



---

# Hope into Action Safeguarding Adults at Risk Policy

---



---

*Date Approved: 30/03/22*

*Review before: 30/09/23*

*Author: HiA UK & Paul Allen*

---

# Table of Contents

1. Introduction .....	2
1.1 Other Policies and Guidance notes referred to .....	2
2. Policy objectives .....	2
3. Definitions of abuse .....	2
3.1 Which adults are 'at risk'? .....	2
3.2 What is 'abuse'? .....	2
3.3 Why do we 'safeguard'? .....	3
3.4 What constitutes abuse? .....	3
4. Categories of abuse.....	3
5. Disclosures & Making a Safeguarding Referral.....	7
6. Other aspects & implications.....	9
6.1 Supporting Staff and Volunteers.....	9
6.2 Allegations made against staff or volunteers.....	9
6.3 Protecting against abuse by staff and volunteers.....	9
6.3.1 DBS checks.....	10
6.3.2 ID.....	10
6.4 Confidentiality and information held on adults at risk.....	10
6.5 Housing young people or children .....	11
6.6 If a tenant becomes pregnant during their stay .....	11
7. Review.....	11
Appendix 1 Safeguarding Report Template .....	11
A1. Part 1 Details .....	11
A1.Part 2: Follow up / unfolding of events .....	14
Appendix 2 Incident (or 'cause for concern'.) .....	15
A2 Part 1 - Reporting Template .....	15
A2 Part 2 - Follow up / unfolding of events.....	16
Appendix 3 Contact details and Links for Adult Safeguarding.....	17
Appendix 4 The Hope Into Action Out of Hours number.....	19
Appendix 5 Helpful Mental health, Domestic Violence & Abuse survivor contacts .....	20
Mental Health .....	20
Domestic violence .....	20
Victim Support.....	20
Rape and sexual violence.....	20
Childhood abuse .....	20
Appendix 6 – Body map.....	21
Appendix 7 Guidance on Mental Capacity .....	22
Appendix 8 Example of ICE card.....	22
Appendix 9 Factsheet for tenants when discussing a safeguarding concern and potential referral ....	23
Appendix 10 Alerter's checklist when making a safeguarding referral.....	24

## 1. Introduction

Hope into Action takes its responsibilities to all its tenants, staff, volunteers and neighbours seriously. We also recognise a particular responsibility to adults at risk<sup>i</sup> of abuse or neglect. We recognise that supporting our particular client groups, may mean many of those we work with might be 'at risk'.

This policy is based on national guidance on Safeguarding Adults, "Thirtyone:eight" & Norfolk Safeguarding Adults Board<sup>ii</sup>

**This policy is to be adhered to by all the Gateway into Life and Hope into Action staff, volunteers, partner church volunteers and franchise network.**

### 1.1 Other Policies and Guidance notes referred to

1. Staff Care Policy
2. Complaints Policy
3. Whistleblowing Policy
4. Sudden Death and Critical Incident Policy
5. Disciplinary Procedure Advice (found in Staff Handbook)
6. Confidentiality Policy
7. GDPR, Data Protection & Retention Policy

## 2. Policy objectives

The policy and procedures have been developed to assist staff, volunteers, trustees and tenants in safeguarding by acting on and reporting at the earliest possible opportunity any suspected or disclosed abuse. Depending upon the nature of particular services or the requirements of particular partner agencies, the policy and procedures may be supplemented by local procedures.

## 3. Definitions of abuse

- In defining abuse it is important to clarify the following factors:
- Which adults are 'at risk', what is 'abuse' and why do we 'safeguard'?
- Categories of abuse and what actions or omissions constitute abuse?
- Who may be the abuser(s)?
- When should we pass concerns on?

### 3.1 Which adults are 'at risk'?

An 'adult' means a person aged 18 years or over with mental capacity.

Our definition of an 'adult at risk' follows the Care Act 2014<sup>iii</sup> where a person:

- has needs for care and support (whether or not the authority is meeting any of those needs)
- is experiencing, or is at risk of abuse or neglect and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it."

### 3.2 What is 'abuse'?

The term 'abuse' can be subject to wide interpretation and even the Care Act admits that its definition is not conclusive. No Secrets 2000<sup>iv</sup> notes that.

*Abuse is the violation of an individual's human and civil rights by another person or persons."*<sup>v</sup>  
'Action on Elder Abuse' explains that abuse is: "A single or repeated act occurring within a relationship where there is an expectation of trust which causes harm to an individual."

### 3.3 Why do we 'safeguard'?

We agree with the aims of the Care Act with regards to Safeguarding:

- To stop abuse or neglect wherever possible
- To prevent harm and reduce risk of abuse
- To safeguard adults in a way that supports them in making choices and having control about how they want to live
- To promote an approach which concentrates on improving life for those concerned
- To raise awareness and help people understand abuse and how to raise concerns

### 3.4 What constitutes abuse?

Abuse may consist of a single act or repeated acts, but is rarely accidental. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. It varies from trafficking work forces across the globe to domestic violence within a home.

#### **Safeguarding is everyone's responsibility.**

Employees and volunteers have a responsibility to be aware of and alert to signs that all is not well with a tenant, volunteer or staff member. However, they are not responsible for diagnosing, investigating or providing a therapeutic response to abuse. In addition, not all concerns relate to abuse, there may well be other explanations (more about this in 3.4 below).

## 4. Categories of abuse

The Care Act now identifies ten types of abuse:

*Physical abuse*, including hitting, slapping, pushing, kicking, misuse of medication, restraint

*Sexual abuse*, including rape and sexual assault or sexual acts to which the vulnerable adult, young person or child has not consented

*Psychological/ emotional abuse*, including verbal & mental abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment

*Financial or material abuse*, including theft, fraud, exploitation, the misuse or misappropriation of property, possessions or benefits

*Neglect*, including 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

*Self-neglect*<sup>vi</sup>, including ignoring medical or physical care needs e.g. hoarding, not taking prescribed medication or not washing. Can be deliberate (e.g. Refusing to eat) or failing to recognise that one's own needs are not being met (e.g. a dementia patient forgetting basic tasks)

*Discriminatory abuse*, including racist, sexist or religious harassment, hate crime or negativity towards other cultures, not recognising or making reasonable adjustments to another's religious or disability needs or identity

*Domestic abuse and violence*<sup>vii</sup>, including controlling, threatening or coercive behaviour. It also includes honour based violence, female genital mutilation and forced marriage. Often a combination or several other forms of abuse (eg: psychological, physical, financial etc.)

*Organisational abuse (previously known as 'institutional')*, including the misuse of power and abuse of trust by professionals, the failure to act, poor care or neglect

*Modern slavery, including being forced to live in overcrowded accommodation, forced to work for unfair pay, important documentation held by others*

Please see footnotes<sup>viii</sup> on radicalisation and <sup>ix</sup>trafficking.

#### **4.1 Who can be an abuser?**

Abuse can occur in **any relationship** and may result in significant harm to, or exploitation of, the person subjected to it. With this in mind, we are aware that many safeguarding issues are perpetrated by people known to the victim.

#### **4.2 The Gateway into Life and Hope Into Action ethos of empowerment and 'making safeguarding personal'**

The most recent approach to Safeguarding adults at risk concentrates on the notions of: 'acceptable risk' and 'making safeguarding personal'. Lord Mumby summarised: "Physical health and safety can sometimes be bought at too high a price in happiness and emotional welfare. The emphasis must be on sensible risk appraisal, not striving to avoid all risk...what good is it making someone safer if it merely makes them miserable? We must tolerate acceptable risks as the price appropriately to be paid in order to achieve some other good"

This ties in well to our ethos of empowerment at Hope Into Action and having tenant led goals and action plans. The role of the Empowerment Worker is to journey alongside a tenant, listening to them and paying close attention to any risk elements. This means assessing regularly whether these are 'acceptable risks' (and therein protecting our tenant's Human Rights to life, liberty and privacy) or whether it is becoming a Safeguarding issue and that they are an adult at risk and are suffering unacceptable abuse. For clarity refer back to the section on definitions.

#### **4.3 Suspicion of Abuse**

In all discussions regarding suspicion of abuse and 'acceptable risk', it should be considered whether different cultures and lifestyles have any bearing on the matter. We do not make judgements about the acceptability or otherwise of lifestyles operating within the law, however it is important that this philosophy does not stand in the way of the organisation's responsibility to protect adults at risk from harm. We must explore what is deemed 'acceptable risk' by the individual in question, how aware they are as to whether abuse is taking place and/ or whether they are choosing to allow this to continue. This is only truly understood through honest and sometimes difficult conversations. Education and offering alternatives may be all that's required in some cases. It is vital that we are accountable and are logging discussions in field notes and or the Incident/ Cause for concern template (Appendix 2) if this is the case.

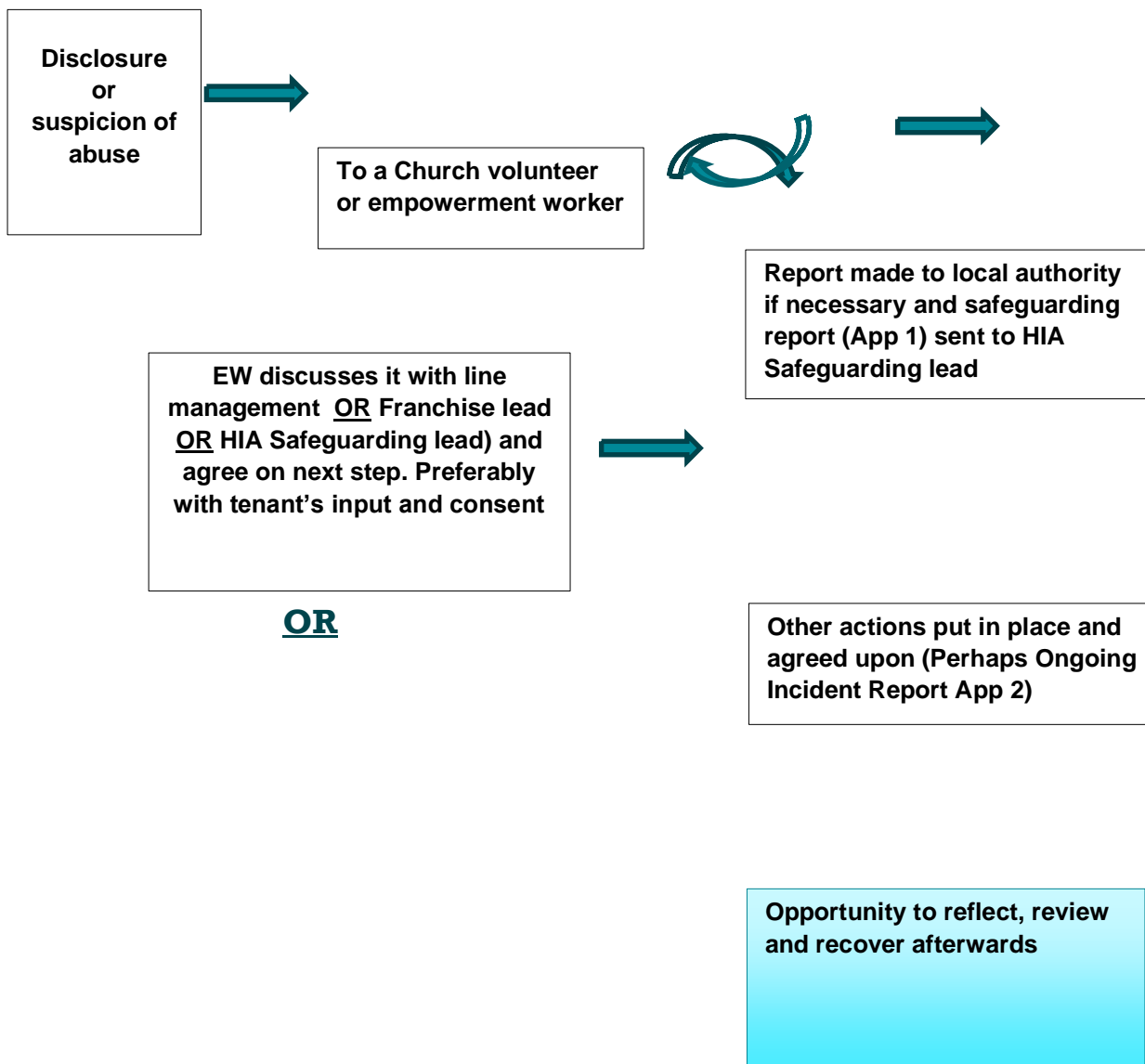
It is important to keep an open mind and consider what is known about the person and his or her circumstances. Any concerns or actions should be discussed with a line manager at the earliest convenience. Hope Into Action recommend that you share information or concerns and err on the side of caution. If you have reasonable suspicion that abuse is happening or has happened. It should NOT be kept to yourself. At best it will be emotionally burdensome, at worst, you could become culpable.

You, your line manager and the tenant (where possible) will then agree the next steps, whether that is to record it as an 'incident' (using Appendix 2) and to keep it as a 'live' issue in need of further observation, to pass it onto the Local Authority or to just put in some extra support (for example:

additional house rules / more regular support meetings or a referral to a specialist agency for help). Tenant consent for a referral to the Local Authority is best practise, but not always essential – depending on the risk.

If a volunteer or house mate suspects abuse, they should contact Hope Into Action and be aware of how to do this. Information on how to contact the Hope Into Action Safeguarding lead should be displayed in all properties, somewhere communal. Every Hope Into Action office should display not only the internal Safeguarding lead's contact information, but also contact details for the local MASH team / LADO or equivalent.

## FLOWCHART OF RESPONSIBILITIES



The Safeguarding lead is Kate Doran-Smith [kate.doran-smith@hopeintoaction.org.uk](mailto:kate.doran-smith@hopeintoaction.org.uk) / 07908202944 (office hours)

## 5. Disclosures & Making a Safeguarding Referral

### 5.1 When to pass information on

Employees and volunteers have a responsibility to be aware of and alert to signs that all is not well with a tenant, volunteer or staff member. However, they are not responsible for diagnosing, investigating or providing a therapeutic response to abuse. In addition, not all concerns relate to abuse, there may well be other explanations.

### 5.2 Disclosure of Abuse

If a person discloses that they are being abused or that they are involved in abuse of a vulnerable person, action should continue as in Section 4.3. All action must proceed urgently and without delay.

Hope Into Action staff or volunteers informed of abuse should remind the tenant that confidentiality cannot be guaranteed where a vulnerable person is at risk of abuse or further abuse.

Volunteers should consult with the assigned Empowerment Worker as soon as possible. Refer to flowchart above.

### 5.3 Actioning allegations, suspicions or disclosures of Abuse

There should always be the opportunity to discuss welfare concerns with and seek advice from colleagues, managers and other agencies. It is best practise to inform the tenant of your plans, before informing the relevant authorities.

- Never delay emergency action if an adult is at risk
- Always record in writing concerns and discussions about a vulnerable adult's welfare using the Safeguarding template (Appendix 1) or Incident Report (Appendix 2)
- Ensure that you reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken

In circumstances where a tenant declines to disclose, despite some work having been done towards disclosing, it may be necessary to report the alleged abuse without their agreement. In these circumstances, the tenant must be notified in advance of the decision to report to social services. Any staff member may report a disclosure of abuse to social services irrespective of the opinion of other staff.

It is important for staff and volunteers to make written records of any incidents or concerns that they have as soon as possible. It is also important to make a record of conversations with the adult at risk using the same language they used especially names used for body parts or sexual acts. A body map can be found in the Appendix.

### 5.4 Abuse from the past or self-inflicted abuse

Should a disclosure be made about **historical abuse** (to a church volunteer for example), this should be passed on to the tenant's Empowerment Worker and logged as either a Safeguarding disclosure (Appendix 1) or an Incident / Cause for concern (Appendix 2) – depending on the severity.

After discussion with line management a decision will be made as to whether this information is passed on to the appropriate authority. It is largely dependent on whether the victim has informed anyone already and whether the perpetrator may still be abusing others. Historical abuse can also be passed on to the non-emergency police on 101 as anonymous intelligence if this is deemed an appropriate response. This is helpful to police if any other people also report about the same individual.

There are differing opinions as to whether abuse done to oneself is a safeguarding issue (note that 'self-neglect' has now been added as a category of abuse). We can all be guilty of not looking after ourselves properly, so it is difficult to put safeguards around this topic. However, please see below for guidance on two of the most common issues we may come across:



- 1) Should there be suspicion or disclosure of **worsening SELF abuse**, this should also be recorded as an incident (Appendix 2).<sup>x</sup> Many of our tenants may display self-harming behaviours at referral stage such as eating disorders, cutting, risky or addictive behaviour. If anyone has concerns that a tenant's 'normal' behaviour is worsening, they should discuss this with the Empowerment Worker assigned and agree on a course of action. It is worthy to note that those who self-harm often say it keeps them safe, as they find a release afterwards and it is actually a coping mechanism. Whereas, a relapse on hard drugs definitely increases the risk element around that tenant (and the safety of the property) due the chaotic nature of those engaging in non-prescribed medications. Ideally, a plan of action made in agreement with the tenant should be made at referral stage, so should risk increase, all parties know how to proceed.
  
- 2) Any **attempts at suicide, or serious thoughts about suicide** should be passed on to relevant mental health teams. Should church volunteers be first to the scene, they should not hesitate in getting emergency help if required. The Crisis team details for your area can be found in Appendix 3. If in doubt, encouraging the tenant to visit the local Accident & Emergency department may be good practise. Especially if they have overdosed or hurt themselves badly. Try not to leave them alone until you believe they are safe. Inform Hope Into Action line management as soon as possible and use the Out of Hours Emergency number 07880 699716 to log any 999 calls. (For advice for when to use the Out of Hour's number see Appendix 6)

## **5.5 Making a Referral**

Local authorities are the designated lead agencies with responsibility for coordinating a response to allegations or concerns of abuse.

Referrals can be made by the staff member most heavily involved, their location manager or the HIA Safeguarding Lead. Each location may have a different procedure for how to make a referral, please refer to Appendix 3 for the contacts in your area.

Staff should work within the following timescales for reporting allegations or suspicions of abuse:

- Immediate if the vulnerable person is at risk of serious physical harm, or a serious criminal act has taken place and evidence will need to be kept safe
- Within 24 hours if it relates to a specific incident which may be still going on, or may happen again
- Within 7 days if it is a more general concern, which does not indicate immediate harm

All staff and volunteers should carry with them an ICE (In Case of Emergency) Card, which is a quick and handy reminder of how to act in case of an emergency (see Appendix 8 for template)

## 6. Other aspects & implications

### 6.1 Supporting Staff and Volunteers

We accept that abuse and safeguarding concerns are a difficult topic and will endeavour to support staff, tenants and volunteers throughout the process. If social services department need further involvement from Hope into Action staff following a report of abuse, a member of the management team may intervene and discuss with social services department the nature of their needs and how they might be met.

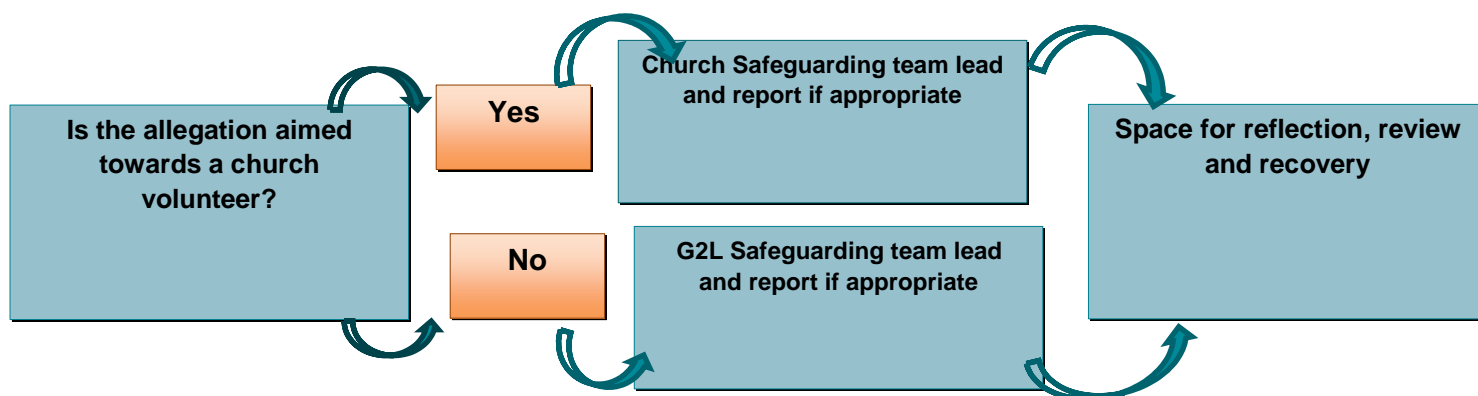
Hope Into Action accepts that staff and volunteers may find journeying through a safeguarding disclosure incredibly traumatic. Location leads will commit to aftercare, which may include recommending external counsellors, going through a WRAP<sup>xi</sup> (or other suitable mental health tool) with staff to see if they are deemed fit to return to work, allowing time off to rest if appropriate. We value everyone who contributes to Hope Into Action, please do let us know if you are struggling. All staff should familiarise themselves with the Staff Care Policy (on HiAUK SharePoint site) and advice around returning to work after needing time off.

***All staff will undergo safeguarding training as part of their induction and annual refresher training.***

### 6.2 Allegations made against staff or volunteers

Staff and volunteers may be subject to abuse allegations. Hope into Action will offer support in these circumstances. Hope into Action will assist the social services department in their investigation. As a result of the investigations, disciplinary procedures may be implemented.

Any allegation of abuse made against a church volunteer must be immediately referred to the church's safeguarding lead. As part of the due diligence with church and franchisees, Hope into Action will ensure that the church conducts appropriate screening of volunteers with the Disclosure and Barring Service (DBS) and adopts safeguarding measures.



### 6.3 Protecting against abuse by staff and volunteers

It may be very hard for a worker to report a concern about a colleague to a line manager but the safety and protection of the adult at risk must always be the priority. Likewise, should a tenant wish to make a complaint about HIA, the procedure is explained in our Complaints & Whistleblowing policies.

Any major breaches of policy by staff may require a 'Serious Incident' report which would be flagged up to Trustee level and potentially also the Charity Commissioning board.

#### 6.3.1 DBS checks

It is important that all prospective employees or volunteers who will be working alone with adults at risk are vetted thoroughly before being employed.

At Hope into Action this means as well as references being checked, there will also be a requirement for offences to be declared and a Disclosure and Barring Service DBS check undertaken.

The DBS should be taken for new staff at the point of a conditional offer depending on the disclosure.

It should be noted that having a criminal record does not necessarily prevent someone from being recruited as a staff member or volunteer.

For the volunteers in our Friendship & Support teams, the responsibility lies with the Partner Church to get each individual a DBS check. A 'basic' DBS may be adequate, but an enhanced' check would be required if the tenant group includes adults that are specifically vulnerable due to age, illness or disability.

The job role of 'Befriender' or 'Activities Assistant', which are recognised DBS terms, cover the support offered to tenants and there is no regulated activity as part of this role. A job role is needed if you want to specify the term 'volunteer' on the check.

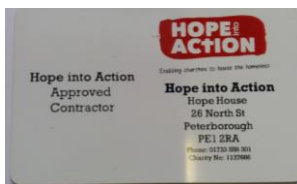
Should the house being supported include children additional information can be found on [www.gov.uk](http://www.gov.uk) and you can also refer to our Safeguarding Children Policy.

The DBS should still state that they are working with an adult workforce as friendship & support groups would not have direct responsibility for children.

### 6.3.2 ID

All HIA staff and volunteers will be required to wear and offer ID if requested. If a contractor is going to a property, HIA should phone the tenants and give them as much warning as possible in order for them to gain access.

Contractors must be prepared to show ID if the tenants request it and can be given a 'HIA Authorised Contractor lanyard' if tenants request one. Regular workers must also sign Contractor's Confidentiality form.



Example of Contractor lanyard lent to approved contractors before visiting a property

## 6.4 Confidentiality and information held on adults at risk

Confidentiality is central to the work of Hope into Action and the attention of all staff and volunteers is drawn to the Confidentiality policy and the Data retention/ protection policy.

HIA understands confidentiality to mean that discussions about tenants, staff, volunteers and those who we may routinely come in contact with are kept to those who need to be involved or have a direct involvement with the person whose information is being shared. **However if abuse is suspected, this supersedes an individual's right to privacy and confidentiality:**

"The right to confidentiality is not absolute. Sharing relevant information with the right people at the right time is vital to good safeguarding practice. All staff and volunteers...can contact either the police or the local authority safeguarding lead for advice, without necessarily giving an individual's personal details, if they are unsure whether a safeguarding referral would be appropriate."<sup>xii</sup>

LOCATION	LOCATION LEAD PERSON	REPORT MADE TO AUTHORITIES	DATA PROTECTION	FOLLOW UP
Full	Location lead to	If decision made is to report	Location lead to store report in	As above

Franchise	decide on how to proceed (HIA Safeguarding lead available for advice, if necessary)	to authorities, HIA Safeguarding Report including actions / advice given by authorities completed and shared with HIA Safeguarding lead	line with own procedure. HIA Safeguarding lead saves copy in Sharepoint. Franchise Safeguarding folder (only accessible to HIA Safeguard lead and Exec Dir). Any emails containing reports as attachments then deleted	Annual sharing of all safeguarding incidents and complaints shared with Support Centre as part of our Quality Assurance
-----------	---	---	--	---

*\*The HIA Safeguarding Report Template (App 1) can be substituted by LA Report Template if one has been completed, to avoid duplication of work. LA's methods of reporting differ. Discuss with HIA Safeguarding lead if in doubt.*

### **6.5 Housing young people or children**

Hope into Action primarily houses adults/over 18s. The families we house take parental responsibility for the children in the house<sup>xiii</sup> We would only house a minor without a live in parent or guardian in exceptional circumstances and only with the permission of the Executive Director.

### **6.6 If a tenant becomes pregnant during their stay**

A risk assessment must be carried out on all tenants of the house. Ideally HIA will be able to secure more appropriate accommodation before the child is born. If this doesn't happen and the child is born whilst in HIA accommodation any regular visitors will need to be included in the risk assessment. Overcrowding may become an issue, therefore alternative, more suitable accommodation may be a better option.

## **7. Review**

The policy will be reviewed annually by trustees. The Safeguarding Lead will attend safeguarding training every year.

## **Appendix 1      Safeguarding Report Template**

### **A1. Part 1    Details**

This form should be used by Empowerment Workers.

A copy should be sent to the Safeguarding Lead at Hope into Action.

If there is more than one alleged victim a separate form should be completed.

All efforts must be made to keep the information confidential. The information should only be shared with those that need to know if it is in the best interest of the child or adult at risk.

Please note that where a concern is immediate please make initial contact by telephone and return the completed form as soon as possible.

The form should be completed after alerting the Local Authorities or when it has been agreed that other (or no) further action is the best approach.

## Safeguarding Form

<b>Details of Person Completing this report</b>	
Name:	
Position:	
Location:	
To whom was the disclosure made or who raised the concern?	
How long ago was the concern raised?	
Time now	

<b>Details of alleged victim</b>	
Name:	
Home address:	
Supporting Church (if tenant):	
Relationship to the alleged perpetrator:	

<b>Details of alleged perpetrator</b>	
Name:	
Home address:	
Supporting Church (if tenant):	
Relationship to the alleged victim:	

**Details of incident**

Description of the incident/s (please include as much detail as possible. If a tenant talked to you, write down the exact details of the conversation, times / locations etc – remember not to lead the person making the disclosure. Please include any other information including number of incidences, any witness details etc – please continue on a separate sheet of paper if necessary). Consider using format: who, what, when, how.

--	--

<b>Actions taken:</b>	
<b>Other agencies / orgs contacted</b>	
<b>Further actions agreed or required:</b>	

I agree, to the best of my knowledge, that the information above is a true record of what happened / what was disclosed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If the primary person involved in the disclosure is not the signed staff member above;

Signature of person reporting incident to  
Hope Into Action (for example; a church volunteer): \_\_\_\_\_ Date: \_\_\_\_\_

**Please now send a copy of this to the HIA Safeguarding Lead as soon as possible**

## A1.Part 2: Follow up / unfolding of events

To be completed by local team as ongoing supervision and risk management of tenant.

(\*delete example below when completing)

<b>Date:</b> 18/7/18	<b>Name and position of person completing this:</b> Joe Bloggs / victim's EW	
<b>What has happened:</b>	<b>What have you actioned:</b>	<b>What is the agreed next step:</b>
<ul style="list-style-type: none"> <li>Tenant R saw perpetrator at shop. Perp verbally threatened her and pushed tenant R over (witnessed on shop CCTV).</li> <li>Tenant R agreed to give perp £20 tonight</li> </ul>	<ul style="list-style-type: none"> <li>Have called the MASH team to inform them of developments and they said they will inform the police and tenant R will be contacted with regards to getting a restraining order, panic alarm and 'red flag' at property, in case he knows where she lives.</li> <li>Tenant R reassured that ongoing communication with us is her best option.</li> <li>Tenant R reminded that if she ever feels in immediate danger she should call 999 immediately.</li> <li>We discussed financial abuse and Tenant R has agreed to not meet perp and give him £20</li> </ul>	<ul style="list-style-type: none"> <li>Tenant R has been offered counselling from Leeway and a course on 'breaking free from coercive control'.</li> <li>Church vols informed that perp is still at large and to not approach. If he should be at property when they visit, they should leave and alert HIA (or call 999 if they believe anyone is at risk).</li> <li>EW to continue discussing ongoing risk and developments with tenant R weekly and reporting back to City Coordinator.</li> </ul>
		<b>Line management agreement</b> Jane Bloggs, City Coordinator
<b>Date</b>	<b>Name and position of person completing this</b>	
<b>What has happened:</b>	<b>What have you actioned:</b>	<b>What is the agreed next step:</b>
		<b>Line management agreement</b>



## Appendix 2 Incident (or 'cause for concern'.)

### A2 Part 1 - Reporting Template

#### INCIDENT (CAUSE FOR CONERN) REPORT

Name of person recording incident	
Date	
Person(s) incident relates to	
Name of person filling in report (if different from above)	

Nature of incident	
Is there an increased risk element due to the incident? If so, who is at risk?	
What actions have been taken to reduce and manage risk?	
Further actions required:	
Name of line manager agreeing to above decision(s)	

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

If the primary person who reported the incident is not the signed staff member above;

Signature of person reporting incident (for example; a church volunteer):

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

### A2 Part 2 - Follow up / unfolding of events

To be completed by local team as ongoing supervision and risk management of tenant

\*delete example below when completing

<b>Date:</b> 18/7/18	<b>Name and position of person completing this:</b> Joe Bloggs / victim's EW	
<b>What has happened:</b>	<b>What have you actioned:</b>	<b>What is the agreed next step:</b>
<ul style="list-style-type: none"> <li>• Tenant R saw perpetrator at shop. Perp verbally threatened her and pushed tenant R over (witnessed on shop CCTV).</li> <li>• Tenant R agreed to give perp £20 tonight</li> </ul>	<ul style="list-style-type: none"> <li>• Have called the MASH team to inform them of developments and they said they will inform the police and tenant R will be contacted with regards to getting a restraining order, panic alarm and 'red flag' at property, in case he knows where she lives.</li> <li>• Tenant R reassured that ongoing communication with us is her best option.</li> <li>• Tenant R reminded that if she ever feels in immediate danger she should call 999 immediately.</li> <li>• We discussed financial abuse and Tenant R has agreed to not meet perp and give him £20</li> </ul>	<ul style="list-style-type: none"> <li>• Tenant R has been offered counselling from Leeway and a course on 'breaking free from coercive control'.</li> <li>• Church vols informed that perp is still at large and to not approach. If he should be at property when they visit, they should leave and alert HIA (or call 999 if they believe anyone is at risk).</li> <li>• EW to continue discussing ongoing risk and developments with tenant R weekly and reporting back to City Coordinator.</li> </ul>
		<b>Line management agreement</b> Jane Bloggs, City Coordinator
<b>Date</b>	<b>Name and position of person completing this</b>	
<b>What has happened:</b>	<b>What have you actioned:</b>	<b>What is the agreed next step:</b>
		<b>Line management agreement</b>

## Appendix 3 Contact details and Links for Adult Safeguarding

### Reporting Crimes to the police:

In an emergency, where an immediate police response is required, dial 999. Where an immediate response is not required or if you are unsure as to whether the abuse constitutes a crime, honour based violence or Domestic Abuse dial 101.

### Thirtyone:Eight (Church Child Protection Advisory Service) Contact Details:

0303 003 1111 [info@thirtyoneeight.org](mailto:info@thirtyoneeight.org) Gateway into Life Membership number 14353, but it's strongly recommended partner churches have their own account

### **Northumberland contact details**

**Gateway into Life lead:** David Harbertson (Lead Trustee) 01670 078 36 19  
If unavailable call Paul Allen (Chair of Trustees) 07792728262

**Hope into Action Safeguarding lead phone:**

Kate Doran-Smith [kate.doran-smith@hopeintoaction.org.uk](mailto:kate.doran-smith@hopeintoaction.org.uk) / 07908202944  
(office hours)

Northumberland County Council have set up a "One Call" help line. 01670 536 400

Use this phone number to contact a safeguarding team that includes Adult Social Care, Children's Services, Northumbria Healthcare NHS. To get advice just call:

# NCC One Call: 01670 536 400

**Samaritans help line**– 08457 90 90 90

Provides confidential non-judgemental emotional support, 24-hours a day for people who are experiencing feeling of distress or despair, including those which could lead to suicide.

Please do contact your local authority for leaflets / posters or business cards promoting safeguarding. These can be given to all staff and volunteers and displayed at properties / partner churches. Here is an example:



# Northumberland's One-Call network

Adult Social Care Children's Services Safeguarding Adults and Children Health

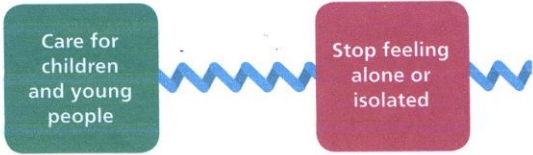
## A PHONE CALL NOW COULD SAVE A LOT OF PROBLEMS DOWN THE LINE

01670 536 400 **onecall**

**Northumberland**  
Northumberland County Council

**NHS**  
**Northumbria Healthcare**  
NHS Foundation Trust

[www.northumbria.nhs.uk/onecall](http://www.northumbria.nhs.uk/onecall)

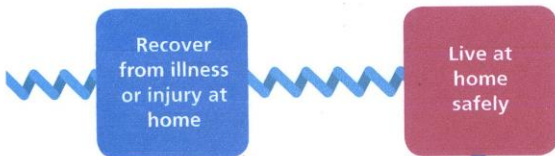
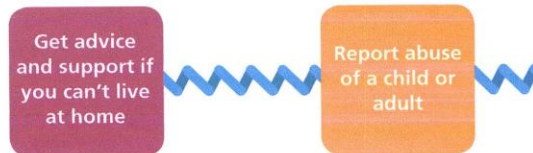


### What is Onecall?

Onecall brings together adult social care and healthcare staff from Northumbria Healthcare NHS Foundation Trust with Northumberland County Council staff from children's services, and partners in Northumbria Police. Our priority is providing help at the earliest opportunity before the situation becomes more serious.

### What happens if I contact Onecall?

When you first contact Onecall, we will work with you to direct your call to the right person. Depending on your query we might need to gather more information about what's wrong before we can direct you to someone who can help you. Our experienced team includes social workers, district nurses, therapists, early help workers, or specialists in mental health, telecare or home improvement depending on the nature of the enquiry.



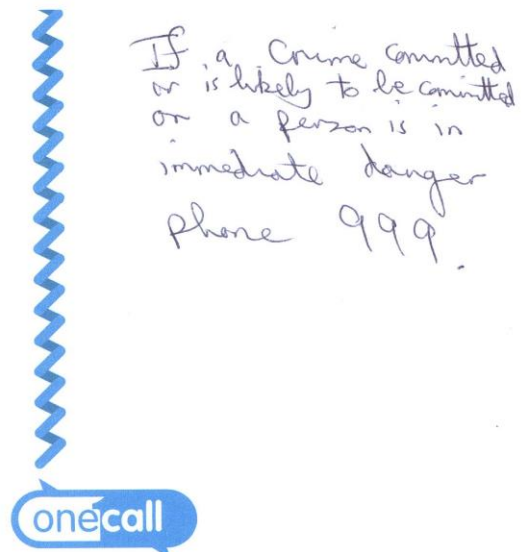
### When do I use it?

Onecall aims to help the most vulnerable people to keep safe and well 24-7. For example if you need help with:

- Living safely and independently at home
- Looking after someone who is ill or disabled
- Caring for a child or young person
- Family support if you are concerned about a child or young person
- Reporting abuse or neglect of a child or adult
- Finding alternatives if you can't live at home
- Recovering from an illness or injury at home

If you need medical advice and support fast, but it's not life threatening, call your GP or NHS 111.

You should always call 999 in an emergency - for example when someone's life is at risk or someone is seriously injured or critically ill.



**onecall**

**01670 536 400**

Text phone 01670 536 844

**Northumberland**  
Northumberland County Council

**NHS**  
**Northumbria Healthcare**  
NHS Foundation Trust

[www.northumbria.nhs.uk/onecall](http://www.northumbria.nhs.uk/onecall)

Email [onecall@northumbria-healthcare.nhs.uk](mailto:onecall@northumbria-healthcare.nhs.uk)

## **Appendix 4      The Hope Into Action Out of Hours number**

### **Tenant advice on when to use the Out of Hours number 07880699716**

The purpose of the out of hours' phone is to keep HIA informed of when something important has or is happening.

IT IS NOT a crisis response phone. It is manned by staff all over the country, so it may NOT mean someone can come out to see you and assist out of normal office hours. This will depend on the situation, the severity and staff availability (please remember staff do NOT get paid outside of their normal working hours).

In the case of an emergency such as a fire, flood, violence, severe injury, fatality etc. your first response should be to call the appropriate service i.e. police, ambulance, fire, plumber etc. The HIA out of hours' phone is to **support you to make those calls**. Emergency numbers can be found on your house noticeboard.

### **Situations and how you should respond**

- **Death, violence, fire, medical emergency, suicide attempt**
  - Get yourself into a safe situation and call the emergency services on 999. Then call the out of hours phone to let them know
- **Theft, illegal activity, damage to property**
  - Call the non emergency police on 101. Then call the out of hours' phone to let them know, if the safety of the property is damaged please inform us asap
- **Flood or gas leak**
  - There should be relevant numbers on the notice board. Phone them and then call the out of office hours phone to let them know
- **Medical non emergency, including self harm**
  - Call NHS Helpline 111 and/or attend nearest walk in/ out of hours centre
- **No electric or gas, problems with heating, no food, lost keys**
  - Although we know these are important, they are not emergencies. Call your local HIA team and they will return your call next time someone is working
- **If the police have visited the house**
  - Let your local team know and they will follow this up, you can call the out of hours' phone and inform them, if you would like to

## **Appendix 5      Helpful Mental health, Domestic Violence & Abuse survivor contacts**

### **Mental Health**

**NHS advice on suicidal thoughts:** <https://www.nhs.uk/conditions/suicide/>

**Crisis teams:** <https://www.rethink.org/diagnosis-treatment/treatment-and-support/crisis-teams> 0300 5000 927

<https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/crht-crisis-teams/#.WzUfbdJKiIU>

**Find local support for mental health advice:**

<https://www.rethink.org/aboutus/what-we-do/advice-and-information-service/get-help-now/>

**Mind website:** <https://www.mind.org.uk>

(lots of helpful downloadable leaflets on a range of mental health issues)

[www.thecalmzone.net](http://www.thecalmzone.net) 'Keeping men alive by talking' – a support network for suicidal males

### **Domestic violence**

**National Domestic Violence Helpline – 0808 2000 247**

Freephone 24 hour helpline, run in partnership between Women's Aid and Refuge  
**Women's Aid** – [www.womensaid.org.uk](http://www.womensaid.org.uk) **Leeway** – [www.leewayssupport.org](http://www.leewayssupport.org) 0300 561 0077

**Men's Advice Line – 0808 801 0327**

Confidential helpline for men who experience violence from their partners or ex-partners **ManKind** – 01823 334244 A helpline for male victims of domestic abuse

**Respect phonenumber** - 0808 802 4040 For if you're worried you're hurting someone you love

**Broken Rainbow** – 0300 999 5428

A charity dedicated to supporting LGBT people who are experiencing domestic violence or abuse

**Coercive Control-** [www.coercivecontrol.ripfa.org.uk](http://www.coercivecontrol.ripfa.org.uk) A wealth of research and information on coercive control and its impact on safeguarding and mental capacity

### **Victim Support**

**Victim Support's Male Helpline** – 0800 328 3623

Freephone number for men from 12 noon to 2 pm, Monday to Friday

### **Rape and sexual violence**

**Rape and Sexual Violence Project** – 0121 233 3818

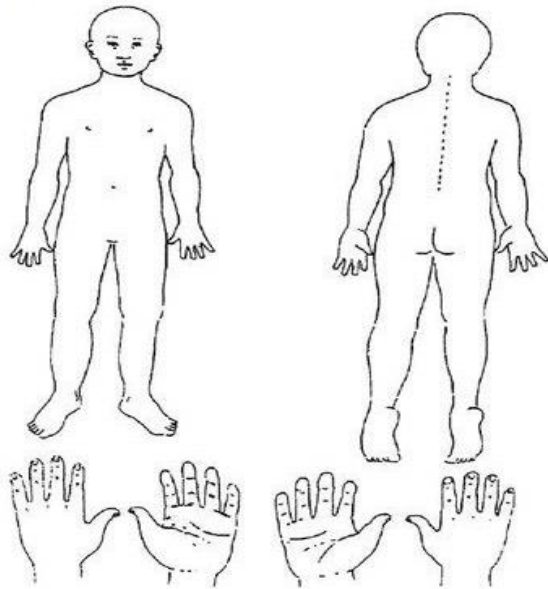
A charity supporting male and female survivors of rape, sexual assault and childhood sexual abuse. Information, support and face-to-face counselling seven days per week. Both male and female counsellors available.

### **Childhood abuse**

<https://napac.org.uk/> Support for survivors of childhood abuse <https://www.victimsupport.org.uk/crime-info/types-crime/childhood-abuse>

Support and advice from Victim Support for survivors of childhood abuse

## Appendix 6 – Body map



This body map is just a tool to log physical injuries seen or reported, it IS NOT a substitute for a professional medical record.

## Appendix 7 Guidance on Mental Capacity

Mental Capacity means being able to make your own decisions. It means having the 'capacity' to decide for yourself. For handy wallet sized reminder cards contact nhs.uk or scie.org.uk

**The five statutory principles that underpin the legal requirements in the Mental Capacity Act of 2005 are as follows:**

1. Assume a person has capacity unless proved otherwise
2. Do not treat people as incapable of making a decision unless all practicable steps have been tried to help them
3. A person should not be treated as incapable of making a decision because their decision may seem eccentric or unwise
4. Always do things or, take decisions for people without capacity, in their best interests
5. Before doing something to someone or making a decision on their behalf, consider whether the outcome could be achieved in a less restrictive way


**How to assess capacity:**

- The assessment must be time specific and decision specific
- Is there an impairment in decision making (eg: neurological difficulty)
- Can the person UNDERSTAND the information > RETAIN it > WEIGH IT UP and > COMMUNICATE their decision. If so, they have capacity.

Should you have reason to believe someone does NOT have mental capacity, contact your local authority One-Call for advice on getting a professional capacity assessment.

## Appendix 8 Example of ICE card

(to be edited, printed, laminated and distributed by all HIA locations to all staff & volunteers)



### HOPE INTO ACTION ICE CARD

**Need medical help?**

- 1) Call 999 for serious illness/injury where life is at risk  
OR Call 111 for urgent medical issues, non-life threatening
- 2) Follow advice given
- 3) Contact HIA staff to inform them of event

**Concerned for someone's welfare?**

- 1) Call 999 in emergencies (violence, threat to life, serious damage being caused to property)  
• OR  
• Call 101 for local Police, non-emergencies
- 2) Follow advice given
- 3) Contact HIA staff to inform them of event

### Weekdays

07908 2029\*\*  
07803 5148\*\*  
07908 2027\*\*  
07908 2027\*\*  
01603 927271

### HIA Evenings & Weekends

07880 699716 –

### Hope Into Action

07908 202944

## Appendix 9 Factsheet for tenants when discussing a safeguarding concern and potential referral

### Information for tenants



Safeguarding is preventing the physical, emotional, sexual, psychological and financial abuse of adults who have care and support needs, and acting quickly when abuse is suspected. It can also include neglect, domestic violence, modern slavery, organisational or discriminatory abuse. Adult Social Services is the lead organisation in preventing and identifying possible abuse.

## **Why we have given you this factsheet**

**It has come to our attention by either you or someone that knows you, that you may be at risk of harm.** This sheet will give you more information about what may happen next. This will help you decide what you want to do. We will take this into consideration when planning our next steps, as Hope Into Action are committed to 'Making Safeguarding Personal'. There may be occasions where we think the risk is higher than you anticipate and we need to make a referral to the Local Authority without your consent.

## **What will happen next?**

If the law has been broken or a serious crime committed, we will call the Emergency Services immediately (Police / Ambulance).

If there is no immediate threat or danger, we want to know what **you** want to happen. If you do not have anyone to support you through this process, we will talk to you about finding an independent supporter. We may also have to talk to other organisations about the risk to you and decide who is best able to help. However, we will only talk to people who can give us information that will help to keep you safe.

If we decide to alert the Local Authorities and make a Safeguarding referral, they will look into it further on your/ our behalf. They may then need to talk to:

- Police
- Nurse or GP
- Other health professional or specialist support provider
- Domestic Violence Advocate who could speak up for you
- Someone close to you, who you trust and knows you well

Sometimes there is not enough proof of the abuse so the Local Authority can't take the concerns raised further. If this happens they will give you information and advice about how to help prevent the abuse happening again.

Depending on what your concern was regarding, they may also: give you information about other help, check to see if you need any equipment to help keep you safe, ask other professionals to visit you to decide what services or support you need.

## **What happens in very serious cases?**

A social worker will explain each step as it happens.

The person responsible for harming you or putting you at risk may have to go to court. (If this happens we will let you know)

You may have to give a statement – which means telling your side of the story. (If this happens you may be able to record your words instead of appearing in court)

We will give you the help you need or find someone to represent you.

## **Who can you talk to?**

Other than Hope Into Action, your Friendship & Support group and normal friends and family, you can speak to someone from Adult Social Services, who may be able to answer any questions you have.

## Appendix 10 Alerter's checklist when making a safeguarding referral

This Checklist is to assist you to have adequate information when you are making a referral as we know that it is often a very stressful conversation and you may forget vital information when you make the call. If you don't have all the recommended info, don't panic. STILL MAKE THE CALL.

	Essential	Desirable
<b>Name of Alerter</b> (You can remain anonymous)		•
<b>Contact details of Alerter</b>		•
<b>Relationship to Victim</b>		•
<b>Organisation of Alerter</b>		•
<b>Name</b> (of Adult at risk of abuse or neglect)	•	
<b>Address of Adult</b> at risk of abuse or neglect	•	
<b>Address, if different, of place of alleged abuse</b>	•	
<b>Contact details of Adult</b> at risk of abuse or neglect	•	
<b>Details of Category of Vulnerability</b> (Older, Mental Health, Learning Difficulties etc.)	•	
<b>Date of Birth or Age</b>		•
<b>Gender</b>		•
<b>Ethnicity</b>		•
<b>Religion</b>		•
<b>Capacity and understanding</b>		•
<b>Communication needs</b> (sensory loss, Language, other)		•
<b>Name of Alleged Perpetrator</b>		•
<b>Address of Alleged Perpetrator</b>		•
<b>Date of Birth of Alleged Perpetrator</b>		•
<b>Details of Referral</b> - You need to consider the following so that the person taking the referral can gain adequate information		
<b>Nature of abuse/incident</b>	•	

When did it happen?	•	
Where did it happen?	•	
Was anyone else involved?		•
Was the incident witnessed?		•
Have you had previous concerns regarding this person? If so what?		•
Does the adult at risk of abuse or neglect know you are making this referral?	•	
Have you done anything to assist the Adult at risk of abuse or neglect at this time? (What actions have been taken?)	•	
How do you want to be contacted in the future?	•	

---

## Endnotes

For our understanding of 'adults at risk' please see section 3.1

<sup>ii</sup> National guidelines such as

<https://www.adass.org.uk/AdassMedia/stories/Publications/Guidance/safeguarding.pdf> and <http://www.ccpas.co.uk/Documents/Help-VulnerableAdults.pdf> have been referred to

<sup>iii</sup> For the Care Act see <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>iv</sup> For No Secrets 2000 see <https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>

<sup>v</sup> The Human Rights Act 1998 <http://www.legislation.gov.uk/ukpga/1998/42/contents>

Article 2 gives the Right to life (and decision on how to live their own life within the law). Article 3 is the Prohibition of inhuman or degrading treatment. Article 5 is the Right to Liberty (and freedom to make their own choices) and Article 8 is the Right to respect for private life

<sup>vi</sup> "Self-neglect has been added as a category of abuse by the Care Act. Mental Capacity comes into play here, as it is a fine line between one's own choices in life and our Duty of Care.

"Self-neglect is reported mainly as occurring in older people, although it is also associated with mental ill health. Differentiation between inability and unwillingness to care for oneself, and capacity to understand the consequences of one's actions, are crucial determinants of response. Professional tolerance of self-neglect as lifestyle choice is higher than when it accompanies physical/mental impairment. Professionals express uncertainty about causation and intervention." Abuse was typically viewed previously as to be harm caused by another. More recently the safeguarding definition draws "a distinction between **unwillingness** to maintain health and safety and **inability** to do so." Taken from <https://www.scie.org.uk/publications/reports/report46.asp> SCIE report on self neglect and safeguarding. See footnote iii for link to Care Act

<sup>vii</sup> Domestic Violence is a form of abuse that many of our tenants may have experienced in their past and may do so while in a Hope into Action house. It warrants special attention and handling. While it is most likely to occur against women it is also important staff and volunteers are mindful that it can happen to male tenants as well. When reporting incidents of Domestic Violence we have to remember that on average there has been at least seven prior incidents before the victim has been able to report it.

---

This means that although we would want to and always seek to gain the victim's permission to report, if after discussion with the safeguarding lead, location lead and at times with the ED it is considered that for the victim's safety and wellbeing, reporting may be necessary without permission.

<sup>viii</sup> **Radicalisation** is a process by which an individual, or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo or undermine contemporary ideas and expressions of freedom of choice (NSAB training). If you would like training in this area, please approach your local authority, who may be offering PREVENT training which will help you understand the topic and learn how to stop the signs in others. You can also refer to [www.stophateuk.org](http://www.stophateuk.org)

<sup>ix</sup> **Trafficking** for info see [www.gov.uk](http://www.gov.uk) or [www.city-hearts.org.uk](http://www.city-hearts.org.uk) or <https://www.theclewerinitiative.org/> for info on how your church can spot the signs of trafficking

<sup>x</sup> Whether abuse of oneself is a safeguarding issue is a hotly contested issue. 'Self neglect' noted as a new category of safeguarding abuse concentrates more on behaviours linked to psychiatric disorders such as hoarding or neglecting to tend to personal hygiene (as opposed to being a lifestyle choice).

<sup>xi</sup> There are many examples of Wellness Recovery Action Plans on line; there is a downloadable copy of an example on this website: <http://www.workingtogetherforrecovery.co.uk/links.htm>

<sup>xii</sup> The Common Law Duty of Confidentiality taken from <https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/what-does-the-law-say.asp>

<sup>xiii</sup> Please refer to Hope Into Action's Child Protection Policy for further information, available on Sharepoint