



Huntington's
Disease
Association

Safeguarding adults policy

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Introduction

This policy sets out the key elements and overarching principles of the Huntington's Disease Association's commitment to safeguarding.

Safeguarding is a term used to describe activity aimed at ensuring that children and adults who need care and support are not abused. This policy is specifically aimed at safeguarding adults.

Scope

This policy applies to all people working or volunteering for the Huntington's Disease Association or on behalf of the Huntington's Disease Association in any capacity, including employees, trustees, agency workers, seconded workers, volunteers, contractors and suppliers. We expect our partner organisations, including suppliers to adopt and demonstrate their commitment to the principles and practice as set out in this Safeguarding Adults Policy and associated procedures.

All staff and volunteers who have contact with adults who could be at risk of abuse or neglect have a duty to act if they have any concern that an adult is being abused, neglected or exploited.

Our commitment

Safeguarding is a fundamental part of the work of the Huntington's Disease Association and we are committed to carrying out the following key objectives:

- Contributing to the successful achievement of the Huntington's Disease Association's aims and excellent standards of service for people affected by Huntington's disease.
- Being alert to the potential indicators of abuse or neglect for adults at risk and knowing how to act on those concerns in line with local guidance.
- Ensuring adults impacted by Huntington's disease who are in contact with the charity and have care and support needs, whether care is provided or not, are protected effectively from abuse, harm and neglect. This includes self-neglect.
- Providing a clear framework for action whenever abuse is witnessed, disclosed or suspected
- Understanding and implementing the principles of confidentiality, data protection and information sharing in line with UK law, best practice and the charity's suite of data protection policies.

- Contributing, when requested to do so, to multi-agency meetings established to ensure safeguarding arrangements.
- Ensuring all staff and volunteers are clear about their responsibility and receive training appropriate to their role
- Ensuring that the charity complies with existing legislation and statutory guidance. In carrying out these statutory duties/responsibilities, account must be taken of:
 - England - The Care Act (2014) and associated Care and Support Statutory Guidance
 - Wales – Social Services and Well Being Act 2014. Wales Safeguarding Procedures 2019
 - DH (2023) Care and Support Statutory Guidance
 - Safeguarding children, young people and adults at risk in the NHS – Safeguarding Accountability and Assurance Framework (July 2022)
 - The policies and procedures of the relevant Local Safeguarding Adults Board (LSAB)
 - The Prevent Duty, issued under section 29 of the Counter-Terrorism and Security Act 2015
 - Mental Capacity Act (2005), and Code of practice,
 - Equality Act 2010
 - Safeguarding Vulnerable Groups Act 2006
 - Data Protection Act 2018
 - Domestic Abuse Act 2021

In line with equality legislation, the charity is committed to safeguarding adults who may be at risk of abuse irrespective of their protected characteristics as outlined in the Equality Act 2010. The nine protected characteristics being - age; gender; race; disability; marriage/civil partnership; maternity/pregnancy; religion/belief; sexual orientation and gender reassignment.

Key safeguarding principles

The Principles of Adult Safeguarding in Wales (social Services and Well Being Act 2014) are:

- Responsibility - Safeguarding is everyone's responsibility.
- Well-being - Any actions taken must safeguard the person's well-being.
- Person-centred approach - Understand what outcomes the adult wishes to achieve and what matters to them.
- Voice and control - Expect people to know what is best for them and support them to be involved in decision-making about their lives.
- Language - Make an active offer of use of the Welsh language and use professional interpreters where other languages are needed.
- Prevention - It is better to take action before harm occurs.

The Principles of Adult Safeguarding in England (Care Act 2014) are:

- Empowerment - People are supported and encouraged to make their own decisions and informed consent.
- Prevention - It is better to take action before harm occurs.
- Proportionality - The least intrusive response appropriate to the risk presented.
- Protection - Support and representation for those in greatest need.
- Partnership - Local solutions through services working with their communities.
- Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability - Accountability and transparency in delivering safeguarding.

The following principles underpin the work of the Huntington's Disease Association:

- Every individual has the right to live in a safe environment and to be free from abuse or the threat of abuse.
- It is every individual's right to live an independent life based on self-determination and personal choice and this includes the right to take risks.
- The wishes of the adult at risk will be respected within the context of their capacity to anticipate and understand risk.
- Adults at risk will not be assumed to have impaired mental capacity.
- All staff will promote the empowerment and well-being of people with Huntington's disease.
- All staff will be aware of the policy and procedures for safeguarding adults at risk.
- Staff working closely with adults at risk will have enhanced relevant DBS check processed by the Disclosure and Barring Service, before working with adults.
- Staff will have the appropriate support and training to ensure they are able to recognise and act on the suspicion, disclosure or witnessing abuse.
- All staff will seek to prevent the abuse or neglect of adults at risk.
- All disclosures and suspicions of abuse or neglect will be reported and recorded.
- All disclosures and suspicions of abuse or neglect will be referred to the relevant authorities, with the individual's consent, except where a best interest decision is taken following the framework set out in the Mental Capacity Act, or where there is an overriding public interest that would justify information sharing e.g. because others may be at risk of serious harm.
- The case will only be shared with the limited number of individuals who need to know about it, other than this, all details will remain confidential.

- Where other procedures apply to a disclosure of abuse (e.g. grievance, complaints, disciplinary) the welfare and safety of the adult at risk remains paramount.
- Any complaints within a safeguarding context will be reported to the safeguarding lead. An investigation will be conducted and subsequent report will be compiled following that investigation.
- All staff will keep clear and accurate records follow safeguarding procedures, and receive training, which is appropriate to their role.
- Staff will receive regular supervision with their line manager and safeguarding issues will be discussed during these sessions and outside of them as necessary.
- The charity's safeguarding lead / deputies will receive automatic safeguarding alerts when a staff member logs a concern on the charity's client database.

Definitions

Safeguarding adults

The safeguarding policy, and practices within, applies to any adult at risk (18 years and over):

- who has needs for care and support, whether this is provided or not, and
- is experiencing, or at risk of, abuse or neglect, and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Adult safeguarding is the process of protecting adults with care and support needs from abuse or neglect. It is about people and organisations working together to prevent and stop the risks and experiences of abuse and neglect, while ensuring the adults' wellbeing is promoted, including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

Section 42 Enquiry by local authority (Care Act 2014)

Section 42 applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- a. has needs for care and support (whether or not the authority is meeting any of those needs),
- b. is experiencing, or is at risk of, abuse or neglect, and
- c. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken. The charity will cooperate with the local authority in making enquiries under this section.

Abuse

Abuse can take place in-person or in a virtual environment, such as an online discussion board or chat room. Abuse or neglect may also be unintentional. The primary focus must be to safeguard the adult at risk. If there are concerns about an adult's welfare and a belief that the person is suffering or likely to suffer abuse or neglect, then the information gathered must be shared with statutory services and/or the Police if it is believed or suspected that a crime has been committed.

Abuse can be:

- **Physical** – including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate physical sanctions.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. This also relates to self-neglect.
- **Self-neglect** - is any failure of an adult to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss of assets. This includes hoarding.
- **Sexual** – including rape, sexual assault, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts. These apply when the adult has not consented or was pressurised into consenting.
- **Emotional and psychological** – including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or withdrawal from services or supportive networks.
- **Financial or material** – including theft, fraud, exploitation, internet scamming, pressure in connection with wills, property or inheritance or financial transactions, or the misuse of or misappropriation of property, possessions or benefits.
- **Discriminatory** – including racist, religious, sexist, that based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment.
- **Institutional abuse** - is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals. It can take place within settings and services that adults at risk live in (including their own home where care is provided) or use, and it violates the person's dignity, resulting in a lack of respect for their human rights.
- **Domestic abuse** - is categorised by any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:
 - Physical
 - Emotional
 - Psychological

- Sexual
- Financial

This includes honour-based abuse and forced marriage, and victims are not confined to one gender or ethnic group.

- **Modern slavery** – encompasses slavery, human trafficking and 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.

Prevent / Channel

Prevent - radicalisation of vulnerable people to stop people from becoming terrorists or supporting terrorism. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the 'pre-criminal space' i.e. before any criminal activity has taken place. Health services are a critical partner in Prevent. There are many opportunities for staff to help protect people from radicalisation. Employees must be able to identify the signs that someone is vulnerable to radicalisation, interpret those signs correctly and access the relevant support.

Channel - Channel is a multi-agency process within Prevent, which aims to support those who may be vulnerable to being drawn into violent extremism. It works by identifying individuals who may be at risk, assessing the nature and extent of the risk; and where necessary, referring cases to a multi-agency panel, which decides on the most appropriate support package to divert and support the individual at risk.

Staff may meet people who are vulnerable to radicalisation. People with mental health issues or learning difficulties may be more easily drawn into terrorism.

Hate Crime

The charity is committed to working in partnership with the Police and other agencies to ensure that hate crime is identified, reported and dealt with in a timely and person-centred manner. The Police and other organisations should work together to intervene within the safeguarding adults procedures to ensure a robust, coordinated and timely response to situations where adults at risk become a target for hate crime. Coordinated action will aim to ensure that victims are offered support and protection and action is taken to identify and prosecute those responsible.

A hate crime is any criminal offence that is perceived by the victim or any other person, to be motivated by a hostility or prejudice based on:

- disability
- race or ethnicity
- religion or belief
- sexual orientation
- transgender identity

This can be committed against a person or property. Anyone could be a victim of a hate crime. A victim does not have to be a member of the group at which the hostility is targeted.

Safeguarding procedure

Recruitment and training

- Staff, and volunteers who work closely with adults are subject to DBS checks processed by the Disclosure and Barring Service (DBS).
- Induction for all staff includes a full introduction to the Huntington's Disease Association's policies to protect adults.

Supervision

We recognise that supervision is a key part of safeguarding practice, providing staff with regular opportunities to reflect on their work, raise concerns, and seek guidance.

All staff have access to regular supervision, which includes space to discuss any safeguarding issues. A dedicated prompt within the supervision form encourages discussion around any safeguarding matters.

However, we are clear that staff are expected to raise any safeguarding concerns as they arise, and not wait for scheduled supervision.

In addition, our advisers and youth workers have the opportunity to attend peer led reflective sessions where they can share celebrations and explore complex or challenging safeguarding cases in a supportive environment.

These mechanisms promote a culture of openness, learning, and shared responsibility around safeguarding.

Responding to disclosure - reassure, report and record

Where an adult discloses abuse, harm or neglect to you, you should:

- **Reassure** - stay calm, listen and show empathy. Reassure them that it will be taken seriously and explain that the issues will be reported internally and what may happen next.
- **Report** - immediately report following the procedure laid out below
- **Record** - write up notes of the conversation clearly and factually within 24 hours.

You should not start any investigation or confront or make contact with the alleged perpetrator.

You should (with the support of the safeguarding lead/deputy where appropriate):

- Ask for the individual's consent (where appropriate) to inform the necessary authorities. Where the individual is unable or unwilling to give informed consent, a referral may be made if it is in their best interests.

- Inform or contact anyone the person wishes to have for support.
- Ensure the relevant information is recorded on the charity's client database.

Safeguarding reporting process

No suspicion of abuse, harm or neglect should be ignored. You may become aware of possible abuse when you:

- witness a form of abuse
- recognise one or more of abuse indicators
- are told about abuse by the person with Huntington's disease
- are told about abuse by a visitor, carer, relative or friend
- observe online abuse on forums and discussion boards
- receive a complaint.

If there is an emergency, you should encourage the person to call emergency services. If you don't believe they will, you must override confidentiality and report the incident directly. You will inform the person of your actions, unless this would put you at risk, and then discuss with your line manager or the safeguarding lead / deputy.

You have a duty to report any disclosure, reports or suspicions of abuse, harm or neglect. Advisory staff and Youth Workers (for adults who are part of HDYES) should report directly to the local Safeguarding Team, contacting their Line Manager or the safeguarding Lead / deputy if they would like support with this. The initial referral should be made by phone. This should be followed up in writing within 24 hours.

Non-advisory or youth worker staff members should report to the safeguarding lead / deputy who will make the referral.

All referrals to a Safeguarding team, and any ongoing safeguarding work should be recorded in accordance with the Huntington's Disease Association's recording information policy. The recording of such information on the charity's client database, will generate an automatic email to the line manager (who is also a safeguarding deputy) who will review the action taken.

The staff member who made the referral should support the local authority under section 42 of the Care Act. No staff member should undertake any kind of investigation unless requested to do so by the leading authority.

Multi-agency working

As a charity covering England and Wales, we work across multiple areas, each with its own safeguarding procedures and contacts.

We are committed to working in line with local multi-agency safeguarding arrangements wherever we deliver services. This includes referring concerns to the relevant local authority and engaging with local safeguarding partners such as social care, health service, and the police.

When a safeguarding concern arises, we will identify and follow the appropriate local safeguarding procedures, including any referral pathways, escalation processes, and information-sharing protocols.

Making a referral where there is the possibility of a criminal act

Where there is the possibility of a criminal act, the Adviser / youth worker (or the safeguarding lead / deputy if the referral has come from a non-advisory member of staff) should contact the police, obtaining permission where possible.

The initial referral should be made by phone to the appropriate person or department. This should be followed up in writing within 24 hours.

It is not acceptable for referrals to be made **only** by letter, email or voicemail. The referral should be as comprehensive as possible. The local authority and/or the Police will carry out the investigation. Under no circumstances should you attempt to investigate.

Refusal to give consent

A referral should be made with the consent of the individual; however, the adult may not always want information to be shared. This may be because they fear repercussions from the person causing harm or are scared that they will lose control of their situation to statutory bodies or because they feel stupid or embarrassed. Their wishes should be respected unless there are over-riding reasons for sharing information. The circumstances when we need to share information without the adult's consent include those where:

- it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk.
- you believe they or someone else is at risk, including children.
- you believe the adult is being coerced or is under duress.
- it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed.
- the adult does not have mental capacity to consent to information being shared about them.
- the person causing harm has care and support needs.
- the concerns are about an adult at risk living in Wales (where there is a duty to report to the Local Authority).

When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them. If you are in doubt as to whether to share information seek advice e.g. seek legal advice and/or contact the Local Authority and explain the situation without giving personal details about the person at risk or the person causing harm. Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.

Concerns about people who work with adults at risk

Where there are concerns that someone is behaving in a way that demonstrates unsuitability for working with adults at risk, in their present position, or in any capacity, you must report this to the safeguarding lead.

The allegation or concern may arise in either the employee's or professional's work or private life. Examples could include:

- Committing a criminal offence against or related to adults at risk.
- Failing to work collaboratively with social care agencies when issues about the care of adults at risk for whom they have caring responsibilities are being investigated.
- Behaving towards adults at risk in a manner that indicates they are unsuitable to work with this client group.
- Where an allegation or concern arises, which relates to the individual's private life such as perpetration of domestic abuse; behaviours to his/her own children; or behaviour to others that may impact upon the safety of adults to whom they owe a duty of care.
- Where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse and neglect.

In addition to other professionals you may work with, you have a duty to report any concerns you have about colleagues or volunteers, who may be involved in abuse, harm or neglect, to your line manager or safeguarding lead. When an allegation is made concerning a member of staff, they should be made aware of their rights under employment legislation and internal disciplinary procedures.

When an allegation is made concerning a volunteer, volunteering activities should cease where relevant whilst an investigation is undertaken by the relevant authority.

If there is concern about a manager, you should discuss this with your line manager or safeguarding lead who will take appropriate action (concerns relating to senior management will be discussed with the Chief Executive / concerns relating to the Chief Executive, will be discussed with the board of trustees). If the safeguarding lead is implicated in an allegation, you should discuss this with the Chief Executive. The principles of the Whistleblowing policy apply in these circumstances.

All concerns and allegations will be considered in line with the Local Safeguarding Adults Board relevant to managing allegations against people who work with adults at risk. The

designated safeguarding lead will inform the Local Authority of all allegations that come to their attention that meet the criteria outlined by the Local Safeguarding Adults board.

In instances where the allegation suggests that an adult is at risk of significant harm the case must be referred to the respective local authority.

Concerns about alleged perpetrators who have additional needs

Where the person who is alleged to have carried out the abuse has care and support needs or impaired mental capacity they should be assured of their right to the support of an Appropriate Adult if they are questioned in relation to a suspected crime by the police under the Police and Criminal Evidence Act 1984 (PACE). Victims of crime and witnesses may also require this support. A witness might need the help of a Registered Intermediary because of their age, or a learning, mental or physical disability or disorder. Registered Intermediaries are provided through the Ministry of Justice Witness Intermediary Scheme

Under the Mental Capacity Act, people who lack capacity and are alleged to be responsible for abuse, are entitled to the help of an Independent Mental Capacity Advocate (IMCA) to support and represent them in the enquiries that are taking place. This is separate from the decision whether or not to provide the victim of abuse with an Independent Advocate under the Care Act or an Independent Mental Health Advocate (IMHA) if detained under the Mental Health Act 1983.

Reporting hate crime

The charity is committed to supporting those who are a victim in the appropriate reporting of hate crime. Some people may feel that the incident is too minor to bother the Police but reporting it makes a difference – to the victim, their friends/family and to their community. Under reporting is a major issue in relation to all hate crime. By reporting hate crime when it happens, it can help stop it happening to someone else. It will also help the police to better understand the level of hate crime in the local area, and improve the way they respond to it.

If you have witnessed or been a victim of hate crime, you must report it. This can be done in a number of ways:

- In an **emergency** always ring [999](tel:999)
- For **non-emergencies** ring [101](tel:101)
- Report anonymously online via [True Vision www.report-it.org.uk](http://TrueVisionwww.report-it.org.uk)

If you do not want to talk to the police or fill in the reporting forms, you can still report a hate crime by contacting Crimestoppers on [0800 555111](tel:0800555111). You do not have to give your name and what you say is confidential. It is free to call.

Information sharing

Sharing information with other agencies e.g. the Police or Local Authority will be in line with UK General Data Protection Regulation (UK GDPR), the Care Act and any other relevant legislation as described in the charity's Data Protection policy. Information sharing is vital to safeguarding and promoting the welfare of adults in need of care and support services.

DBS disclosure (Huntington's Disease Association staff and volunteers)

It is a legal requirement to inform the Disclosure and Barring Service when:

- The Huntington's Disease Association has withdrawn permission for an individual to work with adults or would have done so had that individual not resigned, retired, been made redundant or been transferred into another position
- The charity believes the individual has engaged in activity that causes concern for the safeguarding of adults (relevant conduct)
- There is harm or risk of harm to adults or
- An individual has received a caution or a conviction for a relevant offence.

Key contacts

Huntington's Disease Association Adult Safeguarding lead	Ruth Sands Phone: 07809340238 Email: ruth.sands@hda.org.uk
Huntington's Disease Association Deputy Adult Safeguarding lead	Helen Santini Phone: 01279 507656 Email: helen.santini@hda.org.uk
Huntington's Disease Association Deputy Adult Safeguarding lead	Anne Filson Phone: 01535281358 Email: anne.filson@hda.org.uk