

# **Safeguarding Policy**

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## Table of Contents

1. Aims .....	3
2. What is Safeguarding? .....	3
2.1. What is Making Safeguarding Personal (MSP)? .....	4
2.2. Who do safeguarding duties apply to? .....	4
2.3. Who do I go to if I am concerned? .....	4
2.4. What should I do if I am concerned? .....	4
2.5. What are your roles and responsibilities? .....	6
2.6. Why is it important to take action? .....	7
3. Complaints Procedure .....	7
4. Confidentiality and Information sharing .....	7
5. What are the types of safeguarding abuse? .....	7
5.1. What are the possible signs of abuse? .....	8
5.2. Who abuses and neglects adults or children? .....	8

## 1. Aims

The Danbury Volunteer Group (DVG) aims to provide support to residents of Danbury during the Coronavirus pandemic when needed and help to the Danbury Medical Centre with its Vaccination Programme.

The DVG will not tolerate the abuse of adults in any of its forms and is committed to safeguarding adults with care and support needs from harm.

This policy outlines the steps DVG will make to safeguard an adult with care and support needs if they are deemed to be at risk or at risk. This policy sets out the roles and responsibilities of DVG in working together with other professionals and agencies in promoting the adult's welfare and safeguarding them from abuse and neglect.

DVG will ensure that decisions made will allow adults to make their own choices and include them in any decision making. DVG will also ensure that safe and effective working practices are in place.

This policy is intended to support volunteers working within DVG to understand their role and responsibilities in safeguarding adults. All staff and volunteers are expected to follow this policy. The key objectives of this policy are for all employees and volunteers of DVG to:

- have an overview of adult safeguarding
- be clear about their responsibility to safeguard adults
- ensure the necessary actions are taken where an adult with care and support needs is deemed to be at risk

This policy is based on:

- The Care Act 2014 and the Care and Support statutory guidance

Under the Human Rights Act 1998, everyone has the right to live free from abuse and neglect. <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

A copy of this policy should be available within DVG. DVG will not tolerate the abuse of adults they are supporting and volunteers should be made aware of how this policy can be accessed.

## 2. What is Safeguarding?

**Safeguarding** is a term used in the United Kingdom and Ireland to denote measures to protect the health, well-being and human rights of individuals, which allow people — especially children, young people and vulnerable adults — to live free from abuse, harm and neglect.

Any child can be considered to be at risk of harm or abuse, regardless of age, ethnicity, gender or religion. The UK government has enacted legislation and published guidance to protect children from maltreatment, prevent the impairment of children's health or development, ensure children grow up in circumstances consistent with the provision of safe and

effective care, and enable children and young people to have the best outcomes. Responsibility for these aims is deemed to lie with everyone who comes into contact with children and families.

Further information regarding safeguarding children can be found here: <https://www.escb.co.uk/>

Adults in need of safeguarding help are generally elderly and frail, and either live alone or in care homes with little support from family members. They may have mental health issues, a physical disability or learning difficulties. Professional carers ideally focus on empowerment, protection, prevention, proportionate responses, partnership and accountability to safeguard vulnerable adults.

Further information regarding safeguarding adults can be found here: <https://www.essexsab.org.uk/>

All adults should be able to live free from fear and harm. But some may find it hard to get the help and support they need to stop abuse.

## **2.1. What is Making Safeguarding Personal (MSP)?**

MSP means a case should be person-led and outcome-focused. The individual should be involved in identifying how best to respond to their safeguarding situation by giving them more choice and control as well as improving quality of life, wellbeing and safety.

DVG will not tolerate the abuse of children or adults. DVG will ensure that children and adults are involved in their safeguarding arrangements and each individual is dealt with on a case by case basis. As adults may have different preferences, histories and life styles, the same process may not work for all.

## **2.2. Who do safeguarding duties apply to?**

Safeguarding duties apply to any child or adult who:

- has care and support needs, and
- is experiencing, or is at risk of, abuse and neglect, and
- is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

## **2.3. Who do I go to if I am concerned?**

The named responsible people for safeguarding duties for DVG is Stephanie Smith, in conjunction with Dr Caroline Dollery, who is also the Safeguarding Lead for DMC. Cher Cooper (DMC) will be responsible for escalating issues to Dr Dollery.

If a volunteer has a safeguarding concern / query they should follow the process in section 2.4 of this document. The concern must be logged using the Telephone Support Escalation Form. A log of the concern must be kept.

## **2.4. What should I do if I am concerned?**

Volunteers at DVG who have any safeguarding concerns should follow this process:

1. You are informed or become aware of possible abuse or neglect
2. Gather information and log on the Support Escalation Form
3. **RESPOND** - Take action to ensure the immediate safety and welfare of the child or adult (and any other person/child at risk)
  - a. Consider:
  - b. Does medical attention need to be organised? (dial 999)
  - c. Is urgent police presence required? (dial 999)
  - d. In the case of an adult, seek consent from the adult to take action and to report the concern. Consider whether the adult may lack capacity to make decisions about their own and other people's safety and wellbeing. If you decide to act against their wishes or without their consent, you must record your decision and the reasons for this.
4. **REPORT** - Has a crime been committed? If so, does it need to be reported?
  - a. (dial 101 unless there is an immediate risk, in which case dial 999)
  - b. Preserve forensic evidence (if any)
5. **REFER** - Decide whether to raise a safeguarding concern, and if so, take action
  - a. Do this immediately where the concern is urgent and serious OR within the same working day for any other concerns
  - b. Inform Stephanie Smith who will contact Cher Cooper (DMC) on **01245 221770** who will coordinate with Dr Dollery as the Safeguarding Lead for DMC.
  - c. For children, you can also contact the Essex Safeguarding Children Board on **0345 603 7627** (<https://www.escb.co.uk/>)
  - d. For adults, you can also contact the Essex Safeguarding Adults Board on **0345 6037630** (<https://www.essexsab.org.uk/>)
6. **RECORD** - Document the incident and any actions or decisions taken
  - a. As far as possible, records should be written contemporaneously, dated and signed.
  - b. Keep records about safeguarding concerns confidential and in a location where the alleged abuser will not have access to the record. Access should not be given to any unauthorised person for accessing confidential information including the sharing of passwords.
7. **REFER** - Ensure key people are informed
  - a. Stephanie Smith should send the information to the appropriate escalation points noted on the Support Escalation form - Frank Gyasi ([f.gyasi@nhs.net](mailto:f.gyasi@nhs.net)) and Cher Cooper ([cher.cooper@nhs.net](mailto:cher.cooper@nhs.net))
8. **SUPPORT** - Provide support or feedback for the person identifying the safeguarding concern

In the case of adults, in making a decision whether to refer or not, the designated safeguarding lead should take into account:

- the adult's wishes and preferred outcome
- whether the adult has mental capacity to make an informed decision about their own and others' safety
- the safety or wellbeing of children or other adults with care and support needs
- whether there is a person in a position of trust involved
- whether a crime has been committed

This should inform the decision whether to notify the concern to the following people:

- the police if a crime has been committed and/or
- relevant regulatory bodies such as Care Quality Commission, Ofsted, Charities commission
- service commissioning teams
- family/relatives as appropriate (seek advice from adult social services)

The designated safeguarding lead should keep a record of the reasons for referring the concern or reasons for not referring.

Incidents of abuse may be one-off or multiple and may affect one person or more. Volunteers should look beyond single incidents to identify patterns of harm. Accurate recording of information will also assist in recognising any patterns.

## **2.5. What are your roles and responsibilities?**

All volunteers at DVG are expected to report any concerns to the Mandy Hessing ([hess160@aol.com](mailto:hess160@aol.com)), Stephanie Smith ([stephanie@goonhilly.net](mailto:stephanie@goonhilly.net)), Frank Gyasi ([f.gyasi@nhs.net](mailto:f.gyasi@nhs.net)) and Cher Cooper ([cher.cooper@nhs.net](mailto:cher.cooper@nhs.net)). If the allegation is against one of DVG volunteers, seek advice from Stephanie Smith in the first instance who will contact Cher Cooper to liaise with Dr Dollery.

The designated safeguarding lead should be responsible for providing acknowledgement of the referral and brief feedback to the person raising the original concern. Feedback should be given in a way that will not make the situation worse or breach the Data Protection Act. If the police are involved, they should be consulted prior to giving feedback to the referrer to ensure any criminal investigation is not affected.

The local authority will decide on who will lead on a safeguarding enquiry should it progress to that stage. The named organisation should not conduct its own safeguarding enquiry unless instructed to do so by the local authority.

Volunteers should ensure that the person with care and support needs is involved at all stages of their safeguarding enquiry ensuring a person-centred approach is adopted.

## 2.6. Why is it important to take action?

It may be difficult for children or adults with care and support needs to protect themselves and to report abuse. They rely on you to help them.

## 3. Complaints Procedure

DVG promotes transparency and honesty when things go wrong. All volunteers should apologise and be honest with service users and other relevant people when things go wrong. For formal complaints, follow the DVG Complaints Procedure.

DVG is committed to ensuring that volunteers who in good faith whistle-blow in the public interest, will be protected from reprisals and victimisation.

The Mental Capacity Act 2005 is to be used when making decisions on behalf of those adults with care and support needs who are unable to make some decisions for themselves. Refer to the Mental Capacity Act Code of Practice, <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>. You will need to involve an advocate if the person lacks capacity to make decisions about the safeguarding concern.

## 4. Confidentiality and Information sharing

DVG expects all volunteers to maintain confidentiality at all times. In line with Data Protection law, DVG does not share information if not required.

It should however be noted that information should be shared with authorities if a child or adult is deemed to be at risk of immediate harm. Sharing the right information, at the right time, with the right people can make all the difference to preventing harm.

## 5. What are the types of safeguarding abuse?

The Care and Support statutory guidance sets out the 10 main types of abuse:

- Physical abuse
- Neglect
- Sexual abuse
- Psychological
- Financial abuse
- Discriminatory
- Organisational
- Domestic violence
- Modern Slavery
- Self-neglect

However, you should keep an open mind about what constitutes abuse or neglect as it can take many forms and the circumstances of the individual case should always be considered.

### **5.1. What are the possible signs of abuse?**

Abuse and neglect can be difficult to spot. You should be alert to the following possible signs of abuse and neglect:

- Depression, self-harm or suicide attempts
- Difficulty making friends
- Fear or anxiety
- The person looks dirty or is not dressed properly,
- The person never seems to have money,
- The person has an injury that is difficult to explain (such as bruises, finger marks, 'non-accidental' injury, neck, shoulders, chest and arms),
- The person has signs of a pressure ulcer,
- The person is experiencing insomnia
- The person seems frightened, or frightened of physical contact.
- Inappropriate sexual awareness or sexually explicit behaviour
- The person is withdrawn, changes in behaviour

You should ask the person if you are unsure about their well-being as there may be other explanations to the above presentation.

### **5.2. Who abuses and neglects adults or children?**

Abuse can happen anywhere, even in somebody's own home. Most often abuse takes place by others who are in a position of trust and power. It can take place whether an adult lives alone or with others. Anyone can carry out abuse or neglect, including:

- partners;
- other family members;
- neighbours;
- friends;
- acquaintances;
- local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuse;
- paid staff or professionals; and
- volunteers and strangers