

**Safeguarding Training for Mutual Aid Networks – delivered via Zoom by Louise from the National Food Service -- <https://www.nationalfoodservice.uk/>**

The slideshow that accompanied this training is available [here](#):

This is going to be some basic guidance intended for people who've got little or no experience of safeguarding. It's not going to create safeguarding practices for you but it will hopefully give you the knowledge you need to go and create your own. A lot of this stuff is common sense, so you should all be able to do it. Although each group will have slightly different resources, so will need a slightly different plan.

This training document will discuss:

- What is safeguarding and why it's important
- Some basic elements of safeguarding practices
- Creating systems for Accountability in non-hierarchical groups
- How to create a risk assessment.
- Some advice on making deliveries to people
- Some advice for Financial Safeguarding
- Some advice on Picking up prescriptions for people
- Links to useful resources

This document is not focusing on how to prevent infection, though there is a section on how to deliver things as safely as possible. For preventing infection I recommend you check out the guidance available on the NHS website. There are resources out there for preventing it in specific situations, such as the hospitality industry, but we're not going to go into detail about them here.

### **What is safeguarding?**

Safeguarding is:

- Assessing risk
- Taking precautions
- Systems for reporting, review and accountability

Safeguarding is the mitigation of risk. It can include financial risk, risk of an organisations reputation, risk to employees and risk to individuals. Generally, it's used to refer to risks that come from the interactions between people.

All interactions between people carry risk. There aren't many truly horrible people out there but there are many people who don't know the best way to care for each other. We all have a relationship to violence and we all have a responsibility to end it.

Safeguarding is both for volunteers and for the people they're helping. Everyone should think through the risks of their actions when working with others.

This situation is a bit different to the way I would usually go about designing safeguarding processes. The boundaries of the spaces we are responsible for is huge. We're not talking about a building where we meet together, we're talking about individuals in their homes and online. Who's responsible is also different. We're not working as hierarchical organisations with a clear path to escalate incident reports, we're working as wide and borderless groups with little or no clear hierarchy.

This means the systems we design might be pretty different to what we're used to. However, the basic principles remain the same. Think through the risks of any plan you make, use your common sense, trust your gut and be kind.

If you tell someone to go somewhere you're responsible for checking to make sure they got back ok and it all went well. Don't send people out to take shopping to someone without making sure it goes well.

For this situation specifically there are two principles I recommend you stick to:

- Any sharing of details should be hyper local - do not recommend anyone share their details with anyone beyond a few streets unless managed by an organisation with the infrastructure to protect those people.

The Information Commissioners Office, that's the people in charge of looking out for data management, have said that street level groups will not be investigated, so it's fine to share data on a street level as long as you're careful. Pete will go into more details about data protection after my training finishes.

- Do not promise anything you can't guarantee - don't recommend people contact an organisation unless you have personally made sure they can provide the support you think they can. It's not kind to send people on a wild goose chase and it could be dangerous to suggest people are covered by support when in reality they aren't.

The safeguarding practices in your network will probably look a bit different to other networks, because your resources will be different. As well as the principles I just outlined, there's a few things all your safeguarding practices should consider.

These are:

- Data protection.

Essentially, you need to make sure that only the right people see personal information.

Don't create public documents with lists of names and addresses.

Keeping support groups to very local areas, with larger networks connecting them, is a good model. Contact information should only be shared among small street groups with learning, resources and best practice shared through the umbrella network.

The sharing of resources and best practice is something that can be done online, so is a great and really useful task for people in isolation.

- Reporting system for incidents

In a hierarchical organisation the process would be to report incidents to the safeguarding lead, who then takes the appropriate action. Of course, we can't do that in these networks but there are things we can do.

Within small, street wide groups you can share concerns, specific problems and specific instances, if the victims of said incidences are happy with the specifics being shared that is.

In the larger, district, town and city wide groups you can share general information about instances and what actions you are taking to prevent them in future. Again, those best practice sharing teams are going to be really important.

- Process for preventing future incidents

This might include blocking people from whatsapp groups so they can no longer see that information. It might include sharing information about things to look out for, such as scams you've discovered.

- Keep up with guidance as it comes out

Make sure to keep up with the NHS and public health guidance and share this widely.

Be careful about sharing other sources of information on the spread of the disease. Many of these are misinformed and can spread confusion. There is a space for debating the official advice but try and keep it separate from mutual aid groups, otherwise you risk wasting energy as well as confusing people you're trying to help.

### **Safeguarding and Accountability:**

For a safeguarding practice to function there needs to be accountability. This means that if someone goes against the safeguarding practice something happens to ensure they understand the problems and risks they've caused and makes sure they can't do this again.

Again, this is a little different in a non-hierarchical group than what you might be used to in other organisations. There isn't a single person responsible for accountability processes, there's no boss or leader. It's down to all of us to keep an eye out for each other.

There should be different steps to accountability depending on the severity of the harm someone has caused.

It's a good idea to do a risk assessment, as I will show you in a bit, and consider accountability as part of that assessment. Accountability is a part of the process of mitigating risk, it's one crucial way to prevent incidents being repeated.

On Facebook, if someone posts something against the guidelines, such as an article about how holding your breath proves you don't have the virus, you can simply report the post to the group admins for them to approve, and send them a private message telling them why you've done this.

If someone does that in whatsapp you can also send them a private message to ask them not to in future and explain why.

If someone repeatedly goes against the guidance they can be removed from the group and told that they can rejoin after committing to the guidelines.

For serious cases, such as someone reporting that money was taken for shopping that never appeared, a more serious response is needed.

There are two risks with a more serious safeguarding incident report.

The victim may not want it shared that something happened to them

This is pretty likely.

You can mitigate this risk by never sharing the names of victims, nor any identifying information, such as where they live.

Instead, share things like, “this happened and this is what we’ve done to make sure it doesn’t happen again”

The incident may not have occurred and this may be a libelous claim

This is pretty unlikely but you do still have to be aware of it.

If you have to share the identity of the person accused only share it with the people who absolutely need to know. These will be only the people who might come into physical contact with the person.

For example, if someone is known to have stolen money from someone the other people asking them to do shopping need to know. No one else should be told their name.

Deleting people from facebook and whatsapp groups is ok to do even if you’re not sure they did the thing it’s reported they did, this isn’t a punishment, no one has a right to be in any facebook or whatsapp groups they want to.

Within the larger networks of areas, streets, towns and cities it would be a good idea to draw on the experienced and qualified people in that area.

Teachers, nurses, social care providers will all have experience with high level safeguarding practices. Local authorities and caring organisations will have safeguarding teams for both children and adults. The processes for safeguarding children are really clear and stringent. If you have a concern about a child you should immediately seek out your local authority child safeguarding team.

If you have a concern about an adult it may be more difficult for this to be followed. You will need the full name and address of the adult in order to raise the concern. Sadly, for homeless and vulnerable adults without address it isn’t always possible to raise concerns with safeguarding teams.

If you have an incident reported to you and you don’t know what to do try to contact local qualified people to help you.

Now, even if your mutual aid network seems to have no organisational structure and no leader there will be informal power dynamics. Even informal power needs to be safeguarded.

If there's someone who'd posting in a group a lot, or someone who's opinion seems to be usually well received, this person is in a position of power. No one else has to have decided they are for this to be true.

It's important that people in positions of power are not people who are likely to abuse that power. Bullying and intimidation must not be tolerated.

If you recognise someone who'd posting a lot, or being listened to a lot, and you know that they've abused power in the past you should prevent them from having that position. They might be a nasty landlord who's harassed their tenants, or they might be an abusive ex partner of someone you know.

If you see someone like that with influence over a group it's good practice to ask for them to be deleted from the group. A facebook or whatsapp group is not a place of employment. No one has the right to stay in an online messaging group.

It's best to do this privately. Report them to the admin and say that you're not comfortable with them being there.

You should, or ask an admin to, if you prefer, message the person to explain why they're being blocked and how they can access support if they need to. Abusers can still be vulnerable people themselves and still deserve to be looked after.

As an admin, it's safer to remove people from a group even if you're not sure the reports are true than it is to leave them there and risk they abuse their power. Removing them has a low risk of them creating further problems, leaving them there is a high risk that they will abuse their position in the group.

Do keep an eye out for if they create new groups elsewhere. If you see them taking power in another group, message the admins of that group and ask them to remove them as you did from yours.

### **Assessing Risks:**

This is a system designed to help make sure you've considered all the aspects of a risky situation. It helps you decide what actions you should take, with appropriate precautions, and which you should avoid altogether.

In a normal organisation this assessment would be made with the safeguarding lead and then shared with the group. Because we're working in groups without a clear hierarchy, though not without any hierarchy, we can't rely on a lead to do this for us.

This doesn't mean this will be any less useful, nor that the practices will be any less good. In hierarchical organisations there is often a single point of failure. If the lead

misses something, or thinks it's not worth worrying about, then it's missed. The advantage of a collaborative system is that many people share responsibility.

In order to properly take responsibility as a group you could make and share a risk assessment together, or even make multiple ones and compare them. You can use these assessments to come up with your guides for best practice.

[This is an example of a fairly standard risk assessment template.](#)

Across the top you have three ways of describing each activity, three ways to describe the riskiness of the activity, and the control measures you'll put in place.

Those first 3 are fairly self-explanatory. If you find the second box has a lot in it, separate the activity into smaller elements and create more rows. That's what I did here. Visiting homes is an element of bringing shopping to people but I've separated it out.

The numbers on the second sheet, named 'Calculation' are so you can calculate how risky something is.

The likelihood and severity values are 1-5 with 1 being low and 5 being high. You then times them by one another to get the value for risk.

Numbers 1 and 2 are very low risk. These activities should go ahead with the precautions.

Low risk activities might include posting uplifting images online or ringing your friends and relatives to check in on them.

Numbers 3-9 are fairly low risk. You should think through the precautions carefully and make sure they're well publicised so that they can be widely followed.

Low risk activities might include posting a note to a neighbour offering to help if they need.

10-15 are medium risk. These actions should only be taken if the precautions are carefully followed and you must ensure everyone taking the action knows how to do this.

Sharing the invite for a local whatsapp group is an example of a medium risk activity. You should do it, but only if you're careful about where you post it and you have members in the whatsapp group looking out for people who might abuse it.

16-20 are high risk actions and should not be done except in extreme circumstances when the risk of not doing them is higher.

Entering the house of someone in self-isolation is one of these.

25 is for an action that must never be taken.

Entering the house of a vulnerable person when you believe you have the virus is an action that must never be taken.

### **Basic precautions for handling shopping:**

Here's a few basic precautions for handling shopping that I recommend. You may want to include these in your safeguarding practices.

1. Don't go into any houses. Leave food / goods outside the doorstep. Communicate to the person in isolation that you have delivered via message or phone call. Get confirmation that the person has received it before you leave.
2. Check the safety of the products delivered. Check any packaging is sealed and the temperature of product on delivery e.g. If it's meant to be frozen, is it still frozen?
3. Recommend that recipients wash shopping wherever possible and wash their hands after touching it.
4. Remember to wash hands before and after deliveries. Where possible wash for 20 seconds with soap and water. When out and about keep a bottle of alcohol hand sanitiser to hand.
5. Cover your mouth and nose with a tissue when coughing and sneezing. If no tissue, cough and sneeze into the crook of your arm.
6. Volunteers should ensure they have a low chance of becoming infected. Where possible follow social distancing protocol and don't take unnecessary risks.
7. Public transport should be avoided where possible. In cases where taking public transport is unavoidable, disinfection of the items delivered should be carried out.
8. Take care when handling any items which may be given to people who may have compromised immune systems. The virus can live on inanimate surfaces for up to 24 hours.
9. Disinfect any surface that will be touched by the person you are delivering to.

### **Prescriptions:**



A lot of networks are looking to pick up people's prescriptions for them as well as food. This could be really important for people but this is also a very risky thing to do.

Some of the prescriptions that volunteers may end up collecting have a potentially high street value. This means that it's fairly likely people will want to steal them in order to sell them on. The danger of harm is fairly major if someone doesn't receive the medication they need. This is thus a high risk activity and should only be done if these precautions are followed.

Prescription collection arrangements should be made between people who know each other well or through an established organisation with structures to track the process.

If you're a friend who knows the person you're helping well make sure to deliver it following the same hygiene precautions as you would for any shopping you give them.

If there is someone in a local group who doesn't know anyone who can collect their prescription it's best to help them to arrange for the pharmacy to deliver it to them. Pharmacies do provide these services though they may be overstretched.

You can help people by finding out what services are available in your area and making sure they are able to use this information.

In some areas, community organisations, such as ACORN, are making plans to support volunteers to safely pick up and deliver prescriptions.

If there is absolutely nothing available street level organising groups should step up only if they follow this guidance.

This guidance comes from Disabled People Against Cuts. They recommend that these precautions should be followed:

- Prescriptions should be picked up in pairs.
- Volunteers collecting prescriptions should message organisers when they have collected prescriptions.
- Volunteers should message organisers when they have delivered prescriptions.
- Organisers should message the requester to confirm they have had their delivery before deleting the request.
- If you collect a prescription, do not advise on doses, preparation or administration of medication even if you have a relevant qualification. This should only be done by the prescriber.

- The same is true of over the counter medications, such as paracetamol and ibuprofen. No advice should be given by volunteers, no matter what you've read. The person requesting over the counter meds must take all responsibility for their request. If over the counter then only buy and deliver the maximum amount which can be purchased by one person (ie only 16 paracetamols and not boxes and boxes. If they need boxes then this should be prescribed).
- Don't provide a panic buying service for paracetamols, nor pasta, nor anything.

### **Financial Safeguarding:**

Raising money to cover costs is another thing some mutual aid groups are doing, and again, it has risks.

In lots of areas financial donations are only being collected by established organisations who have legal structures in place to prevent the abuse of these funds.

However, in a few groups people have started collecting money as individuals or through online donation services managed by individuals, things like just giving etc.

Now, there are risks with money donated in good faith being held by individuals. However, there are also risks with charities and grant funding bodies holding money in good faith. All organisations are made up of individuals, all will have processes in place to mitigate risks.

In both situations the people holding the money have a lot of power that the people who need it don't have. It's the responsibility of the people holding the money to distribute it fairly. Mutual aid groups are able to follow the same guidelines as any established organisation.

These guidelines are:

- Have 3 or more unrelated people decide who gets the money - these people can be self-selected, employed by organisations, or elected within networks. These people should not have any conflicts of interest that might persuade them to mis-spend the money.
- The money should be given out in small chunks of £25 or £50. This limits the risk of mis-spending money to just that amount. You won't be able to get

money back once it's left the account, so never transfer large amounts at once.

- If possible, have people front costs and be paid back. However, this won't be possible in every area, it depends on people's wealth.
- Keep track of who gets it, so that you can make sure you spread it fairly across the area for which it was donated. Don't share information that could identify the individuals who get the money, but do keep a record until you receive proof that it's been spent properly. Receipts are good proof.
- Keep track of and do share the amounts and areas to which they go. Make sure none of the information identifies individuals. If they want to post publicly themselves about what they're doing that's up to them.
- Making public the information about where and how much money is being spent is really important. If the network can see where the money is going then they can see if it's going somewhere it shouldn't.
- There needs to be a system of accountability if the money is mispent. The people allocating it need to be able to be changed. Public records of where money goes need to include a way for people to comment on this spending.
- You will need administrators to keep an eye on these comments, they should be different people to the ones allocating the money.
- Lastly, have an organisation nominated where any unspent money will go after the virus period ends. This should be published in the place where people donate money. A local Foodbank, social eating project or NHS trust is a good choice.