

Safeguarding Policy

April 2022

Background

Healthwatch Cornwall (HC) places the highest importance on safeguarding. The safety and well-being of all individuals is paramount in all our activities.

Furthermore, we recognise that staff and volunteers have an important role to play in safeguarding, in particular, the welfare of children, young people and adults at risk, and preventing their abuse.

This policy sets out a framework for our safeguarding arrangements.

It takes into account, among others, the following publications:

- 'Working Together to Safeguard Children' (DFE 2018)
- Cornwall Council Safeguarding Policy 2017
- Alerter's Guide. A guide to identifying and reporting the abuse of vulnerable adults in Cornwall and the Isles of Scilly
- Southwest Safeguarding and Child Protection Procedures. Southwest Safeguarding and Child Protection Group. (www.swcpp.org.uk)
- Disability Cornwall Confidentiality policy
- Care and Support Statutory Guidance updated January 2022
- Children's Act 1989
- The Care Act 2014
- The Mental Capacity Act 2005
- The Human Rights Act 1998

Purpose

To ensure that HC discharges its duties and commitments in respect of safeguarding fully and effectively and in accordance with statutory guidance.

Scope

Children and young people under the age of 18.

Adults covered by safeguarding procedures.



Not all adults are covered by safeguarding procedures. The safeguarding duties apply to an adult who:

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

(Statutory Guidance Care Act)

In these cases, local services must work together to spot those at risk and take steps to protect them.

The level of needs is not relevant, and the adult does not need to have eligible needs for care and support, or be receiving any particular service from the local authority in order for the safeguarding duties to apply.

Responsibility

Board of Directors for ensuring:

- That HC has a safeguarding policy and procedures in place that are in accordance with statutory requirements and local authority guidance, are available on request and are reviewed annually.
- HC operates safe recruitment procedures in accordance with statutory requirements.
- HC has procedures for dealing with allegations of abuse against staff and volunteers that comply with the Local Safeguarding Children Board (LSCB) and Safeguarding Adults Board (SAB) guidance.
- That one of their number is nominated to take a lead on safeguarding matters.
- The Chair liaises with the Local Authority and/or partner agencies in the event of allegations of abuse being made against the CEO.
- That any deficiencies or weaknesses regarding safeguarding arrangements are remedied without delay.

CEO for:

- Overseeing the correct implementation of the policy and procedures and reviewing the effectiveness of them annually.
- Ensuring that appropriate safeguarding training is in place for all staff and volunteers, and is delivered in a timely fashion, in line with guidance.



- Taking the lead safeguarding role in all cases where allegations of abuse have been made against a member of staff or volunteers. (Chair of Board if allegations concern the CEO).

Safeguarding Officer for:

- Recording and passing on to external agencies, where appropriate, any disclosures received.
- Taking a lead role in liaising with the LSCB and the SAB.
- Receiving, recording and passing on to external agencies, where appropriate, disclosures concerning abuse, in accordance with HC procedures.

Staff and volunteers for:

- Attending safeguarding training as required, in accordance with guidelines (on induction and at least once every 3 years).
- Reporting to Safeguarding Officer any suspicion, allegation or disclosure of abuse to a child, young person or vulnerable adult.

Safer Recruitment and Selection

HC's recruitment policy and procedures ensure that all appropriate measures are applied in relation to everyone who works or volunteers for HC, and staff employed by external partners / contractors, including:

- Verifying identity and academic or vocational qualifications
- Obtaining professional and character references and checking previous employment history
- Where relevant obtaining a DBS disclosure for all new appointments to the workforce and volunteer roles including Enter and View.
- Applying additional checks to all new employees who are not UK nationals
- Keeping a single central record detailing the range of pre-employment checks carried out on staff.
- In the case of contractors' operating on HC premises, requiring them to agree to and abide by safeguarding conditions set out by HC.

Categories of Abuse

Children and Young People

Physical Abuse

This may involve hitting, shaking, throwing, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child / young person. Physical



harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child/young person.

Emotional Abuse

This is the persistent emotional ill-treatment of a child/young person such as to cause severe and persistent effects on the child/young person's emotional development. It may involve conveying to children/ young people that they are worthless or unloved, inadequate, or valued only so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectation being imposed on children/young people. These may include interactions which are beyond the child/young person's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child/young person from participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve bullying and causing children/young people to feel frightened or in danger, or the exploitation or corruption of children/young people. Some level of emotional abuse is involved in all types of ill-treatment of a child/young person, though it may occur alone.

Sexual Abuse

This involves forcing or enticing a child/young person to take part in sexual activities, including prostitution whether or not the child/young person is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape) or non-penetrative acts. They may include non-contact activities, such as involving children/young people in looking at, or in the production of, pornographic materials or watching sexual activities, or encouraging children/young people to behave in sexually inappropriate ways.

Neglect

This is the persistent failure to meet the child/young person's basic physical and/ or psychological needs, likely to result in the serious impairment of the child/young person'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 and clothing, shelter including exclusion from home or abandonment, failure to protect a child/young person from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate caretakers or failure to ensure access to appropriate medical care or



treatment. It may also include neglect of, or unresponsiveness to, a child/young person's basic emotional needs.

Self Neglect/Harm

This is not a direct form of abuse but staff need to be aware of it in the general context of risk assessment/risk management and to be aware that they may owe a duty of care to a child/young person who places her/himself at risk in this way.

Adults at Risk

Physical Abuse

This includes hitting, slapping, pushing, kicking, rough handling or unnecessary physical force either deliberate or unintentional, misuse of medication, restraint or inappropriate sanctions.

Sexual Abuse

This includes rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent to, or was pressured into consenting.

Sexual abuse can occur between people of the same sex and it can also occur within a marriage or any long-term relationship. A relationship of trust and a duty of care should exist between a member of staff or a volunteer and the person for whom they are caring, it would be seen as a betrayal of trust, and therefore abusive, for that member of staff or volunteer to have a sexual relationship with the person they are caring for.

Psychological Abuse

This includes emotional abuse, bullying and threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or Material Abuse

This includes theft, fraud, exploitation, pressure in connection with wills, property, enduring power of attorney, or inheritance or financial transactions, or the inappropriate use, misuse or misappropriation of property, possessions or benefits.



Neglect and Acts of Omission

This includes ignoring or withholding medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, clothing and heating.

Discriminatory Abuse

This includes racist, sexist, or other forms of abuse that are based on a person's disability and other forms of harassment, or similar treatment.

Organisational abuse

The mistreatment, abuse or neglect of a vulnerable adult by a regime or individuals

Domestic violence and abuse

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality.

Self Neglect/Harm

This is not a direct form of abuse but staff need to be aware of it in the general context of risk assessment/risk management and to be aware that they may owe a duty of care to a vulnerable individual who places her/himself at risk in this way.

Context

All complaints, allegations or suspicions of abuse must be taken seriously.

Absolute promises of confidentiality should not be given as the matter may develop in such a way that these might not be able to be honoured.

If the complaint/allegation comes directly from the child/young person/vulnerable adult, questions should be kept to the minimum necessary to understand what is being alleged. Leading questions must always be avoided.

Procedure

It is recognised that any member of staff or volunteer may come in contact with vulnerable service users who make a safeguarding disclosure or who exhibit a safeguarding 'cause for concern'. No member of staff or volunteer should take any



independent action themselves but must observe the protocol set out below, unless the individual is in crisis, in which case action should be taken to stabilise the situation in consultation with relevant managers.

Any suspicion, allegation or incident of abuse must be reported to the Safeguarding Officer or Board Safeguarding Lead CEO or Chair, as soon as possible, and within the same day. If you are unable to reach either party, please report your concern directly to Adult Care and Support or the Children's Multiagency referral unit using the numbers at the end of this document.

If the suspicion or allegation of abuse is against a member of staff, it must be reported to the CEO, as soon as possible. A suspicion against the CEO should be reported to the Chair.

A full record of any disclosure conversations must be made immediately after any conversations with the child/young person/vulnerable adult and must include, if known:

- The date and time of the alleged abuse
- The place where the alleged abuse happened
- The child/young person/vulnerable adult's name
- The name of the person making the disclosure
- The nature of the alleged abuse
- A description of any injuries observed (N.B. do not ask to see)
- The account which has been given of the allegation (if disclosed directly by the child/young person/vulnerable adult, the account should be in their words)
- The age of the child/young person/vulnerable adult
- The address of the child/young person/vulnerable adult
- The date and time of the observation/disclosure
- Who the report was made to and names of any other persons present.

The record should be, as far as possible, verbatim rather than summarised and it should be factual in terms of what the child/young person/vulnerable adult or person making the disclosure (where not a direct disclosure) has reported and should not be based on opinion or assumptions.

NOTE: Some children/young people/vulnerable adults with learning difficulties and/or disabilities may need additional support when making a disclosure. This may take the form of the child/young person/vulnerable adult's nominated carer or teacher being present at any interview to act as a facilitator or in an advocacy role. It should NEVER be assumed that a child/young person/vulnerable adult with learning difficulties and/or disabilities is not capable of providing credible evidence.



The Safeguarding Officer will record details of the suspected/alleged abuse and should refer the matter to the Multi Agency Referral Unit (MARU) or ASC where they feel that the child/young person/vulnerable adult may be in need and/or may be at risk of suffering significant harm.

The Safeguarding Officer will confirm any telephone referral in writing, using the appropriate referral form within one working day. A record should be kept of the time of the referral and the name of the person to whom the referral was made.

The advice received from the MARU/ASC on what action, if any, is to be taken, should be noted and kept on file.

Any further action to be taken by HC, agreed with the MARU/ASC should be noted and the CEO/Chair needs to confirm that this action is being/has been taken.

Any suspicion, allegation or actual abuse of a child, young person or vulnerable adult by a member of staff/volunteer must be reported to the CEO as soon as possible and in any case within 2 hours of the initial concern arising. If the CEO is unavailable, the Chair or any board member should be contacted.

The CEO/Chair/Board member will take such steps as s/he considers necessary to ensure the immediate safety of the child/young person/vulnerable adult in question or any other person who is considered at risk. An investigation will follow in line with statutory legal processes and Healthwatch Cornwall procedures.

Where a member of staff or a volunteer is dismissed from HC's employment or internally disciplined because of abusive conduct relating to a child/young person/vulnerable adult, we will notify the Independent Safeguarding Authority (ISA).

Records

The Safeguarding Officer shall retain a copy of:

- The referral form (and report)
- Any notes, memoranda or other correspondence
- Any other relevant materials.

Copies of reports etc. should be kept securely locked at all times and kept for a minimum period of seven years.

Confidentiality

All suspicions, allegations and investigations will be kept confidential and shared only with those who need to know.



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Appendix 1

Related HC Documentation (located on the HC work area)

- Health and Safety Policy
- Risk Assessment Guidance
- Risk Assessment Procedure
- Staff Code of Conduct
- Staff Disciplinary Procedure
- Volunteer Agreement
- Volunteer Handbook

Contact details

Safeguarding Officer: Anne Oliver 07388 948797

Board Safeguarding Lead:

If you cannot contact these representatives please report the matter directly to either:

Adult Safeguarding Unit: 0300 123 4131

Multi Agency Referral Unit (young people): 0300 123 1116

For local adult safeguarding policies, standards and guidance:

[Safeguarding adults - Cornwall Council](#)

The multi-agency reporting form for children is available at:

[Cornwall and the Isles of Scilly Safeguarding Children Partnership - Referral forms \(ciossafeguarding.org.uk\)](#)

The referral form for adults can be downloaded from:

[adult-safeguarding-triage-referral-form-jan-2020.docx \(live.com\)](#)
