

POLICY TITLE:	Safeguarding Adults
POLICY NUMBER:	JO/PO/19
AUTHOR:	Amanda Bradshaw
DATE AGREED:	23 February 2011
REVIEW DATE:	January 2012
OFFICER RESPONSIBLE FOR REVIEW:	Amanda Bradshaw

SAFEGUARDING ADULTS POLICY

1 POLICY STATEMENT

- 1.1 Fabrick Housing Group is fully committed to provide a high level of service and care to its vulnerable residents when carrying out all of its day-to-day business activities.
- 1.2 The Group will design and deliver housing services that residents can access easily. All residents will be offered choices over the services they receive, and be treated with fairness and respect. The Group will consider equality issues and the diversity of residents, including those with additional support needs.
- 1.3 The Group is committed to developing and providing high quality homes and services that meet the needs of vulnerable people, without losing sight of the importance of ensuring that wherever possible, such people are able to maintain their independence and their freedom of choice.
- 1.4 The main objectives of this Policy are:
 - To ensure the Group is able to respond efficiently when it becomes apparent that a resident is vulnerable and may require assistance.
 - To limit instances of tenancy breakdown and provide a responsive housing service to vulnerable residents in-line with the Tenant Services Authority (TSA) Regulatory Code.
 - To maintain balanced communities by delivering appropriate support services to vulnerable residents, either directly or by using a multi-agency approach.
 - To prevent abuse.
 - To monitor performance and take steps to improve the service the Group offers to vulnerable people.
 - To ensure staff receive appropriate training and are aware of the internal reporting and Local Authority 'alert' system/s in place.
- 1.5 In achieving these objectives, the Group aims to take the individual circumstances of each resident into account.
- 1.6 The Group's staff, Board Members and contractors will be expected to adhere to the principles laid down in this Policy. There is an individual and collective responsibility to ensure that this Policy is actively applied in practice.
- 1.7 This Policy acknowledges that the main methods by which an individual's vulnerabilities may be highlighted are via:

- Interest in or application for housing via Compass Applications – Choice Based Lettings scheme, referral routes and other stakeholders
- Requests or in receipt of any service provided by the Group
- The local knowledge of the Group staff
- Home visits by the Group staff (eg during repairs, annual visits, modernisation, tenancy checks, warden callouts)
- Agency referrals (eg the Probation Service, Connexions, Local Authorities)
- Stakeholders and joint working protocols (eg True Vision, Tandem, Supporting People)

1.8 Persons covered by this Policy include:

- All Tees Valley Housing/Erimus Housing residents and leaseholders
- All persons accessing or currently receiving services from the Group

2 REFERENCE MATERIAL

2.1 Legislation

- 2.1.1 This Policy has been developed in-line with current legislation and good practice. Recommendations stated in the TSA ‘*A new regulatory framework for social housing in England*’ have been taken into account when developing this Policy.
- 2.1.2 The Group will continue to consult with vulnerable residents to ensure that services available to them are meeting their particular needs.
- 2.1.3 Mental Capacity Act 2005 refers to the ability to understand an act, decision or transaction. The Court of Protection in English Law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who lack mental capacity to make decisions about themselves.
- There is no universally accepted definition of mental capacity and the assessment of capacity. ‘Making decisions’ states that there will be a new statutory definition of incapacity, based on the law commissions proposed three definitions to ascertain whether a person lacks capacity.
 - A person is without capacity to make informed decisions if, at the time that a decision needs to be taken, he or she is unable by reason of mental disability to make a decision on the matter in question; or unable to communicate a decision on that matter because he or she is unconscious or for any other reason.
 - Mental disability is any disability or disorder of the mind or brain, whether permanent or temporary, which results in an impairment or disturbance of mental functioning.
 - A person is to be regarded as unable to make a decision by reason of mental disability if the disability is such that, at the time when the decision needs to be made, the person is unable to understand or retain the information relevant to the decision, or unable to make a decision based on that information.

2.2 Tenant Services Authority

2.2.1 The TSA Standards state that “every tenant matters. Providers are expected to understand and respond to the particular needs of their tenants”. The guidance states that this must ensure vulnerable and marginalised residents are provided with appropriate housing services. Support and care arrangements (including liaison with other agencies) are in place, where appropriate.

2.3 Resident Data

2.3.1 Detailed information has been achieved through our tenant data collection profiling, where we aim to have at least 90% of tenant profile at any one time.

2.3.2 A vulnerable person’s pilot study was undertaken in 2008/09; the results highlighted that staff were aware and empowered to tailor services accordingly, negating the need to develop and publish additional service standards.

2.3.3 The pilot concluded that residents did not want stand-alone provisions or services for vulnerable people, but that such services should be integrated into mainstream working practices and an excellent service be delivered to all according to needs.

2.3.4 Therefore the Group has moved away from amending service standards to staff training and development in this area. This will enable employees to recognise the signs of vulnerability and to act accordingly, involving the appropriate agencies where necessary.

2.3.5 The Group recognises that it is not possible to outline every situation where a resident could be defined as vulnerable. Equally, if a resident meets one or some of the suggested conditions described in section 5, it does not necessarily mean they require (or want) additional support. Therefore the categories listed in section 5 are designed to assist staff in making a judgement as to the support needs of residents, so that the appropriate processes and procedures can be followed.

3 DEFINITIONS

3.1 The Group – this term has been used to describe the Parent and partner companies of Fabrick Housing Group.

3.2 Staff – within this Policy the term ‘staff’ includes volunteers, students, work placements and sub-contractors.

3.3 For the purpose of this Policy, ‘resident’ relates to any service user, tenant (or leaseholder) of the Group.

3.4 To assist staff in supporting residents who may be vulnerable, the Group defines a vulnerable person as being ‘any person aged 18 and over who is or may be in need of community care services by reasons of mental health or other disability, age or illness, and is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’. (*No Secrets, Department of Health, 2000*)

3.5 Vulnerable Adults and Safeguarding Adults

- 3.5.1 Since publication of *No Secrets (Department of Health Guidance, 2000)*, there has been debate about the phrase 'vulnerable adults', partly because it can be seen to locate the cause of abuse with the victim, rather than place responsibility with the actions or omissions of others. We acknowledge that it is society that places them as vulnerable and have chosen to continue to use the phrase as it has been commonly used in the UK in relation to the abuse of adults, and it is the term that appears in both legislation and policy guidance.
- 3.6 The term 'Adults' refers to all users of services who are over 18-years-old. For people under 18, please refer to the Group's Child Protection Policy and procedure.
- 3.7 Significant Harm – 'Harm' is defined as ill-treatment (including sexual abuse and forms of ill-treatment that are not physical); the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, emotional, social or behavioural development. (*Who decides? A Green Paper 1997*)
- 3.8 'Significant' is defined as 'Considerable', 'Noteworthy', 'Important', and this can refer to the seriousness of the actual harm or can be in the implication of it. Significant must be demonstrated by comparison to what could be reasonably expected of a similar vulnerable adult. The meaning of similar will need to take account of environmental, social and cultural characteristics of the vulnerable adult. (Adapted from *The Children's Act 1989*)
- 3.9 'Abuse/mistreatment' is defined as behaviour that may cause significant harm or results in the serious exploitation of a vulnerable adult. Abuse is a violation of an individual's human and civil rights by any other person or persons.

4 RELEVANT POLICIES

- 4.1 The following policies should be considered particularly relevant to the Safeguarding Adults policy:
- Equality and Diversity
 - Adaptations
 - Code of Ethics
 - Data Protection, Confidentiality, and Access to Information
 - Homechoice Lettings
 - Staff Code of Conduct
 - Recruitment and Selection
 - Child Protection
 - Compliments, Complaints and Suggestions

5 IDENTIFYING A VULNERABLE PERSON

- 5.1 The Group will aim to identify and support residents who are or may later become vulnerable. There are also alerts and warnings in place to flag any issues regarding the individual that may be of concern.
- 5.2 A resident's vulnerability may be indicated by them meeting any one of the following criteria, although it is likely that they will meet more than one (this is not an exhaustive

list). It should be noted that disability or age alone does not signify that an individual is vulnerable.

Status	Functional Ability	Support Networks
<ul style="list-style-type: none"> • Mental health problems • Learning difficulties • Aged over 65-years-old • Alcohol/Substance misuse • Recent history of homelessness • Threatened with or a victim of domestic violence • Victim of ASB or harassment • Refugee or Asylum seeker • Ex-offender • Leaving care • Lone parent under 25-years-old • Severe physical health problems, debilitating illness or disability • HIV/AIDS • Young people at risk • Hospital leaver 	<ul style="list-style-type: none"> • Self neglect • Unable to perform self-care tasks • Difficulty with significant daily living tasks • Significant problems with finances or budgeting • Severely impaired mobility • Risk of falls • Sensory impairment • Language/literacy difficulties • Physically frail • Difficulties with child care responsibilities 	<ul style="list-style-type: none"> • Lives alone • Recently bereaved or separated • Partner/carers unable to provide support with current problems • Self-isolating • No (or inadequate) support and advice

5.3 'No Secrets' identified the main different forms of abuse stated below. Any or all these types of abuse may be perpetrated:

Physical abuse – including hitting, slapping, pushing, kicking and misuse of medication, restraint or inappropriate sanctions.

Sexual abuse – including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or Material abuse – including theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possession or benefits.

Neglect or Acts of Omission – including ignoring medical or physical care needs, failure to provide access to appropriated health care, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse – including racist, sexist, that's based on a person's disability and other forms of harassment, slurs, or similar treatment.

6 IMPLEMENTATION

6.1 Overall responsibility for the implementation of this Policy lies with the Group Director of Operations.

- 6.2 The Diversity Manager will ensure that the Group develops procedures which ensure effective implementation of this Policy.
- 6.3 The Group will provide comprehensive and ongoing training to staff that are required to implement this Policy.

7 EQUALITY AND DIVERSITY

- 7.1 The Group and all partner agencies should respond sensitively to the needs and rights of the individual, taking into account his/her racial and cultural background, gender, religious belief, sexual orientation, age and disability.
- 7.2 This policy complements The Group's Equality and Diversity Scheme and Action Plan, and is designed to be fully inclusive regardless of racial and cultural background, gender, religious belief, sexual orientation, age and disability of residents.
- 7.3 The policy has been developed giving full consideration to the Equality and Diversity policy.
- 7.4 Consultation has been conducted with a variety of community groups as set down in section 8.1, and their comments have been considered when developing this Policy.

8 CUSTOMER INVOLVEMENT AND CONSULTATION

- 8.1 The following groups will be consulted during the development of this Policy:

- Fabrick Equality and Diversity Working Group
- The Black and Minority Ethnic Tenants Group
- The Residents Panel
- Residents Disability Advisory Group (RDAG)
- Housing Advisory Panel (HAP)
- Fairway Project
- Durham Floating Support
- Durham Learning Disability Scheme
- Lewis Crescent Scheme

9 MONITORING AND REVIEW

9.1 Monitoring

- 9.1.1 The Group will undertake a review of this Policy annually, or whenever there are any relevant changes to legislation, to ensure its suitability in identifying vulnerable residents, and that the organisation and its employees are able to react to their needs.
- 9.1.2 Supporting performance indicators will be developed to ensure that the procedures that underpin this Policy are effective. Performance Indicators will be monitored through the relevant committees on an annual basis.
- 9.1.3 Safeguarding Adults Designated Officers are responsible for the central logging of all recorded concerns and ensuring that the status of open cases and the outcome of closed cases can be easily accessed.

9.2 Review

- 9.2.1 The Group will undertake a review of this Policy annually or whenever there are any relevant changes to legislation, case law or good practice that would impact on this Policy.
- 9.2.2 The procedure (attached at Appendix A) relating to this Policy will be periodically reviewed, taking into account any operational issues that arise.
- 9.2.3 The Group Director of Operations will be responsible for ensuring that reviews of this Policy are carried out.
- 9.2.4 Resident representative groups will be involved and consulted in any review of this Policy in-line with the Group's Policy on tenant participation and consultation. The views of vulnerable residents will be sensitively sought.

10 RESPONSIBILITY

- 10.1 The Diversity Manager has the responsibility for the operational review of this Policy, any subsequent communication requirements, training, monitoring of performance and recommending action to rectify any performance shortfall.
- 10.2 Day-to-day application of this Policy is the responsibility of any Group staff member that comes into contact with residents (ie is customer-facing).
- 10.3 Officers will therefore be required to refer any resident who they have identified as vulnerable (or potentially vulnerable), using the guidelines set down in this Policy, to the Local Authority's Social Services Team for further investigation.
- 10.4 Managers will have overall responsibility for ensuring that the QL system is updated to reflect the vulnerabilities of each client as they are identified, and for conducting a review of each client annually.
- 10.5 The Head of ICT will have responsibility for ensuring that data relating to residents' vulnerabilities is stored securely and (where necessary, shared) in-line with the Data Protection Act and data management protocols.