Healthwatch Luton

SAFEGUARDING POLICY

1. General Policy Statement

Healthwatch Luton is committed to safeguarding and promoting the dignity, wellbeing and safety of children, young people and vulnerable adults, engaged in the breadth of its activities. Healthwatch Luton 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. Individuals also have the right to make informed decisions about their own lifestyle, which may involve a degree of risk.

Healthwatch Luton is also committed to:

- ensuring that abuse is taken seriously and acted upon on the basis of a zero tolerance approach;
- raising public awareness of safeguarding and promoting work on the prevention of abuse;
- ensuring that staff and volunteers understand their roles and responsibilities, and are provided with appropriate information and training, in respect of safeguarding;
- involving service users and carers in continual service improvements;
- the management and development of safeguarding arrangements across Luton;
- contributing and applying learning from serious case reviews.

2. Purpose

The purpose of this policy is to outline the duty and responsibility of staff, volunteers and directors working on behalf of Healthwatch Luton in relation to the protection of children, young people and vulnerable adults from abuse, maltreatment and neglect. The key objectives of this policy are to:

- provide an overview of protection issues;
- explain the responsibilities of staff, volunteers and directors in respect of the protection of children, young people and vulnerable adults;
- ensure rigorous recruitment and selection practice, including pre appointment checking requirements;
- enable staff and volunteers who receive disclosures of, or who observe, abuse to make informed and confident responses to specific protection issues;
- ensure that prompt action is taken to minimise the risk of harm occurring from any further abuse, maltreatment or neglect;
- provide a clear procedure for reporting and responding to suspicions, concerns or incidents of abuse, maltreatment or neglect.

Scope

The policy relates to all children, young people and vulnerable adults who are service users of the organisation and 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. Safeguarding is defined as:

‘all work that enables [anyone] who is or may be eligible for community care services to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect’.

- National Framework of Standards for Good Practice and Outcomes in Adult Protection Work, ADSS, 2005

A vulnerable adult is defined as a person:

‘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 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.

Abuse is defined as a violation of an individual’s human and civil rights by any other person or persons.

3. 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 Every Child Matters, Change for Children programme.

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

The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR), including the right to life (Article 2), protection from inhuman and degrading treatment (Article 3) and 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.
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 vulnerable adults at risk of abuse. This Policy therefore takes account of the agreed arrangements put in place by Luton Borough Council.

4. Responsibilities

Board of Directors

The Board of Directors has a duty to promote the welfare and safety of children, young people and vulnerable adults. It will determine the policy, taking into account legal requirements, and ensure that it is properly implemented and adequately resourced. The Board of Directors will designate lead responsibility for safeguarding to the Chief Operating Officer.

Chief Operating Officer

The Chief Operating Officer will be responsible for promoting the importance of, and for implementing arrangements for, safeguarding the welfare of children, young people and vulnerable adults throughout the organisation; and for ensuring that such arrangements are included in appropriate strategies, policies and team and individual plans, which are reviewed on an annual basis.

Staff and Volunteers

All staff and volunteers working on behalf of Healthwatch Luton have a duty to promote the welfare and safety of children, young people and vulnerable adults. It is everybody’s responsibility to recognise the signs of, and to report, abuse wherever it is seen, suspected or disclosed. Staff and volunteers must also respond appropriately to any disclosure and take any immediate action necessary to protect any vulnerable person from identified risk of abuse.

Types of Abuse

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.
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 being 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.

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 vulnerable adult 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 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.

5. **Raising Awareness**

Healthwatch Luton will seek to raise awareness of safeguarding issues by:

- ensuring service users and carers/support workers have access to information about how to raise concerns if they suspect or experience abuse or neglect;
- empowering individuals with knowledge and understanding so that they will be aware of what is appropriate or inappropriate behaviour towards them, of what constitutes abuse and why;
- providing the support that may be necessary to ensure adequate levels of understanding and skills so that rights and responsibilities are recognised and asserted;
- enabling staff and volunteers to recognise poor practice, or abuse and respond appropriately;
- raising awareness of how staff and volunteers can use their routine processes (e.g. risk assessments or ‘enter and view’ visits) to enable people to acknowledge that they are at risk of abuse, and signpost them to effective support;
- promoting relevant advocacy and advisory services;
- raising the profile of safeguarding in all relevant internal and inter-agency meetings.

6. **Involving Children, Young People and Vulnerable Adults in Service Delivery**

Consideration is given within plans as to how the design, development and delivery of services will take account of the need to safeguard and promote the welfare of children, young people and vulnerable adults.

Where services are delivered direct to children, young people and vulnerable adults, they and their families/carers/support workers will be actively involved in the planning, provision and evaluation of services to meet the needs of the individual, for example, when involving service users in feedback opportunities or signposting services.
Staff and volunteers are expected to develop trusting and supportive relationships with service users in a professional manner and NOT to misuse the trust that exists between them, in particular with children, young people and vulnerable adults.

Staff and volunteers who meet with children, young people and vulnerable adults on a one to one basis should do so in meeting rooms and confidential space in a neutral, public venue (e.g. another organisation’s office, public library, café etc.). Meetings should NOT take place at a service user’s home except with the explicit permission of the Chief Operating Officer in circumstances where meeting in a public venue is not possible (e.g. where the person has a disability, is unable to travel or there are no suitable facilities).

If, when meeting an individual at their home, staff and volunteers are concerned for the wellbeing of a vulnerable person they should report their concerns to the designated Safeguarding Officer. This may include concerns relating to fire risks.

6.1 Defining Children
Children are defined in the Childrens Act 2004 as people under the age of 18 years. For the purposes of this Policy the legal definition applies

Defining Vulnerable Adults
Vulnerable adults are defined in the Safeguarding Vulnerable Groups Act 2006 as someone 18 years or older who has:
- A dependency on others, or a requirement for assistance from others, in the performance of basic physical functions
- Severe impairment in their ability to protest themselves from assault, abuse or neglect
- An impairment in their ability to protect themselves from assault, abuse or neglect
- Has been detained in a lawful custody or is being supervised as a result of a court order

Whilst this Policy refers to both children and vulnerable adults throughout, there are instances in which the management, both internally and externally of concerns and incidents involving vulnerable adults may vary slightly from those involving children. In particular, and in contrast to the situation when dealing with children, it is essential to obtain a vulnerable adult’s consent (where possible) before referring the matter to any of the statutory agencies.

The law states that people who work with children have to keep them safe. This safeguarding legislation is set out in The Children Act (1989) and (2004). It also features in the United Nations Convention on the Rights of the Child (to which the UK is a signatory) and sets out the rights of children to be free from abuse. The Government also provides guidance in their document Working Together to Safeguard Children 2013.

- Adults working with children and vulnerable adults in a voluntary or paid capacity in a health or social sector setting must have an Enhanced DBS check formerly called (CRB) disclosure.
- Before working unsupervised with children or vulnerable adults, DBS clearance is essential and vetting through a DBS application must be undertaken. This includes checking whether someone is included in the two DBS ‘barred lists’ (previously called ISA barred lists) of individuals who are unsuitable for working with children and adults.
• Healthwatch Luton does not deliver services directly to children or vulnerable adults but recognises safeguarding and promoting the welfare of children, young people and vulnerable adults is not just the province of those working directly with these groups of people. We will carry out appropriate checks for all relevant staff and volunteers.

• Healthwatch Luton aims to ensure that no act or omission on the part of the organisation, or that of its staff, or partner organisations puts a child, young person or vulnerable adult inadvertently at risk.

• All staff and Champions (active volunteers) will undergo safeguarding training as part of their induction.

7. Procedure in the Event of a Disclosure

It is important that children, young people and vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously, including those received anonymously. This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion of abuse.

Step 1 - Make sure the individual is safe - If the person is in immediate danger, the police or ambulance must be called straight away on 999. Ensure prompt action is taken to minimise the risk of harm from 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;
• the alleged abuser is likely to have access to the person or others who might be at risk.

Step 2 - Ascertain and establish the basic facts, based on evidence of what is seen, heard or smelled and to make careful notes, clearly distinguishing fact from opinion.

Step 3 - Report the disclosure to the designated Safeguarding Officer immediately or as soon as possible within one working day. In the first instance this may need to done verbally.

Step 4 - Make a full record of the disclosure, allegation or incident, using the relevant Safeguarding Alert Form as soon as possible, within one working day.

Step 5 - Provide ongoing support to the individual, particularly if the person has felt able to confide in you. Your role will be to continue to offer help and support without directly asking questions or seeking opinions from the person. You may also be asked to attend a case conference to report on what the person disclosed.
In the event of an incident or disclosure:

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<th><strong>DO</strong></th>
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<th><strong>DO NOT</strong></th>
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<tr>
<td>✓ Remain calm [do not show shock or disbelief].</td>
<td>✗ Do not ignore or disbelieve the allegation or dismiss what you see or have been told.</td>
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<tr>
<td>✓ Make sure the individual is safe.</td>
<td>✗ Do not be judgmental or voice your own opinion.</td>
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<tr>
<td>✓ Assess whether emergency services are required and if needed call them.</td>
<td>✗ Do not investigate or interview beyond that which is necessary to establish the basic facts.</td>
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<td>✓ Listen carefully to what is being said and record it in detail.</td>
<td>✗ Do not press the person for more details.</td>
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<tr>
<td>✓ Questions should be kept to the minimum necessary to understand what is being alleged.</td>
<td>✗ But do not stop someone who is freely recalling significant events, as they may not tell anyone again.</td>
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<td>✓ Take all necessary precautions to preserve and protect forensic evidence.</td>
<td>✗ Do not ask leading questions (e.g. suggesting names of who may have perpetrated abuse if the person does not disclose it).</td>
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<td>✓ Offer sympathetic support and reassurance by acknowledging regret and concern for what has happened; that it was not their fault and they were right to tell you.</td>
<td>✗ Do not assume information.</td>
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<tr>
<td>✓ Confirm that the information will be treated seriously.</td>
<td>✗ Do not disturb or destroy possible forensic evidence (e.g. clean a person or area involved).</td>
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**Remember ....**

- 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.
- That promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the individual.
- It is important that the individual is supported throughout the process.

8. **Recording Concerns and Disclosures**
It is important to ascertain and establish the basic facts, based on evidence of what is seen, heard or smelled and to make careful notes, clearly distinguishing fact from opinion.

A full record of the disclosure, allegation or incident must be recorded as soon as possible and always on the same day, using the relevant Safeguarding Alert Form, where possible.

Write in black ink so that documents can be photocopied if necessary. If you make a mistake, put a line through it - do not use correction fluid. Sign the report, date and time it. Be aware that the report may be required later as part of legal action or disciplinary procedure and that you may need to appear at a hearing or court.

- Write up your notes as soon as you possibly can after the disclosure so you remember as much as you can.
- Write down the name of the person making the disclosure and, where different, the name of the child, young person or vulnerable adult who has allegedly been abused.
- Write down where and when disclosure was made, including date, time and the names of others present.
- Write down when the alleged abuse took place, including date(s) and time(s).
- Write down the place where the alleged abuse happened.
- Write down whether anybody else was present when the alleged abuse took place or was involved in the abuse, including any issues about the mental capacity of those involved in the disclosure at the time of the incident.
- Write down the account that has been given of the allegation, including known events leading up to the alleged abuse, the nature of the abuse and the impacts of that abuse.
- Write down exactly what the person said (e.g. if an individual says "he touched me down there" write this down, do not write "she said he touched her vagina".
- Write down a description of any injuries observed and use the body maps on the Safeguarding Alert Form to record shape, colour and location of bruises or injuries.
- Write down details about the alleged perpetrator; this should include their name and address (where known), the relationship to the alleged victim, their role and the organisation for whom they work, and whether they pose a risk of further abuse to other vulnerable people or children.
- Write down what immediate actions were taken to protect the victim, the perpetrator if a vulnerable person and any other vulnerable people.

Records of concerns and disclosures of abuse should be given to the designated Safeguarding Officer and must remain strictly confidential.

9. Confidentiality and Information Sharing

Where a disclosure has been made, staff and volunteers should let the person know that they must inform their manager who will contact the Safeguarding Team at Luton Borough Council. The Safeguarding Team will consider their wishes and whether they consent to the matter being progressed further. There will be circumstances where an investigation may have to progress even if they do not give their consent.

If a child, young person or adult confides in a member of staff or a volunteer and requests that the information is kept confidential, it is important that the member of staff/volunteer tells the person 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 their...
manager. Within that context, however, the individual should be assured that the matter will 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 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 will be fully consulted about further action at the point of the initial safeguarding visit. Their wishes will be respected unless there are other considerations that override those wishes.

Staff and volunteers must not use a service user’s wish for secrecy to allow a crime to be concealed or the risk of abuse to a vulnerable person.

The person’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 overriding priority.

Staff, volunteers and directors have a professional responsibility to share relevant information about the protection of children, young people and vulnerable adults with other professionals, particularly investigative agencies and social services.

All written records and personal information regarding a child, young person or vulnerable adult will be kept confidential and secure by the designated Safeguarding Officer.

Healthwatch Luton 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 service user 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 adults are at risk, it may be necessary to override the 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.
- Do not risk allowing a person to be abused by failure to share information necessary for their protection.

10. Reporting an Allegation to the Local Authority

Any suspicion, allegation or incident of abuse must be reported to the designated Safeguarding Officer on the same working day.
The designated Safeguarding Officer will decide whether or not to refer the matter to the appropriate Safeguarding Team at Luton Borough Council. On occasions when:

- the cause for concern highlights, for example, unmet need or increased risks, the designated Safeguarding Officer will address these internally; there will be no need to report the issue to the local authority;
- there is uncertainty on whether to report or not or there is any doubt, for example, the vulnerability of the person is uncertain, the designated Safeguarding Officer must consult the appropriate Safeguarding Team for advice.
- there is any suspicion, allegation or incident of abuse taking place, the designated Safeguarding Officer must report to the appropriate Safeguarding Team. This is known as a Safeguarding Alert.

Safeguarding Alerts must be reported within the same day, by telephone or email, using the relevant (Adult or Children) Safeguarding Alert Form. However, reporting should not be delayed by the need to complete a form.

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<tr>
<th>Luton Borough Council</th>
<th>Adult Safeguarding Team</th>
<th>Children’s Safeguarding Team</th>
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<tr>
<td>Telephone:</td>
<td>01582 547730 or 547563</td>
<td>01582 547563 (Duty Desk)</td>
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<tr>
<td>Telephone (Out of Hours):</td>
<td>0300 300 8123</td>
<td>0300 300 8123</td>
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<tr>
<td>Email:</td>
<td><a href="mailto:accessandassessment@luton.gov.uk">accessandassessment@luton.gov.uk</a></td>
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<td>Address:</td>
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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.

Where a Safeguarding Alert is made by telephone, the designated Safeguarding Officer must make a written record of the date and time of the referral and the name and position of the person to whom the matter was reported.

Where a Safeguarding Alert is sent by email, the designated Safeguarding Officer must check that the report has been received by the Safeguarding Team; an acknowledged will usually be sent by the Safeguarding Team.

If the designated Safeguarding Officer is not contactable or determines that a case need not be referred to the Safeguarding Team, and the Alerter remains concerned, then they must refer the matter to the Safeguarding Team themselves.

The designated Safeguarding Officer may also need to report that a referral has been made to funders and/or commissioners if required under the terms of any funding agreement or contract.

The designated Safeguarding Officer is also responsible for keeping staff and volunteers appropriately informed and up to date on what is expected of them as any investigation proceeds; and for ensuring that they are aware of their rights to representation when being interviewed; and for ensuring they receive ongoing personal support.

11. Dealing with Allegations made against an Employee or Volunteer
This can be an extremely difficult issue to deal with. It can be difficult to accept that a colleague may deliberately harm a vulnerable person. It may also be that the behaviour that causes concern is bad practice rather than abuse.

Anyone wishing to make an allegation about a member of staff or a volunteer; either in relation to any suspicion, allegation or incident of abuse or non-adherence to these procedures; should report it to the designated Safeguarding Officer in the first instance. Concerns about the designated Safeguarding Officer should be reported to Chairperson of Healthwatch Luton.

- Service users and others wishing to make an allegation should use the organisation’s complaints procedure.
- Employees and volunteers wishing to make an allegation should use the organisation’s Whistle Blowing Policy.

It is important that any response is properly co-ordinated and that events are managed in the right order. For this reason, Healthwatch Luton will take no direct action against an employee or volunteer without consulting the investigating agencies (e.g. the Police or Social Services), except where such action is necessary to protect a vulnerable person.

If, following consideration and any consultation, the concern is about bad practice rather than abuse, Healthwatch Luton will take the necessary action to advise, manage or instigate disciplinary action against the employee or volunteer about whom the allegation has been made.

Irrespective of the outcome of any Police or Social Services enquiries, the organisation may limit the activities of the employee or volunteer concerned. It may also consider suspension and/or disciplinary action in accordance with its disciplinary procedure after careful consideration of the circumstances of each individual case, taking into account any advice from other agencies.

Support will be made available to any employee 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.

12. Recruitment Procedure

Healthwatch Luton operates 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 staff and volunteers (e.g. professional and character references, previous employment history and verifying the identity of applicants).

If the particular staff or volunteer role requires the post holder to work with children, young people or adults who are considered vulnerable because of their age, illness or disability their responsibility for safeguarding will be included in their job/role description.

An application for a criminal records check will, where permitted by law, also be made through our Disclosure and Barring Service (DBS) provider, 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 work before the DBS Disclosure is received, they will not be able to work unsupervised with children, young people or vulnerable adults until a satisfactory Disclosure is received.

13. Multi Agency Working

Healthwatch Luton has an important role in safeguarding and promoting the welfare of children, young people and vulnerable adults through multi-agency strategic planning arrangements, particularly in relation to services delivered by, or in partnership with, the health and social care sector.

Healthwatch Luton will have regard to the multi-agency arrangements put in place by the Local Safeguarding Children and Safeguarding Adults Boards to enable all responsible agencies to work together to ensure a coherent policy for the protection of children or vulnerable adults. Healthwatch Luton attends the Adult Safeguarding Board.

Healthwatch Luton recognises its responsibility to share information on the safeguarding of individuals with relevant agencies in a secure and confidential manner on a need to know basis (see also Section 11 above).

Healthwatch Luton also recognises the important role it has in adopting a multi-agency approach to protecting ‘hard to reach’ people from the risks of avoidable harm by adopting a coordinated approach, sharing information and seeking advice, and for referring such cases to the appropriate agencies. Where a person at risk is identified in these circumstances it will ensure a multi-agency case meeting is convened, even when it is not the lead agency. This will be undertaken by the designated Safeguarding Officer, who will involve colleagues where appropriate.

Relevant staff will be made aware of other agencies’ responsibilities for safeguarding and promoting the welfare of children, young people and vulnerable adults. Barriers to multi-agency working will be actively addressed, both internally and with other agencies, and relevant staff will also be involved in multi-agency meetings.

Luton Borough Council is required to develop a coherent local framework within which all responsible agencies work together to ensure the protection of children or vulnerable adults at risk of abuse. Their social services departments will receive, deal with and monitor all reports of concerns, allegations or incidents of abuse; arrange case conferences and put in place risk assessments, protection plans and reviews. They also provide advice and guidance, ensure agencies address any bad practice and audit safeguarding activity.

Bedfordshire Police play a vital role in safeguarding children, young people and vulnerable adults with cases involving alleged criminal acts. Where a crime is identified, the Police will be the lead agency; it is their responsibility to investigate allegations by preserving and gathering evidence.

NHS including Luton Clinical Commissioning Group (LCCG), SEPT Mental Health Trust, local hospitals and GPs, has the role of meeting the health needs of vulnerable people, including those who need to be treated as a result of abuse and neglect.

14. Information and Training

The organisation’s induction process ensures that 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 staff and...
relevant volunteers working with children, young people and vulnerable adults, appropriate to their needs, role and level of contact with vulnerable individuals. Staff are also encouraged to develop their safeguarding knowledge and expertise. Staff training and development needs are recorded and regularly reviewed as part of the organisation’s performance management arrangements.

15. Monitoring and Review

The Chief Operating Officer is responsible for maintaining detailed records on how incidents and concerns about vulnerable children, young people and adults are raised by staff and volunteers and responded to, including referrals and actions taken. All such records must be securely retained indefinitely.

The Chief Operating Officer is responsible for monitoring the actions of staff and volunteers in relation to safeguarding and promoting the welfare of children, young people and vulnerable adults.

Safeguarding activity is communicated within the organisation and reported periodically to the Adult Safeguarding Board. Action plans are developed to address identified issues.

The effectiveness of this policy, and its procedures, will be monitored and amended as and when necessary by the Chief Operating Officer. Significant changes will require the approval of the Board of Directors. The policy will also be reviewed periodically as part of a continuing review of organisational policies.