

# Safeguarding Policy

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## Summary

Marie Curie (MC) is committed to promoting the welfare of all our people which includes those who use our services, those who come into contact with our work and our staff and volunteers.

This policy sets out the steps Marie Curie takes to protect all our people from avoidable harm. It defines how MC ensures its working practices discharge its statutory responsibilities for safeguarding children and adults at risk of harm and complies with national legislation, statutory and government guidance, including guidance issued by charity regulators across the four nations of the UK.

## Scope and Audience

This policy applies to all Marie Curie (MC) employees, volunteers and others who use our services/come into contact with our organisation

## Purpose of this Policy

Marie Curie is committed to ensuring full compliance with legal and regulatory safeguarding requirements across all four nations. In the development of this policy Marie Curie recognises the need for effective joint working between charities, statutory agencies and professionals with different roles and expertise.

Safeguarding is everyone's responsibility. This policy applies to all staff and volunteers across Marie Curie.

The aims of this Safeguarding Policy are to assist in the prevention of harm or abuse by:

- Defining and clarifying responsibilities for safeguarding across Marie Curie.
- Specifying assurance arrangements to monitor safety and compliance with legal and regulatory requirements.
- Explaining safeguarding children, adults at risk and mental capacity (related to safeguarding).
- Providing a framework for all areas of the charity to produce safeguarding standard operating procedures (SOPs) specific to their work and within the context in which their services operate.

## Statements

We are committed to safeguarding all our people from harm. This includes our staff, volunteers and all those who use or come into contact with our work and our services. We recognise that all our people have the right to protection from all types of harm or abuse, regardless of race, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex, sexual orientation, religion, or belief. We work closely with partner organisations to ensure that we follow safeguarding best practice.

Marie Curie has a comprehensive safeguarding policy, the implementation of which is the responsibility of the Chief Nursing Officer (CNO). We have a designated trustee safeguarding lead; a head of safeguarding; a charity-wide Safeguarding Assurance Group (SAG) and named safeguarding leads in our hospices and Hospice Care at Home services, and our Volunteering, Retail, Public Relations, Marketing, Policy and Research and Fundraising teams.

We have robust processes in place to ensure that the people who join our organisation through employment or volunteering, are suitable for their roles. Additionally, we have a code of conduct for all staff and volunteers.

We take the safety and wellbeing of our staff and volunteers seriously. As such we have systems and processes in place to identify and assess potential areas of risk across all our activities; and we ensure remedial plans are put in place to manage these risks. We encourage everyone to raise concerns through 'speak up champions' in different areas of the charity. This approach is detailed in our Freedom to Speak Up (including whistleblowing) Policy and Procedure.

All our staff, volunteers, trustees, and executives are trained to recognise signs which could indicate that a child or adult at risk may be being abused or neglected. This training also includes wider Charity Commission requirements to recognise and report incidents involving our staff and volunteers. We actively encourage our staff, volunteers and those who use or come into contact with our services, to speak up about things which they think could cause harm to people. And we act promptly when concerns have been raised. We will not tolerate any behaviours or practices which could lead to anyone being abused and/or exploited by our people.

We highly value the contribution of our staff and volunteers and offer them a range of support to help them manage the sometimes challenging nature of our work. We are

committed to creating not just a safe place to work, but also a supportive and rewarding one.

## Responsibilities under this Policy

### Trustee Board

Protecting people and safeguarding responsibilities is a governance priority for all charities. Trustees must take reasonable steps to protect people who come into contact with Marie Curie from harm. This includes:

- people who benefit from Marie Curie's work
- staff
- volunteers
- anyone else who comes into contact with Marie Curie through its work.

### CEO

The Chief Executive and the Executive Leadership Team (ELT) oversee and manage the operational management of the Charity, including approval processes for specific decisions, and delegate autonomy to senior managers and local teams to deliver routine day-to-day activities across the Charity.

### Marie Curie Executive Lead for Safeguarding and Prevent

- Delegated by the CEO, the Chief Nursing Officer is the designated lead responsible for ensuring the organisation discharges its statutory and regulatory safeguarding responsibilities.

### Head of Safeguarding

- Works with the executive lead to ensure the organisation discharges its statutory and regulatory responsibilities.
- Works with line managers and local safeguarding leads to ensure safe and effective systems and processes are in place to ensure safeguarding of children and adults at risk.
- Supports line managers and local safeguarding leads to ensure safeguarding concerns are addressed and appropriate actions are taken when necessary.
- Ensures a robust communication system and consults regularly with local safeguarding leads.

### All line managers

- Responsibility for safeguarding at Marie Curie sits with line managers.
- Line managers are responsible for ensuring that safe and effective systems and processes are in place across their service area to ensure the safeguarding of children and adults at risk.
- Line managers are responsible for ensuring all their staff and volunteers are compliant with safeguarding training and have access to the appropriate level of safeguarding training relevant to their role.
- Line managers must ensure all safeguarding concerns are escalated and managed appropriately and referrals to other agencies (e.g., local authority safeguarding teams) are actioned as soon as identified.
- Line managers must ensure local standard operating procedures (SOP) are in place and regularly reviewed. All SOPs must detail what to do if a safeguarding concern is raised, include up to date names and contact numbers for relevant external agencies and identify the local safeguarding lead. All SOPs must include

arrangements for safeguarding both children and adults at risk, out of hours arrangements and out of hours contact details (where appropriate).

- Line managers must ensure notifications are sent to relevant external regulating body of all safeguarding incidents e.g., CQC.
- They must ensure timely internal reporting of all safeguarding incidents via Vantage.
- And ensure safeguarding supervision is in place (where appropriate)

#### Local Safeguarding / Prevent Lead (hereafter referred to as Safeguarding Lead)

- Local safeguarding leads must be identified across all areas of business activity. (Please note that outside of caring services 'local' refers to the operational business area and not geographical location).
- Associate Directors of Strategic Partnerships and Service Delivery must ensure a safeguarding lead is designated for each hospice. For community services the clinical nurse managers are the safeguarding lead for their service. In other areas of the charity, functional managers (retail, fundraising, etc.) will assume the role of safeguarding lead.
- Provides a resource for staff as a source of information and support on safeguarding and prevent issues.
- Safeguarding leads in caring services must aim to maintain a close working relationship with local authority safeguarding teams and remain up to date with local safeguarding board agendas and priorities.
- They must provide the link between the local safeguarding agencies and the service when 'concerns' are escalated, and referrals made and facilitate interagency working on investigations.
- If so, designated by the functional manager act as the point of contact, and source of information and support for the individual who has been abused or is at risk of abuse.
- Receives and disseminates outcomes and learning from safeguarding incidents (local or national).
- Takes responsibility to regularly update and implement safeguarding SOPs and implement the MC safeguarding policy.
- Ensures safeguarding referrals are made in line with local requirements.
- Ensures timely internal reporting of all safeguarding incidents via Vantage.
- Ensures safeguarding supervision is in place (where appropriate)

#### Adult Safeguarding Champion (ASC) (NI only) hereafter referred to as safeguarding lead

All organisations that have staff or volunteers who are subject to any level of vetting under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 are required to have an ASC. In Marie Curie this role will usually be held by the local safeguarding lead but carries additional responsibilities. The ASC:

- Must be within a senior position within the organisation and must be suitably skilled and experienced to carry out the role.
- The ASC for Northern Ireland place-based services will provide strategic and operational leadership and oversight in relation to adult safeguarding and are responsible for implementing the safeguarding policy and safeguarding SOPs.
- Is the main point of contact with Health and Social Care Trusts and the Police Service of Northern Ireland for all adult safeguarding matters.
- Advise place-based services on local safeguarding training needs.
- Ensure accurate and up to date records are maintained detailing decision making and actions.

- Compile and analyse records or reported concerns to determine whether low level concerns are accumulating to become more significant. Ensure the records are available for regulatory or contractual review.

### Staff and Volunteers

All staff and volunteers must be compliant with all required safeguarding training. Whenever they become aware or suspect that abuse/harm may have taken place or may occur, they must take appropriate action by reporting their concerns to their line manager and/or safeguarding lead. It is important to record details of your concerns as soon as possible while your memory of events is fresh. All safeguarding concerns must then be entered onto our incident reporting system, Vantage. Refer to your local SOP for more information and out of hours arrangements.

## Safeguarding Governance

The Board of Trustees are ultimately accountable for safeguarding. Responsibility for safeguarding at Marie Curie sits with line managers.

To support this and act as a second line of defence, the Chief Nursing Officer (CNO) and the Head of Safeguarding have responsibility to the CEO to oversee that the Charity is meeting all its statutory, regulatory and legal requirements in relation to Safeguarding and is working to best practice.

There is a Safeguarding Assurance Group (SAG) which supports the CNO and the Head of Safeguarding in this task.

The CNO and Head of Safeguarding report formally to the CEO and Quality Trustee Committee (QTC) on:

- all recorded safeguarding incidents
- safeguarding training compliance
- regulatory/legislative updates
- management of safeguarding risks in line with approved risk appetite
- development and agreement of the key safeguarding priorities including the annual safeguarding workplan which is approved by the CNO
- development and agreement of the Safeguarding Policy and procedures which are ultimately approved by the Board of Trustees.

## Steps to ensure that people who join our organisation are suitable for their roles

We do this by:

- Making sure that our job descriptions are a good reflection of what will be expected from the role.
- Making sure our person specifications outline the values, behaviours and skills we are seeking in a successful applicant.
- Checking references carefully
- Ensuring that every member of staff/volunteer has the appropriate level of criminal records/barring list check and that these are renewed at the intervals

suggested by the regional criminal records check administrators (DBS in England and Wales, Disclosure Scotland, Access NI)

These steps are in accordance with our responsibilities under:

- Safeguarding Vulnerable Groups Act (SVGA) 2006 (England and Wales)
- Protection of Vulnerable Groups (Scotland) Act 2007
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 (as amended by the Protection of Freedoms Act 2012)

### **We expect our staff and volunteers to uphold our organisational values and behave in a way that reflects these values.**

- We have a code of conduct for all staff and volunteers.
- If staff do not adhere to this code of conduct, we may take disciplinary action.
- If volunteers do not adhere to the code of conduct, we will look at whether:
  - they need more training/supervision, additional support/adjustments to their role.
  - they should be moved to another role.
  - they can continue to volunteer with Marie Curie
- If staff act or are alleged to have acted in a way which may breach the code of conduct of a professional body which they belong to we will refer the matter to that professional body (e.g., NMC)
- We refer any relevant safeguarding allegations to the appropriate body (e.g., DBS in England and Wales, Disclosure Scotland, Access NI)
- In England and Wales any allegation that someone who works with children may have behaved in a way that has harmed, or may have harmed a child or possibly committed a criminal offence against, or related to a child, will be referred to the Local Authority Designated Officer (LADO)

For more information, please refer to the Marie Curie Code of Conduct.

### **Steps we take to minimise the risk of staff/volunteers coming to harm in the course of their work for us.**

These include:

- Our Health and Safety policy
- Fire Safety policy
- First Aid policy
- Freedom to Speak Up and Whistleblowing Policy
- Harassment and Bullying Policy and Procedure
- Zero Tolerance to Abuse Policy and Guidance

We take a zero-tolerance approach to physical, verbal and discriminatory abuse towards our staff and volunteers and have a Zero Tolerance to Abuse Policy and Guidance. This policy is to ensure the charity makes every effort to identify and manage violent, threatening or aggressive behaviour, towards, from or between any staff, volunteers or those who come into contact with our work.

We are committed to providing a working environment free from bullying and harassment and have a robust policy and procedure that staff and volunteers can use if they feel they are being bullied or harassed in the course of their work for us or as a result of their employment/volunteering.

## **Working with partners**

Marie Curie expects our partners to be committed to the right of adults and children and young people at risk to be protected. We expect partners who interact with adults and children on behalf of or with Marie Curie to support the promotion of best practice safeguarding; the prevention of harm, exploitation and abuse and the identification and reporting of safeguarding incidents. All partners must have current internal documents demonstrating good practice and assuring compliance with key safeguarding legislation and provide these on request. These documents may include Safeguarding Policies (adults and children), Recruitment Policies, Codes of Conduct, Whistleblowing Policies, Disciplinary Policies and Risk Registers.

We will work with our existing partners to confirm their compliance with this standard. Any suppliers identified as not compliant will be supported in achieving this standard, or the relationship will be terminated. All new partners will be required to demonstrate compliance with this standard before commencing working with us.

## **Support we offer to help staff/volunteers overcome difficulties they may face**

All staff and volunteers have a named line manager, who they can go to for advice and support. We have a Health and Wellbeing Hub on our intranet which includes wellbeing guidance for managers and a range of resources for staff. Volunteers can also contact our volunteers centre for advice and support.

All staff and volunteers have access to our Employee Assistance Programme details of which can be found on our intranet.

## **Training staff/volunteers to recognise signs which could indicate that a child/adult at risk may be being harmed and to know what action to take.**

All staff and volunteers are trained to recognise signs of abuse/neglect and what to do when they have a concern. By law we have a responsibility to be vigilant for and responsive to signs that children, and particular groups of adults, may be at risk of harm.

Staff/volunteers may come across children whilst delivering our caring services, in our shops, in the course of fundraising activities or whilst supporting/managing young volunteers. They may also hear/see information from other adults (service users or colleagues) which may suggest that a child is at risk (e.g., disclosure of domestic abuse in a household where children are present).

Staff/volunteers may come across adults at risk in our caring services, in our shops, in the course of fundraising activities, or may be working or volunteering alongside an adult who they come to know/believe is at risk. Equally, they may come across information in the course of their work, or via a colleague which would suggest that someone using our services, a volunteer, colleague, or member of the public may be an adult at risk.

Some staff will need more extensive safeguarding training because of their roles because they are working in a clinical environment and/or in regulated activity. These training needs are reflected in our safeguarding training matrix. Staff who are registered professionals should check that they meet the requirements of their professional body in terms of their safeguarding training, competency, and practice.

## **Safeguarding children**



All volunteers and staff must be alert to indications that a child may be at risk of harm and report these in accordance with the safeguarding children procedure for their nation, the outline of which can be found in Marie Curie's safeguarding children's flowcharts. Harm to children may take the form of physical, sexual, or emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. It also includes the harm which can be caused to children from seeing or hearing the ill-treatment of another (e.g., in cases of domestic abuse).

## Domestic Abuse

If staff/volunteers suspect a child or adult at risk to be involved in domestic abuse (whether as a victim, bystander, or perpetrator) they must discuss this with their line manager or local safeguarding lead on the same working day as concerns arise. If the concerns present an immediate threat to the safety and welfare of the individual, staff/volunteers must take care not to put themselves at risk, and to seek the assistance of the police.

A child who is in a household where there is domestic abuse may be considered a child in need, therefore a referral to the local authority must be made. This may also be true of a person under the age of 18 who is perpetrating abuse. If at any time a view is reached that an incident, or an accumulation of incidents, may be placing a child at risk of significant harm, a referral to the local authority (children's services) must be made.

Section 3 of the Domestic Abuse Act 2021 specifically provides that a child (under 18 years) who sees, hears, or experiences the effects of domestic abuse and is related to the victim or suspect is also to be regarded as a victim.

## Deprivation of Liberty

Restraint and restrictions which amount to continuous supervision and control and the inability of an adult to leave the premises of their own free will constitute a deprivation of liberty. Depriving someone, who lacks the mental capacity to consent to the arrangements of their liberty is not unlawful, or a safeguarding concern, as long as the appropriate steps to protect the rights and interests of the individual have been taken. Nevertheless, any deprivations of liberty should be recorded on Vantage.

For more information see the Marie Curie Mental Capacity and Deprivation of Liberty Policy.

## Prevent

Prevent is part of the UK's Counter Terrorism Strategy and applies to services in England, Wales, and Scotland. The prevent duty does not apply to Northern Ireland. Marie Curie's lead for Prevent is the Chief Nursing Officer.

Prevent operates to support individuals by redirecting them rather than criminalising them. Prevent aims to challenge the ideology that supports terrorism and those who promote it, to prevent vulnerable individuals from being drawn into terrorism and ensure they are offered appropriate advice and support and to work with sectors and institutions where there are risks of radicalisation.

If you are concerned that a child, or an adult at risk is being radicalised please refer this to the Local Authority.

If (in England, Wales, Scotland, or *Northern Ireland*) you are concerned about:

- someone connected to the organisation is promoting extremist ideology or has made extremist comments in a professional or personal capacity.



- Marie Curie's premises, funds or name is being used by individuals/organisations to promote terrorism or express, without challenge, extremist ideology.

please report this to your line manager (or a more senior manager). If you are unsatisfied with how your concerns have been dealt with, please use our Freedom to Speak up (including whistleblowing) procedure.

## Adults at Risk

Some adults are less able to protect themselves from harm than others because of their care and support needs/life circumstances. This includes the risk of abuse (physical/sexual/discriminatory/domestic/organisational), neglect (including self-neglect) or radicalisation.

If anybody comes across information that may suggest that an adult falls into this category, they should follow the safeguarding adult's procedure for their nation – the outline of which can be found in MC's safeguarding adult's flowcharts.

There are differences in the definition of an adult at risk across the four nations, as detailed below

England (Under the Care Act 2014) and Wales: (Working together to Safeguard People under the Social Services and Well-being (Wales) Act 2014)

An adult at risk is someone:

- Aged 18 or over
- With care and support needs (whether or not those needs are being met by the Local Authority or others)
- Experiencing or at risk of abuse/neglect
- Unable to protect themselves from experience/risk of abuse/neglect because of those support needs

Scotland (Adult Support and Protection (Scotland) code of practice (under the Adult Support and Protection (Scotland) Act 2007)

An adult at risk is someone:

- Aged 16 or over
- Unable to safeguard their own wellbeing, property, rights or interests
- At risk of harm
- Because of disability, mental disorder, illness (physical or mental) are more vulnerable than others

Northern Ireland (Department of Justice and Department of Social Service and Public Safety 2015. Policy document. Adult Safeguarding Prevention and Protection in Partnership).

An adult at risk of harm is someone:

- Aged 18 or over
- Whose exposure to harm through abuse, exploitation or neglect may be increased by their:
  - a) personal characteristics\* AND/OR
  - b) life circumstances\*\*

\*Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.

\*\*Life circumstances may include, but are not limited to, isolation, socio-economic factors, and environmental living conditions.

## **Making a referral to the Police/Local Authority/Health and Social Care Trust (NI) about an Adult at Risk**

Adults have the right to make decisions about their own lives, even if those decisions seem unwise or might put them in situations which are not safe. A decision can be made on behalf of an adult, in their best interests if, at the time the decision needs to be made, they lack the mental capacity to make it. If someone is not able to understand, retain and weigh up the risks and benefits of a decision or cannot communicate their decision we call this lacking capacity.

**In England, Wales and Northern Ireland** referrals to the Police/Local Authority/HSCT should not be made without an adult's consent unless

- They lack mental capacity to decide whether a referral should be made (in Northern Ireland if there is any doubt about capacity the HSCT will make an assessment) **OR**
- a serious crime may be/have been committed (including acts of terrorism) **OR**
- Others (including children or other adults) may be harmed (for example when there is domestic abuse happening in a household where there are children, or where abuse may have been perpetrated by someone who works with children/adults who might be at risk)

If an adult with capacity to make the decision, refuses a referral to the police/local authority (and there is no reason to refer without consent) there may still be ways in which we can help them to reduce the risk of harm (e.g., helping them to think of strategies to keep them safe or signposting them to agencies which can provide advice/support)

**In Scotland** referrals to the Local Authority/Police can be made without consent. They will act in accordance with the Adults Support and Protection (Scotland) Act 2007.

For more information on mental capacity see the [Marie Curie Mental Capacity policy](#)

## **Concerns about an adult's mental health**

If you are concerned about an adult's mental health, you should encourage them to seek help from their GP.

If you think they may lack capacity to make a decision about seeing their GP, you can make a referral to their GP in their best interests. They may give you their GP details, or you may be able to obtain these from a relative or any other agency who is involved (care provider, Adult Social Care etc).

If you are unsure what to do you can seek advice from an NHS urgent mental health helpline in your area. [Mental Health Helpline for Urgent Help - NHS \(www.nhs.uk\)](http://www.nhs.uk)

In an emergency call the police who,

- can get a warrant to remove someone from their home for assessment if there is reason to believe they have a mental disorder and are unable to look after themselves or are being ill-treated or neglected.
- can take someone who appears to have a mental disorder from a public place to a place of safety if necessary to keep them or others safe.

There may be times when individuals contact us by telephone, and we do not have their name, address, or GP details.

In these circumstances we should:

- Explain that we would like to contact someone who can help them and ask to share their details.
- If declined, ask if there is a family member or friend we can contact.
- Report any concerns about imminent danger of serious harm to the emergency services with as much information as we have about the caller's identity and location.

Always discuss your concerns with a manager and record any details of the concern and actions taken.

## Speaking up about things which could cause harm to people within/in contact with Marie Curie

### Concerns about practices within the organisation

We encourage our staff/volunteers to speak up if they have any concerns about the organisation. If these cannot be dealt with by escalation throughout the internal management structure, then we encourage them to use the process detailed in our "Freedom to Speak Up (including whistleblowing) policy.

[Freedom to speak up \(including whistleblowing\) policy](#)

[Freedom to speak up intranet pages](#)

### Concerns about individuals

Concerns about the conduct of a member of staff/volunteer, at or outside of work should be raised with the person's line manager in the first instance. The procedure for each nation is outlined in the safeguarding flowcharts. If someone has concerns about an individual's conduct which they cannot raise with the person's line manager (e.g., because the line manager is also implicated) or does not feel the manager has taken them seriously; these may be escalated to a more senior manager or may be raised using our "Freedom to Speak Up and/or Whistleblowing procedures.

### Serious Incidents

We are committed to learning from incidents to make our organisation safer. We will refer any incidents which meet the criteria to the Charity regulator and/or the regulated services regulator. For further information please refer to the Incident Management Policy and Guidance on the intranet.

## Implementation & Controls

### Monitoring

- This Policy will be reviewed at least once a year, whenever there are relevant changes in legislation and/or regulation and following a safeguarding incident where significant harm has been experienced or alleged by an individual under the care and support of Marie Curie.
- If policy statements are not adhered to and or incidents occur, an investigation must be carried out by departmental managers.
- A clinical safeguarding audit must be carried out on an annual basis.

- The findings of the audit must be communicated to all relevant audit/governance groups and compliance with required actions monitored by this group on a regular basis.
- If the initial audit identifies significant gaps in compliance with this policy and/or lack of progress with required actions, the local audit/governance group is responsible for escalating this to the Chief Nursing Officer and Head of Safeguarding.

## **Communication/Dissemination**

This policy will be available to all staff via the intranet. It must be disseminated locally by place based (caring services) and functional managers and safeguarding leads (in all directorates) to all staff and volunteers.

## **Training**

Marie Curie is responsible for ensuring all staff and volunteers receive safeguarding training that supports their role and responsibilities with regard to relevant legislation. Staff must participate in mandatory training provided by the organisation as and when required. We monitor completion of safeguarding training by our staff and volunteers.

We have a safeguarding training framework which seeks to meet the requirements set by:

- The Charity Commission (England and Wales)
- Office of the Scottish Charity Regulator (Scotland)
- Safeguarding Board Northern Ireland Child Safeguarding Learning and Development Strategy and Framework (Northern Ireland)
- Northern Ireland Safeguarding Partnership Training and Development Framework (Northern Ireland)
- Health Inspectorate Wales National Minimum Standards for Independent Healthcare Services (Wales)
- Intercollegiate documents
  - Adult Safeguarding: Roles and Competencies for Health Care Staff
  - Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff
- NHS Education for Scotland (NES) Core competency framework (Scotland)

As well as recommendations from the Lampard Review (Department of Health and Social Care, 2015), relevant to staff/volunteer training.

Staff who are registered professionals are responsible for checking that they meet the requirements of their professional body in terms of their safeguarding training, competency and practice.

Please contact your immediate line manager for support and your local safeguarding lead. You can also contact the head of safeguarding at Marie Curie for support and advice on safeguarding.

## References and Useful Links

### England

- The Charity Commission (2017) *Safeguarding People for Charities and Trustees*. Available at: <https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees> (Accessed: 09.07.2024)
- The Charity Commission (2021) *Safeguarding for Charities and Trustees*. Available at [Safeguarding for charities and trustees - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/safeguarding-for-charities-and-trustees) (Accessed: 09.07.2024)
- Safeguarding Vulnerable Groups Act 2006 [online] Available at: <http://www.legislation.gov.uk/ukpga/2006/47/contents> (Accessed 09.07.2024)
- *The Care Act 2014* [online] Available at: <http://www.legislation.gov.uk/ukpga/2014/23/introduction/enacted> (Accessed 09.07.2024)
- Department of Health and Social Care (2014) *Care and Support Statutory Guidance* Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance> (Accessed 09.07.2024)
- HM Government (2023) *Working Together to Safeguard Children 2023: A guide to multi-agency working to help, protect and promote the welfare of children*. Available at: [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/118121/working-together-to-safeguard-children-2023-statutory-guidance.pdf) (Accessed: 09.07.2024)
- Adoption and Children Act 2002 [online] Available at: <http://www.legislation.gov.uk/ukpga/2002/38/section/120> (Accessed 09.07.2024)
- *The Mental Capacity Act 2005* <http://www.legislation.gov.uk/ukpga/2005/9/contents> (Accessed 09.07.2024)
- Office of the Public Guardian (2013) *Mental Capacity Act Code of Practice*. Available at: <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice> (Accessed 09.07.2024)
- Children Act 1989. Available at: <https://www.legislation.gov.uk/ukpga/1989/41/contents> (Accessed 09.07.2024)
- Children Act 2004. Available at: <https://www.legislation.gov.uk/ukpga/2004/31/contents> (Accessed 09.07.2024)
- Six Principles of Safeguarding. Available at: <https://www.scie.org.uk/safeguarding/adults/introduction/six-principles> (Accessed 09.07.2024)
- Domestic Abuse Act 2021 statutory guidance <https://www.gov.uk/government/publications/domestic-abuse-act-2021> (Accessed 09.07.2024)

### Wales

- The Charity Commission (2017) *Safeguarding People for Charities and Trustees*. Available at: <https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees> (Accessed: 09.07.2024)
- *Safeguarding Vulnerable Groups Act 2006* [online] Available at: <http://www.legislation.gov.uk/ukpga/2006/47/contents> (Accessed 09.07.2024)
- Welsh Government 2019 *Working together to Safeguard People (under the Social Services and Well-being (Wales) Act 2014)*. Available at: <https://gov.wales/sites/default/files/publications/2019-07/working-together-to-safeguard-people-information-sharing-to-safeguard-children.pdf> (Accessed: 09.07.2024)
- Wales Safeguarding Procedures Project Board (2019) *Wales Safeguarding Procedures*

- <https://www.safeguarding.wales/> (Accessed 09.07.2024)
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- The Royal College of Nursing (2019) *Adult Safeguarding Roles and Competencies for Health Care Staff*. Available at: [Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](http://www.rcn.org.uk) (Accessed 09.07.2024)
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#### Prevent

- The Charity Commission (2013) *Protecting charities from abuse for extremist purposes*. Available at: <https://www.gov.uk/government/publications/protecting-charities-from-abuse-for-extremist-purposes> (Accessed 09.07.2024)

## **Related policies**

- Recruitment Policy
- Ongoing Employment Checks and Safeguarding Referrals Policy
- Zero Tolerance to Abuse Policy and Guidance
- Domestic Abuse Policy
- Code of Conduct
- Disciplinary Policy and Procedure
- Health and Safety Policies
- Young Person's Health and Safety Policy
- Harassment and Bullying Policy and Procedure
- Freedom To Speak Up (including Whistle blowing) Policy
- Safeguarding Flowcharts
- Incident Management Policy
- Mental Capacity and Deprivation of Liberty Policy



## Terms and definitions

**Safeguarding** is a term used in the United Kingdom and Ireland to denote measures to protect the health, well-being, and human rights of individuals, which allow people to live free from abuse, harm and neglect.

**Abuse** is a violation of an individual's human and civil rights by any other person or persons.

**Neglect** is the **persistent failure to meet a person's basic physical and/or psychological needs**

**Harm** is the avoidable deterioration in physical or mental health. Harm may be caused intentionally or unintentionally.

### Safeguarding Children

Protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

### Adult at risk

Is a term used to describe adults, who are felt to need additional protection from abuse/neglect because of their personal characteristics (e.g. ill health/care and support needs), life circumstances or reduced ability to protect themselves. The exact definition of an adult at risk varies across the four nations of the UK. This group of adults are eligible for safeguarding services provided by the Local Authority/HSC Trust (NI). Regional definitions are provided in the safeguarding guidance linked to this policy "Adults at Risk".

### Functional Managers

All managers in directorates/departments/teams outside of Caring Services.

## Governance

Version	Version 13
Type of Document & Tier	Policy/ Tier 1
Policy owner	Annette Weatherley, Chief Nursing Officer
Author	Jason Davidson – Head of Safeguarding
Business Area	All departments across the charity
Support contact(s)	Please contact your immediate line manager for support and your local safeguarding lead. You can also contact the head of safeguarding at Marie Curie for support and advice on safeguarding.
Contact department	<i>Nursing and Quality Team</i>
Related topic	Safeguarding
Policies this policy replaces	Children and Young People Policy & Safeguarding Adults Policy Initially disseminated August 2002,

revised December 2003, February 2006, August 2007 and 2011. 2012 consultation - Hospice Managers, Social Workers, HR Business Partner (Projects & Policies) and June 2011.

26.11.13: Safeguarding Executive Lead now Director of Nursing.

March 2014: 1. Director of Nursing role amended, and Designated Safeguarding Lead role added.2.

HIS recommendations – Scottish terminology added 3. PREVENT strategy added.

**06:04:2016 V6.1** - Changes made to terminology to bring Policy in line with Care Act 2014. Section added to bring the Policy in line with DoLS Supreme Court Judgment 2014. (Version 6.1)

**13.06.2016 V6.2** -Changes made to policy in line with changes made by 2014 Care Act (1. Removed reference to no secrets 2. added to definition of adult at risk 3. addition of section concerning information sharing).

**10.07.2016 V6.3** - Changes to update Northern Ireland The Children (NI) Order (1995). Removal of need to maintain all records of safeguarding issues which might jeopardise confidentiality of those involved separate from the clinical patient notes (p8/14) and guidance to ask the person what has happened/what they want done about it (p12).

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**15.11.17 V6.4** - Amended to include updated national guidance on Female Genital Mutilation, Domestic Abuse, Human Slavery and Honour Based Violence.

**12.02.2018 V7** - This policy has undergone further review to simplify the policy and include guidance from the devolved nations. It has been separated into a policy for Scotland and a second policy for England, NI and Wales.

**11.04.2019 V8** – This policy has undergone further review to include updates on whistle blowing and governance arrangements within the organisation. Additional information added in response to The Charity Commissions Report: How to Protect Children and Adults at Risk. Major changes made in References and Related Documents section to reflect and update national policy changes.

**16.08.2019 v8.1** - A section specifically relating to children added

**09.2020 v9:** The policy was completely rewritten to ensure it applies to all areas of the organisation, not just those which provide care/support to members of the public. Our regulators across all four nations have made clear that voluntary organisations have much wider responsibilities in regards to safeguarding than those which are stipulated by law. We have created a single policy, stipulating the overarching safeguarding responsibilities which apply to the entirety of the organisation. The policy has been updated to ensure it meets the most recent government guidance, to ensure the terminology we are using and the legislation/guidance we refer to is applicable to all the nations covered by the policy (or that where terms/references are specific to particular nations this is made clear).

**09.2021 v10:** This policy has undergone further review to update on caring services new place based structure. Changes have also been made in References and Related Documents section to reflect and update on national government guidance changes.

**09.2022 v11:** This policy has undergone an annual review. Two new sections have been added (1) Working with Partners (2) Concerns about an adult's mental health. All references have been updated in line with national legislation changes.

**01.2023 v11.1:** This policy has undergone further review and reference links to the Children Act (1989) and Children Act (2004) have been added as well as a reference link to the Six Principles of Safeguarding and an updated link to Healthcare Inspectorate Wales Health and Care Standards (2015).

**04.2023 v11.2:** This policy has undergone further review and now includes a reference to the statutory guidance issued under section 84 (2) of the Domestic Abuse Act 2021. Also, a domestic abuse section has been added to the policy to further highlight the legislative changes that recognises children as victims of domestic abuse in their own right.

**07.2023 v12:** This policy has undergone a review. Updates have been made to safeguarding governance arrangements, Chief Nursing Officer job title, incident recording system Vantage and line manager responsibilities.

**07.2024 v13:** This policy has undergone a review. Updates have been made to safeguarding statement including protected characteristics, policy responsibility section and safeguarding leads, name changes for Hospice at Home Care services, updated

	Safeguarding Governance section, updated policy monitoring section, updated references for Charity Commission guidance and checked and updated all external reference links.
Policy approved	Board of Trustees
Review cycle/ Valid to	1 year/ valid to October 2025
Update made to policy after approval date [brief details]	Reason for update, e.g. update to legislation, regulation, change in process.
Date of update/s	Date above change made.

## Standard Policy Statements

These statements are for mandatory inclusion in all policies and must not be deleted or changed. If you have any questions about these statements [contact us via this email link](#)

### Mandatory Statement 1 - Compliance

All staff must comply with Marie Curie approved policies.

### Mandatory Statement 2 - How we use your data

Marie Curie will treat personal data collected during the policy and procedure in accordance with our Data Protection Policy. Information about how an employee's data is used and the basis for its processing can be found in our Staff and Trustee Privacy Notice.

Inappropriate access or disclosure of employee data constitutes a data breach and must be reported in accordance with our Information Security Incident Management Standard and Procedure immediately. It may also constitute a disciplinary offence, which will be dealt with under the organisation's disciplinary policy.

### Mandatory Statement 2 - Equality Impact Analysis

We must ensure that all policies meet current equality requirements. Please fill out the form via the link [Equality Impact Assessment Form](#), and each time changes are made to confirm that this policy has been assessed.

For further information on how to complete the below, please see the EIA guidance via this [link](#).

### Equality Impact Assessment

This policy has been assessed using an equality impact assessment initial screening template and is deemed to meet current equality requirements.

Date undertaken: 09.07.2024

		Y/N	Comment
1	Does the policy/guidance affect one group less or more favourably than another on the basis of:	N	
	Race	N	
	Ethnic origins (including gypsies and travellers)	N	
	Nationality	N	
	Gender	N	
	Culture	N	
	Religion or belief	N	
	Sexual orientation including lesbian, gay and bisexual people	N	
	Age	N	
	Disability - learning, physical, sensory impairment and mental health problems	N	
2.	Is there any evidence that some groups are affected differently?	N	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N	
4	Is the impact of the policy/guidance likely to be negative?	N	
5	If so, can the impact be avoided?	N/A	
6	What alternatives are there to achieving the policy/ guidance without the impact?	N/A	
7	Can we reduce the impact by taking different action?	N/A	

## Appendices

### Appendix 1 Types and signs of abuse children

What constitutes abuse/neglect? Children

Type of abuse	Examples:
<b>Physical</b>	Hitting with hand or object; slapping and punching; kicking; shaking; throwing; poisoning; drowning; Female Genital Mutilation (FGM) making up the symptoms of an illness or causing a child to become unwell
<b>Sexual</b>	sexual touching of any part of a child's body, whether they're clothed or not; forcing a child to take part in sexual activities; making a child undress or touch someone else; exposing or flashing; showing pornography; exposing a child to sexual acts; forcing a child to make, view or share child abuse images or videos; making a child masturbate; making, viewing or distributing child abuse images or videos; forcing a child to take part in sexual activities or conversations online or through a smartphone
<b>Emotional</b>	threatening, shouting at a child or calling them names; humiliating or constantly criticising a child; blaming and scapegoating; persistently ignoring them; manipulating a child; exposing a child to upsetting events or situations, like <b>domestic abuse</b> or drug taking; making a child perform degrading acts; failing to promote a child's social development; pushing a child too hard or not recognising their limitations; never showing any emotions in interactions with a child
<b>Neglect</b>	Failure to meet a child's basic physical needs such as food, clothing or shelter; failure to ensure a child is given an education; not giving a child the nurture and stimulation they need; not ensuring a child receives proper health care (includes dental care and refusing or ignoring medical recommendations); failure to properly supervise a child or keep them safe.
<b>Exploitation:</b>	by criminal gangs or organised crime groups, trafficking, online abuse, grooming, sexual exploitation and the influences of extremism leading to radicalisation

For more information and for indicators that a child may be experiencing/at risk of abuse/neglect see <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>

## Appendix 2 Types and signs of abuse: adults

### What constitutes abuse/neglect? Adults

Type of abuse	Examples:
<b>Physical abuse</b>	Assault; hitting; slapping; pushing; misuse of medication; restraint; inappropriate use of physical sanctions; female genital mutilation (FGM)
<b>Domestic violence</b>	psychological, physical, sexual, financial or emotional abuse coercive control and/or so called “honour” based violence between adults who are, or have been, intimate partners or family members regardless of gender or sexuality
<b>Sexual abuse</b>	Rape; indecent exposure; sexual harassment; inappropriate looking or touching; sexual teasing or innuendo; sexual photography; subjection to pornography or witnessing sexual acts; sexual acts to which the adult has not consented or was pressured into consenting.
<b>Psychological abuse</b>	Emotional abuse; threats of harm or abandonment; deprivation of contact; humiliation; blaming; controlling; intimidation; coercion; harassment; verbal abuse; cyber bullying; unreasonable or unjustified withdrawal of services or supportive networks
<b>Financial or material abuse</b>	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; the misuse or misappropriation of property, possessions or benefits
<b>Modern slavery</b>	Slavery; human trafficking; forced labour and domestic servitude; traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
<b>Discriminatory abuse</b>	Harassment, slurs or unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as ‘ <u>protected characteristics</u> ’ under the Equality Act 2010)
<b>Organisational abuse (called “institutional abuse in NI)</b>	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.
<b>Neglect and acts of omission</b>	Ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care and support or education services;



	withholding the necessities of life such as medication, adequate nutrition and heating
<b>Radicalisation</b>	the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups
<b>Self-neglect (England and Scotland)</b>	Neglecting to care for one's personal hygiene, health or surroundings. Includes behaviour such as hoarding. A decision on whether a response is required by the Local Authority under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

For more information and for indicators that an adult may be experiencing/at risk of abuse/neglect see [Types and indicators of abuse: Safeguarding adults - SCIE](#)