



Safeguarding Policy

March 2022 - 2025

Safeguarding Policy

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| Contact Officer: | Bridget Lloyd, Executive Director of Customers |
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| Policy Links: | Anti-Social Behaviour Disciplinary Whistleblowing (Confidentiality & Disclosure of Information) Code of Conduct Equality & Diversity Health & Safety Policy |

Brief Policy Summary:

This policy sets out how LHP will meet our statutory obligations and manage safeguarding appropriately, clearly setting out roles and responsibilities and 1st, 2nd 3rd line assurance measures. Our approach is supported by detailed procedures and adopts the six safeguarding principles in the statutory guidance for the Care Act 2014: Empowerment; Protection; Prevention; Proportionality; Partnership; Accountability.

1. Introduction

Lincolnshire Housing Partnership is committed to ensuring adults and children are safeguarded from abuse or neglect. This policy sets out how we will meet our statutory obligations and manage safeguarding appropriately. Our approach is supported by detailed procedures and adopts the six safeguarding principles in the statutory guidance for the Care Act 2014: Empowerment; Protection; Prevention; Proportionality; Partnership; Accountability.

We have statutory obligations to report safeguarding concerns to relevant local authorities relating to abuse or neglect affecting either children or adults who have care and support needs and may be at risk of harm.

Aims:

The policy aims to:

- To provide guidance for staff to be able to recognise and identify the types and signs of abuse or neglect.
- To provide guidance for staff to enable them to feel confident to act on and report suspected or actual incidents of abuse or neglect including responding to any immediate safety needs.
- To clarify the support and advice available to staff who are involved in a safeguarding situation.
- To clarify the organisational roles and responsibilities and assurance arrangements in relation to safeguarding.
- To ensure that if abuse is suspected, the immediate action is to protect the child and prevent further abuse from taking place.
- Ensure we fulfil our legal obligations to report safeguarding concerns to the relevant authorities.
- Support local authorities with their statutory duties relating to safeguarding.

2. Scope

This policy applies to all LHP employee's, all contractors and those working with us e.g. students on placement, agency staff, apprentices, key partners and in certain circumstances, volunteers.

Equality and Diversity

LHP recognises that its customers and staff come from diverse backgrounds, with varying experiences and needs. LHP is committed to promoting equality and fairness and combating discrimination. This applies to everyone, regardless of gender, racial or ethnic background, disability, religion or belief, sexual orientation gender reassignment, age, marital or parental status.

3. Definitions

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. Working with other organisations, we safeguard tenants and customers by aiming to prevent and stop both the risks and experience of abuse or neglect. Safeguarding applies to children, young people, and adults at risk.

- A **child** is anyone who is under the age of eighteen.
- A **young person** here is a care leaver, a person who is 18 and over but is still receiving children's services. For example, a person who has substantial and complex needs might be supported in a residential education setting until the age of 25.
- An **adult at risk** (sometime referred to as a vulnerable adult) is someone aged 18 or over who has needs for care and support (whether these are being met). Safeguarding applies to adults at risk who are unable to protect themselves from experiencing, or the risk of experiencing, abuse as a result of their care and support needs.

Abuse is the violation of a person's human and/or civil rights by any other person or persons. The Care and Support Statutory Guidance identifies eight main categories of abuse (see appendix 1). The Children Act includes definitions specific to child abuse (see appendix 2). We recognise that as risks evolve, new abuse types may emerge and therefore these categories do not limit our view of what constitutes abuse.

Neglect is the failure to meet a child, young person, or adult at risk's basic needs. The Care and Support Statutory Guidance identifies two categories of neglect (see appendix 1). The Children Act includes definitions specific to child neglect (see appendix 2).

Harm is physical and/or psychological injury.

PREVENT is 1 of 4 elements to the government's counter terrorism strategy (CONTEST). It aims to safeguard communities from the threat of terrorism, including ensuring vulnerable people are not at risk of radicalisation.

Channel is a key element of the PREVENT strategy. It is a multi-agency approach to protect people at risk of radicalisation. Channel uses existing collaboration between statutory partners, the Police and local community to:

- Identify individuals at risk of being drawn into terrorism
- Assess the nature and extent of risk
- Develop the most appropriate support plan for the individuals

4. Legislation

Numerous pieces of legislation have contributed in some way to this area. Some of the key ones at the date of publication are listed below:

- Children's Act 1989 and 2004
- Mental Capacity Act 2005

- Health and Social Care Act 2008
- Equality Act 2010
- Care Act 2014
- Counter Terrorism and Security Act 2015
- Modern Slavery Act 2015

5. Preventing Risks of Abuse

We will work towards minimising the potential for abuse to occur. We will raise awareness of abuse and its effects and inform our tenants and customers on how to keep themselves and others safe by giving appropriate advice.

We are committed ~~to it~~ ensuring that all staff are appropriately trained, in proportion to their role and level of responsibility. As a result, all staff receive mandatory Safeguarding training, as part of Compliance reporting all staff are required to 'sign off' the Safeguarding Policy as read and understood.

Safeguarding is included in the induction programme for all new employees and delivered via our e-learning platform.

LHP's recruitment processes will include Disclosure and Barring Service (DBS) checks at either Standard or Enhanced levels for new employees, where appropriate to the role.

6. Roles and Responsibilities

Corporate Head of Customers is responsible for.

- Ensuring this policy, procedures and protocols are implemented and adhered to within the organisation.
- Representing LHP on the local Safeguarding Adult Boards, (if required) in the areas we work.
- Representing LHP on the local Safeguarding Children's Board, (if required) in the areas we work
- Ensuring the swift reporting, management and follow up of safeguarding referrals and are dealt with in a timely and organised manner.
- Ensuring multi agency policies and procedures are adhered to when a concern is raised and facilitating the attendance of staff when required at relevant safeguarding meetings and forums.
- Reviewing, disseminating, and ensuring appropriate action on 'lessons learned'.
- Working in partnership with the Culture team to ensure staff have access to the training opportunities relating to safeguarding.

Area Managers: have responsibility for:

- being a point of contact for advice, monitoring actions, and ensuring support for frontline staff, whilst not replacing the individual's responsibility for safeguarding or, their line managers.

- seeking advice and guidance from appropriate Local Authority lead if unsure what course of action to take

Departmental Managers: All departmental managers are responsible for:

- Ensuring safeguarding matters are reported and safeguarding is effectively monitored and managed within their area of responsibilities.

All staff: have responsibility for:

- taking seriously, listening carefully, and reporting appropriately any safeguarding concerns reported.
- making referrals through the agreed reporting protocols for the relevant local authority.
- ensuring immediate action is taken if there is serious danger or a crime is likely/or has been committed as per policy.
- ensuring you keep accurate records of the allegation, detailing initial enquiries and action.
- acting in accordance with this policy, procedure and protocols and attendance at appropriate training and supervision.

LHP will ensure effective governance and accountability for this policy through the following assurance measures:

| 1st Line Assurance Day to Day Operations | 2nd Line Assurance Oversight Management & Governance | 3rd Line Assurance |
|--|--|--|
| Line Manager case audits | CLT reporting (Monthly) | Independent Assurance, internal/external audit |
| Staff 121's/ Engineers Toolbox Talks | Operations/ Audit & Risk Committee and ELT | Internal Quality Assurance audits |
| Mandatory Safeguarding Training | Monthly Managers Meeting | External Audit |
| | | Annual Safeguarding Report to Board |

7. Responding to a Safeguarding Concern

We seek to offer customers the safest and most supportive environment in which they can report abuse. Any report or allegation of abuse will be listened to and investigated. As a responsible provider we adopt the six key principles which underpin all adult safeguarding work. (Appendix 2).

We support and cooperate with local authorities where they have concerns that relate to one of

our customers. We respond to all local authority requests regarding safeguarding in a timely manner.

In the case of a suspected abuse by an employee, we address any suspected abuse or neglect through formal safeguarding investigation procedures and our own internal disciplinary procedures. In cases being investigated by other agencies, we agree a lead investigator and investigation timetable. Employees should be aware that abuse is a serious matter that can lead to dismissal and/or criminal prosecution. Where an allegation is upheld and the risk of harm test is satisfied, we make a referral to the Disclosure and Barring Service.

8. Safeguarding – Customer First Approach

We support tenants/customers through the investigation process. We ensure that an adult's wellbeing is promoted when reporting and responding to safeguarding concerns. We have regard to their views, wishes, feelings and beliefs in deciding on any action and support them to share their views with other agencies. We recognise that adults at risk can sometimes have complex interpersonal relationships and maybe ambivalent, unclear, or unrealistic about their personal circumstances.

We recognise that our tenants/customers will include both victims and perpetrators. We therefore work in partnership with other agencies to support victims of abuse and address the risks presented by perpetrators. In cases where a perpetrator is a LHP tenant, we will utilise the most appropriate intervention available to manage their behaviour and will work with relevant agencies to provide appropriate support as needed.

In child safeguarding cases we will work with the family and other agencies as appropriate to produce a holistic solution that best meets the child and/or family's' needs.

9. Partnership Working

Responsibility for safeguarding children, young people and adults at risk is shared amongst a number of agencies. We recognise the role we have to play in taking all reports of abuse and neglect seriously and that many organisations share our desire to tackle and eradicate abuse. To this end, we work with other organisations to achieve our aims and recognise our legal requirements.

Local authorities have specific duties to organise and plan services in order to safeguard and promote the welfare of children, young people, and adults at risk. They also have expertise in handling cases of abuse, providing support and counselling to victims of abuse, and in assisting the police with any criminal investigations.

We recognise the importance of cooperating with the police to help them protect, investigate, and deter abuse. We cooperate with local Safeguarding Children Boards and Safeguarding Adults Boards and inform them of any serious concerns.

We work with our partners to safeguard vulnerable people who are at risk of radicalisation, in all its forms. If we suspect that a person is being drawn into terrorism, we make a referral to Channel, an early intervention multi-agency panel designed to assess the risk to individuals and decide whether intervention is necessary.

10. Consent and Capacity

We always assume that an adult has the mental capacity to make decisions about their personal safety, unless we have been formally advised otherwise by an appropriate health and/or social care professional or have seen relevant documentation e.g., power of attorney. If we suspect that an adult does not have mental capacity, we refer them to the appropriate agency for an assessment.

We only accept consent to share information with other agencies if it is freely given, informed, and not inferred or provided under duress. If consent is refused, information is only shared in the following circumstances:

- There is a need to safeguard a person/people at risk
- There is a significant risk of harm to self or others
- The person lacks the mental capacity to make an informed decision about sharing the information
- We suspect the person has the mental capacity to make that decision, but they may be under duress or coerced
- We suspect a criminal offence has been or will be committed
- LHP are implicated in the allegation
- Some other legal provision requires it, including under a court order.

Where the issue relates to a child, we do not need to seek consent to make a referral.

11. Monitoring

We will monitor the following:

- Number of safeguarding referrals made
- Number of open cases
- Number of cases accepted
- Number of cases declined

Appendix 1 – Types of Adult Abuse

The Care Act 2014 Statutory Guidance identifies the following main categories of safeguarding related abuse.

Physical Abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.

Domestic Violence – including psychological, physical, sexual, financial, emotional abuse; so, called ‘honour’ based violence.

Sexual Abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological Abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or Material Abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

Modern Slavery – encompasses slavery; human trafficking; forced labour; and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.

Discriminatory Abuse – including forms of harassment, slurs, or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, or religion.

Organisational Abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation.

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

Self-neglect – this covers a wide range of behaviours neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

It is important to note that these categories should not limit our view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered. Exploitation, in particular, is a common theme across the types of abuse and neglect listed above.

Appendix 2 – Types of Child Abuse

The Children Act 1989 makes provision for the care and protection of children and young people at risk from significant harm. The definitions of abuse below are included in this Act.

Emotional Abuse – The persistent emotional ill-treatment of a child such as, to cause severe and persistent effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. In addition, this category also includes the seeing and hearing of ill treatment of others, particularly in reference to situations involving domestic abuse.

Physical Abuse – The actual or possible physical injury to a child or young person, this aspect also includes failure to protect the child or young person from such injury. Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child.

Sexual Abuse – Involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative and non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways. In addition, sexual abuse also includes the use of children in prostitution.

Neglect – The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. It may involve a parent or carer failing to provide adequate food, shelter, and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. This category also includes the concept of the risk of neglect of pre-birth as a result of maternal substance abuse.

Appendix 3 – 6 Key Principles of Safeguarding

Empowerment – adults should be in control of their own lives and their consent is needed for decisions and actions designed to protect them. It is therefore vital that, if someone has mental capacity and is able to make their own decisions, they maintain control, and the professional's role is to support their decision making at each stage of the process. This includes taking action only with consent unless there is clear justification to act contrary to the person's wishes e.g., if they lack mental capacity, or they and/or others are in danger.

Protection – procedures should provide a framework by which people can be supported to safeguard themselves from abuse/harm, or be protected where they are unable to make their own decisions about their safety (due to reasons of mental capacity)

Prevention – this is the primary goal, and everyone has a role in preventing abuse from occurring. This includes promoting awareness and understanding and supporting people to safeguard themselves. It also refers to Organisations having systems in place to minimise the risk of abuse.

Proportionality – is the responsibility to ensure that responses to concerns/alerts are proportional to the assessed risk and the nature of the allegation/concern. Proportional decisions need to take into account the principles of empowerment and protection. Where a person lacks the mental capacity, any decisions made on their behalf must be made in the person's "best interests" and be least restrictive to their rights and freedoms.

Partnerships – working together to prevent and respond effectively to incidents or concerns of abuse. This includes working with the person to support their decision making, with relatives, friends, informal carers, and other representatives (e.g., advocates) to achieve positive outcomes for the person at risk. Also working collaboratively with other agencies and for statutory agencies to value the role of non-statutory partners.

Accountability – involves transparency in decision making, by individuals and organisations, ensuring that defensible decisions are made and there are clear lines of accountability. This means that organisations, their staff, and partners understand what is expected of them, that they act on those responsibilities and accept collective accountability for safeguarding arrangements.



Equality Impact Assessment Initial Screening

Name of policy / strategy / project (the “initiative”):

Safeguarding Policy

Provide a brief summary of the aims and main activities of the initiative: This policy sets out how LHP will meet our statutory obligations and manage safeguarding appropriately, clearly setting out roles and responsibilities and 1st, 2nd, 3rd line assurance measures. Our approach is supported by detailed procedures and adopts the six safeguarding principles in the statutory guidance for the Care Act 2014: Empowerment; Protection; Prevention; Proportionality; Partnership; Accountability.

Completed by:

Date: March 2022

STAGE 1: SCREENING

This stage establishes whether a proposed initiative will have an impact from an equality perspective on any particular group of people or community – i.e., on the grounds of race, religion/faith/belief, gender (including transgender), sexual orientation, age, disability, or whether it is “equality neutral” (i.e. have no effect either positive or negative).

Q 1. Who will benefit from this initiative? Is there likely to be a positive impact on specific groups/communities (whether or not they are the intended beneficiaries), and if so, how? Or is it clear at this stage that it will be equality ‘neutral’ i.e. will have no particular effect on any group? *Please consider all aspects of Diversity including as a minimum: Age, Disability, Gender/Transgender, Race/Ethnicity, Religion/Faith/Belief, Sexuality*

All tenants and customers of LHP and their families.

Q 2. Is there likely to be an adverse impact on one or more minority/under-represented or community group as a result of this initiative? If so, who may be affected and why: Or is it clear at this stage that it will be equality ‘neutral’? *Please consider all aspects of Diversity including as a minimum: Age, Disability, Gender/Transgender, Race/Ethnicity, Religion/Faith/Belief, Sexuality*

We do not envisage any negative impact on anyone coming into contact with this policy and its implementation.

Q 3. Is there sufficient data on the target beneficiary groups/communities? Are any of these groups under or over represented? Do they have access to the same resources? What are your sources of data and are there any gaps? *Please consider all aspects of Diversity including as a minimum: Age, Disability, Gender/Transgender, Race/Ethnicity, Religion/Faith/Belief, Sexuality*

Information on tenants from tenancy profiling and the data held on our database.

Q 4. Outsourced services – if the initiative is partly or wholly provided by external organisations / agencies, please list any arrangements you plan to ensure that they promote equality and diversity. *Please consider all aspects of Diversity including as a minimum: Age, Disability, Gender/Transgender, Race/Ethnicity, Religion/Faith/Belief, Sexuality*

This is an internal policy and we are responsible for its implementation.

Q 5. Is the impact of the initiative (whether positive or negative) significant enough to warrant a full impact assessment – see guidance? If not, will there be monitoring and review to assess the level of impact over a period of time? *Please consider all aspects of Diversity including as a minimum: Age, Disability, Gender/Transgender, Race/Ethnicity, Religion/Faith/Belief, Sexuality*

We do not perceive any negative impact that would warrant a full equality impact assessment.

Q 6. To be completed at six monthly review. Detail actions taken to assess the level of impact over a period of time, or to address any gaps in data. *Please consider all aspect of Diversity including as a minimum: Age, Disability, Gender/Transgender, Race/Ethnicity, Religion/Faith/Belief, Sexuality*

At policy review

Guidelines: Things to consider

- Where a negative (i.e., adverse) impact is identified, it may be appropriate to make a full EIA (see Stage 2), or, as important, take early action to redress this - e.g., by abandoning or modifying the initiative. **NB If the initiative contravenes equality legislation it must be abandoned or modified.**
- Where an initiative has a positive impact on groups/community relations, the EIA should make this explicit, to enable the outcomes to be monitored over its lifespan.
- Where there is a positive impact on particular groups, does this mean there could be an adverse impact on others, and if [so](#), can this be justified? - e.g. are there other existing or planned initiatives which redress this?
- It may not be possible to provide detailed answers to some of these questions at the start of the initiative. The EIA may identify a lack of relevant data, and that data-gathering is a specific action required to inform the initiative as it develops, and also to form part of a continuing evaluation and review process.
- It is envisaged that it will be rare for full impact assessments to be required. Usually, where there are particular problems identified in the screening stage, it is envisaged that changing the approach at this stage, and/or setting up a monitoring/evaluation system to review a

