

# **SAFEGUARDING ADULTS WITH CARE AND SUPPORT NEEDS - POLICY AND PROCEDURE VERSION 2**

**APPROVED ON 1<sup>st</sup> December 2015  
REVIEW BY 1<sup>st</sup> December 2016**

**THE DESIGNATED PERSON FOR SAFEGUARDING ADULTS WITH CARE AND  
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## Version Control

Version	Reason for Amendments	Amendments Made By	Date
1.1	Circulation to COO - updates on prevention, training and policy review	MR	26/11/2015
1.2	Circulation to COO and Directors - feedback from Director lead on Mental Capacity	MR	1/12/2015
<b>2</b>	<b>Approved</b>		

# **SAFEGUARDING ADULTS WITH CARE AND SUPPORT NEEDS - POLICY AND PROCEDURE**

## **POLICY STATEMENT**

### **1. Scope of this Policy**

Healthwatch Worcestershire (HWW) expects its Directors, staff, volunteers and any contracted agents, whether purchasers or providers, to conform to this policy, principles and procedures for safeguarding adults with care and support needs (referred hereafter in this policy as the adult).

Healthwatch Worcestershire (HWW) is fully committed to participate in the multi-agency approach to safeguarding adults with care and support needs and this policy and procedure reflects the approach set out in:

- Worcestershire County Council Adult Safeguarding - Recognising, Responding to and Reporting the abuse or neglect of Adults with Care and Support Needs
- West Midlands Adult Safeguarding Policy and Procedures Vs 0.1- Working Draft 1.4.15
- Statutory Guidance to the Care Act 2014

### **2. What is Adult Safeguarding**

Safeguarding means protecting an adult with care and support needs 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.

### **3. The aims of Adult Safeguarding**

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise awareness of adult safeguarding within HWW so that we can, alongside professionals and as part of a multi-agency approach, play our part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help everyone at HWW (Directors, Staff and Volunteers) understand the different types of abuse, and what to do to raise a concern about the safety or well-being of an adult

#### **4. Three stage test for adult safeguarding concerns that meet the Care Act criteria**

When deciding whether a concern should be addressed as a safeguarding issue under Section 42 of the Care Act 2014, the following three stage test should be applied:

1. Person has needs for care and support (whether or not those needs are being met)
2. Is experiencing, or is at risk of, abuse or neglect; and
3. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

#### **5. Definition of adults with care and support needs**

This describes adults aged 18 or over who need extra help to manage their lives and be independent. This may include:

- people with a learning disability or physical disability;
- people with mental health needs;
- people with sensory needs;
- people with cognitive needs, e.g. acquired brain injury;
- people who are experiencing short or long term illness.

However, it is important to note that inclusion in one of the above groups does not necessarily mean that a person is implicitly unable to protect themselves from abuse or neglect. Sometimes a person might choose to live in a situation that we think is dangerous or unsuitable. Although we may not personally agree with their lifestyle, they do not necessarily need our help to protect them from harm. Safeguarding means balancing people's rights to freedom of choice with the risk they are facing.

The Care Act guidance 2014 describes "care & support" as-

"The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations."

#### **6. Principles Underpinning Adult Safeguarding**

HWW has adopted the following key principles which underpin adult safeguarding In line with the multi-agency approach to adult safeguarding set out in the Care Act Statutory Guidance

- Empowerment - People being supported and encouraged to make their own decisions and informed consent.

*“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*

- Prevention - It is better to take action before harm occurs.

*“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”*

- Proportionality - The least intrusive response appropriate to the risk presented.

*“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”*

- Protection - Support and representation for those in greatest need.

*“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*

- Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*

- Accountability - Accountability and transparency in delivering safeguarding.

*“I understand the role of everyone involved in my life and so do they.”*

## **7. Definition of abuse or neglect**

Abuse is any mistreatment which results in harm and it includes neglect, where a person fails to take action needed to keep another person safe and well or where an adult with care and support needs is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.

Abuse can take different forms and different types may occur simultaneously. Abuse may be a 'one off' or it might be repeated. Abuse may involve more than one victim and may be an ongoing pattern of behaviour on the part of the abuser. A lot of abuse will also be a criminal offence.

The Care Act guidance identifies the following types of abuse or neglect:

- Physical abuse - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic violence - including psychological, physical, sexual, financial or 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 with 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 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.

This list is not exhaustive.

Further Information on each of these, together with possible indicators of abuse can be found in the [West Midlands Adult Safeguarding Policy and Procedure](#)

## **8. Location of abuse**

Abuse can take place anywhere. For example:

- the person's own home, whether living alone, with relatives or others;
- day or residential centres;
- supported housing;
- work settings;
- educational establishments;
- care homes;
- clinics hospitals;
- prisons;
- other places in the community.

## **9. Who might abuse**

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the adult with care and support needs. A wide range of people may harm adults. These include:

- a spouse/partner;
- an adult with care and support needs;
- other family members;
- neighbours;
- friends;
- local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuse;
- paid staff or professionals: and
- volunteers and strangers.

## **10. Preventative measures taken in relation to adult safeguarding**

Information received by HWW signposting service will be considered in the light of the information contained in this policy about Adult Safeguarding, and in particular the definitions of abuse as set out above.

All HWW volunteers will receive a copy of the “Safeguarding is Everyone’s Business” leaflet. This is attached as Appendix 1. It is written to make this policy and the reporting requirements accessible to volunteers.

HWW Authorised representatives undertaking Enter and View visits will be reminded about HWW Adult Safeguarding policy and reporting protocols during E&V planning meetings. Discussions are held about safeguarding during E&V training.

The process for reporting safeguarding concerns is reiterated at the beginning of each Enter and View visit.

Providers are informed at the start of an Enter and View visit that any safeguarding concerns identified during the visit will be explained to the manager, any immediate action required to safeguard adults will be taken and that where appropriate the visit will be terminated and the reporting process set out in this document will be followed.

Healthwatch Worcestershire’s Adult Safeguarding Policy is posted on our website

## **11. Recruitment and Selection of Staff and Volunteers**

All reasonable steps will be taken to ensure unsuitable individuals are prevented from having any involvement with Healthwatch Worcestershire.

Staff/volunteers will be required to have appropriate qualifications; they will be subject to references and, where appropriate, an enhanced DBS disclosure.

Any issues arising from a DBS disclosure will be dealt with in accordance with the Recruitment and Selection policy, which states that “Where a preferred candidate fails the referencing and checking procedure, consideration should be given whether to fall back to the second choice candidate”

Job Descriptions for posts will make reference to safeguarding responsibilities as appropriate.

## 12. Training of staff and volunteers

HWW will ensure that:-

- mandatory Adult Safeguarding Basic Awareness training is put in place for staff and volunteers where this is appropriate to their role.
- more advanced training in recognising, responding, enquiring and reporting is available to staff as appropriate to their role

We will liaise with the County Council and other bodies as appropriate to ensure that the training reflects the multi-agency approach in place across Worcestershire.

The training will ensure that staff and volunteers are made aware of and understand their professional boundaries in respect of safeguarding and that their practice reflects this.

In order to ensure that all staff and volunteers have an awareness of Safeguarding we have produced a straightforward version of this policy which will be given to all volunteers. See Appendix 1.

## 13. Roles and Responsibilities in respect of adult safeguarding

### a. Duty to Report

All Directors, staff and volunteers working with Healthwatch Worcestershire have a duty to report any allegations or suspicions of abuse of an adult to the Chief Operating Officer.

### b. Designated Person

The Chief Operating Officer is the designated member of staff for Safeguarding Adults and will be responsible for:

- Monitoring and recording concerns.
- Making referrals to Adult Social Care
- Liaison with other agencies.

In the event of any concerns regarding an adult at risk, **the Chief Operating Officer must be informed at the earliest available opportunity.**

Simon Adams, Chief Operating Officer, Healthwatch Worcestershire, Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT (Tel: 01386 550264)
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In the absence of the COO the person with responsibility for the above is Vice Chair of Healthwatch (Jo Ringshall - 01386 550264) or the lead Director for Safeguarding (John Taylor 01386 550264)

#### **14. Allegations of abuse about a Director, staff member or volunteer at HWW**

HWW has a Whistleblowing Policy.

**All Directors, staff and volunteers** have a duty to raise concerns immediately, where they exist, about the attitude or actions of colleagues.

Concerns about the behaviour of Directors, staff and volunteers must be referred to the **Chief Operating Officer**, who will investigate and take appropriate action.

If your concern is about the Chief Operating Officer it should be reported to the Vice Chair of the Healthwatch Board:

Vice Chair of Healthwatch - Jo Ringshall - Tel. 01386 550264
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Any concerns will be dealt with in accordance with the HWW disciplinary policy and procedure

#### **15. Safeguarding complaints or concerns expressed by people in contact with HWW or their representatives**

Due to the nature of Healthwatch Worcestershire's functions it is rare for us to have ongoing contact with a specific individual or "user group", however as an organisation we believe safeguarding is everyone's responsibility and we ensure that wherever appropriate we help to raise awareness and emphasise the importance of relevant processes and responses.

HWW will be publicising our safeguarding policy on our website.

We also inform providers at the start of our Enter and View visits about how to raise any safeguarding or other concerns that they may have about the behaviour or attitude of our Enter and View teams during our visits.

Any complaint or expression of concern by people in contact with HWW or their representatives will be listened to and acted upon in order to safeguard the wellbeing and welfare of an adult.

A complaint or concern may be made directly, either in writing or orally, to the designated member of staff:

Simon Adams, Chief Operating Officer, Healthwatch Worcestershire, Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT (Tel: 01386 550264)
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In the absence of the COO contact Vice Chair of Healthwatch (Jo Ringshall - 01386 550264) or the lead Director for Safeguarding (John Taylor 01386 550264) who will be responsible for the completion of the above actions

Individuals and/or their representatives will be provided with details of the progress of the complaint or concern and action taken where appropriate.

People in contact with HWW or their representatives will be provided with contact details of the County Council's Adult Safeguarding reporting procedure (see below) if they wish to raise a concern or complaint directly.

**16. Responding to Adult Safeguarding Concerns - summary of procedure to be followed.**

**16.1 Summary of procedure for responding to adult safeguarding concern**

There are some key responsibilities and actions for anyone who identifies the possibility of abuse or neglect. These responsibilities must be addressed on the same day as the concern is recognised.

**i. Immediate Action** - take any immediate actions to safeguard anyone at immediate risk of harm, including contacting the police and summoning medical assistance by calling 999 immediately (see 16.2 below)

**ii. Speak to the adult** - Where the adult has actively disclosed abuse to you speak to the adult wherever it is safe to do so (See 16.3 and 16.4 below). Remember it is inappropriate to give assurances of complete confidentiality as in all cases the COO must be informed. In all other circumstances of disclosure decisions regarding speaking to the adult concerned will be the responsibility of the COO.

**iii. Detection & Prevention of crime.**

Where there is evidence a criminal offence has taken place, or a crime may be about to be committed, contact the Police immediately (dial 999)

**iv. Record & Preserve evidence.**

Preserve evidence through recording (see 16.7 below), and take steps to preserve any physical evidence (see 16.8 below).

**v. Report & Inform.**

Inform the Chief Operating Officer as soon as possible. **Tel 01386 550264** complete an Incident Record Form (see Appendix 2)

In situations where informing the COO will involve delay in a high-risk situation you should report to Police / Adult Social Care immediately using the professional pathway for reporting safeguarding concerns that meet the criteria for S42 Enquiry (see Appendix 3).

**vi. Management Action**

The Chief Operating Officer will be responsible for deciding on next steps including if necessary reporting the concern to Adult Social Care using the professional pathway for reporting safeguarding concerns that meet the criteria for S42 Enquiry (see 16.8 and Appendix 3).

## 16.2 Immediate Protection - Address any immediate safety and protection needs

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where you suspect a crime has been committed, leave things as they are wherever possible.
- Summon urgent medical assistance from the GP, or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. You can call the NHS 111 service for urgent medical help or advice when it's not a life-threatening situation.
- The adult may feel frightened, so you can ascertain whether they want you to arrange for someone they feel comfortable with to stay with them.
- Consider if there are other adults with care & support needs who are at risk of harm, and take appropriate steps to protect them.
- Consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed.
- Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording.

## 16.3 Dealing with Disclosures

The possibility of abuse can come to light in various ways, for example:

- an active disclosure of abuse by the adult;
- a passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse;
- a growing awareness that "something is not right";
- an allegation of abuse by a third party,
- a complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse.

### Good Practice Guide - Responding to disclosures

It is often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the person to tell you that something has happened and fear of not being believed can cause people not to tell.

- Accept what the person is saying - do not question the person or get them to justify what they are saying - reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen calmly to what they are saying. If the person wants to give you lots of information, let them. Let the person tell you in their own words and at their own pace what happened. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask open questions to establish the basic facts, but try to avoid asking the same questions more than once, or asking the person to repeat what they have said- this can make them feel they are not being believed. Do not ask leading questions or prompt.

- Don't promise the person that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.
- Reassure the person that they have done nothing wrong and that the abuse was not their fault. Tell them that you will treat this information seriously and that you will speak with your line manager to decide together what action needs to be taken to keep them safe from further abuse.

#### **16.4 Speak to the adult who is experiencing, or is at risk of, abuse or neglect**

From the very first stages of concerns being identified, the views of the adult should be gained. This will enable the person to give their perspectives about the potential abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next.

There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from the Chief Operating Officer.

The Mental Capacity Act 2005 requires an assumption that an adult (aged 16 or over) has full legal capacity to make decisions unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made.

If there is reason to doubt the adult's capacity to engage with the process and they are unable to consent to proceed with raising a safeguarding concern then any decision made must be in their best interest and be a proportionate response. Decisions must be fully recorded.

If there are concerns about a carer in this situation who may require support, then please discuss this with the Chief Operating Officer

#### **When speaking to the adult:-**

- Get the adult's views on the concern and what they want done about it,
- Give the adult information about the adult safeguarding process and how that could help to make them safer,
- Explain confidentiality issues, how they will be kept informed and how they will be supported,
- Discuss what could be done to make them feel safer.

## 16.5 Detection & Prevention of crime.

Where there is evidence a criminal offence has taken place, or a crime may be about to be committed, contact the Police immediately (dial 999)

## 16.6 Record & Preserve evidence.

As soon as possible on the same day, use the Incident Record Form ( Appendix 2) to make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

### Recording - Good Practice Guide

The report will need to include:

- when the disclosure was made, or when you were told about/witnessed this incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, person's own words, keeping it factual and not interpreting what you saw or were told,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible,
- make sure the written report is legible and of a photocopyable quality,
- make sure you have printed your name on the report and that it is signed and dated,
- keep the report/s confidential, storing them in a safe and secure place until it will be needed.

## 16.7 Preserving Physical Evidence

In cases of physical or sexual abuse, **contact the Police immediately**. Ask their advice about what to do to preserve physical evidence.

### Good Practice Guide

- Where possible leave things as and where they are. If anything has to be handled, keep this to an absolute minimum;
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood etc.;
- Preserve the clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g. a blanket;
- Note in writing the state of the clothing of both the victim and alleged perpetrator. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;

- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

In addition, in cases of sexual assault -

- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the alleged perpetrator. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or alleged perpetrator can cross contaminate evidence.

## 16.8 Taking management action to respond to the concern

The Chief Operating Officer will decide on the most appropriate course of action without delay following a report of an adult safeguarding concern.

Simon Adams, Chief Operating Officer, Healthwatch Worcestershire,  
Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT (Tel: 01386 550264)

This should include-

- Check & review actions already taken and decisions made.
- If not already done so-
  - Make an evaluation of the risk to the adult.
  - Wherever it is safe, speak to (or decide who is the best placed person to speak to) the adult to gain their views about the concern and what they would like to happen next,
  - Take reasonable and practical steps to safeguard the adult.
  - Consider referring to the police if the suspected abuse is a crime.
  - If the matter is to be referred to the police, discuss risk management and any potential forensic considerations with the police.
  - Arrange any necessary emergency medical treatment. Note that offences of a sexual nature will require expert advice from the police.
  - If the person alleged to have caused the harm is also an adult with care & support needs, arrange for a member of staff to attend to their needs.
- Make sure that other people are not at risk.
- Report to Adult Social Care - using the professional pathway for reporting safeguarding concerns that meet the criteria for S42 Enquiry (see Appendix 3). This should be done as soon as possible, and in all circumstances on the same day as the concern is recognised
- Consider and take required actions under employment vetting schemes e.g. the DBS scheme.
- Make a RIDDOR report if the incident falls under the criteria for a reportable accident, dangerous occurrence or case of disease under the RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. (See [www.riddor.gov.uk](http://www.riddor.gov.uk)).
- Take action in line with the organisation's disciplinary procedures, as appropriate, if a member of staff is alleged to have caused harm.

- Ensure that records are made of any concerns, and that decisions are clearly recorded with the rationale for the decisions explained.

In the absence of the COO contact Vice Chair of Healthwatch (Jo Ringshall - 01386 550264) or the lead Director for Safeguarding (John Taylor 01386 550264) who will be responsible for the completion of the above actions

#### **17. Support for Directors, Staff and Volunteers**

Directors, staff and volunteers who are reporting or are in a situation of abuse, should be supported by their line manager, risk assessments undertaken and confidential counselling and support offered where appropriate.

#### **18. Further Sources of Information and Advice**

Please see Appendix 3 for Adult Social Care Reporting Pathway. This can be used if further support is required in respect of Adult Safeguarding.

If urgent support is required telephone the Worcestershire County Council Access Centre on 01905 768053

See also: [WCC website](#)

#### **19. Review of this policy**

There is a need to review documents regularly to ensure that they are up-to-date, suitable and still reflect best practice. The Safeguarding Adults Policy is a key document and will be recorded on the HWW Master Document Register (detailing when it was last revised and when it's due for review) and will be reviewed as part of the Internal Audit and Management Review.

#### **20. Arrangements for the dissemination of policy and assurance processes**

All volunteers will receive a copy of "Safeguarding is Everyone's Business" (Appendix 1)

This policy will be disseminated to all staff.

The COO shall make the team aware of any policies that have been revised and circulate accordingly.

The policy will be made available on WCC website

## **Appendix 1**

### **SAFEGUARDING IS EVERYONE'S BUSINESS – INFORMATION FOR VOLUNTEERS**

#### **1. WHAT IS SAFEGUARDING?**

Safeguarding means protecting children and young people and adults with care and support needs right to live in safety, free from abuse and neglect.

##### **Safeguarding Children**

Safeguarding applies to children and young people up to 18 years of age or up to 25 years of age for young people with disabilities and complex needs, or who are Looked After by the Local Authority

##### **Safeguarding Adults with Care and Support Needs**

Adult safeguarding applies when an:

1. Adult has need for care and support (this may be because they are disabled or ill or older, and may need extra help to manage their lives and be independent)
2. Is experiencing, or is at risk of, abuse or neglect; and
3. As a result of their care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it

Sometimes an adult may choose to live in a situation that we think is dangerous or unsuitable. For adults safeguarding means balancing people's rights to freedom of choice with the risk they are facing.

Whilst Healthwatch Worcestershire does not provide direct services to vulnerable adults and children we may, through the course of our work, see situations which raise concerns that a child or adult is at risk of, or is being abused. It is also possible that a child or adult may tell you (disclose) that they are being abused.

This leaflet sets out what you, as a Healthwatch Worcestershire Volunteer, should do in these situations

#### **2. WHAT IS ABUSE?**

**Abuse can take many forms, but is any mistreatment which results in harm. It includes neglect, where a person fails to take action needed to keep another person safe and well.**

Abuse may be a **single act or repeated acts**. It may be:

- **Physical** – e.g. hitting, shaking, kicking or pinching, misuse of medication or inappropriate physical sanctions
- **Emotional or psychological** – e.g. threatening, humiliating, bullying, swearing, frightening, constantly criticising or blaming - resulting in mental or physical distress
- **Sexual** – direct or indirect involvement in sexual activity without consent. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong
- **Child sexual exploitation** is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults.

- **Neglect and failing to act** – a person’s physical, psychological and emotional needs are ignored or so poorly met that it is likely to cause damage to their health and/or development. In the case of adults with care and support needs this includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or withholding of the necessities of life, such as medication, adequate nutrition and heating.

For adults abuse may also include:

- **Domestic violence** - including psychological, physical, sexual, financial or emotional abuse; so called ‘honour’ based violence.
- **Financial or material abuse** - including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude.
- **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 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.
- **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.

This list is not exhaustive.

**ABUSE CAN TAKE PLACE ANYWHERE, AND BY ANYONE. IT IS NEVER ACCEPTABLE.**

### **3. HOW CAN YOU FIND OUT MORE ABOUT SAFEGUARDING?**

Healthwatch Worcestershire will provide training to volunteers on Safeguarding as part of the Volunteer Induction training.

This document is a part of Healthwatch Worcestershire’s:

- Safeguarding children policy and procedure
- Safeguarding adults policy and procedure

These policies provide a lot more detail about Healthwatch Worcestershire’s approach to Safeguarding.

The documents can be found on our website, or as hard copy at our Office, Pershore Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT

#### **4. WHAT SHOULD YOU DO IF YOU THINK THAT A CHILD OR VULNERABLE ADULT IS AT RISK OF, OR IS BEING, ABUSED?**

It **IS NOT** your responsibility to personally investigate suspected or actual abuse.

**IT IS YOUR RESPONSIBILITY** to report suspected or actual abuse following the procedure below:

**If a crime is being committed or may have been committed, or a person is at immediate risk of danger or harm contact the police immediately (999). If immediate medical assistance is required call 999  
Inform the Chief Operating Officer (COO) as soon as possible (01386 550264)**



**If a member of Healthwatch Staff or a Healthwatch Director is present:  
Inform them of your concern** – You can discuss your concerns, and will be asked to complete an Incident Record Form (attached)  
They will take responsibility for any further reporting or action.



**In all other instances:  
Inform the Chief Operating Officer as soon as possible (01386 550264)**  
You can discuss your concerns and will be asked to complete, with the COO, an Incident Record Form.  
The COO will take responsibility for any further reporting or action required.

#### **5. WHAT SHOULD YOU DO IF SOMEONE TELLS YOU (DISCLOSES) THAT THEY ARE BEING ABUSED?**

If someone tells you that they are being abused you should:

- Reassure them, tell them that they are right to tell you [do not promise to keep it a secret as it is your responsibility to inform others].
- Accept what you have been told - ask open questions to obtain basic facts but don't "interview" the person. Record as much information as possible in the persons own words
- Tell the person that you will have to pass the information on, but you will only tell people who need to know so that they can help.
- In the case of an adult, consent to passing information on should be sought. Any decision made to report a safeguarding concern without consent must be made in the person's best interest and be a proportionate

response. The COO will be responsible for further discussion with the adult involved and about any other action that may be taken.

- Ensure the person is safe - dial 999 if necessary, otherwise contact the COO
- Do not approach or contact the alleged abuser[s].
- Follow the reporting process above
- Complete the Incident Record Form as soon as possible after the event detailing what you and the person discussed.

## **6. WHAT SHOULD YOU DO IF YOU THINK THAT A HEALTHWATCH WORCESTERSHIRE DIRECTOR, MEMBER OF STAFF OR VOLUNTEER MAY BE ABUSING OTHERS?**

All staff and volunteers have a duty to raise concerns, where they exist, about the attitude or actions of colleagues. Concerns about the behaviour of a Director /staff/volunteer must be referred without delay to the **Chief Operating Officer (01386 550264)**, who will investigate and take appropriate action.

If your concern is about the Chief Operating Officer it should be reported to the Vice Chair of the Healthwatch Board (currently Jo Ringshall 01386 550264)

## **7. CONFIDENTIALITY**

Please remember to maintain confidentiality on a “need to know” basis. This means that you do not discuss this incident with anyone other than as described in the reporting procedure above, or those who need to know (e.g. if the matter is referred to a child protection social worker).

Please take advice on this point from the Chief Operating Officer if you are uncertain.

## Appendix 2 - Incident Record Form - Adult

Your Name:
Your Position:
Adult with Care and Support Needs Name:
Adults Address:
Representative's name and address (if different from above)
Date and time of any incident or action prompting concerns;
Your observations:
What the adult or their representative said and what you said: <i>(Record actual details in the adult's own words where possible. Continue on separate sheet/s if necessary.)</i>
Action Taken so far: <b>Police or Emergency Services informed?</b> Yes / No

Time informed

Date informed

**Chief Operating Officer of Healthwatch Worcestershire informed:**

Yes / No

Time informed

Date informed

Has the Adult or their representative given consent to report the abuse or risk of abuse to Adult Social Care?

*NOTE - This section may be completed by the COO following further discussion with the adult or by the person reporting the abuse as appropriate*

Yes

No

**If No**

Please record why this incident is being reported without consent

Signature:

Print Name:

Date

Please remember to maintain confidentiality on a need to know basis - do not discuss this incident with anyone other than your manager or those who need to know. Please take advice on this point from you're the COO Tel: 01386 550264 if you are uncertain.

**Professional pathway for reporting safeguarding concerns that meet the criteria for S42 Enquiry**

