



# Hart First Response

Safeguarding Policy: Children and Vulnerable adults

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## 1. Introduction

Hart First Response (HFR) strives to provide a safe environment for all volunteers and those using their services. It is recognised, however, that there will be both patients and volunteers that are especially vulnerable, whether as children or as vulnerable adults. It is further recognised that these groups of people are potentially at a greater risk of abuse. This policy provides a framework for recognising and protecting such people and provides a process to be followed should abuse be suspected or discovered.

## 2. Related Policies, Procedures and Acts

- Children Act 1989
- Human Rights Act 1998
- Police Act 1997
- Protection of Children Act 1999
- Sexual Offences Act 2003
- Criminal Justice and Court Services Act 2000
- Safeguarding Vulnerable Groups 2006
- Mental Capacity Act 2007
- HFR Equality and Diversity Policy
- HFR Communication and Consent Policy
- HFR Criminal Records Policy

## 3. Definitions

- 3.1. Children: Persons under the age of 18 are classified as children and are protected by the Children's Act 1989.
- 3.2. Vulnerable adult: a vulnerable adult is defined as a person aged 18 years or over who may be unable to protect themselves from harm or from being exploited. This may be because they have a mental health problem, a disability, a sensory impairment, are old or frail or because of injury or illness. (No Secrets, Department of Health 2001)
- 3.3. Abuse is defined as 'a violation of an individual's human and civil rights by any other person or persons' (No Secrets, Department of Health 2001)
- 3.4. Some main types of abuse are:
  - Physical: may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm. This includes fabricating the symptoms of or deliberately causing illness in a child.
  - Emotional: is the persistent emotional mistreatment of a person such as to cause severe and persistent adverse effects.
  - Sexual: involves forcing or enticing a person to take part in sexual activities, including prostitution whether they are aware or not of what is happening.
  - Neglect: is the persistent failure to meet a person's physical and/or psychological needs likely to result in a serious impairment to health.
  - Financial: misuse of a person's money or property, persuading an individual into a financial transaction to which they have not or cannot consent.



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3.5. Abuser - An abuser could be anyone who comes into contact with a person including:

- Relatives and family members
- Healthcare workers
- Paid care workers
- Neighbours, friends and associates
- Strangers

#### 4. Statement of intent

- 4.1. Hart First Response (HFR) does not see itself as a Youth Organisation and does not accept membership applications from persons less than 16 years of age. Nevertheless, we may have volunteers between the age of 16 and 18 and we may be required to treat or train children in the course of our service provision. This places an obligation upon the organisation and its members to be aware of and to implement best practice in the field of Child Protection.
- 4.2. This policy is intended to act as a set of guiding principles for all volunteers and must be followed when dealing with children. This policy will be upheld in conjunction with training courses such as the Introductory Child Protection Training devised by the NSPCC.
- 4.3. HFR volunteers have a statutory duty under Section 11 of the Children Act, 1989, to discharge their duties with regards to the need to safeguard and promote the Welfare of Children.
- 4.4. Working together to Safeguard Children' (DoH 2008) acknowledges that patterns of family life vary and there is no one, perfect way to bring up children. Parenting can be challenging and parents themselves require and deserve support. A wide range of services are available to provide this support and in the majority of cases it should be the decision of the parents when to ask for help and advice when bringing up their children. Only in exceptional cases should there be compulsory intervention in family life e.g. where it is necessary to safeguard a child from significant harm.
- 4.5. HFR volunteers must adhere to the five statutory principles as set out in the Mental Capacity Act (2007). Breach of this act could constitute abuse. These principles are:
- 4.6. Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- 4.7. A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- 4.8. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- 4.9. Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- 4.10. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

#### 5. Roles and Responsibilities

- 5.1. HFR will take due care in recruiting volunteers who will have to provide names of appropriate referees and undergo an enhanced check by the Criminal Records Bureau (CRB). All references will be taken up and any disclosures will be dealt with following the guidance described in the current version of HFR's Criminal Records Disclosures Policy.
- 5.2. HFR will ensure that adequate numbers of volunteers are allocated to allow these procedures to be followed. Due to the limited number of volunteers for events, this may mean that it is not possible for under 18 year olds to attend events on behalf of HFR.
- 5.3. HFR has appointed a **Safeguarding Officer (SO)** who will act as a point of contact for advice in the event of an incident. The SO will refer volunteer's concerns to the appropriate authorities and ensure that Safeguarding training is available to all volunteers. In the event of the SO being unavailable the Assistant SO (ASO) should be contacted. Contact details for the SO and ASO along with other national organisations are given on all event sheets.



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- 5.4. HFR **Volunteers** are required to familiarise themselves with the contents of this policy, to seek clarification in the event of any doubts, and to observe these procedures.
- 5.5. HFR Volunteers are required to report any incident, disclosure or suspicion of abuse to the SO. Under no circumstances should volunteers attempt to investigate suspicions by themselves.
- 5.6. HFR volunteers may not take personal financial reward or gifts from any person using their services. Any monies offered must be placed in the charity funds. Gifts must be declared to the Executive Committee and where appropriate shared amongst the volunteers.
- 5.7. Annual mandatory training on Safeguarding Vulnerable People will be provided by HFR. HFR will ensure that its volunteers understand their roles and responsibilities with respect to keeping children and vulnerable adults safe and promoting their general welfare.
- 5.8. HFR will have access to national guidance to support them to safeguard the welfare of children and vulnerable adults.

### 6. Training Requirement

- 6.1. Prior to attending any event or public training volunteers must comply with one of the following requirements:
  - Provide the HFR Exec with documentary evidence of appropriate current professional experience i.e. employment in a local authority youth service, National Health Service, school or recognised children's charity.
  - Provide evidence of attendance on a Child Protection Course run by NSPCC, a recognised children's charity or a nationally recognised voluntary society.
  - Attend a Child Protection training course organised by the HFR SO or complete a distance learning programme such as those devised by the NSPCC

### 7. General Procedures for Working with Children

- 7.1. All volunteers of HFR will conduct themselves in a responsible and appropriate manner during service provision. When dealing with children and vulnerable adults, volunteers must observe the same degree of courtesy and respect that they would towards any member of the public.
- 7.2. Children and vulnerable adults are individuals and any approach needs to take into account their age, gender, ethnicity or disability or any particular needs they may have. Where a patient expresses a preference e.g. to be treated by a female this must where possible be supported.
- 7.3. The following guidelines must be followed in any environment where volunteers are working with children / vulnerable adults:
  - 7.3.1. Treat children with respect.
  - 7.3.2. Do not place yourself in a situation where you find yourself dealing with children on your own.
  - 7.3.3. If it is impossible to ensure that you are in a position where others can observe you; inform colleagues where you are and ask them to check on you (advising the child that you have done this). Ensure that any time spent with the child does not exceed that required by the immediate situation.
  - 7.3.4. Do not indulge in horseplay or play fighting with a child.
  - 7.3.5. If at all possible ensure that male / female children are dealt with by members of the same sex.
  - 7.3.6. Dress appropriately at all times.
  - 7.3.7. Do not make suggestive remarks or gestures, even in fun.
  - 7.3.8. Remember at all times that any actions, however well intended, may be misinterpreted.
  - 7.3.9. Always be alert to the possibilities of abuse.
  - 7.3.10. Discourage inappropriate attention-seeking behaviour or "crushes".
  - 7.3.11. Never believe that you could not be the victim of an accusation.

### 8. Specific Procedures for the emergency treatment of children



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- 8.1. Issues of child protection and vulnerable adults should be considered at all stages in any treatment. They must not prevent any volunteer from offering treatment in the event of a life-threatening emergency.
- 8.2. If life is not at risk and the procedures outlined in the following sections cannot be followed; treatment, other than that necessary to stabilise the patient, should be postponed until appropriate safeguards can be put in place.
- 8.3. As an example, a patient with a wound to the forearm should be stabilised using direct pressure and elevation. If necessary an ambulance should be summoned, but the patient should not be removed to ambulance / first aid post for further examination / dressing by a volunteer acting alone. They should wait until their colleague, another official person, a person with parental responsibility for the patient or relative (over 18) of the patient is present to act as a chaperone. Where possible HFR volunteers should try and remain in eye contact at all times with other HFR volunteers. In the case of multiple casualties this may mean remaining outside of the vehicle to continue treatment. The dignity of the patient must, however, be maintained.
- 8.4. Do not do anything for a child / vulnerable adult that they can do for themselves e.g. removing clothing, holding an ice pack in place.
- 8.5. If at all possible, ensure that an adult with responsibility for the patient is summoned to the scene of an incident as quickly as possible.
- 8.6. Under no circumstances leave children / vulnerable adults in the care of an individual other than those detailed in section 8.3, volunteers of HFR who have been vetted and trained, or members of the police or ambulance services summoned to the scene of an incident.
- 8.7. Ideally, children under 16 / vulnerable adults should not be treated without the consent of a person with parental / patient responsibility. Children over the age of 16 can consent to their own treatment although, if possible, persons with parental responsibility should be involved in the decision making process. If an appropriate person is not present then a child can consent to treatment if they have "sufficient understanding and intelligence to enable him or her to understand fully what is proposed". In the event of an emergency when a child cannot consent to treatment (perhaps due to unconsciousness), and a person with parental responsibility cannot be contacted "it is lawful to give treatment on the basis that it is in the child's best interests".

### **9. Actions to be taken if abuse is suspected or observed**

- 9.1. If you believe the child / vulnerable person to be in immediate danger of significant harm then call the police.
- 9.2. Remain calm. Do not appear to be shocked. Try to act normally.
- 9.3. Do not investigate or try to question. Remember this may become a criminal investigation so do nothing that may jeopardise an investigation.
- 9.4. Do not challenge parents or carers about your concerns.
- 9.5. Record all details which support your suspicions. Sign, date and keep these in a secure place, prior to passing on to the HFR SO.
- 9.6. Contact the HFR SO to discuss and agree what action should be taken.
- 9.7. If the HFR SO or assistant SO is not available then contact either Hampshire Children Services, NSPCC or Elder Abuse Helpline with your concerns.
- 9.8. Numbers for all the above can be found on the HFR event sheet.

### **10. What to do if a child / vulnerable person confides in you**

- 10.1. Don't put them off even if the time is not convenient for you – they may not choose to tell again
- 10.2. If possible find a place where you can listen in privacy
- 10.3. Be clear from the start that you cannot keep the information confidential. Explain this is something that you will have to share with others (such as SO / Appropriate Services) so they can help.



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- 10.4. Try to stay calm and reassuring. You will probably be shocked and upset by what you hear but try to keep an open mind. Be aware of the messages that you are giving, including the unspoken ones. It is important for the person disclosing sake that you give them your support and don't judge.
- 10.5. If you have difficulty understanding the person disclosing reassure them you will find someone who can help as soon as possible. Contact the appropriate service as soon as possible.
- 10.6. Your job is to listen. Keep your responses brief, slow and gentle. Be careful not to ask leading questions. If you do the evidence needed later may not be valid.
- 10.7. Avoid criticising the alleged perpetrator personally.
- 10.8. Don't assume this is the only child / person involved there may be others.
- 10.9. Don't stop a person who is freely recalling. An exception might be if this is in front of others who may be affected e.g. in a training group.
- 10.10. You may repeat back what a person has told you in their own words but on no account interrogate them. You are there to hear their story.
- 10.11. Tell the person responsible for safeguarding as soon as possible and certainly on the same day.

### 11. Recording what you have observed or heard

- 11.1. Make notes as soon as you can using the person's words where possible and including exactly what you have said.
- 11.2. Keep the information factual and include what happened leading up to the conversation.
- 11.3. Write down the date, time, place of meeting and who was present.
- 11.4. At this time you should not discuss the information with anyone other than the SO or other service if they are not available. However, you may need personal support to talk about your own feelings. You can either call a member of the Exec or call the NSPCC helpline.

### 12. Procedures for reporting concerns about volunteers

- 12.1. Follow the procedures for suspicion of abuse detailed in section.

### 13. Procedures for responding to allegations of abuse by volunteers

- 13.1. Any allegation against a volunteer will be dealt with in complete neutrality. No assumption of responsibility will be made until all investigations have been completed.
- 13.2. Any volunteer reporting alleged abuse by another volunteer will not be excluded, disadvantaged or made an example of as a result.
- 13.3. If an allegation of abuse is made against a volunteer, the HFR Exec will decide if suspension is appropriate. There will be a meeting of the available HFR Exec within 24 hours. If the accused is a member of the HFR Exec suspension will automatically take place whilst investigations are conducted.
- 13.4. Any volunteer who is suspended will be allocated a member of the HFR Exec to act as their point of contact, and if possible, facilitate any support which they require.
- 13.5. If appropriate the Police or Social Services will be invited to investigate the allegation, and only when such an investigation has been completed will any internal investigation take place.
- 13.6. Following an internal investigation an action plan will be considered to try and prevent such an occurrence happening again.
- 13.7. If a Police or Social Services investigation reaches specific conclusions and makes recommendations regarding a volunteer's status, HFR will be obliged to comply.
- 13.8. The volunteer involved will be kept informed of the progress of any investigation.

### 14. Actions of SO

- 14.1. On receiving information of possible abuse the SO must make a referral to the appropriate organisation as soon as possible and certainly within 24 hours.



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- 14.2. Where a person is considered to be in immediate danger of significant harm the police must be called.
- 14.3. Other referrals should be made to the appropriate service.
- 14.4. The person who has disclosed the abuse must be informed, where possible, that a referral has been made and to whom.
- 14.5. Follow the advice of the relevant professionals.
- 14.6. Where a referral is made by telephone this must be confirmed in writing within 48 hours.
- 14.7. A record must be made of all discussions and decisions made along with the reasons.
- 14.8. Any documentation must be stored securely, following the HFR guidance policy.
- 14.9. Follow the advice of the relevant professionals.
- 14.10. Inform HFR Exec of the situation.

### 15. Useful Contacts

- Gillian (Adult and Child Safeguarding) 0118-9816165 / 07761 348007
- Assistant HFR Safeguarding Officer Sue 01256-355200 / 07923550643
- Other Organisations Contact Numbers:
- Hampshire Children's Services 0845 603 5620 or out-of-hours Emergency Service: 0845 600 4555
- NSPCC Child Protection Helpline: 0808 800 5000
- NSPCC Child Protection Textphone: 0800 056 0566
- Elder Abuse Response Helpline 0808 8088141
- VOICE UK (for people with learning disabilities who have been abused) 0845 122 8695

### 16. References

- Child Protection: Youth Service Guidelines. Surrey County Council (May 2000).
- Child Protection Procedures. BRCS Hampshire (November 2000).
- Safe from Harm. Guide Association (1998)
- Seeking Consent: Working with Children. Department of Health (2001).
- Child Protection: Introductory Module. NSPCC (September 2000).
- Criminal Records Bureau Disclosures Policy, Hart First Response.
- Working together to Safeguard Children (2006)
- (<http://www.everychildmatters.org.uk>)
- Educare / NSPCC Someone to turn to – safeguarding children and young people Educare – Protecting vulnerable adults

### 17. Policy Consultation

- 17.1. This policy has been circulated to the HFR Executive and Medical Advisor for consultation.
- 17.2. The policy will be approved by the HFR Executive with future reviews and updates tabled for approval at Exec meetings.

### 18. Dissemination

Once the policy has been approved a summary of relevant changes (and a link) will be disseminated via email to the HFR volunteers, and a pdf copy of the policy placed by a member of the Exec on the volunteer's section of the website: [www.hartresponse.org.uk](http://www.hartresponse.org.uk)

### 19. Monitoring of Compliance and Effectiveness

Monitoring of the policy will be the responsibility of the HFR Executive. This will be through incidents reported on the HFR database, and annual audits. Actions and lessons learned from incident investigations will be monitored through the HFR Executive. Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Executive. Lessons learned will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.



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## 20. Implementation

The HFR Executive are responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed.

## 21. Archive Statement

The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

## Appendix 1 Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or Belief	Sexual Orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that there is public concern in potential discrimination against the protected groups identified above.

Based on the information set out above the HFR Executive has decided that a full equality impact assessment is not necessary.