

Healthwatch Wirral CIC

Healthwatch Wirral

Safeguarding Adults Policy

2025

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PURPOSE

This document is the Safeguarding Adults Policy for Healthwatch Wirral CIC which will be followed by all members of the organisation and followed and promoted by those in positions of leadership within the organisation including the Board of Trustees.

Healthwatch Wirral is committed to safeguarding all people we work with, ensuring that safeguarding principles are placed at the heart of everything we do. Healthwatch Wirral is a member of the Wirral Safeguarding Adults Partnership Board ensuring we have a proactive approach to promoting the wellbeing and welfare of Wirral residents.

We take our duty to safeguard seriously, this includes highlighting ongoing challenges and themes we observe, aiding us in being able to advocate for the most vulnerable people in our communities. All aspects of Healthwatch Wirral’s work promote a safety culture that supports not only those we work with but our staff, volunteers and partner organisations. We remain compliant with all required safeguarding standards and are ambitious to lead the way in making Wirral the safest place to live.

This document is written in accordance with Wirral Safeguarding Adult Partnership Board multi-agency policy and procedures and takes account of National Policy including Care Act (2014), No Secrets, Department of Health (2000), Adult Social

Care Outcomes Framework (ASCOF) and Statement of Government Policy on Adult Safeguarding, Department of Health (2011).

Healthwatch Wirral recognises its responsibility to take all reasonable steps to promote safe practice and to protect adults experiencing or at risk from abuse and neglect.

Healthwatch Wirral acknowledges its duty to act appropriately to any concerns of abuse and neglect.

The Board, paid staff and volunteers will endeavour to work together to encourage the development of an ethos which embraces difference and diversity and respects the rights of children, young people and adults.

Throughout this policy safeguarding adults is defined as taking steps to protect an adult who:

- (a) has needs for care and support (whether or not the local authority is meeting any of those needs)
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

An adult is anyone aged 18+

Abuse is defined as a violation of an individual's human and civil rights by another person or persons (No Secrets 2000). Abuse may consist of single or repeated acts. Anyone could be abused. Abuse can take many forms including physical abuse, sexual abuse, emotional abuse, bullying, financial abuse, neglects and acts of omission and discriminatory abuse. Abuse can happen anywhere, for example, in someone's own home, in a public place, in a care home or in a college. Abuse can occur in any relationship; potential perpetrators include spouses/partners, other family members, neighbours, friends, acquaintances, local residents, paid staff, professionals, volunteers and strangers.

Neglect is determined as the repeated deprivation of assistance that the person needs for important activities including daily living and failure to intervene in behaviour which is dangerous to them or others.

When an individual is perceived to be a risk to themselves and/or others Healthwatch Wirral safeguarding procedure should be followed.

To fulfil our commitment to promoting an adult's right to live safely, free from abuse and neglect, Healthwatch Wirral has:

- A clear commitment from all to the importance of safeguarding adults

- Designated professional Leads for safeguarding. Their role is to support the Board, paid staff and volunteers in the organisation in relation to safeguarding. The Leads for safeguarding will be given sufficient training, time, funding, supervision and support to fulfil their responsibilities effectively
- A clear line of accountability within the organisation in relation to safeguarding adults
- Safe recruitment practices for individuals who will work regularly with adults, including policies on when to obtain DBS checks
- Appropriate induction, supervision and support for the Board, paid staff and volunteers, including undertaking safeguarding training and keeping this up to date by refresher training at regular intervals
- Procedures for dealing with allegations of abuse against Board, paid staff and volunteers
- Safeguarding policies and procedures in place
- Arrangements to work effectively with other organisations to safeguard adults from abuse and neglect, including arrangements for sharing information
- The capability to deliver services that promote access to mainstream community resources and services and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect; and
- Clear whistle-blowing procedures and a culture that enables issues about safeguarding adults to be addressed.

Safeguarding Principles and Values

Healthwatch Wirral's Safeguarding Adult Policy is based upon six overarching principles applicable to all who work with adults (Department of Health 2011).

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent

		to which I want and to which I am able
Partnerships	Local solutions through Services working together within their communities	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
Accountable	Accountability and transparency in delivering a Safeguarding response	I am clear about the roles and responsibilities of all those involved in the solution to the problem

Duty to refer

All Healthwatch Wirral staff and volunteers have a duty of care to prevent or act on incidents or concerns of abuse and/or neglect. All must take concerns seriously and own their responsibilities to safeguard adults. The wellbeing and the rights of the adult at risk must always be promoted and poor practice challenged. This involves all staff and volunteers working together to ensure best practice is carried out with dignity and respect, compassion and choice.

The responsibilities of all staff, volunteers, and organisations, include the following:

- To be alert to the potential indicators of abuse for adults at risk and know how to act on those concerns in line with local guidance
- Understand the principles of confidentiality and information sharing in line with local and government guidance and to contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect adults
- Keep records in relation to safeguarding concerns, actions taken, referrals and outcomes
- Decision making is researched in accordance with the Mental Capacity Act 2005 and its Code of Practice
- Support adults at risk and to access support through the principles and values of making safeguarding personal.

A duty of care is fulfilled when all the acts reasonably expected of a person in their role have been carried out with appropriate care, attention and prudence. Duty of care will involve actions to keep a person safe but will also “include respecting the

person's wishes and protecting and respecting their rights" (Department of Health, 2011 Safeguarding Adults: Role of Health Service Practitioner).

Immediate risk and need for urgent medical attention

If an adult has a serious injury, requires treatment or is at immediate risk, medical or police involvement must be sought immediately by calling emergency services (dial 999) or, in unusual circumstances where urgent medical attention is required, by taking the individual to the Accident and Emergency Department of the local hospital. The medical professional(s) / police must be informed of the nature of the concerns, and the individual who identified the concerns must make a referral in accordance with this procedure as soon as practicably possible. Staff and/or volunteers must not place themselves at risk or in danger in these situations.

To ensure there is no delay, all practitioners are authorised to call emergency services without prior discussion with a manager.

Confidentiality

Where there are safeguarding concerns about an adult, absolute confidentiality cannot and should not be promised to anyone.

The individual should be informed about the limits of confidentiality and what will happen next, specifically that concerns will be discussed with the safeguarding Leads and it may be necessary to inform the relevant authorities.

If suspicions or allegations are about relatives, friends or colleagues, professional or otherwise, the concerns must not be discussed with them before making a safeguarding adult's referral to adult social care.

Referrals made by professionals can never be anonymous.

Healthwatch Wirral CIC shall ensure that any records made in relation to a safeguarding adults concern shall be kept confidentially and in a secure place.

Listening to the individual

If an individual makes an allegation or discloses information which gives cause for concern staff and volunteers must:

- Remain calm and not show shock or disbelief
- Listen carefully to what is being said
- Clarify the bare facts of the allegation/grounds for suspicion
- Record what has been said as soon as possible using the individual's own words

- Demonstrate a sympathetic approach by acknowledging that you have heard what they have told you and show calm concern that what has been reported has happened
- Confirm that the information will be treated seriously
- Give them information about the steps that will be taken
- Inform them that they will receive feedback as to the result of the concerns they have raised and from whom
- Give them contact details so that they can report any further issues or ask any questions that may arise.

Staff and volunteers must not:

- Ask detailed or leading questions, e.g. suggesting names of those who may have perpetrated abuse if the person does not disclose it. Such questioning can also risk the contamination of evidence and cause unnecessary stress through repeatedly describing events and create a perception that they are not believed.
- Start an investigation
- Contact the alleged perpetrator
- Touch or move anything which could be used as evidence.

Consent to share information

Adults have the right to make decisions regarding their own lives, including decisions about their own safety and the risk that they are exposed to. Therefore, when a decision is made to refer a concern to an appropriate authority, the consent of the individual believed to be experiencing or at risk of abuse or neglect should be sought. This can be achieved by explaining to the individual that, to keep them safe, it is necessary to share information with others.

If the individual concerned provides consent to share information, the consent should be clearly recorded on their individual record.

If the individual concerned does not consent to sharing information with the appropriate authorities, this must also be recorded. In these cases, undue pressure should not be exerted to change their mind, however, the issue should be discussed fully and they should be given all the relevant information available in order to make an informed decision, including who will be involved and the various possible outcomes which might result from their decision. They should be reassured that their case would be dealt with sensitively and professionally under safeguarding procedures and any specific concerns that they raise should be addressed.

There are circumstances in which it is necessary to disclose information to an appropriate authority **without the individual's consent**, including:

1. If there is an overriding public interest; where it is essential to share information to prevent a crime or to protect others (adults or children)
2. If a serious crime has taken, or is taking, place
3. If the individual is exposed to life threatening risk and they are unreasonably withholding their consent
4. If the individual has impaired capacity or decision making in relation to the safeguarding issues and the withholding of consent (Mental Health Capacity Act 2005).

In these cases, the decision to, and rationale for, disclosing information without the individual's consent should be clearly recorded. The safeguarding Leads ought to be consulted about the best way to proceed in all cases where an individual is withholding consent and disclosing information to the relevant authorities is still felt necessary, unless to do so would cause delays that would be detrimental to the individual. If it is felt necessary to ensure the individual's immediate safety or to obtain urgent medical treatment, this must be arranged without delay.

Mental Capacity

The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues that affect a person's ability to make a particular decision may be affected by duress and undue influence and/or lack of mental capacity. There may be a fine distinction between a person who lacks the mental capacity to make a particular decision and a person whose ability to make a decision is impaired by duress or undue influence but it is an important distinction to make as additional support may be required to make decisions; where there is a lack of capacity to make a particular decision the Mental Capacity Act provides the authority to make a best interests decision without consent; Duress and coercion may affect a person's judgment and ability to make a decision but there remains a presumption of capacity. The right to make the decision remains but there may be a need for additional support to exercise that right.

The Mental Capacity Act 2005 is underpinned by a set of **5 key principles** applicable to safeguarding: -

1. A person must be assumed to have capacity unless it is established that they lack capacity
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success
3. A person is not to be treated as unable to make a decision because they make an unwise decision
4. An act, or decision made, under the Mental Capacity Act 2005 for or on behalf of a person who lacks capacity must be done, or made, in their best interests

5. Before the act is carried out, or the decision is made, regard must be given to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's right and freedom of action

Someone is said to lack capacity if they are unable to make a particular decision. This inability must be caused by an impediment or disturbance of the mind or brain whether temporary or permanent. To make a decision, the person needs to be able to: -

1. Absorb basic information about the pros and cons of the issue.
2. Retain the information for long enough to process it.
3. Weigh up the pros and cons against their own value system and arrive at a decision.
4. Communicate that decision.

Where an individual does not consent to information being disclosed to the appropriate authorities, and there is reasonable belief that the individual may lack capacity to make that decision and it would be in their best interests to disclose that information, this should be highlighted when discussing concerns/sharing information.

Information Sharing

Information sharing is essential to safeguard adults at risk of abuse and neglect. Whilst the decision of the information shared will be on a case-by-case basis or whether the information is shared with or without consent the following rules apply:

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person, where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

The Deprivation of Liberty Safeguards (DoLS) protect people in hospitals and care homes who have mental health issues and cannot decide if they should stay in the hospital or care home for treatment.

The Mental Capacity Act 2005, changed by the Mental Health Act 2007, created rules for authorising the deprivation of liberty for people who cannot make this decision themselves. These rules are called the MCA Deprivation of Liberty Safeguards (MCA DoLS). The safeguards make sure that:

1. The person is assessed to see if they lack capacity to make their own decision about staying in the hospital or care home.
2. It is in the person's best interests to be detained there.

A person is deprived of their liberty if they:

- Are under continuous supervision and control
- Are not free to leave
- Lack capacity to consent to these things

If it's in the person's best interests, the Local Authority can authorise the deprivation of liberty. All care decisions must follow the Mental Capacity Act (MCA) and the DoLS Code of Practice.

It is unacceptable to deprive someone of their liberty unlawfully. If a practitioner suspects that someone might be unlawfully deprived of their liberty, whether in residential or domestic setting, it must be treated as a safeguarding concern. If there is a disagreement, the Local Authority might need to go to the Court of Protection to resolve the issue.

Allegations against board members, staff, students or volunteers

These procedures should be applied when there is an allegation that a person who works with adults has:

- Behaved in a way that has harmed or may have harmed an adult
- Possibly committed a criminal offence against an adult.
- Behaved towards an adult in a way that indicates that they may pose a risk of harm to other adults

Whilst in connection with his/her employment, voluntary activity, or student placement

To discharge these duties Healthwatch Wirral will:

- Put in place and operate arrangements for handling allegations in accordance with these procedures.
- Identify a **person** who will be the Position of Trust Lead/Senior Nominated Officer and to whom allegations or concerns should be reported, and a deputy in his/her absence or if he/she is the subject of the allegation
- The person to whom the allegation is reported must:
 - Treat the matter seriously.
 - Ensure that, where necessary, the individual receives appropriate medical attention.
 - Make a written record of the information (where possible in the individuals' own words) including when the alleged incident took place; who was present; and what happened.
 - Sign and date the written record.
 - Report the matter immediately to the safeguarding lead or deputy in his/her absence.
 - Maintain confidentiality – this means that the matter must not be discussed or shared with anyone other than the person to whom it is reported
- The Position of Trust Lead/Senior Nominated Officer will:
 - Obtain written details of the allegation, signed, and dated by the person receiving the allegation.
 - Countersign and date the written details.
 - Record any other information and names of any potential witnesses.
 - Establish a chronology of significant events.
 - Consider any information already known about those involved.
 - Discreetly check any incident or logbooks.
 - Based on these factors, make a professional judgment, and record the reason for any subsequent action taken.
- Procedures need to be applied with common sense and judgment. Some allegations will be so serious as to require immediate referral to the appropriate Social Care Department and the Police for investigation. Others may be much less serious and at first sight may not seem to warrant consideration of a Police investigation, or enquiries by Social Care. However, it is important to ensure that even apparently less serious allegations are seen to be followed up, and that they are examined objectively by someone independent of the organisation concerned.

- Consequently the Local Authority Lead for Managing Allegations should be informed of all allegations that come to the employer's attention and appear to meet the criteria within 1 working day so that they can consult Police and Social Care colleagues as appropriate. If the Safeguarding Lead is unclear about what action to take i.e., they are unsure whether the issue meets the criteria, then the Wirral Adult Safeguarding Board (WASPB) is available for support and advice.
- If emergency action is required to safeguard or protect the adult concerned, the usual safeguarding procedures will take precedence. Contact with WASPB should not be delayed.
- If an allegation requiring immediate attention is received outside of normal office hours the Senior Manager should consult/refer immediately with the Out of Hours Emergency Social Work Service or Local Police. They must ensure they inform the WASPB Lead the next working day, where possible
- The fact that a person tenders his or her resignation or ceases to provide their services must not prevent an allegation from being followed up in accordance with these procedures. Wherever possible the person should be given full opportunity to answer the allegation and make representations about it, but the process of recording the allegation and any supporting evidence, and reaching a judgement about whether it can be regarded as substantiated on the basis of all the information available should continue even if that cannot be done or if the person does not co-operate
- By the same token so called "settlement agreements" by which a person agrees to resign, the employer agrees not to pursue disciplinary action, and both parties agree a form of words to be used in any future reference must not be used in these cases and cannot prevent a thorough Police investigation. Nor can it override an employer's statutory duty to make a referral to the Disclosure and Barring Service where circumstances require that
- The possible risk of harm to adults posed by an accused person needs to be effectively evaluated and managed – in respect of adults experiencing or at risk of abuse or neglect involved in the allegations, and any other adults in the individual's home, work or community life. In some cases that will require the employer to consider suspending the person. Suspension should be considered in any case where there is cause to suspect individuals are at risk of significant harm or the allegation warrants investigation by the Police or is so serious it might be grounds for dismissal. People must not be suspended automatically, or without careful thought. Employers must consider whether the circumstances of a case warrant a person being suspended from contact with adults experiencing or at risk of abuse or neglect until the allegation is resolved. The power to suspend is vested in the employer alone, however the WASPB can canvass the view of other agencies involved as to whether the accused member of staff needs to be suspended to inform the employer's consideration of suspension. If suspension is deemed appropriate, the

reasons and justification should be recorded, and the individual notified of the reasons

- Employers should keep a clear and comprehensive summary of any allegations made, details of how the allegation was followed up and resolved and details of any action taken and decisions reached on a person's confidential personnel file and give a copy to the individual. Such information should be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age or for ten years if that will be longer. The record will provide accurate information for any future reference and provide clarification if a future Disclosure and Barring Service disclosure reveals an allegation that did result in a prosecution or conviction. This record will prevent unnecessary re-investigation if the allegation should resurface after a period of time. Details of allegations that are found to be malicious should be removed from personnel records.
- Where there is insufficient evidence to substantiate an allegation, the employer should consider what further action, if any, should be taken. The alleged victim should be informed in writing as to the reasons why no further action will be taken. The individual against whom the allegation was made should be informed in writing and where necessary reference made to the employer's guidance for safe practice.
- Where an allegation has been determined as unfounded, this may be a strong indicator of abuse elsewhere requiring further exploration. The employer should refer the matter and inform WASPB as to whether the matter should be referred to the relevant Adult Social Care Department to determine whether the individual needs services or might have been abused by someone else.
- If an allegation has been deliberately invented or malicious, the Police should be asked to consider whether any action might be appropriate against the person responsible.
- If it is decided on the conclusion of the case that a person who has been suspended can return to work the employer should consider how best to facilitate that. Most people benefit from some help and support to return to work after a very stressful experience. The employer should consider how the persons contact with the individual who made the allegation can best be managed if they are still in the workplace.
- If the allegation is substantiated, and on conclusion of the case, the person is dismissed or the employer ceases to use the person's services, or the person resigns or otherwise ceases to provide his/her services, the WASPB should consult with the employer as to whether a referral to the Disclosure and Barring Service and/or a Regulatory Body is required or advisable, and the form and content of a referral. A referral must always be made if the employer thinks that the individual has harmed or poses a risk of harm to adults.

- If such a referral is appropriate it should be made within one month. It is the responsibility of the employer to make the referral; the WASPB will provide support to do so where necessary and will track the progress of the referral.
- The individual involved in the allegation should be made aware of services that exist locally and nationally which can offer support and guidance and be provided with any necessary information regarding independent and confidential support, advice or representation.
- The individual should be told of the outcome as soon as possible after the decision of any disciplinary panel has been reached.
- Employers have a duty of care to their workers and should act to manage and minimise the stress inherent in the allegations and disciplinary process. Support to the individual is key to fulfilling this duty.
- Individuals should be informed of concerns or allegations as soon as possible and given an explanation of the likely course of action unless there is an objection by Adult Social Care or the Police. They should be advised to contact their trade union representative, if they have one, and given access to welfare counselling or medical advice where this is provided by the employer.
- Care needs to be taken when employees are suspended to ensure that they are kept informed of both the progress of their case and in developments occurring in the workplace. Social contact with colleagues and friends should not be precluded except where it is likely to be prejudicial to the gathering and presentation of evidence.
- When an employee returns to work following a suspension, or at the conclusion of a case, planned arrangements should be made to facilitate their reintegration. This may involve informal counselling, guidance, support, and reassurance and help to rebuild confidence in working with adults.
- At the conclusion of a case in which an allegation is substantiated the employer should review the circumstances of the case to determine whether there are any improvements to be made to the organisation's procedures or practice to help prevent similar events in the future. This should include issues arising from any decision to suspend a member of staff, the duration of the suspension and whether suspension was justified
- Historical allegations should be responded to in the same way as contemporary concerns. In these cases, it is important to find out if the subject of the allegation is still working with adults in a paid or voluntary role. If this is the case the WASPB will consider the need for an allegations meeting.
- For allegations relating to abuse of children by a Person in a Position of Trust please see Healthwatch Wirral's Safeguarding Children policy with includes contact details for the LADO.

Position of Trust Lead/Senior Nominated Officer Contact Details

Position of Trust	Karen Prior
Deputy	Kirsteen Sheppard, Jacqueline Canning

Individuals who pose a risk to adults

Where an Healthwatch Wirral employee, student or volunteer has been referred to the Disclosure and Barring Service, a referral to Adult Social Care should also be made if the person has contact with/resides with adults experiencing or at risk of abuse and neglect.

Where it comes to light during the course of our duties that a person may present a risk to adults, a referral should be made to Adult Social Care as detailed above.

Please also see Healthwatch Wirral's Safeguarding Adults Procedures.