



# Safeguarding Adults At Risk Policy

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## 1. Introduction

DENS accommodates, supports and empowers vulnerable single homeless people, and others in crisis, to transform their lives.

DENS recognises that all people using its services have the same human value, rights and responsibilities as anyone else. They should be shown the same dignity and respect as others in society. DENS therefore condemns all forms of abuse and neglect.

This policy conforms to the requirements of the Care Act 2014 and must be read with other DENS Policies and Procedures including Equal Opportunities, Equality and Diversity, Whistle Blowing, Missing Persons Policies and the Staff and Volunteer Handbooks.

DENS is committed to safeguarding adults in line with the six core principles underpinning the approach to safeguarding outlined in the Care Act 2014.

Principle	Description	Client's view
Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
Prevention	Strategies are developed to prevent abuse and neglect that promote resilience and self-determination.	I am provided with easily understandable information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that professionals will work in my best interest and only get involved as much as needed.
Protection	Adults are offered ways to protect themselves.	I am provided with help and support to report abuse. I am supported to take part in the process for reporting an issue to the extent to which I want and to which I am able.
Partnerships	Local solutions are provided through services working together within their communities, ensuring a co-ordinated response to adult safeguarding. Information sharing between services complies with GDPR guidelines.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my situation.
Accountability	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem.

Adult safeguarding is part of a legal framework in the Care Act 2014 and places a legal duty of care onto Local Authorities to make, or ask others to make, enquiries if they believe an adult is, or is at risk of, abuse or neglect. It is also a requirement to have a Safeguarding Adults Board. In Hertfordshire, this is the Hertfordshire Safeguarding Adults Board (HSAB) which is a multi-agency partnership who work with and support adults at risk in Hertfordshire. The Board works with organisations to make sure adults at risk are cared for and supported somewhere free from abuse, neglect, harassment, violence or aggression, both at home and at work.

The role of the Hertfordshire Safeguarding Adults Board is to:

- Use Safeguarding Adult Reviews and performance data from key agencies to update and deliver effective safeguarding practices in Hertfordshire.

- Support agencies to update and deliver effective safeguarding practices in Hertfordshire.
- Challenge current safeguarding practices in Hertfordshire.
- Make sure safeguarding practices are followed by key organisations to a high standard.
- Agree and oversee a strategic plan and publish an annual report.

The HSAB Policy aims to ensure that organisations work together to prevent abuse occurring and when abuse does occur, adults at risk are protected from further harm.

It makes sure that:

- The needs and interests of adults at risk are always respected and upheld.
- The human rights of adults at risk of abuse or neglect are respected and upheld.
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse or neglect.
- All decisions and actions are taken in line with the Mental Capacity Act 2005.

This DENS policy should be read in conjunction with the HSAB 'Safeguarding Adults at Risk' multi-agency policy, procedure and practice for working with adults at risk in Hertfordshire: [hcs-666-issue-august-2022.docx \(live.com\)](https://www.dens.org.uk/hcs-666-issue-august-2022.docx), the Mental Capacity Act 2005 and the accompanying Code of Practice, as well as the DENS Missing Persons Policy.

## **1.1. Best Practice**

Client safety is intrinsic to DENS' mission, vision and values, and underpins all the policies and procedures which support the work we do. Standards for good practice within DENS are laid out and assessed through our organisational standards, ensuring that clients feel confident in the knowledge that we continually strive to create a safe and caring environment that will most effectively protect them from abuse.

## **1.2. Policy Values**

- All individuals, no matter how disadvantaged, should have the greatest possible control over their lives.
- People should be able to live as independently as possible and to make informed decisions about their own lifestyles.
- People's human and civil rights should be protected.
- In any intervention to reduce risk or respond to danger, care should be taken to ensure the least possible disruption to people's lives.
- People should be offered realistic alternatives if they are intimidated or afraid.

### 1.3. Policy Aims

DENS is committed to:

- Preventing abuse from occurring within our organisation wherever possible.
- Ensuring that there is a consistent and effective response to any concerns, allegations or disclosures of abuse.
- Supporting staff in recognising, reporting and recording abuse and neglect, whether this is within DENS' services or in the community.
- Supporting managers conducting enquiries into incidents of abuse and neglect.
- Ensuring staff have a knowledge and understanding about safeguarding adults at risk from abuse and neglect, including self-neglect and self-harm.

## 2. Policy

In order to meet these aims, DENS will:

- Take up two written references and undertake enhanced Disclosure and Barring Service checks on all new staff and volunteers.
- Ensure that all staff and volunteers working directly with clients are informed of DENS' stand against abuse and neglect, and receive training in abuse awareness, including instruction in:
  - what to do if someone tells them that they are being abused or neglected,
  - they suspect that a person is being abused or neglected,
  - a third party reports suspected abuse or neglect to them,
  - all staff are required to read this policy as part of induction.
- Ensure "Safeguarding" is placed on every supervision and team meeting agenda.
- Provide the necessary support to clients and their relatives.
- Treat a person reporting an alleged incident of abuse or neglect with dignity and respect. Where an allegation has been made in good faith the person making the allegation will be treated without prejudice in the future, even if the allegations prove to be unfounded.
- Offer assistance to the alleged victim where required (e.g. from an advocate) in order to make their allegation. The Care Act states that where the adult involved in the safeguarding process would have "substantial difficulty" in engaging in the safeguarding process they are entitled to a Care Act advocate if there is no other suitable adult (e.g. appropriate family member) to represent them. If the adult lacks capacity they are eligible for an Independent Mental Capacity Advocate (IMCA) whether or not they have suitable family/friends. In Hertfordshire, both the IMCA service and Care Act advocacy services are run by POHWER so there is a single access point for obtaining the relevant advocate. Tel: 0300 456 2370 Email: [pohwer@pohwer.net](mailto:pohwer@pohwer.net).
- Be careful to protect the client's right to confidentiality and indeed that of the alleged abuser, as an allegation may prove to be unfounded. Staff will not promise absolute confidentiality as the line manager must always be informed (and external

agencies may also need to be informed) as outlined below, even in certain circumstances where this goes against a client's wishes.

- Consult with staff, volunteers, other professionals and clients about the operation of this policy.

### **3. Schedule of Responsibilities**

#### **3.1. Trustees**

- To ratify policy.
- To have an awareness of the issues relating to clients and abuse.
- To read and understand Charity Commission Guidance 'Safeguarding and Protecting People for Charities and Trustees 2017'.

#### **3.2. Chief Executive**

- At the discretion of the Chief Executive, a Senior Manager may be made responsible for carrying out a staff disciplinary investigation into abuse.

#### **3.3. Chief Executive and Senior Managers**

- To create and review policy.
- To authorise variations in policy in local circumstances.
- To authorise and monitor any actions resulting from an investigation.
- To decide upon what information should be shared with individuals and agencies during the course of and following an investigation into abuse.
- To deploy staff in a way that deters collusive relationships and opens up opportunities for disclosure.
- To enforce the policy and procedures.
- To report any alerted allegation or suspicion of abuse to the registering authority.
- To carry out an initial assessment of any allegation or suspicion of abuse.
- To report any allegation or suspicion of abuse to the Chief Executive, Police where appropriate, Social Services and service user's family or 'significant other'.
- To know the HSAB procedures for reporting and investigating allegations or suspicions of abuse for each service within their responsibility.
- To identify any potential conflict that exists between DENS and the local authority procedures.
- To assess the 'safety' of services by observing and listening to service users and looking for positive and negative indicators of performance as part of their visits to services.

- To produce a written report following an investigation for the Chief Executive and Trustees, together with any recommendations for action
- Ensure safeguarding information is displayed in all DENS Services.

### **3.4. Lead Safeguarding Officer**

- Be advised of all safeguarding referrals.
- Review all safeguarding referrals.
- Review safeguarding training.
- Review Safeguarding Policy annually.

### **3.5. Line Managers**

- To implement the policy and guidelines within their service.
- To set standards and practice within the service which promote a 'safe service' from abuse.
- To immediately notify a Senior Manager or the Chief Executive of any alerted allegation or suspicion of abuse.
- To be aware of the Local Authority policy and procedures for reporting and investigating an allegation or suspicion of abuse.

### **3.6. All Employees and Volunteers**

- To personally uphold DENS Statement of Values.
- To be aware of abuse as an issue and to alert their Line or another Manager of any concerns, suspicions or allegations of abuse.
- To maintain a client's safety and wellbeing at all times. They should secure the client's immediate safety where possible and ensure immediate medical attention if required.
- To ensure their duty to alert overrides any desire to keep a confidence.
- To make clear and detailed written records when abuse is disclosed, witnessed or alleged. Find the relevant document here: X:\Handover\Elms Handover.

## **4. Definitions**

### **4.1. Safeguarding**

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views,

wishes, feelings and beliefs in deciding on any action.” *Care Act Statutory Guidance*

## 4.2. Abuse

- The Care Act Statutory Guidance states that “Local authorities should not limit their view of what constitutes as abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered”.
- The Care Act Statutory Guidance notes that "Exploitation" is a particularly common theme.
- Abuse may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when an adult at risk is persuaded to enter into a financial or sexual transaction to which he, she or they has not consented, or cannot consent.
- Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.
- Abuse may consist of a single incident or be systematic and repeated.
- Abuse may be intentional or unintentional and the victim may or not recognise that abuse is occurring.

The main forms of abuse as set out in Chapter 14 of the Care Act 2014 are:

- **Physical abuse** - Examples include: Slapping, pushing, kicking, rough handling, misuse of medication, inappropriate sanctions or misuse of restraint.
- **Sexual abuse** - Examples include: Rape, sexual assault, female genital mutilation or sexual acts to which the adult at risk has not consented, could not consent or was pressured into consenting. Non-contact abuse such as voyeurism, involvement in pornography and comments, jokes or innuendos that cause harm.
- **Psychological/Emotional/Mental abuse** - Examples include: verbal assault or intimidation, deprivation of contact, threats of harm or abandonment, humiliation or blaming, overriding of consent, choices or wishes, making someone feel worthless, frightened or unloved.
- **Financial or material abuse** - Examples include: theft, fraud (including internet, postal and doorstep scams), exploitation, controlling behaviour including not allowing an adult’s self-management of their finances where they have capacity and pressure in connections with wills, property, possessions or benefits.
- **Neglect and acts of omission** - Examples include: 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.
- **Discriminatory abuse** - This abuse is usually motivated by discriminatory and oppressive attitudes towards race, gender, culture, background, religion, physical and/ or sensory impairment, sexual orientation and age.

- **Organisational abuse** - This may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to persuasive ill treatment or gross misconduct. Rigid rules, fixed routines etc.
- **Domestic violence** - This may include physical, sexual, emotional or financial abuse within a domestic setting including honour based violence and the offence of coercive and controlling behaviour in intimate and familial relationships introduced by the Serious Crime Act 2015.
- **Modern slavery** - An umbrella term for the activities involved when one person obtains, moves or holds another person in compelled service. It includes human trafficking, domestic servitude, being forced into sex work or other exploitative work and/or being kept in squalid living conditions.
- **Self-neglect** - Including neglect by the person of their personal care, nutritional needs or healthcare needs or neglect of their environment such as living in squalid conditions or hoarding. Although recognised within the Care Act 2014 as a safeguarding concern the revised statutory guidance published in March 2016 states that not all self-neglect cases will require a section 42 enquiry, but need consideration on a case by case basis.
- **Extremism** - In addition to the ten categories listed in the Care Act above, safeguarding also needs to tackle extremism. Adults at risk of Abuse may be targeted by extremists, so professionals need to familiarise themselves with the Prevent Agenda.

Risk of abuse is greater when:

- The vulnerable person is socially isolated.
- A pattern of family violence exists or there is a previous history of any form of abuse.
- Drugs or alcohol are misused.
- Relationships are placed under stress.

### **4.3. Who Are the Abusers?**

Adult(s) at risk of abuse and neglect may be abused by a wide range of people including relatives and family members, professional staff, volunteers, other clients, friends and associates and people who deliberately exploit vulnerable people and strangers.

### **4.4. Possible Indicators of Abuse**

Whilst many of the usual signs of potential abuse are inappropriate when dealing with our client group, the following are specific areas which could be cause for concern and would require further investigation (but should not be considered an exhaustive list):

- Injuries inconsistent with explanations offered.
- Sudden weight loss or gain.
- Nervous/fearful watchfulness.
- Discomfort when sitting or walking.



- Bed wetting when incontinence has not been diagnosed.
- Sudden changes in appearance and personal hygiene.
- Sudden changes in behaviour, including being missing for periods of time.
- Erratic behaviour.

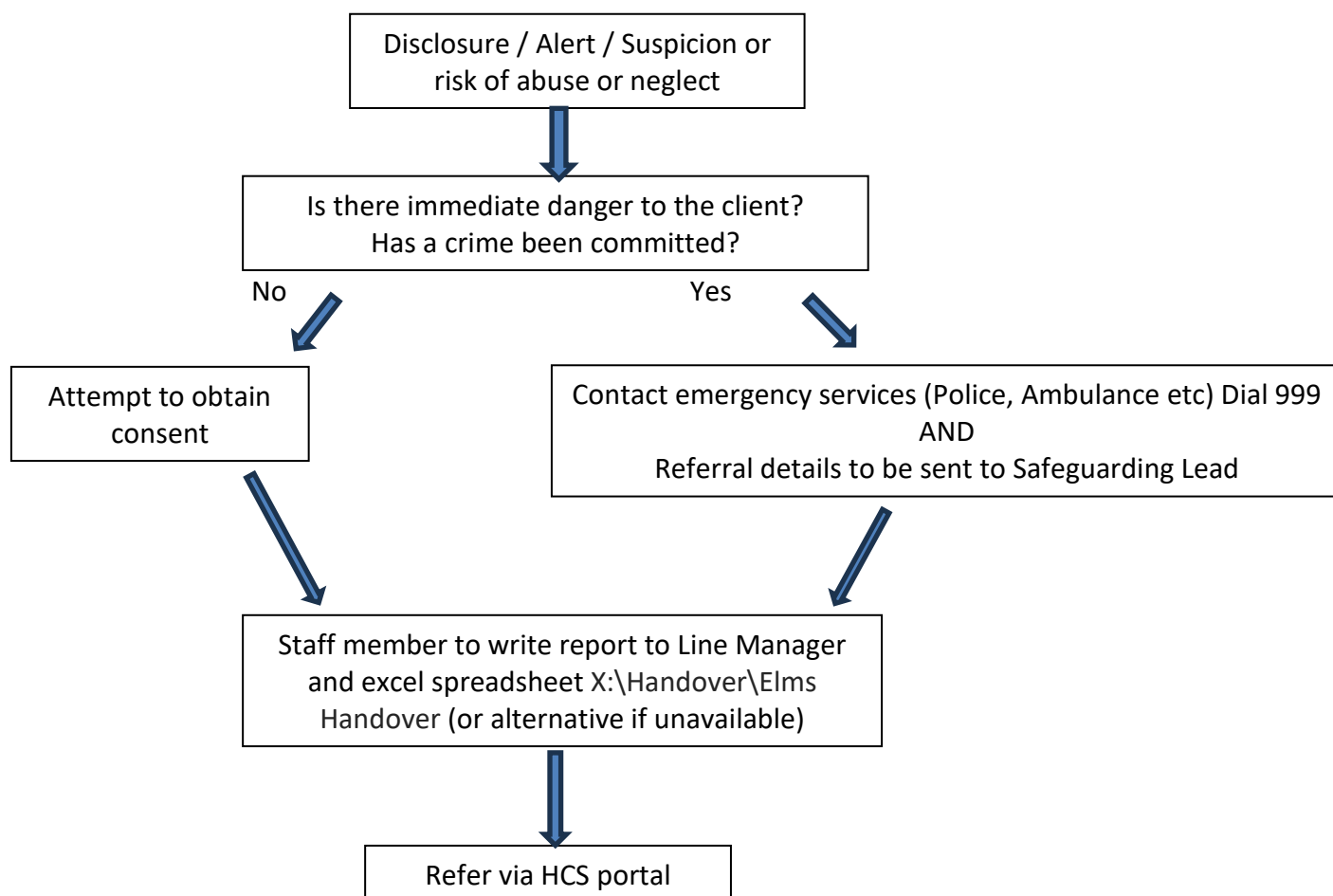
## **5. Reporting Abuse**

### **5.1. Duty to Report**

However difficult it may seem, all staff have a duty to report their suspicions of abuse. Failure to do so is a failure in our duty of care. An individual may not be able to alert anyone themselves, perhaps through failure to understand that the activity is abusive or through poor communication skills or through fear. Reporting is not easy and often takes a great deal of personal strength and courage. Staff who have reported incidents have already been exposed to disturbing information that could leave them feeling a range of emotions from sadness to anger and even guilt that they could not prevent the alleged abuse or neglect. Managers must be aware of these issues when receiving a report and ensure that staff are appropriately supported according to their individual needs.

**Whenever in doubt, staff should report their concerns. It is better to report and the issue will be fully investigated by the appropriate services, than not report.**

## 5.2. Responding to Suspicions or Allegation of Abuse



### **Disclosure / Alert** of abuse or neglect:

Any member of staff working with clients may be alerted to the possibility of abuse. Alerting could mean witnessing an act of abuse or neglect, a person saying that abuse or neglect has occurred, or suspicions raised by indicators listed above (Possible Indicators of Abuse). In carrying out these procedures the Line Manager (or person alerted) must keep detailed records of the initial cause for concern. Note down exactly what the complainant or alleged victim has said or indicated to you or what you have witnessed. Any such records must clearly separate factual information from expression of opinion. The member of staff must be aware that the report may be required later as part of legal or disciplinary action (see Appendix 4). If the disclosure is made by a client, staff must accept what the person is saying and never make a decision without consulting with their line manager to ignore or suppress a disclosure because it is thought to be fantastic or improbable. Do not make comments other than to be comforting and sympathetic.

### **Is there immediate danger to the client / has a crime been committed?:**

Staff will contact the emergency services immediately where their presence is required (e.g. a person has been injured and requires an ambulance or someone is at risk of an imminent violent attack and a police presence is required.)

**Consent** obtained / consent not obtained:

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent in relation to the investigation. If they are, their consent should be sought. This includes an awareness of the risks of disclosing that an investigation is being undertaken. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The adult at risk must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected unless:

- there is a public interest, for example, not acting will put other adults or children at risk.
- there is a duty of care to intervene, for example, a crime has been or may be committed.

However, consent may need to be considered in relation to the adult at risk's participation in activity that may be abusive. If consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded with a safeguarding adults investigation going ahead in response to the concern that has been raised.

**Staff member immediately alerts line manager** (or alternative) :

Staff member writes report to give to line manager (including any reasons for consent not being given to share information) as soon as possible. Staff member to use client's words wherever possible even if this includes foul or abusive language or the staff member does not understand exactly what has been said. All safeguarding reports to be sent to Head of Community Services who is the Safeguarding Lead. If the alleged abuser is Head of Community Services, report should be sent to the CEO.

**Refer** via HSC portal:

HCC decide whether to initiate an enquiry.

- Where a section 42 enquiry is led by Health & Community services or the police (who take the lead if they suspect a crime has been committed) conduct an investigation, DENS will participate fully in all strategy meetings.
- Staff will be careful to protect any forensic evidence
- For more information on how to make a referral please visit:  
[www.hertfordshire.gov.uk/media-library/documents/adult-social-services/how-to-make-a-good-safeguarding-referral-factsheet.pdf](http://www.hertfordshire.gov.uk/media-library/documents/adult-social-services/how-to-make-a-good-safeguarding-referral-factsheet.pdf)

### 5.3. Investigation of Abuse within DENS Services

In cases of recent/current abuse in DENS services which have been alleged and reported, it will be necessary to complete a timely investigation for DENS' own purposes, in order to:

- Establish DENS' formal position in relation to the allegation.
- Comply with relevant disciplinary procedures if relating to a member of staff or volunteer.
- Identify any assistance required by the client.

The Chief Executive will allocate and fully brief a Senior Manager or Board Member to conduct the investigation. It is important for the manager and any other DENS employee or volunteer to work in full co-operation with the local authorities and police as part of any formal investigation. They must also seek to ensure the safety and welfare of the clients and staff and the interests of DENS are kept to the fore. In appropriate cases, this may involve:

- Assessing the needs of the vulnerable person/client(s)/ staff member(s) for explanation, reassurance, rest and immediate or ongoing medical assistance.
- The need to keep clients' families and significant others informed.
- Support for employees (in whatever capacity they are involved).
- Complying with DENS' HR procedures.
- Seeking to ensure effective joint working so that the individual/s in question is/are not repeatedly investigated/questioned.
- Ensuring that clear post abuse support plans are in place.

No employee must speak on the behalf of a client or 'translate' as part of a police and/or Social Services interview without the permission of the relevant Senior Manager/Chief Executive. The outcome of an investigation, together with any recommendations from the Client/Manager/s must be reported to the Chief Executive for discussion and confirmation of necessary action.

- The nominated person should interview the member of staff with a witness present.
- The nominated person should make arrangements for interviewing the client (suspected victim) if approved by the Safeguarding Team and/or Police. This should be done with a witness, an independent staff member and a third party providing support for the client present.
- The purpose of the meeting is not to investigate but to establish the facts and whether there are grounds for the allegation.
- Make decisions with regard to what follow up action should be taken with regard to the alleged abuser(s).
- DENS will cooperate fully with any external enquiries being conducted by Health & Community Services (HCS) or investigation being conducted by the Police.
- Confidentiality is crucial to all DENS' work and relationships and the DENS confidentiality policy should be adhered to except where the welfare of children or adults at risk of abuse or neglect takes precedence over it. Information should be shared on a strictly need to know basis with the appropriate agencies.

## 6. Contact Information

Reporting a concern:

Referral Point	Risk to Adult	Email/portal	Telephone Number
Adult Care Services	Adults at risk of abuse or neglect	<a href="#">Email portal</a> NB: for non-urgent referrals	<b>0300 123 4042</b>
HPFT	Adult receiving mental health services who is at risk of abuse or neglect	<a href="mailto:hpft.spa@nhs.net">hpft.spa@nhs.net</a>  NB: for non-urgent referrals	<b>0300 777 0707</b>
Police	Immediate risk to life or limb, risk of injury or crime being committed		<b>999</b>
Police	For incidents taking place against an adult at risk where there is NO immediate risk to life or property, but a police response is required as soon as practicable due to the seriousness of the incident and/or potential loss of evidence		<b>101</b>
Police SAFA Team	Partner agencies can make a referral to the police SAFA team.	<a href="mailto:hqsafeguarding@herts.police.uk">hqsafeguarding@herts.police.uk</a>	01707 354556

Status	Date	Author	Board Approval	Date for next review
Revised	20/5/2012	Paul Latimer	May 2012	May 2014
Revised	03/08/2015	Gail Gearing	Dec 2015	Dec 2017
Revised	21/12/16	Wendy Lewington	January 2017	January 2019
Revised	November 2018	Lynette Hill	09/01/19	09/01/22
Signed Off	19/12/2019	Wendy Lewington	19/12/2019	19/12/2021
Signed Off	01/11/2021	Martin Warner	06/12/2021	06/12/2023