

Safeguarding Policy

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Please note: This policy applies across the Clarion Housing Group (CHG) it applies to all staff including temporary staff, volunteers, contractors, and agents who work for CHG and in all subsidiary companies of CHG.

1.0 Introduction

Clarion Housing Group (CHG) is committed to working with statutory agencies to ensure the safety and well-being of our residents, service users and staff. Safeguarding is an important part of this commitment with accountability for safeguarding on the Group Board held by the Chair of our Audit Committee and responsibility for ensuring the Group meets its obligations to residents and service users delegated to the Group Executive Team through the Group Director of Commercial Services.

2.0 Policy Statement

This policy is to ensure that Clarion staff effectively identify and make referrals:-

Respond take action to make sure the person is safe
Report concerns immediately to a manager in CHG, and then social services or the police
Record concerns; completing & submitting a referral to statutory services
Revisit referral - safeguarding team will record up-dated from Local Authority Safeguarding Team

We will:-

- (a) Demonstrate leadership, accountability and commitment in working with statutory partners to safeguard our residents, and those we engage with in the communities we work.
- (b) Ensure staff are well-trained, have the knowledge and confidence to identify and make safeguarding referrals.

- (c) Ask for consent to make referrals where it is appropriate. Where it is not, we will communicate this to the local authority or police to ensure that they are fully aware of risk attached to the referral, and the reason why consent has not been obtained.
- (d) Work proactively within our services to identify abuse and report this, for example our income teams (financial abuse) and domestic abuse through our visiting services.
- (e) Develop robust local partnerships and multi-agency working to develop a pro-active approach to safeguarding and learn from best practice.
- (f) Participate in multi-agency risk assessment conference and any other multi-agency meeting that requires are involvement to safeguarding our residents.
- (g) Work with Safeguarding & Community Safety Board in the regions we work – using these links to improve our management of safeguarding and in partnership on serious case and domestic homicide reviews.

3.0 Principles and Duty

Included in The Care Act are 6 Principles of Safeguarding. These principles are intended to form a core set of standards for anyone who has a responsibility for safeguarding vulnerable adults. The principles aim to highlight every individual's wants and needs as a human being and should underpin all work with vulnerable adults.

The 6 Principles of Safeguarding as defined by The Care Act 2014 are:

- **Accountability**
- **Empowerment**
- **Partnership**
- **Prevention**
- **Proportionality**
- **Protection**

3.1 Safeguarding duties apply to any **adult** (a person 18 years of age or above), regardless of mental capacity who:

- Has needs for Care and Support (whether these have been assessed or are being met by the Local Authority or not);
- Is experiencing, or at risk of experiencing abuse or neglect; and
- As a result of Care and Support needs is unable to protect themselves against the abuse or neglect.

3.2 The definition of safeguarding, as per the Working Together to Safeguard Children (2018) Legislation is:-

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

Essentially, safeguarding is how you ensure the safety of the children. It is the responsibility of every professional that comes into contact with a child, not simply those who work in education.

4.0 Definition of Abuse

Everyone has the right to live safety, free from abuse and neglect - abuse and neglect can occur anywhere: in a home or a public place, or for example in a hospital, day centre, or in a college or care home.

The person causing the harm may be a stranger but, more often than not they can be known by an individual and they feel safe with them. They're usually in a position of trust and power, such as a health or care professional, relative or neighbour.

4.1 Forms of Abuse

There are many forms of abuse and neglect.

Physical abuse: Causing someone physical harm - for example by hitting, pushing or kicking them, mis-using medication, causing someone to be burnt or scalded, controlling what someone eats, restraining someone inappropriately or depriving them of liberty.

Sexual abuse: Sexual acts to which a person has not or cannot give their consent or which they have been pressurised into. For example rape, inappropriate touching or use of sexualised language, or sexual acts with minors i.e. under 16 years of age.

Psychological abuse: Causing someone mental and emotional distress by using threats, humiliation, control, intimidation, harassment, verbal abuse or depriving them of contact with other people.

Financial abuse: Taking money, goods or property without permission. This can include theft, fraud, exploitation or putting pressure on someone to make a will, transfer the ownership of property or carry out other financial transactions.

Neglect and acts of omission: Failure to provide access to services to meet a person's health, social care or educational needs or withholding the necessities of life such as medication, food, clothing and heating.

Discriminatory abuse: Treating someone in a less favourable way that causes them harm, because of their age, gender, sexuality, disability, ethnic origin or religion

Domestic abuse: The abuse of an individual within an intimate or family relationship. It is the repeated, random and habitual use of intimidation to control that person. The abuse can be physical, emotional, psychological, financial or sexual.

Organisational abuse: Where services fail to recognise the rights of service users and offer a poor quality of care or condone ways of working which cause harm.

Self-neglect: Any failure of an adult to take care of himself or herself -
A refusal or inability to cater for basic needs, including personal hygiene and appropriate clothing; Neglecting to seek assistance for medical issues; not attending to living conditions; letting rubbish accumulate in the garden; or dirt to accumulate in the house; hoarding items or animals.

Modern Slavery: A global problem that transcends age, gender and ethnicities, including here in the UK. It can include victims who have been brought from overseas and people in the UK who are forced to illegally work against their will in many different sectors, including brothels, cannabis farms, nail bars and agriculture - can be physical, emotional, psychological, financial or sexual.

Coercive Control: An act, or a pattern of acts, assaults, threats humiliation and intimidation or other abuse that is used to harm, frighten or punish their victim. The controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour.

Cuckooing: A form of crime, termed by the police, in which drug dealers take over the home of a vulnerable person in order to use it as a base for county lines drug trafficking. The crime is named for the cuckoo's practice of taking over other birds' nests for its young.

County Lines: The 2018 Home Office Serious Crime Strategy states the NPCC definition of a County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Abuse involving staff: There may be exceptional instances when a staff member is involved in the abuse of a vulnerable resident. All staff members take responsibility to report any concerns immediately via the organisational 'speak up policy'. Normal disciplinary procedures would apply and senior managers would ensure the police and/or social care safeguarding are involved as required. Head of Service/and or Director will inform the Director of Audit who must be informed if a financial abuse allegation has been towards a staff member.

In addition if any staff member has a concern regarding a colleague and their well-being they should report immediately to their line manager, or if not available a member of the employee relations team.

The following forms of abuse can apply for children:

Physical Abuse: This happens when a child has been hurt or injured, and it is not an accident. Physical abuse does not always leave visible marks or injuries.

Child Sex Abuse: Sexual abuse happens when an adult, teenager or child uses their power or authority to involve another child in sexual activity.

Emotional Abuse: This happens when a child is treated in a way that negatively impacts their social, emotional or intellectual development.

Neglect: This happens when a child's basic needs are not met, affecting their health and development.

And in addition:-

Online abuse: Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or mobile phones.

Child exploitation: Child sexual exploitation is a type of sexual abuse in which children are sexually exploited for money, power or status.

Female genital mutilation (FGM): This is the partial or total removal of external female genitalia for non-medical reasons

Bullying or cyberbullying: Bullying can happen anywhere - at school, home or online - causing physical and emotional harm.

Child trafficking: A type of abuse where children are recruited, moved or transported and then exploited, forced to work or sold.

Grooming: Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example, a family member, friend or professional.

Harmful sexual behaviours: Children and people who develop harmful sexual behaviour harm themselves and others.

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5.0 Partnership Working

Whilst Clarion staff will be aware of how to identify and report any safeguarding concerns, it is social services and the police who will carry out any investigations following a referral; we will work in partnership with these statutory services to make vulnerable adults and children safe.

6.0 Representation on Safeguarding Boards

The Head of Housing/Operations (or a manager they appoint) for the relevant part of the business will take the lead for CHG on Safeguarding Boards if required as part of our commitment to partnership working.

Schedule 2 of the Care Act specifies that members of a Safeguarding Adults Board (SAB) must include at least the local authority that established it, the NHS clinical commissioning group and the chief officer of police. Councils can decide who else should be a member, such as housing authorities or provider organisations. The managers/heads of service will attend these boards by invitation if it is in area where we have substantial stock or a safeguarding investigation involves one of our residents/service users. They will update safeguarding@clarionhg.com that they are a member of these boards.

The Children and Social Work Act 2017 (the Act) replaces Local Safeguarding Children Boards (LSCBs) with new local safeguarding arrangements, led by three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups). It also places a duty on child death review partners (local authorities and clinical commissioning groups) to review the deaths of children normally resident in the local area - or if they consider it appropriate, for those not normally resident in the area.

7.0 Responding to Concerns about a Child’s Welfare

Staff may have to respond to concerns about the welfare of a child. This might relate to the actual or alleged harm of a child, or where a child discloses abuse or concerns directly, or where the behaviour of an adult leads to concerns about the welfare and safety of a child.

All members of staff have a responsibility to ensure concerns about children, no matter how uncertain, are passed on and assessed appropriately.

For England, Sections 11 and 12 of the [Children Act 2004](#) place a statutory duty on agencies to cooperate to safeguard and promote the welfare of children. For further information, please see paragraphs 15 and 16 of the introduction to the government guidance [Working together to safeguard children \(PDF\)](#)

8.0 Action – Concerns of abuse or neglect

If you have any concerns about an individual is being abused/neglected you should notify your line manager immediately of your concern, contact the Social Care Help Desk in your area, and say you wish to raise a safeguarding concern. However, if this is busy or it is outside working hours, call the police immediately if the person is in immediate danger or you think a crime has been committed.

Where your concern also requires investigation by Clarion, for example in cases of self-neglect and hoarding, domestic violence, cuckooing, verbal or physical abuse, the relevant process should be started e.g. ASB or Advice and Support.

8.1 What will happen when you report a concerns relating to the abuse of an adult?

Your concern will always be taken seriously. Once you have made an alert to the local authority safeguarding team, or the relevant social services help desk for safeguarding, or the Police, they will decide how the allegation or suspicion should be investigated using their local safeguarding procedures.

8.2 Concerns Regarding Children

Do the same – report immediately to your local social services support duty desk, or the police if you feel the child is in immediate danger.

We are all responsible for reporting concerns about a child's welfare. Unless a child is in immediate danger, there will be an initial assessment of the child's needs and risk of significant harm following staff raising a concern with social services. The assessment should be carried out as soon as possible, but must be within 7 workings days from alert.

"Harm" is the "ill treatment or the impairment of the health or development of the child".

It is determined "significant" by "comparing a child's health and development with what might be reasonably expected of a similar child".

Under Part 1 of the Housing Act 2004, we must take account of the impact of health and safety hazards in housing vulnerable occupants (including children) and when deciding on the action to be taken in connection to their tenancy (example: drug use / weapons / dangerous animals / hoarding)

CHG has an important role to play in safeguarding children and young people - where we have concerns, we will always alert statutory services to investigate fully.

9.0 Consent to Make a Referral

The staff member reporting to the local authority will be asked if the referral is being made with the consent of the individual or not.

If no consent, or we have not advised the resident we are making the referral, we can still make the referral, we just have to confirm this on the referral form and the reason why. In most cases this will be because we may be putting an individual at risk by confirming we are making the referral – this is

an adequate and appropriate reason to not disclose and the LA must still take the referral through to assessment.

If the referring officer also feels it is not appropriate for the LA to disclose to the resident that they have made the referral because of risk, they must also confirm this on the referral form – this ensures the referring officer is not disclosed.

10.0 Commissioned Support Services

Where we deliver support services, these are defined as:-

- Services that Clarion provides that are externally funded by a 3rd party, and within our agreement with the funder they require a service specific safeguarding procedure because of the needs of the service users.

Clarion will in these circumstances work to this Safeguarding Policy and Clarion's Safeguarding Procedure, but will ensure any enhanced arrangements that are service specific are considered and put in place.

11.0 Contractors

Within our procurement process we will ensure that contractors are asked for their safeguarding procedures, so we are satisfied they have arrangements for their staff who may visit our properties/residents. If we have 3rd party partnership arrangements we will ask the organisation we have engaged/or are working with for their safeguarding procedures, to ensure they have a robust approach (example: 3rd party organisations carrying out services for Clarion Futures)

12.0 Disclosure and Barring Service (DBS)

Our employee relations (ER) team will ensure that all relevant staff have the required checks (DBS/DBS Enhanced), and that all managers are aware of the renewals process so staff have a current and appropriate check. All managers must comply with the ER guidance to inform DBS of a staff member no longer working for Clarion if they carried out regulated activities within their role and they are dismissed.

13.0 Review

Because of the importance of safeguarding in our work, and the role our staff take, this policy will be reviewed annually to ensure we are continually learning from case management and delivering a robust and effective system for managing safeguarding disclosures and alerts.

14.0 Training

For defined roles who work in-person or speak with our customers this will be mandatory training, and individual managers will assess team requirements in-line with their role. Repairs Operatives - we recognise the importance of our in-house repairs contractors in identifying residents who may be subject to abuse or self-neglect and they will receive safeguarding tool-box talks to ensure they have an understanding of safeguarding and the Clarion reporting requirements - their part in the process is critical as they frequently visit our visitors are residents as part of their role.

15.0 Key Legislation

There is a range of relevant legislation that addresses different aspects of safeguarding and work with vulnerable adults and children. Much of the legislation gives statutory authorities powers, but as a key partner we work with them to assist and raise concerns where we have them, immediately, ensuring individuals and families are made safe and assisted when needed:-

Care Act 2014
 Data Protection Act 2018
 Crime and Disorder Act 1998
 Children Act 1989
 The Children Act 2004
 Education Act 2011
 Children (Leaving Care) Act 2000
 Criminal Justice Act 2003
 Mental Capacity Act 2005
 Safeguarding Vulnerable Groups Act 2006
 Freedom of Information Act 2000
 Children and Family Act 2014
 Digital Economy Act 2017
 Adoption and Children Act 2002
 Female Genital Mutilation Act 2003
 Serious Crime Act 2015
 Children and Young Persons Act 2008
 Borders, Citizen and Immigration Act 2009
 Working together to Safeguarding Children 2018
 Human Rights Act 1998
 Care Standards Act 2000
 Immigration and Asylum Act 1999
 Protection of Freedom 2012
 Sexual Offences Act 2003
 Public Interest and Disclosure Act
 1998

16.0 System Entities and Process Flows

This policy relates to the CRM Safeguarding Process, off-system referral route and serious case review process.

Associated Documents:

Policy

Vulnerable Residents Policy
 Domestic Abuse Policy
 Self-Medication Support
 Service User Finances
 Withdrawal of Support
 Managing RISK

Procedure

Support Planning and Risk Assessments
 Mental Capacity
 Domestic Abuse
 Adaptations
 DBS

Processes/Guidance

LiveSmart Manual
 Tenancy Sustainment Handbook
 Risk Register
 Deprivation of Liberties
 Vulnerable Residents
 Serious Case Review Process Guidance
 Section, 17, 42 and 47 Guidance