Rochdale Health Alliance

Safeguarding Policy for Adults, Young People & Children

Document Details

Classification:	Corporate Governance
Author and Role:	Helen Wylde, Governance Manager
Target Audience	All staff
Document Reference:	Safeguarding
CQC Regulation Reference	13
Risk Register Reference	N/A
Cross Reference	Whistleblowing policy, Incident policy, RBSAB Multiagency Safeguarding Procedures
Circulation List	All clinical staff
DATE OF EQUALITY IMPACT ASSESSMENT	12/9/22
Current Version Number:	3
Current Document Approved By:	QGC
Date Approved:	13/09/2022
Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the N drive is the controlled copy

B. Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
2	7/1/19	Version updated by Karen Clancy		Updated to reflect Working Together to Safeguard Children 2018 and roles and responsibilities. Content reviewed by HMR CCG Adult Safeguarding lead
3	September 2022			Updated to reflect changes to NHS Commissioning Bodies and Safeguarding Control to GMICB

Contents

Ref:Incident & Risk	Issue date: 5.2.19	Version number:V3
Status: Approved	Next review date: Sep 2025	Page	1

Ref:Incident & Risk	Issue date: 5.2.19	Version number:V3
Status: Approved	Next review date: Sep 2025	Page | 1

1.   Introduction

Safeguarding is everyone's business. Rochdale Health Alliance believes that it is always unacceptable for adults, young people and children to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all adults at risk in line with the Care Act (2014) and Children's Act (1989 /2004).

2.   Purpose

The aim of this policy is to ensure that the Rochdale Health Alliance safeguards the welfare of adults, young people and children who may be at risk and are able to recognise the signs and respond appropriately to allegations of abuse We aim to achieve this by ensuring that Rochdale Health Alliance complies with statutory and local guidance for safeguarding and promoting the welfare of children, young people and adults at risk by ensuring safe environments in all the services it carries out for staff, patients and members of the public.

3.   Scope of this policy

This policy and procedure apply to all Rochdale Health Alliance staff, volunteers and visitors whose work brings them into contact with adults, young people and children that may be at risk of abuse or neglect.

Rochdale Health Alliance believes that safeguarding adults, young people and children is everyone's business, and everyone has the right to be protected from all types of abuse and neglect, regardless of age, disability, gender, ethnicity, language, religion, sexual orientation or identity or any other factor or circumstance.

The objective of this policy is to keep adults, young people and children at risk safe by:

- Preventing abuse and neglect wherever possible
- Supporting adults, young people and children in a way that supports them in making choices and having control about how they want to live
- Taking all safeguarding enquiries seriously and acting upon them.
- Raising awareness about what abuse is, how to stay safe and how to raise a concern about the safety or wellbeing of an adult, young person or child.
- In safeguarding adults and those aged between 16–18, we will always consider the best interests of the individual at risk in line with The Mental Capacity Act (MCA, 2005) (and amendments 2019) and corresponding Code of Practice.

- All staff and volunteers are obliged by The Care Act (2014) and The Children's Act (1989/ 2004) to share information or concerns they may have in relation to harm, or neglect being caused to an adult, young person or child at risk. A child centred and co-ordinated approach to safeguarding (Working Together 2015) states the effective safeguarding arrangements in every local area should be underpinned by two key principles:
- safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children. This is supported by the Children's Act 1989, the Equality Act 2010 and The United Nations Convention on the Rights of the Child (UNCRC). Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them or placing the interests of adults ahead of the needs of children. Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.

4. Legislative Framework

Adults

The Care Act (2014) and corresponding guidance (Department of Health, 2014) is new legislation about care and support for adults in England and came into force on 1st April, 2014. The Care Act, outlines key principles for supporting adults who have been or are at risk of abuse or neglect and; provides a framework for local authorities and partner organisations for making safeguarding enquiries.

Children

The standards in this policy build on and incorporate legislation and Government expectations in respect of children. This includes the Children Acts 1989 and 2004 and the Government's Every Child Matters agenda. In 2010 HM Government issued 'Working Together to Safeguard Children'. The guidance is for statutory and voluntary organisations alike and covers all the expectations of Government in relation to safeguarding children in England. This has been further updated in 2013 and more recently in 2015.

5. RHA Duties for implementing this policy

Board/Lead Committee
The Board of Directors and its subcommittees are responsible for setting RHA strategic aims and are responsible for ensuring the quality and safety of healthcare services and the statutory safeguarding responsibilities.

Ref:Incident & Risk	Issue date: 5.2.19	Version number:V3
Status: Approved	Next review date: Sep 2025	Page	5

Safeguarding Director (Dr Zahir Mohammed)
- Lead the safeguarding agenda in RHA
- act as a champion ambassador for Rochdale Health Alliance in the capacity of adults, young people and children at risk of abuse including radicalisation.
- champion safeguarding within the Rochdale Health Alliance; ensuring that it has a high profile within the organisation.

PREVENT Lead (Dr Gill Tonge)
- Offer advice and support to staff and managers on referrals & processes
- Links with appropriate Safeguarding and protection agencies

Governance Manager (Helen Wylde)
- Will ensure implementation and awareness of the policy, working with the Managers for the development of services, policy developments – both national, regional and local developments, service audits etc).
- keeping Rochdale Health Alliance staff/volunteers updated on relevant safeguarding issues/policy updates via email/other means of information dissemination.
- Acting as an information source on safeguarding and to assist Rochdale Health Alliance staff/volunteers with identification of key contacts/networks within the field of safeguarding/ adults at risk
- keeping up to date on any changes to policy and new policies, which could affect the different service areas of Rochdale Health Alliance

- ensuring that any safeguarding concerns raised by staff are managed as per RHA policy and multiagency safeguarding procedures

Senior Management Team
Senior Managers are responsible for ensuring that:
- staff are aware of this policy
- safeguarding concerns are managed as per multiagency safeguarding procedures
- monitor staff training compliance and supervision
- Staff allegations are managed as per RHA HR processes and multi-agency policy and procedure section on RBSAB www.rbsab.org with referrals to the Adult Care Managing Allegations Officer or the Children's LADO as appropriate (Manchestersafeguardingpartnership.co.uk/resource/lado)

Managers

Managers are responsible for ensuring that employees are:

- Aware and comply with this policy
- Given time to complete safeguarding training
- Support staff to raise safeguarding concerns
- Discuss safeguarding within 1-1s/appraisal processes
- Any non-compliance/concerns with safeguarding principles/processes are raised with the Senior Management

The Academy

- Procuring appropriate safeguarding training for RHA
- Access safeguarding supervision as appropriate

Administration Team

The administration team are responsible for:

- Ensuring that once the Quality Governance Committee has ratified all new and revised RHA documents, that the document is disseminated to Managers for onward cascade
- Uploading and replacing the out-of-date policy/document with the new/revised policy/document on the Blue Stream E-Learning Portal
- Archiving all current and old versions of RHA documents
- Providing support to document authors including advice on the document control procedures, assisting with the completion of the document template, raising awareness of the consultation, approval and ratification process.

Employees

All RHA employees have a duty of care to ensure that they are:

- Compliant with safeguarding training
- Raise any concerns with ability to complete mandatory safeguarding training
- Raise any safeguarding concerns with their manager
- Support their manager in raising safeguarding concerns

6. Safeguarding Policies and Procedures

This policy and procedure must be read in conjunction with Local Authority Safeguarding Policies and Procedures. Below:

Safeguarding Contact Pack August 2022.doc

Adult & Children

Rochdale Borough Safeguarding Children Partnership

www.rochdalesafeguarding.com

Tri X (Pan Manchester Safeguarding Procedures)

https://greatermanchesterscb.proceduresonline.com/

Our policies and procedures provide a framework within which we will:

- Give people greater choice and control to be independent
- Prevent unsuitable people from working with adults at risk
- Promote safe practice and challenge poor practise
- Identify any concerns about an adult at risk, young person or child being abused or neglected and take appropriate action to keep them safe

Provide guidance for recording and reporting concerns

7. Definitions (Adult/ Children)

Adults at risk

The term "adults at risk" has been used to replace vulnerable adults. This is because the term "adult at risk" focuses on the situation causing the risk rather than the characteristics of the adult concerned.

What is Safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect.

Intercollegiate Document for Adult Safeguarding Roles & Competencies (2018) indicates that safeguarding can include both proactive and reactive interventions to support the health and wellbeing with the engagement of the individual and their wider community.

Who is an adult at risk?
Guidance issued under *Care Act 2014*[1] which supersedes the No Secrets guidance (2000) states that:

".. 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) is experiencing, or at risk of abuse or neglect 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"

An adult at risk can also present with the following;

- Learning or physical disability
- Physical or mental illness, chronic or otherwise, including addiction to alcohol or drugs: or
- A reduction in physical or mental capacity
- Being substantially dependent upon others in performing basic physical functions, or if ability to communicate with those providing services, or to communicate with others, is severely impaired, and, as a result, would be incapable of protecting themselves from assault or other physical abuse, or there is a potential that his/her will or his/her moral well-being may be subverted or overpowered

Definitions (Working Together 2018, 2015)

Child Protection

This refers to the activity which is undertaken to protect specific children who are at risk of suffering 'significant harm'. The following two terms elaborate on this.

Safeguarding & Promoting the Welfare of Children

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

Definition of a child

The legal definition of a child is someone under the age of 18. Some legislation in the UK allows young people from age 16 to make certain decisions for themselves, however safeguarding legislation applies to anyone under the age of 18 because this is the legal definition of a child. According to Working Together 2015 the fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

The Children Act 1989 and 2004 in England and Wales defines a child as someone under 18. Throughout this policy when we refer to a child our meaning (unless otherwise stated) is a person under the age of 18.

Settings

People can be abused in any setting; they may be considered at risk if they receive:

- Accommodation and nursing or personal care in a care home, or
- Personal care in his own home through a domiciliary care agency, or
- Services provided in an establishment catering for a person with learning difficulties
- In consequence of any one or any combination, of the following factors, namely:
  - A substantial learning or physical disability, or
  - A physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs or
  - A substantial reduction in physical or mental capacity due to advanced age,

What is abuse?

- Local Authorities are encouraged within the Care Act guidance to ensure that they do not limit their view of what constitutes abuse or neglect. Each case should be considered on its own merit.
- Incidents of abuse may be one off or multiple and can affect one or more individuals.

8. Recognising the signs of abuse

- Some staff may be particularly well-placed to spot abuse and neglect, as in many cases they may be the only professionals with whom the adult has contact. The

adult may say or do things that hint that all is not well. It may come in the form of a complaint, a call for a police response, an expression of concern, or as part of a disclosure during an assessment. Regardless of how the safeguarding concern is identified, everyone should understand what to do, and where to go locally to get help, support and advice. It is vital that professionals, staff and members of the public are vigilant on behalf of those unable to protect themselves, including:

- Knowing about different types of abuse and neglect and their signs
- Supporting adults to keep safe
- Knowing who to tell about suspected abuse or neglect and
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

The Care Act 2014 defines the following areas of abuse and neglect; they are not exhaustive but are a guide to behaviour that may lead to a safeguarding enquiry. This includes:

Physical abuse

The physical mistreatment of one person by another which may or may not result in physical injury, this may include slapping, burning, punching, unreasonable confinement, pinching, force-feeding, misuse of medication, shaking.

Signs and indicators of physical abuse

Over or under use of medication, burns in unusual places; hands, soles of feet, sudden incontinence, bruising at various healing stages, bite marks, disclosure, bruising in the shape of objects, unexplained injuries or those that go untreated, reluctance to uncover parts of the body.

Sexual abuse

Any form of sexual activity that the adult does not want and or have not considered, a sexual relationship instigated by those in a position of trust, 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.

Signs and indicators of sexual abuse

Signs of being abused may include recoiling from physical contact, genital discharge, fear of males or female, inappropriate sexual behaviour in presence of others, bruising to thighs, disclosure, and pregnancy. Abusers may take

longer with personal care tasks, use offensive language, work alone with clients, or show favouritism to clients.

Financial or material abuse

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

Signs and indicators of material abuse

This may include not allowing a person to access to their money, not spending allocated allowance on the individual, denying access to their money, theft from the individual, theft of property, misuse of benefits. There may be an over protection of money, money not available, forged signatures, disclosure, inability to pay bills, lack of money after payments of benefits or other, unexplained withdrawals. An abuser may be evasive when discussing finances, goods purchased may be in the possession of the abuser, there may be an over keenness in participating in activities involving individuals money

Psychological and/or Emotional abuse

This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. There may be a restriction of freedom, access to personal hygiene restricted, name calling, threat to withdraw care or support, threat of institutional care, use of bribes or threats or choice being neglected

Signs and indicators of psychological and/or emotional abuse

Stress and or anxiety in response to certain people, disclosure, compulsive behaviour, reduction in skills and concentration, lack of trust, lack of self-esteem, someone may be frightened of other individuals, there may be changes in sleep patterns

Neglect and acts of omission

Behaviour by carers that results in the persistent or severe failure to meet the physical and or psychological needs of an individual in their care. This may include 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, wilful failure to intervene or failing to consider the implications of

non-intervention in behaviours which are dangerous to them or others, failure to use agreed risk management procedures, inadequate care in residential setting, withholding affection or communication, denying access to services,

Signs and indicators of neglect and acts of omission

There may be disclosure. Someone being abused may have low self-esteem, deterioration, depression, isolation, continence problems, sleep disturbances, pressure ulcers. There may be seemingly uncertain attitude and cold detachment from a carer, denying individuals request, lack of consideration to the individuals request, denying others access to the individual health care professionals

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.
NB: Follow your Local Authority policy and procedures in respect of any cases of self-neglect.

Discriminatory Abuse

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional

Signs and indicators of discriminatory abuse

There may be a withdrawal or rejection of culturally inappropriate services e.g. food, mixed gender groups or activities. Individual may simply agree with the abuser for an easier life, there may be disclosure, or someone may display low self-esteem. An abuser may react by saying " I treat everyone the same", have inappropriate nick names, be uncooperative, use derogatory language, or deny someone social and cultural contact.

Institutional or Organisational Abuse

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.

Signs and indicators of institutional or organisational abuse

This may include a system that condones poor practice, deprived environment,

lack of procedures for staff, one commode used for a number of people, no or little evidence of training, lack of staff support/supervision, lack of privacy or personal care, repeated unaddressed incidents of poor practice, lack of homely environment, manager implicated in poor practice. There may be a lack of personal clothing, no support plan, lack of stimulation, repeated falls, repeated infections, unexplained bruises/burns, pressure ulcers, unauthorised deprivation of liberty. Abusers may have a lack of understanding of a person's disability, misuse medication, use illegal controls and restraints, display undue/inappropriate physical intervention, and inappropriately use power/control.

Domestic abuse

In 2013 the Home Office announced a change to the definition of domestic abuse to include those aged 16 or over. The definition can encompass but is not limited to psychological, physical, sexual, financial, emotional abuse. There can be an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality and may include Female Genital Mutilation; forced marriage and so called honour based violence. Domestic abuse is not confined to one gender or ethnic group

Domestic abuse is defined by the Home Office (2013) as:

"Any incident or pattern of incidents of controlling, coercive or 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. This can encompass but is not limited to the following types of abuse"

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."*

This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group."

NB: Follow your Local Authority policy and procedures in respect of any cases of Domestic Abuse

http://www.safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL.pdf

Signs and indicators of domestic abuse

May include many of those indicators listed under previous categories in this document, including unexplained bruising, withdrawal from activities, work or volunteering, not being in control of finances, or decision making

Modern slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Signs and indicators of modern slavery

There may be signs of physical or psychological abuse, victims may look malnourished or unkempt, or appear withdrawn. Victims may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. They may be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address. Victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work. People may have little opportunity to move freely and may have had their travel documents retained, e.g. passports. They may be dropped off / collected for work on a regular basis either very early or late at night. Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family[2]

NB: Follow your Local Authority policy and procedures in respect of any cases of Modern Day Slavery

Radicalisation to terrorism

The Government through its PREVENT programme has highlighted how some

adults may be vulnerable to radicalisation and involvement in terrorism. This can include the exploitation of vulnerable people and involve them in extremist activity. Radicalisation can be described as a process, by which a person to an increasing extent accepts the use of undemocratic or violent means, including terrorism, in an attempt to reach a specific political/ideological objective. Vulnerable individuals being targeted for radicalisation/recruitment into violent extremism is viewed as a safeguarding issue.

Signs and indicators of radicalisation to terrorism

May include being in contact with extremist recruiters. Articulating support for violent extremist causes or leaders. Accessing violent extremist websites, especially those with a social networking element. Possessing violent extremist literature. Using extremist narratives to explain personal disadvantage. Justifying the use of violence to solve societal issues. Joining extremist organisations. Significant changes to appearance and/or behaviour.

NB: Follow your Local Authority policy and procedures in respect of any cases of Radicalisation

For any concerns around violent extremism, for both adults and children, contact Greater Manchester Police on **0161 856 1030**.

For information on training on Prevent, please contact Greater Manchester Police on **0161 856 6345**

Who might abuse?

Abuse of adults at risk, young people and children may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

Prevention of abuse

To assist in the prevention of abuse the following factors should be considered:

- Rigorous recruitment practices (including volunteers)
- Internal guidelines for staff
- Training
- Information for users, carers and staff

9. Key Principles for adult safeguarding

There are a number of principles underpinning the work we carry out with adults:

In the safeguarding of all adults, Rochdale Health Alliance are guided by the principles set out in The Care Act (2014) and aim to adopt a person centred approach (making safeguarding personal) and work within the following principles when developing and implementing services for adults

- **Empowerment**
  We give individuals the right information about how to recognise abuse and what they can do to keep themselves safe. We give them clear and simple information about how to report abuse and crime and what support we can give. We consult them before we take any action. Where someone lacks capacity to make a decision, we always act in his or her best interests.

- **Protection**
  We have effective ways of assessing and managing risk. Our complaints and reporting arrangements for abuse and suspected criminal offences work well. People understand how we work and how to make contact with the right people in our organisation. We take responsibility for dealing with any information we have and ensuring the information is provided to the right people.

- **Prevention**
  We help our community to identify and report signs of abuse and suspected criminal offences. We train staff how to recognise signs and take action to prevent abuse occurring. In all our work, we consider how to make communities safer. Working with abuse demands a high level of skill and can be very stressful. Training and support for workers accused of or investigating potential abuse situations are a high priority

- **Proportionality**
  We discuss with the individual and where appropriate, with partner agencies what to do where there is risk of significant harm **before** we take a decision. Risk is an element of many situations and should be part of any wider assessment.

- **Partnership**
  We are good at sharing information locally. We have multi-agency partnership arrangements in place and staff understand how to use these. We foster a "one" team approach that places the welfare of individuals before the "needs" of the system.

- **Accountability**

  The roles of all people are clear, together with the lines of accountability. Staff understand what is expected of them and others involved. Vulnerable people have the right to expect that staff working with them should have the appropriate level of skill. This is particularly important in relation to extremely sensitive issues, such as suspected or alleged abuse. Staff working with vulnerable adults will be trained to recognise signs of abuse, and to recognise disclosure. Staff involved in, or leading investigations, will receive specialist training

10. Safe Staff Recruitment

Rochdale Health Alliance have appropriate systems and procedures in place to ensure the safe recruitment of all staff and volunteers within the organisation who come into contact with adults, young people and children. This should include requirements set out by the Disclosure and Barring Service (DBS).

All employees of Rochdale Health Alliance have a DBS check undertaken and copies of all certificates are kept in the HR files under the management of the Head of Operations.
Any safeguarding concerns following receipt of DBS checks should be managed as per RBSAB multi agency policy and procedure on the management of allegations, available at www.rbsab.org

11. Sharing information

Sharing information is an essential part of effective safeguarding practice. It allows multiple staff and / or agencies to build a complete picture of a situation where one individual or agency would be unable to do so. Often it is only when information from a number of sources is shared that it becomes clear that an adult, young person or child is at risk of harm. This then enables early intervention and prevention work to be carried out.

Confidentiality and *consent* are two key issues and are clarified below. For more information, see the RHA policies for confidentiality , data protection and consent

Confidential information is information which is personal, sensitive, not already lawfully in the public domain, and shared in confidence or the reasonable expectation of confidence.

Confidential information may be shared with the consent of the person who provided it or to whom it relates.

Confidential information may also be shared ***without consent under the following circumstances*:**

- If there is evidence or reasonable cause to believe that an adult is suffering or at risk of suffering significant harm, or of causing significant harm to themselves or others.
- Where an individual 16 years and over lacks capacity to consent supported by the
- To prevent significant harm to children and young people.

12. What to do if you have concerns about an adult or child

If the concerns are regarding a patient whom RHA is providing services to, within the patients GP practice, then the concerns must be raised with the Practice Manager and Senior Partner at the practice.

These concerns should also be raised with the staff member's RHA Manager and an incident form completed.
If concern is regarding a resident in a care home referral to adult care and inform the staff members RHA manager

If the adult or child is in immediate danger, then the Practice Manager and/or the practices lead GP should be notified and the practice guidelines followed. If the practice does not deal with the immediate risk then the local safeguarding teams should be contacted by the member of staff immediately (Contact list is attached at Appendix A) or if the member of staff feels the risk justifies a 999 call to the police then this should be carried out immediately

The appropriate RHA Manager will follow up any concerns with the member of staff and the Practice Manager

13. Allegations against staff and volunteers

Please discuss with Senior Manager and refer to:
- RHA Induction Policy
- RHA Whistleblowing Policy

14. Training Requirements

Induction
All Rochdale Health Alliance staff and volunteers receive an induction (as per organisational requirements).

Training

All Rochdale Health Alliance staff and volunteers receive mandatory training on joining the organisation; this includes safeguarding adults and children's training, including training on types of abuse; recognising signs of abuse; duty of reporting; their role in responding to suspected abuse; risk assessment and management. Training will be updated and refreshed as outlined in the Mandatory Training Policy and the Intercollegiate Documents for Children (2014, Adults 2018 and Channel/Prevent 2017).

15. Prevent Training & Contacts

https://www.rochdale.gov.uk/downloads/download/213/radicalisation-referral-form

Details of local CHANNEL contacts can be found at:

www.gmp.police.uk/advice/advice-and-information/t/prevent/prevent/

16. Monitoring

Minimum Requirement	Frequency	Process for monitoring	Evidence	Responsible Individual (s)	Responsible Committee (s)/Group (s)
Safeguarding alerts/concerns raised by staff	monthly	Oversight Groups	Reports	Senior manager	Oversight Group
Exception reporting on Safeguarding training compliance	quarterly	SMT	Reports	Chair of meeting	QGC
Audit of safeguarding incidents reported	Annually	Incident reports	Audit report	Governance Manager & Head of Operations	QGC
Policy approval by QGC	As required		Minutes of meeting	Chair of meeting	QGC
Communication with staff/implementation	Launch of policy	Email Service Manager	Email/eLearning portal	Admin team	Oversight Group
Archiving of past approved policy	As changes occur	Archiving of documents/tracker sheet	Archive tracker	Admin team	QGC

17. Resource /Implementation Issues:

18. Risk Issues

The main risks from not having a policy in place are
- the inability for staff and the organisation to actively support the welfare of children, young people and adults at risk of abuse and/or neglect
- Non-compliance with statutory and regulated activity

19. Supporting legislation and guidance:

- Mental Capacity Act (2005) - http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf
- Mental Capacity Act - Code of Practice (2007) - https://www.gov.uk/government/publications/mental-capacity-act-code-of- practice
- Human Rights Act (1998) - http://www.legislation.gov.uk/ukpga/1998/42/pdfs/ukpga_19980042_en.pdf
- Equality Act (2010) - http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf
- Mental Health Act (2007) - http://www.legislation.gov.uk/ukpga/2007/12/pdfs/ukpga_20070012_en.pdf
- Criminal Justice Act (2003) - http://www.legislation.gov.uk/ukpga/2003/44/pdfs/ukpga_20030044_en.pdf
- Counter Terrorism and Security Act (2015) - http://www.legislation.gov.uk/ukpga/2015/6/pdfs/ukpga_20150006_en.pdf
- Data Protection Act (1998) - http://www.legislation.gov.uk/ukpga/1998/29/pdfs/ukpga_19980029_en.pdf
- Prevent Training and Competencies Framework- NHS England (2017)
- Adult Safeguarding: Roles and Competencies for HealthCare Staff (2018)
- Children Act (2004) - http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf
- Safeguarding children and young people: roles and competencies for health care staff. Intercollegiate document (2014) - https://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20(3)_0.pdf
- NICE CG89 Child Maltreatment Guidance (2009-11) - https://www.nice.org.uk/guidance/CG89/

20. Safeguarding statement

RHA Safeguarding Statement is attached at Appendix B

21. References

Adult Safeguarding: Roles and Competencies for HealthCare Staff (2018)

The Care Act 2014
http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Disclosure and Barring Service (DBS)
https://www.gov.uk/disclosure-barring-service-check/overview

The Rehabilitation of Offenders Act 1974, 1986 amendment
http://www.legislation.gov.uk/ukpga/1974/53

PREVENT and Channel strategy (prevention of radicalisation against terrorism)

**https://www.gov.uk/government/uploads/system/uploads/attachment_dat
a/file/97976/prevent-strategy-review.pdf**

Nursing and Midwifery Council (NMC)

http://www.nmc.org.uk/

Working Together to Safeguard Children (2018)

22. Review
This policy will be updated in 3 years or sooner in light of new
legislation/guidance

Useful Local Safeguarding contact details

HMR CCG QUALITY AND SAFEGUARDING TEAM - MON – FRI, 8AM – 5PM
Main Tel: 01706 664180
gmicb-hmr.safeguarding@nhs.net

Chief Nurse and Associate Director of Quality and Safeguarding –
Alison Kelly– Mobile 07747 475380 or alison.kelly3@nhs.net

Designated Nurse Safeguarding Children & Cared for Children –
Joanne Hodgkinson– Mobile 07990 736568 or joanne.hodgkinson@nhs.net

Adult Quality, Safety and Safeguarding Lead –
Sue Calvert– Mobile 07747 473522 or susan.calvert5@nhs.net

Adult Safeguarding Designated Professional and Deputy Adult Quality Lead –
Alyson Harvey - Mobile 07786 020975 or alyson.harvey1@nhs.net

Quality and Safeguarding Manager –
Shabnam Sardar – Mobile 07825 677058 or shabnam.sardar@nhs.net

Quality and Safeguarding Manager - Children –
Jackie Woodall – Mobile 07775 545936 or jacqueline.woodall@nhs.net

Safeguarding Specialist Nurse –
Nicola Gainsborough – Mobile 07717801367 or ngainsborough@nhs.net

Quality Improvement Nurse –
Trish Garvey –Mobile 07786 020955 or p.garvey1@nhs.net

Serious Incident Officer and PA to Alison Kelly –
Bev Schofield - bschofield@nhs.net

Safeguarding and Quality Support Officer –
Hannah Howe h.howe2@nhs.net

Quality Support Officer & Ulysses Support Officer –
Danielle Saunders danielle.saunders2@nhs.net

HMR CCG Safeguarding Named GP – Dr Imran Ghafoor - i.ghafoor1@nhs.net

Ref:Incident & Risk	Issue date: 5.2.19	Version number:V3-
Status: Approved	Next review date: Sep 2025	Page	26

Appendix B. Safeguarding statement for Rochdale Health Alliance

Rochdale Health Alliance believes that it is unacceptable for anyone to experience abuse of any kind and recognises its responsibility to safeguarding the welfare of all adults, young people and children by a commitment to practice which protects them.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it

Abuse of adults at risk, young people or children may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

It is not always obvious when someone is being abused, there may be specific signs, or your instincts may tell you something is wrong. Abuse is never acceptable in any circumstances, and everyone has the right to be safe. Safeguarding adults, young people and children is everyone's business.

Working in partnership with the community and safeguarding authorities, Rochdale Health Alliance aims to make sure that adults at risk using its services are listened to and protected from abuse. Rochdale Health Alliance staff must report all incidents or concerns they have relating to the wellbeing of an adult at risk, young person or child

Members of the public who have concerns should follow guidance offered by their local Adult Safeguarding Board or Children's Safeguarding Board.

If you wish to notify or log a safeguarding concern about an adult at risk, young person or child accessing Rochdale Health Alliance you can contact the following:

Refer to Appendix A