

Safeguarding Children and Vulnerable Adults Policy and Procedure



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Summary Table

Policy Title	Safeguarding Children and Vulnerable Adults Policy and Procedure		
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11/02/2019	V1	FINAL	CHDA Designated Safeguarding Lead	CHDA Designated Safeguarding Lead
03/01/2019	V0.2	Second draft (CGB comments)	CHDA Designated Safeguarding Lead	CHDA Designated Safeguarding Lead
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1 Purpose

- 1.1 It is acknowledged that significant numbers of children and vulnerable adults may be at risk of abuse and it is important that CHDA has a Safeguarding Children and Vulnerable Adults Policy along with a set of procedures.
- 1.2 This document contains the policy for safeguarding children and vulnerable adults in the Centre for Health and Disability Assessments (CHDA).
- 1.3 This document forms part of the Clinical Governance arrangements for CHDA and sets out the key principles of safeguarding children and vulnerable adults who come into contact with our service.

2 Scope

- 2.1 This policy applies to all employees working for or on behalf of CHDA.

3 Roles and Responsibilities

- 3.1 The key roles and responsibilities of CHDA are:
 - to ensure that an appropriate policy and procedure is in place
 - to ensure the business has a designated person responsible for safeguarding
 - to ensure our people are appropriately equipped to understand and identify potential safeguarding concerns
 - to provide appropriate training for all colleagues who will come into contact with our potentially vulnerable customers either by telephone or in person
- 3.2 The key roles and responsibilities of the CHDA [Designated Safeguarding Lead](#) are:
 - to ensure that all CHDA colleagues are aware of what they should do and who they should go to if they have concerns that a vulnerable person may be experiencing, is at risk of or has experienced abuse or neglect
 - to reinforce the utmost need for confidentiality and to ensure that everyone is adhering to good practice with regard to confidentiality and security. This is because it is around the time that a person starts to challenge abuse that the risks of the abuse increasing are greatest
 - to ensure that concerns are acted on, clearly recorded and referred on to the appropriate agency, where applicable
 - to support the Area Safeguarding Lead and offer guidance to colleagues
 - to produce and update the CHDA safeguarding policy and procedure
 - to promote the CHDA safeguarding policy and procedure across the business

- to monitor and analyse any trends on potential safeguarding concerns and subsequent safeguarding referrals and to report to the Clinical Governance Board and the Senior Management Team

3.3 The key roles and responsibilities of the [Area Safeguarding Lead](#) are:

- to be an initial point of contact when a potential safeguarding concern is identified
- to fully discuss the concern with the person raising it
- to reach an agreement with the person raising the concern on whether this needs escalated to the CHDA Designated Safeguarding Lead, whether the UE1 process is more appropriate or whether no action is required
- to escalate concerns that may require referral to an outside agency to the CHDA Designated Safeguarding Lead for further discussion
- to refer to the appropriate outside agency when required and following discussion with the CHDA Designated Safeguarding Lead
- to adhere to the CHDA safeguarding policy and procedure

3.4 The key roles and responsibilities of all CHDA colleagues are:

- to be aware of potential safeguarding issues they may come into contact with
- to understand their role in escalating any concerns they may identify
- to comply with any training and updates provided
- to adhere to the CHDA safeguarding policy and procedure
- to understand the need for confidentiality and the importance of gaining consent when they escalate concerns
- to understand that there may be some concerns which need escalated without consent if deemed to be in the best interests of the person

4 The Policy

4.1 Introduction

This document outlines the way in which CHDA will comply with its duties to identify and escalate safeguarding concerns.

The aim is to ensure that CHDA colleagues are suitably equipped to do this.

4.2 Definitions

- **Safeguarding**

“Adult safeguarding means protecting a person’s right to live in safety, free from abuse and neglect.” *Adult Safeguarding Network, NHS England 2017*

- **Vulnerable Adult**

“A person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or able to protect him or herself against significant harm or exploitation.” *No Secrets, Department of Health Guidance, 2000*

- **Child (in child protection guidance)**

“England, Wales, Northern Ireland and Scotland each have their own guidance setting out the duties and responsibilities of organizations to keep children safe, but they agree that **a child is anyone who has not yet reached their 18th birthday** .” *NSPCC Safeguarding Information Service, August 2008*

4.3 Designated Safeguarding Lead and Area Safeguarding Lead

Designated Safeguarding Lead

The designated person who is responsible for dealing with any safeguarding concerns is the CHDA Designated Safeguarding Lead. In their absence, a deputy will be available for colleagues with whom they can consult. In addition to this each area will also have an appointed Area Safeguarding Lead who will be the initial point of contact when a safeguarding concern is identified.

The Designated Safeguarding Lead for CHDA is the Professional Standards Lead. They should be contacted for support and advice on implementing this policy and procedures.

Area Safeguarding Lead

Each area will have an Area Safeguarding Lead (ASL) who will work closely with the CHDA Designated Safeguarding Lead. The Area Quality Assurance Lead (AQAL) will act as the ASL for their area. If the ASL is not available then another ASL from within the region should be contacted. In the unlikely occurrence there are no ASLs within the regional available then the CHDA Designated Safeguarding Lead should be contacted.

4.4 Safeguarding Children and Vulnerable Adults Policy Statement

This policy will enable the Centre for Health and Disability Assessments (CHDA) to demonstrate its commitment to keeping safe the vulnerable people with whom it comes into contact. CHDA acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse.

For the avoidance of doubt, CHDA does not carry out any ‘regulated activity’ as defined by the Safeguarding Vulnerable Groups Act 2006 (or any other legislation)

Nevertheless, CHDA considers that it is important to have a policy and procedure in place so that all colleagues who work for or on behalf of CHDA feel able to identify potential safeguarding concerns and know how to escalate this appropriately.

This Policy has been drawn up in order to enable CHDA to:

- promote good practice and work in a way that can help prevent harm, abuse and coercion occurring,
- ensure that any allegations or suspicions of abuse are escalated appropriately, and
- to stop that abuse occurring.

This Policy relates to the safeguarding of children and vulnerable adults.

It should be acknowledged that CHDA primarily deal with adults however there may be some occasions where a safeguarding concern is identified for a child or someone under the age of 18 with whom we come into contact directly or indirectly or who may be living with someone who we consider to be vulnerable or potentially a risk to others. It should be assumed that the information within this policy is intended to reflect any safeguarding concern for someone who is vulnerable or at risk and covers both adults and children.

4.5 Implementation

In order to implement the policy CHDA will work:

- to promote the freedom and dignity of the person who has or is experiencing abuse
- to support the rights of all people to live free from abuse and coercion
- to promote the safety and well being of people who do not have the capacity to decide how they want to respond to abuse that they are experiencing
- to manage the business in a way which promotes safety and prevents abuse
- to recruit people safely, ensuring all necessary checks are made
- to provide effective management for colleagues through supervision, support and training

To ensure the policy and procedure is adhered to, CHDA:

- will ensure that all colleagues working for or on behalf of CHDA are familiar with this policy and safeguarding procedures
- will ensure that all colleagues working for or on behalf of CHDA who come into contact with our customers are trained to an appropriate level for their role
- will make a referral to appropriate people when required and will work with other agencies to support the safety and wellbeing of our customers and our people

- will act in line with relevant information and clinical governance policies and standards and will, for example seek to gain permission from a customer before sharing information about them with another agency
- will support our people to raise concerns appropriately and within the agreed timescale where a person is in danger, a child is at risk or a crime has been committed when a decision may be taken to pass information to another agency without the customer's consent
- will endeavour to keep up to date with national developments relating to preventing abuse and the welfare of children and vulnerable adults

4.6 Procedure

These procedures have been designed to ensure the welfare and protection of any person who may come into contact with CHDA, either directly or indirectly. The procedures recognise that any form of abuse or neglect can be a difficult subject for people to deal with however the business is committed to the belief that the protection from harm and abuse is everybody's responsibility and the aim of these procedures is to ensure that all colleagues working for or on behalf of CHDA act appropriately in response to any concern around possible safeguarding issues

4.6.1 Preventing abuse

For the avoidance of doubt, CHDA does not carry out any 'regulated activity as defined by the Safeguarding Vulnerable Groups Act 2006 (or any other legislation). Nevertheless CHDA is committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place within the services it offers and that all those involved within CHDA will be treated with respect. CHDA is committed to safer recruitment policies and practices for our staff and already engages in HMG Baseline Personnel Security Standard (or BPSS) for all prospective employees.

4.6.2 Recognising the signs and symptoms of abuse

CHDA is committed to ensuring that all colleagues working for or on behalf of the business undertake training to gain a basic awareness of signs and symptoms of abuse. CHDA will ensure that the Designated Safeguarding Lead, Area Safeguarding Leads and other colleagues who come into contact with our customers have access to the appropriate level of training around safeguarding children and vulnerable adults for their role.

What is abuse

"Abuse is a violation of an individual's human and civil rights by any other person or persons" No Secrets: Department of Health, 2000

Abuse includes:

- physical abuse: including hitting, slapping, punching, burning, misuse of medication, inappropriate restraint, weight loss or gain
- sexual abuse: including rape, indecent assault, inappropriate touching, exposure to pornographic material
- psychological or emotional abuse: including belittling, name calling, threats of harm, intimidation, isolation
- financial or material abuse: including stealing, selling assets, fraud, misuse or misappropriation of property, possessions or benefits
- neglect and acts of omission: including withholding the necessities of life such as medication, food or warmth, ignoring medical or physical care needs
- discriminatory abuse: including racist, homophobic, sexist, abuse based on a person's disability and other forms of harassment, slurs or similar treatment
- institutional or organisational: including regimented routines and cultures, unsafe practices, lack of person-centred care or treatment. This also includes observed lack of dignity and respect in the care setting, rigid routine, processes/tasks organised to meet staff needs, disrespectful language and attitudes
- modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation.
- abuse may be carried out deliberately or unknowingly and may be a single act or repeated acts.
- domestic violence: including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence. Domestic violence and self-harm need to be considered as possible indicators of abuse and /or contributory factors.
- self-neglect: covers a wide range of behaviour including neglecting to care for an individuals personal hygiene, health or surroundings.
- People who behave abusively can come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.

4.6.3 Responding to people who have experienced or are experiencing abuse

CHDA considers it important to act on reports, or suspicions of abuse or neglect. It also acknowledges that taking action in cases of abuse is never easy which is why all colleagues will have access to a senior clinician for support and guidance.

How to respond if you suspect abuse:

- Listen to what the person is saying
- Reassure the person concerned
- Remain calm and do not show shock or disbelief
- Tell them that the information will be treated seriously
- Don't ask detailed or probing questions
- Don't promise to keep it a secret
- Record and escalate what you have been told/witnessed as soon as possible

If you witness abuse or abuse has just taken place the priorities will be:

- To ensure the safety of the individual
- To call an ambulance if required
- To call the police if a crime has been committed
- To keep yourself, your colleagues and customers safe
- To inform the Safeguarding Lead in your organisation

All situations of abuse or suspected abuse will be discussed with the Area Safeguarding Lead who will then discuss with the Designated Safeguarding Lead. The person identifying the concern should also notify their line manager and keep them updated.

If it is appropriate and there is consent from the individual, or there is a good reason to make a referral without consent, such as risk to others, a referral will be made to the appropriate parties by the Area Safeguarding Lead

If the individual experiencing abuse does not have capacity to consent a referral can be made without that person's consent, in their best interests. Any considerations for referral without consent must be fully discussed with the Designated Safeguarding Lead who will escalate and discuss further with appropriate colleagues, for example, the Data Protection Officer or members of the Senior Management Team.

4.6.4 Escalation of concerns

When a safeguarding issue is disclosed or suspected, the person who has identified it will have to escalate this appropriately. This will involve discussing the case with the Area Safeguarding Lead (ASL) in the first instance to determine if a safeguarding referral may be required or if the current UE1 process is appropriate.

The safeguarding policy and procedure is not intended to replace the current UE1 process.

If it is deemed at this stage that a safeguarding referral may be required then the person who has identified the concern will complete an SG1 form (as set out in [Appendix 2](#)) and pass this on to the ASL who will then escalate to the CHDA Designated Safeguarding Lead.

The information on the SG1 should be factual and not based on opinions and record what the person tells you, what you have seen and witnessed where appropriate

The referral itself will be made to the appropriate local authority by the Area Safeguarding Lead following discussion with the CHDA Designated Safeguarding Lead. In those cases the Area Safeguarding Lead will liaise with the CHDA Designated Safeguarding Lead and the person who has raised the concern to ensure all the relevant information is available for the referral.

Any potential safeguarding referrals will be logged with the Customer Relations Team, in the same way Significant Events are recorded. A separate log will be kept which records when the Safeguarding Lead has then referred on to the appropriate local authority.

A flowchart of this process can be found in [Appendix 1](#)

4.6.5 Recording and managing confidential information

CHDA is committed to maintaining confidentiality wherever possible and information around safeguarding children and vulnerable adults should be shared only with those who need to know.

The information that is recorded will comply with data protection requirements, for example it will be kept secure and access to this information will be restricted to the Safeguarding Lead, their deputy and the Customer Relations Team.

4.6.6 Disseminating/Reviewing policy and procedures

This Safeguarding Children and Vulnerable Adults Policy and Procedure will be clearly communicated to all colleagues working for or on behalf of CHDA. The CHDA Designated Safeguarding Lead will be responsible for ensuring that this is done.

The Safeguarding Children and Vulnerable Adults Policy and Procedures will be reviewed annually by the CHDA Designated Safeguarding Lead, who will also ensure that any changes are clearly communicated to all the relevant parties

4.6.7 Managing allegations against a member of staff

CHDA will ensure that any allegations made against members or member of staff will be dealt with swiftly.

Where a member of staff is thought to have committed a criminal offence the police will be informed. If a crime has been witnessed the police should be contacted immediately.

The safety of the individual(s) concerned is paramount. A risk assessment must be undertaken immediately to assess the level of risk to all customers and staff posed by the alleged perpetrator. This will include whether it is safe for them to continue in their role with CHDA whilst the investigation is undertaken.

The CHDA Designated Safeguarding Lead will liaise with internal and external stakeholders to discuss the best course of action and to ensure that the CHDA disciplinary procedures are coordinated with any other enquiries taking place as part of the ongoing management of the allegation.

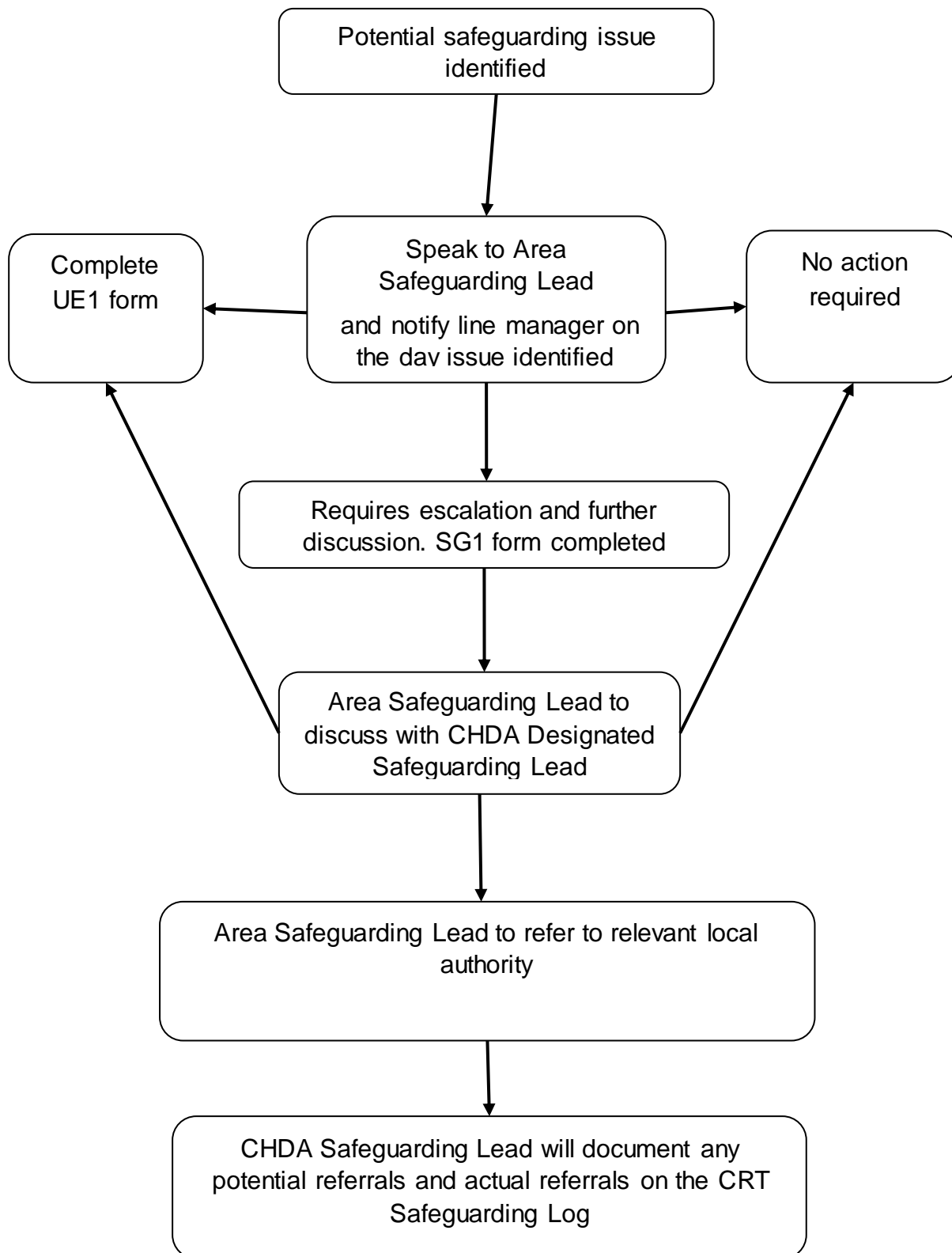
CHDA has a whistle blowing policy and colleagues should be aware of this policy and will be supported.

5 Resources and Associated Documents

This policy should be read in conjunction with the following CHDA policies:

- Equal Rights and Diversity
- Complaints
- Whistle Blowing
- Confidentiality
- Disciplinary and Grievance
- Data Protection
- Recruitment and Selection
- Any other CHDA and MAXIMUS policies which are relevant

Appendix 1: Safeguarding Flowchart



Appendix 2: Safeguarding Referral Form (SG1)

This form should be completed following a discussion with your Area Safeguarding Lead, when it has been agreed that your concerns need to be escalated to the CHDA Designated Safeguarding Lead for possible referral to the appropriate local authority

Date and time	
Person identifying the concern (Name and Role)	
BSC/AC/VCC	

Customer details (Name and NINO)

Was the issue identified during a face to face interaction/a telephone call or in an ESA/UC50

Details around what was disclosed that has given cause for concern

Please provide details of the discussion with the Area Safeguarding Lead

Appendix 3: Sources

www.nspcc.org.uk

www.keepingchildrensafe.org.uk

Safeguarding children and young people – Royal College of Nursing (RCN)

No Secrets, Department of Health Guidance, 2000

Adult Safeguarding Network, NHS England

Children Act (1989)

Joint Chief Inspectors Report on Arrangements to Safeguard Children (2002)

Safeguarding of Vulnerable Groups Act 2006

Protection of Freedoms Act 2012

The Care Act 2014

The Mental Capacity Act 2005

The guidance specifically for health care practitioners working for CHDA is based on guidance issued from the governing bodies including:

Raising and Escalating Concerns – Nursing and Midwifery Council, NMC

(www.nmc-uk.org)

Raising and Escalating Concerns – Health and Care Professions Council, HCPC

(www.hcpc-uk.org)

Adult Safeguarding and Protecting Children and Young People – General Medical Council, GMC

(www.gmc-uk.org)