

Safeguarding Policy

Effective Date: 22 October 2018

Review Date: October 2023*

* This policy may be revised sooner if there is a change in working premises, conditions or laws directly affecting this policy.

Safeguarding Policy

This policy is written for all staff and volunteers employed by Healthwatch Reading (HWR) and includes all those working for Reading Voice, which is managed by Healthwatch Reading.

Healthwatch Reading (HWR) is committed to safeguarding and promoting the welfare of vulnerable adults and understands safeguarding to be everyone's responsibility, to report concerns and not to decide whether it is abuse or investigate allegations.

The purpose of this policy is to outline the duty and responsibility of staff, volunteers, and trustees working on behalf of HWR in relation to the protection of vulnerable adults from abuse.

The fundamental principle that underpins this policy is that all adults have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation.

The key objectives of this policy are:

- To explain the responsibilities HWR and its staff, volunteers and trustees have in respect of vulnerable adult protection.
- To provide staff with an overview of vulnerable adult protection
- To provide a clear procedure that will be implemented where protection issues arise.

Responsibilities

HWR will:

- Ensure there are procedures in place to enable the reporting of concerns
- Provide training to identify signs of abuse and the procedures for reporting concerns
- Ensure that there is a Designated Safeguarding Lead (DSL)
- Ensure all staff and Authorised Representatives can identify signs and symptoms of abuse and understand reporting procedures
- Ensure that the HWR trustees are alerted to any requirement to review the policy.

What is the definition of an adult 'at risk'?

As defined in the Care Act 2014, safeguarding duties apply to an adult who:

- has needs for care and support (whether the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- because of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

What factors can affect a person's risk?

Mental health needs - Includes dementia, fluctuating mental capacity, difficulty in recognising what is happening to them, an inability to consent to what is happening or to tell someone else.

Learning disability - includes learning difficulty, Autism or Asperger's, communication difficulties, either verbal or in reasoning or being able to understand if something is bad or wrong, and someone who is particularly vulnerable and can be targeted and exploited financially or sexually.

Elderly and frail - ill-health, physical disability, impairment e.g. stroke.

Personality disorder - inability to recognise consequences of behaviour, particularly in cases of 'self-neglect' which results in harm to themselves, whether physical or psychological.

Alcohol or substance misuse - resulting in poor living conditions or risks associated with the people they live with, they may live on the street, become incapacitated and therefore unable to assess risks or give consent.

Physical disability - they rely upon others for assistance through care and support. To be an adult at risk they would have to be in a position of being unable to protect themselves from those delivering care or from others/ For example, a person who uses a wheelchair who lives independently and is assisted with personal care is not an adult at risk unless they are unable to protect themselves as above.

Sensory impairment - not all people with a sensory impairment would be considered an adult at risk but their disability may put them at greater risk in some situations. There would be a need for support because of other disability/illness/impairment - the sensory loss is an additional vulnerability.

Long term illness and conditions, e.g. Parkinson's disease or Chronic Obstructive Pulmonary Disease or any condition which impairs normal daily activities for people.

Greater consideration should be shown to people who are isolated or have communication difficulties or who are reliant on others on a day to day basis.

The vulnerability of an adult at risk is related to being able to make and carry out informed choices (consent) free from pressure or undue influence.

The risk of harm will be affected by how well they are able to protect themselves from abuse or neglect - consider older people living in the community with no close friends or family; people in residential or nursing care or in mental health hospitals with no family or professional contacts such as a social worker; and those in receipt of dementia services who may possess an added vulnerability of fluctuating mental capacity in either being able to understand if something is wrong or to know how or who to tell about it.

The more dependent and isolated an individual is, the greater the associated risks.

What is the definition of 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 about 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, or in relation to care provided in someone's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice because 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 behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

During the call, if you assess the person, or another person could be an adult at risk, or at risk of abuse, you need to look into directing or referring them to your local Safeguarding Team at the council.

Information sharing and confidentiality

Staff, volunteers and trustees have a professional responsibility to share relevant information about protection with other professionals, particularly investigative agencies and social services.

Clear boundaries of confidentiality will be communicated to all.

All personal information will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

Within that context, the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent should be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the adult is the priority.

However, it should be made clear that if there is a reason to be concerned about the welfare of a vulnerable person that that information must be shared with someone who is in position to take action or responsibility.

Where a disclosure has been made, staff should let the adult know the position regarding their role and what action they will have to take as a result.

Staff should assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account.

Mental Capacity

HWR recognises that it is the right of adults who have capacity to make their own choices, irrespective of how unwise HWR may consider that decision to be. HWR accepts the definition of mental capacity as defined in the Mental Capacity Act 2005 unless a person's apparent comprehension of a situation gives rise to doubt.

Reporting Procedure

It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously. This procedure must be followed by all staff and volunteers whenever an allegation of abuse is made or when there is a suspicion of abuse.

1. Report the incident to the Safeguarding officer at Reading Borough Council using the following contact details:

Telephone (Office Hours) - 0118 937 3747

Telephone (Out of Office Hours) - 01344 786543

Email - safeguardingadults@reading.gov.uk

2. Inform the Safeguarding Lead, as far as possible on the same day as reporting to the Safeguarding at Reading Borough Council. The Safeguarding Lead should be informed using the following contact details: carl@healthwatchreading.co.uk or by calling 0118 937 2295.

Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the adult.

A full record shall be made as soon as possible of the nature of the allegation and any other relevant information. This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation. All these details are to be recorded on the Views database in the clients file.

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies.

Local Authority Adult Social Care Safeguarding Role

Local Authority Adult Social Care must investigate Safeguarding Referrals they receive. Under the Care Act 2014, local authorities have many new duties in relation to safeguarding:

Lead and co-ordinate a multi-agency local safeguarding system which aims to prevent abuse and neglect and stops it when it occurs.

Establish Safeguarding Adults Boards with partners named in law (e.g. NHS, police, not CQC), to develop and implement safeguarding adult's strategy.

Carry out Safeguarding Adults Reviews (SAR) where someone with care needs dies because of (or experiences and survives) abuse or neglect. To learn lessons about what more could have been done to prevent this occurring.

Make enquiries or have others make them when an adult with care and support needs is suspected to have experienced (or be at risk of) abuse and neglect, and there is a need to know what action is necessary and, if so, by whom.

Arrange for independent advocates as necessary for adult's subject to SAR.

Staff Training

To support and put all the necessary procedures of this policy into practise HWR will ensure that all members of staff receive Safeguarding Level One training and any further training that is required for the role. All staff will be required to refresh their training every three years unless there is a change in law or policy with regards to safeguarding,

prompting further training. All members of staff will be made aware of the Safeguarding Policy as a standard part of the induction process.

Whistleblowing Statement

If the disclosure raises concern about a HWR member of staff or volunteer, the concerns will be investigated in line with the HWR Disciplinary Procedure and in the first instance should be reported to the Chief Executive.

If a member of staff is concerned that the Chief Executive is not taking sufficient action the member of staff should notify one of the HWR trustees.

Recruitment Procedure

HWR operates procedures that take account of the need to safeguard and promote the welfare of vulnerable adults and children, including arrangements for appropriate checks on new staff, volunteers and trustees where applicable.

Where permitted under the Protection of Freedoms Act 2012 HWR will request DBS checks on new members of staff/volunteers or staff/volunteers moving into a new role.

HWR will ensure that all staff and volunteers have a role description that outlines the work they do. Each role description will state whether a DBS check will be required, at what level and for which workforce. If the role will be supervised, and involves working with children, the supervision arrangements will be attached the role description.

This policy was revised and adopted by Healthwatch Reading Trustees on 22nd October 2018.

Signed

Name

Designation