

Safeguarding Adults Policy



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Safeguarding Adults Policy	GEN013
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This policy should be read in conjunction with our:

ASB, Harassment & Hate Crime Policy

[Dementia Policy](#)

[Domestic Abuse Policy](#)

[Equality, Diversity & Inclusion Policy](#)

1. Introduction

- 1.1 Thame and District Housing Association (TDHA) believe that living a life free from harm and abuse is a fundamental human right. Safeguarding is everyone's responsibility, and we all have a role to play in preventing harm, staying alert to the risks of abuse or neglect, and responding appropriately when concerns arise.
- 1.2 This policy outlines TDHA's approach to safeguarding. It begins by defining key terms and referencing the statutory responsibilities of local authorities. It then sets out our responsibilities in managing safeguarding, emphasises the importance of partnership working, reinforces that safeguarding is a shared duty, and describes the standards we expect from our employees.

2. Definitions and the role of the Local Authority

- 2.1 **Safeguarding** means protecting a person's right to live in safety, free from abuse and neglect. It requires individuals and organisations to work together to prevent harm and respond appropriately when concerns arise, particularly when someone is unable to protect themselves.
- 2.2 **Abuse** is a breach of a person's human and civil rights. It can be a one-off event or a series of repeated actions and may be intentional or unintentional. Many forms of abuse are also criminal offences (e.g. assault, rape, theft, fraud, domestic abuse, hate crime). [The Care Act 2014](#) outlines a range of abuse types relevant to safeguarding adults.
- 2.3 **Adult at Risk** is the term used instead of 'vulnerable adult'. Under the Care Act 2014, safeguarding duties apply to any adult who:
 - Has needs for care and support (regardless of whether these are being met by the local authority),
 - Is experiencing, or is at risk of, abuse or neglect, and
 - Is unable to protect themselves because of their care and support needs. This may include individuals who:
 - Have a physical or sensory disability,
 - Have a learning disability,
 - Live with mental ill health (including dementia or personality disorder),
 - Are reliant on others for their wellbeing,
 - Have a long-term condition, or
 - Lack mental capacity to make specific decisions.
- 2.4 Being in one of these groups does not automatically mean a person is 'at risk'. Risk depends on a mix of personal factors (e.g. communication ability, dependency) and situational factors (e.g. isolation, lack of support).

- 2.5 **Capacity** refers to an adult's ability to make their own decisions. The [Mental Capacity Act 2005](#) presumes that adults have capacity unless assessed otherwise. If someone is found to lack capacity, decisions must be made in their best interests following the Act's framework. The Care Act 2014 introduced the principle that people are best placed to judge their own wellbeing. Local authorities must promote individual control over care and support decisions.
- 2.6 A local authority must provide an independent advocate if someone has substantial difficulty in being involved in care planning or safeguarding processes, and no appropriate person to support or represent them.
- 2.7 **Statutory (Section 42) Enquiries** are carried out when an adult meets the legal criteria under Section 42 of the Care Act 2014. Local authorities must lead or make arrangements for these enquiries.
- 2.8 **Non-Statutory Enquiries** apply to individuals not covered under Section 42 (e.g. someone at risk but without care and support needs). The local authority may choose to carry out an enquiry, but is not legally required to do so.
- 2.9 **Duty to Cooperate** - Under Section 6 of the Care Act, local authorities and key partners (e.g. health, housing, and social care providers) must cooperate in delivering care and safeguarding adults. This includes working jointly to prevent and respond to abuse and neglect.
- 2.10 **Enquiry vs. Investigation** - The term "investigation" is generally no longer used in safeguarding unless referring to police-led criminal investigations. Instead, the process is referred to as a safeguarding enquiry.
- 2.11 **Assessments (Sections 9–13 of the Care Act 2014):**
Local authorities must assess:
- Any adult who appears to need care and support,
 - And any carer who appears to need support.
- 2.12 **Safeguarding Adults Reviews (SAR)** must be arranged by a Safeguarding Adults Board (SAB) when:
- An adult dies or suffers serious abuse or neglect, and
 - There is concern that partner organisations could have worked more effectively.
- 2.13 The purpose of a SAR is learning and improvement. While housing providers are not statutory SAB members, staff may be invited to contribute to a SAR if they had relevant involvement in the case.

3. Types of Abuse

- 3.1 The Care Act 2014 lists the following types of abuse, but this is not intended to be an exhaustive list:



3.2 Additional Types of Abuse include

- 3.3 **Radicalisation / Extremism** is when someone is drawn into adopting extreme views and may be encouraged to support or carry out terrorist acts.
- 3.4 **Mate Crime** is where someone pretends to be a friend to exploit or take advantage of a vulnerable person.
- 3.5 **Cuckooing** is when criminals take over the home of a vulnerable person to carry out drug dealing or other crimes.
- 3.6 **Hate Crime** is a crime motivated by prejudice based on disability, race, religion, sexual orientation, gender identity, or other differences.
- 3.7 **Coercive and Controlling Behaviour** is ongoing emotional or psychological abuse used to control or dominate someone, often in close relationships.
- 3.8 **Forced Marriage** is when someone is made to marry without their full and free consent. This is a form of abuse and a criminal offence.
- 3.9 **Female Genital Mutilation (FGM)** is a harmful practice involving injury to female genitalia for non-medical reasons. It is illegal and a form of gender-based violence.

4. Responsibilities

- 4.1 Safeguarding is a collective responsibility. All employees are expected to contribute to the development and implementation of this policy and to take appropriate action to help keep individuals safe when they are known or believed to be at risk.
- 4.2 All our employees receive safeguarding training to help them recognise signs of abuse. They are expected to act promptly and appropriately if abuse is suspected, disclosed, or witnessed. In addition, our employees have undertaken [MECC \(Making Every Contact Count\)](#) training. This equips them to use everyday conversations as opportunities to support health, wellbeing and independence, and to spot early signs of concern and provide supportive, respectful guidance.
- 4.3 TDHA's Chairperson and the Board's Data and Safeguarding lead have also undertaken safeguarding training to ensure the Board fully understands the risks, responsibilities, and governance implications of safeguarding.
- 4.4 We are committed to maintaining confidentiality and protecting personal information. All safeguarding records are kept securely, with access strictly limited to the Chief Executive and designated safeguarding leads.
- 4.5 We will not share personal information about a resident without their informed consent, unless the requester holds a valid, registered Power of Attorney for Property and Financial Affairs. Where possible, residents will be involved in all information requests. If they cannot consent or there are safeguarding concerns, disclosure must be approved by the Chief Executive. All disclosures will comply with the UK GDPR and Data Protection Act 2018.

5. Key Government initiatives and legislation

- 5.1 The legal framework is extensive and includes the following:
- 5.2 **Sexual Offences Act 2003** – The Act introduced a range of new offences involving children and adults at risk, strengthening protections from sexual abuse and exploitation. [View the Sexual Offences Act 2003](#)
- 5.3 **Mental Capacity Act 2005** - This Act is based on key principles, including the presumption that individuals have capacity unless proven otherwise. People must be supported to make their own decisions, and any act done on behalf of someone lacking capacity must be in their best interests and use the least restrictive option. [See the Mental Capacity Act 2005](#)
- 5.4 **Deprivation of Liberty Safeguards** - Introduced through the Mental Capacity Act, these safeguards apply to people who lack capacity and may be deprived of their liberty in care settings. They aim to ensure that such deprivation is in the person's best interests and necessary to prevent harm.

See the Deprivation of Liberty Safeguards DoLS will be replaced by Liberty Protection Safeguards. See the Liberty Protection Safeguards Legislation

- 5.5 **Safeguarding Vulnerable Groups Act 2006** - This Act established the Vetting and Barring Scheme and created the Independent Safeguarding Authority. It places a statutory duty on individuals working with vulnerable groups to register and undergo advanced vetting, with criminal penalties for non-compliance. See the Safeguarding Vulnerable Groups Act 2006
- 5.6 **Disclosure & Barring Service 2013** - Criminal record checks: guidance for employers – How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS). See the Disclosure & Barring Service Update Service
- 5.7 **The Care Act 2014** – This Act places adult safeguarding on a statutory footing and outlines responsibilities for local authorities, care providers, and partner organisations. It introduced the six safeguarding principles: See the Care and Support Statutory Guidance. The act has six principles which are -



Empowerment



Prevention



Protection



Proportionality



Partnership



Accountability

- 5.8 **Making Safeguarding Personal Guide 2014** - This guide is intended to support councils and their partners to develop outcome-focused, person-centred safeguarding practice. See the Making Safeguarding Personal Guide 2014
- 5.9 **Modern Slavery Act 2015** - This Act requires organisations to report on actions taken to prevent modern slavery in their operations and supply chains. [More guidance can be found here.](#)

6. Key Principles and Policy Statement

6.1 TDHA will:

- Follow all relevant legislation, government guidance, and regulatory requirements.

- Promote a culture that does not tolerate abuse and encourages staff, contractors, and volunteers to raise concerns.
- Take proactive steps to prevent abuse wherever possible.
- Respond promptly and proportionately to concerns or incidents of abuse, making appropriate referrals to relevant authorities. Our goal is to stop abuse, protect the individual, and provide effective support.
- Ensure staff are confident and equipped to respond to safeguarding concerns through appropriate, role-specific training and clear procedural guidance.
- Co-operate fully with safeguarding investigations led by partners, within legal and professional boundaries, when our expertise or involvement is required.

6.2 **Safeguarding Principles**

Our safeguarding policy and procedures are grounded in national guidance and good practice. They reflect the principles for how safeguarding should be implemented and delivered in practice.

6.3 **Legal Responsibilities under the Care Act 2014**

As a provider of housing, TDHA is required to cooperate with a range of agencies, including local authorities, to fulfil safeguarding responsibilities. Although the local authority is the lead agency for undertaking Section 42 enquiries (see section 2.7), it may ask other professionals, particularly those who know the adult well, to undertake or contribute to the enquiry.

6.4 **Local Authority and Partner Responsibilities**

Under the Care Act, all agencies must:

- Have clear operational policies and procedures for adult safeguarding.
- Appoint a senior manager to take a lead role in safeguarding arrangements.

Ensure staff are:

- Trained to recognise signs of abuse.
- Vigilant and responsive to safeguarding concerns.
- Aware of the importance of accurate record-keeping.
- Familiar with the six principles underpinning adult safeguarding (see section 5.7).

6.5 **Promoting Wellbeing and Rights**

We will always take into account the individual's wishes, feelings, and beliefs when deciding on appropriate action. It is about balancing the right to live independently with the need for protection and support.

6.6 **Partnership Working**

Effective safeguarding depends on strong multi-agency cooperation. We acknowledge the lead role of Oxfordshire and Buckinghamshire Councils in coordinating safeguarding responses, and we are committed to working collaboratively with them and other relevant agencies. We will alert adult social care and/or the police to any safeguarding concerns as appropriate.

6.7 Multi-Agency Involvement

We will work in partnership with:

- **Safeguarding Teams**
- **MARACs** (Multi-Agency Risk Assessment Conferences)
- **MAPPAs** (Multi-Agency Public Protection Arrangements)
- **MASEs** (Multi-Agency Sexual Exploitation Panels)
- **SABs** (Safeguarding Adults Boards)

These partnerships aim to protect those at risk and ensure coordinated responses to safeguarding concerns.

6.8 Information Sharing

TDHA will share information with relevant agencies where there is a reasonable belief that someone is at risk of significant harm. Wherever possible and appropriate, we will seek the individual's consent before sharing personal information, in line with legal and best practice requirements.

6.9 Learning and Improvement

We are committed to continuous improvement in safeguarding through:

- Reviewing safeguarding incidents to strengthen our practices
- Listening to residents' and staff feedback
- Reporting safeguarding trends and themes to our Board for governance and oversight

6.10 Responding to Safeguarding Concerns

For all safeguarding concerns, we will:

- Report promptly to the appropriate agency (e.g., adult social care or the police)
- Maintain full and accurate records of concerns and actions taken
- Ensure safeguarding records are securely stored
- Fully cooperate with investigations by statutory agencies
- Support victims as reasonably and practically as possible, aligned with our other relevant policies (e.g., Anti-Social Behaviour Policy)

7. Monitoring and Policy Review

7.1 This policy will be formally reviewed every three years, or earlier if necessary in response to changes in legislation, statutory guidance, recognised good practice, serious safeguarding incidents, or updates to other related internal policies.

7.2 We will also review and monitor the effectiveness of this policy and our working arrangements with partner agencies on an annual basis. This process will help ensure that safeguarding practices remain robust and that there are no barriers to reporting abuse. In the event of a Serious Case Review or a significant incident, the policy and its procedures will be reviewed as a matter of priority to ensure that any learning is reflected in our approach.

8. Dealing with Safeguarding Concerns

- 8.1 Any safeguarding concern will, in the first instance, be reported to the Chief Executive. The Chief Executive will then ensure that the concern is referred to the relevant local authority in accordance with local procedures and statutory guidance.
- 8.2 For concerns arising within the Oxfordshire County Council area, staff should first review the Safeguarding Adults Consideration (SAC) Framework before making a referral. Concerns can be reported via the Oxfordshire County Council's safeguarding portal, or by contacting the team directly by email at SafeguardingAdults@Oxfordshire.gov.uk.
- 8.3 For concerns arising within the Buckinghamshire Council area, referrals should be made through the [Buckinghamshire Safeguarding Adults Board's reporting system](#). Full contact details and procedures are available on the Board's website.

9. Equity, Diversity & Inclusion (EDI)

- 9.1 Our approach to safeguarding includes a strong commitment to equity, diversity and opportunity. We consider who is impacted by our decisions, recognising that some individuals and groups, such as older adults, disabled people, and those from marginalised communities, may face greater risks of harm or barriers to reporting abuse.
- 9.2 We assess the scale of impact by monitoring safeguarding concerns, reviewing case trends, and listening to feedback from residents and staff. This helps us understand how different groups may experience risk differently.
- 9.3 This understanding informs how we design our policies, deliver training, and respond to concerns, ensuring our safeguarding approach is inclusive, proportionate and responsive to the needs of everyone we support.