

CWAO Safeguarding Policy

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POLICY STATEMENT AND INTRODUCTION

CWAO is fully committed to promoting and protecting the welfare of all vulnerable adults who receive our services or are connected with people who receive our services. This means ensuring that appropriate policies and procedures are in place to help protect vulnerable adults from abuse or harm of any kind. We recognise that safeguarding vulnerable adults is everybody's responsibility and therefore the aim is to provide guidelines that will enable all workers and volunteers to act appropriately to any concerns that arise in respect of a vulnerable adult.

CWAO Trustees and Volunteers will work together to promote an ethos which embraces difference and diversity, treats everyone with respect and dignity, and observes the rights of vulnerable adults.

CWAO is committed to supporting the Oxfordshire Safeguarding Adults Policy and Procedures and will cooperate fully with their implementation.

CWAO will ensure that this Policy and Procedure is implemented in accordance with the Care Act 2014

Definition of safeguarding:

According to the Care Act 2014 adult safeguarding is working with adults with care and support needs, who are unable to protect themselves, to keep them safe from abuse or neglect as they may be in vulnerable circumstances and at risk of abuse or neglect. In these cases, local services must work together to spot those at risk and take steps to protect them.

The definition of a vulnerable adult is any person who is aged 18 years and over who is or may be in need of community care services because of frailty, learning, physical or sensory disability, or mental health issues, and who is or may be unable to take care of him or herself, or take steps to protect him or herself from significant harm or exploitation.

1. PRINCIPLES

- 1.1. Everyone who works with or has contact with vulnerable adults has a responsibility for keeping them safe. Professionals working with vulnerable adults must work together to share information and ensure that concerns are identified and prompt action is taken if a vulnerable adult is in need of protection.
- 1.2. CWAO will ensure that all trustees and volunteers who work with our service users have the skills and knowledge to act appropriately when working with vulnerable adults through implementing appropriate recruitment screening, providing training where necessary and communicating relevant policies and procedures.
- 1.3. In line with the Care Act 2014 safeguarding vulnerable adults at CWAO is underpinned by the following principles:
 - Seeking informed consent from the vulnerable adult, enabling the maximum level of independence, choice and control to support their decision-making
 - Preventing abuse or neglect and therefore taking action before this occurs
 - Working in partnership with other stakeholders to detect, prevent and report neglect and abuse

2. LEGAL FRAMEWORK

This policy is guided by the Care Act 2014 and also refers to the Oxfordshire Safeguarding Adults Board procedures to ensure that the guidance within is compliant and comprehensive.

There are a number of other pieces of legislation that may also be relevant in the protection of vulnerable adults as follows:

- **The Protection of Freedoms Act 2012** – established the DBS (Disclosure and Barring Service) which processes criminal record checks and manages the Barred Children and Barred Adults Lists of unsuitable people who should not work with regulated activities with children or vulnerable adults. It is illegal for a charity to employ a barred person in such work. There is also a legal

requirement for employers to refer someone to the DBS if they dismiss them for harming or might have harmed a child or adult, or were planning to dismiss them but the person resigned first.

- **The Mental Capacity Act 2005** – provides a framework for acting on behalf of someone who lacks mental capacity as well as including a criminal offence of wilful ill treatment or neglect.
- **The Data Protection Act 1998** – provides guidance on the storing and sharing of personal and sensitive information. This is covered in more detail in our Confidentiality Policy.
- **Safeguarding Vulnerable Groups Act 2006**

3. SAFEGUARDING APPROACH

CWAO will follow the six principles as set out in guidance to the Care Act 2014 and this will inform practice with all Volunteers and Passengers:

- Empowerment – People being supported and encouraged to make their own decisions and informed consent
- Prevention – It is better to take action before harm occurs
- Proportionality – The least intrusive response appropriate to the risk presented •
- Protection – Support and representation for those in greatest need
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability – Accountability and transparency in delivering safeguarding

All trustees and volunteers have responsibility to follow this policy and adhere to the procedures and practice guidance. This includes proactively focusing on the needs of the vulnerable adults we work with. Any concern that a service user may be at risk or has experienced abuse should be acted upon in a timely way, proportionate to the suspected harm, in accordance with the procedures.

Our robust governance processes will make sure that volunteers and trustee of CWAO recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14, which is not an exhaustive list but an illustration as to the sort of behaviour that could give rise to a safeguarding concern:

- Physical abuse
- Domestic violence

- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse

- Neglect and acts of omission
- Self-neglect

A named Safeguarding Lead will be in place who is responsible for embedding safeguarding practices and improving practice in line with national and local developments. CWAO nominates: Suzanne Williams.

Responsibilities

Trustees – Must ensure the safeguarding procedures are being implemented by

- Ensuring sufficient resources (time and money) are available to support its implementation.
- Being available to offer support to volunteers and service users when necessary
- Monitoring via a quarterly safeguarding update in the Trustee's meeting
- Implementing the policy through ensuring all volunteers have been properly recruited, inducted and trained commensurate with their role.
- Receiving any concerns about safeguarding and responding to all seriously, swiftly and appropriately
- Maintaining a system to monitor incidents of concern and the actions taken, and reporting to the Board on a quarterly basis.
- Keeping up to date with local arrangements for Safeguarding and developing and maintaining effective links with relevant agencies.
- Ensure all volunteers are appropriately recruited, trained and inducted in line

with procedures

- Receive and respond to concerns about safeguarding promptly
- Agree action to be taken and ensure these actions are followed through and properly recorded.
- Keep abreast of safeguarding developments to develop best safeguarding practice.

Volunteers Responsibilities:

- To be able to recognise and report incidences of harm
- To report concerns of harm or poor practice that may lead to harm •
To remain up to date with training
 - To follow the policy and procedures
 - To know how and when to use the Whistleblowing procedures
 - To understand the Mental Capacity Act and how to apply it in practice

4. IMPLEMENTING THE POLICY

Responding to Disclosure, Suspicion or Witnessing of Abuse:

Where an adult at risk discloses or discusses potential abuse or harm, the volunteer must be able to:

- Recognise: Identify that the adult at risk may be describing abuse, even when they may not be explicit
- Respond: Stay calm, listen and show empathy
- Reassure them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next
- Record: Write up notes of the conversation clearly and factually as soon as possible •

Report in a timely manner to the appropriate people and organisations **Responding to a**

Disclosure:

Remember you are not investigating. Do:

- Stay calm and try not to show shock
- Listen very carefully
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed Tell the person that:
 - They did a good/the right thing in telling you
 - You are treating the information seriously
 - It was not their fault

Explain that you must tell the CWAO Safeguarding Lead (and if relevant their Representative or Care Provider), with their consent; your Safeguarding Lead will contact the Oxfordshire Safeguarding Adults Team and/or the Police. The CWAO Trustees must be informed.

The CWAO Safeguarding Lead will, in specific circumstances, need to contact the Oxfordshire Adult Safeguarding Team without their consent but their wishes will be made clear throughout.

If a referral is made but the adult at risk is reluctant to continue with an investigation, record this and bring this to the attention of the Oxfordshire Safeguarding Adults Team. This will enable a discussion on how best to support and protect the adult at risk. However, a professional case discussion will still need to take place and must be recorded appropriately.

Responding to Abuse or Neglect – What to do:

CWAO must ensure that Volunteers

- Address any immediate safety and protection needs
- Assess any risks and take steps to ensure that the adult is in no immediate danger
- Where appropriate, call 999 for the 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 a crime is suspected of being committed, leave things as they are wherever possible
- Call the Passenger's Best Representative or Care Provider recorded at the beginning of the Bike Ride. Volunteers can call the NHS 111 service for medical

help or advice when the situation is not life-threatening or is out of hours

- The adult may feel frightened, so the Volunteer must ask whether they want the Volunteer to arrange for someone they feel comfortable with to stay with them
- The Volunteer will support and encourage the adult to contact the Police if a crime has been or may have been committed
- The Volunteer will contact the CWAO Safeguarding Lead and/or the Bike Ride Co ordinator as soon as possible to inform them of the incident or concern

CWAO Safeguarding Lead Role:

Decision-making Pre-referral to the Oxfordshire Adult Safeguarding Team

The Safeguarding Lead will usually take the lead on decisions. When unavailable, a CWAO must be consulted. In the event that neither of these options is available, advice must be taken from the Oxfordshire Adult Safeguarding Board. This would also apply in an apparently high-risk situation where discussion with the Safeguarding Lead or Trustee would involve delay; or when the person has raised concerns with a volunteer and no appropriate action has been taken.

CWAO will ensure that Volunteers are aware of the Oxfordshire reporting procedures and timescales for raising adult safeguarding concerns.

Referral to the Oxfordshire Adult Safeguarding Team.

CWAO must ensure that the Oxfordshire Safeguarding Adult referral process is followed and must collect the information below to assist with the referral. The referral process must be clearly visible with contact numbers, including out-of-hours, where staff can access the information.

The referral information may also require the notification to the Passenger's Representative or Care Provider, except in cases where it is deemed not appropriate because the abuse/risk stems from the Passenger's Representative or Care Provider. In this case it is important to also take advice from the Oxfordshire Adult Safeguarding Board.

Contacts:

- (<https://www.osab.co.uk/public/>)
- 0345 0507 666 option 4 – Oxfordshire County Council Social Care Line It

is important to have the following information available where possible:

- Demographic and contact details for the adult at risk, the person who raised the

concern and for any other relevant individual, specifically Care Workers/Provider and Representative

- Basic facts, focussing on whether or not the person has care and support needs including communication and ongoing health needs
- Factual details of what the concern is about; what, when, who, where? •

Immediate risks and action taken to address risk

- Preferred method of communication
- If reported as a crime, details of which police station/officer, crime reference number, etc.
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm
- Wishes and views of the adult at risk, in particular consent
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations, for example, the CQC
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household
- Names of any staff involved

Documenting a Disclosure

CWAO must ensure that the Safeguarding Lead or other nominated individual:

- Makes a note of what the person actually said, using his or her own words and phrases
- Describe the circumstance in which the disclosure came about
- Note the setting and anyone else who was there at the time
- When there are cuts, bruises or other marks on the skin, use a body map to indicate their location, noting the colour of any bruising
- Make sure the information is factual

- Use a pen with black ink so that the report can be photocopied
- Try to keep your writing clear
- Sign and date the report, noting the time and location
- Be aware that the report may be needed later as part of a legal action or disciplinary procedure

Strategy Meeting/Case Conference

Following the investigation or at any time during the process, a case conference with all relevant agencies may be called to make decisions about future action to address the needs of the individual

Any agency involved in the case may ask for a case conference to be held but the final decision to hold a conference is with the Oxfordshire Safeguarding Adults Team Manager

CWAO Oxfordshire must ensure that it attends this meeting when invited and that all relevant information about the incident is available. A timeline of events is a useful document to prepare in complex cases

Involve the Passenger Concerned throughout the Process

Process

- The process of the enquiry must be explained to the Passenger in a way they will understand and their consent to proceed with the enquiry obtained, if possible
- Arrangements will be made to have a relative, friend or independent advocate present if the Passenger so desires. The relative, friend or independent advocate must not be a person suspected of being in any way involved or implicated in the abuse
- The Passenger will be supported by CWAO to take part in the safeguarding process to the extent to which they wish, or are able to, having regard for their decisions and opinions. They must be kept informed of progress

Desired Outcome Identified by the Adult

The desired outcome by the adult at risk must be clarified and confirmed to:

- Ensure that the outcome is achievable
- Manage any expectations that the adult at risk may have
- Give focus to the enquiry
- Safeguarding Lead and CWAO will support adults at risk to think in terms of realistic outcomes but must not restrict or unduly influence the outcome that the adult would like. Outcomes must make a difference to risk and, at the same time, satisfy the person's desire for justice and enhance their wellbeing
- The adult's views, wishes and desired outcomes may change throughout the course of the enquiry process
- There must be an ongoing dialogue and conversation with the adult to ensure that their views and wishes are gained as the process continues and enquiries re planned if the adult change their views
- The Passenger will be informed of the outcome of any investigation, but guidance will be sought from the Oxfordshire Adult Safeguarding Team before any outcome is shared

Disclosure and Barring Service (DBS) Referral

CWAO will refer volunteers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that a vulnerable adult was harmed or placed at risk of harm. Please see the DBS/Disclosure Policy and Procedure for further procedures.

Consent.

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the Passenger is not required. However, informing the Passenger of your concerns and your referral is good practice unless it would put you or your colleagues at risk or it would put the adult at further risk.

When reporting to a local authority allegations or concerns about an adult at risk of harm, the Local Authority must be informed whether the Passenger is aware of the report. In reporting all suspected or confirmed cases of harm, CWAO has a responsibility to act in the best interest of the Passenger but still operate within the relevant legislation and the parameters of the codes and standards of their practice.

Confidentiality and Information-Sharing

In seeking to share information for the purposes of protecting adults at risk, CWAO is committed to the following principles:

- Personal information will be shared in a manner that is compliant with the responsibilities of CWAO Oxfordshire
- Adults at risk will be fully informed about information that is recorded about them and as a general rule, be asked for their permission before information about them is shared with colleagues or another agency. However, there may be justifications to override this principle if the adult or others are at risk
- Volunteers will receive appropriate training on Passenger confidentiality and secure data sharing
- The principles of confidentiality designed to protect the interests of CWAO must never be allowed to conflict with those designed to promote the interests of the adult at risk
- Volunteers will follow the policy on Data Protection and Confidentiality and comply with the Caldicott principles

Abuse of Trust

A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity.

- Where the person who is alleged to have caused the abuse or neglect has a relationship of trust with the adult at risk because they are Volunteer or Trustee, CWAO must invoke disciplinary procedures for Volunteers as well as taking action in line with this policy
- CWAO must ensure that a referral is made to the Disclosure and Barring Service if a Volunteer is found to have caused harm to an individual
- If the person who is alleged to have caused the harm is a member of a recognised professional group, CWAO must act under the relevant code of conduct for the profession as well as taking action under this policy
- Where the person alleged to have caused the harm or neglect is a volunteer or a member of a community group, CWAO must work with adult social services to support any action under this policy
- Where the person alleged to have caused the harm is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, in many cases the policy and procedures will be used to ensure that the adult at risk receives the services and support that they may need

- In all cases, issues of consent, confidentiality and information sharing must be considered

Allegations Against People who are Relative or Friends

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply.

In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation, the aim is to protect the adult from harm, work to support the relative to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A Volunteer and/or Safeguarding Lead will take into account a number of factors and a referral to Oxfordshire will be made as part of the safeguarding process.

Whistleblowing

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where Volunteers are encouraged to share genuine concerns about a colleague's behaviour. Their behaviour may not be related to an adult at risk, but they may not be following the code of conduct or could be pushing boundaries beyond normal limits or displaying conduct which is a breach of the law, conduct which compromises health and safety or conduct which falls below established standards of practice with adults at risk.

CWAO Charity has whistleblowing policies and procedures in place which volunteers are required to be familiar with. They must also understand how to report concerns.

Abuse and Sexual Safety

CWAO recognises that culture, environment and processes support a Passenger's sexuality and keep them and staff safe from sexual harm. As such, CWAO will ensure that sexuality is addressed positively to support people to raise concerns where necessary.

The recent [CQC publication](#) on sexuality and sexual safety can be referred to for further guidance in this area.

Audit and Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that CWAO is doing all it can to safeguard those people receiving its services.

The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and Disclosure and Barring Checks
- Audit of incident reporting, frequency and severity
- Audit of training processes, including reviews of uptake of training and evaluations

Safeguarding concerns and incidents will be reviewed by the CWAO Trustees as part of a root cause analysis with the following terms of reference:

- Review incident themes
- Reports from the lead responsible for Safeguarding for CWAO Charity • Look in detail at specific cases to determine learning or organisational learning • Ensure implementation of the Safeguarding Policy and Procedure • Training and Competencies

In addition to the specific actions covered in this policy, in practice implementation will also involve a number of other policies and procedures.

These include:

Diversity & Equal Opportunities Policy

Confidentiality Policy

Health and Safety Policy (lone working, mitigating risk to staff and clients)

Disciplinary and Grievance procedures (to address breaches of policy and procedure)

Data protection (how records are stored and accessed)

Staff Induction procedures (to ensure appropriate recruitment and induction procedures)

Staff appraisal and supervision (to address training issues).

Safeguarding issues will be a standard agenda item on

- Board Agendas
- Team Meetings
- Supervision

- Clinical Supervision

Open discussion on safeguarding issues will be encouraged to identify barriers to reporting and any staff concerns.

Any staff or volunteer who has had to deal with a safeguarding issue will be fully debriefed and supported including access to non- managerial support.

APPENDIX 1

1. Definitions of abuse and neglect:

Abuse and neglect are forms of maltreatment of an Adult/child. Somebody may abuse or neglect an Adult/ child by inflicting harm, or by failing to act to prevent harm.

Adults/children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

2. Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to an Adult/ child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in an Adult/child.

3. Emotional Abuse

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

4. Sexual Abuse

Sexual abuse involves forcing or enticing an Adult/child or young person to take part in sexual activities, including prostitution, whether the Adult/child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g.: rape, buggery or oral sex) or non-penetrative acts.

They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

5. Neglect

Neglect is the persistent failure to meet an Adult/child's basic physical and/or psychological needs, likely to result in the serious impairment of the Adult/ child'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, failing to protect an Adult/ child from physical and emotional harm or danger, failure to ensure adequate supervision



including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, basic emotional needs.