

## **Policies and procedures**

# **Safeguarding: Adults and Children**

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## Safeguarding Adults

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### The purpose of having an Adult Safeguarding Policy

**Healthwatch Havering is committed to safeguarding and promoting 😊 the welfare of vulnerable adults engaged in its activities. The purpose of this policy is to outline the duty and responsibilities of Healthwatch Havering directors, staff and**

## **volunteers in relation to the protection of vulnerable adults from abuse.**

**All adults have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation.**

The key objectives of this policy are:

- To explain the responsibilities of Healthwatch Havering, its staff and volunteers have in respect of vulnerable adult protection.
- To provide staff and volunteers with an overview of vulnerable adult protection.
- To provide a clear procedure that will be implemented where vulnerable adult protection issues arise.

The Members of Healthwatch Havering in general Meeting have overall responsibility for staff and volunteers:

- Members have delegated responsibility to the Chairman/Company Secretary for developing a strategy, policies and procedures for staff and volunteer members. The Community Support Office together with the Office Manager will ensure these are implemented effectively
- This policy forms part of the induction process for staff and volunteer members and all staff and volunteer members are required to read the policy
- A written copy of the policy will be available to all staff and volunteer members in the office

- New staff and volunteer members will receive an on-line copy sent to their personal Healthwatch Havering email address.
- All staff and volunteers working on behalf of Healthwatch Havering have a duty to promote the welfare and safety of vulnerable adults
- Staff and volunteers may receive disclosures of abuse and observe vulnerable adults who are at risk
- This policy will enable staff/volunteers to make informed and confident responses to specific adult protection issues

### **The broad definition of a vulnerable adult**

**The broad definition of a ‘vulnerable adult’ referred to in the 1997 Consultation Paper ‘Who Decides?’ issued by the Lord Chancellor’s Department, is a person “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.**

For the purpose of this policy ‘adult’ means a person aged 18 years or over.

Some adults 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.

Adult abuse can happen to anyone who is over 18.

Safeguarding will apply to anyone who:

- has needs for care and support (whether the local authority is meeting any of those needs or not); and
- 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.

These adults, for example, may be frail due to age, ill health, physical disability or cognitive impairment, or a combination of these:

- have a learning disability
- have a physical disability and/or a sensory impairment
- have mental health needs including dementia or a personality disorder
- have a long-term illness/condition
- be users of substances or alcohol
- be unable to demonstrate the capacity to decide and needs care and support.

## **Legal Framework**

**This guidance reflects the principles contained within the Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998.**

- The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves or who have capacity and want to prepare 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 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)
- The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions

### **What is abuse?**

**Abuse is a violation of an individual's human and civil rights by any other person or persons. Adult abuse is when something is said or done to an adult at risk that makes them feel upset, hurt or frightened. Abuse is not always intentional, but it causes harm so something should be done to stop it from happening again.**

- 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 it may result in significant harm to, or exploitation of, the person subjected to it
- It may be caused by anyone who has power over the person. The person responsible for the abuse is very often well known to the person being abused and could be:

- ❖ a spouse or partner
  - ❖ son or daughter
  - ❖ a relative
  - ❖ a friend
  - ❖ a paid or unpaid carer
  - ❖ a neighbour
  - ❖ a health or social care professional
  - ❖ another resident or service user
- Abuse can be caused by a person deliberately intending to harm or neglect, failing to take the right action or through their ignorance. It can involve one or a number of people.

**There are many types of abuse including:**

- Physical abuse – including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions
- Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks

- Financial or material abuse – including theft, fraud, exploitation, and pressure in connection with wills, property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits
- Institutional abuse – including the inappropriate use of power and control both on the person and their possessions, failure to provide access to appropriate health, social care or educational services, lack of individual care and disrespect
- Discriminatory abuse – including racist, sexist, that based on a person’s disability, age or sexuality and other forms of harassment, slurs or similar treatment
- 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
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation



- Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

### **Procedure in the event of a Disclosure.**

**It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously.**

- This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a vulnerable adult has been abused
- Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the individual
- A full record shall be made as soon as possible of the nature of the allegation and any other relevant information
- This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed and the account which has been given of the allegation.

## Responding to an allegation

### Important:

- **In alerting or raising a concern about abuse, you are not being asked to verify or prove that the information provided is true. The responsibility in establishing if a crime has taken place lies with the police**
- **Remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated Vulnerable Adult Protection Officer**

### Responding appropriately to an allegation of abuse and in the event of an incident or disclosure:

#### **DO**

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them Listen and observe
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain areas of confidentiality

- Immediately speak to your manager for support and guidance
- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support

### **DO NOT**

- Ignore the allegation
- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume information
- Make promises
- Elaborate in your notes
- Panic

### **Healthwatch Havering – raising a concern**

**Staff and volunteers must report all safeguarding concerns, including any allegations of abuse implicating a worker or another**

**adult, to HWH Designated Safeguarding Officer – this is the Community Support Officer.**

**Any suspicion, allegation or incident of abuse must be reported on that working day where possible.**

- **Contact: Healthwatch Havering’s Community Support Officer on 01708 303300. You may also contact any of the management team directly using their mobile numbers.**

### **London Borough of Havering – raising a concern**

**Any suspicion, allegation or incident of abuse must be reported to the designated Vulnerable Adult Protection Officer on that working day where possible:**

Contact the Assessment Team at London Borough of Havering Council:

- Telephone 01708 433550 Office hours 9–5pm
- Telephone 01708 433999 Out of Hours
- Email: [Safeguarding\\_Adults@haverling.gov.uk](mailto:Safeguarding_Adults@haverling.gov.uk)

### **Confidentiality**

**Vulnerable adult protection raises issues of confidentiality, which should be clearly understood by all.**

- Staff and volunteers have a professional responsibility to share relevant information about the protection of vulnerable adults with other professionals, particularly investigative agencies and adult social services
- Clear boundaries of confidentiality will be communicated to all

- All personal information regarding a vulnerable adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form
- If an adult confides in a member of staff or volunteer and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies
- Within that context the adult should, however, be assured that the matter will be disclosed only to people who need to know about it
- Where possible, consent should be obtained from the adult before sharing personal information with third parties
- In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority
- Where a disclosure has been made staff should let the adult know the position regarding their role and what action they will have to take as a result
- Staff should assure the adult that they will keep them informed of any action to be taken and why. The adult's involvement in the process of sharing information should be fully considered and their wishes and feelings considered

## **The role of key individual agencies**

### **Adult Social Services**

The Department of Health's recent 'No secrets' guidance document requires that authorities develop a local framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse.

All local authorities have a Safeguarding Adults Board, which oversees multi-agency work aimed at protecting and safeguarding vulnerable adults. It is normal practice for the board to comprise of people from partner organisations who can influence decision-making and resource allocation within their organisation.

### **The Police**

The Police play a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

## **Healthwatch Havering's named officer, training and recruitment process**

The role of the Healthwatch Adult Protection Officer is carried out by the Community Support Manager. Depending on circumstances and availability it could also be the Chairman or the Company Secretary.

They support the member of staff or volunteer involved with the incident and to ensure the correct procedures are followed.

They could, if agreed with the staff member or volunteer dealing with the incident, contact the designated Adult Protection Coordinator at LBH in the first instance.

## **Policies, Procedures and Training**

### Training

The Healthwatch Adult Protection Officer should ensure that all staff and volunteers within Healthwatch Havering are familiar with Healthwatch Havering's vulnerable adult protection procedures.

Safeguarding training will be considered a core element of the training programme and volunteers will not be eligible to undertake visits or act on behalf of HWH until it has been completed.

Refresher training will be provided on a regular basis as appropriate (minimum every 18 months for staff and every three years for volunteers).

### Recruitment procedure

Healthwatch Havering operates procedures that take account of the need to safeguard and promote the welfare of vulnerable adults, including arrangements for appropriate checks on volunteers, where applicable.

These include:

- DBS checks for all staff.
- DBS checks for all volunteers engaging in Enter and View visits or any other significant contact with service users and vulnerable adults.

- Written references are obtained covering a minimum of the previous 3 years and followed up where necessary.
- There is a written job or role description and person specification for the post
- Interview process including questions on attitudes and motivations
- At least one director is present at the interview
- All applicants have completed an application form and self-declaration form
- Safeguarding has been discussed before appointment and is linked to the conversation regarding the requirement for a DBS check
- The person appointed receives a copy of this safeguarding policy as part of the induction for staff and knows how to report concerns.
- A probationary period applies for all new recruits (including volunteers). Volunteers are not admitted to Volunteer Members status until this period has been completed.
- All volunteer members are subject to the full support of all members approving their admission to the company and confirmation regarding training is required.
- Occasional visitors / probationary volunteers will always be accompanied in compliance with this policy.

## **People in Positions of Trust (PIPOT)**

Safeguarding legislation requires organisations with safeguarding responsibilities to put in place arrangements to investigate



allegations of abuse against People in Positions of Trust (PIPOT) within the organisation. For that purpose, they are required to appoint a “designated lead” or PIPOT Guardian to manage any concerns arising that might require investigation.

Although it is considered that there is little risk of a Healthwatch director, staff member or volunteer being in a position to abuse a vulnerable person in the course of their normal duties, as a matter of good practice, a PIPOT guardian has been appointed.

**Officers with safeguarding responsibilities:**

Executive Chairman: Anne-Marie Dean

Executive Director & Company Secretary: Ian Buckmaster

Designated Safeguarding Lead: Bev Markham (Community Support Officer)

PIPOT Guardian: Ron Wright (Non-Executive Director)

## Safeguarding Children and Young People

*Please note: this policy has been developed to take account of all eventualities and includes areas where Healthwatch Havering does not currently, or in the future, expect to work – however in the best interest of all parties it has been decided that a comprehensive children and young people’s safeguarding policy is the most sensible approach*

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## **The purpose of having a Children and Young People Safeguarding Policy**

**Healthwatch Havering (HWH) aims to ensure that children and young people are always safeguarded as part of our core business. All directors, staff and volunteers must be aware of their responsibilities in this regard. This policy and procedure identify and responds to concerns regarding the safeguarding and protection of children and young people in our care. It urges all directors, staff and volunteers to be alert and vigilant about such concerns and provides guidance on how to respond to these concerns. We believe that all children and young people must be safeguarded and protected from harm; and that they have a right to be listened to and heard. Their views, however communicated, should always be respected and taken seriously.**

**The key objectives of this policy are:**

- To explain the responsibilities of Healthwatch Havering, its staff and volunteers have in respect of children and young people's protection.
- Ensuring all directors, staff and volunteers are aware of their responsibility to safeguard and promote the welfare of all children and young people whether they work directly with them
- To ensure that needs of children and families are identified early so that help and support can be made available as soon as problems emerge to improve outcomes.
- To respond to specific child protection concerns about children and young people at risk of significant harm that may need to be referred to Children Services or police to ensure that children and young people are kept safe. Such concerns include: Sexual abuse, Physical abuse, Emotional abuse, Neglect
- To provide a safe and caring environment for children and young people within the organisation including:
  - ❖ ensuring on-going safeguarding training for staff and volunteers
  - ❖ ensuring all staff, volunteers and contractors have complete records of employment
  - ❖ checks and are inducted properly in their jobs
  - ❖ ensuring incidents of bullying are dealt with effectively
  - ❖ ensuring health and safety procedures are fully observed to prevent accidents

This policy recognises that children and young people face many other risks and challenges, such as:

- Child Trafficking
- Child Sexual Exploitation
- Female Genital Mutilation (FGM)
- Forced Marriage
- Chastisement
- Radicalisation (Prevent)
- Gangs
- Private Fostering

All directors, staff and volunteers must remain alert to these risks and challenges and must treat them as major safeguarding concerns.

In most cases, the Police or MASH are the appropriate agencies to report such matters to in order to ensure that children and young people get the right support and help.

Children and young people may be vulnerable from one or more of the risks identified above. They may also have existing needs.

Therefore, staff and volunteers must also be alert to the potential need for help and support.

For example, if they:

- are disabled and have specific additional needs
- have special educational needs
- are young carers, looking after an adult or sibling
- are showing signs of engaging in anti-social or criminal behaviours
- live in difficult family situations that present challenges for them, e.g. parental substance

- misuse, parental mental health problems or domestic violence
- have returned home to their family from care
- are showing early signs of abuse and neglect
- are being privately fostered

### **Responsibilities of Healthwatch Havering**

Members have overall responsibility for staff and volunteers within Healthwatch Havering. They have delegated to the Chairman and Company Secretary the responsibility for developing a strategy, policies and procedures for staff and volunteers. The Community Support Officer is the Designated Safeguarding Officer and together with the Office Manager will ensure these are implemented effectively.

All Healthwatch Havering staff and volunteers are required to read and implement this policy together with any supporting policy or procedure

Staff and volunteers may receive disclosures of abuse and observe children and young people who are at risk. This policy will:

- enable staff and volunteers to make informed and confident responses to specific child protection issues.
- raise awareness of safeguarding and the promotion of a safe environment for children and young people using our services

- enable the identification of children and young people at risk of abuse, neglect or harm and provide procedures for dealing with concerns and allegations

## Defining Safeguarding

For the purposes of this policy we have adopted the definition used in the Children Act 2004 and the Department for Education (DfE) guidance document: 'Working Together to Safeguard Children 2015' (paragraph 2), which define safeguarding and promoting children and young people's welfare as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- acting to enable all children to have the best outcomes

The above statutory guidance defines child protection as part of safeguarding and promoting welfare. Child protection is the activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

## Legal Framework

**This guidance reflects the principles contained within the Children Act 2004 and Working together to Safeguard Children. In addition, 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).**

**The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.**

### **Early Help and Intervention**

**We recognise that providing early help is more effective in safeguarding children and young people than reacting later. Taking swift and decisive action is important in preventing significant and lasting damage to children and young people's welfare and life chance. Early help is a way of building resilience within families, preventing or reducing the risk of problems escalating and ensuring that additional needs of children and their families are responded to at the earliest stage.**

We want our staff and volunteers to be skilled in identifying the needs of children we work with early on and help prevent problems from escalating. We will share information with statutory agencies in order to secure the help they need.

We will ensure that our staff and volunteers have access to training to identify and respond early to abuse, neglect as well as risks other risks highlighted above.



## **Bullying**

**Healthwatch Havering does not tolerate bullying of any kind, including cyber-bullying. Children can bully each other, be bullied by an adult, and they can bully adults sometimes. We will do our utmost to inform children and young people as well as their parents and carers about bullying and the consequences of bullying and how to report such incidences promptly. There is also an expectation that anyone who knows bullying is happening will report it to the DSO, who will take local action as necessary.**

Children who are bullied need protection. However, those responsible for the bullying need to address the reasons for their behaviour and will be encouraged to relate to others in positive ways. Persistent offenders will risk being excluded from our services. Staff and volunteers found guilty of bullying will be dealt with in accordance with organisation's disciplinary procedures.

Some common forms of bullying include:

- Name calling
- Sarcasm
- Spreading rumours and teasing
- Being unfriendly, excluding
- Tormenting
- Graffiti
- Gestures
- Racial taunts
- Homophobic and sexist remarks

- Pushing, kicking, hitting, punching or any other use of violence
- Sexually abuse comments or gestures
- Practical jokes which may cause physical or emotional harm even though these may not be intended

## **E-Safety**

Information and Communication Technology (ICT), including the use of social media, email and internet have added new dimensions to safeguarding children and young people. Abuse or exploitation via these forms of ICT is equally serious and must be reported and dealt with in the same way as more direct methods of abuse identified above.

Where appropriate, Healthwatch Havering will work with children and young people as well as parents to keep them safe from on-line abuse and exploitation, including:

- encouraging children and young people to tell someone if anything goes wrong online or upsets them
- educating them so they know about the dangers they can encounter while online
- referring children, young people and/or parents and carers to specialist support services locally and online support providers.

## **Suggestions and Complaints by Parents/Carers**

All parents and carers must be made aware of Healthwatch Havering's complaints procedure. Where they wish to make a complaint or suggestion, they will be taken seriously and Healthwatch Havering will endeavour to resolve matters promptly.

All complaints and suggestions will be followed up by a written response to the issue that has been raised and will be recorded and stored appropriately.

The above refers to complaints of a general nature only. In case of complaints about safeguarding, workers must follow the procedures outlined in this policy.

## **Listening to Children and Young People**

Listening to children and young people and taking their views into account when working with them is an important part of safeguarding. Children and young people must always be encouraged to express their views and opinions.

They must also be invited to give feedback on the activities and services that they take part in.

**All complaints by children must be taken seriously and investigated.**

## **Responding to safeguarding concerns and allegations of abuse**

Staff and volunteers working directly with children and young people are in unique position to position to identify any abuse or neglect, or

changes in behaviour which may indicate a child or young person may be abused or neglected.

Healthwatch Havering staff and volunteers must therefore be alert to the signs of abuse and neglect in their interactions with them.

### **Healthwatch Havering – raising a concern**

**Staff and volunteers must report all safeguarding and child protection concerns including any allegations of abuse implicating a worker or another child to HWH Designated Safeguarding Officer – this is the Community Support Officer.**

**Any suspicion, allegation or incident of abuse must be reported on that working day where possible.**

- **Contact: Healthwatch Havering’s Community Support Officer on 01708 303300 you may also contact any of the management team directly using their mobile numbers.**

### **London Borough of Havering – raising a concern**

It will be the duty of the Designated Safeguarding Officer (DSO) or Deputy Designated Safeguarding Officer (DDSO) to make immediate contact with the Multi-Agency Safeguarding Hub (MASH) in the London Borough of Havering Children Services for advice on what actions to take. Where an allegation of abuse implicates a member of staff or volunteer, the DSO or DDSO must also inform the Local Authority Designated Officer (LADO).

If a child or young person is in immediate danger, then they should contact the Police and/or emergency services by dialling 999.

**Important – it is not the role of Healthwatch Havering or its employees to investigate or to decide whether abuse has occurred. That is a task for the professional child protection agencies, following contact or referral from the DSO. Staff and/or volunteers must not attempt to carry out their own investigations into allegations that they may have received.**

If the allegations implicate the Designated Safeguarding Officer, then the person who has received these allegations should report the matter to the Chairman or Company Secretary.

This latter should then follow the procedures outlined above. Failing the availability of a Havering Healthwatch board member the person concerned can contact the MASH or police directly to express their concerns.

This procedure is also to be followed, if having reported the matter to the relevant managers the person feels that appropriate actions had not been taken by them.

Contact the Assessment Team at London Borough of Havering Council:

- Telephone 01708 433550 Office hours 9–5pm
- Telephone 01708 433999 Out of Hours
- Email: [safeguardingalerts@haverling.gov.uk](mailto:safeguardingalerts@haverling.gov.uk)

## **Responding appropriately to an allegation of abuse and in the event of an incident or disclosure:**

### **DO**

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them Listen and observe offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain areas of confidentiality
- Immediately speak to your manager for support and guidance
- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support
- Be conscious of your body language and facial expressions

### **DO NOT**

- Ignore the allegation
- Confront the alleged abuser
- Be judgmental or voice your own opinion

- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume information
- Make promises
- Elaborate in your notes
- Panic

### **Resolving inter-agency disagreements**

Occasionally situations may also arise when staff within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard a child. Such disagreements are most likely to arise for instance around:

- levels of need/thresholds
- roles and responsibilities
- decisions made at a Child Protection Conference or Core Group meeting
- progressing plans
- communication

In all such circumstances Healthwatch Havering will follow the appropriate London Borough of Havering policy. However, if a child is

thought to be at risk of immediate harm the Designated child Protection Officer should be informed immediately.

## **Confidentiality**

Child protection raises issues of confidentiality which should be clearly understood by all. Staff, volunteers and directors have a professional as well as a statutory responsibility to share relevant information about the protection of children with other professionals, particularly investigative agencies.

As part of this Policy clear boundaries of confidentiality will be communicated to all directors, staff and volunteers within Healthwatch Havering. All personal information regarding a child will be kept confidential except when it is suspected that a child under 18 years is a victim of abuse.

If a child confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the child/young person sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies for the child's own sake. However, the child should be assured that the matter will be disclosed only to people who need to know about it.

## **Where possible, consent should be obtained from the child before sharing personal information with third parties.**

In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the child is the priority.



Where a disclosure has been made, staff should let the child know the position regarding their role and what action they will have to take as a result. Staff should assure the child that they will keep them informed of any action to be taken and why. The child's involvement in the process of sharing information should be fully considered and their wishes and feeling considered.

Child Protection issues are highly sensitive and board members, staff and volunteers who receive information about children or their families in the course of their work should share that information only within appropriate professional contexts.

All child protection records must be kept secure – in a locked filing cabinet in the office or stored securely online.

Confidential records must not be taken home unless absolutely necessary and only with the explicit written permission of either the Company Secretary or Community Support Officer

### **Duty of Care and Position of Trust**

In part, the duty of care is exercised through the development of respectful and caring relationships. It is also exercised by directors, staff and volunteers taking all reasonable steps to ensure the safety and well-being of those they are responsible for in the course of their work.

All Healthwatch Havering directors, staff and volunteers must understand and acknowledge the responsibilities and trust inherent in their role and must always maintain professional boundaries. They must avoid behaviour which might be misinterpreted.

Child abuse involving a worker is never acceptable. If concerns arise in this area, this must be recorded and reported to the Designated Safeguarding officer who will deal with it in accordance with the steps outlined in this policy document.

## **Staff Code of Conduct**

As an organisation, Healthwatch Havering is committed to supporting all staff and volunteers and ensuring they receive timely supervision, support and training to help them carry out their responsibilities effectively.

directors, staff and volunteers must treat everyone with dignity and respect in attitude, language and actions; and avoid behaviours that might be misconstrued or misinterpreted.

The following are some examples of “Dos and Don’ts”.

### **DO**

- Consideration must always be given to the number of staff and volunteers needed to run activities and whether they should be male or female.
- Avoid questionable activity such as rough or sexually provocative games and comments.
- Only staff and volunteers assigned to activities must be allowed to participate; other adults must not be allowed free access.

### **DO NOT**

- exchange personal social media contact details (including social media platforms of any kind such as

phone numbers and text messages, Facebook, Snapchat, Twitter, etc.) with children and young people they work with.

- Socialise out of a work setting with children and young people met through HWG activities (unless there is a pre-existing relationship which must be declared).

### **Healthwatch Havering's named officer, training and recruitment process**

The role of the Healthwatch Child and Young People's Protection Officer is the Community Support Manager. Depending on circumstances and availability it could also be Chairman or Company Secretary.

They support the member of staff or volunteer involved with the incident and to ensure the correct procedures are followed.

They could, if agreed with the staff member or volunteer dealing with the incident, contact the designated Child and Young People's Protection Coordinator at LBH in the first instance.

### **Policies, Procedures and Training**

#### Training

The Healthwatch Child and Young Peoples Protection Officer should ensure that all staff and volunteers within Healthwatch Havering are familiar with Healthwatch Havering's children and young people's protection procedures.

Safeguarding training will be considered a core element of the training programme and volunteers will not be eligible to undertake visits or act on behalf of HWH until it has been completed.

Refresher training will be provided on a regular basis as appropriate (minimum every 18 months for staff and every three years for volunteers).

### Recruitment procedure

Healthwatch Havering operates procedures that take account of the need to safeguard and promote the welfare of children and young people, including arrangements for appropriate checks on volunteers, where applicable.

These include:

- DBS checks for all staff.
- DBS checks for all volunteers engaging in Enter and View visits or any other significant contact with service users and vulnerable adults.
- Written references are obtained covering a minimum of the previous 3 years and followed up where necessary.
- There is a written job or role description and person specification for the post
- Interview process including questions on attitudes and motivations
- At least one director is present at the interview
- All applicants have completed an application form and self-declaration form

- Safeguarding has been discussed before appointment and is linked to the conversation regarding the requirement for a DBS check
- The person appointed receives a copy of this safeguarding policy as part of the induction for staff and knows how to report concerns.
- A probationary period applies for all new recruits (including volunteers). Volunteers are not admitted to Volunteer Members status until this period has been completed.
- All volunteer members are subject to the full support of all members approving their admission to the company and confirmation regarding training is required.
- Occasional visitors / probationary volunteers will always be accompanied in compliance with this policy.

**Officers with safeguarding responsibilities:**

Executive Chairman: Anne-Marie Dean

Executive Director & Company Secretary: Ian Buckmaster

Designated Safeguarding Lead: Bev Markham (Community Support Officer)

PIPOT Guardian: Ron Wright (Non-Executive Director)

## **What is Healthwatch Havering?**

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

## **Why is this important to you and your family and friends?**

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,  
but you make a life by what you give.'***  
***Winston Churchill***

## **Joining Healthwatch Havering**

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

### **We are looking for:**

#### **Members**

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

#### **Supporters**

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

**Interested? Want to know more?**



Call us on **01708 303 300**



email **enquiries@healthwatchhavering.co.uk**



Find us on Twitter at **@HWHavering**



*Healthwatch Havering is the operating name of  
Havering Healthwatch C.I.C.*

*A community interest company limited by guarantee  
Registered in England and Wales  
No. 08416383*

*Registered Office:*

*Queen's Court, 9-17 Eastern Road, Romford RM1 3NH  
Telephone: 01708 303300*



Call us on **01708 303 300**



email **enquiries@healthwatchhavering.co.uk**



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