

Healthwatch Kingston Safeguarding Policy and Procedures

1. Scope

This policy applies to

Employees	x
Contractors	x
Volunteers	x
Partners	x
Suppliers	x
Consultants	x

Unless otherwise stated, this policy and procedure is non-contractual, does not form part of any contract of employment, and may be adapted or amended at any time by the Board of Trustees.

2. Policy Statement

Healthwatch Kingston is committed to safeguarding and promoting the dignity, wellbeing and safety of children, young people, and adults at risk, across all its activities. Healthwatch Kingston believes that all children, young people, and adults have the right to be safe from harm and should be able to live free from violence and the fear of abuse, maltreatment, neglect and exploitation. This policy is a statement of intent and will be implemented as a procedure.

3. Definitions

The purpose of this policy is to outline the duty and responsibility of the Board of Trustees (hereafter Trustees), staff, Active Affiliates, and other volunteers working on behalf of Healthwatch Kingston in relation to the protection of children, young people, and adults at risk from abuse, maltreatment and neglect. Appendix 1 details types of abuse.

The policy relates to all children, young people and adults who may be at risk of abuse (including exploitation, neglect, physical, sexual and emotional abuse). Some people, including those with physical, sensory and mental impairments and learning disabilities, are less able to protect themselves than others, and some have difficulty making their wishes and feelings known. This may make them vulnerable to abuse. Safeguarding is more than just protection; it is about promoting and protecting the safety, independence, and wellbeing of vulnerable people.

For the purpose of this policy a child is defined as a person under the age of 18 and an adult is defined as a person aged 18 years or over.

4. External Standards

[The Children's Act 1989](#) sets out the legislative framework for safeguarding and promoting the welfare of children and the [Children's Act 2004](#) underpins the 'Every Child Matters: Change for Children' programme.

[The Public Interest Disclosure Act 1998](#) created a framework for whistle blowing across the private, public and voluntary sectors. The Act protects individuals in the workplace from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

[The Human Rights Act 1998](#) gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR), including the right to life (Article 2), protection from inhuman and degrading treatment (Article 3), the right to liberty and security (Article 5) and the right to family life (Article 8).

[The Mental Capacity Act 2005](#) provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

[The Safeguarding Vulnerable Groups Act 2006](#) created a framework for checking the records of those who wanted to work with vulnerable groups by vetting and barring certain people from working with children and adults who are considered vulnerable because of their age, illness or disability.

['Working Together to Safeguard Children' \(Department for Education, 2013 and later versions\)](#) is statutory guidance for local authorities and schools which sets out how organisations and individuals should work together to safeguard and promote the welfare of children and how practitioners should conduct the assessment of children.

Local authorities are required to put in place a coherent framework within which all responsible agencies work together to ensure the protection of children or adults at risk of abuse. This policy therefore takes account of the agreed arrangements put in place by the Royal Borough of Kingston upon Thames (RBK).

[The Care Act 2014](#) places adult safeguarding on a statutory footing for the first time and describes the circumstances when local authorities must make enquiries about matters coming to their attention. The legislation established [Safeguarding Adults Boards \(SAB\)](#) to oversee the work of the various agencies involved in the care and support of adults in need of care and protection. Healthwatch Kingston is a member of the Kingston SAB.

5. Procedures

6.1 General

Healthwatch Kingston's Designated Safeguarding Manager (DSM) is the Chief Executive Officer of Healthwatch Kingston. There is also a Board level lead for safeguarding.

Trustees, staff, Active Affiliates, and other volunteers must report any suspicion, allegation or incident of abuse to Healthwatch Kingston's DSM and Board lead/advisor for safeguarding, copying in the Deputy Chief Officer (DCO) without delay or as soon as it is practical to do so. In the very unlikely event that no one can be contacted at Healthwatch Kingston the appropriate RBK Safeguarding Team, copying in the DSM, Board lead for safeguarding and DCO. If the Chief Executive Officer is implicated in the abuse, then the Board lead for safeguarding and the Chair of Healthwatch Kingston must be contacted. The appropriate Safeguarding Team contact details are as follows:

[Safeguarding Adults and Mental Capacity Act Team](#)

Tel: 020 8547 4735

Email: adult.safeguarding@Kingston.gov.uk (secure address)

[Children's Safeguarding Single Point of Access \(SPA\) Team](#)

Tel: 020 8547 5008 or 020 8770 5000 (out of hours duty social worker) Email:

spa@rbk.Kingston.gov.uk.cjism.net (secure address)

If a person is in immediate danger, the emergency services must be contacted immediately and the DSM, DCO and Board lead/advisor for safeguarding must be notified as soon as possible. If possible, ensure prompt action is taken to minimise the risk of harm or any further abuse, maltreatment or neglect. This is particularly important if the person remains in or is about to return to the place where the alleged abuse occurred or the alleged abuser is likely to have access to the person or others who might be at risk.

If the person is not in immediate danger a written record of any disclosure, concern or suspicion should be made. How to behave in the event of someone making a disclosure is detailed in Appendix 2. The record should detail the facts, based on evidence of what is seen, heard or smelled, clearly distinguishing fact from opinion. The sooner this is done the better.

Once a record has been completed it should be given to the DSM, DCO and Board lead/advisor for safeguarding unless the situation dictates otherwise as detailed above. The DSM, DCO and Board lead for safeguarding may seek further information but will decide whether or not to refer the matter to the appropriate Safeguarding Team at RBK. This may include acting when there is:

- Cause for concern, which highlights, for example, unmet need or increased risks (e.g. observed during an Enter and View visit)
- Uncertainty on whether to report or not or there is any doubt, for example, the vulnerability of the person is uncertain
- Suspicion, allegation, or incident of abuse taking place

NB: When the concerns relate to a person who lives or receives services in another local authority area, both local authority Safeguarding Teams must be informed.

If the concern relates to a child or young person under the age of 18 the DSM will always report the matter after consultation with the Board lead/advisor for safeguarding.

The DSM will keep the person(s) raising a safeguarding issue informed of developments and will offer personal support if requested. The DSM will respond to any requests from the appropriate Safeguarding Team with respect to any subsequent investigation.

If the alleged perpetrator is a Trustee, staff member, contractor, Active Affiliate, or other volunteer they will be suspended in accordance with Healthwatch Kingston's **Disciplinary Procedures**. Support will be made available to any Trustee, staff member, contractor, Active Affiliate, or other volunteer who is the subject of an allegation. Every effort will be made to keep the details of the allegation confidential, and guard against publicity, whilst the suspicion, allegation or incident is being investigated. Reinstatement or otherwise and the right to appeal will be determined by the outcome of any investigation.

6.2 Information Security and Governance

Where a disclosure has been made, Trustee, staff member, contractor, Active Affiliate or other volunteer must let the individual know that they must inform the Healthwatch Kingston DSM who may contact an appropriate Safeguarding Team at RBK. If a child, young person or adult confides with a Trustee, staff member, contractor, Active Affiliate or other volunteer and requests that the information is kept confidential, it is important that the Trustee, staff member, contractor, Active Affiliate or other volunteer tells the individual that they will respect their right to confidentiality as far as they are able to, but that they are not able to keep the matter confidential and that they must inform the Healthwatch Kingston DSM. Within this context, however, the individual should be assured that the matter would be disclosed only to people who need to know about it.

If the victim or any other person requests that a concern is not investigated, it must be made clear that referral to the appropriate Safeguarding Team will always be made to enable them to undertake a risk assessment and to verify whether there is a legal duty to act. The individual should be told that they would be fully consulted about further action at the point of the initial investigation.

The individual's involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account. Where possible, consent should be obtained from the adult individual before sharing personal information with third parties. However, where this is not given, or it is neither possible nor desirable to obtain consent, information will be shared as the safety and welfare of the individual and others is the over-riding priority.

Trustees, employees, contractors, Active Affiliates or other volunteers have a duty and a professional responsibility to share relevant information about the protection of children,

young people and adults at risk in line with local safeguarding procedures (further information at www.kingston.gov.uk). Where the matter is witnessed in the course of duties or on site at an office base, reporting will be in line with Healthwatch Kingston reporting procedures.

The DSM will keep all written records and personal information, regarding a child, young person or adult at risk confidential and secure.

Healthwatch Kingston will co-operate in the sharing of appropriate information based on the following principles:

- Information will be shared on a need-to-know basis when it is in the best interest of the individual and especially to protect vulnerable people
- Confidentiality must not be confused with secrecy
- Informed consent should be obtained, but if this is not possible and other people are at risk, it may be necessary to override this requirement
- It is inappropriate to give absolute confidentiality in cases where there are concerns about abuse, particularly when other people may be at risk or there is a legal duty to report criminal activity
- A person must not be put at risk of abuse by failure to share information necessary for their protection
- Any exchange of information must be in accordance with the [Data Protection Act 2018](#) and the [Human Rights Act 1998](#)
- All information sharing and record keeping will be compliant with the requirements of the [General Data Protection Regulations](#).

6.3 Recruitment, Induction and Training

Healthwatch Kingston operates policies and procedures that take account of the need to safeguard and promote the welfare of children, young people and adults who are considered vulnerable because of their age, illness or disability, including arrangements for appropriate checks on new trustees, staff and volunteers (e.g. references, previous employment history and verifying the identity of applicants).

An application for a criminal records check will be made through the [Disclosure and Barring Service \(DBS\)](#), to assess the applicant's suitability for positions of trust, at the time of appointment and every three years thereafter. If the person selected starts their role before the DBS Disclosure is received, they will not be able to work with children, young people or adults at risk until a satisfactory Disclosure is received.

The nature of the post will determine the level of DBS check that is required.

Healthwatch Kingston's policy is to encourage all who have a DBS certificate to join the DBS update service as this will facilitate speedier future checking. Similarly, Healthwatch Kingston will welcome new applicants who are already users of this service.

Healthwatch Kingston's induction process ensures that trustees, staff and volunteers are aware of this policy, including their responsibilities for safeguarding and the procedures for

dealing with concerns or allegations of abuse. Basic Safeguarding training is available for all Trustees, staff and volunteers working with children, young people and adults at risk, appropriate to their needs, role and level of contact with vulnerable individuals. Trustees, staff and volunteers are also expected to develop their safeguarding knowledge and expertise. Training and development needs are recorded and reviewed as part of the Healthwatch Kingston's operational arrangements.

6.4 Social media and e-communications

Healthwatch Kingston recognises the importance of an effective presence on a variety of social media platforms but recognises the harm that can be caused to individuals and the organisation if these opportunities are misused. The policy and associated guidance set out below is designed to mitigate opportunities for online grooming or bullying.

When working with young people (13-17) or vulnerable adults, employees and volunteers should not communicate privately outside of agreed Healthwatch Kingston working hours.

If a young person or vulnerable adult makes contact outside of agreed Healthwatch Kingston working hours, the employee should wait until back on duty to respond. If however, contact has been made in relation to a safeguarding issue, the DSM must be notified immediately and the safeguarding procedures followed.

Employees and volunteers should not store personal contact details of young people or vulnerable adults on their personal devices. Contact with young people and vulnerable adults should only be made through specific work devices.

6.5 Multi Agency Working

Responsibility for adult safeguarding is shared across the health and social sector and is a priority for commissioners and providers of services as it is for Healthwatch Kingston. The Kingston Safeguarding Adults Partnership Board is responsible for leading on adult safeguarding and promoting the use of the Mental Capacity Act (2005). Senior staff that are able to make decisions and commit resources on behalf of their organisations sit on the board, which is responsible for:

- Developing a strategy to ensure adult safeguarding is delivered across the borough
- Conducting case reviews
- Producing an annual report

Kingston Local Safeguarding Children's Partnership is a statutory body that is responsible for ensuring that all agencies working with children, young people and families in Kingston work well together to promote children's safety and welfare. The board coordinates the work of local agencies and checks its quality to ensure children's safeguarding is effective. It is led by an independent chair.

Appendix 1: Types of Abuse

Introduction

Abuse, maltreatment and neglect can be passive or active; it can consist of a single act or repeated acts. It may be physical, verbal or psychological, or it may occur when a vulnerable person is persuaded to enter into a relationship to which he or she has not consented, or cannot consent.

Abuse can vary from treating someone with disrespect in a way that significantly affects the person's quality of life, to causing actual physical suffering or by failing to prevent harm. It is behaviour towards a person that can be either deliberate or an act of neglect or an omission to act, perhaps as a result of ignorance, or lack of training, knowledge or understanding.

Individuals may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. Anyone can be a perpetrator of abuse; it could be a paid carer, volunteer or a health or social care worker; a relative, friend, neighbour or an occasional visitor; another resident or service user, or someone who is providing a service.

Abuse of children

Children may be abused by an adult or adults, or another child or children. The '[Working Together to Safeguard Children](#)' guidance published by the Government defines four categories of abuse as follows:

Physical Abuse

This 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

This is 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, unloved or inadequate. It may involve bullying, causing children to feel frightened or in danger.

Sexual Abuse

This type of abuse involves forcing or enticing a child to take part in sexual activities, including prostitution whether or not the child is aware of what is happening. Examples of physical contact include penetrative acts (rape, buggery or oral sex) or non-penetrative acts (kissing, fondling, masturbation). It may include non-contact activities involving children in looking at or be involved in sexual online images and or encouraging children to behave in sexually inappropriate ways.

Neglect

This is the persistent failure to meet a child's basic physical and or psychological needs, likely to result in the serious impairment to the child's health and development. It can include failing to provide adequate food, clothing and shelter, adequate supervision or failing to provide medical help when needed.

In addition, more recent editions of 'Working Together' reference:

Child Sexual Exploitation (CSE) and Contextual Safeguarding

CSE is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them. Sexual exploitation can also happen to young people in gangs. Contextual safeguarding refers to situations in which young people are impacted by being involved in serious youth violence, county lines drug distribution networks and experiencing other forms of coercive behaviour.

Abuse of adults

Adult abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it.

Physical Abuse

Including hitting, slapping, pushing, kicking, , rough handling, force-feeding, misuse of medication, restraint, or inappropriate sanctions (e.g. deprivation of food, clothing, warmth and healthcare).

Sexual Abuse

Including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.

Psychological and Emotional Abuse

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, enforced social isolation or withdrawal from services or supportive networks.

Financial or Material Abuse

Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and Acts of Omission

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

Discriminatory Abuse

Including racist or sexist abuse and abuse based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment. Other types of abuse include trafficking, modern slavery, domestic abuse, honour-based violence (perpetrated against someone who is perceived to have brought shame or dishonour on a family or even a community), forced marriages and hate crime incidents.

Online Abuse

Adults can be impacted by online abuse that can result in bullying, emotional abuse and sexual exploitation.

Appendix 2: How to act in the event of a disclosure

For most people being told by someone that they have been subjected to some form of abuse will be a distressing and upsetting experience. How you react to this information and your subsequent behaviour towards the individual concerned will determine how well you are able to respond. For instance, you should:

- Remain calm (do not show shock or disbelief)
- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them immediately
- Listen carefully to what is being said and record it in detail
- Keep questions to the minimum necessary to understand what is being alleged
- Take all necessary precautions to preserve and protect forensic evidence
- Offer sympathetic support and reassurance by acknowledging regret and concern for what has happened (e.g. that it was not their fault and they were right to tell you)
- Confirm that the information will be treated seriously
- Explain that you must inform your Manager and that they may contact the appropriate safeguarding team at the Council
- Explain that the information will only be passed to those who need to know
- Give the person contact details so that they can report any further issues or ask any questions that may arise
- Remember the need for on-going support such as signposting the individual who is being abused to appropriate sources of advice and support

Conversely, you should NOT:

- Panic
- Ignore or disbelieve the allegation or dismiss what you see or have been told
- Be judgmental or voice your own opinion
- Investigate or interview beyond that which is necessary to establish the facts
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- Press the person for more details, although you should not stop someone who is freely recalling significant events, as they may not tell anyone again
- Ask leading questions (e.g. suggesting names of who may have perpetrated abuse if the person does not disclose it)
- Assume information
- Disturb or destroy possible forensic evidence (e.g. clean a person or area involved)
- Interview or consult others not directly involved with the situation
- Promise to keep secrets
- Make promises that you cannot keep (such as "this will not happen to you again")
- Confront or contact the alleged abuser, or anyone who might be in touch with them
- Elaborate in your notes.

It is very important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred or for verifying that information is true. This is a task for the professional protection

agencies. Furthermore, offering promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the individual.

Appendix 3: Safeguarding guidance for staff and Board 31st March 2020

Rationale for guidance

HWK has recently received a number of notifications about safeguarding concerns from members of the public following on from its more substantial engagement with this aspect of RBK Adult Social Care Service's work since November 2018, particularly through the formation and work of the Community Reference Group.

This higher safeguarding profile has however resulted in a concern that through the notifications, staff may become drawn into aspects of casework activity, which is not within the scope of their role, they are not qualified to perform and that our insurance does not cover. This guidance has been produced to address this issue and, specifically, to minimise organisational risk.

Our over-arching responsibility

As a public body we are required to refer to statutory services any situation a staff or board member may encounter through our work where we have a concern that someone, an adult or child, is being harmed or is at risk of being harmed. This is an automatic requirement in the case of a child.

As this reporting is a public duty, our approach will be guided by an assessment of what we see, hear and read, cross-checked with the Chief Officer and/or the board lead for safeguarding before being referred to the relevant agency. The only exception to this would be a direct contact in response to a witnessed emergency situation i.e. direct sight of a person being physically abused.

Key principles

- Healthwatch Kingston is not a casework service
- Healthwatch Kingston cannot and must not offer safeguarding advice or guidance
- Healthwatch Kingston must pass on information received in any context that suggests an individual has or is being harmed or is at risk of so being and we have systems to assess this information
- In the case of adults disclosing abuse, we will be guided by the principles of the Care Act 2014 concerning confidentiality, capacity and consent.

Appendix 4: Responding to people with complex concerns and complaints about health and social care services

There is a judgement call to be made about whether reports of serious concern is evidence of thematic institutional abuse or negligence which should involve communication with the CQC, or an individual's dissatisfaction with a service.

This is particularly the case when a service user or their advocate/carer raises the stakes and 'shroud waves'. This means that the service user or their advocate/carer indicates that they believe a critical incident will occur imminently if an agency intervention is not immediately forthcoming. At such times staff will require support and should be able to pass responsibility either for de-escalation or targeted reporting by the Chief Executive Officer or safeguarding Board lead/advisor.