



CHSS SAFEGUARDING POLICY

This policy applies to all paid staff, volunteers, board of trustees, agency workers and anyone working on behalf of Chest Heart & Stroke Scotland.

In addition, this policy is in compliance with the CHSS No Life Half Lived Strategy goal: *“To be effective and accountable in all that we do”*. The Strategy outlines:

“Keeping our people safe and well is not only a statutory obligation, it is central to our ethos and values as a charity. The understanding and knowledge of the importance of safeguarding is growing and the trust and confidence that the public and our stakeholders have in us is something we value and respect. To ensure we keep our people safe and well, we will carry out a full safeguarding review and develop iterative and systematic processes in line with expert advice.”

In line with our commitment to equal opportunities, this policy can be made available in a variety of formats, including large print, translated into another language or other media. Reasonable adjustments will also be made to assist individuals who have a disability.

1. Our Human Rights Approach

1.1 CHSS takes a human rights based approach, meaning we place human rights at the very centre of our policies and practices. We aim to empower people to know and claim their rights, promoting the following values:

- Participation – involving people in decisions that affect their rights
- Accountability – monitoring how people’s rights are being affected
- Non-Discrimination and Equality – ensuring fairness and inclusion
- Empowerment – supporting employees and volunteers to participate in policy development
- Legality – complying with domestic and international legislation

2. Our Values

2.1 Our values are at the heart of what we do. We have developed six values to guide us in delivering our No Life Half Lived strategic goals. Our Safeguarding Policy integrates these values in the following ways:

- Agile – safeguarding will remain a priority as we adapt to the needs of our people and the environment we work in.
- Innovative – we will look to continuously improve our safeguarding processes and procedures.
- Inclusive – we will adopt a human rights based approach to safeguarding.

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- Accountable – we will audit our safeguarding processes and ensure decision-makers follow clear and fair processes.
- Collective – we will work together and learn from each other to promote a safeguarding culture across the organisation.
- Courageous – we will encourage our staff and volunteers to report safeguarding concerns.

3. Definitions

3.1 Safeguarding means providing a safe environment which actively prevents harm, respecting the wishes of individuals and responding promptly and effectively to incidents.

3.2 There are differences in safeguarding approaches for children and vulnerable adults:

3.2.1 Safeguarding vulnerable adults is defined in the Care and support statutory guidance issued under the Care Act 2014 as:

- Protecting the rights of adults to live in safety, free from abuse and neglect.
- People and organisations working together to prevent and stop both the risks and experience of abuse or neglect.
- People and organisations making sure that the adult’s wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action.
- Recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or well-being.

3.2.2 Safeguarding children is defined by the NSPCC (2020) as:

- Protecting children from abuse and maltreatment
- Preventing harm to children’s health or development
- Ensuring children grow up with the provision of safe and effective care
- Taking action to enable all children and young people to have the best outcomes

3.2.3 Adults have a right to make unwise decisions, whereas a child’s safety must always be acted upon. However, it is important to ensure their views are still listened to.

3.3 Safeguarding incidents can take many different forms, including:

3.3.1 Modern slavery, defined as “the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation” (UK Government, 2020).

3.3.2 Radicalisation, defined by the government's Prevent Duty Guidance as "the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups".

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3.3.3 Please note that this list is not exhaustive.

4. Statement of Intent

4.1 The purpose of this policy:

- To protect vulnerable individuals who, directly or indirectly, receive Chest Heart & Stroke Scotland's services.
- To protect our staff and volunteers, taking steps to protect their health, safety and wellbeing in line with our Duty of Care.
- To provide staff and volunteers with the overarching principles that guide our approach to safeguarding.
- To provide staff and volunteers with the support, guidance and training to report safeguarding concerns.
- To develop a safeguarding culture within the organisation whereby everybody supporting CHSS takes responsibility for the protection of vulnerable individuals.

4.2 Chest Heart & Stroke Scotland, through this policy and any related policies will ensure that, to the best of our ability, no individual from a vulnerable group (child or protected adult) will be harmed whilst in receipt of our services or supporting our activities.

4.3 In addition, we will respond as a priority and at the earliest opportunity should we suspect, or should a vulnerable individual disclose, that they are suffering harm in relation to our activities. This will be in line with our Duty of Candour Policy.

5. Legal & Internal Policy Framework

5.1 This policy has been drawn up on the basis of law and guidance that seeks to protect vulnerable individuals, namely:

- Safeguarding Vulnerable Groups Act 2006
- Protection of Vulnerable Groups (Scotland) Act 2007
- Children and Families Act 2014
- Human Rights Act 1998
- Sexual Offences Act 2003
- Data Protection Act 1998/General Data Protection Register Regulations 2018
- The Duty of Candour Procedure (Scotland) Regulations 2018
- Rehabilitation of Offenders Act 1974 (as amended)
- Management of Offenders (Scotland) Act 2019
- Age of Criminal Responsibility (Scotland) Act 2019
- Disclosure (Scotland) Act 2020

5.2 This policy should be read alongside our policies and procedures on:

- Protection of Vulnerable Individuals
- Code of Conduct
- Duty of Candour Policy
- Volunteer Policy
- Learning & Development Policy
- Recruitment of ex-offenders
- PVG and Disclosure Procedure

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- Dignity at Work
- Equality and Diversity
- Grievance Policy
- Volunteer Complaint Policy
- Gifts and Hospitality
- Health and Safety
- Lone Working
- Whistleblowing

6. Safeguarding

6.1 We will seek to keep vulnerable groups safe by:

- Valuing them, listening to and respecting them
- Appointing a Designated Safeguarding Lead (DSL)
- Developing a Safeguarding Group to lead on creating, maintaining, supporting and auditing CHSS' safeguarding responsibilities
- Recognising the importance of safeguarding, including this on our Risk Register
- Taking an organisational approach to safeguarding, valuing consistency and cohesion in practices
- Developing a safeguarding culture within the organisation whereby everybody supporting CHSS takes responsibility for the protection of vulnerable individuals
- Adopting safeguarding practices through procedures and a code of conduct for staff and volunteers
- Providing ongoing training and support to staff and volunteers on their safeguarding responsibilities and procedures
- Developing and implementing an effective e-safety policy and related procedures
- Following safe recruitment practices, including references and relevant disclosure checks
- Recording and storing information professionally and securely
- Encouraging staff and volunteers to raise any safeguarding concerns
- Using our safeguarding procedures to share concerns and relevant information with agencies, families and carers appropriately
- Using our procedures to manage any allegations against staff and volunteers appropriately
- Ensuring that we provide a safe physical environment for our service users, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance

7. Recognising Safeguarding Issues

7.1 Safeguarding concerns can come in many different forms, they may come to light instantly, or be recognised gradually over time.

7.2 There are many different kinds of abuse which can take place. It is important to be aware of signs of abuse in order to recognise and take action to prevent and stop it.

7.3 Safeguarding issues may be disclosed directly to you by somebody else, including a vulnerable individual who is being abused. If this occurs, it is important to remain calm and write down the words which are said to you. Be honest and inform the person that you need to report this information, remain positive and reassure them that CHSS will do everything we can to help.

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7.4 For further information on what to do if you have a safeguarding concern, please refer to the reporting concern process map in Appendix 2.

8. Reporting Concern

8.1 All individuals (employees and volunteers) have an obligation to safeguard others.

8.2 If you or another individual's safeguarding is of a concern:

8.2.1 If you or the individual are **in immediate danger**, you should phone the Police or emergency social worker/agency, as appropriate.

8.2.2 If you or the individual are in **less immediate danger**, you should record the information securely and inform your line manager as soon as possible. If you are unable to contact your line manager for any reason, you should contact the DSL - see contact details on page 7.

8.3 Chest Heart and Stroke conditions are life-changing and can have significant impacts upon mental health. Sometimes people tell us that they are having suicidal thoughts. It is important to note that there is not a specific response that can be given, and that this will be managed on a case-by-case basis.

8.3.1 If someone tells you they are having suicidal thoughts or feelings, or threatening to harm themselves, it is important to remain calm.

8.3.2 If there is **immediate risk to life**, call emergency services.

8.3.3 If the **risk is not immediate**, you may signpost the individual to CHSS Mental Health First Aiders, specialist charities such as [Breathing Space](#), [Samaritans](#) and [MIND](#), as well as their own GP.

8.3.4 A referral to social services and mental health care may be needed and should be discussed with your line manager.

8.3.5 It is important to follow up with the individual at risk after signposting to mental health services, to ensure they receive as much support and guidance as we are able to offer.

8.4 If you are concerned that a vulnerable individual is at risk of being abused or neglected, you should not ignore your suspicions and should not assume that someone else will take action to protect that person.

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9. Recording Safeguarding Concerns

- 9.1 It is important that safeguarding concerns and incidents are recorded securely and appropriately.
- 9.2 When a safeguarding concern is raised, you should complete a Safeguarding Incident Form. This may need to be provided to external agencies in the event of referral and may act as evidence in an investigation.
- 9.3 If you have handwritten notes from an initial disclosure or concern, keep these securely and confidentially, and give them to your line manager or the DSO. These may act as evidence.
- 9.4 Safeguarding incidents will be recorded in a Safeguarding Case Tracker. This will be anonymised, kept confidential and used for monitoring and audit purposes.
- 9.5 CHSS is committed to continuously developing our safeguarding practices. Recording safeguarding incidents allows us to reflect and identify potential areas of improvement.

10. Investigation and Referral Procedures (If Required)

- 10.1 Following a safeguarding incident or concern, depending on the circumstances, an investigation may take place.
- 10.2 Your line manager will inform CHSS' Designated Safeguarding Lead (DSL) of all safeguarding incidents. In conjunction with your line manager, the DSL will:
- Ensure all parties are fully supported throughout and following any investigation.
 - Contact will be maintained, and the individual(s) may be signposted to counselling services if required.
 - Consider the following:
 - Suspending an employee or volunteer from undertaking work with CHSS, if required.
 - Making a referral to Disclosure Scotland.
 - Police involvement if a criminal act is reported.
 - Informing professional regulatory bodies, if relevant.

11. Policy Compliance

- 11.1 Compliance with this policy is the responsibility of all paid staff, volunteers, board of trustees, agency workers and anyone working on behalf of Chest Heart & Stroke Scotland.
- 11.2 Where an individual is charged with or found guilty of a criminal offence in connection with vulnerable groups, they must notify the Designated Safeguarding Lead – Director of People Driven Development immediately. The charge or criminal offence will be considered and whether there is in fact as a breach of policy that should be reported as a notifiable event.

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- 11.3 Should any individual breach this policy, it will be considered to be misconduct. The procedure to be applied will depend on whether they are:
- An employee – this will be dealt with under CHSS’s grievance policy and/or disciplinary policy and any appropriate action will be taken. Particularly serious complaints could amount to gross misconduct and lead to dismissal without notice. The use of CHSS’s employee complaints and/or disciplinary procedures does not affect an employee’s right to make a claim to an employment tribunal within three months of the alleged discrimination.
 - An agency worker or an individual on placement – this will be dealt with through the relevant agency/placement provider.
 - A Volunteer – this will be dealt with under CHSS’s Volunteer Complaints Policy. A potential consequence may be the removal of the Volunteer.
- 11.4 The Executive Team will be responsible for ensuring this policy is adhered to within their own department and across the services they provide.
- 11.5 The People Driven Development Team will be responsible for providing support and promoting safeguarding, health, safety and wellbeing. This team includes:
- Director of People Driven Development
 - Head of Human Resources & Organisational Development
 - Human Resources Operations Lead
 - Human Resources Administrators
 - Safeguarding Coordinator
 - Volunteer Coordinator
- 11.6 Information relating to this policy will be shared at Staff Governance Committee meetings.
- 11.7 This policy has been reviewed by the CHSS Safeguarding Group who lead on creating, maintaining, supporting and auditing the safeguarding responsibilities of CHSS.
- 11.8 This policy has been developed in compliance with GDPR
- 11.9 This policy is also supported by the Audit & Compliance Officer
- 11.10 They are available to give advice and interpretation on any aspect of this policy.

12. Monitoring and Review

- 12.1 Any breaches of this policy will be reported to the CEO by the Designated Safeguarding Lead at their next available meeting as a notifiable event. Information reported will be anonymised but will confirm the relevant action CHSS has taken.
- 12.2 The Executive Team will discuss safeguarding breaches at their meetings and ensure any internal and external actions have been taken to safeguard individuals and the charity.

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- 12.3 Any breach of this policy will be referred to OSCR by the Designated Safeguarding Lead.
- 12.4 The policy will be reviewed every 2 years or earlier if there is a change in legislation or if deemed appropriate. In the event that this policy is not reviewed within the above timescale, the latest approved policy will continue to apply.

Safeguarding Inbox

This inbox is accessed by authorised personnel only.

safeguarding@chss.org.uk

Safeguarding Number

0131 609 0252

9am-4:30pm Monday-Friday

Designated Safeguarding Lead (DSL)

Name: Paul Okroj

E-mail: paul.okroj@chss.org.uk

Head of Human Resources & Organisational Development

Name: Carol Pake

E-mail: carol.pake@chss.org.uk

Safeguarding Coordinator

Name: Katie Beeston

E-mail: katie.beeston@chss.org.uk

Safeguarding Administrator

Name: Dean Elder

E-mail: dean.elder@chss.org.uk

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Appendix 1: Different Forms of Abuse and Neglect

Types of abuse	Signs of abuse
<p>Sexual abuse This includes:</p> <ul style="list-style-type: none"> • indecent exposure • sexual harassment • inappropriate looking or touching • sexual teasing or innuendo • sexual photography • being forced to watch pornography or sexual acts • being forced or pressured to take part in sexual acts • rape <p>Physical abuse This includes:</p> <ul style="list-style-type: none"> • being hit, slapped, pushed or restrained • being denied food or water • not being helped to go to the bathroom when you need to • misuse of your medicines <p>Psychological abuse This includes:</p> <ul style="list-style-type: none"> • emotional abuse • threats to hurt or abandon you • stopping you from seeing people • humiliating, blaming, controlling, intimidating or harassing you • verbal abuse • cyberbullying and isolation • an unreasonable and unjustified withdrawal of services or support networks <p>Domestic abuse This is typically an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is, or has been, an intimate partner or family member.</p> <p>Discriminatory abuse This includes some forms of harassment, slurs or unfair treatment relating to your:</p> <ul style="list-style-type: none"> • race • gender and gender identity • age • disability 	<p>It's not always easy to spot the signs of abuse. Someone being abused may make excuses for why they're bruised, may not want to go out or talk to people, or may be short of money.</p> <p>It's important to know the signs of abuse and, where they are identified, share your concerns following the Reporting Concern Procedure (Appendix 2). If you wait, it could delay matters and allow the abuse to continue.</p> <p>Behavioural signs of abuse can include:</p> <ul style="list-style-type: none"> • becoming quiet and withdrawn • being aggressive or angry for no obvious reason • looking unkempt, dirty or thinner than usual • sudden changes in their character, such as appearing helpless, depressed or tearful • physical signs – such as bruises, wounds, fractures or other untreated injuries • the same injuries happening more than once • not wanting to be left by themselves, or alone with particular people • being unusually lighthearted and insisting there's nothing wrong <p>Also, their home may be cold, or unusually dirty or untidy, or you might notice things missing.</p> <p>Other signs include a sudden change in their finances, such as not having as much money as usual to pay for shopping or regular outings, or getting into debt. Watch out for any official or financial documents that seem unusual, and for documents relating to their finances that suddenly go missing.</p>

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- sexual orientation
- religion

Financial abuse

This could be someone stealing money or other valuables from you. Or it might be that someone appointed to look after your money on your behalf is using it inappropriately or coercing you to spend it in a way you're not happy with.

Internet scams and doorstep crime are also common forms of financial abuse.

Neglect

Neglect includes not being provided with enough food or with the right kind of food, or not being taken proper care of.

Leaving you without help to wash or change dirty or wet clothes, not getting you to a doctor when you need one or not making sure you have the right medicines all count as neglect.

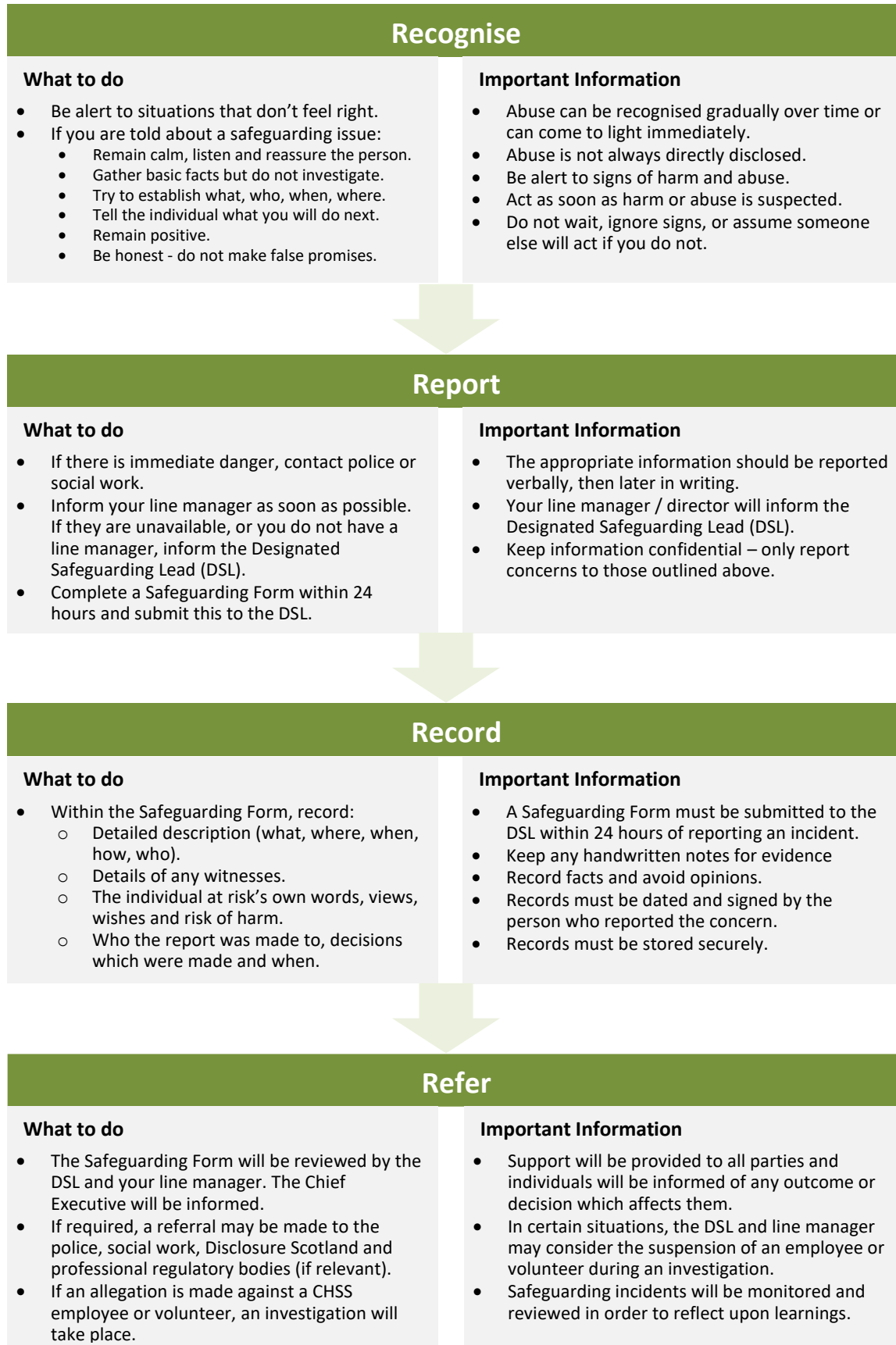
Source: www.nhs.uk

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Appendix 2: Reporting Concern Process Map



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Appendix 3: Reporting Safeguarding Concern Form

The Reporting a Safeguarding Concern or Incident Form can be found by clicking [this link](#).

The information provided in this form, along with any notes taken, may need to be shared with external agencies in the event of referral and may act as evidence in an investigation.

IMPORTANT: If you or another individual’s safeguarding is of a concern:

If you or the individual are in immediate danger, you should phone the Police or emergency social worker/agency, as appropriate.

If you or the individual are in less immediate danger, you should inform your line manager as soon as possible. If you are unable to contact your line manager for any reason, you should contact: Paul Okroj – Designated Safeguarding Lead on 07703737766 or paul.okroj@chss.org.uk.

In both cases, you **MUST** complete this form and submit it within 24 hours of any incident or raised concern.

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