Life-Changing Pilgrimage Holidays

hcpt

# Staying safe with hcpt

## SAFEGUARDING GUIDEBOOK FOR ALL HCPT VOLUNTEERS, OFFICERS AND STAFF

**Version 5.01 – September 2021**

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## Changes from version 4.1

1. The Group Leader's role is now referred to as that of 'Designated Safeguarding Officer' (DSO)– this more aligns the description with titles used elsewhere.
2. In managing a disclosure or incident, the DSO is supported and assisted by a 'Senior Safeguarding Lead' (SSL) – again this change of title ensures that the role is understood in context when dealing with external agencies.
3. Safeguarding is now under the supervision of the 'Safeguarding and Conduct Committee'
4. Part of chapter 4.12 has been revised for ease of reading

# 1 Introduction

Safeguarding our people is a primary function of HCPT and as such is the responsibility of every one of us, whether volunteer acting on behalf of HCPT, or employed volunteers. HCPT's safeguarding procedures exist for the protection both of the people in our care and for those who care for them. Whilst no safeguarding procedures can eliminate the totality of safeguarding risks, when properly applied these procedures should ensure that all of us are safeguarded as far as we can be.

These safeguarding procedures, like HCPT's related risk management procedures, work best when they have become instinctive and second nature. When they are, they will not interfere with our mission to share God's gifts of love, friendship, and joy. Indeed, they should underpin this mission as the procedures will be underlying and constant. It is vital that this enduring relevance of our safeguarding procedures is fully appreciated. A box has not been ticked when the procedures have been read or the associated training received, with the implication that they can be put to one side. In the same way, no box is ticked when risk assessments have been written or discussed within a group. Appropriate preparation in terms of safeguarding and risk management is absolutely vital, but the real value is in their proper application during the activities in question and across our pilgrimages as a whole.

This fifth edition of our Safeguarding Guidance includes a number of rewritten sections to clarify or give different emphasis to various points, but it should be noted that there is no change of policy or procedure. The changes from the last version are shown on the previous page, below the table of contents.

Once again, no fail-safe procedure can protect against every eventuality, but we must all do our utmost to apply these procedures to safeguard our people as far as possible. In so doing we will have the confidence to continue the work HCPT has been doing for generations, in offering those in need the opportunity to undertake a life changing pilgrimage to Lourdes.

Phil Sparke

Chief Executive

September 2021

# 2 HCPT's Commitment to Safeguarding

***HCPT is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults. All Trustees, helpers and staff are expected to share this commitment.***

**SAFEGUARDING IS EVERYONE'S RESPONSIBILITY**

HCPT has responsibility for safeguarding children, young people and adults whilst providing quality pilgrimage holidays. We recognise that life circumstances, such as having a disability or having experienced adversity in life, may pose challenges (and create a vulnerability) for both children and adults who may be making their first holiday away from home and loved ones.

Volunteers have a responsibility to create a safe environment for all individuals having contact with HCPT. As a charity, we will collectively manage risks and reduce the possibility of abuse by:

- having robust safer recruitment and selection procedures;
- implementing safer working practices;
- providing induction and ongoing training for all volunteers;
- providing up to date safeguarding policies and procedures that reflect current safeguarding legislation and guidance in respect of safeguarding children and adults at risk;
- developing and maintaining a culture of risk management; and
- ensuring that individuals, their families, and carers know who to talk to if they are worried.

Here at HCPT we will also promote effective and early identification of:

- safeguarding concerns in children and adults; and
- those children and adults who are in need of additional services.

We will liaise closely with statutory agencies to ensure that any such concerns or allegations of abuse are promptly and properly referred to the appropriate local statutory safeguarding agencies, that victim/survivors are supported and that abusers are held to account.

We will support and promote sound risk management for those situations that require more complex consideration. Such high-risk activities will be robustly risk assessed, focussing on the needs of the individual, as well as the skills of the volunteers, to justify decisions made and actions taken.

As a registered charity, HCPT is regulated by the Charity Commission and the Office of the Scottish Charity Regulator ("OSCR"). The Charity Commission and OSCR have statutory objectives to ensure trustees comply with their legal obligations in managing charities and to increase public trust and confidence in charities.

At HCPT we are committed to providing support to all those involved with our work and in working with children, young people, and adults will provide a clear structure of safeguarding accountability.

HCPT will ensure that we have arrangements in place to fulfil its commitment to safeguard and promote the welfare of children, young people and adults in the same way as statutory bodies and the public sector.

### 2.1.1 This Guidebook

The aim of this Guidebook is to give guidance to all volunteers on what is expected from them; what to expect from others (such as Designated Safeguarding Officers); what to do if they have a concern; and where to go for advice or support.

This Guidebook is a summary of our key policies and processes, for example our Safeguarding Children and Adults at Risk policy. This Guidebook puts safeguarding into context of HCPT and is also a reminder of the content of training, which all volunteers will have attended.

This Guidebook and the guidance in it applies to all HCPT activities, regardless of location, and are therefore applicable to HCPT activities taking place in the UK and overseas and both on and off HCPT owned premises, including, but not limited to, HCPT Head Office, local community centres, churches, chartered trains and planes, hotels and Hosanna House.

## 2.2 HCPT's expectations of all volunteers, volunteers and volunteers

In becoming part of our organisation, we expect all those involved, regardless of their role to:

1. be aware of and abide by the Code of Conduct;
2. be aware of what safer working practices are and how this affects their role and responsibilities;
3. have attended training to enable them to carry out their role within HCPT (particularly safeguarding training);
4. be aware of and follow HCPT policies and procedures;
5. take action when they are concerned about a child or adult involved with HCPT (following safeguarding policies and processes);
6. report concerns about poor practice or those who may be a risk to children and adults involved with HCPT.

## 2.3 A GUIDE TO WHO'S WHO IN HCPT: SAFEGUARDING ROLES AND RESPONSIBILITIES

There are a number of people involved with HCPT who have different responsibilities in safeguarding, which are summarised here.

### 2.3.1 Trustees

The Trustees have the legal responsibility for administering the charity. They provide governance, oversight and scrutiny of safeguarding policy and practice within HCPT. They are answerable to the Charity Commission, the OSCR, Companies House and HCPT's beneficiaries for ensuring that all who work in the name of HCPT comply with company and charity law as well as legislation, for example relating to health and safety and safeguarding. The Trustees play a vital role in protecting the charity's reputation and values and ensuring its beneficiaries receive the best possible care.

The Trustees rarely intervene on operational matters, as their main role is to decide on strategic or policy issues in order to meet current and future needs. They are ultimately responsible for:-

- the approval of all safeguarding policies and procedures;
- providing adequate resources for effective safeguarding; and
- developing a culture that promotes effective safeguarding practices.

The Board of Trustees may delegate some or all of these responsibilities to the Safeguarding and Conduct Committee.

### 2.3.2 Safeguarding and Conduct Committee

The Safeguarding and Conduct Committee is responsible for ensuring that HCPT is fully compliant in all matters of safeguarding legislation and for promoting best practice in all safeguarding matters. It also reviews and updates safeguarding policies, audits safeguarding practices and processes, oversees the development and implementation of training, and quality assures all safeguarding incidents quarterly. The Safeguarding and Conduct Committee is composed of Trustees and volunteers, they meet three times a year as well as making regular reports to the Trustees.

### 2.3.3 Senior Safeguarding Leads

Senior Safeguarding Leads provide advice and guidance to group leaders and liaise with external statutory agencies over safeguarding concerns, in order to assist in the timely resolution of all safeguarding incidents. They update the Safeguarding and Conduct Committee with all safeguarding concerns and/or incidents; and maintain accurate safeguarding records. The Senior Safeguarding

Leads also help to co-ordinate and deliver safeguarding training to all HCPT volunteers and volunteers. Most importantly, they are available to provide and deliver advice and support in advance of the pilgrimage; and support an on-call support facility whilst pilgrims are at Hosanna House.

### 2.3.4 HQ staff

HQ staff support the Safeguarding and Conduct Committee by ensuring that the whole organisation follows the safer recruitment procedures, including processing required DBS and PVG disclosure checks for all HCPT Trustees, and volunteers.

### 2.3.5 Hosanna House Manager

The Hosanna House Manager supervises the work of all Hosanna House staff and ensures they are appropriately trained. The House Manager also provides practical assistance and support for visiting Groups as required.

### 2.3.6 Group Leaders = Designated Safeguarding Officers

Each Group Leader has a pivotal position within HCPT, their training confers upon them the non-delegatable role of Designated Safeguarding Officer (DSO).

The Group Leader assess the skills of all Group members, arranges appropriate roles before and during pilgrimages and other activities and delivers the appropriate training for all volunteers in the group. It is the primary duty of the Group Leader to make sure those roles are fulfilled, that safe working practices are observed, that volunteers and those in our care are supported, and that safeguarding processes are followed. The Group Leader has a responsibility to share relevant information with volunteers to ensure the welfare and safety of everyone in the Group. Each Group Leader participates actively in their region by attending regional meetings as well as national meetings and events.

Group Leaders are also the Designated Safeguarding Officer for their group (DSO), supported by a Deputy DSO. As DSO, a Group Leader is responsible for:

1. responding to initial concerns or disclosures from Group members;
2. liaising with statutory services in an emergency situation;
3. reporting all safeguarding incidents/concerns to a Group Safeguarding Lead;
4. completing a safeguarding concerns report form and ensuring that detailed and accurate written records of concerns about a child or adult are kept, even if there is no need to make an immediate referral;
5. ensuring that all safeguarding records are kept confidentially and securely and are separate from other information stored locally;
6. knowing how and where to access any necessary emotional or professional support, both personally and in relation to volunteers involved in safeguarding children or adult protection cases.

In order to ensure safe working environments and effective safeguarding practice, DSOs also:

1. Explain to volunteers what safer working practices are and how this affects their roles and responsibilities;
2. Make sure that all volunteers are aware of and abide by the Code of Conduct; as well as HCPT policies and practices;
3. Make sure that have the relevant knowledge so that they can identify concerns about children or adults, so they know what to do if they are concerned about a child, young person, or adult;
4. Complete all risk assessment forms with the Group Nurse in relation to safeguarding, children or adult's additional needs and care;
5. Have an "open door" policy where volunteers feel they can talk to their Group Leader about any concerns they have prior to, during and after pilgrimage;
6. Support volunteers by holding Group meetings prior to and following the pilgrimage;

7. Make sure they provide the right support to any volunteers who has reported a case of suspected abuse; and signposting volunteers at the end of the pilgrimage to sources of further support if necessary;
8. Provide support and supervision to volunteers generally.

### 2.3.7 Deputy Designated Safeguarding Officer

A Deputy DSO has the same safeguarding responsibilities as the Group Leader, as set out above, and should be available to respond to safeguarding issues in the absence of the Group Leader.

### 2.3.8 Group Nurse

The Group Nurse works closely with the Group Leader and families to ensure that the nursing needs of the Group are met. The role of the Group Nurse is the assessment, planning and implementation of nursing care within the Group. The Group Nurse also has a shared responsibility (with the Group Leader as DSO) for safeguarding. This includes completing risk assessment forms in relation to safeguarding, children or adults' additional needs and care; and providing support to any volunteers who have reported a case of suspected abuse; as well as to individual group members.

### 2.3.9 Volunteers

A volunteer is someone who assists a pilgrim on behalf of HCPT. This may be in providing care, companionship, transportation, entertainment, and supervision to all people in the Group at all times during the pilgrimage. A young volunteer is a person aged 16 or 17 years of age and who assists adult volunteers. Young volunteers should be supervised by an adult volunteer at all times and for all activities.

### 2.3.10 Autonomous Adults & Juniors

These are group members who are not assigned specific responsibilities as volunteers, although they may occasionally be requested to assist by Group Leaders and volunteers within groups. They are therefore subject to the same recruitment procedures in terms of qualifying certificates, and also receive safeguarding awareness training.

Those aged 16 or under (at the time of the pilgrimage) who are not beneficiaries may provide limited assistance in their registered role of Junior.

# 3 SAFEGUARDING CHILDREN AND ADULTS WITH HCPT

## 3.1 Defining Safeguarding

'Safeguarding' refers to the process of protecting children and adults to provide safe and effective care. This includes responding to concerns. 'Protection' is part of the safeguarding process. It focuses on protecting individual children or adults identified as suffering or likely to suffer significant (serious) harm.

The Children Act 1989 defines **a child** as someone under the age of 18, regardless of whether they are living independently.

The Care Act 2014 defines an **adult at risk** as an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and.
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Additionally, some adults are recognised as being vulnerable. This may be because of a disability, health condition, or age. When reference is made in this Guidebook to 'vulnerable adults', these are individuals who may not be regarded as adults at risk, but who need care and consideration because of the heightened potential for them to be neglected or abused.

### 3.1.1 What is abuse and neglect?

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child or adult at risk by inflicting harm, or by failing to act to prevent harm.

Harm has been defined as the "ill-treatment or the impairment of health or development". 'Development' means physical, intellectual, emotional, social or behavioural development; 'health' means physical or mental health; and 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical. This also includes "impairment suffered by hearing or seeing the ill-treatment of another"

Sometimes a single traumatic event may constitute harm. Sometimes harm can be caused by repeated impact of often seemingly minor acts or omissions, such as not giving medication or seeking medical advice. This is particularly true of neglect.

Children and adults can be abused by someone known to them or a stranger. Abuse may occur within a family home, or by an individual or group who live, work with, provide care for, and socialise with the child or adult. This can include persons that the child or adult is friends with or in a relationship with and may include those in a position of trust to them (including those working with HCPT).

It is important for volunteers to act quickly on any concerns they have, including seeking advice and preserving any evidence of abuse.

A reminder of the types of abuse and neglect that children and adults can experience, and some of the possible warning signs is included at *Appendix A*.

Some of the most prevalent types of abuse experienced by children, young people and adults in the UK today are considered at *Appendix B*.

Some factors may make children and adults more vulnerable to abuse and neglect than others. This includes their personal circumstances (such as disability) and their home circumstances (the environment in which they live, who cares for them, the local area etc). It can also include a history of abuse in the family; where family violence is the norm;- communication problems or difficulties;

and diminished mental capacity. This also includes people for whom English is a second language; and those are dependent on others for care.

In HCPT's work it should be remembered that all children and adults, regardless of age, sex, ethnicity, disability, race or culture, are entitled to the same level of protection and, as such, racial, cultural, religious or similar factors can never be used to 'explain' or justify abuse or maltreatment.

### 3.1.2 Identifying concerns about possible neglect or abuse

Lists of possible signs and symptoms of abuse must never be considered to be comprehensive or definitive checklists. Concerns can arise from something that is seen (such as a bruise or interaction between two people) or something that is disclosed to a volunteer or another person.

It is not necessary for someone to be able to prove abuse or be certain about what may be happening. HCPT's role is not to investigate or prove abuse but to observe, gather and share information/seek advice where there are concerns.

The sooner concerns are shared, the sooner possible abuse and neglect can be identified, and harm prevented.

Volunteers might become concerned for someone because of:

- Comments made by the child/adult, parent, carer, other family members or others.
- Observations, such as changes in a person's behaviour or mood which may indicate abuse or neglect. This includes someone being unusually distracted or distressed.
- An injury which arouses suspicion because:
    - The location and appearance of the injury, particularly where it does not make sense when compared with the explanation given.
    - The explanations differ depending on who is giving them (e.g. differing explanations from the individual and others).
    - The child/adult appears anxious and evasive when asked about the injury.
- A series of events which may not be thought to be of concern individually, but when they are viewed together can be considered as significant.
- Online behaviour, including bullying.
- Suspected self-harm which can be as a result of abuse and neglect or evidence of an existing or emergency mental health issue.
- Observation of a colleague or other person which causes concern, either for those that they work with, or children/vulnerable adults that person has otherwise contact with.

### 3.1.3 What if a child or an adult tells a volunteer that they are being abused?

In responding to a disclosure of abuse:

**A volunteer should:**

1. Listen to the information and accept what they hear without passing judgment, having an extreme reaction or minimising the information.
2. Take into account the child's or vulnerable adult's level of understanding, their culture and use of language.
3. Ask a limited amount of questions (if necessary) to understand what is being said.
4. Be calm and reassuring and let the individual know that they were right to say something.
5. Be clear about what they are going to do next and when; including telling the child or vulnerable adult who the volunteer will need to contact i.e. the Designated Safeguarding Officer.
6. Explain that the information will be treated with great care and, where necessary shared, on a need to know basis only, to safeguard the person(s) concerned.

7. Contact the Designated Safeguarding Officer, or, in their absence, a Senior Group Safeguarding Lead as soon as possible to inform them and decide on next steps.
8. Make careful notes, using the safeguarding concern report form if possible, as soon as possible including dates, times, details of the incident, facts/evidence, who was present etc. These records or notes must be signed and dated and kept securely.
9. Ensure that the child, adult or their carer/guardian is kept informed (as agreed with the DSO).
10. Ensure that they look after their own wellbeing. Receiving a disclosure can be distressing, and the DSO will ensure that anyone who needs support will receive it.

**A volunteer should not:**

1. Make promises that cannot be kept, for example that they will not tell anyone else.
2. Make suggestions to the adult/child or make judgmental/negative statements about any person.
3. Make assumptions about what it is that the child/adult is trying to say.
4. Interrogate the child/adult as it is not their responsibility to investigate and they may accidentally interfere with a possible police investigation.
5. Take photos of any evidence such as an image on another mobile phone or bruises using their own mobile phone.
6. Assume that someone else needs to deal with the disclosure – in speaking to you, the child/adult has chosen the trusted person that they want to tell.
7. Contact the person about whom the allegation or concern is being raised to tell them about it as this could put the child/adult/someone else at risk of harm; allow evidence to be destroyed; or otherwise interfere with a criminal investigation.
8. Delay. The Designated Safeguarding Officer, Deputy Safeguarding Officer, or Senior Safeguarding Lead needs to know immediately, and a full written record of the disclosure needs to be made as soon as possible, within the hour if possible.

## 3.2 RESPONDING TO SAFEGUARDING CONCERNS

HCPT volunteers need to be vigilant around safeguarding and act appropriately when dealing with concerns. Volunteers should act on initial concerns and not wait for things to escalate, or for absolute proof of abuse to emerge. There will always be someone available for volunteers to speak to.

All safeguarding concerns should be referred to the Group Leader as Designated Safeguarding Officer as soon as possible. If the concern is urgent, the DSO should be made aware verbally before any written record of the concern is made.

It should never be assumed that someone else will pass on information; every person associated with HCPT has a duty of care to pass on their concerns at the first available opportunity. Where volunteers are unsure what action to take, they should seek advice from the Designated Safeguarding Officer.

### 3.2.1 Alerting other volunteers to safeguarding concerns

During the pilgrimage it is expected that volunteers will be in constant contact and communication with sponsored children and assisted adults in their Group. There may be occasions when a volunteer is engaged in a conversation with a child or adult and a safeguarding concern is highlighted. This may be as a result of the child or adult making a disclosure of abuse or the volunteer making an assessment that there are concerns which need to be dealt with.

Such conversations are likely to happen in a public area, and in circumstances when both the volunteers and child or vulnerable adult are expected to carry on with or move onto other Group activities. Where the volunteers feels that it would be detrimental to end the conversation with the child or vulnerable adult in order to keep up with the Group's programme, the volunteers, in an attempt to minimise any distress to the child or vulnerable adult, should alert other volunteers to the sensitivity of such an incident by using of a code word.

Each Group should agree a code word in advance of the pilgrimage which, if used, would indicate to all other volunteers that an individual volunteers needs time to finish their conversation with a child or vulnerable adult. For example, "I may need the blue key" or "I may need the red book".

If as a consequence of managing a disclosure or incident a Group needs additional volunteer cover in order to carry on with its intended activities, this can be arranged through the Senior Safeguarding Lead in the case of the Easter Pilgrimage or the Hosanna House Manager in the case of Summer Pilgrimages.

If a volunteer has any concerns that a child or adult is at risk of harm or further harm by being returned to their parent, guardian or carer at the end of an HCPT meeting or event, they must inform their Group Leader immediately before returning the individual to their parent/guardian or carer. If the parent, guardian or carer insists on removing a distressed child or vulnerable adult before the volunteer has satisfied themselves as to the risks, the local police must be contacted immediately.

## 3.3 Recording disclosures and safeguarding concerns

Making an accurate and clear record of any disclosures or concerns is an important part of the safeguarding process. The record will be essential in assisting volunteers to accurately share and recall concerns, as well as helping Designated Safeguarding Officers and Senior Safeguarding Leads to communicate with outside services. The record may be referred to if later concerns emerge or further information comes to light. The record may be regarded as evidence in any social care assessment or police investigation.

The following steps should always be observed in recording a safeguarding concern. The individual should:

1. whenever possible and practical make contemporaneous notes during any conversation;
2. ask for permission to take notes before doing so and explain the importance of recording the information;
3. explain that the person giving the information can have access to the records made in respect of their own information;
4. where it is not appropriate to take notes at the time, make a written record as soon as possible afterwards and always before the end of the day;
5. ensure that the record is accurate and clear- it should contain all relevant information in a way that avoids risk of misinterpretation so that someone not involved in the incident would be able to understand the concern and what information was shared.
6. a pilgrim's medical diary should only be used to record details of any injuries associated with a safeguarding concern. Other safeguarding information should be recorded on a safeguarding concern report form. Sufficient information must be entered on the pilgrim's daily medical diary to indicate that there is a current safeguarding incident and where that information is held;
7. include as much information as possible, but be clear about what information is fact, hearsay, or opinion and not make assumptions or speculate;
8. include the context and background leading to the disclosure or concern;
9. record the time, date, location, format of information (e.g. letter, telephone call, direct contact) and the names of the persons present when the information was given;
10. ensure that the record is signed and dated by the person making it.

The Designated Safeguarding Officer will:

- maintain a log of actions and decisions and record times, dates and the names of people contacted and spoken to as well as their contact details;
- include full details of previous concerns or referrals to statutory services and the police, if known;
- ensure all original notes or documents are retained if notes are made somewhere other than the safeguarding concern report form. These original notes will form part of the evidence chain in any criminal investigation;
- within 24 hours, pass all original records, including rough notes, to the Senior Safeguarding Lead . If this has to be done by post, the documents should be sent via registered delivery;
- if any original document is urgently needed, this should be scanned and forwarded via secure email. Originals and electronic documents must be retained securely in the safeguarding file.

## 3.4 Reporting a safeguarding concern

If a volunteer receives a disclosure of abuse or has any safeguarding concerns about a child or adult, the concern must be reported, in person or by telephone, to the Designated Safeguarding Officer or the Deputy Designated Safeguarding Officer.

The DSO/DDSO will identify any actions that need to be taken (such as seeking medical assistance) and will report the concern to the relevant Senior Safeguarding Lead.

All safeguarding concerns will, wherever possible, be assessed on the same day or within 24 hours and a decision made on the threshold of concern about the child or adult.

### 3.4.1 What will happen next?

When a concern is shared, depending on the nature of the concern, it may be resolved by speaking to, advising and supporting the individual concerned and their family/carers. Further information may be needed. The Senior Safeguarding Lead may need to seek advice or communicate concerns to outside services such as the Local Authority (Children or Adult Social Care). If a crime has been committed, the police may need to be involved. There is a specific procedure to be followed if a person is considered a possible risk to children or adults at risk.

If the person concerned is an adult, the Senior Safeguarding Lead will need to consider whether their consent to any information being shared can be sought and obtained without causing harm to the person concerned or any other person. This is often a complicated process which needs careful thought in order to identify what is in the individual's best interests and how to protect them from any harm. More information concerning assessing capacity to consent is contained at Appendix C.

Once a volunteer has raised a concern, they will be given feedback. For legal reasons, it may not be possible to share all of the details, but volunteers should receive reassurance that their concern has been heard and acted on. If volunteers are worried that this has not happened, they should follow the procedure in the *Whistleblowing* section in Part Four of this guidance.

The concern and any decisions or actions taken will be recorded and the record passed to HCPT HQ to be retained.

Details of all reported safeguarding incidents will be forwarded to the Safeguarding and Conduct Committee by the Senior Safeguarding Lead for discussion and quality assurance at regular Safeguarding and Conduct Committee meetings.

A flowchart showing HCPT's safeguarding processes is at *Appendix D* of this Guidance.

## 3.5 Community based activities

Local and regional Groups hold community-based events and activities throughout the year in order to raise funds or prepare for a pilgrimage. These activities are, in the main, organised and led by the Group Leader and supported by volunteers and friends of HCPT.

Safeguarding is a continuing responsibility throughout the year and not just when on pilgrimage in Lourdes.

### 3.5.1 Closed meetings or events

At closed meetings or events, the Group Leader has control over who attends and attendance is by direct invitation either by telephone, email or in writing. The Group Leader and/or volunteers will have prior knowledge of the individuals attending. This assists in assessing any risks associated with holding the meeting or event. Volunteers must not invite any unknown individuals to such events, without the express permission of the Group Leader.

Such meetings could include a:

- "getting to know you" meeting prior to travel in order to build a rapport;
- logistics meeting in order to support travel plans;
- reunion meeting; or
- fundraising event specific to the Group members.

The Group Leader will be responsible for arranging the venue, completing any relevant risk assessments and ensuring that an attendance register is completed.

Some pilgrims will have significant physical and/or mental disabilities which will require their parent or carer to remain for the duration of the meeting/event. The Group Leader will be responsible for identifying these pilgrims and any other potential behavioural or safety issues i.e. identifying pilgrims with a history of violent outbursts or conduct. Group Leaders will gather relevant information from pilgrim's registration forms, home visits, respite visits, residential trips and any other professional involved in the child/adult's life in order to make an assessment of needs.

Group Leaders are responsible for ensuring pilgrims' safety and welfare at all times during the meeting or event especially if they have been allowed to attend the meeting unsupervised by a parent or carer. The Group Leader is responsible for ensuring that pilgrims are safely re-united with their parent or carer at the conclusion of the meeting.

### 3.5.2 Open meetings or events

At open meetings or events, the Group Leader does not have any control over who attends and may not have any prior knowledge about the individuals who ultimately attend. Invitations are circulated more widely than with closed meetings or events and are more usually advertised through community or church newspapers and circulars, local press or posted flyers. Official HCPT websites, Facebook and Twitter could also be used to promote the event or meetings in the local community.

Open meetings or events could include:

- fundraising events, for example a cake sale or a race night;
- recruitment events, for example to recruit new volunteers;
- sponsored events; or
- seasonal or religious events, for example a Christmas Bazaar or a Halloween party.

Some spontaneous events may not have any pre planned advertisement at all. These may include:

- collections at train stations/sporting events;
- church collections following mass; or
- door to door collections.

The Group Leader is responsible for arranging the venue, obtaining any permissions or licences, completing any relevant risk assessments and ensuring that, where possible, an attendance register is completed.

Group Leaders and volunteers must show extra vigilance during an open meeting and identify any safeguarding concerns or risks at an early stage. Inappropriate conduct or behaviour should be challenged in a firm and assertive manner and the HCPT safeguarding policies and procedures followed.

If a volunteer has any concerns that a child or vulnerable adult is at risk of harm or further harm by being returned to their parent, guardian or carer at the end of an HCPT meeting or event, they must inform their Group Leader immediately, using the agreed code word or phrase, and before returning the individual to their parent/guardian or carer. If the parent, guardian or carer insists on removing a child or vulnerable adult before action can be taken, the Group Leader must contact the local police.

## 3.6 Dealing with safeguarding concerns identified outside of HCPT

Most HCPT community-based meetings or events are pre-planned organised activities. Group Leaders and volunteers easily recognise their safeguarding responsibilities at such events when they are performing the role of an HCPT volunteer. However, it is more difficult for an individual to distinguish when a professional safeguarding responsibility becomes a personal responsibility, i.e. when an individual is not formally performing the role of an HCPT volunteer.

Pilgrims who display challenging behaviour which is directly attributable to a disability should be managed in a supportive manner. Advice and guidance from parents, carers or Group Nurses/Doctors should be sought in these cases.

Volunteers may meet children, young people, vulnerable adults and their families going about their normal day today business. For example, this could happen at:

- charity coffee mornings;
- church;
- shopping at the local supermarket;
- in the street; or
- at work.

If a volunteer has a safeguarding concern about a child, young person or vulnerable adult and they are aware that the child, young person or vulnerable adult has had prior involvement with HCPT, they must inform their Senior Safeguarding Lead of their concerns without delay.

If a volunteer has a safeguarding concern about a child, young person or vulnerable adult and they are not aware that the child, young person or vulnerable adult has had any prior involvement with HCPT, local safeguarding agencies should be informed. The procedure for this can be found on the local council's website or Facebook page.

Group Leaders should encourage and support volunteers who report concerns about children, young people and vulnerable adults that arise from unplanned contacts outside formal HCPT activities. Further help and guidance should be sought from a Senior Group Safeguarding Lead where needed.

The process for sharing information with outside services such as social care or the police is shown at *Appendix E.*

# 4 PART TWO: SAFE WORKING PRACTICES

### 4.1.1 Introduction

As detailed in our Safeguarding Children and Adults at Risk policy, and in Part One of this guidance, having policies and processes in place are an important part of safeguarding practice. Central to safeguarding those that we work with, and those who work with HCPT are our Safe Working Practices.

Here at HCPT we recognise that some of those that we work with may be considered vulnerable because of home circumstances, life circumstances, previous experiences of abuse, disability, difference, age, and a reduced capacity to recognise and protect themselves from harm. As a result, all of our volunteers are recruited following Safer Recruitment Guidance (as set out in our *Safer Recruitment Policy*).

Careful planning before a pilgrimage is essential. Guidance on the considerations and processes in preparing for and attending a pilgrimage are contained in Section 5, Part Three of this Guidebook *Preparing for and Attending Pilgrimages*.

All those working with us receive training as well as continued supervision and mentoring, support, and advice.

There are many different types of activities within HCPT that brings our volunteers into contact with children, young people and adults. Volunteers are in a unique position of trust with those that they help and care for. A relationship of trust can be described as one in which one party is in a position of power or influence over another as a result of their work or the nature of an activity in which they participate. All volunteers need to understand the power this can give them over those children and adults in their care and therefore the responsibility they must exercise as a consequence of this relationship.

Central to safe working practice is our HCPT Code of Conduct. This is designed to help volunteers in all aspects of their contact with individuals accessing HCPT. All volunteers must be aware of the Code of Conduct and abide by it.

Anyone who has concerns that the Code of Conduct is not being followed should speak to a Group Leader as soon as possible. If the concerns are regarding the Group Leader, then the concerns should be raised with a Designated Safeguarding Officer

## 4.2 The HCPT Code of Conduct

All volunteers should set an example to all those that they come into contact with, reflecting Christian values, and observing the core values of HCPT. All volunteers should treat all those in their care with respect and dignity, as well as observing ways of working that keep individuals and themselves safe. Volunteers are also expected to conduct themselves in a way that does not reflect negatively on HCPT as a charity. Volunteers will not use their position to gain access to information for their own or others' advantage or use their position to intimidate, bully, humiliate, threaten, coerce or undermine those in their care, including young volunteers. They must not use their status and standing to form or promote relationships which are of a sexual nature, or which may become so.

The Code of Conduct sets out the expectations for all volunteers both when they are with HCPT but also in their personal lives where their acts and conduct may come under scrutiny. This could be because their behaviour is considered to compromise their position in HCPT or indicate an unsuitability to work with children or vulnerable adults. Misuse of drugs, alcohol, involvement in criminal activity, or acts of violence would be examples of such behaviour. Volunteers, in contact with sponsored children and assisted adults, should therefore understand and be aware, that safe practice also involves using judgement and integrity in respect of behaviours in places other than the pilgrimage setting.

This Code of Conduct is not an exhaustive list of acceptable and unacceptable standards of behaviour. In situations where guidance does not exist in this policy, volunteers are expected to exercise their best judgement, act in the best interests of the individual concerned, and seek advice where there is uncertainty. Group Leaders will guide inexperienced or new volunteers by acting as a role model and reinforcing conduct standards at Group meetings.

The Code of Conduct will be issued when a Group Leader confirms a volunteer's place on the pilgrimage and a record made of its issue. By signing and returning the volunteers registration form, the individual is agreeing to maintain the standards of behaviour expected by all volunteers and abide by the Code of Conduct at all times when undertaking an HCPT activity. Breach or failure to observe this policy may result in action being taken under the HCPT disciplinary procedures including, but not limited to, dismissal and/or removal from a pilgrimage.

**All volunteers must:**

1. Work within the principles and policies of HCPT.
2. Treat all in their care equally according to need, with respect and dignity.
3. Engage and interact appropriately with those in their care and fellow volunteers alike.
4. Challenge unacceptable behaviour and provide an example of good conduct they wish others to follow. Concerns about other members of volunteers must be discussed with the Group Leader or Senior Safeguarding Lead as soon as possible.
5. Respect a sponsored child or assisted adult's right to personal privacy but share with their Group Leader any concerns that they have regarding the safety or welfare of a child, young person or adult.
6. Recognise that particular discretion is required in moments when they are discussing sensitive issues with those in their care, e.g. maintain appropriate boundaries.
7. Avoid situations that compromise their relationship with those in their care and are unacceptable within a relationship of trust.
8. Keep all confidential data on those in their care secure and confidential at all times.
9. Follow HCPT's Safeguarding Policy, Social Networking Policy, Alcohol Policy and Anti-Bullying Policy (all available from Group Leaders).
10. Follow their own regulatory professional standards and guidance

**Volunteers must not:**

1. Use offensive language or discuss topics with those in their care which could not be used comfortably in the presence of parents or another adult. Additionally, volunteers should not engage in language which is flirtatious, or which may be construed to have a sexual connotation. Systematic use of insensitive, disparaging or sarcastic comments are also unacceptable.
2. Dress in a manner that could be considered inappropriate. This includes revealing clothing, or that with inappropriate images or logos (including those with political or otherwise contentious, discriminatory or culturally insensitive slogans).
3. Be alone with a child, young people or adult unless this is something that is known to and has been approved by the Group Leader. There will be occasions when a situation arises unexpectedly but volunteers should ensure that they can be seen by others, that doors are left open, or that the

individual is taken to a room or area which is likely to be frequented by other people. Where this is not possible volunteers should ensure that another volunteer knows what is happening and that the Group Leader is informed as soon as possible

4. Provide or supply to or allow the consumption of alcohol by, a child on pilgrimage (this includes young volunteers); or provide use or supply controlled (illegal or recreational) drugs to a child or vulnerable adult (this includes young volunteers). Volunteers should avoid administering prescribed or non-prescribed drugs without the consent and knowledge of a parent and medical professional on pilgrimage.
5. Disclose confidential information to those outside of HCPT (or to other volunteers or group members who do not need knowledge of the information) regarding an individual which has been made known to them in order to meet an individual's needs, as part of a risk assessment, or as part of a safeguarding incident.
6. Engage in behaviour (including speech) which could be construed as bullying or act in a way that undermines a colleague or causes distress. Volunteers should refrain from dealing with sensitive matters in public but be publicly supportive of each other, dealing with criticisms or concerns privately, professionally and directly.
7. Make physical contact with a child, young person or adult unless this is part of an agreed care plan or is appropriate given the circumstances (i.e. a person has been hurt and requires medical attention). Touching people, including well- intentioned informal and formal gestures such as putting a hand on the shoulder or arm, may, if repeated regularly, lead to serious questions being raised and can be misinterpreted. There may be occasions where a distressed child or adult needs comfort and reassurance, which may include physical comforting such as a caring parent or carer, would give. Volunteers/volunteers should use their discretion in such cases to ensure that what is normal and natural does not become unnecessary and unjustified contact, particularly with the same person over a period of time.
8. Receive or give gifts, which could be misunderstood. While gifts may be offered as a means of thanks, or for special occasions, over-generous gifts should be declined. Volunteers should also take care in distributing gifts, which should be discussed first with the Group Leader. Those that form part of an agreed policy for supporting positive behaviour or recognising particular achievements may be appropriate, but a record should be made of the gift, the reason for the gift and to whom and by who it was given.
9. Engage in intimate or sexual relationships with any sponsored child or assisted adult in their care. This will be regarded as a grave breach of trust and may be a criminal offence.
10. Provide financial support or assistance outside the context of HCPT activities
11. Engage in any behaviour whether on a pilgrimage or not that brings the reputation of HCPT into question or disrepute. The use of technology, mobile media, and social media should follow the guidelines set out below.

Some circumstances require further guidance and clarification. The following guidance will be delivered to staff and volunteers before any retreat or pilgrimage, as well as during training. Group Leaders and experienced volunteers are always available during pilgrimages and activities to give advice on any situation that a volunteers needs guidance on.

## 4.3 Working in 1-1 circumstances

In this section, the term '1-1' refers to any situation where a volunteer may find themselves alone with a sponsored child or assisted adult. The guidance in this section also refers to any circumstance where a volunteer may find themselves alone with a number of sponsored children or assisted adults. The term '1-1' is used to refer to any of those situations where a volunteer may find themselves lone working.

1-1 situations should be approached with caution as they have the potential to:

- **make a child or vulnerable adult more vulnerable to harm by those who seek to exploit their position of trust; and**
- **put the volunteer at risk of an allegation being made against them.**

For these reasons, 1-1 situations should be avoided, including at pre-pilgrimage preparation events, and while on pilgrimage. This includes being alone in a sponsored child or assisted adult's room or allowing a sponsored child or assisted adult into their room.

If, in the performance of appropriate activities as a volunteer, an individual finds themselves in an unplanned 1-1 situation, the volunteer should:

- look for a means of contacting other members of their Group, another Group or HQ;
- make an immediate assessment of the relative risks and decide if it is possible or appropriate to move to a more public location e.g. a hotel foyer; and
- try to attract any other possible attention.

If this is not possible, the individual should try to ensure that they can be seen (i.e. by leaving a door open, or by moving so that they can be seen i.e. in a doorway, through a window). As soon as possible afterwards, the volunteer must inform the Designated Safeguarding Officer. The DSO should ensure that:

- The child or adult is seen and spoken to and that the DSO is satisfied that nothing of concern has taken place and/or that the child/adult is not worried about anything
- The volunteer concerned is supported in reflecting on anything they could have done differently, and how the situation may have been avoided
- Any learning from the incident is passed onto other volunteers.

## 4.4 Physical Contact

There are some occasions when it is appropriate for HCPT volunteers to have some physical contact with sponsored children and assisted adults. Such contact must be appropriate to their professional or agreed role and responsibilities.

HCPT volunteers may have to initiate some physical contact with a sponsored child or assisted adult in certain settings, for example to demonstrate a technique in the use of a particular piece of equipment, adjust posture, or perhaps to support a child or adult so they can perform an activity safely or prevent injury. Such activities should be carried out in accordance with existing codes of conduct, regulations and best practice guidance.

This means that volunteers should:

1. treat all sponsored children and assisted adults with respect and dignity and avoid contact with intimate parts of the body at all times, except where personal care is required (see *Personal Care*);
2. explain in advance the reason for the contact and what form it will take;
3. consider alternative options;
4. conduct such activities where they can be seen by everyone else; and

5. be aware of gender, cultural or religious issues that may need to be considered prior to initiating physical contact.

Not all children and adults feel comfortable about physical contact. Volunteers should not make the assumption that it is acceptable practice to use touch as a means of communication. Preparation with the individual's family or carer, in advance of the pilgrimage, is essential to ensure that this is correctly planned and managed.

When physical contact is made with a sponsored child or assisted adult, this should be:

1. in response to their needs at the time;
2. of limited duration; and
3. appropriate to their needs and abilities.

It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one child or adult in one set of circumstances may be inappropriate in another, or with a different child or adult.

Volunteers should use their professional judgement at all times, observe and take note of the child's or adult's reaction or feelings and, so far as is possible, use a level of contact and/or form of communication which is acceptable to the child or adult, for the minimum time necessary. Advice may be sought from others including the Group Leader where there is uncertainty.

### 4.4.1 Volunteers should:

1. be aware that even well-intentioned physical contact may be misconstrued by the child or adult, an observer or by anyone to whom this action is described;
2. never touch a child or adult in a way which may be considered indecent;
3. always be prepared to report and explain actions and accept that all physical contact be open to scrutiny;
4. not indulge in 'horseplay' such as tickling;
5. work within health and safety regulations;
6. be aware of cultural or religious views about touching, always being sensitive to issues of gender;
7. act and behave appropriately at all times.

If a volunteer believes that their action could be misinterpreted, or if they are concerned about the actions of another person, this must be reported to the Designated Safeguarding Officer and Senior Safeguarding Lead.

Where a sponsored child or assisted adult seeks or initiates inappropriate physical contact with a member of volunteer, the situation should be handled sensitively, and care taken to ensure that contact is not exploited in any way. It is the responsibility of the volunteer to sensitively deter the child or adult and help them understand the importance of personal boundaries. The matter should be immediately reported to the Designated Safeguarding Officer, who should consider the advice and support to be given to the volunteers member or volunteers, other volunteers, and the child/adult concerned.

## 4.5 Managing Challenging Behaviour

Some children and adults accessing HCPT may demonstrate what could be considered challenging behaviour. This may be as a result of previous trauma, disability, or mental health issues. HCPT volunteers will not use any form of degrading treatment to punish a sponsored child or assisted adult because of this behaviour. The use of sarcasm or the making of demeaning or insensitive comments towards a sponsored child or assisted adult, is unacceptable in any situation. The use of physical punishment, as a way of managing the behaviour of a sponsored child or assisted adult, is also unacceptable. It is also unlawful and constitutes a criminal offence of assault.

Where a sponsored child or assisted adult has specific needs in respect of challenging behaviour, this should have been addressed in the pre-pilgrimage planning. Any concerns/request for advice or support should be raised with the Group Leader as soon as possible.

There are circumstances in which adults working with children displaying extreme behaviours can legitimately intervene by using either non-restrictive or restrictive physical interventions. This will have been covered in pre-pilgrimage planning and the guidance issued to volunteers during the planning and preparation process should always be followed. Each group will have a member who has been trained in Team Teach, a trusted positive behaviour management programme.

The use of physical intervention should, wherever possible, be avoided. It should only be used as a last resort, to manage a child's or adult's behaviour and when it is necessary:

1. To prevent personal injury to the child, other children or an adult; and/or
2. To prevent serious damage to property.

When physical intervention is used, it should be undertaken in such a way that maintains the safety and dignity of all concerned.

In all cases where physical intervention is employed by volunteers, the incident and subsequent actions should be documented and reported to the Designated Safeguarding Officer. This should include written and signed accounts of all those involved, including the child or adult where possible. The child's or adult's parents/guardians or carer should be informed by the Senior Safeguarding Officer on the same day.

### 4.5.1 In summary, all volunteers should:

- adhere to the guidance in this document;
- always seek to defuse situations without physical intervention;
- seek and follow the advice of group members who are trained in Team Teach/follow the guidance in Team Teach training if this is something they have attended;
- always use minimum force as a last resort for the shortest period necessary; and
- record and report as soon as possible after the event, any incident where physical intervention has been used.

## 4.6 Personal care

Some of the sponsored children and assisted adults accessing HCPT may require personal care and support as a result of impairment or disability, age, understanding or communication difficulties. This may include help with eating, drinking, washing, dressing and toileting. This should be documented in the care plan.

Here at HCPT we recognise that intimate and personal care is an important part of a child's or adult's self-image and respect. The apparent nature of personal care, if not practised in a sensitive and respectful manner, can lead to misinterpretation and occasionally allegations of abuse. Not understanding a child's or adult's specific needs can lead to confusion and misunderstanding. It is therefore important that Group Leaders and volunteers are sensitive to these issues and alert to the potential for individuals, especially children and vulnerable adults to become the victims of abuse.

Any child or adult dependent on others for care is vulnerable. Factors, which may increase this vulnerability, include:

- reduced control over their lives or decisions due to their disability or lack of capacity or understanding;
- lack of sex education which can lead to difficulty in children and vulnerable adults recognising abusive behaviour;
- reduced communication skills to let someone know they are unhappy;

- multiple carers due to hospital admissions or respite/residential care;
- differences in appearance or behaviour being attributed to a child's or vulnerable adult's disability/age and not to the possibility that something may be wrong;
- discrimination against disabled children and adults in society;
- first language is not English;
- pre-verbal infants and children;
- mental illness including dementia;
- a history of previous abuse (known or unknown to HCPT).

The guidance included in Section 5 *Preparing for and Attending a Pilgrimage* policy should be read and followed at all times. In particular:

- Planning before a pilgrimage is essential to ensure that someone's needs are met in the most considerate, careful, respectful and safe way.
- Any carers should be aware of and responsive to the sponsored child's or assisted adult's reactions.
- Any individual carrying out intimate personal care to children and adults must have a qualifying DBS/PVG check.
- If any personal care is to be given by a member of the opposite sex the child or adult must be offered a chaperone.
- Under no circumstances should any volunteers be alone with a child or adult when undertaking personal care. This is to avoid misunderstanding and allegations accusations of abuse.

If any volunteer thinks

- that their actions have been misinterpreted by a sponsored child or assisted adult whilst providing personal care;
- that their actions have been misinterpreted by another adult whilst providing personal care to a sponsored child or assisted adult;
- a sponsored child or assisted adult has become upset or angry whilst receiving personal care; or
- there is reason to suspect that a sponsored child or assisted adult they are providing personal care for has been abused

the group leader must be informed immediately, and safeguarding processes followed.

## 4.7 Sexual Contact

All HCPT volunteers should clearly understand the need to maintain appropriate boundaries in their contact with sponsored children and assisted adults. Intimate or sexual relationships between sponsored children or assisted adults and volunteers that work with them will be regarded as a serious breach of trust. Allowing or encouraging a relationship to develop in a way which might lead to a sexual relationship is also unacceptable.

Any sexual activity between a member of volunteers and a sponsored child or assisted adult will always be a matter for disciplinary action and may be a criminal offence.

'Sexual activity' includes non-contact activities, such as causing a child or adult to engage in or watch sexual activity or the production of pornographic material.

HCPT volunteers should be aware that consistently conferring inappropriate special attention and favour upon a child or adult might be construed as being part of a 'grooming' process and as such will give rise to concerns about their behaviour.

### 4.7.1 HCPT volunteers should not:

1. have any form of communication with a sponsored child or assisted adult which could be interpreted as sexually suggestive or provocative i.e. verbal comments, letters, notes, electronic mail, phone calls, texts or physical contact;
2. make sexual remarks to, or about a sponsored child or assisted adult;
3. discuss their own sexual relationships with or in the presence of a sponsored child or assisted adult; or
4. behave in any other manner which may reasonably be interpreted as sexual.

## 4.8 Access to inappropriate images and internet usage

Accessing, making and possessing indecent images of children or images of child abuse is illegal. Such acts can not only lead to the individual concerned being prosecuted but also barred from working with children and young people.

Volunteers and volunteers should not use equipment belonging to HCPT to access any inappropriate images or websites, for example those relating to criminal, indecent, sexual content and those linked to any that may be considered radical or extremist. Personal equipment containing such images or links to them should not be brought into the HCPT office, or any location used for HCPT activities.

## 4.9 Responding to children and adults who display sexually inappropriate behaviour

The information and advice in this section should be used alongside safeguarding procedures and policies. Volunteers should always refer concerns about a sponsored child or assisted adult's inappropriate sexual behaviour to their Designated Safeguarding Officer. It is important remember that this behaviour may be an indicator of abuse.

### 4.9.1 Volunteers should consider the following:

- Children of all ages can engage in behaviour that might be regarded as 'sexual'. The vast majority of children's behaviour is healthy and normal, but it is important to seek advice where behaviour causes discomfort or concern.
- Children can harm and abuse other children. It is important not to ignore inappropriate sexual behaviour or dismiss it (for example, 'boys will be boys').
- Sexually inappropriate behaviour may include undressing in public, fondling genitals, making sexually suggestive remarks or comments, making sexual suggestions, or touching someone inappropriately. This behaviour could be a result of a condition or disability or could be a sign that the person concerned has been sexually abused themselves.
- All behaviour should be reported to the Designated Safeguarding Officer or Group Nurse.
- For volunteers who have direct contact with a sponsored child or assisted adult displaying inappropriate sexual behaviour, it is important to convey that their behaviour is unacceptable but the volunteer must show respect and understanding and should not let the child or adult know that they are shocked or offended. It is important to avoid confrontation.

### 4.9.2 All volunteers should:

1. make sure they are aware of and follow HCPT safeguarding policies and procedures;
2. speak to the Designated Safeguarding Officer and obtain advice about how to manage the behaviour. The DSO will have information about the sponsored child or assisted adult and may give advice on what things to be aware of when looking after them. The volunteer will need to know how to respond and keep the child or adult and other members of the Group safe;
3. refer to the individual's management plan for guidance if a child or adult they are caring for acts inappropriately in public;

4. tell the child or adult to stop their behaviour because it is unacceptable. An explanation should also be given as to why their behaviour is unacceptable;
5. be clear and direct in their communication, using language that is appropriate to the child's or adult's age and their level of understanding;
6. remain calm, being firm but keeping control of any emotions;
7. give the child or adult a chance to explain their behaviour;
8. think about or ask the child or adult why they are acting in a certain way. For example, if they start to undress in public, are they hot or uncomfortable?
9. remember to be aware of the child's or adult's feelings at all times. They may find the behaviour very difficult to control;
10. try to distract the child's or adult's attention rather than being confrontational. For example, consideration should be given to offering them a different activity or reminding them that it's nearly lunchtime.
11. consider whether it is appropriate to explain the reasons for the behaviour (if known) if other people are present;
12. ensure that any children or adults, or volunteers who have been adversely affected are made safe, and are looked after and supported by the Group;
13. write down the facts of what was observed as soon as possible after the incident; and
14. agree next steps with the DSO.

### 4.9.3 All volunteers should not:

1. panic;
2. be judgemental as the individual displaying sexually inappropriate behaviour may have been abused by others or be unaware of the effect and impact of their behaviour on others;
3. put pressure on a child or adult by persistent questioning about their behaviour when they are clearly reluctant or unable to speak about it; or
4. allow any embarrassment or discomfort they might feel dealing with sexually inappropriate behaviour to prevent them from taking the right action to protect other people from harm.

If an individual finds themselves having to respond to sexually inappropriate behaviour, they might find the intensity of their own emotions difficult to cope with. It is important that they try and stay calm in order to keep a clear head and make the right decisions about how to protect the child or adult who is exhibiting the inappropriate behaviour and/or children or vulnerable adults who may be at risk.

Volunteers should look after themselves and remember that the Group Leader is there to help and support in dealing with an incident of sexually inappropriate behaviour.

## 4.10 Infatuations and crushes

Occasionally, a sponsored child or assisted adult may develop an infatuation with a volunteer. All volunteers should deal with these situations sensitively and appropriately to maintain the dignity and safety of all concerned. However, it should be remembered that, where a sponsored child or assisted adult develops an infatuation, there is a high risk that the words or actions of the volunteers concerned will be misinterpreted. Therefore every effort should be made to ensure that the volunteer's

behaviour makes it clear that appropriate boundaries are in place and that the sponsored child or assisted adult knows that their feelings are not reciprocated.

Any volunteers who becomes aware that a sponsored child or assisted adult is developing an infatuation, should discuss this at the earliest opportunity with their Group Leader in order to ensure that appropriate action is taken to avoid any hurt, distress or embarrassment.

## 4.11 Communication between volunteers, sponsored children and assisted adults

Any communication between volunteers, sponsored children or assisted adults should take place within clear and explicit boundaries. This includes the use of technology such as text messages, e-mails, and social media.

Volunteers should use a general HCPT email address and telephone for contact with sponsored children, assisted adults, and/or their families, rather than giving out personal phone numbers and e-mail addresses. To support this, we have issued each Group with an Office 365 account which includes an email facility in the format groupxyz@hcpt.org.ukPrior to the pilgrimage, parents, carers and adults, will be informed of the acceptable communication methods for contact.

Volunteers should not request or respond to any request for personal information received from a sponsored child or assisted adult , other than that which might be appropriate as part of their role as volunteers. Volunteers should ensure that all communications are transparent and open to scrutiny.

HCPT volunteers should not seek to have social contact with sponsored children or assisted adults, unless the reason for this contact has been firmly established and agreed with their Senior Safeguarding Lead.

If a sponsored child or assisted adult seeks to establish social contact with a volunteer, or if this occurs coincidentally, the volunteer should exercise their judgement in making a response but should always discuss the situation with their Group Leader or line manager. Volunteers should be aware that, in certain situations, social contact with sponsored children or assisted adults could be misconstrued and could lead to concerns being raised.

Where social contact is an integral part of work duties, e.g. pastoral work in the community, care should be taken to maintain appropriate personal and professional boundaries. This also applies to social contact made through interests outside of HCPT or through the volunteer's own family or personal networks.

Volunteers should not have secret contact with sponsored children or assisted adults and should notify Group Leaders of all contact that falls outside of this guidance.

No sponsored child or assisted adult should be in or invited into the home of any volunteers where the relationship between the child or adult and the volunteer exists exclusively in the context of HCPT.

All HCPT volunteers should be vigilant in maintaining their privacy and mindful of the need to keep appropriate boundaries and avoid placing themselves in vulnerable situations.

## 4.12 Social Media

'Social media' refers to online services such as blogs, discussion forums, social networking sites, instant messaging for example on Facebook and Twitter. It also includes media apps such as Instagram, Snapchat and TikTok.

Social media is an evolving form of communication that allows people to take part in online communities, generate content and share information with others, with new apps being constantly developed. These apps do however present the following challenges, particularly as they encourage informal contact outside of organisational activities and structures:

- They can result in contact outside HCPT activities which would be in breach of the Code of Conduct
- They blur professional boundaries between volunteers and those accessing HCPT who may be children or considered vulnerable
- They can result in conduct which may result in safeguarding concerns being raised, and action being taken (for example contact with the Local Authority Designated Officer/police).

We know that the use of social networking sites can be very advantageous to volunteers, sponsored children and assisted adults. We also understand the value of ongoing friendships and community-based activities, which grow from the experience of a shared pilgrimage. With the above in mind, the following guidance should be observed:

- Volunteers should not have any sponsored child or assisted adult as a 'friend' on Facebook nor comparable relationship on any other social network (this does not apply to pre-existing or familial relationships).
- If any volunteer identifies themselves as a HCPT volunteer in any forum or network, they should post a disclaimer that makes it clear that the opinions expressed are solely those of the author and do not represent the views of HCPT.
- On any social network platform, only official HCPT pages should be used for contact with sponsored children, assisted adults and their families pre and post pilgrimage. HCPT encourages volunteers to 'like' a Group page and to encourage the children and adults within a Group, who wish to use a social network as a method of contact, to do the same rather than making a direct friendship connection. This ensures that all contact is open and transparent.
- Social networking sites have varying levels of security and, as public sites, all are vulnerable to security breaches. Sensitive or personal information must not be discussed or referred to on such sites, even in private messages between site members who have authorised access to the information.
- Regardless of whether a volunteer is using an HCPT account or their own personal account, careful thought should be given to the nature of any posts and how they might be received. Individuals should avoid including any offensive, sexualised, or discriminatory statements or images.
- Personal social media pages / accounts of volunteers should never be used to display images of sponsored children or assisted adults. Where group accounts are used, images should not be tagged to identify any individuals (see 4.13 Photography and videos)

HCPT will additionally manage its social networking responsibilities, by ensuring that its social network sites are configured to facilitate safe continued contact between parties. This includes:

- following UK legislation and good practice guidelines on child and adult protection and the internet;
- following the requirements of the Data Protection Act 1998 in respect of the collection and use of personal data;
- appointing a moderator to review content;
- reporting concerns;
- encouraging the use of appropriate privacy settings;
- adopting the Child Exploitation Online Protection (CEOP) 'Report Abuse Now' button;
- providing safety tips; and
- providing a clear complaints procedure.

## 4.13 Photography and videos

While on pilgrimage, a volunteer may take or record images of others, including sponsored children or assisted adults. It is inappropriate for volunteers to take photographs of sponsored children or assisted adults for their personal use. Where volunteers are unsure, they should seek guidance from experienced volunteers or group leaders.

Photographs may be taken to help create a photographic record of the event, and to preserve memories. Volunteers should be mindful that such photographs should only be taken will be with the consent of the child, adult, parent, guardian or carer. This is recorded on the individuals registration form, and the Group Leader msut ensure that this consent (or lack thereof) is respected.

HCPT volunteers need to remain sensitive to any sponsored child or assisted adult who appears uncomfortable being in photos or videos and should recognise the potential for such activities to cause concern or lead to misunderstandings.

**Therefore, HCPT volunteers should:**

1. be clear about the purpose of the activity and what will happen to the images when the activity is concluded;
2. be able to justify images of sponsored children or assisted adults in their possession;
3. ensure the child or adult understands why the images are being taken, has agreed to the activity and that they are appropriately dressed;
4. report any concerns about any inappropriate or intrusive photographs found;
5. always ensure they have written consent to take and/or display photographs; and
6. store any image, picture or video of a sponsored child or assisted adult in a secure and locked place to ensure they are not freely available for viewing, use, publishing or distribution by any unauthorised person.

**HCPT volunteers should not:**

1. display or distribute images of sponsored children or assisted adults unless they have the child's, adult's, parent's or carer's written consent;
2. use images which may cause distress;
3. take images in secret, or take images in situations that may be construed as being secretive or inappropriate;
4. display the name of any sponsored child or assisted adult next to his/her image; or
5. put any pictures or videos of any sponsored child or assisted adult on any social media or internet forum (even if the individual thinks they have consent to do this). The only place to display pictures is on the official HCPT or Group website and only then with the express permission of the parent/carer and the Group Leader.

HCPT volunteers should ensure that any material placed on the web in the name of HCPT, for example, on websites and any social media channel, do not expose sponsored child or assisted adult to any inappropriate images or web links.

## 4.14 Contact following a pilgrimage

Whilst on pilgrimage, many volunteers will, possibly without their knowledge, make a significant impact on the sponsored children or assisted adults in their Group. All volunteers are in a position of trust as identified earlier in this Guidebook.

Any potential relationship between volunteers, sponsored children and assisted adults needs to be considered carefully for all concerned. All contact between volunteers and sponsored children or assisted adults who have attended a pilgrimage should only be for official HCPT business, unless there is a pre-existing relationship or there are extenuating circumstances which have been made known to the Senior Safeguarding Lead.

Volunteers should not make any unsolicited contact with a sponsored child or assisted adult or invite them to future HCPT fundraising or reflection meetings, without the express permission of the Group Leader.

Unless volunteers know a sponsored child or assisted adult prior to the pilgrimage (through family friendships, community activities etc) the post pilgrimage reunion marks the end of a HCPT relationship with a child, young person or adult and their parents or carers. After this, future contact should be in the confines of HCPT activities, such community-based events.

Volunteers can contact their Group Leader or Senior Safeguarding Lead if they require advice or support where a child/adult or their family has attempted to make contact with them following the post pilgrimage reunion.

# 5 PART THREE: PREPARING FOR AND ATTENDING A PILGRIMAGE

## 5.1 Introduction

Parts One and Two of this Guidebook have outlined some of the considerations and processes that all members of HCPT need to be aware of in order to safeguard sponsored children, assisted adults, themselves, other volunteers, and HCPT as a whole. This part of the Guidebook details the practical steps and considerations that should be undertaken when preparing for and attending a pilgrimage.

## 5.2 Recruitment of volunteers

As referred to in Part One, the recruitment of volunteers is an essential step in ensuring that at HCPT we do our very best to protect those having contact with us and especially those attending pilgrimages with us.

Here at HCPT we seek to ensure that all staff, Trustees and volunteers are:

- safe and trustworthy to work with children, young people and vulnerable adults by enforcing robust recruitment procedures; and
- prepared to the appropriate standards in safeguarding and safe workplace practices.

Whilst seeking to provide a working environment in which all volunteers are treated equally, HCPT also recognises its responsibility to prevent those that are considered unsuitable to work with children and vulnerable adults from working in a regulated activity.

Therefore, any individual wishing to participate in an HCPT pilgrimage to Lourdes must have undertaken satisfactory vetting procedures before being able to travel. The appropriate procedures will vary depending on the potential volunteer's country of residence.

Group leaders should follow HCPT's safer recruitment procedures and liaise closely with regional officers and HCPT HQ to ensure that only suitable people are appointed as volunteers. Group Leaders should recruit all volunteers promptly, as the required DBS/PVG checks can take some weeks to complete. All volunteers travelling on the pilgrimage must have a qualifying enhanced DBS/PVG check. The due date and qualifying date are set annually and stated in the invitation to travel issued to each Group, and on the volunteer registration forms.

When seeking to recruit Group Leaders should consider the makeup of the volunteers within the Group and where possible recruit volunteers whose gender and skill base reflect the gender and caring needs of the sponsored children and assisted adults travelling with the Group. Here at HCPT we have a commitment to safeguarding children and adults, and this should be expressed in any initial communication with new volunteers, along with an overview of the checks we will undertake before inviting them to become a volunteer with us.

When recruiting volunteers, the following steps should be undertaken.

The prospective volunteer should:

- complete the appropriate registration form which contains a statement that being an HCPT volunteer is a regulated activity and as such is not exempt from the Rehabilitation of Offenders Act 1974. This will make prospective volunteers aware that they will be subject to an enhanced DBS/PVG disclosure check;
- have an interview with the Group Leader and another current member of the Group. In the interview, particular reference should be made to the importance of a volunteer's suitability

to work with children and/or vulnerable adults. The questions should be 'Warner style' questions which explore the prospective volunteer's values and motivations for wanting to work with HCPT;

- provide two satisfactory written references. If the prospective volunteer has previous experience of working with children or vulnerable adults, then at least one of the references should be from the relevant employer or organisation (if a voluntary role). Where possible at least one reference should be from the applicant's most recent employer. If this is not possible (for example if the applicant has not worked before) then two character references should be sought. These can be from college, university, an organisation where the person has undertaken voluntary work, or from a professional known to the applicant. References should not normally be accepted from parents or immediate family members;
- request a DBS certificate / PVG Scheme Membership or Scheme Record Update and undertake to share the result with HCPT. Information on the DBS/PVG is contained in Appendix D of this Guidebook;
- be given information about HCPT, the recruitment process (including *Volunteering with HCPT: Safer Recruitment Guidance)*, and what their role will involve.

### 5.2.1 Induction

HCPT recognises that preparation and raising awareness of safeguarding issues, policies and procedures is fundamental to the development and maintenance of a safe environment and safer organisation.

Continued vigilance is at the heart of developing a safer culture, safer environment and safer organisation. It is important that all HCPT volunteers have appropriate preparation and induction so that they understand their roles and responsibilities in safeguarding and are confident about carrying them out. Everyone needs to feel confident that they can raise issues or concerns about the safety or welfare of a child or vulnerable adult and be confident that they will be listened to and taken seriously.

All new volunteers will receive an induction sufficient and commensurate to the role that is being performed and the individual's level of responsibility. This will cover at least:

- raising safeguarding awareness;
- safeguarding policies and procedures;
- skills in safeguarding;
- creating safe environments; and
- recognising and responding to concerns and allegations of abuse.

Additionally, all volunteers will be provided with a copy of the Code of Conduct (and be required to sign to confirm issue and compliance); and the names and contact details of their Group Leader and Senior Safeguarding Lead.

Safeguarding training will not be regarded as a 'once only' activity, but as an on-going development of skills and knowledge.

### 5.2.2 Group meetings

All volunteers should attend a Group meeting, prior to pilgrimage, to:

- develop their awareness and understanding of safeguarding procedures and policies;
- understand what to expect from the pilgrimage;
- understand what is expected from them as individuals;
- familiarise themselves with the Code of Conduct and HCPT policies and procedures; and
- be informed of volunteers/child assignments.

During the pilgrimage, Group Leaders should hold regular daily meetings with their volunteers, at a time which is convenient for all volunteers. Such meetings should have an agenda to cover the needs of both the sponsored children or assisted adults and the volunteers. These should be brief and are not intended to add to the workload of the Group but are a useful mechanism of proactively managing any emerging issues as well as monitoring ongoing issues.

Regular Group meetings both before, during and after pilgrimage, will assist the Group Leader in assessing the ability of his or her volunteers. In such meetings, consideration should be given to including safeguarding as a standing agenda item to allow volunteers to discuss any safeguarding issues, in a free and unchallenged environment, which will enable the Group Leader and other volunteers to provide any support that may be needed.

## 5.3 The selection of sponsored children and assisted adults

Pilgrims do not provide care and supervision to children and/or vulnerable adults and therefore are not engaged in regulated activity. Whilst there is no legal requirement for pilgrims to undergo an enhanced DBS/PVG check, HCPT acknowledges that they have a duty of care to ensure the safety of everyone travelling on pilgrimage by carefully considering the suitability of those who wish to accompany us.

HCPT actively seeks to help children disadvantaged by social, emotional and environmental factors, including those with a physical or learning disability. Experience has shown that such children derive particular benefit from the pilgrimage. Group Leaders should seek advice about children and vulnerable adults who have serious and complex emotional and behavioural needs. Expert advice suggests that the pilgrimage experience can be profoundly disorientating for such children and vulnerable adults, and as such may not be beneficial to them.

It is the responsibility of the Group Leader and volunteers, advised by the Group Nurse, to identify and select suitable children and vulnerable adults in the locality and issue application forms. HQ will pass any prospective applications that they receive to Group Leaders for consideration.

Prior to pilgrimage, full background information should be obtained from school, social care, or any other relevant organisation in relation to any child or vulnerable adult identified with a safeguarding concern. Information that should be sought includes any relevant risk assessments, or legal orders. Information should also be obtained regarding any child or adult subject to interventions by social care including plans such as Child or Adult Protection Plans, in order to assist the selection process.

Most children attending a pilgrimage will either meet the child in need threshold and have an EHA in place or will have an allocated social worker (see Appendix D). It is vital that the Group Leader gathers this information before travel to ensure they know why these other professionals are in place and they liaise with the relevant professional either before during or after the pilgrimage.

If a child or vulnerable adult about whom a safeguarding referral has been made in the past, attends another pilgrimage, it is appropriate for the relevant Senior Safeguarding Lead to be made aware of how the previous concern was resolved. The relevant Designated Safeguarding Officer should be contacted for such information and all communications recorded.

Some pilgrims will have such a reduced mobility and communication ability that they do not pose a risk to others. Other pilgrims may, however, have significant behavioural problems and therefore, pose an increased risk of causing harm or distress to others. Group Leaders need to complete a risk assessment to establish if it is safe for the pilgrim to travel with an HCPT Group.

### 5.3.1 Completing Risk Assessments

Risk assessments should take account of the following:

- information provided by the pilgrim, for example in the application form;
- personal observations, for example following a home visit;
- community knowledge of the person/their family;
- the individual's potential to cause harm or distress e.g. capacity, mobility, communication, supervision and care requirements;
- information from other agencies e.g. health or social care;
- any predictable conditions or behaviours that may arise from a particular disability e.g. verbal or physical aggression and any predictable conditions or behaviours that may arise from a particular situation in a child's life (for example previous abuse or trauma); and
- the likely effect of travel and strange surroundings on the pilgrim.

If for any reason a Group Leader believes that a pilgrim may pose a risk of harm to others, including children and vulnerable people, they should contact their Senior Safeguarding Lead for guidance.

Some pilgrims who pose a risk may still be allowed to travel, depending on the arrangements that can be made to minimise any risks. This may include increasing supervision levels, ensuring appropriately trained staff are available, or implementing prevention strategies to avoid behavioural problems.

### 5.3.2 Home Visits

All Group Leaders and Nurses are expected to conduct at least two home visits to all children and vulnerable adults who have applied to attend a pilgrimage with their Group for the forthcoming year. The purpose of the visit is to:

- familiarise themselves with the individual person;
- understand the person's needs and wishes, for example in relation to volunteer assignment;
- develop an appropriate relationship and build a rapport with the child or adult prior to pilgrimage;
- check the accuracy of information supplied on the pilgrimage registration form;
- obtain accurate up to date information;
- identify any significant nursing/medical needs;
- obtain written parental/carer consent;
- provide information leaflets on safeguarding issues;
- check ID against a recognised document such as a passport, student ID, buss pass, or ID card
- Obtain confirmation of citizenship and identify any help needed – for example with passport applications or appropriate visa applications for travel if needed.

**In ordinary circumstances volunteers should not:**

1. visit a potential sponsored child or assisted adult outside the above agreed pilgrimage preparation home visits;
2. invite a potential sponsored child or assisted adult to their own home or that of a family member, colleague or friend when not part of a prearranged Group activity; or
3. undertake a home visit alone.

If in an emergency, a lone volunteer home visit is needed, this should be a one-off arrangement agreed with their Group Leader. There must be a clear justification for such arrangement, which should be recorded.

If such a visit is agreed, then a risk assessment should be completed in advance of the visit which includes an evaluation of any known factors regarding the potential sponsored child or assisted adult and others living in their household. The assessment should also consider the need for parental, guardian or carer consent.

Risk factors such as safeguarding concerns, complaints, grievances, or issues around behaviour can make volunteers more vulnerable to harm or an allegation being made against them. Careful consideration should be given to visits outside of 'office hours' or in remote or secluded locations, as this may increase any potential risk to a volunteer. Volunteers should consider looking at the property they propose to visit on Google Earth or Google Maps to identify any potential risk factors. Mobile phone coverage for the area should be checked with their provider to ensure that there is a good signal strength available when the visit takes place. The volunteer and group leader should agree practical measures to mitigate any risk including:

1. A phone call by the volunteer to an agreed person to inform them that they have arrived at the property.
2. An agreed code which would signal that the volunteer needs immediate assistance (for example, 'I've realised that I have forgotten X form.')
3. A phone call by the volunteer to the agreed person to inform them that the visit has ended.
4. A phone call by the agreed person to the volunteer if they have not heard from the volunteer within a specified agreed time period.

Appropriate risk management measures should be in place before visits are agreed or take place. Where little or no information is available, visits should not be made alone. A record must always be made of the circumstances and outcome of any home visit. Such records must be shared with the Group Leader and stored safely and securely.

### 5.3.3 Visits to Respite and Care Provision

Some of the children, young people and vulnerable adults that apply to travel on an HCPT pilgrimage may have significant physical or learning disabilities. In addition to conducting a home visit, it may be necessary for a Group Leader, Group Nurse or other volunteer to visit the potential pilgrim during a period of respite. Group Leaders must ensure that a sufficient number of volunteers, with the right level of skills, attend the respite visit in order to support the potential pilgrim.

A respite visit allows for a more accurate assessment of the potential pilgrim's needs and provides Group Leaders with a better understanding of an individual's likely reaction, behaviours and responses on pilgrimage.

The written consent of a parent or carer must be obtained in advance of a respite visit.

Relevant information obtained from a residential visit must be recorded on the pilgrim's medical record, which much be stored safely and securely.

### 5.3.4 Day trips

At HCPT, we believe that an effective way to prepare for a pilgrimage, is for all sponsored children and assisted adults to be invited to a day trip (away from family environment) before the pilgrimage. This is intended to allow for volunteers to become more confident in providing the appropriate care and support, and also to observe behaviours which may be prompted by less familiar environments.

### 5.3.5 Residential trips

The needs of some potential pilgrims or identified risks can only be properly assessed when the pilgrim actually takes a trip away (including an overnight stay) from their family members and familiar

surroundings. In these cases, it is therefore recommended that a trial residential trip is taken in the UK. It is recommended that this is for a short period of time (for example, a weekend) and at a location near to the pilgrim's home. This means that any serious concerns or problems can be resolved quickly and without as many logistical obstacles as would occur during a pilgrimage to Lourdes. Additionally, a trial residential trip should minimise any concerns or anxieties for all parties involved.

Group Leaders must ensure that a sufficient number of volunteers with the right level of skills attend the residential visit in order to support the potential pilgrim(s).

Where appropriate, the written consent of a parent or carer must be obtained in advance of a respite visit.

Relevant information obtained from a residential visit must be recorded on the pilgrim's medical record which should be stored safely and securely.

**When undertaking a day trip or residential trip as a HCPT group, the HCPT safeguarding policies and procedures and code of conduct should be followed at all times. In addition to this, all volunteer helpers should have a qualifying certificate. Any volunteers or prospective helpers who do not have a qualifying certificate would not be able to act as a helper.**

## 5.4 Volunteer/child and vulnerable adult assignment

HCPT is an inclusive organisation that aims to give all children and adults, regardless of their abilities, the opportunity to enjoy a pilgrimage holiday where they can relax and feel comfortable, safe and secure. It understands that part of creating safety and security for children, young people and vulnerable adults involves pairing them with a volunteer who is able to meet their physical, emotional, social and, if appropriate, medical needs. When assigning volunteers to children, young people and vulnerable adults attending pilgrimage, the following factors will be taken into consideration.

### 5.4.1 Vulnerable adults who are volunteers

Some volunteers may have additional needs through physical or mental disabilities, or sensory impairment. Some of these volunteers may fall within the definition of a vulnerable adult themselves.

Group Leaders should ensure that all vulnerable volunteers are able to safely fulfil the role of a volunteer and may need additional care and protection if their behaviour causes concern.

In relation to vetting vulnerable adults who are also volunteers, the requirement is not about the vulnerability but on whether such an individual volunteer provides personal care, health care, first aid or supervision.

Decisions about the capability of any such person are entirely subjective and cannot be based on a tick-list. A useful guideline is to consider if it would be appropriate for the potential volunteer to supervise a child moving through the busy traffic in Lourdes. If this would not be safe and appropriate, then the person should not be registered as a volunteer.

### 5.4.2 The needs of those in our care

The Group Leader will allocate a specific volunteer to a sponsored child or assisted adult using the information about his or her needs outlined in their registration form. Where possible the Group Leader will allocate a volunteer, who has the skills and the experience to meet the specific needs of an individual child or adult.

HCPT aims to take an individual approach in meeting the needs of children and vulnerable adults who travel on pilgrimage. Particular attention will be given to factors identified by risk assessments, for example, providing extra levels of support to meet the needs of a child or adult with challenging behaviour.

If a child or vulnerable adult has a history of abuse or is the subject of a child/adult protection plan, where possible, Group Leaders should allocate that pilgrim a volunteer who is experienced in safeguarding.

Unless there is a specific demonstrable reason not to, children, young people and vulnerable adults will be allocated volunteers of the same sex.

### 5.4.3 The requests of those in our care

HCPT recognises that some of the pilgrims who have previous experience of an HCPT pilgrimage, may have developed a bond with a particular volunteer who has supported them previously. A child's or vulnerable adult's request to have a specific volunteer will be considered, subject to the availability of the volunteer and the needs of other children or vulnerable adults.

### 5.4.4 Carers, guardians, family members and friends of pilgrims

HCPT recognises that some pilgrims will want or need to be accompanied by their own carer, guardian, personal assistant, family member or friend while on pilgrimage. An individual travelling to Lourdes in such circumstances, will be living and residing in close proximity to other children and/or vulnerable adults as well as caring for a specific pilgrim.

In these circumstances, the carer, guardian, family member, or friend should meet all appropriate requirements in terms of:

- appropriate vetting checks in line with HCPT guidelines and procedures;
- clarity about their role;
- understanding who has overall responsibility for the Group; and
- understanding relevant good practice guidance and the Codes of Conduct.

When a carer, guardian, family member or friend attends a pilgrimage, it is recognised that the individual's paramount responsibility will be towards one pilgrim and that this has the potential to conflict with Group activities, particularly for key personnel such as Group Leaders and Group Nurses. Therefore, the key Group roles should not be undertaken by volunteers who are compelled to care for one pilgrim, unless they can recruit a full-time carer or personal assistant, not otherwise involved in Group duties.

HCPT has a duty of care to all pilgrims and therefore all carers, guardians, family members and friends of pilgrims will need to follow the current HCPT volunteers application process which includes the requirement to complete a volunteers application form and have a satisfactory enhanced DBS/PVG certificate prior to travel.

### 5.4.5 Personal assistants

A personal assistant is someone who is employed by an individual to provide some of the personal and domestic everyday support needed to enable that individual to lead an independent personal and social life in and from their own home. Occasionally, a pilgrim may wish to travel to Lourdes with a personal assistant.

Whilst there is no legal requirement for an individual employer to request a DBS/PVG check on any potential personal assistant, most people are advised that it is best practice. This means that some personal assistants may have an existing satisfactory enhanced DBS/PVG disclosure but that others will not.

If a personal assistant travels to Lourdes, there may be times when he or she comes into contact with other vulnerable people whilst on pilgrimage (for example, they may help to provide care or assistance to other pilgrims).

Personal assistants will need to complete the same application process as volunteers to ensure that a satisfactory enhanced DBS/PVG disclosure check is obtained prior to travel, regardless of whether that individual already has one.

### 5.4.6 Visitors attending pilgrimages

All visitors to volunteers, staff or Trustees while on pilgrimage, should be provided with a Friend of HCPT badge by HQ. As these people are not vetted or monitored by HCPT, if they join any HCPT activity, they must be supervised at all times by other authorised volunteers.

By giving a person a Friend of HCPT badge, HCPT is not conferring any responsibility on that person, nor giving any Group Leader any reason to view this person any differently to any other non-Group member. HCPT staff will not keep a record of who Friend of HCPT badges have been issued to and HCPT takes no responsibility for the people wearing such badges.

Friends of HCPT are welcomed because they have been great supporters of HCPT through the year, and many of them have given many years' service as Group Leaders, regional officers, volunteers and Trustees. Friend of HCPT badges will not be issued to volunteers.

In relation to Summer Pilgrimages, Friend of HCPT badges will be kept at Hosanna House and will be issued on request by the House Manager or another member of staff. Staff and volunteers have a responsibility to challenge people in Hosanna House who do not have an approved HCPT badge or people that they do not recognise.

In relation to Easter Pilgrimages, Friend of HCPT badges will be kept at the HQ administration office and will be issued on request by the PA to Chief Executive or another manager.

Whilst most of Lourdes and the associated town venues are public places, care must be taken in locations where visitors are allowed to visit which is within the responsibility of volunteers, or Trustees. Non-resident visitors, who are visiting volunteers in a hotel or at Hosanna House, should be restricted to public rooms (e.g. strictly no access to bedrooms or dayrooms).

# 6 During the Pilgrimage: Practical Considerations and Arrangements

## 6.1 Group identification and supervision

### 6.1.1 Pilgrimage badges

It is essential that Group members can be quickly identified, especially while looking after children and vulnerable adults. The safest way this can be achieved is by ensuring that everyone who is a member of a Group has an official pilgrimage badge, and that the badge is worn at all times.

The pilgrimage badges are issued by HQ to Group Leaders and are slightly different for each pilgrimage season. One badge is issued for each Group member for whom the appropriate paperwork has been submitted. It is the Group Leader's responsibility to ensure that only those people entitled to a pilgrimage badge are issued with one. Only volunteers who have been approved through HCPT's safer recruitment procedures (including receiving a qualifying enhanced DBS/PVG check) should be issued with a badge. This will make it quick and easy to verify that they have fully completed HCPT checks.

If a badge is damaged or lost, a replacement badge can be requested via HQ.

Group Leaders must ensure that all Group members wear their pilgrimage badges at all times, even if a Group has its own identity system in addition.

The pilgrimage badge serves several purposes:

1. It gives the name of the holder, their Group number, their hotel and the fact that they are a member of the HCPT pilgrimage for that year. This is very important especially if a sponsored child or assisted adult gets lost or there is an accident involving a volunteer or a child. Each badge has a photographic image of the person. On the rear of the badge, there are emergency telephone numbers, and space for the Group Leader's mobile phone number and the hotel telephone number.
2. It indicates the individual is an approved current HCPT volunteer, whereby another Group could ask them for assistance.
3. It enables the wearer to be recognised by HCPT stewards who will give admittance to HCPT events.

### 6.1.2 Group identification

Group identification is a key process by which a Group can be kept safe, together and under control thus reducing the risk of members getting lost or separated from each other.

The following are all strongly recommended as examples of best practice:

- issuing unique (coloured) sweatshirts to Group members denoting the Group number;
- using a lanyard and badge system (see below);
- regular head counts;
- nominating volunteers as front and back markers;
- taking steps to ensure that anyone not a registered member of the group is not wearing 'group kit' while visiting the group.

### 6.1.3 Unauthorised persons

An unauthorised person is anyone:

1. whose application to be a volunteer has been unsuccessful; or

2. who has been initially accepted as a volunteer but then disqualified due to an invalid/non-qualifying DBS/PVG disclosure;
3. who was a volunteer on a previous year's pilgrimage and is not registered for the current year's pilgrimage but is in Lourdes at the same time as an HCPT pilgrimage and is believed to be misrepresenting themselves as a member of an HCPT pilgrimage;
4. anyone who misrepresents themselves as a member of a current HCPT pilgrimage.

The presence of an unauthorised person on pilgrimage, is a serious matter and should be reported immediately to a Senior Safeguarding Lead.

All unauthorised persons falling within 1 or 2 above will be known before the pilgrimage and therefore should be advised in person, and in writing, that they are not permitted to take part in HCPT activities.

If an unauthorised person has independently acquired accommodation in a hotel also being used to accommodate an HCPT pilgrimage then in order to reduce risk, the Group Leader should (where possible) prevent any access by the unauthorised person to any sponsored children or assisted adults. This may include requesting that the person concerned relocates away from HCPT Groups. The owner of the hotel could also be consulted and asked for help to provide alternative accommodation either for one person or a Group.

### 6.1.4 Use of lanyards and badges

The status of Group members is identified through different coloured badges as follows:

- Group Leaders / Designated Safeguarding Officers & deputies: blue badges
- Volunteers- blue badges (different to those for Group Leaders and DSOs)
- Sponsored children, assisted adults and other group members under 18yrs: red badges.

Additionally, the supervision of sponsored children and assisted adults should be identified on a badge connected to a lanyard. The badge should have either their name or an image that the individual child or adult would recognise. The badge will be worn by the volunteer or volunteers at the time that they are responsible for the supervision of the sponsored child or assisted adult concerned.

Group Leaders should avoid allocating a volunteer with more than two supervision lanyards at any one time.

**When a volunteer hands over responsibility for supervision to another volunteer they must:**

- Give the new volunteer any relevant information (including any incidents) from the supervision period that is ending
- Give the new volunteer the relevant lanyard.

## 6.2 Ensuring Safety and wellbeing on pilgrimages

### 6.2.1 Risk assessments

All Group Leaders should assist volunteers to manage any identified risks by continually:

- risk assessing;
- planning and introducing control measures; and
- reviewing risk assessments.

Group Leaders are responsible for risk assessments for both Group activities and individual vulnerable pilgrims. If a Group Leader identifies that the risk for a particular pilgrim to engage in a particular activity is excessive and the pilgrim is likely to come to harm, the activity cannot go ahead.

It is recommended that at least two or more volunteers participate in the risk management planning process, which will facilitate consideration of a range of options. In turn, this makes it more likely that the measures taken have been reasonable.

Risk assessments and plans should be recorded using HCPT templates, shared with all relevant volunteers, and stored safely and securely.

### 6.2.2 Head counts

Given the diverse abilities and needs of each group, head counts should be undertaken regularly and at times decided by the Group Leader. These should be particularly considered for all age groups during all outdoor activities and when sponsored children or assisted adults are moving about as a Group. Best practice recommends that a head count should be done when there is a change of environment; when overcoming a particular hazard (e.g. when moving about in a crowded public area or at the baths in the Domaine); and at the end of an activity. The supervision of Groups whilst on the move is more challenging than at a static venue. Group Leaders need to ensure that their Group is fully accounted for before moving to the next activity or area. Routine head counts should be the norm at meal and bed times, as well as before leaving the hotel on a morning.

### 6.2.3 Volunteer/supervision ratios

The following guidelines are recommended by *the NSPCC Child Protection in Sport Unit*.

In planning and running pilgrimage activities for children and vulnerable adults, Group Leaders should give consideration to providing an appropriate supervision ratio of volunteers to participants. This will minimise any risks to the children and vulnerable adults while on pilgrimage; enhance the benefits they draw from the activity; reassure parents and carers; and provide some protection for those responsible for providing the activity, in the event of concerns or incidents arising.

HCPT Groups should have a ratio of between 1.5 to 2.5 volunteers per sponsored child/assisted adult. In calculating this ratio, Group Leaders can include all helpers (which includes chaplains and nurses) and young helpers.

Due to the number of potential variables, it is not possible to recommend “one size fits all” guidance to cover all activities involving children and vulnerable adults. There are, however, a number of key principles that should underpin good practice:

1. It is the responsibility of the Group Leader who organises, plans or provides activities to ensure that the volunteers running the activity are suitable to do so.
2. Young volunteers should not be given full or lead responsibility for managing groups of sponsored children or assisted adults. Young volunteers should only supplement those appropriate adult volunteers with responsibility for supervising the activity. HCPT’s duty of care extends to all young people under 18, regardless of their role in the organisation. Group Leaders should therefore ensure that, among the volunteers in the Group, there are a suitable numbers of volunteers for any young volunteers as well as the necessary supervision of all sponsored children and assisted adults.
3. In the planning of all activities, regardless of any other assessments that may be required (for example health and safety), a risk assessment should be undertaken which specifically informs decision-making about appropriate supervision levels.

Key factors to consider in assessing appropriate supervision ratios include the:

- age of any child;
- additional supervision/support needs of some or all participants (for example, due to disability);
- competence/experience of participants for the specific activity;

- nature of the activity (for example, outdoor activities may require higher levels of supervision than relaxing in accommodation); and
- nature of venue (for example, whether closed and exclusive, or open and accessible to members of the public).

In accordance with our 1-1 working policy**,** HCPT expects all Groups to ensure that at all times no volunteer is alone with a sponsored child or assisted adult.

In the event that a volunteer is unable to perform their role and their absence would compromise HCPT supervision ratios then the Group Leader should either:

- replace the individual with another volunteer from within the Group; or
- contact HQ in Lourdes or the Hosanna House Manager to request support.

## 6.3 First aid and Medical Support

### 6.3.1 First Aid

All Groups should include at least one person who has a current 'Emergency First Aid at Work' certificate; comparable or higher level First Aid qualifications are acceptable.

Group Leaders should check within their Group which volunteers have identified themselves as a qualified first aider and satisfy themselves that their qualification is in date. Group Leaders should then only allow such qualified first aiders to act when such a situation arises as calls for this help.

When administering first aid, the first aider should always follow their training and not act outside their scope.

Any incident of first aid should be recorded on an incident form and handed to Medical HQ as soon as possible.

All other HCPT volunteers and staff will not normally be expected to administer first aid. Whilst most staff and volunteers may have a basic awareness of first aid techniques, if they are not sufficiently experienced and trained to provide first aid they should not do so while undertaking HCPT activities.

### 6.3.2 Medical Support

Requests for medical support during the Easter Pilgrimage which cannot be managed by the Group nurse and which are not an emergency can usually be managed through the Medical Hub.

The contact numbers for the Medical Hub are provided to each Group and are in Tatler each day.

The Medical Hub staff will identify the most appropriate Doctor on the pilgrimage to assist with the case in hand.

During the Summer Pilgrimage, if the Group is at Hosanna House then they should contact the House manager or another member of staff to call for medical help.

### 6.3.3 Medical emergencies

If an emergency occurs at any time on Pilgrimage which requires urgent medical attention, please phone 112 to call an ambulance, and then also advise Medical HQ or the Hosanna House manager as appropriate.

## 6.4 Missing child or vulnerable adult emergency action procedure

Whilst it is highly unlikely that children and vulnerable adults will go missing while on pilgrimage, it is important to have formal procedures in place to cover such a situation.

The most important time in a missing person incident is the very first hour or "golden hour". The Group Leader and Senior Safeguarding Lead must be informed at once when any volunteer has concerns that a child or vulnerable adult is missing. A systematic search of any premises should be undertaken, as soon as possible, to establish if the child or vulnerable adult is in the vicinity. However, such a search should only be conducted if it is safe to do so and should be dependent upon the circumstances, for example, the time of year, the location, the weather conditions, the time of day and the age and vulnerability of the missing person.

If an initial search is inappropriate or the person is still missing following such a search, it is of the utmost importance that the following tasks are completed in the first hour.

**The Group Leader should:**

- secure the site/hotel/location;
- carry out a formal roll call;
- ensure the welfare of the remaining children or vulnerable adults;
- make sure that all are accounted for and properly/adequately supervised;
- contact the local police without delay, including French authorities when in France (HQ can assist with this). The responsibility for conducting enquiries and a proper search rests with the police because they have the experience, knowledge and resources;
- when the police are contacted, ensure that the missing person's parent's/guardian's/carer's contact details are readily available as it is the police's responsibility to make contact with the missing person's parent/guardian/carer;
- be prepared to assist with information that will help with the enquiries such as:
  - the missing person's name, age and description including a photo, if available;
  - when and where the person was last seen and by whom;
  - any known reason for the missing person's absence and whether the absence is out of character;
  - any known places to be searched or people to be contacted; or
  - any known medical conditions or medication required.

If a missing person returns while on pilgrimage, the Group Leader must inform the local police (gendarmerie). It is likely that the police will visit the missing person to ascertain the reason for them going missing and to ensure they are safe and well.

Return interviews for people who have gone missing are a crucial element in exploring the reasons they went missing, linking into risk assessment and care planning. Where there is the possibility that a person has gone missing as a result of a safeguarding concern, the Group Leader must follow the HCPT safeguarding procedures.

## 6.5 Sleeping arrangements while in transit to and from Lourdes

### 6.5.1 In transit

Where overnight travel is required to transport Groups to and from Lourdes, this will happen on chartered trains or planes thereby reducing the risk to all pilgrims from being exposed to members of the public who are not vetted.

The Group Leader is responsible for planning sleeping arrangements in advance and completing risk assessments for all sponsored children and assisted adults in the Group. The same considerations and arrangements should be implemented as for hotel room allocations. This should include considerations of gender, age and vulnerability. It should be remembered that sleeping facilities on trains and planes can be less private and secure than hotel rooms and so privacy and security are priority factors to consider on any risk assessment.

### 6.5.2 Sleeping arrangements in Lourdes

HCPT uses approximately sixty hotels in Lourdes at Easter each year. All bookings are made by HQ. Most Summer groups stay at Hosanna House, though there may be occasions when Summer Groups stay in hotels.

When staying in a hotel, each Group Leader is responsible for ensuring that the requested facilities are appropriate for their Group. This will include assessing security, visiting or sharing of bedrooms, and the ability of any volunteers to follow the pilgrimage procedures as set out in this Guidebook. The HCPT intranet includes layout plans for the hotels to help Group Leaders request the most suitable composition of bedrooms.

If on arrival, a hotel is unable to provide what has been agreed in advance, the Group Leader should review what is proposed. If there are any concerns, the Group Leader should call for the assistance of HQ before accepting a set of rooms which could compromise the HCPT procedures.

At Hosanna House and in hotels, the Group Leader's careful allocation of bedrooms is crucial to everyone's enjoyment of the week. He or she will consider many factors in finding the best arrangement, including considering the different needs and risks within the Group.

There are a number of general principles that should be observed by volunteers regarding a sponsored child's or assisted adult's bedroom: Volunteers will:

- respect the child's or adult's right to privacy;
- knock on the child's or adult's door before entering his or her bedroom and only enter with permission, unless it is necessary to:
    - enter to wake a heavy sleeper
    - undertake cleaning
    - return or remove soiled clothing (although, in these circumstances, the child or vulnerable adult should have been told/warned that this may be necessary);
    - make a physical intervention, including forcing entry to protect the child, adult or others from injury or to prevent likely damage to property;
    - look for information which may help to find the whereabouts of a missing child or adult.

When entering a child's or adult's room in their absence, their privacy should be respected. For example, if documents or a diary have been left out, they should not be routinely inspected, unless a specific risk has been identified and recorded

- only enter a child's, or adult's bedroom in the presence of another volunteer. The only exception to this is in the case of an emergency (i.e. self-harm, fire setting, or concern that the child or adult is being abused or is ill and needs immediate assistance). In these circumstances, the volunteer may enter the child's or adult's room while calling for immediate assistance;
- at all times be mindful of the Code of Conduct and the guidance in Part Two of this Guidebook concerning safe working practice.

### 6.5.3 Allocation of rooms

Ensuring appropriate accommodation arrangements for groups during HCPT Pilgrimages is a central factor towards enabling all group members to experience an enjoyable pilgrimage in an environment that is as safe as possible. The allocation of group members within rooms is a complicated exercise, and can never be an exact science, as it needs to balance the size and needs of the group with the physical realities of the hotel or Hosanna House room configurations. It is also the point at which the two disciplines of Safeguarding and Risk Management meet, with a very fine balance to be struck by Group Leaders in that regard.

Forenames of children can be used to personalise and designate rooms, but these should not include the child's surname nor any child's photo or image

At all times accommodation arrangements should be such that the maximum security and safety are assured, as far as is practically possible.

The ways in which groups should be accommodated include:

- children sharing bedrooms with other children of the same gender and (as far as practical) with children of similar age;
- vulnerable adults sharing bedrooms with other vulnerable adults of the same gender;
- young volunteers sharing bedrooms with other young volunteers of the same gender;
- adult volunteers sharing with other adult volunteers of the same gender (where possible).

Children and adults who are transgender should be considered on an individual case by case basis, in consultation with the Senior Safeguarding Lead.

### 6.5.4 Examples of acceptable and non-acceptable room arrangements

| Acceptable | Non-acceptable |
|---|---|
| **One child or vulnerable adult** | One Volunteer plus one child / vulnerable adult |
| **Two or more children** | One Volunteer plus more than one child / vulnerable adult |
| **Two or more vulnerable adults** | Young volunteer plus children / vulnerable adults |
| **Young volunteer + young volunteer** | |
| **Young volunteers + volunteers** | |
| **Volunteer + volunteer** | |
| **Two or more volunteers + one or more children**[1] | |

'Child' or 'Children' refers to sponsored children, if a volunteer is accompanied by their own child (sponsored or not) and they wish to share then that is acceptable and outside the scope of this guidance.

### 6.5.5 Hotel room keys

It is extremely important that at all times the people in our care – and their possessions – are kept as safe as possible.

There are particular risks associated with hotel accommodation and although each hotel is different, these points of guidance are common and should be followed by all groups.

Following this guidance should help ensure that access to rooms is only granted to those who have good reason; that personal privacy, dignity and liberty is maintained and respected without undue risk; and that appropriate levels of safety are maintained for personal possessions.

The Group Leader, along with the Group Nurse and other key volunteers, should make a judgement on a room by room basis to decide who should be responsible for the keys for each hotel room.

Doors must be kept open at all times when the group is present on the group corridor, when this does not compromise the child's or vulnerable adult's privacy or dignity, for example, when washing or getting dressed.

### 6.5.6 Door locks (hotels)

There are two types of door locks in the Lourdes hotels – traditional key locks, and key cards.

Doors should never be locked while occupied if doing so restricts the liberty of movement of those in the room. Doors should always be locked while the Group are away from the Hotel.

The Group Leader should determine if rooms should be locked while the Group are in the hotel away from their rooms (e.g. at mealtimes).

For hotels with automatically locking bedroom doors (typically those with the key card system), extra keys should be obtained and held centrally by the group.

### 6.5.7 Hosanna House Room Keys

The House Manager is able to provide the Group with keys for each door if requested.

### 6.5.8 Bedroom security

Open door standard

Rooms for sponsored children or assisted adults should never normally be locked from the inside except in a few specific circumstances:

- if a visually impaired person may not know the layout of the hotel / Hosanna House and so his/her safety is at risk;
- if the overall safety and protection of a person is assessed to be better assured if the door is locked and s/he is accompanied by at least two responsible persons.

## 6.6 Night time care and supervision

### 6.6.1 Night time supervision

If the risk assessment of the needs of a sponsored child or assisted adult concludes that close supervision through the night is required, the Group Leader should balance the needs with the wider dynamics of the group and such practical issues as room layouts and location of volunteers. Ideally, such supervision is to be delivered through a "waking night supervision" arrangement where two adult volunteers are able to supervise all the children / vulnerable adults while they are asleep. This should consist of two adult volunteers (if possible male and female) and cover the 'silent' hours until the group is woken in the morning. **Young volunteers cannot participate in waking night supervision rotas.**

In planning supervision arrangements, Group Leaders should consider:

- the ratio of volunteers to those supervised (children / vulnerable adults) in the group;
- the possibility of cooperation with other groups in the hotel OR the other Group at Hosanna House;
- during the Easter Pilgrimage the possibility of seeking assistance from Regional or Central Services Groups (on the basis of one CSG volunteer supporting an adult volunteer from the Group).

### 6.6.2 Examples of night time supervision methods

Partial waking night

Two volunteers on duty until 2am, making frequent visits to check on all children / vulnerable adults.

From 2am to 6am, door alarms are active and if activated they alert two other volunteers.

From 6am until the rest of the Group are awake, two volunteers are on duty.

Two shifts

Two volunteers on duty from midnight to 3.30am, making frequent visits to check on all children / vulnerable adults.

Two other volunteers on duty 3.30am until 7.00am, making frequent visits to check on all children / vulnerable adults.

Three shifts

Two volunteers on duty from 10pm until 1am, making frequent visits to check on all children / vulnerable adults.

Two volunteers on duty from 1am until 4am, making frequent visits to check on all children / vulnerable adults.

Two volunteers on duty from 4am until 7am, making frequent visits to check on all children / vulnerable adults.

### 6.6.3 Night time care

HCPT recognises that most parents and carers do not sleep in the same room as a child or vulnerable adult, even in circumstances where the individual has additional needs. Children and vulnerable adults with additional needs, including those requiring night time care, should be entitled to have sufficient rest at night, in the privacy of their own room, with minimum disturbance.

Children and vulnerable adults who require personal and night time care are more vulnerable to abuse. Any child or vulnerable adult who requires night time care should undergo a risk assessment to establish their needs and assess how volunteers can deliver such care safely. A night time care plan will be agreed with the child's or vulnerable adult's parent or carer and the Group Leader, prior to pilgrimage and recorded on the medical record card.

If night time care is agreed on a care plan, a minimum of two volunteers should be on night support duty to provide the care, recording details of all care given and all interactions with the child or vulnerable adult. Such level of supervision should be identified early during the home visits that take place prior to travel. Group Leaders should ensure that sufficient volunteers are available to provide night time care.

If in an emergency only one volunteer becomes available to provide night support, the Group Leader should be informed immediately, and the assistance of another volunteer should be sought.

It is expected that volunteers will respond to any emergency during night-time hours. Volunteers should use their judgement as to the appropriate response to the particular need, ensuring that the Group Leader is alerted. If assistance is required, a volunteer may need to seek the assistance of another volunteer who is sleeping.

To allow volunteers to meet a child's or vulnerable adult's night time care needs, wherever possible, Groups may use basic "baby" alarms. Groups may also consider taking more sophisticated alarm systems provided by parents or carers, as long as they are compatible with the accommodation's systems. The alarms will be used at the volunteers' discretion to ensure the safety and welfare of all children and vulnerable adults requiring support during night-time hours. Where it is necessary to install or use listening or other strategies to monitor a child or vulnerable adult, these arrangements must be set out in the individual child's or vulnerable adult's care plan.

- When checking on the children/adults during the night-time, at least two volunteers together should make rounds of each bedroom. No-one should be locked into a room from outside.
- Doors to occupied children's rooms, whether locked or unlocked, should never be out of sight of supervisors while night-time supervision is being undertaken.

### 6.6.4 Service Group assistance

Group Leaders may request the assistance of Service Group (SG) members to help with night time duties, SG leaders will co-operate so long as their duties and numbers allow. However, this is subject to the following:

- Only SG (adult) volunteers may assist with night time duties.
- SG volunteers may support an adult volunteer from the family group in question to provide a team of two, but there must always be one adult volunteer from the family group present as part of the night time duty team.
- It is recommended that only SG volunteers who have already met the children in the Group should help.

## 6.7 Risk assessment -based arrangements for volunteers sharing with children

If the Risk Assessment of a child concludes that their night time safety is best provided with volunteers sharing the room, then the following steps must be taken:

- The document **'Risk assessment-based room sharing plan'** must be completed. This is shown at Appendix F of this Guidebook.
- This must include a copy of the Risk Assessment which demonstrates the need.
- The proposed arrangement for each night of the pilgrimage must be described.
- Parents / guardians of the child must be asked to sign to show their acceptance of the proposed arrangement.
- The relevant volunteers must also sign to show their acceptance of the proposed arrangement.
- The Group Leader should keep the original and send a copy to HQ.

Any room sharing arrangement which is not supported by a fully completed 'Risk assessment based room sharing plan' will be viewed by the Safeguarding and Conduct Committee as a breach of our safeguarding processes and safe working practices and may also invalidate our insurances should an incident arise.

# 7 PART THREE: SUPPORTING VOLUNTEERS, VOLUNTEERS AND ENCOURAGING BEST PRACTICE

### 7.1.1 Introduction

At HCPT we understand that some of the advice contained in the Guidebook may seem daunting. We want to reassure both volunteers and volunteers that seeking clarification of processes, guidance or advice is something that we actively encourage and support. We also encourage volunteers and volunteers to tell us when they think something could be done differently, and when something is not working well. This part of the Guidebook explains how we will support volunteers and volunteers in their safeguarding role and encourage best practice throughout the organisation.

## 7.2 Supporting Volunteers

We appreciate that identifying safeguarding concerns, as well as being told about abuse, can be stressful or upsetting for our volunteers and volunteers. Being involved in safeguarding incidents can lead volunteers and volunteers to worry about children or adults and may lead them to reflect on their own actions, wondering if they should have taken a different course of action. HCPT will always support volunteers and volunteers by:

- Providing opportunities to seek advice or discuss their concerns with others including experienced group volunteers, the Designated Safeguarding Officer, Senior Safeguarding Lead, or other HCPT person of their choice.
- Giving feedback following a safeguarding incident
- Reflecting on safeguarding incidents to see if lessons can be learned
- Providing supportive advice and guidance on safe working practices
- Helping volunteers and volunteers to reflect on their own actions in a safe and constructive way
- Identifying when volunteers/volunteers may need personal support, including access to resources outside of HCPT
- Listening and responding when volunteers/volunteers raise concerns about others or HCPT processes
- Listening and responding when volunteers/volunteers make suggestions for the improvement of practice or processes
- Providing support and keeping individuals informed when allegations are made against them (in accordance with our Allegations against Volunteers and Volunteers policy).

## 7.3 Whistleblowing

At HCPT, we would always hope that volunteers and volunteers feel able raise concerns and feel that they had been listened to. The Public Interest Disclosure Act 1998 introduced protection for workers from reprisals for disclosing information in the public interest. It emphasises the importance whistleblowing can play in deterring and detecting malpractice and abuse of children and vulnerable adults.

HCPT promotes practical arrangements for whistleblowing to enable volunteers and volunteers to voice their concerns, made in good faith, without fear of repercussion. Any member of volunteers or volunteers who uses the whistleblowing procedure will be made aware that their rights are protected.

Volunteers volunteers will be supported in their individual responsibility to bring matters of concern to the attention of Designated Safeguarding Officers or Trustees and/or relevant external agencies. This is particularly important where the welfare of children, young people and vulnerable adults may be at risk. HCPT has:

- ensured that it has an appropriate whistleblowing policy in place;

- ensured that it has clear procedures for dealing with allegations against volunteers and volunteers
- encourages and supports volunteers and volunteers to report any behaviour by colleagues that raises concern, regardless of the source.

All safeguarding concerns raised via the whistleblowing pathway will be referred to the Safeguarding and Conduct Committee for consideration and assessment.

# 8 APPENDIX A: DEFINITIONS AND POSSIBLE INDICATORS OF ABUSE

## 8.1 CATEGORIES OF ABUSE: CHILDREN

Child abuse can be one of four different categories- physical abuse, sexual abuse, emotional abuse and neglect.

**Physical Abuse**: Physical abuse 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.

Indicators of physical abuse

Children may have cuts and bruises as part of daily life. Most accidental bruises are seen over bony parts of the body, e.g. elbow, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given.

Important indicators of physical abuse are the location and appearance of the injury. The reaction of the child is relevant (trying to cover injuries up, giving vague or different explanations for the injuries than the parent or carer). Bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e g, cheeks, abdomen, back and buttocks should be of concern. A number of different coloured bruises can suggest that there have been a number of incidents. A delay in seeking medical treatment, when it is obviously necessary, is also a cause for concern. The appearance of the child may also be a concern.

Physical signs of abuse may include:

- unexplained bruising, marks or injuries on any part of the body;
- multiple bruises in clusters, often on the upper arms, torso or upper legs;
- cigarette burns;
- human bite marks;
- broken bones;
- scalds with upward splash marks; and
- multiple burns with a clearly demarcated edge.

Changes in behaviour that can also indicate physical abuse include:

- fear of parents being approached for an explanation;
- aggressive behaviour or severe temper outbursts;
- flinching when approached or touched;
- reluctance to get changed, for example in hot weather;
- depression;
- withdrawn behaviour; or
- running away from home.

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**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.

Emotional abuse can be difficult to measure, as there may be no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Signs of emotional abuse may include:

- Unusual levels of compliance
- Constantly passive behaviour sometimes combined with an eagerness to please
- Aggressive behaviour
- Fear of making mistakes or change
- Sudden speech disorders
- Continual self-deprecation
- Self-harm
- Low self-esteem and confidence
- Low expectations/aspirations
- High levels of anxiety
- Fear of parent being approached regarding their behaviour
- Developmental delay in terms of emotional and academic progress

In younger children, signs may also include:

- Being unable to play
- Wetting/soiling.
- Neurotic behaviour e.g. sulking, hair twisting, rocking
- Excessively clingy or attention seeking behaviour
- Poor growth
- Distractibility and delayed language development

In older children you may see:

- Repeated running away
- Compulsive stealing
- Low self esteem
- Apathy
- Substance misuse
- Risky behaviour
- Emerging signs of mental health issues

Parental/Carers' responses to the child or adult may also give cause for concern:-

- Scapegoating
- Ostracising from activities
- Indifference to the person's needs
- Hostility towards the victim/survivor including name calling
- Ridicule, sarcasm, deliberate frightening, threatening.
- Cruelty, like being locked up in cold, dark surroundings or deprived of something
- Encouraging others to respond to the victim/survivor in any of these ways

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**Sexual Abuse:** Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. 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 in 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Sexual abuse may also involve viewing or downloading abusive images of children from the Internet. This is not a "victimless" crime but is both evidence of abuse taking place and is a criminal offence. It should be reported as a concern in all cases.

In cases of suspected sexual abuse, the focus should be on the behaviour of the suspected abuser and any risk/harm. Victim/survivors of sexual abuse can often behave in risky and unpredictable ways. This is often a response to the trauma experienced and should never be used as a reason to minimise or justify the abuse, which will always be the responsibility of the abuser.

If the abuser is a child or vulnerable adult, then this should also be regarded as a safeguarding issue which should be responded to following HCPT's Safeguarding policy.

**Indicators of sexual abuse include**

- Pain or itching in the genital area
- Bruising or bleeding near genital area
- Discomfort when walking or sitting down
- Sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- Fear of being left with a specific person or group of people
- Sexual drawings or language
- Saying they have secrets they cannot tell anyone about
- Suddenly having unexplained sources of money
- Acting in a sexually explicit way towards adults
- Physical injuries (internal and external)
- Depression and anxiety
- Sexual health issues such as urinary tract infections, STIs, repeated pregnancy tests or termination of pregnancies
- Self-harm
- Suicidal thoughts or attempts
- Displaying inappropriate sexual behaviour towards others
- Being sexually provocative
- Age inappropriate language or behaviour

- Running away
- Eating disorders leading to sudden weight gain or loss
- Engaging in risky situations or relationships
- New friendship groups (especially where new friends may have been identified as being vulnerable to child sexual exploitation
- Learning problems, poor concentration
- Wetting/soiling
- Sleeplessness, nightmares, fatigue
- Psychosomatic symptoms like abdominal pain, vomiting, headaches
- Unwillingness to undress in front of others
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a particular individual
- Obsessive or neglect of personal hygiene

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**Neglect**: Neglect is 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 abuse. 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); or
  ensure access to appropriate medical care or treatment.

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

Neglect can be a difficult form of abuse to recognise yet have some of the most lasting and damaging effects on children.

The physical signs of neglect may include:
- Constant hunger, sometimes stealing food from other children and young people
- Constantly dirty or 'smelly'
- Poor state of clothing or general appearance
- Loss of weight, or being constantly underweight
- Inappropriate clothing for the conditions.
  Lack of supervision or evidence of poor care

Changes in behaviour which can also indicate neglect may include:
- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Untreated medical problems
- Having few friends
- Mentioning being left alone or unsupervised.
- Destructive tendencies.

In young children warning signs can include:
- Short stature and underweight
- Red/purple mottled skin or poor skin
- Swollen limbs with sores that are slow to heal
- Constant tiredness
- Dry sparse hair
- General physical apathy

- Unresponsiveness or indiscriminate in relationships with adults
- Poor dental health
- Medical needs not attended to
- Poor or inappropriate diet leading to diarrhoea, or abnormally voracious appetite indicating hunger
- Poor personal hygiene
- Severe nappy rash
- Emaciation
- Compulsive stealing
- Scavenging for food or clothes
- Inappropriate drinking patterns, e.g. from drains
- Not reaching developmental milestones
- Disordered behaviour
- Low self-esteem
- No social relationships
- Poor intellectual development and underachieving
- Repeated accidents or ingestion of harmful substances arising from inadequate supervision
- Failure to thrive, without an organic reason

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## 8.2 CATEGORIES AND INDICATORS OF ADULT ABUSE

The categories of adult abuse are set out in the Care Act 2014.

Although some of the indicators are the same as for children, there are some differences and distinctions.

**Physical Abuse:** including assault, hitting, slapping, pushing, misuse of medication, restraint, and inappropriate physical sanctions.

In adults the following signs may also be seen:

- a history of unexplained falls, minor injuries or malnutrition;
- unexplained bruises in various stages of healing;
- unexplained fractures in various stages of healing;
- injuries to the head, face or scalp;
- varicose ulcers or pressure sores;
- being left in wet clothing or bedding;
- signs of under or over use of medication

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**Domestic Violence:** including psychological, physical, sexual, controlling and coercive behaviour, financial, emotional abuse; so called ‘honour’ based violence.

Signs of domestic abuse may be:

- Behaving in a different way when in the presence of a partner (e.g. looking to them for approval, seeking permission, deferring to their wishes or opinion)
- Physical injuries such as bruises, black eyes, marks around the top pf arms
- Damaged property (both inside and outside the home)
- Having to ‘report in’ to a partner at certain times
- Not having money/financial freedom
- Easily startled or overreactions to sudden noise
- Inability to manage change to planned events or delay (e.g. getting home)
- Low self-esteem/self-depreciation
- Low expectations and aspirations (especially around opportunities or relationships)

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**Sexual Abuse:** Sexual abuse is the direct or indirect involvement in sexual activity, without consent, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting

This can include rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Indicators of sexual abuse include:

- a significant change in sexual behaviour;
- sexually implicit/explicit behaviour around certain individuals;
- unexplained changes in behaviour;
- unexplained or unwanted pregnancy;
- unusual difficulty in walking or sitting;
- torn, stained or bloody underwear;
- sexually transmitted disease;
- urinary tract or vaginal infection;
- full or partial disclosure or hints of sexual abuse.

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**Psychological Abuse:** Psychological or emotional abuse is that which impinges on the emotional health and development of individuals. It also presents with other forms of abuse and includes:

- threats of harm or abandonment,
- deprivation of contact,
- humiliation,
- blaming,
- controlling,
- intimidation,
- coercion,
- harassment,
- verbal abuse,
- isolation or withdrawal from services or supportive networks.

Examples of psychological abuse include:

- shouting, swearing; insulting; and ignoring a person;
- threats and intimidation;
- harassment;
- humiliation;
- depriving an individual of the right to choice and privacy; or threats to deprive family or social contact.

Indicators of psychological abuse include:

- the person appearing to be withdrawn, agitated or anxious in general;
- the person appearing to be intimidated or subdued in the presence of another;
- the person appearing to be frightened of making choices or expressing his/her wishes;
- the person appearing to be fearful or flinches on approach;
- changes in the person's sleep patterns;

- the person being tearful;
- threats of medical or legal consequences if an individual does not comply with desired behaviour.

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**Financial or Material Abuse:** includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. It is the unauthorised, fraudulently obtained or improper use of funds, property or any resources of a vulnerable adult.

Examples of financial abuse include:
- misappropriating money, valuables or property;
- forcing changes to a will;
- deceiving or manipulating to obtain money or goods
- denying the vulnerable adult the right to access or control personal funds.

Indicators of financial or material abuse include:
- disparity between assets and apparent living conditions;
- a reluctance to incur expenses when finances should not be a problem. For example, little food in the house or wearing worn out clothes;
- denying the assistance of someone who may be competent to handle financial affairs;
- unexplained withdrawals from bank and building society accounts;
- unexplained loss of money or items such as jewellery
- unexplained disappearance of financial documents;
- sudden unexplained inability to pay bills;
- a carer asking financial questions of the vulnerable adult but not asking about that person's care or well-being;
- the person managing the vulnerable adult's finances being uncooperative;
- a carer or other professional failing to account for expenses incurred on a person's behalf.
- reported or alleged theft of money, possessions, property or other material goods or being unable to account for money or property
- Misuse of money including providing others with excessive gifts
- Begging/asking for money or help with bills or to buy food and basic requirements.

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**Modern Slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Indicators can include:
- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Long working hours often without evidence of days off
- Unsafe working conditions
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents

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**Discriminatory Abuse:** including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion. The principles of discriminatory abuse are embodied in legislation including the Equality Act 2010.

Abuse of an individual's rights by any other person or persons, is a violation of human and civil rights. Discriminatory abuse can consist of abusive or derisive attitudes or behaviour based on a person's gender, sexuality, ethnic origin, age, disability, or religion.

Indicators of discriminatory abuse include:

- inappropriate remarks or comments which suggest discriminatory views or opinions;
- poor quality of/different care to certain groups of vulnerable adults or one individual;
- the vulnerable adult preferring not to be cared for by certain volunteers;
- a volunteers appearing to avoid caring for certain groups of vulnerable adults.

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**Organisational or Institutional Abuse:** includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Indicators include:

- Vulnerable adults being unkempt and dirty
- Vulnerable adults being unusually subdued
- Lack of aids to support daily life
- Anxiety and fear in the presence of care workers
- Poorly paid or insufficient volunteers; poorly trained volunteers
- Inadequate responses to questions about care
- Evidence of over or under-medication
- Being made to conform to systems and routines that do not meet their needs or recognise their individual requirements
- Needs of carers or professionals or routines put first
- Being forced to join in activities or not allowed privacy/time alone
- Being forced to eat at certain times or deprived of food
- Bed sores
- Left in soiled bedding or clothing
- Basic needs met at convenience of carers
- Locked in or restrained to give carers a rest
- Dressed to make life easier for carers

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**Neglect and Acts of Omission:** Neglect and acts of omission, include ignoring medical or physical care needs, failing to provide access to appropriate health, social care or educational services and withholding the necessities of life, such as medication, adequate nutrition and heating.

Examples of neglect include:

Failure to provide**:**

- appropriate food;
- shelter;
- heating;
- clothing;
- medical care;
- hygiene;
- personal care; and
- inappropriate use of medication or over-medication.

Indicators of neglect include:

- inadequate food, fluids, heating or lighting;
- poor physical condition, poor hygiene, varicose ulcers, pressure sores;
- clothing in a poor condition;
- failure to seek medical advice or summon assistance when required;
- failure to access dentistry or chiropody services etc;
- refusal to allow access to appropriate callers or visitors.

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**Self-neglect:** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings. This is a difficult safeguarding issue as the right for an individual to life as they choose has to be balanced against the risk of harm to them and potentially others

Indicators may include:

- hoarding,
- not eating properly,
- self- isolation,
- accommodation not being adequately heated
- unclean and unsafe environments
- refusing help or to implement guidance/advice
- not seeking medical advice or treatment
- self-harm**.**

# 9 APPENDIX B: CHILDREN AND ADULTS IN SPECIFIC CIRCUMSTANCES

As identified in this guidance, a number of factors can increase the vulnerability or risk to a child or adult. This part of the Guidebook considers those specific issues that have been highlighted in statutory guidance, either because of their prevalence or impact on children and adults.

## 9.1 Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person 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. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

## 9.2 Radicalisation and Extremist behaviour

Radicalisation can be defined as the action or process of causing someone to adopt radical positions on political or social issues. Signs that may indicate a child is being radicalised include:

- isolating themselves from family and friends
- talking as if from a scripted speech
- unwillingness or inability to discuss their views
- a sudden disrespectful attitude towards others
- increased levels of anger
- increased secretiveness, especially around internet use.

Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family.

## 9.3 Peer on Peer Abuse

Peer on peer abuse can include: all forms of bullying, being coerced into sending sexual images (sexting), physical or sexual assaults, child sexual exploitation or teenage relationship abuse.

Peer on peer abuse is a defined safeguarding issue for both children concerned and should be responded to in the same way as any other concern about a child.

## 9.4 Sexual Harassment and Sexual Violence between Children

Sexual violence and sexual harassment can occur between two children of any age and sex.

It can also occur through a group of children sexually assaulting or harassing a single child or group of children.

Sexual harassment is defined as '…unwanted conduct of a sexual nature' that can occur online and offline. Sexual harassment is likely to: violate a child's dignity and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment. Sexual harassment includes, but is not limited to sexual comments, stories, remarks or names, sexual 'jokes' or 'taunting'. Physical behaviour such as deliberately brushing against someone or interfering with

someone's clothes, online sexual harassment, including sexualised online bullying and non-consensual sharing of sexual images and videos and sexual exploitation.

Sexual violence is a sexual offence under the Sexual Offences Act 2003 such as rape, assault by penetration or sexual assault.

At HCPT we believe that sexual harassment and sexual violence is not acceptable and will not be tolerated or dismissed as 'banter' just 'having a laugh' or 'part of growing up'.

## 9.5 Gangs

A child who is affected by gang activity or serious youth violence may have suffered, or may be likely to suffer, significant harm through physical, sexual and emotional abuse.

The safeguarding risks posed by violent gang crime are a consistent and striking issue and pose a major concern for all agencies working to safeguard children and adults who are vulnerable.

Children resorting to violence have often themselves suffered trauma early in life. Many have been victims themselves or witnessed domestic violence and abuse in the home at an early age. They have grown up without the emotional tools that children should develop, like empathy towards others, resilience and self- esteem to believe they can succeed in mainstream society (education, employment). We also know that children are directly put at risk as a result of their participation in crime and violence; becoming victims of crime and violence; or indirectly as a result of risks posed by or to members of their families, peer groups or neighbourhoods. Potentially a child involved with a gang or with serious youth violence could be both a victim and a perpetrator. This requires professionals to assess and support his/her welfare and well-being needs at the same time as assessing and responding in a criminal justice capacity.

Children and adults who are vulnerable at additional risk of becoming involved in gang activity are those who have learning difficulties or disabilities, mental health problems and substance misuse problems as well as those at risk due to family breakdown and trauma.

Children are being drawn into the gang lifestyle from a younger age for a number of reasons including peer pressure, family connections, protection due to their post code and the perception that the lifestyle brings wealth and status.

Gang members may groom vulnerable young males and females, incentivising with food, money and offering a sense of belonging and 'family'.

Girls and boys (and younger girls and boys than in the past) are being drawn into the periphery of gangs by holding, transporting or storing items such as drugs (see section below on county lines), tools for moped stealing, knives and phones for older gang members. They may also be asked or forced to carry items such as drugs as they are less likely to be stopped by police.

Potential victims include siblings and girlfriends of children and young adults involved in gangs and serious youth violence. Younger children who may not be of an age to actively become involved in gang activity could be at risk if a family member is involved in gangs. These children may be at risk as rival gang members may seek to take revenge on an opposing gang member.

Girls may be at risk of being exploited both violently and/or sexually due to gang associations with family members and peers. They may not recognise that they are at risk and may 'idolise' the male gang members who they perceive as having status and wealth. Others may not see any safe way out and know that the repercussions of telling anyone about what is happening will result in rape, physical violence or being branded or cast out by their peers. Some females from black and minority ethnic communities in particular, may not disclose the abuse for fear that they will be perceived to have brought shame on their family.

Whilst child sexual exploitation is the most prevalent form of victimisation that girls will experience, they do not always present as obvious victims and may too be involved in criminal gang related behaviour (often as a result of their relationships, coercion and control). As a result of this young women can remain hidden because their vulnerability is not recognised.

## 9.6 Child Criminal Exploitation (County Lines)

Gang members are moving into drugs markets outside the major cities, to the counties where they are unknown to the local police, there is less competition locally from rival gangs, and non-metropolitan police forces tend to have less experience of addressing this type of activity.

The exploitation of vulnerable children is central to county lines. For example, children are groomed and/or coerced into moving and selling drugs, and the homes of adults who are vulnerable can be taken over as a base from which drugs are sold.

There is evidence that young people involved in drug dealing can be targeted often by older members of their own gang who steal drugs/money to make them owe a debt which must be repaid. This can lead to further coercion and exploitation including violence.

## 9.7 Female Genital Mutilation

Female genital mutilation (FGM) is a collective term for procedures which include the removal of part / all external female genitalia for cultural or other non-therapeutic reasons. The practice is not required by any major religion and is medically unnecessary, painful and has serious health consequences at the time it is carried out and in later life.

The procedure is typically performed on girls aged between 4 and 13 but is also performed on new born infants and on young women before marriage / pregnancy. A number of girls die as a direct result of the procedure, from blood loss or infection.

Girls may be genitally mutilated illegally by doctors or traditional health workers in the UK or sent abroad for the operation.

Female circumcision, excision or infibulation (female genital mutilation) is illegal in this country by the Female Genital Mutilation Act 2003, except on specific physical and mental health grounds. More information can be found on the Home Office website.

It is an offence to:

- Undertake the operation (except in specific physical or mental health grounds)
- Assist a girl to mutilate her own genitalia
- Assist a non-UK person to undertake FGM of a UK national outside UK (except in specific physical or mental health grounds)
- Assist a UK national or permanent UK resident to undertake FGM of a UK national outside the UK (except in specific physical or mental health grounds)

Female genital mutilation is a one-off event of physical abuse (albeit one that may have grave permanent sexual, physical, and emotional consequences). FGM is a form of child abuse.

So Called “Honour’ Based Violence and Forced Marriage

In forced marriage, one or both spouses do not consent to the marriage and some element of duress is involved. Duress includes both physical and emotional pressure and abuse.

Forced marriage is primarily, but not exclusively, an issue of violence against females. Most cases involve young women and girls aged between 13 and 30, although there is evidence to suggest that as many as 15% of victims are male.

Forced marriage is a human rights abuse. With children it can constitute both child abuse and sexual abuse. The United Nations considers it a form of trafficking, sexual slavery, and exploitation. Some, however, still see it as a private, personal, domestic, family, religious, or cultural issue.

A clear distinction must be made between a **forced** marriage and an **arranged** marriage. The tradition of arranged marriages has operated successfully within many communities and many countries for a very long time. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the child/ young person.

## Religion and Culture

Forced marriage, whether a religious or civil ceremony, cannot be justified on religious grounds. Every major faith condemns it and freely given consent is a prerequisite of Christian, Jewish, Hindu, Muslim and Sikh marriages.

Some parents believe that they are upholding the cultural traditions of their home country when in fact practices and values have changed. Some parents come under significant pressure from their extended families to get their children married.

## Reasons for Forced Marriage

Some of the key motivators and reason underpinning forced marriage have been identified:

Controlling unwanted behaviour and sexuality (including perceived promiscuity, or being gay, lesbian, bisexual or transgender) - particularly the behaviour and sexuality of women;

Protecting 'family honour';

Responding to peer group or family pressure;

Attempting to strengthen family links;

Ensuring land, property and wealth remain within the family;

Protecting perceived cultural ideals;

Protecting perceived religious ideals (which are misguided);

Preventing 'unsuitable' relationships, e.g. outside the ethnic, cultural, religious or caste group;

Assisting claims for residence and citizenship;

Fulfilling long-standing family commitments.

While it is important to have an understanding of the motives that drive parents to force their children to marry, these motives should not be accepted as justification for denying them the right to choose a marriage partner.

The majority of cases of forced marriage encountered in the UK involve South Asian families. This is partly a reflection of the fact that there is a large, established South Asian population in the UK. However, it is clear that forced marriage is not solely a practice associated with families originating in South Asia and there have been cases involving families from East Asia, the Middle East, Europe and

Africa. Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas or a British citizen being sent abroad.

Forced marriage involving anyone under the age of 18 constitutes a form of child abuse. A child who is forced into marriage is likely to suffer Significant Harm through physical, sexual or emotional abuse. Forced marriage can have a negative impact on a child's health and development and can also result in sexual violence including rape. If a child is forced to marry, he or she may be taken abroad for an extended period of time which could amount to child abduction. In addition, a child in such a situation would be absent from school resulting in the loss of educational opportunities, and possibly also future employment opportunities. Even if the child is not taken abroad, they are likely to be taken out of school so as to ensure that they do not talk about their situation with their peers.

Circumstances can change quickly and increase the risk to the victim and any friends/family members supporting the victim - especially following a disclosure to the police. Perpetrators may respond by moving the victim or bringing forward a forced marriage.

Perpetrators will use controlling and coercive methods to control the victim.

Women, men and younger members of the family can all be involved in perpetrating the abuse. Offences that may be committed include common assault, grievous bodily harm, harassment, false imprisonment, kidnap, threats to kill and murder. There may be instances of child trafficking.

Perpetrators may take victims abroad for the purpose of forced marriage, under the pretext of a family holiday, a wedding or illness of a grandparent/family member.

The factors outlined below, collectively or individually, may be an indication that a young person fears they may be forced to marry, or that a forced marriage has already taken place. (It should not however be assumed that a young person is facing forced marriage simply on the basis that they present with one or more of these factors)

**Family History**;
Siblings forced to marry;
Family disputes;
Domestic violence and abuse;
Running away from home;
Unreasonable restrictions e.g. house arrest;

**Education**;
Truancy;
Low Motivation/changes in motivation;
Poor exam results;
Withdrawal from school life;

**Health**;
Self-harm;
Attempted suicide;
Eating disorders;
Depression;
Isolation;

**Employment**;
Poor performance;
Poor attendance;
Limited career choices;
Not allowed to work;
Unreasonable financial control e.g. confiscation of wages/income.

All children have a right to protection, irrespective of race, colour or culture. Addressing this issue is an integral part of child protection. Forced marriage places children at considerable risk of rape and possible physical harm, including murder.

### 9.7.1 Children with a disability or additional needs

Disabled children have exactly the same human rights as non-disabled children to be safe from abuse and neglect, to be protected from harm and achieve their full potential, being healthy and happy. However, disabled children do require additional attention because they potentially experience a greater vulnerability as a result of negative attitudes, unequal access to services and resources, and

because they may have additional needs relating to physical, sensory, cognitive and/or communication impairments.

When working with children and young people with disabilities, it is important that volunteers understand their role and responsibility, focussing on the child's strengths and abilities and not just the effects of their disability.

Disabled children are more vulnerable to abuse because:

- many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;
- their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
- they may have an impaired capacity to resist or avoid abuse;
- they may have speech, language or communication needs which makes it difficult to tell others what is happening;
- they may not have access to someone they can trust to disclose that they have been abused;
- they may be especially vulnerable to bullying and intimidation;
- looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.

### 9.7.2 What does this mean for HCPT volunteers?

1. Volunteers must be aware that the belief that disabled children are not abused or beliefs that minimise the impact of abuse on disabled children, can lead to the denial of, or failure to report abuse or neglect.
2. Disabled children at risk of or who have experienced abuse should be treated with the same degree of professional concern accorded to non-disabled children.
3. Additional resources and time may need to be allocated, if an investigation of potential or alleged abuse is to be meaningful. This is a basic premise and should not be ignored at any stage of the safeguarding process.
4. Basic preparation and awareness raising of the susceptibility of disabled children to abuse is essential for all those working with disabled children.
5. Reporting safeguarding concerns needs to be encouraged at all levels and prompt and detailed information sharing is vital.
6. The impairment with which a child presents should not detract from early multi-agency assessments of need that consider possible underlying causes for concern.
7. Parents and carers need to be made aware, if they are not already, of the vulnerability of their child to abuse or neglect, but also of their potential role in the safeguarding process.

Where there are safeguarding concerns about a disabled child, there is a need for greater awareness of the possible indicators of abuse and/or neglect, as the situation is often more complex. However, it is crucial when considering whether a disabled child has been abused and/or neglected that the disability does not mask or deter an appropriate investigation of child protection concerns.

When making a judgement and considering whether significant harm might be indicated, volunteers should always take into account the nature of the child's disability.

The following are some indicators of possible abuse or neglect in disabled children:

- a bruise in a place that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child;
- not getting enough help with feeding leading to malnourishment;
- poor toileting arrangements;
- lack of stimulation;
- unjustified and/or excessive use of restraint;
- rough handling;
- extreme behaviour modification;
- deprivation of liquid, medication, food or clothing;
- unwillingness to try to learn a child's means of communication;
- ill-fitting equipment e.g. callipers, sleep boards or inappropriate splinting;
- misappropriation of a child's finances; or
- invasive procedures which are unnecessary or are carried out against the child's will.

HCPT volunteers may find it more difficult to attribute indicators of abuse or neglect or be reluctant to act on concerns in relation to disabled children, because of a number of factors, which they may not be consciously aware of. These could include:

- over identifying with the child's parents/carers and being reluctant to accept that abuse or neglect is taking or has taken place, or seeing it as being attributable to the stress and difficulties of caring for a disabled child;
- a lack of knowledge about the impact of disability on the child;
- a lack of knowledge about the child, e.g. not knowing the child's usual behaviour;
- not being able to understand the child's method of communication;
- confusing behaviours that may indicate the child is being abused with those associated with the child's disability;
- denial of the child's sexuality;
- behaviour, including sexually harmful behaviour or self-injury, may be indicative of abuse; or
- being aware that certain health/medical complications may influence the way symptoms present or are interpreted. For example, some particular conditions cause spontaneous bruising or fragile bones, causing fractures to be more frequent.

Where a volunteer has concerns about a disabled child, they should speak to their Group Designated Officer or Senior Safeguarding Lead for guidance.

Further guidance is available in the following government publications:

'Safeguarding Disabled Children'- DCFS 2009

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/190544/00374-2009DOM-EN.pdf

In Scotland there is a Child Protection with Disability Toolkit issued as a supplement the National Guidance for Child Protection in Scotland 2014.

https://www.pkc.gov.uk/article/17693/National-Child-Protection-Disability-Toolkit-

## 9.8 Children at risk of domestic abuse

Children may experience harm both directly and indirectly if they live in households where there is domestic violence and abuse. Domestic violence and abuse includes any incident of threatening, controlling or coercive behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, or young people, who are or have been intimate partners, family members or extended family members, regardless of gender and sexuality.

Where there is evidence of domestic abuse, the implications for any child in the household should be considered, including the possibility that the child may themselves be subject to violence or may be harmed by witnessing or overhearing the violence.

Domestic abuse is likely to have a damaging effect on the health and development of a child as well as his or her safety and welfare, despite the best efforts of parents to protect their child. Therefore, it will often be appropriate for such a child to be regarded as a child in need. Children are at increased risk of physical injury during an incident, either by accident or because they attempt to intervene. Even when not directly injured, children are greatly distressed by witnessing the physical and emotional suffering of a parent. A child's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress which may express itself in anti-social or criminal behaviour, low self-esteem, depression, absenteeism, ill health, bullying, drug or alcohol misuse or self-harm.

Women are more likely to experience the most serious forms of domestic abuse, but it is important to acknowledge that there are female perpetrators and male victims and that domestic abuse also occurs within same sex relationships. Although separating from a violent partner should result in adults and children being safe from harm, the danger does not automatically end.

HCPT volunteers are in a position to identify or receive a disclosure about domestic abuse. Volunteers should ask direct questions about domestic abuse and be alert to the signs that a child or parent may be experiencing domestic abuse or that a parent may be perpetrating domestic abuse.

As soon as a volunteer becomes aware of domestic abuse within a family or a young person's relationship, they should contact their Designated Safeguarding Officer or Senior Safeguarding Lead for help and guidance.

Dependent on the age and understanding of a child or young person, advice can be given to the child about safety plans which emphasise that the child should not intervene in any potential domestic abuse situation but that they should keep safe and, where appropriate, get away and seek help.

A referral using the safeguarding concern report form should be made in respect of all children who are exposed to domestic abuse or abuse. Local authorities will then consider the likelihood of serious harm to any child or adult victim and may refer into the Multi-Agency Risk Assessment Conference ("MARAC"). HCPT will co-operate with all statutory agencies in relation to anyone who is at risk of serious harm from domestic abuse.

Specialist domestic abuse services provide support and advocacy to domestic abuse victims in relation to safety planning, housing options, legal options (that is, how to obtain an injunction) and counselling. Those not aware of the specialist services available in their borough can contact their local domestic abuse coordinator who is based within the local authority or the National Domestic Abuse helpline on 0808 2000247 and through their website https://www.nationaldahelpline.org.uk; or at https://sdafmh.org.uk or 0800 027 1234 in Scotland.

## 9.9 Adults who may be misusing substances (including alcohol)

A vulnerable adult's substance misuse or abuse can mean many things, including the use of drugs that can change the individual's mood, for example, alcohol, tranquillisers, or illegal drugs.

Substance misuse also includes “risky drinking” or unsafe use of medications. Any substance misuse or abuse can cause serious health problems and problems with family and friends, money, and the law.

“Risky drinking” is when someone drinks alcohol in ways that may not have caused problems yet but may cause problems if the same drinking pattern is kept up. For some people, this can mean drinking more than the recommended amounts. For some older adults with certain health problems or who take certain medications, this can mean drinking any alcohol.

Drinking alcohol or using medications unsafely can make many physical and mental health problems worse. Some of the physical conditions that are made worse by drinking alcohol are liver disease, cardiovascular disease, diabetes, ulcers, other gastrointestinal problems, and sleep problems. Alcohol can also make it harder for doctors to correctly diagnose some medical conditions, as well as slowing the healing process from injuries.

Depression, memory or thinking problems, and anxiety, can place a person in greater danger of developing problems with alcohol or other drugs. For example, an older person, who is a little depressed, may start to drink more. This causes their depression to get worse and increases the risk of developing a serious problem with alcohol. Alcohol can also make the symptoms of dementia, such as memory loss or difficulty concentrating, get worse.

Some dementia type illnesses are caused by alcohol dependency, for example Korsakoff’s syndrome. The symptoms include memory loss, invented memories and loss of interest.

Group Leaders should seek advice from the Group Nurse or Doctor if they have any concerns about a pilgrim’s or other Group member’s alcohol or substance use.

Warning signs of alcohol or medication related problems:

- anxiousness or irritability, feeling worried or “crabby”;
- memory loss;
- difficulty making decisions;
- difficulty concentrating or paying attention;
- lack of interest in usual activities;
- sadness or depression;
- mood swings;
- chronic pain;
- problems with money or the police;
- falls, bruises, burns;
- incontinence;
- headaches;
- dizziness;
- poor hygiene, for example not combing hair or, bathing;
- poor nutrition or changes in eating habits, for example eating junk food only;
- out of touch with family and friends;
- suicidal thoughts;
- strange response to medication

## 9.10 Adults who self-neglect

Helping those who neglect themselves can prove an impossible task for experienced health and social workers let alone HCPT volunteers.

Managing the balance between protecting vulnerable adults from self-neglect and their right to live their life as they choose is a serious challenge for public services. It may be that some vulnerable adults are unable to understand or agree to help because they lack capacity to make this decision.

When a Group Leader identifies that:

- a vulnerable adult has been subject to serious self-neglect which could result in significant harm **and**
- the vulnerable adult has capacity to make relevant decisions but has refused essential help without which their health and safety needs cannot be met **and**
- the care management process/care plan approach has not been able to mitigate the risk of this serious self-neglect that could result in significant harm

**then** the Group Leader should report such concerns to a Senior Safeguarding Lead using the HCPT safeguarding concerns report form.

### 9.10.1 Vulnerable adults and domestic abuse

Domestic violence is defined as ‘any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality’. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily.

Whatever form it takes, domestic abuse is rarely a one-off incident and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over the victim.

Domestic abuse occurs across society, regardless of age, gender, race, sexuality, wealth and geography.

Effective safeguarding is achieved when agencies share information to obtain an accurate picture of the risk and then work together to ensure the safety of the vulnerable adult is prioritised. While the vulnerable adult should always remain at the centre of the safeguarding adults process and be involved in their own safety planning, this does not preclude the sharing of information without their consent, particularly where the risks are considered to be high (Data Protection Act 2018, the Crime and Disorder Act 1998 and the Human Rights Act 1998).

If a Group Leader suspects that a vulnerable adult has been subjected to, or is at risk of domestic abuse, advice should be sought from a Senior Safeguarding Lead or the police, in the case of an emergency.

Where the person causing the harm is also a vulnerable adult, the safety of the person who may have been abused is paramount. If the abuser is a HCPT volunteer, personal assistant, or family member travelling with the vulnerable adult, HCPT will also have responsibilities towards the person causing the harm. In this situation, it is important that the needs of the vulnerable adult, the alleged victim, are addressed separately from the needs of the person causing the harm.

Specialist domestic violence services provide support and advocacy to domestic violence victims in relation to safety planning, housing options, legal options (that is, how to obtain an injunction) and counselling. Those not aware of the specialist services available in their borough can contact their local domestic violence coordinator who is based within the local authority or the 0808 2000247 and through their website

https://www.nationaldahelpline.org.uk; or at https://sdafmh.org.uk or 0800 027 1234 in Scotland.

# 10 APPENDIX C: ASSESSING MENTAL CAPACITY IN ADULTS

The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable adults who are not able to make their own decisions. It makes clear who can take decisions, in which situations, and how they should go about this.

A person's capacity (or lack of capacity) refers specifically to their capacity to make a particular decision, at the time it needs to be made.

There are five statutory principles as follows:

8. a person must be assumed to have capacity unless it is established that they lack capacity;
9. a person is not to be treated as unable to make a decision unless all practicable steps to help him or her to do so have been taken without success;
10. a person is not to be treated as unable to make a decision merely because he makes an unwise decision;
11. an act done or decision made under the Mental Capacity Act 2005, for or on behalf of a person who lacks capacity, must be done, or made, in his or her best interests; and
12. before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

### 10.1.1 Capacity test

If a Group Leader believes or suspects that a vulnerable adult is unable to make a decision to accept an invitation to travel to Lourdes with HCPT, the Group Leader must take all practical steps to help that person reach their own decision. For example, by providing relevant information and choices or by asking someone else to help support them e.g. carer, family member or advocate.

Group Leaders should ask if the adult has had any recent capacity tests and if they can have a copy of any paperwork relating to this.

Lack of capacity may be temporary or permanent, and can fluctuate depending on various factors, for example, the time of the day or the individual's wellbeing. If a volunteers suspects that a vulnerable adult is:

- getting upset and frustrated;
- acting out of character;
- changing behaviours or appearance;
- getting confused; or
- taking time to process requests,

it may be that they need help to make a decision.

Any volunteers can assess capacity using the two-part test below. However, volunteers should report any such concerns to their Group Nurse or Doctor.

**Part 1:**

1. Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? It does not matter whether the impairment or disturbance is temporary or permanent.
2. If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

**Part 2 - decision making assessment:**

1. Does the person have a general understanding of what decision they need to make and why they need to make it?
2. Does the person have a general understanding of the likely consequences of making, or not making, this decision?
3. Is the person able to understand, retain, use and weigh up the information relevant to this decision?
4. Can the person communicate their decision by talking, using sign language or any other means? Would the services of a professional such as a speech and language therapist be helpful?

A lack of ability to communicate a decision, at 4 above, on its own, would not demonstrate a lack of capacity. A lack of ability to communicate a decision, must be accompanied by either, 1, 2 or 3 above to confirm an assessment of a lack of capacity.

All Group Leaders and volunteers who are required to make a decision on behalf of a pilgrim who lacks capacity, will do so in that person's best interests, using the common checklist of factors in the Mental Capacity Act Code of Practice, as set out below. In such circumstances, the decision and any capacity test should be recorded on the pilgrim's medical notes, including particular reference to the checklist below.

Adults who are deemed to have capacity may also make what may be thought of as 'unwise' decisions. When making serious or complex decisions within an HCPT Group environment additional help should be sought from a professional expert or doctor and contact a Senior Safeguarding Officer for guidance and support.

### 10.1.2 Best interests checklist

The following factors should be taken into consideration when determining what is in an individual's 'best interests':

1. all the relevant circumstances of which the decision maker is aware and those which it is reasonable to regard as relevant;
2. can the decision be put off until the person regains capacity?
3. permitting and encouraging participation – this may involve finding the appropriate means of communication or using other people to help the person participate in the decision making process;
4. special considerations for life-sustaining treatment – the person making the best interests decision must not be motivated by the desire to bring about a person's death;
5. the person's wishes, feelings, beliefs and values especially any written statements made by the person when they had capacity;
6. the views of other people for example, family and informal carers and anyone with an interest in the person's welfare or appointed to act on the person's behalf;
7. the views of any Independent Mental Capacity Advocate (IMCA) or any attorney appointed by the person or deputy appointed by the Court of Protection;
8. whether there is a less restrictive alternative or intervention that is in the person's best interests.

Mental Capacity Act 2005 Section 5; Code of Practice, 5.13.

The Mental Capacity Act 2005 also introduced the IMCA service whereby an independent advocate can be appointed to support and represent an individual who does not have family or friends and lacks capacity to make decisions. An IMCA will only be involved if the individual who lacks capacity has no family or friends who can be consulted. An IMCA must be involved in all adult protection cases and is normally notified by the safeguarding adults team managing the investigation.

## 10.2 Other considerations regarding adults who may be considered vulnerable, at risk or lack capacity

### 10.2.1 Lasting Power of Attorney

A Lasting Power of Attorney is a legal document that allows an individual to appoint someone that he or she trusts, as an 'attorney', to make decisions on their behalf either when that individual no longer wishes to make decisions or when the individual lacks the mental capacity to do so. A Lasting Power of Attorney cannot be exercised until it is registered with the Office of the Public Guardian. If Group Leaders become aware that a prospective pilgrim has a Lasting Power of Attorney in place, they should ensure that all discussions and agreement about the pilgrimage involve the attorney. The Senior Safeguarding Lead should also be advised.

There are two different types of Lasting Power of Attorney:

- health and welfare – an attorney can be appointed to make decisions in relation to, for example, the medical treatment received by another. However, it can only be used if the maker lacks the ability to make such decisions for themselves; or
- property and financial affairs – an attorney can be appointed to make property and financial affairs decisions on behalf of another, for example, decisions about paying bills or selling property. Such an attorney can be appointed at any time, but a provision could be included that only allows the attorney to make decisions when the appointer loses the ability to do so themselves.

In Scotland, there are two types of Power of Attorney that can be granted. These are a Continuing Power of Attorney (which allows your Attorney to deal with your financial affairs) and a Welfare Power of Attorney (which allows your Attorney to make decisions about your personal welfare). It is also possible to combine a Continuing and Welfare Power of Attorney into one legal document. Scottish Powers of Attorney are registered and governed by the Office of the Public Guardian in Scotland.

Further information can be found at:

England and Wales - https://www.gov.uk/government/organisations/office-of-the-public-guardian

Scotland - http://www.publicguardian-scotland.gov.uk/

### 10.2.2 Adults with dementia

What is dementia?

The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions. Symptoms of dementia include loss of memory, confusion and problems with speech and understanding. The most common cause of dementia is Alzheimer's disease when the chemistry and structure of the brain changes, leading to the death of brain cells.

When a person with dementia finds that their mental abilities are declining, they often feel vulnerable and in need of reassurance and support. Group Leaders, volunteers, family and friends need to do everything they can to help the person retain their sense of identity and feelings of self-worth.

Continuing support

Group Leaders and volunteers should ensure that anyone involved in the caring of a person with dementia has as much background information as possible, as well as information about the current situation. This information should be sought from the pilgrim and carers on the first home visit and details recorded on the person's individual care plan or home visit record.

A clear care plan will assist in helping Group Leaders and volunteers to:

- avoid activities or situations in which the person is more likely than not to fail, as this can be humiliating. Simple, enjoyable and manageable tasks are key;
- split activities into small steps so the completion of a part of a task feels like a sense of achievement;
- encourage self-respect and pride in the individual's appearance, and compliment them on how they look;
- advise others not to correct what the person says. The importance of any communication and what a person is saying should be valued, rather than its accuracy.

### 10.2.3 Adults in care homes or hospital

The Deprivation of Liberty Safeguards (DoLS), referred to as 'safeguards', are part of the Mental Capacity Act 2005. They aim to protect people in care homes and hospitals, who are unable to make decisions for themselves but who are not detained under the Mental Health Act 1983, from being inappropriately deprived of their liberty. The safeguards have been put in place to make sure that a care home or hospital only restricts someone's liberty safely and correctly, and that this is done when there is no other way to take care of that person safely.

The Deprivation of Liberty Safeguards (Dols) applies to England and Wales only.

In Scotland the two pieces of legislation that cover the same areas are the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity Act 2000 Scotland

The Adults with Incapacity (Scotland) Act 2000[2] provides a framework for safeguarding the welfare and managing the finances of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability or a related condition, or an inability to communicate.

The Mental Welfare Commission[3] has supervisory, investigative and advisory duties under this Act in relation to welfare guardianship and welfare powers of attorney.

The Mental Health (Care and Treatment) (Scotland) Act 2003 applies to people who have a mental illness, learning disability or related condition. The Act calls this mental disorder.

The Mental Health Act sets out:

- When and how people can be treated if they have a mental disorder
- When people can be treated or taken into hospital against their will
- What people's rights are, and the safeguards which ensure that these rights are protected

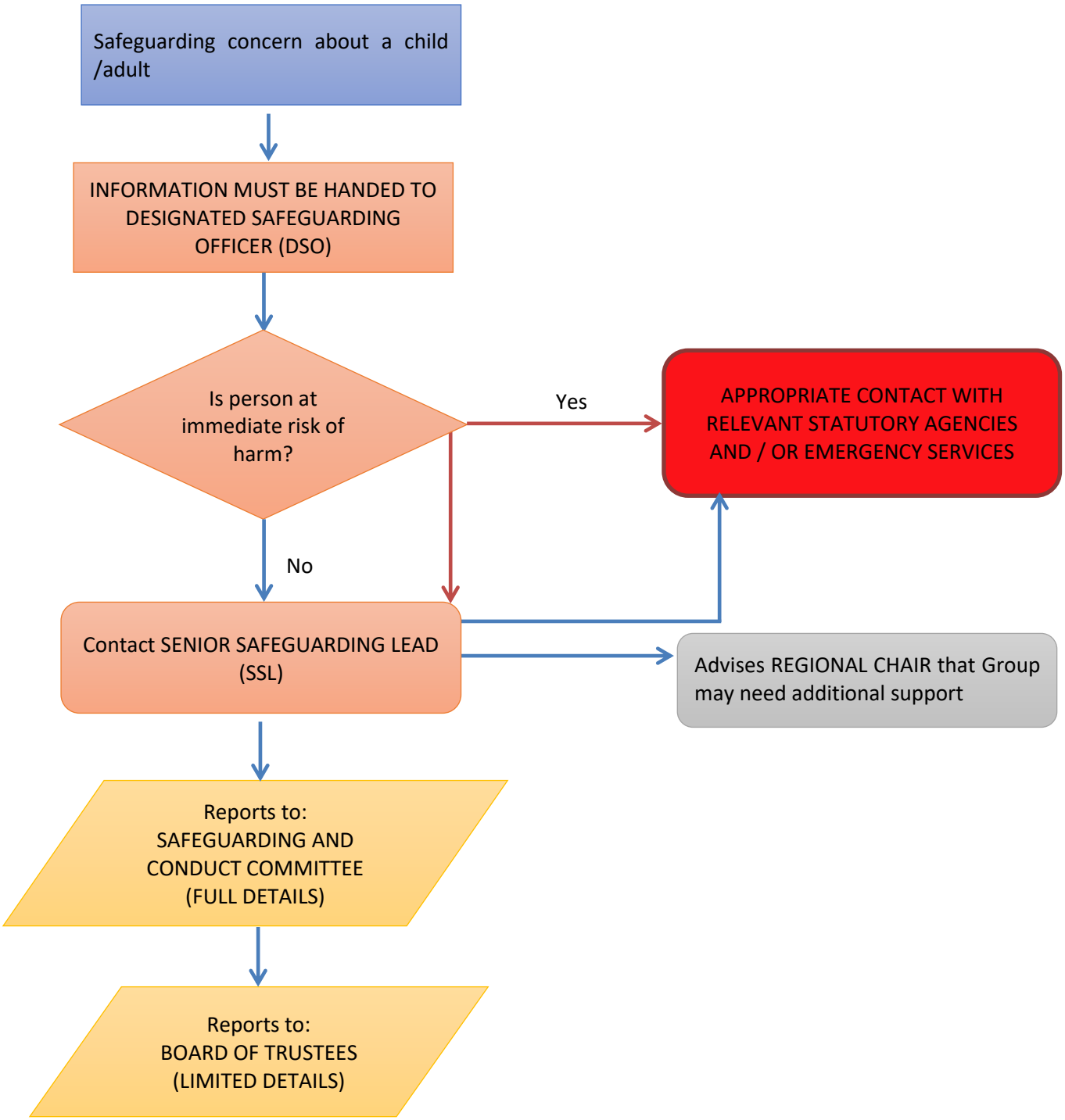
If a Group Leader or volunteer becomes aware that any pilgrim has a deprivation of liberty safeguard authorisation, they must contact a Senior Safeguarding Lead for further guidance.

[2] http://www.mwcscot.org.uk/the-law/adults-with-incapacity-act/

[3] http://www.scotland.gov.uk/Publications/2005/08/29100428/04289

# 11 APPENDIX D: Responding to a Safeguarding Concern

This flowchart shows the process to be followed in the event of a safeguarding concern or disclosure



# 12 APPENDIX E: REPORTING SAFEGUARDING CONCERNS OUTSIDE OF HCPT CARE AND RELEVANT THRESHOLDS

In England and Wales, local authorities operate a 'thresholds' system. This is a system whereby those who may be at risk of harm or in crisis are prioritised. Each local authority has its own set of threshold guidance and procedure for raising a concern about a child. Generally speaking, following the Children Act 1989, there is a distinction made between children at risk of significant harm (child protection) and children in need of intervention or support (children in need). Where a case reaches the threshold of child protection, a local authority must undertake a s47 inquiry and decide what action is needed to protect a child from further risk or harm. Where a case is judged to be a child in need, the involvement of the local authority is discretionary. Children's social care should however be available to advise Senior Safeguarding Leads where needed. All local authorities have 24-hour provision for this.

Group Leaders and Senior Safeguarding Leads should consult the Safeguarding Partner Arrangements or Procedures in the area where the child is living. If a child already has an allocated social worker, then they should be contacted. If an incident occurs in France, the relevant local policies should also be consulted.

### 12.1.1 'Child in need' / Child at risk of significant harm

Children in need- section 17 The Children Act 1989

A child in need is defined as follows:

- He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the Local Authority;
- His or her health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
- He or she is a disabled child

Most children in need and their families are supported through an Early Health Assessment (formerly a CAF). This process has been designed to help practitioners assess needs and then work with families, alongside other practitioners and agencies, to meet those needs. Children who have an EHA will not have an allocated social worker but a "lead professional" with whom it may appropriate for the group leader to liaise with prior to travel. The person who takes on the role of Lead Professional will vary according to the specific needs of the child.

Children at significant risk of harm-section 47 The Children Act 1989

Section 47 of The Children Act 1989 puts a duty on local authorities to investigate any cases where a child (who either lives in or is found in their area) is either

1. the subject of an emergency protection order; or
2. is in police protection; or
3. is suspected to be suffering, or likely to suffer, significant harm.

Sometimes a single traumatic event may constitute significant harm. Significant harm can also arise from a series of incidents which interrupt, change or damage a child's physical and psychological

development. s.31(9) Children Act 1989 as amended by the Adoption and Children Act defines significant harm as follows:

- **Harm** means ill-treatment or the impairment of health or development, including, for example impairment suffered from seeing or hearing the ill-treatment of another;
- **Development** means physical, intellectual, emotional, social or behavioural development;
- **Health** means physical or mental health;
- **Ill treatment** includes physical & sexual abuse and forms of ill treatment which are not physical.

When children are found to be at significant risk of harm, they are likely to be placed on a child protection plan (formally known as the child protection register) and have an allocated social worker.

It should be noted that some children on pilgrimage will have an allocated social worker when they are not regarded at risk of significant harm but have such complex health and social needs that a social worker is required to manage (and fund) the services needed.

### 12.1.2 Adults at risk

The Care Act 2014 (section 42) and the Care and Support Statutory Guidance 2015 makes reference to the concept of 'significant harm' in relation to adults.

The concept of 'significant harm' refers to:

- ill treatment including sexual abuse and non-physical ill treatment;
- the impairment of, or an avoidable deterioration in, physical or mental health; and/or
- the impairment of physical, intellectual, emotional, social or behavioural development.

As with children. 'significant harm' in adults can arise as a result of a single incident or a series of occurrences which interrupt, change or damage a vulnerable adult's physical and psychological development.

The Care Act describes **six** key principles that underpin all adult safeguarding:

1. **Empowerment** - Personalisation and the presumption of person-led decisions and informed consent.
2. **Prevention** - It is better to take action before harm occurs
3. **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.
4. **Protection** - Support and representation for those in greatest need
5. **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
6. **Accountability** - Accountability and transparency in delivering safeguarding

## 12.2 Reporting a concern outside of HCPT

The procedures in every local authority are individual. To find the contact details for the relevant authority Group Leaders can use the following tool, entering the town or area where the child lives. This should also assist in locating relevant adult services: https://www.gov.uk/report-child-abuse-to-local-council

When a volunteer receives a disclosure of abuse or has any safeguarding concerns and informs the Senior Safeguarding Lead, the process described in Appendix D will be followed. If a Group's allocated Senior Safeguarding Lead is unavailable, details of another available Senior Safeguarding Lead can be obtained by contacting HCPT HQ directly.

All safeguarding concerns reported to a Senior Safeguarding Lead will, wherever possible, be assessed on the same day or within 24 hours and a decision made on the threshold of concern about the child or vulnerable adult.

If the Senior Safeguarding Lead makes an assessment that the concern reaches the threshold of significant harm, the concern should be referred to adult/child social care or the police (depending on the circumstances). The relevant local authority should be identified, and the procedure detailed on its website followed. It is likely that this will require the completion of local referral forms. These reporting procedures are the same in France and in Scotland.

If the Designated Safeguarding Officer and/or Senior Safeguarding Lead makes an assessment that the concern does not reach the threshold of significant harm or the need for intervention, the concern and any decisions or actions taken should still be recorded and the record passed to HCPT HQ to be retained.

If there are immediate concerns about a child's or vulnerable adult's safety and it is not possible to contact a Senior Safeguarding Lead then the emergency situations procedure, set out below, should be followed.

Details of all reported safeguarding incidents will be forwarded to the Safeguarding and Conduct Committee by the Senior Safeguarding Leads for discussion and quality assurance at regular Safeguarding Committee meetings.

### 12.2.1 Things to consider when reporting a safeguarding concern to local statutory services

1. The HCPT safeguarding concern report form and any locally agreed referral form should be submitted via secure e-mail. If there are any previous safeguarding concerns about the same child or vulnerable adult, this should also be included in the new report together with any outcomes from previous referrals.

2. In the case of a vulnerable adult, efforts should be made to obtain their consent to make a referral. It is not necessary to obtain the vulnerable adult's consent to make a referral when the adult is at risk of serious harm. Carers or guardians should be notified when it is safe to do so, when it is clear that they are not suspected in the abuse or concern and where informing them it does not put the at adult at further risk

3. If a child is the subject of the concern, it is not necessary to obtain their consent to make a referral. Consideration should be given to obtaining consent from a parent or guardian but only where it does not place the child at further risk of harm, place anyone else at risk of harm, potentially impede any criminal investigation, or cause delay.

4. The Senior Safeguarding Lead should familiarise themselves with the relevant Thresholds document for the local authority (this may also be called a Continuum of Care). If the SSL does not believe that procedures have been correctly followed by the local authority in response to a safeguarding referral, the local escalation or complaints procedure should be followed. The NSPCC also has a confidential practitioner helpline which can be consulted (tel: 08088005000).

### 12.2.2 Actions by statutory services following referrals

In response to a referral, statutory services may decide to:

- provide advice to the referrer, child, vulnerable adult, carer, parent or guardian;
- provide support services or refer the matter to another agency that can provide services;
- convene a strategy meeting;
- commence an investigation with partner services;
- undertake an assessment of needs (completed within local timescales);
- arrange a safe placement by consent or court order or make an application for an interim care order in care proceedings;
- take no further action.

If an assessment or investigation is undertaken this may result in a meeting (such as a child protection conference) being held to determine what happens next.

The Senior Safeguarding Lead should be kept informed of steps taken. If they have not received an acknowledgement of a referral with information regarding the outcome within one working day of making a referral, they should contact social care again to request this information.

### 12.2.3 Feedback to volunteers making initial referrals

After a volunteer reports their concerns to a Designated Safeguarding Officer, it is unlikely that they will be informed about the progress of the safeguarding investigation as it unfolds. Initial referrers should be reassured by their DSO that they have done the right thing in telling someone about their concern, and that other professionals are now taking their concerns forward.

### 12.2.4 Emergency situations

In some circumstances, there may be immediate concerns about a child's or vulnerable adult's safety arising from the information disclosed or observed. For example:

1. a child or vulnerable adult may disclose recent physical abuse by a carer and be frightened to go home;
2. information may be obtained that a child or vulnerable adult could be subjected to further abuse if they go home; or
3. information may be obtained that an abuser poses a risk to other vulnerable adults, children or volunteers, even if the victim or person making the disclosure is not at further risk because they will not have any further contact with the alleged abuser.

The Senior Safeguarding Lead should make an urgent telephone referral to the local authority adult's/child's services and/or the police. If the Senior Safeguarding Lead is absent, the Group's Safeguarding Officer and/or Deputy DSO should be contacted immediately for advice.

If none of these people are available, then the volunteer must contact HQ for the details of another Senior Safeguarding Lead. In the usual situation that no-one else is available, they should take any necessary immediate action to safeguard the child or vulnerable adult by making an urgent telephone call to the local authority adult's/child's services and/or the police. The procedure for finding those contact numbers is detailed above. Out of hours, all local authorities have an emergency duty team and their contact number can be found on the relevant local authority's website. The volunteer should provide details of the concern or disclosure received or observed and make a record of who they spoke to. They should inform the Senior Safeguarding Lead or the Designated Safeguarding Officer of their actions as soon as possible.

The Group's Safeguarding Officer or Senior Safeguarding Lead should continue the liaison with statutory services, and/or the police. If the detail of the concern has not already been recorded on an

HCPT safeguarding concerns report form, the DSO should complete the form, with the assistance of the volunteer who initiated the concern.

### 12.2.5 Recording a safeguarding concern

Safeguarding concerns shall be recorded on the HCPT safeguarding concerns report form which can be found at on the intranet under the 'safeguarding' tab.

The report form has an on-going chronological event log attached to it and the Senior Safeguarding Lead or Designated Safeguarding Officer shall record all discussions, actions taken, and decisions made in the log.

All safeguarding concerns report forms should be kept in a secure drawer or locker whilst on pilgrimage and forwarded to HCPT HQ, either in person or by registered delivery, upon return to the UK.

# 13 APPENDIX F: THE DISCLOSURE AND BARRING SERVICE AND PROTECTING VULNERABLE GROUPS SERVICE SCOTLAND

## 13.1 Potential volunteers resident in England and Wales – The Disclosure & Barring Service

On 1 December 2012 and in accordance with the provisions of the Protection of Freedoms Act 2012, the Criminal Records Bureau and Independent Safeguarding Authority merged to become the Disclosure and Barring Service ("DBS"). As its name suggests, the DBS has both a disclosure and barring function.

### 13.1.1 Disclosure

The DBS searches police records and barred list information.

The role of an HCPT volunteer in working with children and vulnerable adults, falls within the new definition of 'regulated activity' as set out in the Safeguarding Vulnerable Groups Act 2006. Therefore, subject to the next paragraph, all volunteers resident in England and Wales, must apply to the DBS for and obtain, an enhanced DBS certificate before being able to travel to Lourdes with HCPT.

The minimum age for applying for an enhanced DBS certificate is 16. Therefore, there is no requirement for young volunteers aged under 16 on 31st January on the year of the Easter Pilgrimage to apply for an enhanced DBS certificate.

All satisfactory enhanced DBS certificates, issued for HCPT purposes, will be valid for a period of three years. Any volunteers or member of staff who wishes to travel on an HCPT pilgrimage and who has an expired enhanced DBS certificate i.e. more than three years old, will be required to apply for a new one before being able to travel.

### 13.1.2 Referrals

The DBS also has a role in helping to prevent unsuitable people from working with vulnerable groups including children and vulnerable adults. As a regulated activity provider, if HCPT has a concern that a person has caused harm or poses a future risk of harm to vulnerable groups, it legally must make a referral to the DBS.

### 13.1.3 Barring

The DBS places individuals on the barred list either:

- in automatic barring cases, where a person has been cautioned or convicted of a relevant offence. Depending on the circumstances, the individual may or may not be able to make representations; or
- following a referral from an organisation with a legal duty or power to make referrals to the DBS i.e. when an employer has dismissed or removed an employee or volunteers from working in regulated activity, following harm to a child or vulnerable adult or where there is a risk of harm.

An assessment as to whether it is appropriate to put an individual on the barred list must be made by the DBS, as an appropriate response to the harm that has occurred and to the risk of harm posed.

What happens if a DBS certificate is returned with information that raises safeguarding concerns?

If an enhanced DBS certificate is returned with information which suggests that the applicant may be unsuitable to work with children or vulnerable adults, this should be referred to a Senior Designated Safeguarding Officer for consideration, and discussion with the Chief Executive and Safeguarding and Conduct Committee.

If the enhanced DBS certificate returns any information that identifies that a member of staff or volunteer appears on the DBS barred list, the following immediate action must be taken:

1. notify the relevant Senior Safeguarding Lead and the Chief Executive;

2. notify the Safeguarding and Conduct Committee Chair and, in the case of staff, the chair of the HR and Remuneration Committee;
3. immediately suspend the member of staff or volunteer;
4. consider notifying the police; and
5. contact the DBS.

Subject to the section below, "storage of DBS forms", all registration application documentation should be retained in the event that such documentation is required, by the police, as evidence in any criminal investigation and prosecution.

It is a criminal offence for anyone on the DBS barred list to work or continue to work as an HCPT volunteer or member of staff and for HCPT to knowingly allow an individual on the DBS barred list to so work. If HCPT is unable to satisfy itself that an individual does not appear on any barred lists, they will not be allowed to travel on pilgrimage as a volunteer.

### 13.1.4 Potential volunteers resident in Scotland: Protecting Vulnerable Groups Scheme

Potential pilgrimage volunteers who reside in Scotland will need to apply to register with the Protecting Vulnerable Groups Scheme ("PVG Scheme") which is managed and delivered by Disclosure Scotland, an executive agency of the Scottish Government (disclosurescotland.co.uk/help/).

The PVG Scheme will:

- help to ensure that those who have regular contact with children and protected adults, through paid and unpaid work, do not have a known history of harmful behaviour;
- be quick and easy to use, reducing the need for PVG Scheme members to complete a detailed application form every time a disclosure check is required; and
- strike a balance between proportionate protection and robust regulation and make it easier for employers to determine who they should check to protect their client group.

Disclosure Scotland will take decisions, on behalf of Scottish Ministers, about who should be barred from working with vulnerable groups.

If a PVG Scheme Record is returned with safeguarding concerns, the same procedure, as set out under the heading "what happens if a DBS check is returned with safeguarding concerns?", should be followed.

### 13.1.5 Potential volunteers resident overseas

Potential volunteers currently resident overseas or who have been resident overseas for a period of no less than three months in the past five years (preceding the date of departure for the pilgrimage) must:

- follow the appropriate procedure set out above and apply for either an enhanced DBS/PVG certificate
- In addition, it will also be necessary for the applicant to provide HCPT with a recent (no more than 6 months old) local check from the relevant country / countries

Potential volunteers who are resident in the Republic of Ireland must complete a Garda check. This is managed in co-operation with the Irish Pilgrimage Trust. Further information in relation to this process can be obtained from HQ.

### 13.1.6 Storage of DBS/PVS forms

HCPT complies with the "Code of Practice for registered persons and other recipients of DBS check information". This Code covers aspects such as the safe storage, handling, use, retention, disposal and disclosure of confidential information relating to DBS documentation.

Also, as part of HCPT's obligations under the Data Protection Act 1998 and other relevant legislation, all such confidential information will be kept secure, in lockable, non-portable cabinets or secure

electronic folders with access strictly controlled and limited to those who need to see it as part of their role.

The information will be kept as long as necessary and only for the specific purpose for which it was requested and for which the applicant has given full consent. The retention period for DBS disclosures is generally up to six months, to allow for any disputes or complaints. In very unusual circumstances, HCPT may keep disclosure information for longer than six months in consultation with the DBS.

When HCPT disposes of any disclosure information, it will be immediately and securely shredded before it is destroyed. HCPT will not keep any photocopy or other image of the disclosure or any copy or details of the contents of a disclosure, after the retention period has ended. The only information retained by HCPT will be a record of the date of issue of a DBS disclosure, the name of the subject, the job the disclosure was requested for, the unique reference number, the suitability, fitness or recruitment decision and the type of disclosure i.e. standard or enhanced.

APPENDIX G:

# Staying safe with HCPT:

# Risk assessment based room sharing plan

HCPT places great importance on the safety and welfare of all pilgrims – whether volunteers or helped. We are proud of our safeguarding guidance procedures which can be viewed on-line at www.hcpt.org.uk/safeguarding.

The purpose of this document is to provide a clear guidance of what to do in the event that a child has such needs as are only best met by the child sharing a room with their volunteers.

Our safeguarding guidance says:

The ways in which groups should be accommodated include:

- children sharing bedrooms with other children of the same gender and (as far as practical) with children of similar age;
- vulnerable adults sharing bedrooms with other vulnerable adults of the same gender;
- young volunteers sharing bedrooms with other young volunteers of the same gender;
- adult volunteers sharing with other adult volunteers of the same gender (where possible).

Children and adults who are transgender should be considered on an individual case by case basis, in consultation with the Senior Safeguarding Lead.

If the Risk Assessment of a child concludes that their night time safety is best provided with volunteers sharing the room, then the following steps must be taken:

- The document **'Risk assessment-based room sharing plan'** must be completed. This is shown at Appendix F of this Guidebook.
- This must include a copy of the Risk Assessment which demonstrates the need.
- The proposed arrangement for each night of the pilgrimage must be described.
- Parents / guardians of the child must be asked to sign to show their acceptance of the proposed arrangement.
- The relevant volunteers must also sign to show their acceptance of the proposed arrangement.
- The Group Leader should keep the original and send a copy to HQ.

The following pages will capture this information.

A completed copy of this document must be sent to **pilgrimage@hcpt.org.uk** no later than 10 days before departure. Group Leader should keep the original with their Risk Assessment file.

# Risk assessment based room sharing plan

This is regarding _____who has been invited to travel in Group_____

1. For Group Leader to complete.
   Based on the attached Risk Assessment, it is the recommendation of the Leader, Deputy and Nurse of our Group that the child named should share a bedroom with volunteers through the pilgrimage week in Lourdes. The relevant Risk Assessment is attached to this document.

Comments:

Signature (GL) _____

Signature (DGL) _____ Signature (Nurse) _____
_____

2. For parent to complete.
   I understand and agree with the conclusion of the attached Risk Assessment that the best way to provide for the needs of my child is for my child to share a bedroom with two or more volunteers. I have received an explanation of why this is the case and I am happy for my child to attend the HCPT Easter pilgrimage with these arrangements in place. I further agree that it is not possible to confirm which volunteer(s) will be sharing with my child on any one night, and that the Group Leader may change this arrangement during the week according to circumstances. I have been given access to the HCPT Safeguarding policy document and so I can be confident of the standards all volunteers will be working to.

Comments:

Name Signature Date

# 14 APPENDIX H: SPECIFIC POLICIES RELEVANT TO THIS GUIDEBOOK

## 14.1 Allegations against staff or volunteers

**Introduction**

The vast majority of volunteers who work with children and vulnerable adults, act professionally and seek to provide a safe and supportive environment, which secures the well-being and best outcomes for vulnerable people and their families. However, it is recognised that on occasions concerns may be raised concerning a volunteers. Such concerns will always be taken seriously, and the process set out below followed.

If any person associated with HCPT becomes aware that another HCPT staff member or volunteer who works with a child or vulnerable adult has:

- behaved in a way that has harmed or may have harmed a child or vulnerable adult; or
- possibly committed a criminal offence against or related to a child or vulnerable adult; or
- behaved towards a child or vulnerable adult in a way that indicates they are unsuitable to work with children and/or vulnerable adults

that individual must notify their Designated Safeguarding Officer/Senior Safeguarding Lead immediately.

Where concerns are raised about someone who works with children, it will be necessary for HCPT to assess any potential risk to other children who may have contact with the person against whom the allegation has been made. This includes the person's own children and family members.

There may be up to three strands in considering a concern or an allegation:

- A Police investigation of a criminal offence;
- Enquiries and assessment by Children's Social Care to ascertain whether a child or young person is in need of protection or is in need of services;
- Consideration by an employer of disciplinary action in respect of the individual.

### 14.1.1 When a complaint or allegation is made

When a complaint or allegation has been made against a member of staff or volunteer, the Senior Safeguarding Lead should not investigate the matter by interviewing the accused person, the child or potential witnesses, but should only gather sufficient information to establish whether there is enough credible information to proceed further (this is known as a 'fact find'). They should also:

- Obtain written details of the allegation, signed and dated by the person receiving the complaint, or allegation and any other relevant person at the point the allegation has been made;
- Countersign and date the written details;
- Record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions;
- Decide whether any immediate action needs to be taken to safeguard any child or whether an urgent referral needs to be made to either Children's Social Care and/or the Police;
- The accused adult must not be informed of the allegations before consideration has been given to the implications this may have on any subsequent investigation.
- Consult the local procedures in the area in which the child at potential risk is living and seek advice from the Local Authority Designated Officer (LADO). The LADO is responsible for dealing with allegations against people who work with children. HCPT should make a clear distinction between an allegation, a concern and a complaint when speaking to the LADO. Contact with the LADO should be made within one working day of the allegation being brought to the attention of the Senior Safeguarding Lead.

### 14.1.2 Suspension

In all cases where allegations are made against HCPT staff or volunteers, which indicate that they may be unsuitable to continue working with children or vulnerable adults, that person will automatically be suspended, pending investigation. This will be the case, even if the concern or allegation is not linked to an activity or behaviour conducted within working hours or while working as a volunteer for HCPT. This is because of the high levels of vulnerability of those that we support.

Such action does not presume guilt and the decision to suspend will not be made lightly. It will only be made after careful consideration of the initial facts by the Senior Safeguarding Lead, the Safeguarding and Conduct Committee and the Chief Executive. For staff members, HCPT disciplinary procedures will be followed and will be clearly separated from safeguarding enquiries and criminal investigations.

The standard of proof for prosecution is 'beyond reasonable doubt'. The standard of proof for internal disciplinary procedures and for discretionary barring consideration by the Disclosure and Barring Service (DBS) is usually the civil standard of 'on the balance of probabilities'. This means that when criminal procedures are concluded without action being taken this does not automatically mean that regulatory or disciplinary procedures should cease, or not be considered. In any event there is always a legal duty to make a safeguarding referral to DBS if a person is dismissed or removed from their role due to harm to a child or an adult with care and support needs.

HCPT recognises that it has a continuing duty of care to a suspended member of staff or volunteer. It is important to provide support for the person against whom the allegation is made during the investigative process and action should be taken to reinstate them as soon as possible if appropriate (although this may depend on whether a police investigation is in progress). A named support person, not connected with the investigation, will be allocated in each case by the Senior Safeguarding Lead. That support person's role will be purely pastoral, and guidance will be provided as to their remit that is relevant in each case. The support person will be in a position to signpost suspended staff and volunteers to other external support networks, for example, local GPs or the Samaritans. The Senior Safeguarding Lead should also ensure that another named person is appointed to support, signpost and liaise with the person making the allegation (and where appropriate their parents, guardians or carers).

### 14.1.3 Suspension process for volunteers while in the UK

The Chief Executive or nominated officer is responsible for suspending any volunteer. If a decision is made to suspend a volunteer while in the UK, the person suspended should:

1. be informed, by the Chief Executive or nominated representative, as soon as possible;
2. receive a personal visit by two HCPT representatives who should deliver a written notice of suspension advising the suspended person that they are prevented from continuing the work of HCPT or giving anyone the impression that they represent HCPT;
3. sign a copy of the notice of suspension to confirm that they have received the notice and understand the terms;
4. be removed from all HCPT premises and activities;
5. surrender any current HCPT identification badges;
6. be told that their Group Leader and Regional Chair will be informed of the suspension; and
7. be advised if an investigation has been triggered into their conduct. For example, the police, social services or an internal disciplinary process.

   The Chief Executive or nominated representative should also:

   1. inform the relevant Group Leader/Regional Chair of the suspension;
   2. if the person suspended is a Group Leader or Regional Chair, ensure that arrangements are commenced to identify a replacement. This would usually be the Deputy Group Leader; and
   3. ensure an investigation has been triggered into the suspended person's conduct e.g. by the police, social services or by utilising the internal disciplinary procedures.

## 14.2 Suspension process for volunteers on pilgrimage

The arrangements for suspending a volunteer whilst on pilgrimage are complicated because of its geographic location. However, in addition to the above steps, if a decision is made to suspend a volunteer while on pilgrimage, the Chief Executive must consider whether it is appropriate to do any of the following:

1. to request the removal of the volunteer from accommodation in which HCPT children or vulnerable adults are resident. In the event that the suspended person poses a serious risk to children or vulnerable adults, the local police (gendarmerie) should be contacted.
2. to make arrangements for the suspended volunteer's return travel to the UK. This may pose difficulties if the suspended person has a scheduled return ticket with a Group. Dependent on the risks posed to children and vulnerable adults by the suspended volunteer, consideration may have to be given to arranging alternative return travel;
3. to notify the relevant authorities in the UK (for example, social services, the police, or the Local Authority Designated Officer). Any notification should be made as soon as reasonably practicable, and, in any event, before the individual returns to the UK.

### 14.2.1 Sharing information

HCPT should be advised by the LADO as to what information (whether fully or partial) can be shared, and when, with the child, adult and their parents/carers. The LADO and the police should discuss with HCPT and decide what information they can share with the member of staff or volunteer to whom the allegation relates, including being kept updated about any investigation which is undertaken, any disciplinary or related actions. Ofsted should be informed of any allegation or concern made against a person who works with children.

Every effort should be made to maintain confidentiality concerning the allegation. All staff and volunteers, children/adults and their parents/carers should be reminded that the allegation must not be discussed outside of formal meetings with approved personnel, and no comment regarding it should be made on social media. It should be made clear that breach of this would result in disciplinary action or a criminal investigation being initiated against the person concerned.

Outcomes

The following definitions should be used when determining the outcome of allegation investigations:

- **Substantiated**: there is sufficient identifiable evidence to prove the allegation;
- **False**: there is sufficient evidence to disprove the allegation;
- **Malicious**: there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false;
- **Unsubstantiated**: this is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation. The term therefore does not imply guilt or innocence;
- **Unfounded**: to reflect cases where there is no evidence or proper basis to support the allegation made.

If it is established that an allegation has been deliberately invented, the police should be asked to consider if any action may be appropriate. HCPT should also consider whether there is any appropriate action they can take, including giving advice to other members of staff or volunteers, risk assessments, and obtaining additional support and mentoring for any child/adult who made a false allegation.

### 14.2.2 Record keeping and References

HCPT will keep a comprehensive record of the allegation, decisions reached, and actions taken on the person's personnel file, a copy of which should be given to them.
The record should include details of how the allegation was followed up and resolved, the decisions reached, and the action taken. It should be kept at least until the person reaches normal retirement age or for 10 years if longer.

The record will provide accurate information for any future reference and provide clarification if a future DBS disclosure reveals an allegation that did not result in a prosecution or a conviction. It will prevent unnecessary re-investigation if the allegation should resurface.
Cases in which an allegation was proven to be false, unfounded, unsubstantiated or malicious should not be included in employer or character references.

### 14.2.3 Learning lessons

At the conclusion of an investigation, HCPT should consider whether there are lessons to be learned for the organisation, which would result in improvements to procedures or practice, in relation to the circumstances which led to the allegation.

The process of investigating the allegation should also be evaluated, to decide if there are also recommendations for improvements.

Where changes to policy are recommended, this should be implemented as soon as possible and communicated to all staff and volunteers.

### 14.2.4 Referrals to the DBS

If someone is removed from their role providing regulated activity following a safeguarding incident or allegation being made against them, HCPT has a legal duty to refer them to the DBS. This also applies where a person leaves their role to avoid a disciplinary hearing following a safeguarding incident and HCPT believes they would have removed the person from their role based on the information they had. It is an offence to fail to make a referral without good reason. Where in doubt, advice should be sought from the DBS.

## 14.3 Confidentiality

HCPT staff and volunteers will receive personal and sensitive information about pilgrims in managing the administration of the pilgrimage. This information will be treated in a discreet and confidential manner in accordance with HCPT's data security policy. All records will be stored safely and securely in accordance with this policy and as described in the section below.

Personal information held by HCPT is subject to a legal duty of confidentiality and should not normally be disclosed without the consent of the pilgrim, their parent or carer, unless there is good reason to do so. Information sharing is vital in safeguarding and promoting the welfare of children and vulnerable adults. A key factor in many serious case reviews has been a failure to record information, to share it, to understand the significance of the information shared, and to take appropriate action in relation to known or suspected abuse or neglect.

HCPT will ensure that staff and volunteers are clear about situations when they can share information with appropriate agencies and professionals (i.e. when it is believed that a child or adult is suffering or is likely to suffer significant harm). HCPT staff and volunteers will give due regard to relevant legislation when making decisions on sharing information complimented by robust recording of decisions made and actions taken. Any safeguarding concerns will be treated as confidential and passed to the Designated Safeguarding Officer without delay in accordance with these procedures. HCPT staff and volunteers should seek advice from a senior member of staff or their Designated Safeguarding Officer, if they are in any doubt about sharing information they hold, or which has been requested of them.

The Department for Education has produced guidance in relation to information sharing which can be found at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

## 14.4 Storage of records

There are many records that contain confidential and sensitive information about safeguarding or medical matters, for example registration forms and safeguarding concerns report forms. These records should either be securely filed in electronic safeguarding folders in the HCPT database or kept as paper copies in locked cabinets at HCPT HQ.

Best practice advises that, prior to pilgrimage, the Group Leader should keep all such information in a locked and secure place.

Whilst on pilgrimage, it will be the responsibility of the Designated Safeguarding Officer to ensure secure storage of completed safeguarding files either:

- in a fastened bag, in the constant possession of the Designated Safeguarding Officer; or
- stored in the locked bedroom of the Designated Safeguarding Officer or Group Nurse; or
- stored in a locked cabinet at the HCPT HQ in Lourdes; or
- stored in a locked cabinet at Hosanna House.

It will be the responsibility of the Group Nurse to ensure secure storage of all medical record cards, care plans and medical diaries. They should be kept in the possession of the Group Nurse at all times and upon return to the UK, should be forwarded to HCPT HQ within four weeks by registered delivery in a securely sealed envelope. Any concerns highlighted by the Group Nurse should be shared with the Group's Safeguarding Officer at the earliest opportunity.

Access to all safeguarding files will be strictly limited to a Group's Safeguarding Officer, a Senior Safeguarding Lead, the Safeguarding and Conduct Committee and the Chief Executive.

Any loss or theft of records containing confidential information should be reported immediately to a member of HQ staff.

## 14.5 Publicity

HCPT encourages all Groups to seek opportunities to gain positive press attention to increase funding and raise awareness of the charity. The responsibility for publicising a local event would fall to the organisers; however, assistance may be sought from the Fundraising and Communications Department.

If any HCPT volunteer or member of staff is asked to comment or give information in respect of a sensitive issue e.g. regarding a subject currently under investigation within HCPT or by the police, they must not engage with the query independently. Sensitive press queries must be referred to HQ for the attention of the Chief Executive. If an individual is in doubt as to the nature of the external query, they should contact HQ as soon as possible and not attempt to satisfy the query without advice. Any statements given to the media in relation to sensitive issues, must only be given with clearance from the Chief Executive.

## 14.6 Anti-bullying policy

HCPT is committed to providing a caring, friendly and safe environment for all pilgrims so that they can develop in a relaxed and secure atmosphere. Bullying of any kind is unacceptable and will not be tolerated either on pilgrimage or during any other HCPT activity. If bullying does occur, all pilgrims should be able to tell someone and be confident that incidents will be dealt with promptly and effectively. This means that anyone who knows that bullying is occurring is expected to tell their Designated Safeguarding Officer or a Senior Safeguarding Lead.

### 14.6.1 What is bullying?

Bullying is not always easy to recognise as it can take a number of forms. It is the use of aggression, with the intention of hurting another person. Bullying results in pain and distress to the victim.

Bullying can be:

1. emotional: for example, being unfriendly;
2. physical: for example, pushing, kicking, hitting, punching or any use of violence;
3. racist: for example, racial taunts;
4. sexual: for example, unwanted physical contact or sexually abusive comments;

5. homophobic: for example, bullying because of, or focusing on, the issue of sexual orientation or gender identity;
6. verbal: for example, name calling, sarcasm, spreading rumours or teasing;
7. discriminatory: for example, related to a child's or vulnerable adult's impairment or disability and may include name calling or ridiculing;
8. cyber-bullying: for example, the use of mobile phones, instant messaging, e-mail, chat rooms or social networking sites such as Facebook and Twitter to harass, threaten or intimidate someone.

### 14.6.2 Why is it important to respond to bullying?

1. Bullying hurts. No one deserves to be a victim of bullying. Everybody has the right to be treated with dignity and respect.
2. Individuals need to learn different ways of behaving.
3. HCPT has a responsibility to respond promptly and effectively to incidents of bullying.

### 14.6.3 Objectives of this policy

1. Bullying will not be tolerated.
2. All pilgrims involved in an activity or event, should have an understanding of what bullying is.
3. All pilgrims involved in an activity/event must know what the HCPT policy is on bullying and follow it when bullying is reported.
4. All pilgrims should be assured that they will be supported when bullying is reported.

### 14.6.4 Signs and symptoms of bullying

A pilgrim may indicate, by signs or behaviour, that he or she is being bullied. All pilgrims should be aware of these possible signs and should consider the possibility that a fellow pilgrim is being bullied.

However, it is important to remember that many pilgrims may exhibit signs that they are being bullied but this should not be taken as proof that bullying is occurring. There may well be other reasons for changes in behaviour such as a death, the birth of a new baby in the family or relationship problems between parents/carers.

### 14.6.5 Prevention

The following strategies may be adopted, as appropriate, in order to prevent bullying:

- writing a set of Group rules;
- signing a behaviour agreement;
- writing stories or poems or drawing pictures about bullying;
- reading stories about bullying or having them read to the Group;
- making up role plays; or
- having discussions about bullying and why it matters.

### 14.6.6 Anti-bullying procedures

1. All bullying should be reported to the Group's Safeguarding Officer.
2. In cases of serious or persistent bullying, the incidents should be recorded on the child's or adults' medical record.
3. In cases of serious or persistent bullying, the carers or guardians of the bully shall be informed and asked to come to a meeting, if appropriate, to discuss the problem.

5. If it is thought that an offence has been committed, the police should be contacted.
6. The bullying behaviour or threats of bullying must be investigated, and all bullying stopped quickly.
7. An attempt will be made to help the bully change their behaviour.

### 14.6.7 Outcomes

1. In serious cases, suspension or even exclusion from the pilgrimage will be considered.
2. If possible, the victim and the bully will be asked to participate in a restorative meeting which helps with reconciliation.
3. After the incident/incidents have been investigated and dealt with, each case will be monitored to ensure repeated bullying does not take place.
4. After the incident/incidents have been investigated, carers/guardians should be informed of the action taken. The victim and their family/carers will be asked if they are happy with the outcome.

## 14.7 Complaints

All complaints that are received about the conduct or behaviour of staff or volunteers will be dealt with in accordance with the HCPT complaints policy.

If any complaint is identified as a potential safeguarding concern, issue or risk, the HCPT safeguarding procedures should be followed.

HCPT has always looked to provide the best care and service to everyone who has been involved with us. However, complaints do arise for all sorts of reasons.

If a volunteer receives a complaint from another pilgrim, a parent or carer or any other interested party, their Group Leader should be notified.

The best and first way to resolve a complaint is to talk it through with the complainant. The Group Leader should try to resolve the issue in a friendly and understanding way. This informal procedure is usually more likely to lead to a resolution compared to a formal process.

If an informal resolution has been tried and is unsuccessful or the complainant remains dissatisfied, the Group Leader should advise the complainant of the next stage in the complaint procedure which is to forward the complaint to the Chief Executive either by:-

- letter to HCPT Head Office, Oakfield Park, 32 Bilton Road, Rugby, Warwickshire CV22 7HQ; or
- telephoning 01788 564646 (usual office hours are 9am – 5pm Monday to Friday excluding bank holidays); or
- emailing HQ at hq@hcpt.org.uk; or
- emailing the Chief Executive at ce@hcpt.org.uk.

The complainant should include:

- his/her full address;
- his/her daytime telephone number;
- full details of the complaint, including the name of the person who the complainant originally spoke to; and
- copies of any documentation relating to the complaint.

All complaints will be handled in confidence, as far as possible, but information may need to be shared with other people, who need to know about the complaint, in order to resolve the issues. HCPT will handle information in line with the Data Protection Act 2018.

All complaints will be acknowledged in writing, as far as possible, within 10 working days of receipt. Complainants will be provided with the name of the appointed investigator and timescales for resolution.

Any complaints about the Chief Executive should be forwarded to the HCPT Board of Trustees for consideration.

# 15 APPENDIX I: LEGISLATION and STATUTORY GUIDANCE CONSULTED IN THE DRAFTING OF THIS GUIDEBOOK AND HCPT POLICIES AND PROCEDURES

## 15.1 England and Wales

#### 15.1.1.1 United Nations Convention on the Rights of the Child

Every child has the right to be loved and cared for, to be safe and well, to be offered a good standard of education, to be protected from exploitation and to have opportunities for rest and play (1991) regardless of age, race, culture, gender, disability, or social/economic background.

http://www.unicef.org/crc/

#### 15.1.1.2 Children Act 1989

This Act places a legal duty on a local authority to make enquiries if they have reasonable cause to suspect a child is suffering or is likely to suffer significant harm, to enable them to decide whether to take any action in order to safeguard or promote the child's welfare.

#### 15.1.1.3 The Human Rights Act 1998

#### 15.1.1.4 This Act outlined the person rights of individuals and the duties and responsibilities of others such as government, local authorities and other services to respect, uphold and protect those rights

#### 15.1.1.5 Children Act 2004

This Act placed a new duty on agencies to co-operate to improve the well-being of children and young people. It integrated children's services, to enable young people's needs to be identified early to allow timely and appropriate intervention before their needs become more acute.

#### 15.1.1.6 Mental Capacity Act 2005 & Mental Capacity (Amendment Act) 2019

Provides a statutory framework to empower and protect vulnerable people who are unable to make their own decisions. The Act makes it clear who can take decisions, in which situations, and how they should go about this. It enables individuals to plan ahead for a time when they may lose capacity

#### 15.1.1.7 Safeguarding Vulnerable Groups Act 2006

Created the Disclosure and Barring Service to help prevent unsuitable people from working (paid or otherwise) with children and vulnerable adults.

#### 15.1.1.8 Deprivation of Liberty Safeguards- Mental Health Act 2007

The Mental Health Act 2007 amended the Mental Health Act 1983 and introduced the Deprivation of Liberty Safeguards into the Mental Capacity Act 2005. The safeguards cover the safe treatment of vulnerable adults, who lack capacity, in hospital and care home settings.

#### 15.1.1.9 The Protection Freedoms Act 2012

Amended the Safeguarding Vulnerable Groups Act 2006 by amending the definition of regulated activity for adults.

#### 15.1.1.10 The Care Act 2014

The Care Act sets out the requirements for care and support for adults in England.

#### 15.1.1.11 The Data Protection Act 2018

The Data Protection Act gives updated guidance on the collection, sharing and retention of personal information and data (in accordance with the General Data Protection Regulations)

#### 15.1.1.12 Statutory Guidance of the Social Services and Well-being (Wales) Act 2014.

Statutory guidance that sets out how organisations and individuals should work together to safeguard and promote the welfare of children and adults in Wales

#### 15.1.1.13 Working Together to Safeguard People (Welsh Government, 2016).

The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.

#### 15.1.1.14 Information Sharing Guidance 2018

This guidance is for front-line practitioners from all sectors who have to make decisions about sharing personal information, on a case-by-case basis, whether they are providing services to children, young people, adults or families. The guidance is also for managers and advisors who support these practitioners in their decision-making and for others with responsibility for information governance.

#### 15.1.1.15 Working Together to Safeguard Children – HM Government 2018

Statutory guidance that sets out how:

- organisations and individuals should work together to safeguard and promote the welfare of children
- how practitioners should conduct the assessment of children

#### 15.1.1.16 Guidance for Safer Working Practice for Adults Who Work with Children and Young People (2019)

Although non statutory guidance, and aimed at the education sector, this is an excellent starting point to understand professional conduct towards children and young people.

#### 15.1.1.17 Care and Support Statutory Guidance 2020

Throughout this guidance document, the different chapters set out how a local authority should go about performing its care and support responsibilities towards adults at risk and in needs of interventions and services.

## 15.2 Scotland

#### 15.2.1.1 Children (Scotland) Act 1995

Centres on the needs of children and their families and defines both parental responsibilities and rights in relation to children. It sets out the duties and powers available to public authorities to support children and their families and to intervene when the child's welfare requires it.

#### 15.2.1.2 Protection of Children (Scotland) Act 2003

Aims to improve the safeguards for children by preventing unsuitable people from working with them.

#### 15.2.1.3 Adult Support and Protection (Scotland) Act 2007

This Act seeks to protect and benefit adults at risk of being harmed. The Act requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights.

#### 15.2.1.4 Protection of Vulnerable Groups (Scotland) Act 2007

Introduced a new membership scheme to replace and improve upon the current disclosure arrangements for people who work with vulnerable groups

#### 15.2.1.5 The Protection of Freedoms Act (Scotland) 2012

Amends the Safeguarding Vulnerable Groups Act 2006 by amending the definition of regulated activity for adults

#### 15.2.1.6 Children and Young People (Scotland) Act 2014

The Act contains several changes to how children and young people in Scotland will be cared for.

#### 15.2.1.7 Adult Support and Protection (Scotland) Codes of Practice 2014

The Act makes provision intended to protect those adults who are unable to safeguard their own interests and are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity. Harm means all harm including self-harm and neglect.

#### 15.2.1.8 National Guidance for Child Protection in Scotland 2014.

This document provides a national framework for agencies and practitioners at local level to understand and agree processes for working together to safeguard and promote the wellbeing of children.

#### 15.2.1.9 Getting it right for children in Scotland

This aimed to introduce a way of working consistently and supportively with all Scotland's children, young people, and their families and acting quickly if they need help.


Life-Changing Pilgrimage Holidays

hcpt

**HCPT (Hosanna House and Children's Pilgrimage Trust)**

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Charity registration Number 281074 England & Wales and SC043743 in Scotland.

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