

# Healthwatch Cambridgeshire and Peterborough Safeguarding Adults Policy

## Purpose

1. This report seeks Board approval for the revised Safeguarding Adults Policy for Healthwatch Cambridgeshire and Peterborough.

## Key issues

2. This policy, attached as a separate document, has been revised in light of the Care Act 2014. This legislation changes the focus of safeguarding from 'vulnerable adults' to 'adults with care and support needs'.
3. Contacts and sources of further information have been updated to reflect the area covered by the new Healthwatch and the closer working of the two Local Authorities.

## Action required by the Board

4. The Board is asked to:
  - Approve the Healthwatch Cambridgeshire and Peterborough Safeguarding Adults Policy.

## Author

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15<sup>th</sup> November 2017

# Healthwatch Cambridgeshire and Peterborough

## Safeguarding Adults Policy

### 1. PURPOSE OF THIS DOCUMENT

The purpose of this policy is to ensure that Healthwatch Cambridgeshire and Peterborough works in such a way that safeguards the wellbeing of adults and protects them from abuse and neglect.

### 2. WHAT IS SAFEGUARDING ADULTS?

The Care Act 2014 defines safeguarding as *protecting an adult's right to live in safety, free from abuse and neglect.*

Safeguarding adult duties apply to an adult who;

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of abuse and neglect
- as a result of their care and support needs, is unable to protect themselves from the risk or experience of abuse and neglect

Safeguarding involves 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. Safeguarding adults aims to:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- support adults 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 public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to

abuse and neglect

- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect.

### 3. HEALTHWATCH COMMITMENT

Healthwatch Cambridgeshire and Peterborough will:

- Ensure that the welfare of adults at risk is given the highest priority by the organisation, its Board of Directors, employees and volunteers
- Promote good practice and ensure that employees and volunteers are able to work with adults at risk with confidence
- Ensure that this Practice Guidance and Procedures is enacted and monitored including the briefing, training and gathering feedback from employees and volunteers
- Monitor contact with adults at risk to ensure that the frequency and intensity of contact is consistent with the DBS threshold levels, for employees and volunteers.
- Ensure that the concerns of adults at risk are heard and acted upon
- Act responsibly in reporting incidents or concerns to appropriate authorities
- Attend appropriate training relevant to the level of engagement with adults at risk to ensure all employees/volunteers remain up to date with current practice and legislation
- Ensure employees and volunteers have access to further appropriate information

The Healthwatch Cambridgeshire and Peterborough CEO is the safeguarding champion.

### 4. KEY PRINCIPLES

Six key principles that underpin all safeguarding adults work:

**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.”*

## 5. IDENTIFYING ABUSE AND NEGLECT

There are many forms of abuse and neglect, and instances can be one-off or multiple and affect one person or more. The list below is not exhaustive, but seeks to illustrate the sort of behaviour that could give rise to a safeguarding concern:

- **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 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, 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.

## 6. SPOTTING SIGNS OF ABUSE AND NEGLECT

Healthwatch Cambridgeshire and Peterborough is committed to ensuring that Directors, staff and volunteers are sufficiently vigilant about safeguarding adult concerns. This will include;

- knowing about different types of abuse and neglect, and their signs
- knowing who to tell about suspected abuse or neglect
- supporting adults to make informed decisions when exercising choice and control

## 7. REPORTING AND RESPONDING TO ABUSE AND NEGLECT

Anyone who suspects that an adult may be at risk of abuse or is being abused must report their concern immediately. People have the right to expect that information shared with a member of staff should be treated as confidential. However, it should be made clear that

where the staff member has a reason to be concerned for a person's safety they **must** share the information with someone who is in a position to take action or responsibility.

Any disclosure or suspicion of abuse should be reported to the staff member's / volunteer's line manager as soon as possible. Where the perpetrator is a member of staff or volunteer Healthwatch Cambridgeshire and Peterborough will invoke their Disciplinary and Whistleblowing Codes alongside this procedure.

If a disclosure of abuse is made by a service user, care should be taken to explain to them the procedure that will be followed and they should be told that it may not be possible for Healthwatch Cambridgeshire and Peterborough to maintain confidentiality.

The line manager is responsible for ensuring that details of the concern and reporting are recorded and kept securely. The Healthwatch Cambridgeshire and Peterborough Information Manager will support staff with recording and give advice regarding consent and confidentiality as required.

## **8. CONSENT AND THE SHARING OF INFORMATION**

### **8.1 Consent**

Many of the Data Protection issues surrounding the disclosure of information can be avoided if the informed consent of the individual has been sought and obtained. Consent must be freely given after the alternatives and consequences are made clear to the person from whom permission is being sought.

If the data is classified as sensitive data, the consent must be explicit. In this case, the specific detail of the processing should be explained, the particular types of data to be processed, the purposes of the processing and any specific aspects of the processing which may affect the individual disclosures.

### **8.2 Where an overriding public interest exists**

If informed consent has not been sought or sought and withheld, the agency must consider if there is an overriding public interest of justification for the disclosure being made to a third party.

In making this decision and compliant with the Human Rights Act, the following questions may be considered:

- Is the disclosure necessary for the prevention or detection of crime, to protect public safety or to protect the rights and freedoms of others?
- Is the disclosure necessary for the protection of young or vulnerable people?
- What risk to others is posed by this individual (alleged offender)?
- What will be the impact of the disclosure on the offender?
- Is the disclosure proportionate to the intended aim?
- Is there an equally effective but less intrusive alternative means of achieving that aim?

Having due regard to the seriousness of the abuse and the potential risk to others, disclosure in such circumstances would be justified. It is important that it is made clear to the alleged victim and their relatives (if appropriate) that in these cases there is a necessity for the police and/or agency to investigate due to the possible risk to other adults.

### **8.3 Confidentiality**

Whether or not planning a response to an adult safeguarding concern is through informal consultations or a formal meeting you are likely to be sharing information that would normally be considered confidential.

Each agency holds information, which in the normal course of events, is regarded as confidential and will have their own safeguards and procedures for sharing this with other related agencies. Some information will be subject to the Data Protection Act 1998.

An adult safeguarding concern provides sufficient grounds to warrant sharing information on a “need to know” basis and/or “in the public interest” and unnecessary delays in sharing that information should be avoided. Whenever possible the person must be consulted about information being shared on their behalf. Often consent has been given through the usual assessment process.

There will be a need to share information with other agencies for example Health, Advocacy and the Police, and generally permission would be asked before doing so.

However, in exceptional circumstances e.g. if it is considered someone is at serious risk of abuse then information may be disclosed without consent. Where they have capacity and they are not being pressured or intimidated their agreement should be sought and their refusal respected.

If other adults are at risk the “public interest” principle may override their decision.

The principles governing the sharing of information include:

- confidentiality must not be confused with secrecy
- information will only be shared on a 'need to know basis' when it is in the best interests of the service user(s)
- informed consent should be obtained but if it is not possible and other adults are at risk, it may be necessary to override the requirement
- it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk

## 9. WHISTLEBLOWING

All staff/volunteers and others with serious concerns about any aspect of their work are encouraged to come forward and voice those concerns. The Whistleblowing Policy has been designed to assist, encourage and enable employees to make serious concerns known within the within the organisation.

Furthermore, in respect of issues concerning adult abuse if any employee suspects fraud, corruption or other malpractice then they must report their concerns to the Healthwatch Cambridgeshire and Peterborough CEO. If it would be inappropriate to report to the CEO, or the employee is nervous or worried about doing so, then they should contact the Healthwatch Cambridgeshire and Peterborough Chair.

Whistleblowers should know how to access support and to protect their own interests. Even if they decide that they wish to make an anonymous report, the information they provide will be taken into account and treated seriously. Further support can be found at Public Concern at Work - on their website or call for confidential whistleblowing advice - 020 7404 6609. For staff working within the NHS or Social Care Sector, call 08000 724 725.

All requests for anonymity by the referrer will be fully respected. It cannot however be guaranteed, especially if the referrer's information becomes an essential element in any subsequent legal proceedings.

In addition, the Data Protection Act 1998 removes the blanket confidentiality of third party information.

Staff who do not report concerns about the possible abuse of a vulnerable adult in accordance with the multi-agency practice guidance and procedures, could be disciplined for not doing so, or for colluding with the abuse.

For the purposes of the practice guidance and procedures “staff” includes volunteers as well as employees of agencies.

Refer to the Healthwatch Cambridgeshire and Peterborough Whistleblowing Policy for further information.

Whistleblowers should know how to access support and to protect their own interests. Even if they decide that they wish to make an anonymous report, the information they provide will be taken into account and treated seriously.

## 10. REPORTING TO CQC

Concerns regarding quality of care may be escalated to the Local Care Quality Commission Team Manager by the Healthwatch Cambridgeshire and Peterborough’s Adult Safeguarding Lead.

## 11. ESCALATING TO HEALTHWATCH ENGLAND

If the safeguarding issue is not resolved to Healthwatch Cambridgeshire and Peterborough’s satisfaction Healthwatch Cambridgeshire and Peterborough’s Adult Safeguarding Lead will escalate to Healthwatch England using the process set out on the Healthwatch Cambridgeshire and Peterborough Escalation Policy.

## 12. FURTHER INFORMATION

- Cambridgeshire County Council: Adult Safeguarding and Mental Capacity  
<https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/how-we-work/adult-safeguarding-and-mental-capacity/>
- Peterborough City Council: Recognising Abuse  
<https://www.peterborough.gov.uk/healthcare/safeguarding/safeguarding-adults/recognising-abuse/>

**Cambridgeshire and Peterborough Multi-Agency Safeguarding Hub (MASH)  
can be contacted via Customer Services**

**During office hours:**

Monday to Friday (8am to 6pm)

Saturday (9am to 1pm)

**Peterborough City Council**

Adult Social Care MASH - 01733 864038 Option 1

Email: [adultsocialcare@peterborough.gcsx.gov.uk](mailto:adultsocialcare@peterborough.gcsx.gov.uk)

**Cambridgeshire County Council**

Telephone: 0345 045 5202

Email: [referral.centre-adults@cambridgeshire.gov.uk](mailto:referral.centre-adults@cambridgeshire.gov.uk)

If someone is in danger and unable to protect themselves or cannot remain in the community without immediate intervention, telephone the Emergency Duty Team on 01733 234 724. Or ring 999 if a person is in immediate danger.

**Approved by Healthwatch Cambridgeshire and Peterborough Board of Directors**

Date: 15 November 2017

**Next Review**

Date: November 2018

**Responsible Officer**

Chief Executive Officer of Healthwatch Cambridgeshire and Peterborough