



Hope into Action: Coventry Safeguarding Adults at Risk Policy

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1. Introduction

Hope into Action (hereafter referred to in this policy as 'HIA') takes its responsibilities to all its tenants, staff, volunteers and neighbours seriously. We also recognise a particular responsibility to adults at risk¹ 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 Board²

This policy is to be adhered to by all the HIA staff, volunteers, partner church volunteers and franchise network.

1.1 Other Policies and Guidance notes to be aware of

- [Staff Care Policy](#)
- [Complaints Policy](#)
- [Whistleblowing Policy](#)
- [Sudden Death and Critical Incident Policy](#)
- Disciplinary Procedure Advice (found in [Staff Handbook](#))
- [Confidentiality Policy](#)
- [GDPR, Data Protection & Retention Policy](#)
- [Child Protection 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 the abuser(s) be?
- 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 2014³ where a person:

- has needs for care and support (whether or not the authority is meeting any of those needs)

¹ For our understanding of 'adults at risk,' please see section 3.1.

² 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.

³ For the Care Act see <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

- 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 2000⁴ notes that.

*Abuse is the violation of an individual's human and civil rights by another person or persons.*⁵

'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'?

HIA 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 workforces 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 4.3 below).

⁴ For No Secrets 2000 see <https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>

⁵ 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

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-neglect⁶, 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 violence⁷, 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 (e.g.: 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.

⁶ "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 3 for link to Care Act.

⁷ 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.

Please see footnotes on radicalisation⁸ and trafficking⁹.

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 Hope into Action ethos of empowerment & ‘making safeguarding personal’

The most recent approach to Safeguarding adults at risk concentrates on the notions of: ‘acceptable risk’ and ‘making safeguarding personal’(MSP). MSP is a person centred approach to adult safeguarding, the person must be involved in making decisions about their own safety at all times. The person may find taking certain risks acceptable, they are after all experts in their own lives. 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.”¹⁰

This ties in well to our ethos of empowerment at HIA and having tenant led goals and personal development 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 discussing with the person regularly whether these are ‘acceptable risks’ (and therein protecting out tenant’s Human Rights to privacy (article 8 Rights) or whether it is a Safeguarding issue and that they are an adult at risk and are suffering unacceptable abuse or self-neglect is endangering the person’s Right to Life (article 2 rights) or Right to freedom from degrading treatment (article 3 rights). This may need a referral to the local authority safeguarding service even if they do not consent to referral if their ‘vital interests’ or the safety of other adults or children is at risk. 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. HIA does 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 how aware they are as to whether abuse is taking place and/ or whether they are choosing to allow this to continue. It may be that the person is not able to make a free choice because they are being coerced, are afraid or addicted. This is only truly understood through honest and sometimes difficult conversations. Education and offering alternatives may be all that’s required in some cases. Ensure you are accountable to line management 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

⁸ **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

⁹ **Trafficking** for info see www.gov.uk or www.city-hearts.org.uk or <https://www.theclewerinitiative.org/> for info on how your church can spot the signs of trafficking.

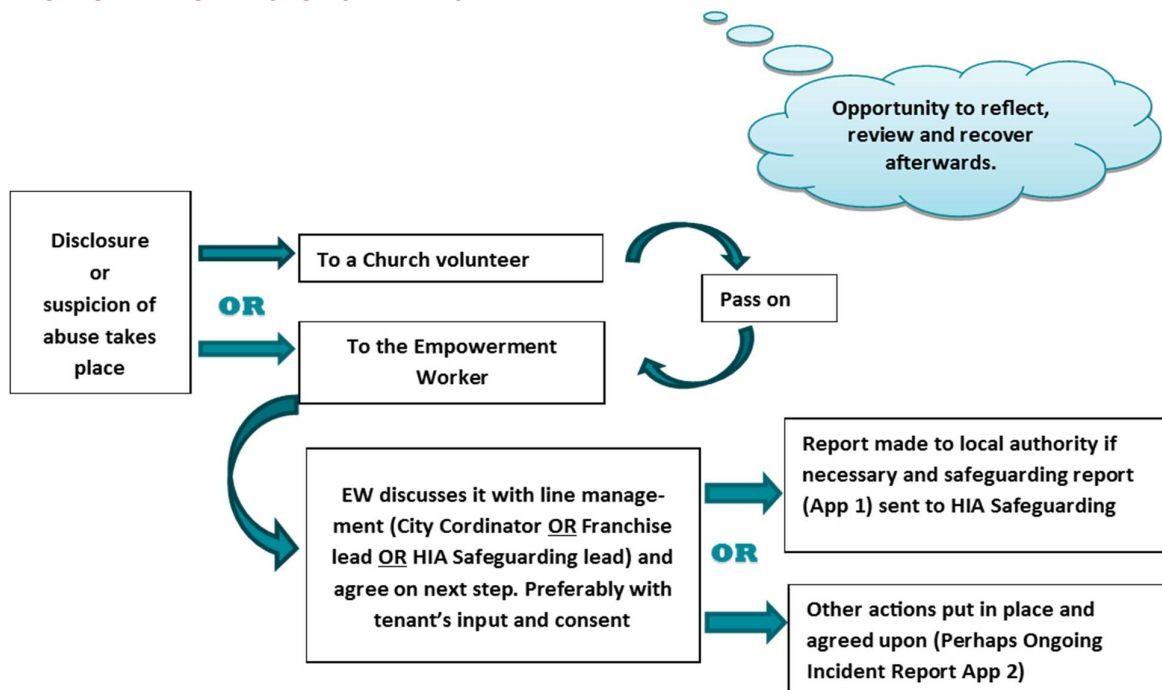
¹⁰ For the Care Act see <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

earliest convenience. HIA 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 and make a Safeguarding referral (using Appendix 1) 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 practice, but not always essential – depending on the risk.

If a volunteer or housemate suspects abuse, they should contact HIA and be aware of how to do this. Information on how to contact the HIA Safeguarding Lead should be displayed in all properties, somewhere communal. Every HIA 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 HIA UK Safeguarding lead is Laura Cuthill safeguarding@hia.org.uk/07702881662 (office hours Monday - Thursday).

The HIA:C Safeguarding lead is Adèle Harris (City Coordinator) adele.harris@hopeintoaction.org.uk/07305925777

5. Disclosures and Making a Safeguarding Referral

5.1 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.

HIA 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.

If the disclosure is made by a member of staff then the safeguarding lead should be contacted to lead on the process and if it is made by a volunteer then the church safeguarding lead should be contacted to take the lead.

5.2 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 Report template (Appendix 1) or Incident Report template (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 adult 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 Appendix 4. If you believe the victim lacks mental capacity, refer to Appendix 5 for more information.

5.3 Non-recent disclosures from the past or self-inflicted abuse

Should a disclosure be made about **non-recent 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 or an Incident / Cause for concern– 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. Non-recent 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 be recorded as an incident.¹¹ 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 to 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 practice and will allow them to access emergency mental health assessments, especially if they have overdosed or hurt themselves badly. Try not to leave them alone until you believe they are safe. Inform HIA line management as soon as possible and use the Out of Hours Emergency number 07880 699716 to log any 999 calls.

Please also relook at the tenant's Risk Reduction Plan (RRP) and review all safety measures put in place. In some scenarios, worsening mental health (or an uncovering of such, which was not understood or admitted during the referral stage) may mean they are now deemed too high risk for our level of support and no longer suitable for HIA accommodation.

5.4 Making a Referral

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

Referrals can be made by the HIA staff member most heavily involved, their location manager/ city coordinator 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 6 for template). This is also covered in Induction of new staff.

6. Other aspects & implications

6.1 Supporting Staff and Volunteers

HIA accept that abuse and safeguarding concerns are a difficult topic and will endeavour to support staff, tenants and volunteers throughout the process. If a social services department needs further involvement from HIA 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.

HIA 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 WRAP¹² (or other suitable mental health tool) with staff to see if they are deemed fit to

¹¹ 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).

¹² 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>

return to work, allowing time off to rest if appropriate, discussing phased return and a 'back to work' report (template available in SharePoint). We value everyone who contributes to HIA, please do let us know if you are struggling. All staff should familiarise themselves with the Staff Care Policy (on SharePoint) and advice around returning to work after needing time off.

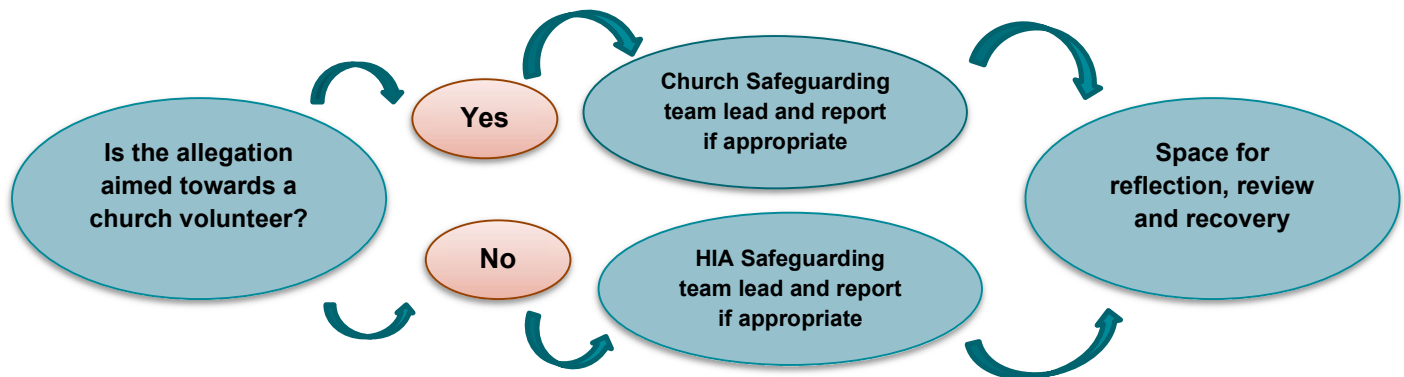
All staff (and anyone offering tenant support on behalf of HIA or a HIA franchise) will be expected to:

- 1) Familiarise themselves with this policy and know the relevant processes
- 2) Attend safeguarding training offered locally by a professional body, or attend a HIA UK safeguarding training day
- 3) Attend annual refresher training (preferably the half day offered by HIA UK).

6.2 Allegations made against staff or volunteers

Staff and volunteers may be subject to abuse allegations. HIA will offer support in these circumstances. HIA 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, HIA 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. For this reason all concerns around abuse relating to a member of staff must be immediately reported to the Hope into Action: Coventry (HIA:C) Safeguarding Lead, or Hope into Action UK Safeguarding Lead if it concerns the HIA:C Safeguarding Lead.

Likewise, should a tenant wish to make a complaint about HIA, the procedure is explained in our Complaints and Whistleblowing policies (available on SharePoint). 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.

If a member of staff or volunteer has concerns about abusing occurring towards a member of staff or if a member of staff discloses abuse then this should be reported directly to the Safeguarding Lead. Discloses of abuse from a church volunteer or concerns of abuse **towards** a church volunteer must be immediately reported to the church safeguarding lead.

6.3.1 Appointing Coordinators and Empowerment Workers

Those who have a desire to work with adults at risk must be able to fulfil the following criteria:

- Must not be on either of the barred lists on the disclosure
- Have a commitment to the activities of HIA
- Have a calling to work with vulnerable adults

- Be prepared to take appropriate training opportunities
- Be able to function as part of a team
- Be expected to commit to the work

In appointing workers, HIA:C will be responsible for the following:

1. Prospective workers will be asked to complete an application form and there will also be a requirement for any previous offences to be declared.
2. On completion of a satisfactory application form, the applicant will be interviewed by at least two staff members, one of whom will be a member of the management team. Knowledge and experience of safeguarding will be discussed during the interview.
3. References will always be requested.
4. Before an appointment is made, the applicant will be given a conditional offer of employment dependant on the status of their DBS check, which they will then be asked to complete. See section 6.3.2
5. HIA:C will supply the applicant with the Safeguarding Adults at Risk Policy.
6. The new recruit will undergo a probationary period the minimum of which will be six months.
7. During this probationary time feedback will be obtained from those working with the new recruit. Feedback will be recorded as part of the recruit's personnel file.
8. Following a satisfactory probationary period the appointment will be confirmed in writing.
9. Regular support will be given to the worker.
10. The worker will be expected to attend regular supervision meetings with his or her line manager.

6.3.2 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 recruited.

At HIA this means that prospective employees declare any offences at application. On appointment of new staff and all trustees a conditional offer is made dependent on satisfactory references being received plus the appropriate DBS check. Volunteers are also checked in the same way through a comprehensive process.

All trustees, Executive and staff should have their DBS renewed every 3 years.

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. All roles are classed as 'Volunteer'. The DBS should state that volunteers are working with 'Adult Workforce' as they should never have direct responsibility for children. For those not directly working with tenants, a 'Basic' DBS may be sufficient.

The recognised DBS job role of 'Befriender' covers the support offered for those working directly with tenants. An adult is considered 'vulnerable' if they require the service you provide because of their age, illness or disability. As tenants may fall into any of these categories, volunteers will be eligible for an 'Enhanced' DBS check. Church volunteers not be eligible for a check of the 'Adult's barred list' as your role doesn't include a regulated activity.¹³

There should be no charge for this service, as the volunteers are unpaid.

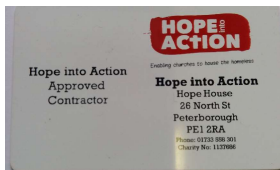
Should the house being supported include children additional information can be found on www.gov.uk and you can also refer to our Safeguarding Children Policy (available on SharePoint).

6.3.3 ID

All HIA staff and HIA 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. They must also sign Contractor's Confidentiality form available on SharePoint

¹³ For example: Regular and formal provision of 1) managing the tenant's cash 2) paying their bills 3) shopping on their behalf.



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 HIA and the attention of all staff and volunteers is drawn to the Confidentiality policy and the Data retention/ protection policy available on SharePoint.

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."¹⁴

LOCATION	LOCATION LEAD PERSON	REPORT MADE TO AUTHORITIES	DATA PROTECTION	FOLLOW UP
Line Managed Cities	Event / disclosure discussed between EW and city coordinator (and HIA Safeguarding lead if necessary). Next steps agreed upon	If decision made is to report to authorities, HIA Safeguarding Report including actions / advice given by authorities is completed by EW and emailed to coordinator & HIA Safeguarding lead	Safeguard lead saves report in City SharePoint Folder (only accessible to HIA Safeguard lead & Executive Director). Any emails containing reports as attachments then deleted	Ongoing/ unfolding of incident or disclosure reported 1 month later using template. All parties concerned to remain in contact for review and pastoral care
All Franchise	Location lead to decide on how to proceed (HIA Safeguarding lead available for advice, if necessary) Next steps agreed upon and written report completed.	If decision made is to report to authorities, HIA Safeguarding Report including actions / advice given by authorities completed and shared with HIA UK HIA Safeguarding lead	Location lead to store report in 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	As above Bi-monthly sharing of all safeguarding incidents and complaints shared with Support Centre via Advisor 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 Safeguarding Training

All HIA UK staff, trustees and at least one representative of each franchise location must attend annual safeguarding training with HIA UK. We are committed to offering a full day Safeguarding training and a Safeguarding Refresher training course annually. In an employee, franchise or trustee's first year in post, the full day Safeguarding training must be completed. In years 2 and 3 the Safeguarding Refresher course or the full day may be completed. All subsequent years to follow the same cycle.

6.6 Housing young people or children

HIA primarily houses adults/over 18s. The families we house take parental responsibility for the children in the house.¹⁵ 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 and Trustees.

¹⁴ 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>

¹⁵ Please refer to Hope Into Action's Child Protection Policy for further information, available on Sharepoint.

6.7 If a tenant becomes pregnant during their stay

The risk reduction plan must be reviewed 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 will be a better option.

6.8 Safeguarding and Fundraising

HIA recognises that some supporters may be vulnerable in the context of how HIA interacts with them, by virtue of their personal circumstances. This might be because they are in a vulnerable circumstance (for example have a medical condition, or are experiencing a stressful time), have a particular language or communication needs, haven't got the mental capacity to make a financial decision, or just need more time, help and patience to make a decision about whether to donate.

We will ensure that:

- We comply with the code of Fundraising Practice, including fundraising that involves children.
- Staff and volunteers are made aware of the Institute of Fundraising guidance on keeping fundraising safe and follow our guidance laid out in our Marketing Policy.
- Our fundraising material is accessible, clear and ethical, including not placing any undue pressure on individuals to donate.
- We do not either solicit nor accept donations from anyone whom we know or think may not be competent to make their own decisions. Guidance on action to take if we have concerns around an individual's competence is laid out in our Safe Fundraising policy.
- We are sensitive to any particular need that a donor may have and will make reasonable adjustments and support mechanisms to take account of these.

7. Review

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

Appendix 1 Safeguarding Report Template

[Safeguarding report Link](#)

Follow up report (to be complete 1 month later)

[Safeguarding follow up LINK](#)

Please use full names and as much information as possible in these reports. Hard copies not to be kept in tenant folders, but referred to in field notes (eg Safeguarding referral made to local authority and report emailed to safeguarding@hopeintoaction.org.uk _ on 13/4/19 Reference 190413 Harper GH ASB)

Appendix 2 Incident or Cause for Concern Report Template

[Cause for Concern Report LINK](#)

Follow up report (to be complete 1 month later)

[Follow up report LINK](#)

Please only use the name of the main individual in these reports and refer to other parties anonymous (e.g. 'house mate 2' or 'alleged perpetrator') then write separate report from other perspective. This is for GDPR and data protection reasons. These reports can therefore be kept in tenant folders, as they do not incriminate or identify anyone else.

These reports should be completed by Empowerment Workers.

A copy should be sent to the Location Lead and Safeguarding Leads at both HIA:C and HIA UK. 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 HIA Safeguarding report should be completed after alerting the Local Authorities or when it has been agreed that other (or no) further action is the best approach.

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:

Previously known as CCPAS.

0303 003 1111 <https://thirtyoneeight.org/>

HIA:C Membership number 13029, but it's strongly recommended partner churches have their own account

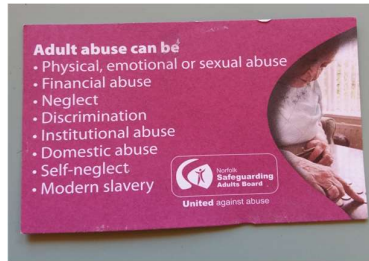
Coventry Adult Social Care:

Safeguarding lead: Adèle Harris (City Coordinator)

Adult Social Care Direct: 024 7683 3003 or email ascdirect@coventry.gov.uk to report concerns.

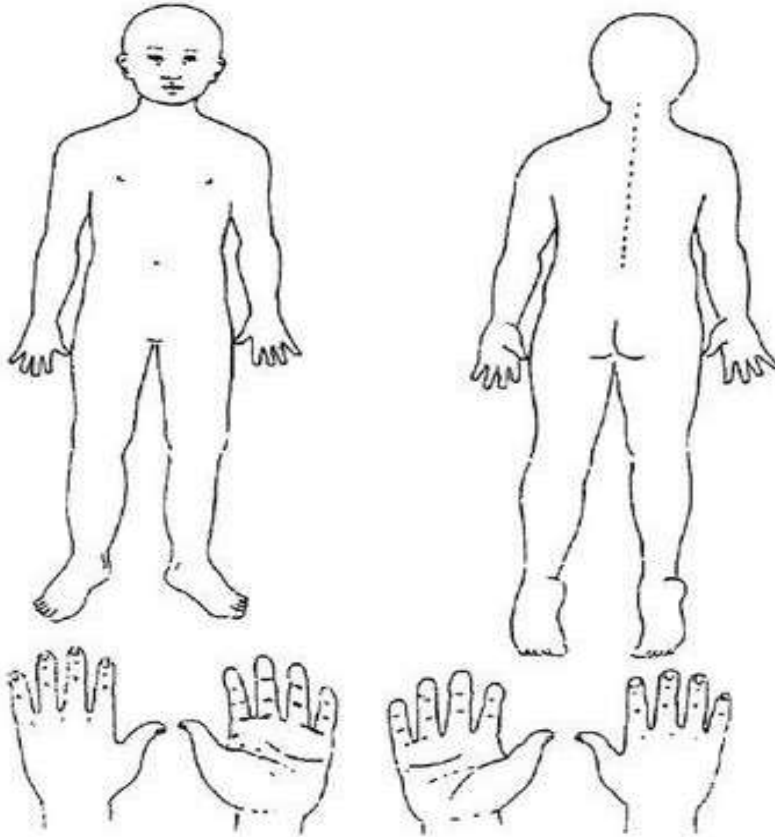
Out of office hours Emergency Duty Team: 024 7683 2222

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:



Appendix 4 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 5 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 / MASH team etc. for advice on getting a professional capacity assessment.

Appendix 6 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** #name#, Coordinator 07803 5148** #name#, Empowerment Worker 07908 2027** #name#, F&S Coordinator 07908 2027** #name#, Ops & Finance Admin 01603 927271 Local Office HIA Evenings & Weekends 07880 699716 – HIA Out of Hours Number (National) Hope Into Action Safeguarding Lead 07908 202944 Kate Doran-Smith
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Appendix 7 Guidance / Press Release for a serious offence

Guidance for those housing tenants accused or convicted of a sexual offence (or other high profile cases which the media may pick up on, such as drug dealing, harm to children or particularly bad GBH/ABH):

Although rare, tenants or ex tenants are sometimes accused, awaiting trial or convicted of heinous crimes. Should your location have to deal with this, here are some simple suggestions as to how to approach this delicate issue.

1) Agree on who should deal with any press or media enquiries. We suggest:

- If any enquiries come to via the location (eg: HIA Mid Sussex), they are directed to the Team Lead or Chair of trustees. No one else should speak or respond to the press.

- Any enquiries that come to HIA UK should be directed to the Executive Director, Head of Network or Franchise Lead. No one else should speak or respond to the press.

2) Our only message initially should be: "No comment" and if pushed "it is not our policy to house anyone with a known sex-offence."

If it's deemed a press statement is necessary and wise, use this template as a guide:

We have some difficult news which has also hit the press. A (ex-)tenant and someone we know well was, last Friday, convicted of rape. I want to state categorically that we absolutely condemn any form of sexual violation and abuse, of any kind. Our hearts and prayers are completely with the victim.

It is absolutely right that justice is done. Justice plays a vital role in protecting society and also, at best, contributes to the victim's healing after a highly traumatic experience, one they may take a lifetime to recover from.

In no way do we excuse, justify or exonerate the perpetrator.

3) When it comes to communicating internally (within the HIA Network or location team), something like the below may be used:

In this messy work we are involved in, we recognise the perpetrator is also, somehow, loved by God.

**Details prevalent to the case, such as:*

The incident did not occur in a house in our care. Nor was the perpetrator in our care at the time of the incident.

OR

The EW was aware of this allegation and reported it to their line manager and the HIA UK Safeguarding Lead. They have adhered to policy throughout and shown incredible strength.

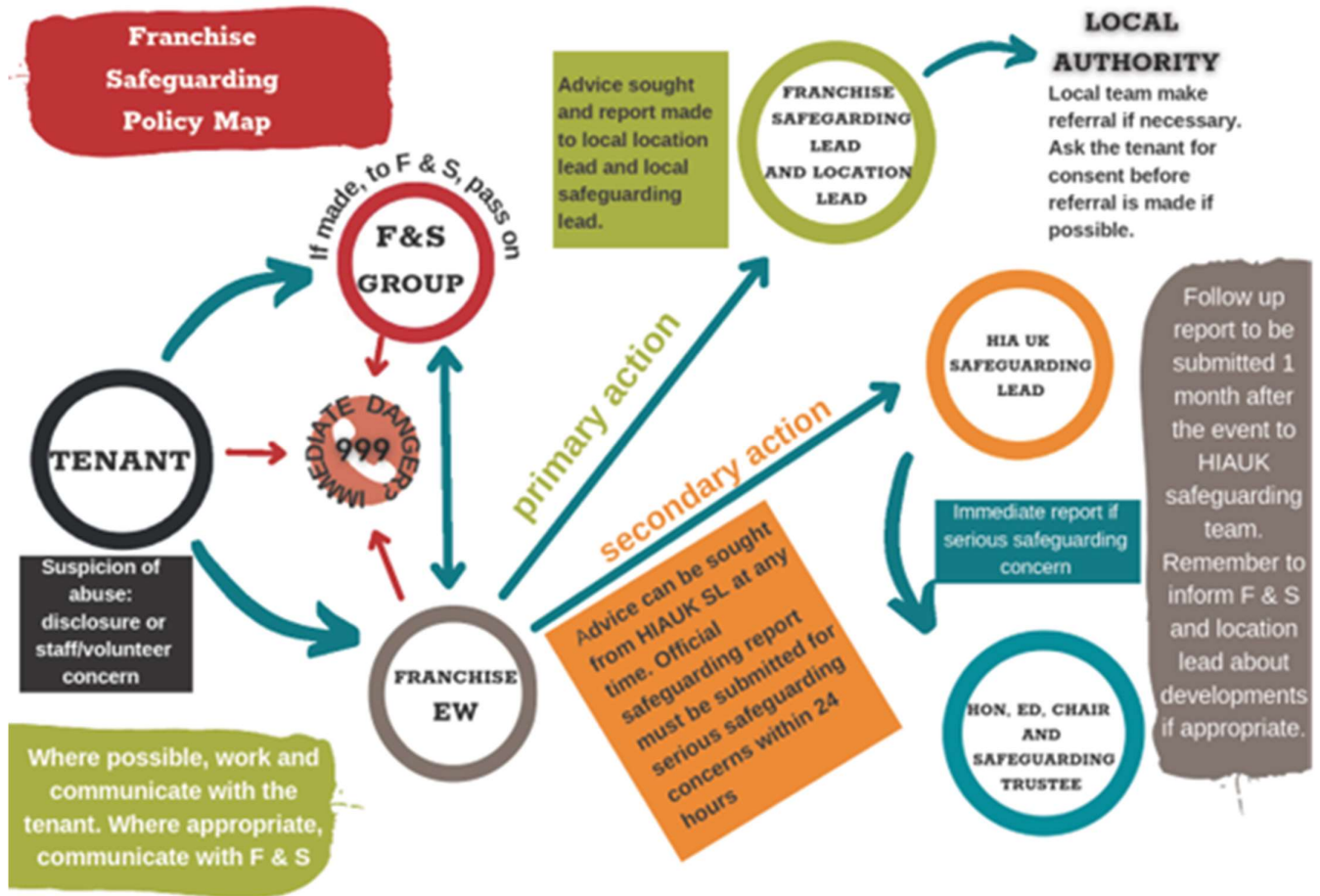
We hand it all over to God in prayer, the pain, the trauma and may other emotions. Praying for the victim, for healing. Praying for the perpetrator.

For now, I would like to keep it to that, but we now feel it is important to let you know, so you are prepared and informed.

If there are any enquiries from the press please direct them to myself or xxx in the short term. Do not say anything other than that.

Regards

Appendix 8 Policy Map



Appendix 9 **Serious Safeguarding Incident Flowchart**

Serious Safeguarding Incident Flow chart

HIA Safeguarding Lead becomes aware of serious safeguarding incident

Immediate report made to HON, ED, safeguarding trustee and chair of Trustees

Safeguarding Lead to work with team lead / Franchise lead seeking support from Safeguarding trustee and 31.8. HON and ED to be copied into decisions made

Safeguarding Lead to lead review following serious incidents to reflect on practise and identify any areas for improvement

Franchise lead to report all serious safeguarding incidents to Charity Commision and Funders who require serious safeguarding issues to be reported (Pears)