



## SGPP2 Safeguarding Children

Summary	Document detailing how NYHC aims to safeguard children and young people from abuse. This is both a policy and accompanying procedures in one.
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Author	Megan Itson
Additional NYHC staff who have contributed	Jenna Collins Katie Freear Tony Collins
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## Document Control

Date	Version	Action	Amendments
2021	2	Updated definitions SG pathway	New SG pathway detailed

## **1 Introduction**

### **1.1 Policy scope**

This policy covers all work and services carried out by North Yorkshire Hospice Care, a registered charity in England and Wales (518905). All staff and volunteers operating its family of services, including Herriot Hospice Homecare, Just 'B', Saint Michael's Hospice and Talking Spaces, must therefore comply with the contents below. Throughout this document North Yorkshire Hospice Care and its family of services are referred to as 'we' 'us' 'our' for clarity and consistency.

### **1.2 Purpose of organisation**

The purpose of our services is wide ranging, from end of life services to bereavement support and counselling.

### **1.3 Our Commitments to Safeguarding Children**

This organisation recognises that all children have a right to protection from abuse. The welfare of children is paramount in all the work we do and in all the decisions we take. All children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse.

We know that some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

North Yorkshire Hospice Care and its family of services take seriously our responsibility to protect and safeguard the welfare of children. We will:

- Encourage and guide all staff and volunteers to work together in accordance with this Policy and Procedures and act promptly in reporting allegations or suspicions of abuse via our organisations Safeguarding Pathway (see Appendix A).



- Ensure our Safeguarding Team responds swiftly and appropriately to all suspicions or allegations of abuse, and provide parents and children with the opportunity to voice their concerns where appropriate.
- Maintain good links with Local Authority Children and Families Services and other relevant services within the Children's sector.

## **1.4 The Policy**

The policy sets out agreed procedures for how we will respond to concerns, observations or allegations of child abuse. This includes allegations of abuse made against staff and volunteers. The policy will be kept under review and be supported by appropriate training. The creation of practice guidelines, detailing how to manage specific situations, accompanies this policy, written and monitored by the Safeguarding Team.

The policy applies to all staff and volunteers who act on behalf of the organisation and who come directly into contact with children.

This extends to recognising and reporting harm experienced anywhere, including within our services, within other organised community or voluntary activities or services, in the community, in education establishments, in a person's own home and in any care setting.

Every individual has a responsibility to inform the Safeguarding Team, via the Safeguarding Pathway, of concerns relating to safeguarding children.

## **2 Definitions**

### **2.1 Child**

Anyone who has not yet reached their 18<sup>th</sup> birthday is a child. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in a secure estate, does not change his/her status as a child or entitlements to services or protection. For the purposes of consistency within this document, the term 'Children' is used to mean both 'Children' and 'Young People'.

### **2.2 Safeguarding**

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm.

Safeguarding means:

- 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.

### **2.3 Abuse**



A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them, or more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

## **2.4 Physical Abuse**

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

## **2.5 Emotional Abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

## **2.6 Sexual Abuse**

Involves forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening or not. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.



## 2.7 Child Exploitation

**Child sexual exploitation** is a form of child sexual abuse. It occurs where an individual or group (sometimes known as a 'gang') takes advantage of an imbalance of power to coerce, manipulate or deceive a child under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator and (c) for the pleasure of the perpetrator. The victim may have been sexually exploited even if the sexual activity appears to be consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

**Child Criminal exploitation** is broader than just county lines and includes for instance children forced to work on cannabis farms, to commit theft, shoplift or pickpocket. They may be forced to move drugs, money or weapons across county lines or within their locality, launder money through their bank accounts or carry out crimes of theft or violence, particularly against other young people.

## 2.8 Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## 2.9 Extremism and Radicalisation

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme.



Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.<sup>1</sup>

## 2.10 Non -Recent Abuse

Non-recent child abuse, sometimes called historical abuse, is when an adult was abused as a child or young person under the age of 18<sup>2</sup>. This is covered in more details in the Safeguarding Guideline 2 'Non-recent abuse').

## 2.11 Domestic Abuse

Domestic abuse is defined by the UK Government as any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial or emotional.

Children who witness domestic abuse suffer emotional and psychological abuse. They tend to have low self-esteem and experience increased levels of anxiety, depression, anger and fear, aggressive and violent behaviours, including bullying, lack of conflict resolution skills, lack of empathy for others, poor peer relationships, poor school performance, anti-social behaviour, pregnancy, alcohol and substance misuse, self-blame, hopelessness, shame and apathy, post-traumatic stress disorder – symptoms such as hyper-vigilance, nightmares and intrusive thoughts – images of violence & abuse, insomnia, enuresis (bed wetting) and over protectiveness of the victim and/or siblings. The impact of domestic abuse on children is similar to the effects of any other abuse or trauma<sup>3</sup>

## 2.12 Honour Based Violence

Honour based violence is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code.

For young victims it is a form of child abuse and a serious abuse of human rights. It can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members. Women, men and younger members of the family can all be involved in the abuse.

Honour based violence manifests itself in a diverse range of ways with children and young people, including forced marriage, domestic and/or sexual violence, rape,

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<sup>1</sup> <https://learning.nspcc.org.uk/safeguarding-child-protection/radicalisation>

<sup>2</sup> [Non-recent abuse | NSPCC](#)

<sup>3</sup> [NYSCP-DA-Practice-Guidance-Nov-19-v1.1.pdf \(safeguardingchildren.co.uk\)](#)



physical assaults, harassment, kidnap, threats of violence (including murder), witnessing violence directed towards a sibling or indeed another family member, and female genital mutilation.<sup>4</sup>

### **3 Patterns of abuse and neglect**

3.1 Abuse can consist of a single or repeated act(s); it can be intentional or unintentional, or result from a lack of knowledge. It can affect one person, or multiple individuals. Staff and volunteers should be vigilant in looking beyond single incidents to identify patterns of harm. In order to see these patterns, it is important that information is always passed on to the Safeguarding Team via the Safeguarding Pathway.

Patterns of abuse and neglect vary and include:

- Serial abusing, where the perpetrator seeks out and 'grooms' children by obtaining their trust over time before the abuse begins – sexual abuse or exploitation commonly falls into this pattern, as do some forms of radicalisation;
- Long-term abuse in the context of an ongoing family relationship such as domestic violence or persistent psychological abuse;
- Opportunistic abuse, such as a child being left unsupervised and an abuser using this as an opportunity to abuse
- Situational abuse, which arises because pressures have built up, or because a parent/carer has difficulties themselves affecting their ability to adequately meet a child's needs. Examples could be debt, alcohol or mental health related, or the specific demands resulting from caring for a child.

### **3.2 Additional key points regarding abuse**

Anybody can abuse. The abuser is frequently, but not always, known to the child they abuse.

Abuse can happen anywhere, including in any of our settings or services.

Abuse can happen for a variety of reasons. The risk is known to be greater when:

- The child or parent/carer is socially isolated;
- A pattern of family violence exists, or has existed in the past;
- Drugs or alcohol are being misused;
- Relationships are placed under stress;

Other factors which increase the likelihood of abuse and neglect occurring are:

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<sup>4</sup> [https://rotherhamscb.proceduresonline.com/chapters/p\\_safe\\_g\\_honour.html](https://rotherhamscb.proceduresonline.com/chapters/p_safe_g_honour.html)



- Where the child has an illness or disability which causes unpredictable behaviour, or an increased need for care;
- Where the child has communication difficulties;
- Where the child exhibits challenging behaviour or major changes in personality, disorientation, aggression or sexual disinhibition;
- Where the family undergoes an unforeseen change in circumstances, e.g. sudden illness, unemployment, bereavement or divorce;
- Where a parent/carer has been forced to change his or her lifestyle unexpectedly as a result of caring;
- Where a parent/carer is isolated and can see no end to, or relief from, caring;
- Where a parent/carer experiences regularly disturbed nights;
- Where the parent/carer has their own health-related difficulties;
- Where the parent/carer is physically, emotionally or practically unable to care for the child;
- Where there has been a reversal of role and responsibilities;
- Where there are persistent financial problems;
- Where other relationships are unstable or placed under pressure by caring tasks.

#### **4 Behaviour and boundaries when in contact with children**

4.1 This organisation requires that staff and volunteers behave in a professional manner whenever in the company of children, in any area of NYHC's work. This includes but is not limited to, children directly accessing support services, visiting the IPU, being present in a patient's home, those who may be visiting one of our shops, those attending a fundraising or in memoriam event, to those volunteering for us.

4.2 In all circumstances Child Care must never be offered by any of our staff, volunteers or services.

4.3 Those working or volunteering in one of our Children's Services will be given additional training on maintaining safe and appropriate boundaries while undertaking children's support work.

It is important these boundaries should be discussed and understood from the beginning of the relationship and that they are maintained at all times. This can be achieved through sharing and signing the age-appropriate Working Agreement Documents.

It is for the staff and volunteer to lead on setting the boundaries within the relationship in order to keep both parties safe.

Key points-

- the staff/volunteer should not share their own personal information with the child,
- if mobile phones are needed to aid communication, this is achieved by using a NYHC approved app or the phone is provided by the organisation and





can be monitored upon request and any correspondence documented in the case file.

- Physical contact should never be instigated by the staff or volunteer. There may be scenarios when a child approaches a volunteer or staff member for physical contact such as a hug. In these situations, after making an assessment, it may be appropriate to respond to their needs accordingly and safely. This should be recorded in the corresponding case file.

#### **4.4 Whistleblowing or complaints around behaviour**

Any behaviour by a staff member or volunteer that is considered concerning or below the detailed standards above in any way must be shared with the Safeguarding Team via the Safeguarding Pathway (appendix A), who will assess the allegation alongside the HR and People Team. This information equally may come from a complaint made by a child, parent/carer or external professional.

See section 7.3 below on the procedure for managing allegations against staff and volunteers.

Policy links – HR 13 Whistleblowing Policy Procedure

### **5 Key Safeguarding Roles within NYHC**

#### **5.1 The Safeguarding Team**

The NYHC Safeguarding Team consists of named staff members who are designated Safeguarding Officers (SO). The Safeguarding Team must be informed of any safeguarding concern, from any area of NYHC's work, within 24 hours. At least two SO must then discuss the concern and -

- Decide that the concern meets the threshold to be opened at a Safeguarding Level and will be opened to the wider team. An individual file is created in which records are kept, updated and closed when necessary  
Or
- Decide that it doesn't meet the threshold to be opened at a Safeguarding Level and be treated as a 'Cause for Concern'.

The Safeguarding Officers all meet together as a team, once a month, supported by PA Team to the CEO who takes minutes.

The purpose of these meetings are –

- To review all open cases. Decisions will be made if there is more follow up needed on a case, or a case can be closed.



- Information sharing on external training attended or other relevant safeguarding knowledge disseminated.
- To review the internal safeguarding training needs of the organisation.
- To review safeguarding policies, procedures, guidelines and information documents.
- To reflect on recent learning from cases dealt with.

The Safeguarding Team is contactable via a central phone number (the Staff and Volunteer line) and a central email ([safeguarding@heriothh.org.uk](mailto:safeguarding@heriothh.org.uk)).

All confidential electronic files created, updated and closed will be destroyed in line with policy G10 - Record Management and Lifecycle policy.

## **5.2 Safeguarding Governance Level**

In order to oversee the workings of the above process, a governance level exists. This level consists of two members who are experienced former Safeguarding Officers for the organisation.

The Governance Level meets quarterly. At this meeting three cases are selected to be audited, focussing on:

- Timescales of reporting, discussions and decisions.
- Consistency in approach when compared to a similar incident.
- Quality of recording and if it concretely details the rationale behind decisions
- If and how feedback was given to the reporter.
- Contact with other agencies involved in the incident.
- Any additional observations or learning points to be considered.

Minutes of the audit will be made by the PA to the Chief Executive and the Safeguarding Team will discuss the audit findings during their monthly meetings.

## **5.3 The Head of Safeguarding**

The Head of Safeguarding chairs the Safeguarding Team meetings. They are responsible for taking the lead on reviewing the annual Safeguarding Training Pathway. They also lead on monitoring and reviewing all policies, procedures, guideline and information documents relating to safeguarding. A key role is to motivate the staff and volunteers within the organisation to become more aware of safeguarding issues by raising the profile of safeguarding and making it relevant to all different services and departments.

The Head of Safeguarding sits on the Clinical Governance Trustee Sub Group



## **6 Organisational Safeguarding Structures in Place throughout NYHC**

### **6.1 Safer Employment and Volunteering**

Recruitment procedures include measures to ensure safer recruitment practice is applied to all staff and volunteer roles even when direct contact with children is not certain. Our Safer Recruitment processes include advertising our commitment to safeguarding from the outset, value based interviewing, robust checks on previous employment/volunteering and references and, when appropriate, our a new preferred candidate process being followed which allows for further interviewing around issues such as safeguarding understanding and commitment. This connects to our Disclosure and Barring Policy which mandates all staff and volunteers must have a DBS check in place, at a level defined by the Role Risk Assessment form. Safeguarding is threaded throughout the induction, training and probation period. Recruitment processes will be responsive to fit any new advice from the Local Safeguarding Children's Partnership Board.

Policy Link:

HR 41 Disclosure and Barring Policy

HR15 Recruitment of Ex-offenders and Vetting Processes

### **6.2 Training**

North Yorkshire Hospice Care and its family of services will provide all staff and volunteers with adequate safeguarding training in order to carry out their role and responsibilities under this policy. A Safeguarding Training Framework has been created and will be reviewed by the Safeguarding Team and the Clinical Governance Trustee Group every year. This training pathway details the minimum training requirements for all different types of roles within NYHC, including trustees.

### **6.3 Safeguarding Supervision**

Safeguarding supervision will be made available when either the Safeguarding Team, Governance Level member or individual involved in a recent safeguarding incident recognise that a reflective space is required.

This can be led by any individual deemed appropriate by the Safeguarding Team and will be for Safeguarding Officers involved in the case to attend. If appropriate, other individuals may be offered supervision because of their involvement, such as the original person who raised the concern.

If appropriate, external supervision options may be considered.



#### **6.4 Consent to accessing NYHC services**

Many of our client-based services require a child to have been referred through a formal referral pathway. Within this there will be evidence of consent to accessing the service having been granted. Dependant on the age of the child, this is likely to be given by the parent/carer.

Relevant safeguarding information, privacy notices and data collection and storage details will be shared with parent/carers prior to any bereavement support work starting. With regards the schools service, this information is discussed, agreed and shared with each individual school leads.

All of our support services also require children to be given the choice as to whether or not to access services. Their wishes and feelings about accessing a service will be part of their assessment process with an appropriate adult in the organisation.

#### **6.5 Capacity assessments for older children**

Some older children may wish to refer themselves to NYHC support services without the knowledge or involvement of their parent/carer. The decision as to whether or not to allow an under 18-year-old to access support independently from their parents/carer, will be managed by the Children's Services Manager. They can call upon the support of the Director of Client Services or the Safeguarding Team if needed.

The Children's Services Manager is responsible for deciding if a capacity assessment should be undertaken. They will consider best practice guidance and ensure both legal and safeguarding requirements are met. Formal capacity assessments are undertaken by social workers.

Within the capacity assessment, a conversation must take place which involves the young person listening to and evidencing understanding of what may happen if there is a safeguarding concern, the potential limits of confidentiality and what types of information may be shared with external agencies.

Further details of capacity assessments on children can be obtained by contacting the Children's Services Manager directly.

Policy Link – G6 General Data Protection Regulations

#### **6.6 Making Safeguarding Information Available at Point of Access.**

At point of access to one of our services, information will be provided regarding safeguarding within NYHC to both children and their parent/carers (where appropriate).



For example, this may be provided via an age appropriate Working Agreement for the child at the beginning of their first support session or a service information email sent to a parent/carer whose child is about to engage in sessions. Safeguarding information may also be shared verbally.

With regards to our helplines, each helplines website has an up-to-date Safeguarding Statement which details the limits of confidentiality while using these services, what we will do in the event of a safeguarding issue and what information we hold about callers/chat rooms users and for how long this is stored.

### **6.7 Safeguarding when supporting children via technology**

Children accessing online services, whether this be via a chat room service or meeting with their support worker online through a virtual platform fall under our 'Supporting Clients Remotely Through Technology' policy which is available on the T Drive.

This details safeguards, for example, managing video sessions in the home environment safely, maintaining boundaries (such as appointment times), what to do in the event of a lost connection etc.

It reiterates that anyone offering support remotely through technology must still follow the same NYHC Safeguarding Pathway (Appendix A) by contacting the Safeguarding Team as soon as any concerns arise.

Policy Link - Supporting Clients and Patients Remotely Through Technology

### **6.8 Lone Working with Children and Young People**

With the exception of Just'B services and the Patient and Family Support Team, no member of staff or volunteer should work alone with children or escort them in their vehicle.

All Client Services must follow -HS12b Lone Worker Specific Guidance

### **6.9 Photographs or videos of children and Young People**

Photographs and/or any form of images of children and young people must not be taken by any staff or volunteer. The Community Relationships team must be involved if pictures are to be taken for any publicity purposes.

## **7 NYHC Safeguarding Children Procedures**

### **7.1 Procedure for Staff or Volunteers if a Child's Discloses Abuse**

It is recognised that a child may seek out staff or volunteers to share information about abuse or neglect, or talk spontaneously to individuals or groups. In these



situations it is important to remember that the primary role is to listen and not to investigate.

- Try and only ask open questions,
- Give the child time and attention
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events
- Make an accurate record of the information given taking care to record the timing, setting and people present, the child's presentation as well as what was said.
- Use the child's own words where possible.
- This will be needed when completing the 'I'm Concerned About Someone' form (see Appendix B).

Explain that information will be passed to the Safeguarding Team.

Reassure the child that:

- It is good that they have shared this
- They have not done anything wrong
- Explain that NYHC need to get help to keep the child safe.

Children should not be required to provide multiple accounts of events within the organisation.

Key points to remember

- Treat all children with respect.
- Recognise that caution is required when discussing sensitive issues with children
- Report facts, and if giving opinions, ensure this is clearly stated.

Never

- Have inappropriate physical or verbal contact with children
  - Make suggestive or derogatory remarks or gestures in front of children
  - Either exaggerate or trivialise safeguarding issues.
- Show favouritism to any individual

**All staff and volunteers must follow the Safeguarding pathway when any concerns arise.**

## **7.2 Procedure for the Safeguarding Team when Managing a Concern**

Any Safeguarding concern must be reported to a Safeguarding Officer within 24 hours. This is done via the Safeguarding Pathway (see Appendix A) which in summary instructs the concerned person to immediately contact a Safeguarding Officer via the Staff and Volunteer helpline (07889 573398) or by emailing [safeguarding@herriothh.org.uk](mailto:safeguarding@herriothh.org.uk)

A Safeguarding Officer will then liaise with at least one other Officer and decide whether any further action is to be taken. This includes whether it meets the



threshold to be open to the safeguarding team or not. Threshold decisions are complex, but put simply, the team is making a decision regarding whether significant harm, abuse, or self-neglect is taking place and action needs to be taken to ensure safety. The team use the North Yorkshire Safeguarding Children Partnership Board document 'Framework for decision-making: Right help, at the right time by the right person (Threshold Guidance)'<sup>5</sup> to support this process.

All cases which meet the threshold to be open to the Safeguarding Team will have a file saved on the T Drive, in a secure area only accessible to the Safeguarding Team. The file will consist of –

- a completed 'I'm Concerned about Someone Form' (see Appendix B).
- a Safeguarding Officers Log (see Appendix C) which is updated whenever any contact regarding a case takes place.

If a concern is brought to a safeguarding officer(s) and it is deemed that it doesn't meet the threshold of being opened to the Safeguarding Team, then it will be treated as a 'Cause for Concern'. This means advice will be given and the door left open should new information or concerns arise.

The 'Cause for Concern' process also applies to concerns regarding patients or clients who are already open to Social Care and have a known named Social Worker whom the information can be passed to directly.

### **7.3 Procedure for Managing Allegations Against Staff or Volunteers**

Staff and volunteers must never develop relationships with children and young people that could in any way be deemed or perceived to be exploitative or abusive or in any way inappropriate.

Examples of when this may occur-

- Inappropriate touching and coercive behaviour.
- Staff and volunteers doing things for children of a personal nature that they can do for themselves. An example would be involving themselves in the toileting of a toilet trained child.
- Children or young people being taken to the home of an employee or volunteer.
- Staff and volunteers using language that is offensive and/or abusive, or language that is not developmentally appropriate.

If a child or young person, staff, volunteer or anyone involved in our services suspects or discloses abuse of this kind then the procedure alerting the Safeguarding Team outlined below must be adhered to immediately.

This will involve the Safeguarding Team informing the Local Authority Designated Officer (LADO) within one working day.

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<sup>5</sup> <https://www.safeguardingchildren.co.uk/Resources/threshold-guidance/>



Where a member of staff/volunteer/trustee is thought to have committed a criminal offence the police will be informed.

The Chief Executive, the Head of Safeguarding and the Head of HR and People will also be informed. The Chief Executive will share the information with the Charity Commission, CQC and Disclosure and Barring Service where appropriate.

Policy Link:

HR13 Whistleblowing Policy and Procedure

HR15 Recruitment of Ex-offenders and Vetting Processes

HR 8a Disciplinary Procedures

SGPP1 Safeguarding Adults

#### **7.4 Procedure for Communicating Safeguarding Concerns to Parents/Carers**

The decision on what to share (and when) with parents/carers regarding a safeguarding concern will be led by the Safeguarding Team.

The GDPR and Data Protection Act 2018 place greater significance on organisations being transparent and accountable in relation to their use of data for collecting, storing and sharing information. North Yorkshire Hospice Care and its family of services are committed to working with these changes.

Information to be shared with another agency will usually require explicit consent except where there are concerns for the welfare or safety of the child. In these circumstances the need for consent changes where it is believed that a

- Delay in sharing relevant information with an appropriate person or authority would increase the risk of harm to the child.
- Asking for consent may increase the risk of harm to the child, another child, members of the organisation or anyone else.

For cases not reaching this threshold, the Safeguarding Team are aware it is good practice to be open and honest at the outset with the parents/carers about concerns, and the need for a referral. All reasonable efforts should be made to inform parents/carers prior to discussing concerns with the Children and Families Service (NYCC), however this should not be delayed if concerns cannot be discussed with the parents.

Where a child expresses a wish for his or her parents not to be informed, their views should be taken seriously and a judgement made based on the child's age and understanding. This triggers a capacity assessment process as described in section 6.5 above.





All decisions regarding sharing information must be documented by the Safeguarding Team in the Safeguarding Log for that case (see Appendix C).

## **7.5 Procedure for Consulting with Children and Families Services**

At any point, the Safeguarding Team may decide it is appropriate to consult with the Children and Families Service via their Customer Contact Centre (01609 780780) or the new Consultation Line (01609 535070) Please note these numbers are for North Yorkshire children only, if the child resides in a different Local Authority these numbers can be found via the NHS Safeguarding App or online.

Circumstances for this action include-

- When the Safeguarding Team remain unsure after internal consultation as the best way to proceed.
- When there is disagreement within the Safeguarding Team if a safeguarding exists or meets the threshold to refer on to the Children and Families Service
- When the concerns relate to any member of the Safeguarding Team.
- If it is out of hours and none of the Safeguarding Team are contactable via the Safeguarding Pathway and a member of staff believes a child is at risk of harm. Note that the Customer Contact Centre number should be used in these circumstances, as they operate a 24 hour service.

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Children's Social Care or the Police should progress. The Safeguarding Team is able to discuss situations without giving any personal details of the child or family.

## **7.6 Procedures for Making a Referral to the Children and Families Service**

If the Safeguarding Team decide that information regarding a child at risk needs escalating to Children and Family Services, then this will be led by the Safeguarding Team. The team make contact with the appropriate Local Authority, the details on which can be located by the NHS Safeguarding App or online.

If it is known the child resides within North Yorkshire to details are below.

By phone: 01609 780780

Email: [children&families@northyorkshire.gov.uk](mailto:children&families@northyorkshire.gov.uk)

## **7.7 Procedure for Concerns Outside Office Hours**

If the safeguarding occurs out of hours, then staff or volunteer must contact the Staff and Volunteer Line on 07889 573398 which is available 24 hours a day. The call handler will decide if contact with the Emergency Duty Team for that Local Authority needs to be made immediately, or if the concern can wait and be dealt with by the



Safeguarding Team the next working day. If for some reason the Staff and Volunteer line goes unanswered, the individual should call the Emergency Duty Team directly.

Contact details for all Local Authority Emergency Duty Teams are accessible via the NHS Safeguarding App or the relevant website.

If it is known a child resides in North Yorkshire, the Emergency Duty Team number (for evenings, weekends and bank holidays) is 01609 780780

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### **7.8 Procedure for Submitting a Referral to Children and Family Services**

If a formal referral is submitted to a Local Authority, then this must be sent on the relevant Local Authority's Safeguarding form and emailed securely by using an encryption service such as Egress and be password protected. This will then be saved in the clients Safeguarding Team folder.

### **7.9 Procedure for Disputing a Decision by the Local Authority**

If the Safeguarding Team are unhappy with the outcome of a referral, then contact with the relevant Local Authority should be made in the first instance.

If after this step, concerns are still present, then the Professional Resolutions Practice Guidance document for the relevant Local Authority should be followed. This can be located on the Children's Safeguarding Partnership Board website.



**Appendix A: Safeguarding Pathway**



**If you have a safeguarding concern...**



Email a Safeguarding Officer; [safeguarding@herriothh.org.uk](mailto:safeguarding@herriothh.org.uk) or call the Staff and Volunteer Helpline on **07889 573 398**, who will put you in touch with one.  
  
If it is **after 6pm, or at the weekend**, call the North Yorkshire County Council Contact Centre on **(01609) 780780**, who will support you.

You'll then need to fill out an **'I'm concerned about someone' form**, which will be emailed to you password protected, and must be returned password protected.  
  
To request a form, please email; [safeguarding@herriothh.org.uk](mailto:safeguarding@herriothh.org.uk). If you require any support with completing the form, please ask us.



**Safeguarding is your responsibility – how are you living up to it?**



North Yorkshire Hospice Care is a registered charity in England and Wales (518905) with a family of services operating as Herriot Hospice Homecare, Just 'B', Saint Michael's Hospice and Talking Spaces. North Yorkshire Hospice Care is a company limited by guarantee, registered in England and Wales (2121179). Registered address Crimple House, Hornbeam Park Avenue, Harrogate, HG2 8NA.



Safeguarding form for North Yorkshire Hospice Care

**Appendix B: I'm Concerned About Someone**

This form is to be completed by you, the person who has the concerns

My name and contact details:	Role and department:	Date:
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My concern is regarding:

Name and D.O.B:	Address and contact details:	Reason for contact with our services:
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What I am worried about:

What is going well for this person:

Please continue overleaf

Please email this form to: [safeguarding@herriothh.org.uk](mailto:safeguarding@herriothh.org.uk)

Please ensure you send it Password Protected

This form will be reviewed by the Safeguarding Team, please ensure your information is factual and where opinion is included, please make this clear.



Safeguarding form for North Yorkshire Hospice Care

**Appendix B Continued** What the patient/client thinks/understands and has consented to:

My thoughts on the possible next steps:

Date received and logged by: \_\_\_\_\_

All forms must be Password Protected to avoid a data breach incident. If you need support in how to password protect this document, please ask.

This form should be sent **securely** to the Safeguarding Team within 24 hours of the concern [safeguarding@herriothh.org.uk](mailto:safeguarding@herriothh.org.uk)

Please email this form to: [safeguarding@herriothh.org.uk](mailto:safeguarding@herriothh.org.uk)  
Please ensure you send it Password Protected

This form will be reviewed by the Safeguarding Team, please ensure your information is factual and where opinion is included, please make this clear.



North Yorkshire Hospice Care Safeguarding

**Appendix C: Safeguarding Team Log**

Concern regarding (full name):

Has the 'I'm Concerned' form been completed?

Has the SG team been alerted by email?  Date this happened:

Date, time & Initials of SG Officers involved	Discussion, Decisions & Actions (including evidence of how decisions have been reached)	Written By:
	Action to be taken:	
	Action to be taken:	
	Action to be taken:	
	Action to be taken:	

**DATA POINTS AT CLOSURE**

Name of reporter	Area of Concern	Service the referral originated from	Escalated to (eg. Early Help, adult NYCC)	Date reported to SG Team	Date closed by SG Team

**CATEGORIES OF CONCERN**

ADULT	Physical Abuse	Psychological Abuse	Domestic Abuse	Sexual Abuse	Financial & Material Abuse
Modern Slavery	Neglect	Discriminatory Abuse	Organisational Abuse	Self-Neglect	Hate Crime
CHILDREN	Physical Abuse	Emotional Abuse	Sexual Abuse	Neglect	