

**Safeguarding Policy Revised Draft February 2019
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Table of Contents

Safeguarding Policy & Procedure	
Background	1
Legal Framework.....	1
Scope.....	2
Procedure.....	2
Information Sharing and Confidentiality.....	3
Recruitment, Induction and Training.....	4
Social Media and e-Communication Safeguarding Policy	5
Healthwatch Kingston’s Online Presence	5
Board Members and Staff	5
Volunteers.....	5
Previous Links on Social Networks.....	5
Multi Agency Working.....	5
Resources	6
Document Control	7
Appendix 1 – Types of Abuse	
Introduction	
Abuse of Children.....	
Abuse of Adults	
Appendix 2	
How to Act in the Event of Disclosure	

Safeguarding Policy & Procedure

1. Background

Healthwatch Kingston (hereafter HWK) is committed to safeguarding and promoting the dignity, wellbeing and safety of children, young people and adults at risk, across all its activities. HWK 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.

2. Legal Framework

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's 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) 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 Adult Safeguarding Boards (ASB) to oversee the work of the various agencies involved in the care and support of adults in need of care and protection. HWK will be actively involved in the work of the Kingston ASB. At January 2018, the Chair of HWK is a full member of the ASB.

3. Scope

The purpose of this policy is to outline the duty and responsibility of the Board of Trustees (hereafter Trustees), staff and volunteers (known as active affiliates) working on behalf of HWK 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 and mental 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 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. Procedure

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

Trustees, staff and volunteers must report any suspicion, allegation or incident of abuse to HWK's DSM without delay or as soon as it is practical to do so within one working day. In the absence of the DSM they must report to another member of staff AND the Board lead for safeguarding. In the very unlikely event that no one can be contacted at HWK the appropriate Safeguarding Team must be contacted directly and the DSM notified at the earliest possible opportunity thereafter. If the Chief Officer is implicated in the abuse then the Board lead for safeguarding must be contacted and if this person is unavailable, then the appropriate Safeguarding Team 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 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. The information provided should be similar to that requested by the appropriate Safeguarding Team (details available online at www.kingston.gov.uk or via the DSM).

Once a record has been completed it should be given to the DSM unless the situation dictates otherwise as detailed above. The DSM will decide whether or not to refer the matter to the appropriate Safeguarding Team at RBK. This may include taking action when there is:

- Cause for concern, which highlights, for example, unmet need or increased risks (e.g. observed during an Enter & 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

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.

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 or volunteer they will be suspended from any further involvement in the work of HWK. If the perpetrator is a member of staff they will be suspended in accordance with HWK's disciplinary policy and procedure. Support will be made available to any Trustee, staff member or 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.

5. Information Sharing and Confidentiality

Where a disclosure has been made, Trustees, staff and volunteers must let the individual know that they must inform the HWK Manager who may contact an appropriate Safeguarding Team at RBK. If a child, young person or adult confides with a Trustee, a member of staff or a volunteer and requests that the information is kept confidential, it is important that the trustee, member of staff or 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 secret and that they must inform the HWK Manager. Within that 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 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, staff and 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 the office base, reporting will be in line with HWK reporting procedures.

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

HWK 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 must 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 1998 and the Human Rights Act 1998
- All information sharing and record keeping will be compliant with the requirements of the GDPR which came into force on May 25th 2018

6. Recruitment, Induction and Training

HWK 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.

HWK'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, HWK will welcome new applicants who are already users of this service.

HWK'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 HWK's operational arrangements.

7. Social Media and e-Communication Safeguarding Policy

HWK 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 against opportunities for on line grooming or bullying.

7.1 *Healthwatch Kingston's Online Presence*

HWK will ensure:

- 7.1.1 Its online presence does not breach confidentiality or equal opportunities requirements and that HWK's good reputation is maintained
- 7.1.2 Appropriate privacy settings are in place
- 7.1.3 Photographs are only uploaded with the consent of all those pictured
- 7.1.4 Regular checks that the social media content is appropriate and up to date are undertaken by a designated board member
- 7.1.5 The HWK corporate identity is used correctly and identifies the site by the appropriate name and branding
- 7.1.6 Any complaints that may be brought up on the site are responded to at the earliest opportunity, taken to a private communication channel and follow the organisation's complaints procedure.

7.2 *Board Members and Staff*

- 7.2.1 Board members and staff ensure that they do not breach the confidentiality or dignity of colleagues or volunteers, or compromise HWK's reputation in their personal blogs or on social networking accounts.
- 7.2.2 Board members and staff are encouraged to promote and celebrate HWK's successes and news in their personal blogs or on social network accounts, within the boundaries of confidentiality and respect as above.
- 7.2.3 Staff should not engage in personal social networking activities during work hours.
- 7.2.4 HWK staff will not add any current volunteer, or service users they engage with during the course of their work, as a Facebook friend; in order to maintain the appropriate service boundaries. Volunteers and service users may follow HWD fan pages or Twitter accounts and share messages from them.
- 7.2.5 Breaches of confidentiality or equal opportunity and diversity policies are treated seriously, and may be addressed through the organisation's disciplinary procedures.
- 7.2.6 Board members and staff will not use the HWK logo or corporate identity materials on personal websites, blogs or social networking accounts. They may use and encourage others to use specific HWK promotional material as approved by HWK.

7.2.7 New board and staff must receive this policy as part of their induction into HWK.

7.3 Volunteers

7.3.1 Volunteers ensure that they do not breach the confidentiality or dignity of colleagues or other volunteers if they discuss HWK in their personal blogs or on social networking accounts.

7.3.2 Volunteers are encouraged to promote and celebrate HWK's successes and news in their personal blogs or on social network accounts within the boundaries of confidentiality and respect as above.

7.3.3 Volunteers will not use the HWK logo or corporate identity materials on personal websites, blogs or social networking accounts.

7.3.4 Breaches of confidentiality or equal opportunities and diversity policies are taken seriously and may result in the volunteer being asked to leave the organization.

7.3.5 New volunteers receive this policy as part of their induction into Healthwatch.

7.4 Previous Links on Social Networks

7.4.1 HWK recognises that in the community it serves, volunteers, board members and staff may have been friends or acquaintances prior to their involvement with HWK. There is no desire to police personal relationships; these procedures are intended only to maintain appropriate service boundaries and to protect the reputation of HWK and the confidentiality of those we work with.

7.5 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 HWK. 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 Board (LSCB) 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.

8. Resources

The following resources are available online and include e-Learning, guides, reports and other sources of safeguarding information:

Kingston Council: Safeguarding Adults Local Protocol

(www.kingston.gov.uk/downloads/file/37/kingston_council_safeguarding_adults_-_local_protocol)

Kingston Council: Joint Protocol between Children and Adult Services

(www.kingstonandrichmondscb.org.uk/media/upload/fck/file/Policies%20and%20Procedures/Kingston%20&%20Richmond%20LSCB%20See%20the%20adult%20see%20the%20child%20Protocol%20final%20July%202015.pdf)

Social Care Institute for Excellence

(www.scie.org.uk/adults/safeguarding/resources/index.asp)

The Association of Directors of Social Services

(www.adass.org.uk/adassmedia/stories/Publications/Guidance/safeguarding.pdf)

Care Quality Commission

(www.cqc.org.uk/sites/default/files/documents/20130123_800693_v2_00_cqc_safeguarding_protocol.pdf)

Department of Health

(www.gov.uk/government/uploads/system/uploads/attachment_data/file/215715/dh_125_036.pdf)

The Charity Commission (www.gov.uk/government/publications/safeguarding-children-and-young-people/safeguarding-children-and-young-people)

9. Document Control

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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.

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. The Department of Health in its 'No Secrets' report suggests the following as the main types of abuse:

Physical Abuse

Including hitting, slapping, pushing, kicking, pushing, 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
- Press the person for more details, although you 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.