

The Hospital of St Mary the Virgin (Rye Hill and Benwell) Almshouses Charity

Safeguarding Adults Policy

Adopted by Trustees: December 2025

Next Review: not later December 2026

The purpose of a safeguarding policy and associated procedures is to demonstrate that the charity is capable of quickly identifying and effectively dealing with any concerns of abuse and is committed to safeguarding its residents.

The trustees and employees of The Hospital of St Mary the Virgin (Rye Hill and Benwell) Almshouses ("the Charity") 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 in, work in or visit the Charity's premises and to ensure any concerns about physical, financial, sexual or emotional abuse or neglect will be dealt with quickly and effectively.

Any resident, staff member, volunteer or visitor who feels that they are being abused in any manner should immediately contact the charity, its officers or agent. 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 Manager has responsibility for any safeguarding issues as Designated Adult Safeguarding Manager (DASM). If unavailable, the Clerk should be informed immediately of any safeguarding issue that has arisen or if the issues relate to the Manager. Contact details for both DASM and Clerk can be found on page 2 and 3.

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).

<ul style="list-style-type: none">▪ Physical Abuse▪ Sexual Abuse▪ Financial Abuse▪ Neglect or Acts of Omission▪ Psychological▪ Organisational/ Institutional	<ul style="list-style-type: none">▪ Discriminatory▪ Hate Crime▪ Physical, including assault▪ Domestic Violence/ Abuse▪ Self-Neglect▪ Modern Slavery▪ Radicalisation
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Risk Factors associated with Abuse

Anyone may fit this criterion 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 Almshouse Association provides on-line Safeguarding training at (password required):

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

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

The Charity’s procedure to be followed if abuse is suspected or disclosed can be found in detail in the Charity’s Safeguarding Adults Procedure.

Key contacts:

The Charity has an appointed individual who is responsible for leading safeguarding adults work in the Charity. The Designated Safeguarding Adults Manager (DASM) for the Charity is the Manager, whose contact details are:

**Ms. Patricia Jean Embleton,
Hospital of St Mary the Virgin Almshouses,
Thomas Horsley House,
349 Benwell Lane, Newcastle upon Tyne, NE15 6NG
Telephone 0191 274 0136
email: admin@hsmtv.org**

In the absence of the Manager (or if an issue relates to the Manager), contact should be made with the Trustees via the Clerk, whose contact details are:

Mr Timothy Gray
C/O Samuel Phillips Law,
18-24 Grey St,
Newcastle upon Tyne
NE1 6AE
Telephone 0191 2816151
email: timgray@samualphillipslaw.co.uk

Any safeguarding issue or potential safeguarding issue should be reported to the (DASM) Manager or Clerk as above immediately.

Newcastle's Multi-Agency Safeguarding Adults Policy and Procedures documents which are available at:
<https://www.newcastlesafeguarding.org.uk/overview/policy-procedures/>

Contact Adult Social CarePoint (ASCP) - Newcastle City Council

Open: Monday to Friday, 8am to 5pm

Email: ASCP@newcastle.gov.uk

Phone: 0191 278 7878 and ask for Adult Social CarePoint

In an emergency Monday to Friday, 5pm to 8.30am and 24 hours at weekends, phone Newcastle City Council

Switchboard: 0191 278 7878 and ask for the Emergency Duty Team.

Northumbria Police Phone: 101 Ask for Protecting Vulnerable Persons (PVP) Team.

This policy and associated procedures are kept in the Manager's Office at Thomas Horsley House and are available on-line to the Manager, Trustees and Clerk. A copy of this Policy is also available on the Charity's website. The Charity will ensure all its residents, staff and trustees are made aware of safeguarding arrangements, including making this policy available and by providing regular updates and training for staff, trustees and the Clerk.

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 address (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 a drug base 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. There are many forms of extremism, including right wing extremism and Islamic extremism. The most vulnerable are often targeted. The police should be contacted if it is suspected that an individual is being radicalised.
