

COVID Response – Safeguarding Flags for Partners to Consider

SAFE PEOPLE

LARGE INCREASE IN STAFF OR VOLUNTEERS OVER A SHORT PERIOD OF TIME

- Appropriate **vetting** (references, background checks) still need to be in place. This can be tailored for the level of risk (e.g. roles with no direct contact or access to personal data will need a lower level of vetting) but there should be some form of checks to ensure suitability
- Staff/volunteers still need to receive some form of **induction & training** so they know what expected & the safeguarding measures they must follow
- Under normal circumstances, new staff & volunteers probably receive a higher level of support & supervision. At a time of crisis, **support & supervision** is even more important

STAFF TAKING ON SIGNIFICANTLY DIFFERENT ROLES & RESPONSIBILITIES

- During a crisis, it is normal for staff responsibilities to shift but need to ensure that staff are not being asked to take on roles they are **not qualified to do**
- As with new staff/volunteers, if staff are taking on new responsibilities, need to ensure that their **suitability** is assessed & they have appropriate **training, support & supervision**

STAFF WELL-BEING & SUPPORT

- Proposal takes into account **workload** on staff and potential **emotional impact**, including risk of vicarious trauma depending on nature of the activities
- **Support** structures are in place, including support/supervision from managers and signposting to wellbeing support where appropriate

DIRECT CONTACT WITH BENEFICIARIES DURING COVID19

- Where direct contact is proposed, there needs to be a very clear rationale why this is **absolutely necessary** & why alternative approaches cannot be employed
- Clear guidelines to **limit the frequency & duration** of any face-to-face contact. **PPE** should be provided
- The approach to **selecting & supporting** staff to undertake direct work needs to be clear – decisions need to be fair and based on a clear assessment of risk to individuals
- **Government guidelines** on social distancing must be followed & up-to-date guidance provided to staff regularly as measures are revised and updated. For organisations in the UK:
<https://www.england.nhs.uk/coronavirus/community-social-care-ambulance/prevention/>

SAFE PROCEDURES

ORGANISATIONS DELIVERING NEW SERVICES

- Organisations consider whether they are **best placed** to deliver the services or whether it would be safer to map & refer to other organisations who are well-established.
- New services should be based on a clear **assessment of risk**. **Senior Leadership**, including Trustees, responsible for and actively managing & monitoring additional risks

REMOTE CONTACT WITH BENEFICIARIES

- Clear protocols will need to be in place to ensure that **professional boundaries** are maintained e.g. use of personal phones/e-mail etc, boundaries around hours & frequency of contact etc
- Wherever possible, **oversight** should be built in e.g. more than one staff member in e-mails/WhatsApp/social media groups, clear records of contact; for children, **parents** should be informed (where doing so wouldn't put the child at more risk)
- **Data protection protocols** need to be really clear: what sensitive information will be shared, how will it be kept confidential, stored securely, shared securely.

REPORTING CONCERNS

- Where only remote contact is in place, the options for beneficiaries to raise concerns is more limited. Need to have **simple, accessible ways for reporting concerns** that don't rely on going through on staff member
- Referrals to other services is likely to be more complicated as everyone is facing restrictions/high levels of demand. When working with high risk groups, need to review where and how individuals can be **referred to support services** to ensure this information is kept up-to-date