

# Safeguarding Policy

## 1. Purpose

The purpose of this policy is to ensure that everyone who takes part in our activities or uses our services can do so in a safe environment. The policy outlines the steps that staff and volunteers need to take when working with adults and children (anyone under 18) who may be at risk of harm.

## 2. Scope

ROS follows the broadest definition of safeguarding outlined by the [Charity Commission in 2021](#) which goes beyond traditional vulnerable and 'at risk' groups and applies to protecting anyone that comes into contact with the charity from harm.

Safeguarding children and adults at risk, and protecting them from harm, is everyone's responsibility. This policy applies to ROS staff, trustees, service users, fundraisers, volunteers and anyone engaged to provide services on ROS's behalf. It also applies to contractors and any other third-party organisations, institutions or individuals working for or with ROS who have direct access to staff, volunteers, supporters or service users.

This policy applies to all aspects of the work of ROS. Examples of activities where staff and volunteers may be in contact with people at risk of harm include:

- our Helpline services
- peer support services including our online forum, online and face-to-face support groups, and other activities
- health information co-production activities, such as online and face-to-face focus groups, telephone interviews, storyteller videos and lay reviews
- fundraising events and activities
- communication and media activity including blogs and case studies
- working with volunteers.

## 3. Principles

Safeguarding is about protecting an individual's rights to live in safety, free from abuse, harm and neglect. Safeguarding principles are agreed within the [Care Act 2014](#)

## 4. Governance

The Board of Trustees has overall responsibility for safeguarding. The Board has delegated authority on safeguarding matters to the ROS Senior Leadership Team (SLT).

The SLT is responsible for all operational aspects of safeguarding at ROS including ensuring the charity has:

- up-to-date safeguarding policies and procedures
- clear reporting and lines of accountability
- effective recruitment processes for staff and volunteers
- clear guidance for staff and volunteers on safeguarding
- regular staff training

The Director of Services, Influencing and Innovation is the Designated Safeguarding Lead (DSL) and is responsible for oversight of the operational management of safeguarding.

The DSL is responsible for:

- providing support and guidance to all staff and trustees on safeguarding matters
- managing all safeguarding reports and acting as liaison for statutory services during any criminal or safeguarding investigation
- coordinating the investigation of concerns and allegations against staff, trustees and volunteers
- reporting allegations against staff, members, service users, Trustees and volunteers to the Local Authority Designated Officer (DO) and Disclosure and Barring Service
- ensuring accurate records of all safeguarding concerns
- ensuring that serious incidents relating to safeguarding are reported immediately to the relevant authorities and the Board and managed effectively in line with legislation and good practice.

A member of the leadership team is nominated to act as the deputy for the DSL providing support and guidance in the absence of the DSL.

## **5. Training**

All members of staff, volunteers and trustees will receive safeguarding training as part of their induction. Safeguarding refresher training will be rolled out on an annual basis for all staff and completion of training is recorded and monitored by the HR team. The DSL and the nominated deputy will receive a higher level of safeguarding training.

## **6. Reporting concerns**

All staff and volunteers have a shared responsibility to safeguard and promote the welfare of adults at risk and children. They should know how to identify, respond to, report and record safeguarding concerns. Staff and volunteers will not investigate or make decisions about safeguarding situations but will report them to the DSL (or Deputy DSL) for further support and guidance.

In emergency situations staff and volunteers will immediately contact the emergency services. An emergency is any situation in which there is an imminent risk to life or serious harm, or a serious crime being committed. The Designated Safeguarding Lead must be informed as soon as possible after contact with the emergency services.

The DSL and SLT actively review all safeguarding incidents within 1 week and report these quarterly to the Board of Trustees. The CEO, Lead Trustee for Safeguarding and the Chair of the Board of Trustees will be immediately notified in the event of a serious safeguarding incident. A serious incident is one which risks significant harm to the charity's beneficiaries, staff, volunteers or service users.

The Trustees have responsibility for reporting serious incidents to the Charity Commission as soon as reasonably possible. This responsibility is delegated to the CEO for safeguarding incidents. If a concern is raised against the CEO or a Trustee, the Chair of the Board of Trustees is responsible for making the report to the Charity Commission.

Learnings from safeguarding incidents are used for staff training and updating our safeguarding procedures.

## **7. Confidentiality**

While ROS will make every effort to respect the confidentiality of any information that is disclosed where there are safeguarding concerns, this cannot be guaranteed.

Situations in which confidential information may be shared:

- There is danger to a person's life
- There is risk of abuse to a vulnerable adult or a child
- There is a risk of severe and immediate harm to any person
- To prevent or to facilitate the investigation of a serious crime
- If we are ordered to do so by a court of law

## **8. Record keeping**

We record and store all relevant data to monitor compliance in safeguarding. We keep all personal data confidential and secure and process all such data according to [The UK General Data Protection Regulation and GDPR 2018](#).

## **9. Review**

This policy will be reviewed every 3 years or earlier in response to an incident or significant changes in regulation or legislation.

Approved by the Board of Trustees: July 2025

Next review due: July 2028