



Safeguarding Policy

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Pass Amendments to	Trustees	
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Implementation and Quality Assurance		
<p>Implementation is immediate and this Policy shall stay in force until any alterations are formally agreed.</p> <p>The Policy will be reviewed every year by the Board of Trustees, sooner if legislation, best practice or other circumstances indicate this is necessary.</p> <p>All aspects of this Policy shall be open to review at any time. If you have any comments or suggestions on the content of this policy, please contact:</p> <p>○ Adrian Kirk; adrian@careaftercombat.org or</p> <p>○ Amy Barnett; amy.barnett@careaftercombat.org</p> <p>Care After Combat, Office 12, Newark Beacon Centre, Cafferata Way, Newark NG24 2TN. 01636 557 543</p>		
Designated Safeguarding Lead	Dr Jane Jones	Clinical Lead

1. PURPOSE

1.1 The purpose of this policy and associated direction is to set out how Care After Combat requires every employee, trustee and volunteer to act to protect adults and children from harm. This extends beyond our clients and includes a responsibility to keep our employees, trustees, volunteers and their families safe from harm. This policy provides the principles that guide our approach to Safeguarding adults and children.

2. SCOPE

2.1 This policy applies to all trustees, volunteers, employees, sessional workers, agency staff, students and any other individual working or providing services on behalf of Care after Combat.

It should be read in conjunction with the following policies:

- Complaints policy
- Whistleblowing policy
- Local Authority or Command safeguarding policies
- Social media policy
- Supervision policy
- Health & safety policy

3. THE LEGAL CONTEXT

3.1 This policy has been drawn up on the basis of UK law that seeks to protect children and adults. In this context, the following elements of statute and best practice are pertinent:

- The Children Act 1989.
- The Children Act 2004
- The Sexual Offences Act 2003
- Children and Young Persons Act 2008
- Working Together to Safeguard Children 2013, 2015, (2018)
- Mental Capacity Act 2005
- The Care Act 2014

3.2 The Children Act is the foundation on which the protection of children is based. Of paramount importance throughout is the 'welfare of the child'. In essence this means that the need to protect children comes before everything else and this principle needs to be at the forefront of all of our work. The principle remains that the protection of children from abuse overrides all other considerations (including confidentiality).

3.3 The Mental Capacity Act and Care Act provides a clear legal framework for how organisations work in partnership with other public services to protect adults at risk, placing Adult Safeguarding on the same statutory footing as children.

3.4 Safeguarding adults means protecting a person's right to live in safety, free from abuse and neglect. As an organisation we must demonstrate the aims of adult Safeguarding:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
- To promote an outcomes approach in Safeguarding that works for people resulting in the best experience possible.
- To raise public awareness so that employees, volunteers and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

3.5 If an individual (employee or volunteer) has reasonable cause to suspect an adult or child in their area is suffering or is at risk of abuse and neglect and has needs which leave them unable to protect themselves, then they must ensure enquiries are made in order to decide what action (if any) should be taken, and by whom (the "duty to enquire").

4. TYPES OF ABUSE/SPECIFIC SAFEGUARDING ISSUES

4.1 Child abuse is any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. Neglect, whatever form it takes, can be just as damaging to a child as physical abuse. There are six main types of child abuse:

- Physical
- Emotional
- Sexual
- Neglect
- Child sexual exploitation (CSE)
- Radicalisation (Prevent Duty)

4.2 Further information can be found at www.nspcc.org.uk

4.3 In adult abuse, signs of abuse can often be difficult to detect. Below is a list of possible indicators of adult abuse (Further information at www.scie.org.uk):

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse

- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

5. RESPONSIBILITIES ACROSS CARE AFTER COMBAT

5.1 All employees and volunteers coming into contact with children and adults at risk, have a responsibility to protect them and to provide a safe environment. However, there are key people within Local Authorities, HMPPS and NHS who have specific responsibilities under Safeguarding procedures.

5.2 Care After Combat's responsibilities are defined as follows:

Responsible	Responsibility
<i>Nationwide</i>	
-Trustees	<ul style="list-style-type: none"> • Strategic direction for Safeguarding • Provision of sufficient and appropriate resources to implement our approach. • Overall responsibility for safeguarding, delegated to CEO and management team. • Proactive safeguarding and promotion of the wellbeing and welfare of the Charity's beneficiaries, staff, volunteers and other parties in contact with the charity. • Monitor compliance to policy. • Monitor outcomes of complaints/incident investigations
-CEO (Operations Lead and Clinical Lead in the absence of the CEO)	<ul style="list-style-type: none"> • Leadership • Accountability • Policy and direction • Governance • Resourcing and quality assurance
<i>HQ and Operational Areas</i>	
-Clinical Lead, -Operations Lead -Research Lead -Regional Coordinators	Across their operational areas: <ul style="list-style-type: none"> • Leadership • Policy compliance • Implementation of policy • Accountability
-CEO -Clinical Lead -Operational Lead -Research Lead -Executive Assistant -Regional Coordinators	<ul style="list-style-type: none"> • Training • Safe recruitment and accreditation (including DBS checking) of employees. • Development of appropriate local policies

6. HOW CARE AFTER COMBAT WILL MEET ITS OBLIGATIONS

6.1 Safer Recruitment.

6.1.1 Although most of the Charity's activities do not involve regular contact with children or working in 'regulated activity' with adults at risk, the Charity has a responsibility to ensure the suitability of those Trustees, employees and volunteers who may work with, or encounter children and adults at risk.

6.1.2 The Charity's recruitment process as well as the quality of our employment contracts are critical to our approach to safeguarding; they must be sufficiently rigorous, robust and appropriately reviewed. Although, as previously stated, the Charity does not generally engage in 'regulated' activity with vulnerable people and children, the Charity Commission recommends that Trustees always obtain a DBS check when they can, as it an important tool in ensuring that the person is suitable to act.

6.1.3 As part of recruitment good practice, the Charity will also make other checks as part of our robust recruitment process including:

- Taking up two references for successful candidates
- Questioning employment gaps
- Querying unspent or relevant criminal convictions.

6.2 Through training:

6.2.1 Training for Safeguarding is to be undertaken as laid out below:

Who	Training	Frequency
Trustees	Level 3 Safeguarding training if they have a Safeguarding element to their Area of Responsibility. Otherwise, they should have at least a basic knowledge (ie Level 1).	At least every two years
Safeguarding Lead	Level 3 Safeguarding	At least every two years
Line managers with staff working with vulnerable adults	Level 2 Safeguarding	At least every two years
Employees with enhanced DBS check	As a minimum Level 1 Safeguarding	At least every two years
Employees with standard DBS check	Level 1 Safeguarding	At least every two years
Volunteers	Level 1 Safeguarding	At least every two years
Updates to Safeguarding and Safer Recruitment training will be disseminated to all employees and volunteers in line with new legislation and best practice as they become available.		

6.2.2 Records of all Safeguarding training will be kept for all employees, volunteers and Trustees.

6.3 Through checking and reporting:

6.3.1 All employees and volunteers who come into contact with children and adults at risk of abuse will have the required level of DBS check for their job / role and this will be renewed in line with organisational requirements.

6.3.2 Leads will review (and every six months report to Management Board) compliance with policy (DBS percentages, numbers in date for training etc) and numbers/nature of Safeguarding complaints and incidents, allegations against employees or volunteers. Independent audit will periodically check and confirm this data.

6.3.3 Where Care After Combat refers or 'signposts' to third party providers/organisations, Care after Combat will be assured that the third-party organisation has appropriate safeguarding policies and procedures in place. Should no such policies and procedures be in place, then that Organisation should not be used. Where there is any doubt, this should be initially discussed with Management Board.

6.4 Through risk management:

6.4.1 The management of those employees/volunteers out of date for DBS checks or Safeguarding Training: The default policy for Care after Combat is that all employees or volunteers who may come into contact with children or adults at risk of abuse are to be in date for both DBS checks and Safeguarding training (at the appropriate level). Where, through no fault of their own, an individual's DBS check has lapsed or they have not been able to access appropriate training in line with our policy, that individual's line manager may elect to continue to employ the individual in their current role pending checks or training. This decision will be based on the line manager's personal knowledge of the individual, and the line manager will then accept the liability for the individual's Safeguarding clearance. However, each instance must always be discussed with Care After Combat's Safeguarding Lead, prior to any definitive decision being taken.

6.4.2 The management of those employees/volunteers who fail to engage with DBS checking or Safeguarding Training: Where an individual fails to engage with the DBS checking process (for example by failing to produce necessary documentation), the individual's line manager should suspend that individual from service user/client access/contact until the DBS process has been completed. If the individual continues to fail to engage, then, for employees, disciplinary action should be considered. Volunteers should remain suspended from client contact. The same principles apply should an employee or volunteer fail to access training when made available.

6.4.3 The management of those employees/volunteers whose DBS check raises concerns: This is an Organisational decision and will be based on the nature of the concern raised by the DBS check. This will be decided by the Trustee and Safeguarding lead, in a Vetting panel- if that panel is content that the DBS anomaly is not relevant to an individual's Safeguarding clearance or wider probity, then that individual may be employed on an 'at risk' basis. Otherwise, they should be denied access to service users/clients.

6.4.4 The management of those employees/volunteers who have a complaint/incident pending which is pertinent to Safeguarding: This is a Care After Combat Vetting Panel decision and will be based on the nature of the concern raised by the complaint/incident. If the Vetting Panel is content that the complaint or incident is not relevant to an individual's Safeguarding clearance or wider probity, then that individual may be employed on an 'at risk' basis. Otherwise, they should be denied access to patients/service users/clients.

6.5 Through the investigation and reporting of complaints and incidents:

6.5.1 When a complaint is submitted by a client/service user that expresses or suggests any concern relating to how a case has been managed from a Safeguarding perspective, then this is to be immediately escalated, via relevant line management, at HQ or the Safeguarding Lead.

6.5.2 Similarly, if there is any evidence or concern that relevant Safeguarding policies and procedures have not been followed, at whatever level of the Organisation, then this must be raised by employees/volunteers as an incident and submitted, via relevant line management, to HQ Newark.

6.5.3 Such complaints and incidents will then be reviewed and investigated, as appropriate, by the Safeguarding Lead. They will in turn update the CEO and Chairman.

6.5.4 The findings of any such investigations will then be shared with the Learning points from any such investigation will be cascaded across the Organisation, and the original complainant or employee/volunteer who raised the incident will be kept fully informed of the findings and recommendations.

6.5.5 All such Safeguarding complaint or incident investigations will be audited by Subject Matter Experts (SMEs) external to Care after Combat.

6.6 Through the appropriate escalation of Safeguarding concerns about clients, patients, service users or third parties:

6.6.1 Anyone who delivers any outputs or services for Care After Combat needs to have a full understanding of how to escalate any concerns they may have regarding the Safeguarding of children or vulnerable adults. The approach to this is set out below, and varies depending on the individual's role within Care After Combat as an Organisation:

6.6.2 For Volunteers:

- When a Volunteer has a Safeguarding concern, and unless the Volunteer is worried that by so doing they may cause the situation to deteriorate, the Volunteer should advise the client that they have a concern and that they will be taking advice from Care After Combat Leads.
- That concern is recorded on a new and separate incident form. This entry is to be caveated as 'Highly Confidential'. Using a fresh Form limits exposure to third parties. All parties who may access that Form MUST respect Care After Combat's rules on confidentiality and in line with GDPR. Failure to do so will result in direct action against those responsible.
- The Volunteer is to call their Line Manager to gain advice Following that call, and for audit purposes, the relevant Manager will make an entry on the incident log providing demographic data and that advice has been provided.
- After discussion with above, the Volunteer will be advised on next steps (i.e no action, or to contact the Local Authority (in case of adults) or the NSPCC helpline (in case of children)).
- Following discussion with Care After Combat the Volunteer is to update the Incident form with subsequent actions i.e either no further action or referral to NSPCC or LA.

6.6.3 For staff working at Care After Combat:

- When a staff member working at care After Combat has a Safeguarding concern, and unless the staff member is worried that by so doing they may cause the situation to deteriorate, the staff

member should advise the client that they have a concern and that they will be taking advice from their line manager or management team.

- That concern is recorded on the incident log.
- The staff member is to speak to their line manager and either resolves the issue at that point or escalates to the next level of line management until it reaches the CEO. In parallel, advice should be sought from the Safeguarding Lead.
- After discussion with above, the staff member will be advised on next steps (ie no action, or to contact the Local Authority (in case of adults) or the NSPCC helpline (in case of children)).
- Following discussion with their line manager, the staff member is to update the incident log of subsequent actions. ie either no further action or referral to NSPCC or LA.
- Once the incident log has been completed, this must be sent to the CEO or Safeguarding Lead for oversight, no matter at what level the issue is resolved.
- After discussion with above, the staff member will be advised on next steps (i.e no action, or to contact Local Authority (in case of adults) or NSPCC helpline (in case of children)). The outcome of this discussion should be reported back to the Safeguarding Lead.

6.6.4 For Staff working in HMPPS

- In accordance with local policy and procedures (agreed with MOD or HMPPS) and depending on the location and local Command/ HMPPS arrangements, any Safeguarding concerns are to be escalated to either line management and/or Local HMPPS colleagues, or to the MOD Police.

6.6.5 Through the appropriate escalation of Safeguarding concerns relating to the behaviours and actions of Care After Combat employees/volunteers:

- Within the Volunteer network or in UK based operational services- initially to local line management prior to appropriate escalation and advice from External experts
- Within HMPPS and MOD- To follow local policy (to local line management in conjunction with HMPPS or MOD colleagues).
- All employees and volunteers are made aware of the boundaries of appropriate behaviour and conduct. These matters form part of employee induction / volunteer training.
- There are processes in place for reporting any concerns about an employee or volunteer. Any concerns about the conduct of an employee or volunteer will be referred to the Safeguarding lead who has sufficient status and authority in Care After Combat, to manage employment/volunteer procedures. Such cases will then be managed in conjunction with line managers. Employee and volunteer matters are confidential and Care After Combat operates within statutory guidance around General Data Protection Rules.

6.6.6 Through the implementation of 'Safer recruitment':

- Care After Combat employs staff who work directly with adults at risk of abuse. As such Care After Combat undertakes its recruitment procedures and practices in accordance with current employment legislation and guidance. Compliance with regard to Safer Recruitment guidance will be undertaken by Recruiting Managers in accordance with the Safer recruitment policy.
- All managers are required to follow policy for requesting enhanced Disclosure and Barring (DBS) checks for relevant employees.

- The requirement for an enhanced DBS will be considered when any job description is reviewed or produced.
- A Vetting Panel will be convened to review identified convictions.
- Care After Combat will engage with the Fit and Proper Test for the employment of Trustees.

6.6.7 Through information sharing and the maintenance of clear, confidential and contemporaneous records within Care After Combat, NHS and or HMPPS databases:

- Confidentiality is an issue which needs to be discussed and fully understood by all those working with children and adult at risk of abuse, particularly in the context of Safeguarding. **An employee** or volunteer must never guarantee confidentiality to anyone about a Safeguarding concern (including parents / carers) or promise to keep a secret. In accordance with policies, where there is a child protection or adult at risk of abuse concern, this must be reported to the Safeguarding Lead in the individual's area of work /volunteering and may require further referral to, and subsequent investigation by, appropriate authorities.
- Information on Safeguarding cases may be shared by the lead with other relevant employees or volunteers. This will be on a 'need to know' basis only and where it is in the child's or adult's best interests to do so.
- Records of discussions should be made, shared and destroyed in line with the General Data Protection Regulations and advice can be sought from the Designated Safeguarding Lead in this regard.
- Where there are concerns about the safety of a child or adult, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the General Data Protection Regulations, places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or adult at risk of abuse being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real Safeguarding concerns. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children or adults at risk of abuse or neglect
- All Safeguarding concerns about a child or adult at risk of abuse must be fully recorded in writing in the individual's case file, in a separate section marked 'Strictly Confidential'.
- Any entry made on a case record should be signed and dated.
- Case records should only contain information relevant to a particular individual/ family. The record should clearly state whether the information recorded is fact, third party information or professional opinion.
- Those supervising employees and volunteers who are involved in Safeguarding children/adults work should make regular and frequent checks to ensure that case recording is up to date.
- Case record recordings should be signed off and dated by the Line Manager every three months.
- Where possible the case recording should be typed. Handwritten notes are often difficult and time consuming to read and should be the exception.
- All Safeguarding information relating to a patient, service user or client must be held securely in one place.

- All records should conform with the requirements of the Data Protection Act (1998) and the General Data Protection Regulation (2018) and the Human Rights Act (1998). Information shared within Care After Combat must be “on a need to know” basis.
- Any file may be accessed by a Court of Law in Care and/or Criminal proceedings. Employees and volunteers may be called upon to give evidence in court and the importance of clear, accurate and detailed case notes cannot be overemphasised.

6.6.8 Through supervision:

- All professional social work and healthcare staff who are required to undertake professional supervision under the terms of their job descriptions are to ensure that Safeguarding issues are discussed and, where necessary, appropriate actions taken, as part of their professional supervision process.

6.6.9 Through access to advice and support to employees and volunteers:

- All employees and volunteers are to know, through training and development of local policies, who their local point of contact is for safeguarding advice should there be a Safeguarding concern they feel unable to personally manage.

6.6.10 Through Whistleblowing:

- Whistleblowing is ‘making a disclosure in the public interest’ and occurs when an employee or volunteer raises a concern about dangerous or illegal actions of other employees or volunteers that in turn affects patients/clients/beneficiaries or members of the public.
- Employees and volunteers are made aware of the duty to raise concerns about the attitude or actions of employees or volunteers in line with Care After Combats Whistleblowing policy.
- Care After Combat wants everyone to feel able to report any Safeguarding concerns. However, for employees or volunteers in UK who feel unable to raise these concerns internally, and if the concerns relate to a child, they can call the NSPCC whistleblowing helpline on: 0800 028 0285 (line is available from 8:00 AM to 8:00 PM, Monday to Friday) or email: help@nspcc.org.uk. For adult concerns employees / volunteers should contact their Local Authority.

6.6.11 Through Assurance:

The following is how Care After Combat will assure that it is meeting its Safeguarding obligations:

- Mandatory Safeguarding training including levels, frequency and subject matter (adults /children) will be agreed by the Management team and signed off by Care After Combat’s Safeguarding Lead.
- Levels and frequency of DBS checks for employees will be agreed by the Management team and signed off by Operational Lead, agreed by Safeguarding lead for each new job description. Annual report demonstrating compliance to Management Board.
- Levels and frequency of DBS checks for volunteers will be agreed by Operational Lead and CEO and signed off and documented for each new volunteer role. Annual report demonstrating compliance to Management Board to be completed by Operational Lead
- Annual reporting to Management Board of allegations against employees or volunteers by Safeguarding Lead.

Appendix 1: Revision History

Revision date	Summary of Changes	Other Comments
3.3.2021	Reviewed by EA - A Barnett	Changes to job roles within policy and policy reviewed. Next review due March 2022
14.2.2022	Reviewed by EA- A Barnett	Policy reviewed. Change from complaint form to incident form (6.6.2). Next review due March 2023
3.3.2023	Reviewed by EA- A Barnett	Policy reviewed. Next review due March 2024