

<b>Policy Title</b>	Safeguarding adults
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<b>Volunteer training delivered</b>	In line with volunteer training programme.
<p>This policy outlines the duty and responsibility of staff, volunteers and trustees working on behalf of Healthwatch Greenwich in relation to the protection of adults at risk from abuse or harm.</p>	
<p>This policy can be supplied in different formats: Tel: 020 8301 8340 or email: <a href="mailto:info@healthwatchgreenwich.co.uk">info@healthwatchgreenwich.co.uk</a></p>	

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## 1. Introduction

- 1.1. Healthwatch Greenwich (HWG) is committed to safeguarding and promoting the welfare of adults engaged in its activities. The purpose of this policy is to outline the duty and responsibilities of Healthwatch Greenwich board members, staff and volunteers in relation to the protection of safeguarding adults from abuse.

## 2. The key objectives of this policy are:

- 2.1. To explain the responsibilities Healthwatch Greenwich, its staff and volunteers have in respect of safeguarding adults.
- 2.2. To provide staff and volunteers with an overview of safeguarding adults.
- 2.3. To provide a clear procedure that will be implemented where safeguarding adult issues arise.

## 3. Responsibilities

- 3.1. **Healthwatch Greenwich Board** – Have overall responsibility for staff and volunteers within HWG
- 3.2. **HWG Chief Executive Officer (CEO)** – HWG Board have delegated to the HWG CEO the responsibility for developing strategy, policies and procedures for HWG and to ensure these are implemented effectively.
- 3.3. The CEO and Board are responsible for responding appropriately to safeguarding allegations against anyone representing the organisation, in accordance with legal and regulatory requirements.
- 3.4. **HWG Staff and volunteers** – All HWG staff and volunteers are required to read and implement this policy, supporting policies and procedures.

## 4. The role of staff and volunteers

- 4.1. All staff and volunteers working on behalf of Healthwatch Greenwich have a duty to promote the welfare and safety of adults at risk.

- 4.2. Staff and volunteers may receive disclosures of abuse and observe adults who are at risk. This policy will enable staff/volunteers to make informed and confident responses to specific adult protection issues.

## 5. Context

- 5.1. Healthwatch Greenwich operates within the framework of the Greenwich Safeguarding Adults Board strategy, which sets local priorities and multi-agency expectations for safeguarding adults at risk.
- 5.2. For the purpose of this document 'adult' means a person aged 18 years or over.
- 5.3. 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.
- 5.4. 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".
- 5.5. The first priority should always be to ensure the safety and protection of adults at risk. To this end it is the responsibility of all staff/volunteers to act on any suspicion or evidence of abuse or neglect (see the Public Interest Disclosure Act 1998) and to pass on their concerns to a responsible person/agency.
- 5.6. For purposes of ensuring consistent and widely understood terminology, this policy and procedures will use the phrase 'Safeguarding adults' to identify those eligible for interventions within the procedures.

## 6. Who is an adult at risk?

6.1.1. Adult abuse can happen to anyone who is over 18. Safeguarding will apply to an adult who:

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

6.1.2. 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 make a decision and is in need of care and support.

## 7. Legal Framework

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

7.1.1. **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 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.

- 7.1.2. **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).
- 7.1.3. **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.
- 7.1.4. **The Care Act 2014**, which sets out the statutory duty of local authorities and partner agencies to safeguard adults at risk. It defines abuse and neglect, requires enquiries where harm is suspected, and places safeguarding responsibilities on all relevant organisations, including charities.
- 7.1.5. **The Domestic Abuse Act 2021**, which expands the legal definition of domestic abuse to include emotional, coercive and controlling behaviour and recognises children as victims in their own right. It places duties on statutory services to identify and respond to domestic abuse and strengthens the protection of adults experiencing abuse within family or intimate relationships.
- 7.1.6. **The Data Protection Act 2018 and UK GDPR**, which regulate how personal and sensitive information is collected, used, and shared. These require organisations to ensure that safeguarding information is shared appropriately, securely, and lawfully in the best interests of the adult at risk.
- 7.1.7. **Charity Commission guidance on safeguarding and serious incident reporting** requires that charities report any actual or alleged incident involving abuse or mistreatment of vulnerable people connected with

the charity's activities. Trustees must report safeguarding incidents that result in or risk serious harm to individuals, significant reputational damage, or regulatory breaches, in line with the Commission's Serious Incident Reporting guidance.

## **8. What is abuse?**

- 8.1. 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.
- 8.2. 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.
- 8.3. Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it.
- 8.4. 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
- 8.5. 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.

## 9. Types of Abuse

9.1. 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 behavior neglecting to care for one's personal hygiene, health or surroundings and includes behavior such as hoarding.

## 10. Procedure in the event of a disclosure

- 10.1. It is important that at risk adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously.
- 10.2. 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.
- 10.3. Promises of confidentiality should not be given as this may conflict with

the need to ensure the safety and welfare of the individual.

- 10.4. A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.
- 10.5. 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.
- 10.6. **Steps for Escalating a Safeguarding Concern:**
- Initial concern or disclosure identified by staff/volunteer.
  - Report immediately to the Designated Safeguarding Lead (or Deputy).
  - DSL/DDSL assesses concern and determines whether a referral to external agency is required.
  - If required: Refer to Adult Social Care and/or the Police.
  - Inform CEO and Chair of Trustees (if not already involved).
  - Log the concern and decisions securely.
  - If criteria met: DSL reports serious incident to Charity Commission.

## **11. Responding to an allegation**

- 11.1. Any suspicion, allegation or incident of abuse must be reported to the Designated Safeguarding Lead on that working day where possible:

**DSL - Joy Beishon – HWG CEO**

**E: joy@healthwatchgreenwich.co.uk**

**T: 020 8301 8340**

**M: 07903 685550**

**Deputy DSL – Kiki Bourcha – Volunteer and  
Engagement Manager**

**E:Kiki@healthwatchgreenwich.co.uk**

**T:0202 8301 8340**

**M: 0790 3685 534**

- 11.2. **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.
- 11.3. The nominated member of staff shall telephone and report the matter to:

**Contact Assessment Team at Greenwich Council**

**T: 020 8921 2304 (out of hours: 020 8854 8888).**

- 11.4. A written record of the telephone report shall be made and must include the date and time of the report and the name and position of the person to whom the matter is reported in the Contact Assessment Team at Greenwich Council. The telephone report must be emailed within 2 working days of the telephone conversation with the Contact Assessment Team at Greenwich Council:

- 11.5. The police or another emergency service must be called if an adult is in urgent need of help or in danger.
- 11.6. It should be noted that local authorities are required to help people express their wishes and feelings, support them in weighing up their options, and assist them in making their own decisions when dealing with a safeguarding enquiry or a safeguarding adult review

## **12. Managing Allegations Against Staff or Volunteers**

- 12.1. Healthwatch Greenwich is committed to responding promptly, fairly, and lawfully to any allegation that a member of staff, trustee, or volunteer may have: harmed or posed a risk of harm to an adult at risk; failed to follow safeguarding procedures; behaved in a way that is not in keeping with their safeguarding responsibilities.
- 12.2. All allegations or concerns about the conduct of staff or volunteers must be taken seriously, no matter how minor they appear.
- 12.3. Initial Response: The allegation must be reported immediately to the Designated Safeguarding Lead (DSL) or, if the concern involves the DSL, to the Chair of the Board.
- 12.4. The DSL will ensure the immediate safety of any individual at risk and consult with the Local Authority Safeguarding Team or LADO (Local Authority Designated Officer) if the alleged behaviour could amount to abuse or serious misconduct.
- 12.5. If a crime may have been committed, the matter must also be referred to the police.
- 12.6. Internal Process: An initial fact-finding review will be conducted, without compromising any statutory investigations.

- 12.7. The staff member or volunteer may be suspended without prejudice where necessary to ensure safety or the integrity of the process.
- 12.8. The CEO or DSL will keep clear written records of all actions taken, discussions held, and decisions made.
- 12.9. Escalation and Referral: If there is evidence or serious concern, Healthwatch Greenwich will consider:
- Referral to the Disclosure and Barring Service (DBS) if the individual has been removed from regulated activity due to safeguarding concerns.
  - Reporting a Serious Incident to the Charity Commission in line with their guidance.
- 12.10. Any disciplinary action will follow the HWG's internal HR and volunteer procedures and be clearly separated from safeguarding risk management.
- 12.11. Support for All Parties: Healthwatch Greenwich will ensure that both the person making the allegation and the person accused are treated with fairness and offered appropriate support throughout.
- 12.12. The person accused will be informed of the allegation (unless advised otherwise by safeguarding authorities) and given an opportunity to respond.
- 12.13. Learning and Prevention: Following resolution of any allegation, a review will be undertaken to determine whether policies, procedures, or training need to be updated to prevent future incidents.

### 13. Internal Process

In the event of an incident or disclosure:

- 13.1. **DO**
- 13.1.1. Make sure the individual is safe
  - 13.1.2. Assess whether emergency services are required and if needed call

them Listen and observe

- 13.1.3. Offer support and reassurance
- 13.1.4. Ascertain and establish the basic facts
- 13.1.5. Make careful notes and obtain agreement on them
- 13.1.6. Ensure notation of dates, time and persons present are correct and agreed
- 13.1.7. Take all necessary precautions to preserve forensic evidence
- 13.1.8. Follow correct procedure
- 13.1.9. Explain areas of confidentiality
- 13.1.10. Immediately speak to your manager for support and guidance
- 13.1.11. Explain the procedure to the individual making the allegation
- 13.1.12. Remember the need for ongoing support

13.2. **DO NOT**

- 13.2.1. Ignore the allegation
- 13.2.2. Confront the alleged abuser
- 13.2.3. Be judgmental or voice your own opinion
- 13.2.4. Be dismissive of the concern
- 13.2.5. Investigate or interview beyond that which is necessary to establish the basic facts
- 13.2.6. Disturb or destroy possible forensic evidence
- 13.2.7. Consult with persons not directly involved with the situation
- 13.2.8. Ask leading questions
- 13.2.9. Assume information
- 13.2.10. Make promises
- 13.2.11. Elaborate in your notes
- 13.2.12. Panic

**It is important to 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 HWG Designated Safeguarding Adults Lead.**

## **14. Confidentiality**

- 14.1. Vulnerable adult protection raises issues of confidentiality, which should be clearly understood by all.
- 14.2. Staff and volunteers have a professional responsibility to share relevant information about safeguarding adults with other professionals, particularly investigative agencies and adult social services.
- 14.3. Clear boundaries of confidentiality will be communicated to all.
- 14.4. 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.
- 14.5. 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.
- 14.6. Within that context the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.
- 14.7. Where possible, consent should be obtained from the adult before sharing personal information with third parties.
- 14.8. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.
- 14.9. 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.

- 14.10. 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 taken into account.

## **15. The role of key individuals and agencies**

### **15.1. Adult Social Services**

- 15.1.1. Under Section 42 of the Care Act 2014, local authorities have a statutory duty to make or cause safeguarding enquiries when they suspect an adult with care and support needs is at risk of harm.
- 15.1.2. Local Safeguarding Adults Boards (SABs), such as the Greenwich Safeguarding Adults Board (GSAB), coordinate multi-agency safeguarding strategy, scrutiny, and learning. Members include local authorities, NHS bodies, the police, and others with statutory and strategic responsibilities.
- 15.1.3. Healthwatch Greenwich aligns its safeguarding work with the strategy and priorities of the Greenwich Safeguarding Adults Board (GSAB), which oversees the effectiveness of local safeguarding arrangements. HWG contributes to and takes account of GSAB's multi-agency strategy, annual reports, and learning reviews to continuously improve safeguarding practice.

### **15.2. The Police**

- 15.2.1. 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.

15.2.2. The Designated Safeguarding Lead (DSL) at Healthwatch Greenwich will liaise with the police in line with local safeguarding protocols and support any investigation with relevant, lawfully shared information.

15.2.3. Healthwatch Greenwich is not an investigative body but may assist the police and statutory agencies by providing community insight or intelligence about concerns raised in its public-facing role, within the limits of confidentiality and consent.

### 15.3. **Role of Designated and Deputy Safeguarding Leads**

15.3.1. The role of the designated officer is to deal with all instances involving adult protection that arise within Healthwatch Greenwich. They will respond to all vulnerable adult protection concerns and enquiries. The Designated Safeguarding Lead (DSL) for Healthwatch Greenwich is Joy Beishon – CEO, and the Deputy Designated Safeguarding lead (DDSL) is Kiki Bourcha – Engagement and Volunteer Manager. In the absence of the DSL, the DDSL has the same authority to act on safeguarding concerns.

15.3.2. The role of the Healthwatch Designated Adult Safeguarding Lead is to support the member of staff or volunteer involved with the incident and to ensure the correct procedures are followed.

15.3.3. The Healthwatch Designated Adult Safeguarding Lead could, if agreed with the staff member or volunteer dealing with the incident, make contact with the designated Adult Protection Coordinator in the first instance.

15.3.4. The Healthwatch Designated Adult Safeguarding Lead should ensure that all staff and volunteers within Healthwatch Greenwich are familiar

with Healthwatch Greenwich's vulnerable adult protection procedures and ensure that all staff and volunteers for Enter and View undertake training where appropriate.

## **16. Training**

- 16.1. 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 HWG until it has been completed.
- 16.2. Refresher training will be provided on a regular basis as appropriate (every 12 months for staff and every two years for volunteers, including HWG Board Members).

## **17. Recruitment procedure**

- 17.1. Healthwatch Greenwich operates procedures that take account of the need to safeguard and promote the welfare of safeguarding adults, including arrangements for appropriate checks on volunteers, where applicable.
- 17.2. These include:
  - Enhanced DBS checks for all staff.
  - Enhanced DBS checks for all volunteers engaging in Enter and View visits or any other significant contact with service users and safeguarding 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
  - Safer interview processes including questions on attitudes and motivations.
  - All applicants have completed an application form or provided a cv and

self-declaration form

- Staff receive 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).

17.3. HWG will also ensure that regular contractors attending our premises are aware of this policy and have valid DBS certificates if appropriate.

Occasional visitors will be accompanied at all times in compliance with this policy.

## **18. Further sources of information**

London multi-agency safeguarding Adults Policy and Procedures

<http://londonadass.org.uk/wp-content/uploads/2015/02/LONDON-MULTI-AGENCY-ADULT-SAFEGUARDING-POLICY-AND-PROCEDURES.pdf>

Care Act 2014: Care and Support statutory guidance

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/315993/Care-Act-Guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf)

Link to the Royal Greenwich Safeguarding Adults Board website

<http://greenwichsafeguardingadults.org.uk/>

## Appendix 1 – Contact Information

### Designated Adult Safeguarding Lead for this organisation:

**Name:** Joy Beishon

**Title:** Chief Executive – Healthwatch Greenwich

**Address:**

Gunnery Works,  
9-11 Gunnery Terrace,  
Royal Arsenal,  
SE18 6SW

**Telephone:** 020 8301 8340

**Email:** [joy@healthwatchgreenwich.co.uk](mailto:joy@healthwatchgreenwich.co.uk)

**Secondary email (not confidential):** [info@healthwatchgreenwich.co.uk](mailto:info@healthwatchgreenwich.co.uk)

### Adult safeguarding referral contact information for Greenwich Council:

Phone: 020 921 2304 (out of hours: 020 8854 8888)

Fax: 020 8921 3392

Email: [aops.contact.officers@royalgreenwich.gov.uk](mailto:aops.contact.officers@royalgreenwich.gov.uk)

## Appendix 2 – Equality Impact Assessment Form

EIA screening determines whether the policy has any relevance for equality, i.e. is there any impact on one or more of the protected characteristics as defined by the Equality Act 2010. These are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or belief Including lack of belief)
- Sex
- Sexual Orientation

<b>1 Name of policy/procedure being assessed:</b>	Safeguarding Adults Policy
<b>2. Is this a new or existing policy/procedure?</b>	Existing
<b>3. What is the function of the policy/procedure?</b>	To support the safety of safeguarding adults throughout their interactions with representatives of HWG.  To guide board members, staff and volunteers on the HWG's safeguarding procedures.
<b>4. What is it trying to achieve and why?</b>	Safeguard safeguarding adults who may be exposed to significant harm and provide guidance on how to deal with identified harms and potential disclosures.
<b>5. Who is intended to benefit and how?</b>	Safeguarding adults, board members, staff and volunteers to ensure they are kept safe and within the boundaries of best practice.
<b>6. Is there any potential for differential impact (negative or positive) on any of the protected characteristics?</b>	No
<b>7. Is there any possibility of discriminating unlawfully, directly or indirectly, against</b>	No

<b>people from any protected characteristic?</b>	
<b>8. Could there be an effect on relations between certain groups?</b>	No
<b>9. Does the policy explicitly involve or focus on a particular equalities group i.e. because they have particular needs?</b>	No
<b>Designated responsible officer of the policy under review</b> <b>Name: Joy Beishon</b> <b>Position: Chief Executive</b> <b>Date: March 2025</b>	