

Safeguarding and Protecting People from Harm Policy and Procedure

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Safeguarding Policy

Introduction and Context

Protecting people and safeguarding responsibilities is a priority for Love and Loss.

- 1.1** Love and Loss supports and works with and has contact with a wide range of people who may be at risk of harm.
- 1.2** Love and Loss supports the rights of people to live in safety, free from abuse and neglect. We aim to provide a safe and trusted environment that safeguards everyone, including beneficiaries, staff, and volunteers.
- 1.3** The aim of this policy is to set out how Love and Loss promotes an organisational culture that prioritises safeguarding and manages reported incidents or concerns sensitively and properly. It demonstrates how safeguarding concerns and incidents are prevented, identified, and handled, along with the responsibilities of the Board of Trustees in ensuring that risks are managed appropriately, through clear routes of escalation.
- 1.4** Ultimately, Trustees have accountability to safeguard children and adults at risk and protect anyone who encounters Love and Loss from harm.
- 1.5** The policy has been written with the Human Rights Act (1998), Care Standards Act (2000), Mental Capacity Act (2005), Safeguarding Vulnerable Groups Act (2006) and the Care Act (2014)
- 1.6** See Appendix F for further details of relevant legislation and guidance that shapes and informs our approach.

Scope of this Policy

- 2.1** Love and Loss follows the broadest definition of safeguarding. This goes beyond the traditional vulnerable and 'at risk' groups and applies to protecting everyone that encounters Love and Loss from harm
- 2.2** This policy therefore applies to all contexts in which we encounter individuals who may be at risk of harm
- 2.3** However, given the nature of the Charity, it is recognised that the most likely individuals that we will encounter, in the context of this policy, are adults at risk.
- 2.4** The Care and Support Statutory Guidance, issued under the Care Act (2014), defines an adult at risk as:

Any adult (aged 18 years or over) who:

- Has needs for care or support (whether or not the local authority is meeting any of those needs and regardless of mental capacity)
- Is experiencing, or at risk of, abuse and /or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and/or neglect

An 'adult at risk' could include:

- People with a disability/physical impairment
- Older people
- People with learning difficulties/disabilities
- People with mental health needs
- People with sensory impairments
- People who have suffered brain /head injury
- People who misuse drugs and alcohol

2.5 Safeguarding means protecting individuals' rights to live in safety, free from abuse, harm, and neglect. See Appendix E for information on different types of abuse and neglect.

Principles Underpinning Our Approach to Safeguarding

3.1 Protecting people and safeguarding responsibilities is a priority at Love and Loss. This includes recognising that safeguarding and protecting people from harm goes beyond simply implementing policies and processes. As a fundamental responsibility for Trustees, safeguarding and protecting people must go to the heart of the organisations culture.

3.2 Love and Loss aims to provide a safe, trusted environment for all employees, volunteers and the community to respond promptly and appropriately to reports of anyone who is actually or potentially at risk. We do this by:

- a)** Safeguarding the welfare of the community we benefit, employees and volunteers, embedding it in everything that we do.
- b)** Having recruitment, selection and training procedures for employees and volunteers.
- c)** Requiring all external agencies that we work with to comply contractually with the policy.
- d)** Providing training to all employees and volunteers to ensure they understand and follow the approach and procedures laid out in this policy.
- e)** Having procedures to ensure that concerns of abuse or neglect are dealt with appropriately and that action is taken promptly.
- f)** All employees have access to the designated safeguarding lead who will have the details of the appropriate agencies to whom they can report concerns of abuse.
- g)** Recognising differences in legislation for safeguarding across the UK but adopting the equal principle that these people should be protected from abuse and neglect.
- h)** Ensuring our fundraising activities are ethical. Fundraising activities are carried out in accordance with the Love and Loss values and we strive to meet the highest of ethical standards.
- i)** Conducting a rolling programme of Disclosure and Barring Service Checks on appropriate staff and volunteers

Designated Safeguarding Leads

4.1 All employees and volunteers have a responsibility to report concerns relating to abuse or neglect that arise in the course of their work.

4.2 The designated safeguarding leads within the organisation, to whom an employee should report such concerns, is Tanisha Appleton.

4.3 The Trustees hold ultimate accountability for the governance of all safeguarding matters. Please see Appendix A for lines of accountability and responsibility within the organisation and the role of Trustees.

Identifying Those at Risk

5.1 The following is a list of ways in which a safeguarding incident may occur. (It is noted that this list is not exhaustive):

- a) Public events and talks
- b) Fundraising or social event.
- c) volunteer report or complaint
- d) Member of the community we serve and support reporting an incident
- e) Outbound calls from the charity

Procedure for Reporting, Recording, and Managing Safeguarding Concerns

6.1 The priority is to ensure the safety and protection of the person at risk of harm. To this end it is the responsibility of all employees and volunteers to act on any concerns of abuse or neglect, passing these to the designated safeguarding lead within the organisation.

6.2 Please see Appendix B Procedure for employees, volunteers and Trustees reporting concerns/incidents of suspected risk or abuse.

6.3 The supporting Safeguarding Procedure also outlines practical steps to follow if on a potential safeguarding call.

6.4 It is not the responsibility of anyone working, either paid or unpaid, within the organisation, to decide whether or not abuse has taken place or to carry out an investigation as this is the role of the local authority and/or police. These agencies hold the lead responsibility for establishing and co-ordinating the local intra-agency framework for safeguarding adults at risk and child protection.

6.5 All employees are required to act on any concerns raised and ensure that a decision is made on the appropriate action to be taken in each case. They are required to ensure that they act in line with the organisation's policy.

6.6 If someone with whom Love and Loss is in contact with makes a disclosure of abuse or neglect, care should be taken to explain to them that a report will be made to the designated lead and/or appropriate agency.

6.7 If it is considered by an employee or volunteer that someone is in immediate danger, then the police should be contacted without delay and a report made to Tanisha Appleton.

6.8 Any suspected abuse or neglect must be reported, as soon as is practically possible, to the Designated Safeguarding Lead so a decision can be made as to who will report the concerns to the appropriate agency.

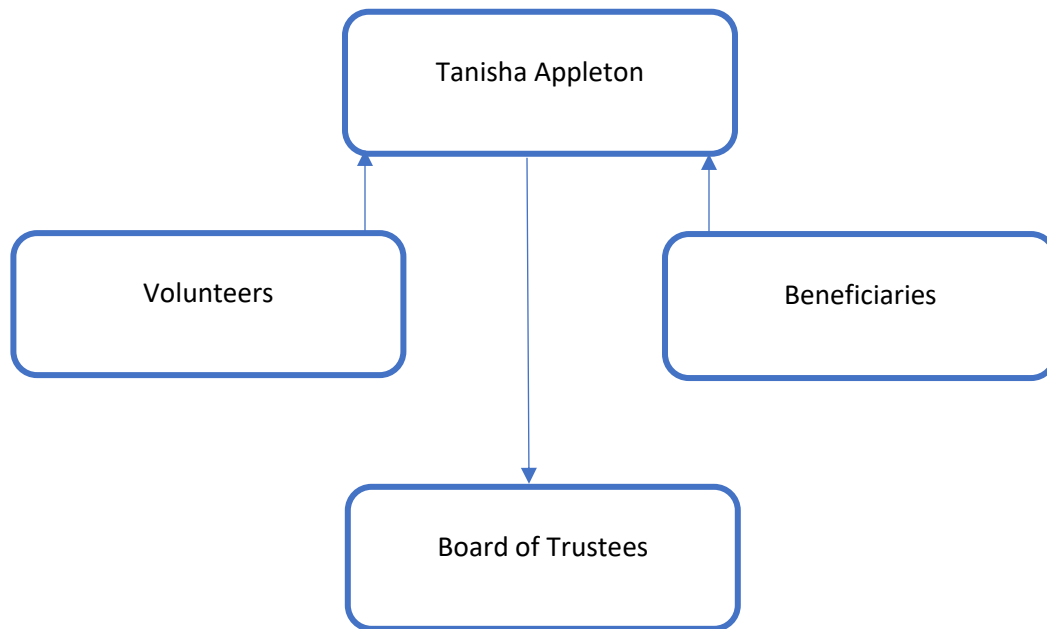
6.9 If an employee or volunteer is suspected of abuse this must be brought to the immediate attention of the Designated Safeguarding Lead who will alert the appropriate agency. Tanisha Appleton will suspend, or remove from active service, the employee or volunteer pending the outcome of an investigation.

6.10 If the Designated Safeguarding Lead Tanisha Appleton is suspected of abuse this must be reported to Maureen Wade.

6.11 Any concern should be documented in the safeguarding proforma with further actions and outcomes and stored in a protected file to be accessed only by the authorised Designated Safeguarding Leads.

6.12 Personal information may be disclosed without the individual's consent if there are reasonable grounds to believe that an individual is at risk of harm.

Figure 1. Process for reporting incidents internally



Implementation and Quality Monitoring

7.1 All employees, volunteers and trustees will be made aware of the updated policy and be required to confirm that they have read it. The policy will be published on our website.

7.2 The policy will be reviewed on an annual basis to ensure it meets best practice, legislative guidelines.

7.3 All employees who may encounter those at risk from harm receive specialist training annually and regular updates. See details below:

- All new employees, volunteers and trustees will attend induction which contains information on all relevant policies and procedures.
- Refresher training will be provided annually unless a change in national safeguarding policy / guidance indicates otherwise.
- Designated Safeguarding Leads will receive specialist safeguarding training on an annual basis.
- Specialist training is provided to trustees, Staff and Volunteers where 'one-to-one' contact with those at risk from harm is an integral part of the role, this includes fundraising volunteers being trained to recognise trigger phrases which may identify potential vulnerable people.
- Updates and internal communications will update employees and volunteers annually on any changes to the relevant safeguarding legislation.
- In addition, all employees receive a reminder of our internal safeguarding procedures.

7.3.1 The organisation will ensure that any external agencies it works with to provide fundraising activities has a Safeguarding Policy in place.

7.3.2 All reported incidents will be recorded by Love and Loss in line with this policy and reported to the Tanisha Appleton and Board of Trustees on a quarterly basis. However, in exceptional cases the Designated Safeguarding Lead may decide to inform the Board of Trustees at the earliest convenience.

7.3.3 Incidents will be reported to the Trustees regularly or by exception where necessary. The nominated safeguarding lead on the Board of Trustees will be kept informed regularly, as appropriate.

7.3.4 A review of safeguarding concerns will be undertaken on an annual basis to ensure that learning is embedded into the organisation's practices.

7.3.5 If it is found that a organisations representative has not followed the requirements of this policy and the associated legislation, this may result in disciplinary action in line with the Disciplinary Policy.

Safeguarding and Trustees Duties

8.1.1 The Board of Trustees have the following responsibilities:

- To take reasonable steps to protect people who encounter the charity from harm, including:
- people who benefit from the organisations work
- employees
- volunteers

(This may also include any other people who encounter the charity through its work).

- Promote the well-being and welfare of beneficiaries it serves.

8.1.2 This involves managing safeguarding risks, conducting an annual review of the Safeguarding Policy, and making sure this is available to the public, all employees, volunteers, and the community we serve.

8.1.3 All Trustees will receive safeguarding training to assist them in being able to fulfil the above responsibilities.

8.1.4 There is a nominated Trustee who has specific responsibility for safeguarding (see Appendix A). However, it is the Board of Trustees that will be held accountable for ensuring those at risk from harm receive high quality, and personalised safeguarding.

'Prevent' and Safeguarding

Prevent is a community safeguarding programme which works to protect those at risk of radicalisation. It does not work to criminalise or marginalise individuals or groups of society. It works to find the suitable support and intervention to challenge extreme views.

9.1 Love and Loss will use the recommended PREVENT safeguarding referral form and follow the usual safeguarding procedure stated within this policy.

9.2 Identifying potential signs of radicalisation. Research from a variety of organisations has shown that there are possible indicators that contribute to a person being radicalised. Indicators are.

- An increase in extreme views relating to a social sector of Government policy
- The downloading, viewing, or sharing of extremist propaganda
- An individual becoming withdrawn and increasingly intolerant of modern views
- A change in appearance or behaviour, with an individual becoming isolated
- The expression of a desire or intent to support or take part in terrorist activity.

Good Practice and Supporting Documentation

- Appendix A Safeguarding Accountability Flowchart
- Appendix B Procedure for reporting concerns/incidents of suspected abuse / risk by employees, volunteers, and trustees.
- Appendix C Safeguarding proforma
- Appendix D References and further reading

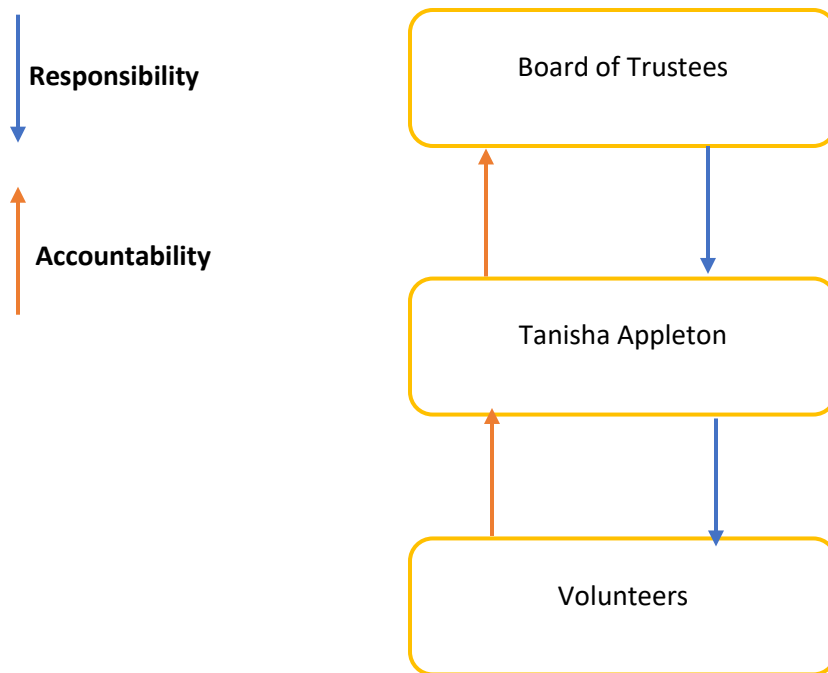
Other relevant policies:

- Data Protection Policy
- Whistleblowing Policies
- Complaints Policy
- Serious Incident Policy

Appendix A:

Adults at Risk Safeguarding Role: Trustees

The Board of Trustees holds accountability for all safeguarding practices for the Charity - an accountability chart is provided below:



A nominated Trustee will be appointed to be the Board of Trustees Safeguarding Lead. The role carries a shared corporate responsibility for the quality of services and professional standards provided by the organisation in relation to safeguarding.

The Trustee and Safeguarding Lead will meet with volunteers and or key individuals on an annual basis to review the Safeguarding policy, work plan and agree the contents of the Annual Safeguarding report to be presented to the Board of Trustees.

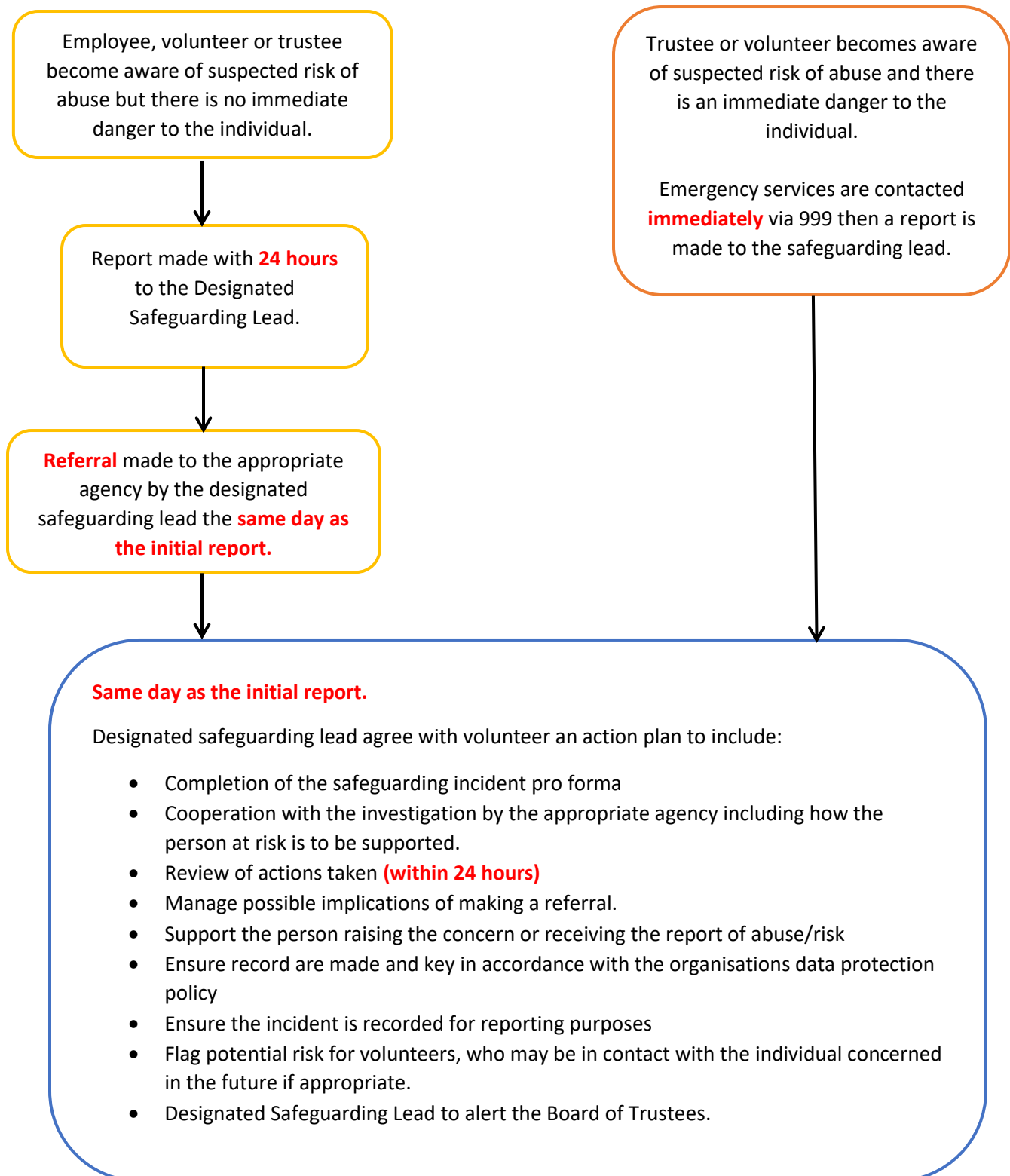
Role of the Trustee Safeguarding Lead:

- Provide support to ensure the organisation delivers a continuous high-quality approach to the safety and welfare of beneficiaries, volunteers and employees.
- Seek assurance that effective strategic, operational governance and control arrangements for safeguarding are in place.
- Bring an independent and external perspective knowledge, skills and experience to the safeguarding practices of the organisation.
- Constructively challenge the policies, plans and processes of the safeguarding practice within the organisation.
- Support the development of plans to improve safeguarding processes and practice.

Appendix B

Procedure for Reporting and Managing People at Risk

This flowchart is to be used in conjunction with section 3 above.



Appendix C

Safeguarding Pro Forma

Safeguarding incident record.

Check to make sure your report is clear to someone else reading it. Incident date refers to the date of the recording of the incident (this should be the date you are made aware of the concern), if you have any information regarding a relevant past incident add into the details of concern section.

This will be the main record of the safeguarding incident and will need updating until the concern is closed.

Form completed by		Date	Job title/ Role
Information about the person you have a safeguarding concern for:			
Full Name	DOB/Age	Gender	Additional needs: (e.g. health/disability/social/ housing/other)
Current Address:			
Email:		Telephone Number:	
G.P Details if known:			
If concern raised by a third party add their details here			
Significant others if known (relatives, carers, friends, health/ social care/ other professionals)			
Name	Relationship to Person	Address	Telephone number
Details of Concern			
Date of Incident:			
What happened/ what is the concern?			
Has the person involved expressed what they want to happen? Do they have mental capacity to make an informed decision?			

Breach of Confidentiality – Information Sharing: Y/ N				
Is the person concerned aware that the information has been shared with outside agencies and why? Did the person give permission for the information to be shared with outside agencies?				
What needs to happen? Note actions, including names of anyone whom your information was passed to and when				
Status				
Recommendation	Action	Responsible	Date Completed	Progress Update
Children: Is there a child or children or vulnerable adult in the household even if not the subject of the immediate safeguarding concern: Y/N				
Details:				
Inform			Date	
Safeguarding Lead: Tanisha Appleton				
Board of Trustees Aware				
Record Keeping				
Recorded securely on CRM System				

Breach of confidentiality may include:

Was the information shared with an outside agency?

(Indicate with 'Yes' where relevant below and provide details)

- 999 Ambulance or Police:
- 101 Police – Welfare Checks:
- Safeguarding Adult Team (Name of person receiving the referral/ location/ phone number)
- Safeguarding Children and Family Services Team (Social services: name of person receiving the referral/ location/ phone number)
- Other Health Professional (Please specify and give name/ phone number):
- Other charity or organisation e.g. Women's Aid, NSPCC, Prevent:

Appendix D

References and Further Reading

- Human Rights Act 1998
- Mental Capacity Act 2005
- The Safeguarding Vulnerable Groups Act 2006
- General Data Protection Regulation 2016/679
- OSCR, Interim Safeguarding Guidance: Keeping vulnerable beneficiaries safe

Appendix E

Types of Abuse

Vulnerable adults, young adults are children are at risk of harm or abuse. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. Sometimes people may not even be aware that they are being abused, abusers may try to prevent access to the person they abuse.

Signs of abuse can often be difficult to detect. Below are some examples:

- **Psychological** – includes emotional abuse / threats of harm or abandonment / deprivation of contact / humiliation / controlling behaviour / exploiting, corrupting/ cyber bullying / exposure to the ill treatment of someone else
- **Discriminatory** – includes forms of harassment/slurs similar treatment because of race/gender/gender identity/age/disability/sexual orientation or religion.
- **Physical** – includes assault/ hitting/ slapping/ pushing/ restraint/ inappropriate punishment/ shaking/ burning etc. Misuse of medication and/ or physical harm caused when a parent/carer fabricates the symptoms of or deliberately induces illness in a child.
- **Financial/material** – includes theft/fraud/internet scams/coercion/misuse or misappropriation of property or possessions etc.
- **Neglect/acts of omission** – persistent ignoring of medical, emotional or physical care needs / failure to provide access to appropriate healthcare / withholding the necessities of life / unsupervised in inappropriate situations.
- **Sexual** – Includes rape / indecent exposure / sexual harassment / exposure to pornography against the person's will / other sexual acts without consent etc.
- **Organisational** – covers neglect and poor practice within an institution or specific care setting or in someone's own home. Can be through neglect or poor professional practice resulting from policies/culture/systems.
- **Self-neglect** – covers a wide range of behaviour e.g. neglecting to care for one's own health/hygiene/surroundings/hoarding etc.
- **Modern slavery** - covers human trafficking / forced labour / domestic servitude / forcing individuals into a life of abuse or inhumane treatment
- **Domestic violence and abuse** – the definition of domestic abuse is “Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial, or emotional, controlling and coercive) between those aged 16 and over who are or have been intimate partners or family members, regardless of gender and sexuality. This includes issues of concern such as so-called ‘honour killings’.

- **FGM** – Female Genital Mutilation is defined as a procedure where the female genitals are deliberately cut, injured or changed, but there's no medical reason for this to be done. Culturally accepted in some parts of the world and generally preformed with family present reducing privacy and dignity for the young girl and increases the risk of infection unnecessarily. It is performed on girls as young as 3 and often as old as 17. Often this is not performed by a medical professional which increases the risk of fatality.

This list may not be exhaustive but provides examples.

Abuse may be carried out deliberately or unknowingly and it may be a single or repeated act.

NB People at risk may be abused in more than one way.