in Appendix 4 if this is helpful in identifying injuries.</li></ul>	Appendix 4
SG2	Safeguarding Recording Form	<ul style="list-style-type: none"><li>• A log of actions taken in response to the Safeguarding concern being raised.</li><li>• Allows colleagues to pick up management of the case in the absence of the reporting member of staff.</li><li>• Can also be shared with external agencies as appropriate.</li></ul>	Appendix 5
SG3	Safeguarding Outcome Form	<ul style="list-style-type: none"><li>• Completed 4-weeks after the SG1 and sent to the Safeguarding Panel with the SG2, this form provides an Outcome to the initial</li></ul>	Appendix 6

		<p>safeguarding concern raised and allows the case to be closed – or not – by the Safeguarding Panel.</p>	
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## 14 INFORMATION TO AID EFFECTIVE DECISION MAKING

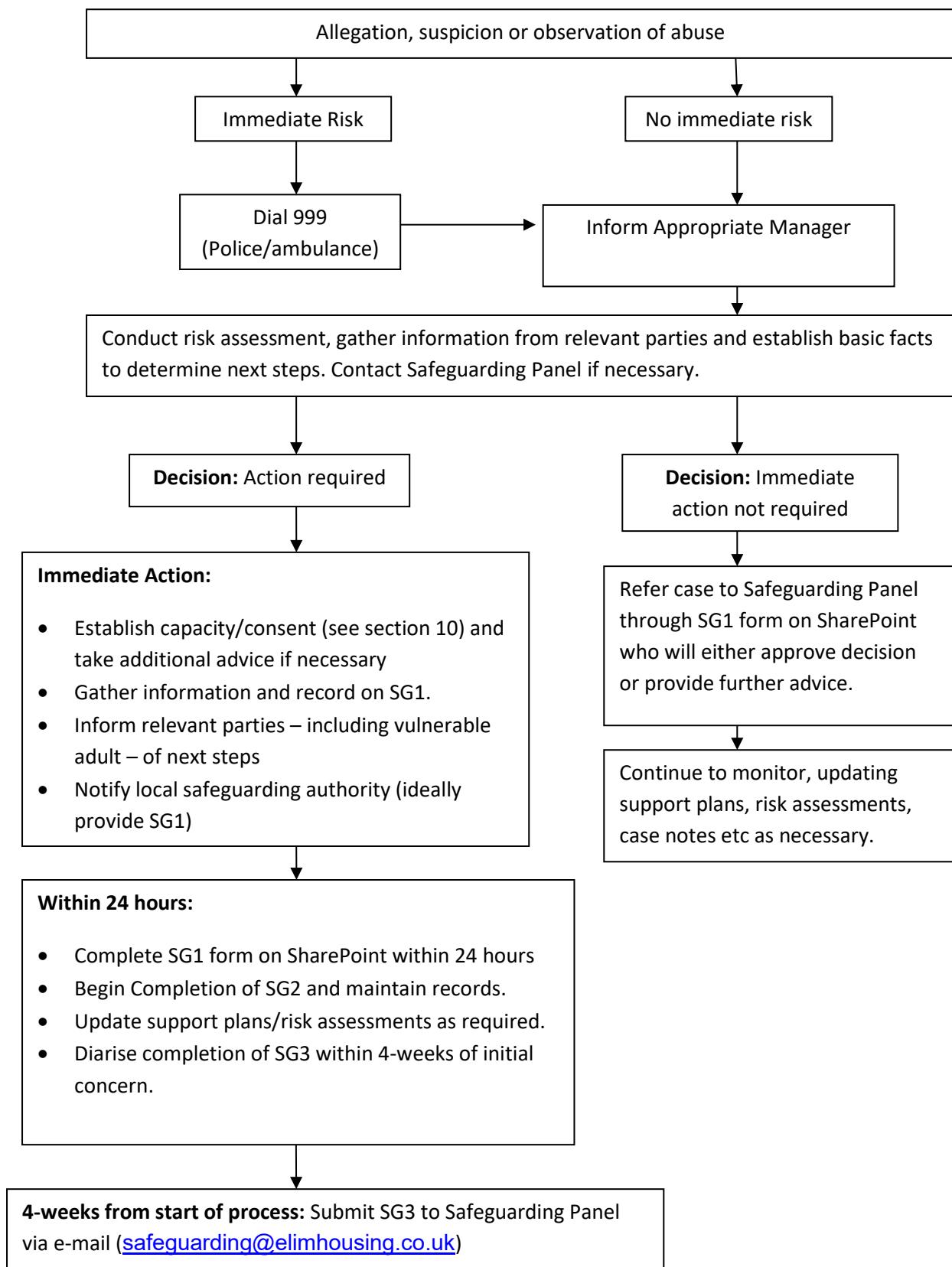
14.1 The following information aids decision making and should be recorded on the SG1 form:

- **Details of the person raising the concern/making the referral:**
  - Name, address, phone number.
  - Relationship to the adult
  - Name of the person raising the concern, if different
  - Name of the organisation if the concern is made from a care setting.
- **Details of the adult:**
  - Name, address and phone number.
  - DoB, or age.
  - Details of informal carer/s
  - Details of any other members of the household, including children
  - Information about primary care needs of the adult
  - Ethnic origin and religion
  - Gender (including transgender and sexuality)
  - Communication needs due to sensory or other impairments (including dementia), including any interpreter or communication requirements.
  - Whether the adult knows about the referral
  - Whether the adult has consented to the referral and, if not, on what grounds the decision was made to report the concern.
  - What is known of the adult's mental capacity?
  - What are the adult's views about the abuse/neglect?
  - What do they want done about it (if known)?
- **Information about the abuse or neglect:**
  - How and when did the concern become known?
  - When did the potential abuse or neglect occur?
  - Where did the potential abuse or neglect take place?
  - What are the details of the potential abuse or neglect?
  - What impact is this having on the adult?
  - What is the adult saying about the abuse or neglect?
  - Are there details of any witnesses?
  - Is there any potential risk to anyone visiting the adult?
  - Is a child at risk?
- **Details of the person alleged to have caused the harm (if known):**
  - Name, age and gender.
  - Relationship to the adult
  - Are they the adult's main carer?

- Are they living with the adult?
- Are they a member of staff, paid carer, or volunteer?
- What is their role?
- Who is their employer (including if employed by the adult)?
- Are other people at risk from this person?

- **Any immediate actions taken:**
  - Were emergency services contacted? If so, which?
  - What action was taken?
  - Crime reference number, if applicable
  - Details of any plan put in place to protect the adult in the short term.
  - Any involvement of children's services if a child is also at risk?

## APPENDIX 1 – PROCEDURE FLOWCHART



## APPENDIX 2 – RELEVANT CONTACTS AND LINKS

### **CONTACTS**

**If a crime has been committed contact the Police on 999 if an emergency and 101 if not.**

#### **Bristol:**

Care Direct 0117 9222700

#### **Gloucestershire:**

Adult Help Desk 01452 426868

#### **North Somerset:**

Care Connect 01275 888801

Out of hours 01454 615165

#### **South Gloucestershire:**

Safeguarding adults Team 01454 864325

Out of hours 01454 615165

#### **Bath and North East Somerset**

Sirona Care and Health 01225 396000

#### **South East Wales/Gwent Safeguarding Board**

Emergency Duty Team 0800 3284432

### **LINKS**

The Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>

The Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

The Channel Programme

<https://www.gov.uk/government/publications/channel-guidance>

## APPENDIX 3 - FORMS

<b>SG1 – SAFEGUARDING NOTIFICATION</b>		<b>INCIDENT CODE:</b>	
Reporting staff member		Department/project	
Date of report		Procedure ( <i>delete as appropriate</i> )	Children/ Adults
<b>Details of incident</b>			
Date of incident			
Name of victim			
Name of victim's carer, where applicable			
Date of Birth			
Victim address and contact number			
Source of information, inc. contact details			
(Alleged) Perpetrator, inc. name, DOB and contact details where possible			
Details of incident ( <i>please include type of suspected abuse, how staff were alerted etc.</i> )			
Consent to share given by victim/victims carers ( <i>delete as appropriate</i> )		Yes / No	
Additional relevant info regarding consent, including reasons why consent not obtained if applicable			
Elim Safeguarding documentation provided ( <i>delete as appropriate</i> )		Yes / No	
<b>Immediate action taken by staff</b>			
Line manager informed?	Yes/No	Main contacts (names/numbers)	
Risk Assessment Completed?	Yes/No	Safeguarding Team	
Local Safeguarding Team informed?	Yes/No	Police	
Safeguarding Panel informed	Yes/No	Other	

**SG2 – SAFEGUARDING RECORD****INCIDENT CODE:**

Staff member submitting record		Department/project	
Date submitted		Procedure ( <i>delete as appropriate</i> )	Children/ Adults

Date	Record of action	Staff name

Please send this form to [safeguarding@elimhousing.co.uk](mailto:safeguarding@elimhousing.co.uk), using the incident code as the email heading.

**SG3 – SAFEGUARDING OUTCOME****INCIDENT CODE:**

Staff member submitting outcome		Department/project	
Date submitted		Procedure ( <i>delete as appropriate</i> )	Children/ Adults

**Outcome of concern detailed in SG1**

Outcome of concern detailed in SG1
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**Other professionals involved in response to concern detailed in SG1**

Name		
Agency		
Telephone		
Email		

**Action being taken by Elim**

Responsible staff member name	
Addressed in support plan	
Support frequency revised	
Support plan/Risk assessment review dates agreed	
Other agencies notified as appropriate (please provide details)	

**Any further issues arising, inc. feedback for Safeguarding Panel**

Any further issues arising, inc. feedback for Safeguarding Panel
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Please send this form to [safeguarding@elimhousing.co.uk](mailto:safeguarding@elimhousing.co.uk), using the incident code as the email heading.