

# **healthwatch** Rochdale

## Joint Safeguarding Policy

## Safeguarding Policy

### Purpose

This document sets out Healthwatch Rochdale's policy position in relation to the arrangements to safeguard and promote the welfare of children, young people and adults that reflects their needs and protects them from abuse or the risk of abuse. This relates to both those who use Healthwatch Rochdale's services directly and those who contact us for advice and support. The document also sets out the support system that is in place for Healthwatch Rochdale staff and volunteers who may recognise and be required to respond to safeguarding situations in the course of their duties.

### Scope

This policy aims to ensure that no act or omission by Healthwatch puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.

This document applies to all staff, volunteers, trustees, trainees, consultants and contractors - termed as 'personnel' in this document – who undertake, work, duties or tasks on behalf of Healthwatch Rochdale.

### Definitions

Adult at risk: Safeguarding duties apply to an adult aged 18 or over and who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or is at risk of abuse or neglect; and
- As a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. (Care Act 2014)

The Care Act 2014 requires agencies to work together to develop shared strategies for safeguarding adults at risk. All health, social care professionals and care workers play a key role in safeguarding of adults at risk who are in receipt of health or social care services. It is everybody's responsibility to protect adults at risk from abuse, harm and omissions of care Adult Safeguarding: The Principles of Adult Safeguarding

- Empowerment – Presumption of person led decisions and informed consent.
- Protection – Support and representation for those in greatest need.
- Prevention – It is better to take action before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
- 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

Children: in this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18<sup>th</sup> birthday. 'Children' therefore means children and young people throughout.

Safeguarding and Promoting the Welfare of Children is defined in Working Together to Safeguard Children (2018) as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care

Taking action to enable all children to have the best life chances.

Prevent (Radicalisation of vulnerable people): The Prevent Strategy addresses all forms of terrorism including extreme right wing but continues to prioritise according to the threat posed to our national security. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the precriminal space before any criminal activity has taken place.

- Radicalisation refers to the process by which people come to support, and in some cases to participate in terrorism.
- Violent Extremism as defined by the Crown Prosecution Service (CPS) as the demonstration of unacceptable behaviour by using any means or medium to express views which:
  - Foment, justify or glorify terrorist violence in furtherance of particular beliefs;
  - Seek to provoke others to terrorist acts;
  - Foment other serious criminal activity or seek to provoke others to serious criminal acts;
  - Foster hatred which might lead to inter-community violence in the UK.

## Principles

Healthwatch Rochdale recognises that safeguarding children and adults at risk is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if those vulnerable groups in society are to be protected from harm. In order to achieve effective joint working, there must be constructive relationships at all levels, promoted and supported by:

- A commitment of senior managers and board members to seek continuous improvement with regards to safeguarding within the work of Healthwatch Rochdale.
- Clear lines of accountability within Healthwatch Rochdale for safeguarding.
- Service developments that take account of the need to safeguard all service users, and informed, where appropriate, by the views of service users.
- Staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regard to safeguarding children, adults at risk, looked after children and the Mental Capacity Act. A comprehensive package of training courses is available to all Healthwatch personnel from the Safeguarding Adults Board and the Safeguarding Children's Partnership.
- Appropriate supervision and support for staff in relation to safeguarding practice.
- Safe working practice including recruitment and vetting procedures.
- Effective interagency working, including effective information sharing.

Healthwatch Rochdale have a duty and a role in supporting and enabling children and adults and/or their advocates to deal with any abusive or safeguarding situation they are experiencing.

In addition, the nature of Healthwatch Rochdale's work means that we are sometimes made aware of situations where an absence or failure of services has safeguarding implications.

Healthwatch Rochdale is committed to a human rights-based approach, which ensures that employees and the community that we serve are treated with fairness, respect, equality, dignity and autonomy and that individuals or groups are not discriminated against on the basis of their protected characteristics.

In line with equality legislation, this policy aims to safeguard children, young people and adults who may be at risk of abuse irrespective of their protected characteristics as outlined in the Quality Act 2010. The nine protected characteristics are age; gender; race; disability; marriage / civil partnership; maternity / pregnancy; religion / belief; sexual orientation and gender reassignment.

### Policy

- Healthwatch Rochdale is committed to following the policies and procedures of Rochdale Borough Safeguarding Children Partnership (RBSCP) namely Tri x policies and Rochdale Borough Safeguarding Adults Board (RBSAB) and to any periodic revising of these Policies and Procedures.
- Healthwatch Rochdale has its own internal procedure (see below) for dealing with cases where safeguarding may be a concern. This Procedure should be seen as a first step and as dovetailing with the wider safeguarding programme in Rochdale.

Rochdale Healthwatch recognises its role within the RBSCP and RBSAB Procedures as an 'alerting' organisation and is committed to ensuring that alerts are reported following recognised procedure and within stipulated timescales.

This Policy covers five distinct circumstances where Rochdale Healthwatch may become involved in a safeguarding issue:

1. Where an allegation of abuse or a safeguarding issue is made against a member of Healthwatch Rochdale's personnel.
2. Where an allegation of abuse is made, or a safeguarding issue raised by the alleged victim against another alleged perpetrator. For example, an unpaid carer, family member, friend, neighbour, acquaintance or paid carer from another organisation or agency.
3. Where an allegation of abuse or a safeguarding issue is made by someone other than the alleged victim (the reporter) against another alleged perpetrator.
4. Issues of self-neglect or the inability of a person to meet their own basic needs.
5. Instances where an absence or failure of services has potential safeguarding implications for the person involved.

Healthwatch Rochdale recognises that conflicts may arise between maintaining confidentiality, discharging our responsibilities under the Safeguarding Policy and Procedures and our duty of care to our personnel. This Policy sets out the circumstances when it may be appropriate to break a person's confidentiality, and this includes whenever a safeguarding allegation or concern is raised and it has not been possible to gain permission to make an alert from the alleged victim.

It is also recognised that personnel may be asked to provide information in response to a safeguarding concern as part of an ongoing investigation or enquiry not triggered from Healthwatch Rochdale. In all such instances the CEO must be consulted before details are divulged.

Healthwatch Rochdale is committed to providing initial training for staff and volunteers on the principles of safeguarding for adults and children and the implementation of Healthwatch Rochdale's Safeguarding Procedures.

Healthwatch Rochdale commits to reviewing its Safeguarding Policy and Procedure at least annually.

Refresher training for staff and volunteers will be undertaken on an annual basis or following a change of procedure or as otherwise required.

## Procedure

### 1 *Point of Disclosure*

1.1 A concern may arise either as a result of a direct disclosure or (more commonly) as a result of an individual reporting a broader problem or issue concerning their experiences of accessing health and social care. In either case, when this occurs the procedure to follow is:

The staff member/volunteer should:

- a. Make clear to the reporter that s/he has a concern
- b. Make clear s/he may have an obligation to report the concern.
- c. Complete the Incident Record Form
- d. Take contact details for the reporter (including an address)
- e. Make clear notes of the discussion
- f. Explain the reporting process that will be followed; in the first instance to Healthwatch Rochdale's CEO, and then if she feels it appropriate, to the relevant authorities
- g. If at all possible, obtain consent to discuss with other relevant organisations (although we are not dependent on consent if an issue is recognised a safeguarding issue, obtaining consent will allow Healthwatch Rochdale to raise any issues with the relevant operational bodies and thus seek resolutions to the situation).

1.2 All incidents must be reported as soon as possible to the CEO or a designated deputy.

### 2 *Decision-making, reporting and escalations*

2.1 The CEO and/ or their designated deputy and the Chair will discuss the concern, where possible the staff member/volunteer who has referred the matter will be party to these discussions.

2.2 The CEO will make decisions on reporting, referrals and escalations of the issues raised based on Healthwatch Rochdale's responsibilities in law, the duties of local Healthwatch and the best interests of the person about whom the concern is raised.

2.3 If a safeguarding issue is identified by this meeting, then reports will be made, in writing (email) and in a timely manner, to the relevant Safeguarding Teams.

### 3 *Follow-up and monitoring*

- 3.1 In keeping with Healthwatch Rochdale's practice in regard to following up issues raised, Healthwatch Rochdale will receive assurances about the next steps from the safeguarding team.
- 3.2 Where possible and appropriate, the relevant staff member will contact the original reporter to explain these next steps.

### 4 *Record keeping*

#### 4.1 Personnel will keep accurate records as follows:

- Log of contacts
- Summary of the issues, identifying the potential safeguarding concerns and
- Log of the steps taken

Reporting Officers must be careful to record concerns in a way that replicates, as closely as possible, the words of the reporter.

- 4.2 All records relating to safeguarding issues will be kept securely in accordance with the requirements of the Data Protection Act.
- 4.3 The CEO will provide a report of all Safeguarding concerns, escalations or enquiries to the Board Trustee Members of Rochdale Healthwatch on a quarterly basis at the normally held Board Meetings.
- 4.4 Any trends, issues or omissions obtained from these reports are to be addressed through Healthwatch Rochdale's internal procedures and external work with relevant providers, commissioners and other public authorities.

### 5 *Managing allegations against persons who work with children, young people or adults at risk*

- 5.1 Where there are concerns that a member of staff or volunteer, either directly or non-directly employed, is behaving in a way that demonstrates unsuitability for working with children, young people or adults at risk, in their present position, or in any capacity this must be reported to the Local Authority Designated Officer where children are at risk [lado@rochdale.gov.uk](mailto:lado@rochdale.gov.uk) or where adults are at risk [aml@rochdale.gov.uk](mailto:aml@rochdale.gov.uk)

- 5.2 The allegation or concern may arise either in the employees /volunteers work or private life. Examples include:

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

5.3 When it is known that an adult at risk or child has been harmed by the behaviour or actions of an employee/volunteer, then a safeguarding concern should also be raised for that individual.

6 Contact details for raising safeguarding concerns

Police in emergency situations	999	
Police where it is suspected that a crime has been committed	101	
To raise a safeguarding concern about an adult with care and support needs	0300 303 8886	Adult.care@rochdale.gov.uk
To raise a safeguarding concern about an adult or child outside of office hours	0300 303 8875	
To raise a concern about a child (Rochdale Complex Early Help and Safeguarding Hub)	0300 303 0440	ehash@rochdale.gov.uk
To raise a concern about an Adult Care commissioned provider		Adult.care@rochdale.gov.uk
To raise a concern about a HMR CCG (health) commissioned provider		Hmrccg.safeguarding@nhs.net

## Appendices

### Appendix 1 Categories of Abuse - Children

For children's safeguarding, the definitions of abuse are taken from Working Together to Safeguard Children (HM Government, 2018). Abuse is defined as a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). A child may be abused by an adult or adults, or another child or children.

**Physical abuse:** A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Emotional abuse:** The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual abuse:** Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect:** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  - Protect a child from physical and emotional harm or danger;
  - Ensure adequate supervision (including the use of inadequate care-givers); or
  - Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.



## **Appendix 2** Categories of Abuse - Adults

The Care and Support Statutory Guidance issued under the Care Act 2014 replaces “no secrets” guidance. Safeguarding adults’ duties have a legal effect in all organisations including the NHS, Police and Local Authority. Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. Professionals should work with the adult at risk to establish what being safe means to them. The categories below are taken from the Care Act 2014.

**Physical abuse:** including assault, hitting, slapping, pushing and 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 in connection Safeguarding Children and Adults at Risk Policy V5 Page 18 of 56 with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

**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.

**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, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result 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.