

SGPP2 Safeguarding Children

Summary	Document detailing how NYHC aims to safeguard children and young people from abuse. This is both a policy and accompanying procedure in one.
Document reference	SGPP2 Safeguarding Children (Safeguarding Policy and Procedure number 2 – Safeguarding Children)
Applies to	All of NYHC
Author	Megan Itson, Deputy Director of Client Services
Additional NYHC staff who have contributed	Alex Neville Emma Parker Tony Collins Clare Schmidt
Scrutiny group(s) who have seen this document	Chairs of Safeguarding Teams Safeguarding Governance Level CYP Management Team
Ratified by	Board of Trustees
Date of ratification	12 th March 2025
Equality Impact Assessment	N/A
Data Protection Impact Assessment	N/A
Version	3
Available on	T Drive Website
Related organisational documents	Detailed throughout document.
Date of implementation	20 th March 2025
Date of next formal review	March 2028

Document Control

Date	Version	Action	Amendments
June 2021	2	Updated definitions SG pathway	New SG pathway detailed
January 2025	3	Policy review	Updated SG team structure Use of C-Poms New sections, 6.10, 7.4

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, trainees and volunteers operating its family of services, including Herriot Hospice Homecare, Just 'B', Saint Michael's Hospice and Herriot Hospice@The Lambert, 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, other agencies and professionals 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, trainees 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, trainees 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 18th 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 caregivers)

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.¹

2.10 Non-Recent Abuse

All abuse disclosed by children and young people, whether it occurred a year ago or 10 years ago, follows the standard safeguarding pathway in this policy.

The term 'Non-recent child abuse', sometimes called 'historical abuse', is also used when an adult was abused as a child or young person under the age of 18². This is covered in more detail 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. They may also experience 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 trauma³

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

² [Non-recent abuse | NSPCC](#)

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

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

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.

⁴ https://rotherhamscb.proceduresonline.com/chapters/p_safe_g_honour.html

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:

- 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. Please also see policy PE49 Professional Boundaries.

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/trainee or 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 Speaking Up, 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 Teams via the Safeguarding Pathway (appendix A), who will assess the allegation alongside the 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 link – PE13 Freedom to Speak Up

5 Key Safeguarding Roles within NYHC

5.1 The Two Safeguarding Teams

NYHC has a Clinical Safeguarding Team and a Client Safeguarding Team. Both teams consist of named staff members who are designated Safeguarding Officers (SO). The Pathway for alerting either team is the same (see Appendix A). The Safeguarding Teams 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 relevant 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', held by the relevant service or department.

The Safeguarding Teams are contactable via a central phone number (the Staff and Volunteer line) and central emails (safeguarding@herriothh.org.uk and safeguarding@saintmichaelshospice.org).

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 members who are experienced former Safeguarding Officers for the organisation, including the organisation's Deputy Director who holds overall responsibility for Safeguarding.

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 meetings will be made by the PA to the Director of Client Services and the Safeguarding Teams will discuss the audit findings during their joint quarterly meetings.

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 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:

PE41 Disclosure and Barring Policy

PE 45 Safer Recruitment Policy

PE15 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 Chairs of both Safeguarding Teams. 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 Teams, 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 Teams 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.
Guideline link - SGG3 Safeguarding Supervision.

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 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 and the Volunteer Lead. They can call upon the support of the Head of Children's Services, Deputy Director of Client Services or the Client 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.

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.

6.6 Making Safeguarding Information Available at Point of Access.

At point of access to one of our Client 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/carers whose child is about to engage in sessions.

Safeguarding information may also be shared verbally.

With regards to our helpline, the 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 and for how long this is stored.

6.7 Safeguarding when supporting children via technology

Children accessing online services, such as 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, 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 Communications team must be involved if pictures are to be taken for any publicity purposes.

6.10 Online safety

NYHC have made WiFi available at many of our premises. This has built in controls, making it safe for children and young people to utilise.

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.

Explain that information will be passed to the Safeguarding Teams.

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 01423 200 100 or by emailing safeguarding@herriothh.org.uk or safeguarding@saintmichaelsospice.org

A Safeguarding Officer (from the most appropriate team) 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 either the Client or Clinical

safeguarding teams 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)'⁵ to support this process.

All children's safeguarding cases which meet the threshold to be open to a Safeguarding Team will have this data stored on their C-Poms file.

For data collection purposes, a safeguarding log will be saved on the X Drive for each open case. This details who the case is about and the data closure points. All case discussions and outcomes are stored only on the child's C-Poms.

If the safeguarding concern is regarding a child who is not open to client services and does not have a C-Poms account (for example, a child visiting the IPU), then all data, including the safeguarding log, will be saved on the X Drive.

If a concern is brought to a safeguarding team) and it is deemed that it doesn't meet the threshold of being opened at this level, 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.

Again, these discussions are to be saved on the child's C-Poms account.

Guideline link: SGG4 Managing Lower-Level Concerns Within Services

7.3 Procedure for Managing Allegations Against Staff or Volunteers

Staff, trainees, volunteers and anyone involved in NYHC services 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 Teams outlined below must be adhered to immediately.

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

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

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

The Chief Executive, Deputy Director of Client Services and the Head of People and Culture 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:

PE13 Speaking Up

PE15 Recruitment of Ex-offenders and Vetting Processes

PE8a Disciplinary Procedures

SGPP1 Safeguarding Adults

PE49 Professional Boundaries.

7.4 Procedure for Managing Allegations About Another Child Who is at Risk of Harm or has Experienced Abuse

A child or young person may disclose information about a child they know who is experiencing abuse or is at risk of harm. In this instance, the staff, student or volunteer must report the concerns to the safeguarding team.

7.5 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 Teams.

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 Teams 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 (NYC), 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 Teams on the child's C-Poms file or in the Safeguarding Log for that case (see Appendix B).

Policy Link – G6 General Data Protection Regulations

7.6 Procedure for Consulting with Children's Social Care

At any point, either Safeguarding Team may decide it is appropriate to consult with the Children and Families Service (also known as Children's Social Care) via their Customer Contact Centre (0300 131 2131) or the 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 online.

Circumstances for this action include-

- When either Safeguarding Team remain unsure after internal consultation as the best way to proceed.
- When there is disagreement within the either 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 either Safeguarding Team.
- If it is out of hours and no members of either 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. Either Safeguarding Team is able to discuss situations without giving any personal details of the child or family.

7.7 Procedures for Making a Referral to the Children's Social Care

If the Safeguarding Team decide that information regarding a child at risk needs escalating to Children's Social Care, then this will be led by the relevant Safeguarding Team. The team will make contact with the appropriate Local Authority, the details on which can be located online.

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

By phone: 0300 131 2131

Website for universal referral form and email address to securely send it – [NYS CP \(\[safeguardingchildren.co.uk\]\(https://www.nyscp.org.uk/safeguardingchildren.co.uk\)\)](https://www.nyscp.org.uk/safeguardingchildren.co.uk)

7.8 Procedure for Concerns Outside Office Hours

If the safeguarding occurs out of hours, then staff or volunteers must contact the Staff and Volunteer Line on 01423 200 100 which is available until 11pm each 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 one of the Safeguarding Teams 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 relevant website.

If it is known a child resides in North Yorkshire, the Emergency Duty Team number (for evenings, weekends and bank holidays) is 0300 131 2131.

7.9 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 relevant Safeguarding Team folder or in the Documents Vault on the child's C-Poms file.

7.10 Procedure for Disputing a Decision by the Local Authority

If either Safeguarding Team are unhappy with the outcome of a referral, then contact with the NYHC Safeguarding Governance Level should be made in the first instance.

A discussion will then follow and the option of following the Professional Resolutions Practice Guidance document for the relevant Local Authority considered. This can be located on the Children's Safeguarding Partnership Board website.

Appendix A: Safeguarding Pathway



WORRIED ABOUT SOMEONE?

If you've seen or heard something that concerns you...

SPEAK TO THE SAFEGUARDING TEAM NOW

IT BEGINS WITH A CHAT...

No worry is too big or small, we'll support you through the process and you can help make a significant impact to someone in need.

You can report a concern any time of day:

- Email safeguarding@herriothh.org.uk or safeguarding@saintmichaelshospice.org
- Call 01423 200 144
- Text "Safeguarding" to 01423 200 144

Your email, call or text will be responded to within the hours of 7am-11pm, seven days a week, including bank holidays.

SAFEGUARDING IS EVERYONE'S BUSINESS

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.

Appendix B

Safeguarding Team Log

Concern regarding (full name):

Date of Birth:

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

Safeguarding Officer Leading on this case:

Contact details of other professionals involved		
Name	Organisation	Number and/or email address

List of family members/people involved

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:	

At Point of closure: Has the reporter been given an update? YES/NO
(standard update email saved in T:\Safeguarding Team\Forms)

DATA POINTS AT CLOSURE

Name of reporter	Area of Concern	Service the referral originated from	Escalated to (e.g. Early Help, adult NYCC)	How many days open to the SG Team	Time from alert to SG Team responding (hours)	Subject's location	Outcome from escalation if applicable

--	--	--	--	--	--	--	--

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	Criminal exploitation and gangs
Online abuse	Domestic Abuse	Emotional Abuse	FGM	Grooming	Non-recent abuse
Financial abuse	Suicide concerns				