

Safeguarding Policy



Review of Policy

Last Review Date: 11th January 2024

Review undertaken by: Kirsten Mitchell

Next Review Date: 30th January 2025

Introduction

Spoons has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, that reflect the needs of children they deal with and protect adults from abuse or the risk of abuse. This policy details the safeguarding arrangements that must be in place to ensure statutory duties and responsibilities are fulfilled.

As a provider of health funded care and/or support Spoons is required to:

- provide assurance to the relevant Integrated Care Partnership that the organisation has comprehensive single agency policies and procedures in place and adheres to multi agency policies and procedures to safeguard and promote the welfare of children and to protect adults from abuse or the risk of abuse
- provide assurance that the organisation is linked into the Local Safeguarding Children Partnership and Local Safeguarding Adult Board and that health workers contribute to multi-agency working
- report serious incidents to the Charity Commission

This policy details the roles and responsibilities of the organisation and its employees. It is reviewed and approved by the board annually.

Trustees are aware and will comply with the Charity Commission guidance on safeguarding and protecting people and also the 10 actions trustee boards need to take to ensure good governance.

Scope

This policy aims to ensure that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm there are no act or omission which places a service user at risk.

Principles

In developing this policy Spoons recognises that safeguarding children and adults at risk is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if those vulnerable groups in society are to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- A commitment of senior managers and board members/ trustees to seek continuous assurance with regard to safeguarding
- Clear lines of accountability in relation to safeguarding.
- Service developments that take account of the need to safeguard all service users, and informed, where appropriate, by the views of service users.
- Staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regard to safeguarding children, adults at risk, looked after children and the Mental Capacity Act.
- Appropriate supervision and support for staff in relation to safeguarding practice.
- Safe working practice including recruitment and vetting procedures.
- Effective interagency working, including information sharing.

The above principles reflect the expectations of the NHS Safeguarding Assurance and Accountability Framework (2022) and statutory guidance as referenced within this policy.

Spoons will provide assurance on an annual basis against the above principles to the relevant Integrated Care Partnership.

Spoons is committed to a human rights based approach, which ensures that employees and the community that we serve are treated with fairness, respect, equality, dignity and autonomy and that individuals or groups are not discriminated against on the basis of their protected characteristics.

In line with equality legislation, this policy aims to safeguard children, young people and adults who may be at risk of abuse irrespective of their protected characteristics as outlined in the Quality Act 2010. The nine protected characteristics are age; gender; race; disability; marriage/ civil partnership; maternity / pregnancy; religion / belief; sexual orientation and gender reassignment.

Definitions

Children: in this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout.

Safeguarding and Promoting the Welfare of Children is defined in Working Together to Safeguard Children (2018) as:

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances

Child Protection: Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Young Carers: Are children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental health problems, or misuse drugs or alcohol.

Looked After Children: The term 'looked after children and young people' is generally used to mean those looked after by the state, according to relevant national legislation, which differs between England, Northern Ireland, Scotland and Wales. This includes those who are subject to an interim care order, care order (The Children Act 1989 section 31, 38) or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' (The Children Act 1989, section 20) children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents.

Adult Safeguarding: The Principles of Adult Safeguarding

- **Empowerment** – Presumption of person led decisions and informed consent.
- **Protection** – Support and representation for those in greatest need.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **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

Adult at Risk: Whilst there is no formal definition of vulnerability within health care, some people receiving health care may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances. The risks that increase a person's vulnerability should be appropriately assessed and identified by the health care professional/VCFS/Care Home provider at the first contact and continue throughout the care pathway.

Under Section 59 Supporting Vulnerable Groups Act 2006 a person ages 18 years or over is also defined as an adult at risk where they are 'receiving any form of health care' and 'who needs to be able to trust the people caring for them, supporting them and/or providing them with services'.

The Care Act 2014 requires agencies to work together to develop shared strategies for safeguarding adults at risk. All health, social care professionals and care workers play a key role in safeguarding of adults at risk who are in receipt of health or social care services. It is everybody's responsibility to protect adults at risk from abuse, harm and omissions of care.

Adult at risk: Safeguarding duties apply to an adult aged 18 or over and who:

- Has needs for care and support (whether the local authority is meeting any of those needs) and;
- Is experiencing, or is at risk of abuse or neglect; and

- As a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

For the purpose of this policy the term adult at risk is used interchangeably with adult at risk.

Making Safeguarding Personal (MSP): supports a person-centred and outcome focused approach to safeguarding work. The adult concerned must always be at the centre of adult safeguarding enquiries, and their wishes and views sought at the earliest opportunity to ensure that safeguarding is done with, not to, people.

The Mental Capacity Act 2005 (MCA 2005) provides a framework in England & Wales for deciding, for most purposes, whether a person over 16 has or lacks capacity to make certain decisions at particular times. It places the adult at the centre of the decision-making process. The MCA also provides a framework for making decisions where a person does not have that capacity, based on the concept of best interests.

Five principles the Mental Capacity Act:

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 to do so have been taken without success;
3. A person should not be treated as incapable of making a decision because their decision may seem unwise;
4. An act done or decision made, under the Act for or on behalf of a person who lack capacity must be done, or made, in their best interests;
5. Before doing something to someone or making a decision on their behalf, consider whether the outcome could be achieved in a way that is less restrictive of the person's rights and freedom of action.

Prevent (Radicalisation of vulnerable people): The Prevent Strategy addresses all forms of terrorism, including extreme right wing but continues to prioritise according to the threat posed to our national security. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the pre-criminal space before any criminal activity has taken place.

- Radicalisation refers to the process by which people come to support, and in some cases to participate in terrorism.
- Violent Extremism as defined by the Crown Prosecution Service (CPS) as the demonstration of unacceptable behaviour by using any means or medium to express views which:
 - Foment, justify or glorify terrorist violence in furtherance of particular beliefs;
 - Seek to provoke others to terrorist acts;
 - Foment other serious criminal activity or seek to provoke others to serious criminal acts;
 - Foster hatred which might lead to inter-community violence in the UK.

Roles and Responsibilities for Safeguarding

Within Spoons ultimate accountability for safeguarding sits with the Chair of Trustees Any failure to have systems and processes in place to protect children and adults at risk would result in failure to meet statutory and non-statutory constitutional and governance requirements.

Fundamentally the role of Spoons is to work with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed and delivering improved outcomes and life chances for the most vulnerable.

Kirsten Mitchell Operations Manager:

- Compliant with safeguarding training in line with Intercollegiate directives.
- Ensures contribution to safeguarding and promoting the welfare of children and adults at risk is discharged effectively across the organisation.
- Ensures that all service users are safeguarded from abuse or the risk of abuse.
- Ensures that safeguarding children and adults at risk is integral to clinical governance and audit arrangements.
- Ensures that all staff in contact with children, adults who are parents/carers and adults at risk in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and adults at risk, know how to act on those concerns in line with local guidance.
- Provides annual assurance to the relevant Integrated Care Partnership in line with Contractual Safeguarding Standards.

Tracey Rawlinson named board safeguarding lead:

- Compliant with safeguarding training in line with Intercollegiate directives.
- Ensures management and accountability structures are in place to deliver safe and effective services in accordance with statutory, national and local guidance for Safeguarding and Cared for Children.
- Ensures that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.
- Ensures that staff in contact with children and or adults in the course of their normal duties are trained and competent to be alert to potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.
- Ensures that annual assurance is provided to the relevant Integrated Care Partnership in line with Contractual Safeguarding Standards

Aimee Loughlin named staff safeguarding lead

- Compliant with safeguarding training in line with intercollegiate directives.
- To promote, influence and develop safeguarding training, ensuring that staff members are compliant with safeguarding training in line with Intercollegiate directives.

- Ensure the organisation meets the requirements of the MCA, including Deprivation of Liberty Safeguards (DoLS).
- To provide safeguarding advice and expertise advice on safeguarding children and adults to a wide range of professional groups and organisations/agencies where necessary taking responsibility for the oversight of complex cases.
- To undertake statutory designated safeguarding functions as outlined in statutory guidance (DH, DfE 2015 / HM 2015) and detailed in the Intercollegiate Documents (RCPCH 2015/2018/2019). The designated doctor and nurse functions to be incorporated into the job role/plan of those individuals designated to hold the role of designated nurse and designated doctor for safeguarding children and cared for children.
- To provide an annual report on safeguarding which will be considered by the Governing Body.

Individual staff members and volunteers:

- Compliant with safeguarding training in accordance with their roles and responsibilities as outlined in the Intercollegiate Documents so that they maintain their skills and competencies in safeguarding children, adults and Looked after Children.
- To be alert to the potential indicators of abuse or neglect for children and adults 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.
- To contribute, when requested to do so, to the multi-agency meetings established to safeguarding children and adults at risk.

Governance Arrangements

Safeguarding Training

The organisations safeguarding training framework details what training is expected of all employees, including agency staff.

Safe Recruitment Practices

It is the responsibility of the organisation to:

- Assess what level of contact the role requires with children and vulnerable adults.
- To ensure that the core competencies required for this role are taken into consideration
- To ensure appropriate safeguarding checks, including DBS checks as defined below, are considered when the role description is agreed
- Undertake open and transparent selection and recruitment processes for all paid staff and/ or volunteers
- Check necessary identification – address, qualifications, criminal convictions
- Take up two references which request information regarding safe practices

- Recruit all paid staff and volunteers to adopt and abide by the appropriate practices and procedures outlined within this document
- Ensure all staff have access to related policies and procedures

What level of DBS check is appropriate?

- Standard checks are appropriate for workers who have the trust of the community and have access to groups working with children or vulnerable adults
- Enhanced CRB checks should be undertaken where there is regular/ lone contact with children or vulnerable adults

A person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer, with those groups. An organisation which knowingly employs someone who is barred to work with those groups is also breaking the law.

Managing allegations against persons who work with children, young people and adults at risk

Where there are concerns that a member of staff, either directly or non-directly employed, is behaving in a way that demonstrates unsuitability for working with children, young people or adults at risk, in their present position, or in any capacity this must be reported to the organisation's safeguarding lead.

The allegation or concern may arise either in the employees / professionals work or private life. Examples include:

- Commitment of a criminal offence against or related to children, young people or adults at risk.
- Failing to work collaboratively with social care agencies when issues about care of children, young people or adults at risk for whom they have caring responsibilities are being investigated.
- Behaving towards children, young people or adults at risk, in a manner that indicates they are unsuitable to work with this client group.
- Where an allegation or concern arises relates to the individuals' private life, such as perpetration of domestic abuse; behaviours to his/her own children; or behaviour to others which may impact upon the safety of children/adults at risk, to whom they owe a duty of care.
- Where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse and neglect.

The organisations safeguarding lead will inform the Local Authority Designated Officer (LADO) or Local Authority Advanced Practitioner, Adult Social Care, of all allegations that come to their attention that meet the criteria as outlined in the policy above.

In instances where the allegation suggests that a child/young person or adult is at risk of significant harm, the case must be referred to the Local Authority in line with multi agency policies and procedures.

Domestic Abuse

Domestic abuse and violence is defined as any 'incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between adults, aged 16 and over, who are or have been intimate partners or are family members, regardless of gender and sexuality.

The abuse can encompass, but is not limited to psychological, physical, sexual, financial or emotional".

Implementation

Breaches of Policy

This policy is mandatory. Where it is not possible to comply with the policy or a decision is taken to depart from it, this must be notified to the Safeguarding Lead that the level of risk can be assessed and an action plan can be formulated (see contact details below).

Reporting safeguarding concerns

If a crime is in progress, or an individual in danger, call the police on 999.

If you are a service user or member of the public, make your concerns known to a member of our team (contacts below) who will alert the relevant people.

For members of staff and volunteers, you must make your concerns known to your supervisor or staff safeguarding lead. If you feel unable to do this you can contact our board safeguarding lead or our chair.

We are required to complete a safeguarding concerns form for escalation.

Forms can be found on Breathe HR, in the volunteer handbook, or can be sent by a member of staff as named below.

Safeguarding Contact Details

Aimee Loughlin Named Staff Safeguarding Lead

aimee@spoons.org.uk

07840 325 527

Khadijah Salim Board Safeguarding Lead

care@spoons.org.uk

Kirsten Mitchell Operations Manager

kirsten@spoons.org.uk

07920 026 035

Tracey Rawlinson Chair

tracey@spoons.org.uk

Please see Greater Manchester Safeguarding contacts list for information on each local Multi Agency Safeguarding Teams (MASH)

Staff can find this on under policies on Breathe HR

Volunteers can find this in their volunteer handbook and on the volunteer intranet For reporting of minor incidents please incident report policy

Reference Documents

In developing this Policy account has been taken of the statutory and non-statutory guidance detailed above, best practice guidance and the policies and procedures of the TriX Policies and RBSAB Adult Safeguarding Policies. www.rbsab.org www.rbscp.org

Statutory Guidance

Department of Health (2017) Children and Social Work Act **Children and Social Work Act 2017**
HM Government (2014) **The Care Act**

Department of Health (2014) **Care and Support Statutory Guidance** Department of Health, London

Department of Health et al (2015) **Statutory guidance on Promoting the Health and well-being of Looked After Children** Nottingham, DCSF publications

HM Government (2018) **Working Together to Safeguard Children** Nottingham, DCSF publications

Ministry of Justice (2008) **Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005** London TSO

Department for Constitutional Affairs (2007) **Mental Capacity Act 2005: Code of Practice, TSO: London**

Non-statutory guidance

Intercollegiate Documents

Royal College Paediatrics and Child Health et al (2014) **Safeguarding Children and Young people: Roles and Competencies for Health Care Staff** Intercollegiate Document supported by the Department of Health.

Royal College of Paediatrics and Child Health et al (2015) **Looked After Children: knowledge, skills and competencies of healthcare** staff Intercollegiate Document supported by the Department of Health.

Royal College of Nursing (2018) **Adult Safeguarding: Roles and Competencies for Health Care Staff** Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document.

Disclose and Barring Service - The primary role of the **Disclosure and Barring Service (DBS)** is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including children.

Glossary

- TAF – Team Around the Family
- EHA- Early Help Assessment
- LAC – Looked After Children (aka Cared for Children)
- MCA – Mental Capacity Act (2005)
- LSAB – Local Safeguarding Adult Board
- DoLS – Deprivation of Liberty Safeguards

Categories of Abuse - Children

For children's safeguarding, the definitions of abuse are taken from Working Together to Safeguard Children (HM Government, 2018). Abuse is defined as a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). A child may be abused by an adult or adults, or another child or children.

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

Emotional abuse: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse: Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the 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, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Categories of Abuse – Adults at Risk

The Care and Support Statutory Guidance issued under the Care Act 2014 replaces "no secrets" guidance. Safeguarding adults' duties have a legal effect in all organisations including the NHS, Police and Local Authority. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about 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. Professionals should work with the adult at risk to establish what being safe means to them. The categories below are taken from the Care Act 2014.

Physical abuse: including assault, hitting, slapping, pushing and 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 Safeguarding Children and Adults at Risk Policy V5 Page 18 of 56 with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery: encompasses slavery, human trafficking and 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.