ORG14

Taunton Heritage Trust

Safeguarding Policy and Procedure - reviewed annually

The trustees and employees of Taunton Heritage Trust (THT) acknowledge that all residents, staff, volunteers and visitors have the right to a safe and secure environment and respect for their dignity, privacy, independence and individuality.

This safeguarding policy has been developed to protect those who live, work and visit the Taunton Heritage Trust (THT) and to ensure any concerns about physical, financial, sexual or emotional abuse or neglect will be dealt with quickly and effectively.

Any resident who feels that they are being abused in any manner should immediately contact the charity's staff. The charity will, where appropriate, work with other agencies, to resolve matters. The designated person will undertake an initial enquiry to establish the facts.

The CHIEF OFFICER, Ros Moreton is designated as having responsibility for any safeguarding issues and can be contacted on 01823 335348 or chiefofficer@tauntonheritagetrust.org.uk If unavailable, the Resident Lead, Ali Perrott should be informed immediately of any safeguarding issue that has arisen on 07848028676 or warden1@tauntonheritagetrust.org.uk

The Care Act 2014 places an individual's well-being at the centre of the care and support system. The Care Act places responsibilities on social housing providers to look out for potential abuse and to work with the local authority Safeguarding teams to protect and implement safeguarding procedures.

We have a responsibility and a 'duty of care' to our residents to recognise abuse, and to respond and report appropriately.

Any allegation of abuse needs to be handled sympathetically and sensitively whilst ensuring that no commitment or agreement is given at the outset. At this stage it is important to ensure that the complainant is not in direct contact with the alleged abuser and that sensitivity is used when handling the situation.

Definition of Abuse and Harm

- Abuse is a violation of an individual's human and civil rights by an act or a failure to act on the part of person or persons
- Abuse can occur in any relationship, both formal and informal and may result in significant harm to, or exploitation of the person subjected to it
- Abuse may consist of a single act or repeated acts
- Harm: ill-treatment, impairment or avoidable deterioration of physical or mental health

Types of Abuse (as identified by the Care Act but not necessarily exclusive) (See Appendix B for more detailed explanations):

- Physical
- Financial
- Restraint
- Psychological
- Sexual
- Neglect
- Organisational
- Discriminatory
- Hate crime
- Mate crime
- Self neglect – life threatening
- Domestic violence (see appendix 1)
- Modern slavery (forced labour, county lines, human trafficking, and domestic servitude)
- Radicalisation
- Sexual exploitation
- Female Genital Mutilation

Risk Factors associated with Abuse

Anyone may fit this criteria at a particular time of their lives. However, the following people may be at higher risk, older people, adults with a physical or learning disability, mental health needs, long term health needs, or those who are drug or alcohol dependant.

Risk factors may include loneliness, social isolation, difficulty with communication, dependent on carers either physically, psychologically, or financially, emotional vulnerability, or the person may have unusual behavioural traits, poor quality relationships, pressures and responsibilities, lack of emotional support and social contact, frequent requests for help and the problem not being resolved.

When Safeguarding comes within the responsibility of the Local Authority (section 42 Care Act)

The threshold is defined as:

- 'an adult in need of care and support (whether or not that support is provided by the local authority)
- who is experiencing or is at risk of abuse and neglect,
- and as a result of these needs is unable to protect him or herself against abuse or neglect or the risk of it.'

If in doubt always contact your Local Authority for guidance. Someone may not meet the criteria for referral to the local authority but any cause for concern should be responded to appropriately and recorded. Sometimes it may be an accumulation of small incidents that point to a more serious situation occurring; for example, coercive control or domestic violence

The six principles of the Care Act provide guidance. *They are:*

EMPOWERMENT: person – led decisions and informed consented

PREVENTION: better to take action before harm occurs

PROPORTIONALITY: least intrusive response appropriate to the risk presented

PROTECTION: support and representation

PARTNERSHIP: communities have a part to play in prevention, detection and reporting neglect and abuse

ACCOUNTABILITY: accountability and transparency in our response to safeguarding

Procedure to be followed if abuse is suspected

Depending upon the circumstances of the individual case:

- Ensure the person is safe
- If necessary, seek medical assistance

  Staff will call the emergency services if the person is in **immediate danger**, then report to the Chief Officer.
- Listen carefully and find out the wishes of the abused person,
- Do not make promises
- Explain what you are going to do and what information will be shared and why
- Ascertain the basic facts (but do not start investigating) including:
  - date, time and place of alleged abuse
  - name of complainant
  - where different, name of person who has allegedly been abused
  - nature of alleged abuse
  - description of any injuries observed
  - account of the incident which has been given
- Inform the CHIEF OFFICER immediately
- Write a report recording any observation (photographs are acceptable with person's permission) and details of accounts given (in the persons own words if possible)
- If a complainant requests that the information is kept secret, it is important that they are sensitively advised that cases of alleged abuse will be referred to the appropriate agencies and explain the reasons why.

The designated person (CHIEF OFFICER) will gather information and arrange a meeting between the Resident Lead, Chief Officer, Safeguarding Trustee Lead and Chair to establish the facts. A full record of the meeting will be made.

This meeting is to establish facts and decide given the nature of the report, if the individual and the incident fall within the Care Act section 42 criteria for referral to the safeguarding team or if another course of action is more appropriate. The safeguarding team may be contacted for advice. If the police or other emergency services were called, the incident must be reported to the Local Authority.

If a referral is made to the safeguarding team from then on any action should be guided by them (*See Appendix A)*.

If the safeguarding team are not involved the situation will continue to be monitored by the Chief Officer, who will report to the chair on a basis agreed at the meeting

Any serious incidents of this nature which are reported to the Local Authority must also be notified to the Charity Commission.

The Local Authority, Somerset Council and contact details for reporting Abuse to the Adult Safeguarding Team

SOMERSET SAFEGUARDING ADULTS BOARD

www.somersetsafeguardingadults.org.uk
0300 123 2224
adults@somerset.gov.uk

Reporting of incidences

The Trust's Incident Reporting Policy and Procedure must be followed if there is a safeguarding incident, to ensure that the correct reporting procedure is followed.

Safeguarding is one of the main categories of reportable incidents to the Charity Commission.

https://www.gov.uk/guidance/safeguarding-for-charities-and-trustees
How to report a serious incident in your charity - GOV.UK

This policy has been approved for issue by the board of trustees of Taunton Heritage Trust

Version Control				
Revised	Author	Changes	Approved & Date	Next review date
2026	R. Moreton	Adopted the Almshouse Association Policy		2027
This policy is reviewed **every year**				

Appendix A - Information that may be needed by a Local Authority Safeguarding Team when raising a concern.

Be open and honest from the outset. Any information sharing should be clear regarding the nature of the problem and the purpose of sharing. It should be based on fact not assumption and restricted to those who need to know. It should be relevant to the specific incidents and should be limited to the needs of the situation at the time. It should be necessary, relevant accurate and proportionate

1. Alleged victim's name, and addresses (including previous addresses if known)
2. Date of birth
3. The details of the concern or disclosure, circumstances, dates, times, witnesses,
4. Type of abuse
5. Key people, family, agencies, workers involved
6. Details of whether the alleged victim knows of the referral and has given consent. If not why not
7. Alleged victim's preferred outcomes
8. Any concerns about capacity
9. What discussion has taken place
10. Any others at risk
11. Extent of harm
12. Details of any immediate action taken eg police contacted or action taken to reduce risk.

Appendix B - Signs and indicators of abuse

Physical Abuse: hitting, slapping, punching, pushing, kicking, burns, misuse of medication, inappropriate restraint.

Sexual Abuse: rape sexual assault, sexual acts where the adult has not consented, could not have consented, or was pressurised into consenting, non-contact sexual abuse e.g. coerced to be photographed or videoed or for someone to look at their bodies. Sexual activity involving staff is considered abusive.

Financial Abuse: theft, fraud, exploitation, pressure in connection with wills, or property, inheritance or financial transactions, misuse or misappropriation of property, possessions, or benefits.

Neglect or Acts of Omission ignoring medical or physical care needs, failure to provide access to appropriate health care, social care or education services, heating, medication, adequate nutrition and essential needs.

Psychological: emotional abuse, threats of harm or abandonment, deprivation of contact, blaming, controlling, intimidation, coercion, harassment, verbal abuse/ excessive criticism, isolation or withdrawal from services or support networks.

Organisational/Institutional: where there is a culture of abusive behaviour, tolerance of abusive behaviour, repeated failure to address abusive behaviour. It may be an isolated incidence through to a pervasive ill treatment or gross misconduct when an organisation fails to treat individual needs in favour of the needs of

organisation. This can occur in any organisation not just those associated with delivering health or personal care in residential/hospital setting.

Discriminatory: abuse that is motivated by discriminatory or oppressive attitudes towards race, gender, sexual orientation, cultural background, religion, physical or learning disability or sensory impairment, age, mental health. This may take the form of harassment, verbal abuse, disparaging remarks.

Hate Crime: Can come under safeguarding if the person has care and support needs and comes under the requirements of sect 42 of the Care Act for a safeguarding adult Enquiry. Hate crime can be defined as any hate incident which constitutes a criminal offence, perceived by the victim or any other person as being motived by prejudice or hate.

Mate Crime: is usually used to refer to where the adult with care and support needs is the victim of abuse or exploitation by one or more people where the victim wants them to be their friend or believes them to be their friend.

Domestic Violence/ Abuse: physical, sexual, psychological, or financial, violence that takes place within an intimate or family type relationship and forms a pattern of coercive, controlling and threatening behaviour. It should be addressed under safeguarding only-

- If the person has care and support needs and is unable to protect him or herself from abuse
- Where it is proportionate and beneficial to the person involved taking into account their wishes, capacity and level of risk

Otherwise, individuals should be given information about agencies that can support them to take their own action (Woman's Aid, National Domestic Violence helpline, local domestic violence teams)

Self-Neglect Self neglect becomes a safeguarding concern when the level of neglect becomes life threatening. Otherwise, serious self-neglect may be helped through Social Services or Mental Health Services.

Modern Slavery: Modern Slavery can take a number of forms. Sexual exploitation, forced labour, domestic servitude, criminal exploitation. This can include 'county lines' drug dealing in local areas and may include 'cuckooing the setting up of drug basis in peoples own homes. Police should be notified if modern slavery is suspected. It is often the most vulnerable who are targeted, the homeless, those with learning disabilities, or mental health issues.

Radicalisation: The Prevent Strategy aims to protect those who are vulnerable to exploitation from those who seek to support or commit acts of violence. This may be right wing extremism as well as Islamic extremism. The most vulnerable are often targeted. The police should be contacted if it is suspected that an individual is being radicalised.

Female Genital Mutilation

Online Training

www.almshouses.org/news/safeguarding-vulnerable-adults-sova-online-training-course/
