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| **Lead Trustee** | Mike Urwin | **Date:** 11th February 2026 |
| **Chief Executive Officer** | Alice Langley | **Date:** 11th February 2026 |
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## 1. Introduction and Context

This policy applies whenever Tynedale Hospice at Home (THH) staff are engaged in the official business of THH. For the purpose of this policy the term staff is used to describe **all** people who work on behalf of THH i.e. **all** paid staff (contracted and non-contracted) and volunteers. Child or young person refers to individuals from 0 to 18 years. This policy will be reviewed annually as a minimum and more frequently if indicated by changes in legislation, guidance or good practice.

It is important to have this policy and procedures in place so that all THH staff, volunteers and service users can work to prevent abuse and know how to recognise, respond, report and record safeguarding concerns, helping to prevent and protect children as and when required. Within this context, this policy has been externally reviewed by one of our service users. This ensures that our approach to safeguarding is robust both within and outside the organisation.

THH provides nursing care and support to adults with life limiting illness or palliative care needs in their home. It also provides hospital transport to adults with life limiting illness and pre and post bereavement support to adults, children and young people in the communities of Tynedale, West Northumberland and Ponteland.

In the course of their work, staff may come across situations which may give cause for concern about the safety or wellbeing of a child or young person. The policy applies if the child or young person is receiving support from THH, is a family member of someone receiving support from THH or is a member of our wider community. THH staff may work with, or come into contact with, children and young people in a variety of settings and contexts including THH premises, an individual's home, at an activity/event organised by THH or within another voluntary or statutory facility e.g. school, college, youth club.

**Safeguards** are measures that an organisation should put in place to help reduce the risk of children, young people and adults being harmed. **Child protection** is a part of safeguarding. It refers to the action taken to protect children from abuse or neglect. This should include policies, processes and procedures to guide staff and volunteers in what to do if they are concerned that a child or young person may be at risk, and to empower children, young people and/or families to seek help. THH understands that the death or life limiting illness of a parent or caregiver increases a child or young person's vulnerability and might contribute to a situation where that child or young person's safety and/or wellbeing are compromised. It is important to recognise that harm is not always intentional.

THH prioritises the protection of people via its safeguarding responsibilities. THH believes that **safeguarding** is an ongoing responsibility that involves the continuing commitment from **all** involved in the organisation to create and maintain a safe environment for children and young people. THH seeks to promote an organisational culture that supports safe practice. This is reflected in our recruitment, induction and supervision processes and our robust child protection and safeguarding arrangements which include effective information sharing, working with other agencies and appropriate recording and storage of information.

This policy covers the **safeguarding** and **protection** of children and young people in relation to physical, emotional, sexual abuse and neglect. The abuse of children occurs widely across society and is not restricted to any particular class, group or circumstance, therefore the perpetrator of abuse may be a member of staff of any organisation (of any level of seniority), a parent, another adult or a child. THH recognises that children cannot take full responsibility to protect themselves from harm or abuse and therefore believes the responsibility always lies with the adult.

As an organisation we may come into contact with both victims and perpetrators of abuse, not just as users of services, but also as staff and volunteers. Whenever an allegation of abuse is made, whether current or historical, it must be taken seriously.

## 2. Aims of this policy

- To provide information to staff, supporters and service users about how THH keeps children and young people safe.
- To set out the organisational arrangements that THH has put in place to promote and maintain the safety and wellbeing of children and young people.
- To outline THH's expectations of staff responsibilities with regard to recognising and responding to concerns regarding the safety or wellbeing of a child or young person.

## 3. Scope and Definitions

***The Concept of Significant Harm***

Some children are in need of protection because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

***Definitions of Child Abuse and Neglect***

The following definitions are based on those identified in Working Together to Safeguard Children (DfE 2023) and Keeping Children Safe in Education (DfE 2025)

***Abuse***

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

***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 fabricates the symptoms of, or deliberately induces illness in a child.

***Consider the possibility of physical abuse when a child:***

- has unexplained burns, bites, broken bones, or bruised eyes
- has fading bruises or other marks noticeable after an absence from school
- seems frightened of the parents and protests or cries when it is time to go home
- shrinks at the approach of an adult
- reports injury by a parent or another adult care giver

***Consider the possibility of physical abuse when the parent or adult caregiver:***

- offers conflicting, unconvincing or no explanation for the child's injury
- uses harsh physical discipline with the child

***Emotional Abuse***

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Describing the child as "evil", or in some other very negative way
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction
- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse
- Serious bullying, causing children frequently to feel frightened or in danger
- Exploiting and corrupting children
- Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone

***Consider the possibility of emotional abuse if a child:***

- shows extremes in behaviour, e.g. being overly compliant or demanding, extremely aggressive or passive
- demonstrates behaviour that is either inappropriately adult (e.g. parenting other children) or inappropriately infantile (e.g. frequently rocking or head banging)
- is delayed in physical or emotional development
- has threatened or attempted suicide
- demonstrates changes or regression in mood or behaviour
- demonstrates inappropriate relationships with peers and/or adults.

***Sexual Abuse***

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, 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.

Sexual abuse includes non-contact activities such as involving children in looking at, or producing, pornographic materials including online and with mobile phones, watching sexual activities or 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.

In addition, sexual abuse includes abuse of children through sexual exploitation.

***Consider the possibility of sexual abuse when a child:***

- reports nightmares or bedwetting or other signs of distress
- demonstrates sexual knowledge or behaviour inappropriate for their age
- becomes pregnant or contracts sexually transmitted infections or urinary tract infections
- runs away
- reports sexual abuse by a parent or another adult caregiver
- has new or additional mobile phones

- is seen getting into cars with strangers
- has inappropriate content on phones or computers

***Consider the possibility of sexual abuse when a parent or adult caregiver:***

- is unduly protective of the child or severely limits the child's contact with other children
- is secretive and isolated
- is jealous or controlling with family members

**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 misuse including alcohol, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent failing to:

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

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

***Consider the possibility of neglect when a child:***

- is frequently absent from school
- begs or steals food or money
- lacks any required medical or dental care, immunisations or glasses
- is consistently dirty and has severe body odour
- lacks sufficient/appropriate clothing for the weather
- abuses alcohol or other drugs
- states that there is no one at home to provide care

***Consider the possibility of neglect when the parent or other adult care giver:***

- appears indifferent to the child
- seems apathetic or depressed
- behaves irrationally
- is suspected of abusing alcohol or drugs
- fails to meet the child's basic needs
- leaves the child alone or with inappropriate carers

These definitions are used when determining significant harm and children can be affected by combinations of maltreatment and abuse. Maltreatment and abuse can be exacerbated in environments where there is domestic abuse and / or when the adults are faced with multiple problems.

Other Forms of Abuse:

**Fabricated or induced illness** (FII) is a rare form of child abuse. It occurs when someone who is caring for a child,fakes or causes symptoms of illness in the child.

**Child trafficking** is a crime involving the movement of children for the purposes of their exploitation.

**Female genital mutilation** (FGM) involves a procedure that intentionally alters, or causes injury to, the female genital organs for non-medical purposes.

**Radicalisation** is the process where people are encouraged to support terrorism and violent extremism. It can put a young person at risk and has potential to cause significant harm and is therefore a safeguarding matter.

**Forced marriage** takes place without the consent of one or both individuals involved. It can involve children or young people being taken abroad.

**Domestic abuse** is any incident of controlling, coercive or threatening behaviour, violence or abuse towards anyone aged over 16 years who are (or have been) intimate partners or family members. Section 3 of the Domestic Abuse Act 2021, recognises children as victims of domestic abuse for the purposes of the Act if the child sees, hears or experiences the effects of the abuse, and is related to, or falls under 'parental responsibility' of the victim and/or perpetrator of the domestic abuse. A child might therefore be considered a victim of domestic abuse under the 2021 Act where one parent is abusing another parent, or where a parent is abusing, or being abused by a partner or relative.

**County Lines is** a term used by the police and other law enforcement agencies to describe an approach taken by some criminal groups within the UK to distribute drugs and conduct other criminal activities in other areas of the country. The offenders often originate from large urban areas and use children and other vulnerable people to deliver drugs/ other illegal commodities to customers. This often involves deception, intimidation, violence, debt bondage and/or grooming. The proceeds of this criminality are returned to the large urban areas from which the criminality originates.

**Sexual Exploitation** of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition, for example being persuaded to send sexual images. In all cases, those exploiting the child/person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or resources. Violence, coercion and intimidation are common and the child or young person usually has limited availability of choice resulting from their social/economic and/or emotional vulnerability.

***Potential Risk of Harm to an Unborn Child***

In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby (e.g. where there is information known about domestic violence, parental substance misuse or mental ill health). These concerns should be addressed as

early as possible before the birth, so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care to the baby.

## 4. Organisational Arrangements

As an organisation THH takes responsibility for protecting children and young people from abuse and seeks to create a safe environment for children and young people and those working with them. THH seeks to ensure that everyone involved in the organisation knows and understands how to raise concerns about a child or young person's wellbeing.

THH has appointed individuals who are responsible for dealing with any safeguarding children concerns. Staff must liaise with **nominated lead(s) for safeguarding children** in reporting any concerns/reports of abuse. **The nominated lead for** safeguarding children within THH is **Head of Care Services 01434 610047.** Lead Trustee for Safeguarding is Lucy Carrie

THH operates safe and robust **recruitment practices** for all staff and volunteers and ensures all necessary checks, including criminal record/Disclosure and Baring Service (DBS) checks, standard and/or enhanced if the role is eligible and references are in place (see THH Recruitment and Selection policy, THH Disclosure policy and THH Statement on recruitment of Ex-Offenders).

THH operates an **induction process** for new staff and volunteers and provides ongoing, regular mandatory safeguarding children **training and support** for staff and volunteers, as appropriate to their role, in line with CQC guidance, so that staff and volunteers, as appropriate to their role, are competent in safeguarding and child protection (see THH Nursing and Family Support development and training policy).

THH provides regular supervision support, continuing professional development and annual appraisal for staff and volunteers, as appropriate (see THH Family Support and Nursing Supervision policy).

THH has a written **code of behaviour** in the form of our "**Hospice Values**" which applies to everyone involved in the organisation and sets out our organisational culture and how people involved in our organisation should behave.

THH has a **Whistle Blowing** procedure (see THH Whistle Blowing policy).

THH has effective measures in place to minimise the risk of bullying (see THH Anti-Harassment and Bullying policy).

THH is committed to running **safe activities and events** and has arrangements in place to ensure that any physical risks associated with the activities undertaken by children and young people are identified and managed (see THH Health and Safety policy).

***Family Support Service***

THH provides pre and post bereavement support to children and young people via its Family Support Service. This support might take place in a variety of settings including THH premises (usually within the Rainbow room), an individual's home, at an activity/event organised by THH or within another voluntary or statutory facility e.g. school, college, youth club.

Family Support Practitioners working alone with a child should ensure they are in a room that has open access and that they are visible through window panels in the doors. Best practice is for the parent or guardian to stay on the premises for the duration of the session. Family Support Volunteers are not to work alone with a child under 18 years. Should they find themselves in this situation they should ensure they move to where they are visible to others.

## 5. Recognising and Responding to Concerns

***Concern should be reported:***

- Where an incident has occurred, or an allegation has been received, which indicates that a child has suffered or may be at risk of suffering significant harm.
- Where staff have any concerns which lead them to suspect that a child has suffered or is suffering harm, or may be at risk of such harm.

All suspected incidents of abuse or harm, regardless of severity, must be reported immediately to One Call on 01670 536400, in line with the Northumberland Local Safeguarding Children Board procedures. If an incident occurs outside of normal working hours, concerns must be reported to the Emergency Duty Team on 03456 005252 (see Appendices 1).

Staff and volunteers have a responsibility to report any safeguarding concerns as soon as possible to the Designated Safeguarding Person, Head of Care Services, on 01434 610047. If the designated person is unavailable, the Chief Executive Officer must be informed on 01434 600388.

All concerns, actions taken, and outcomes must be clearly and accurately documented in the child or young person's records.
Trustee with responsibility for safeguarding - Lucy Carrie (see Appendix 3).

Concerns regarding radicalisation should be reported via the National Police Prevent Advice Line on Tel 0800 011 3764.

***Disclosure***

Whenever a child reports that they are suffering, or have suffered, significant harm through abuse or neglect or have caused, or are causing, physical or sexual harm to others, the initial response from all professionals should be to listen carefully to what the child says and to observe the child's behaviour and circumstances in order to:

- Clarify the concerns
- Offer reassurance about how the child will be kept safe
- Explain what action will be taken and within what timeframe

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse. If the child can understand the significance and consequences of making a referral to children's social care, they should be asked for their views. It should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

***Parental Consultation***

Concerns which have been raised, should, where practicable, be discussed with the parent and agreement sought for a referral to children's social care **unless** seeking agreement is likely to place the child at risk of significant harm* through delay or from the parent's or staff members' actions or reactions; for example, in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse, domestic violence or induced illness has taken place.

Where a professional decides not to seek parental permission before making a referral to children's social care, the decision must be clearly noted in the child's records with reasons, dated and signed and confirmed in the referral to children's social care. Staff should consult with their **line manager/nominated lead(s)** if at all practicable, for advice.

A child protection referral from a professional cannot be treated as anonymous and where any court proceedings may follow, whether criminal or family court, the information may be made available.

***Immediate Danger***

If the child is in immediate danger steps should be taken to protect them by calling 999 for emergency assistance from the police and then inform children's social care.

***Urgent Medical Attention***

If the child is suffering from a serious injury, the member of staff must seek medical attention immediately from accident and emergency services and must inform children's social care, and the duty consultant at the hospital.

***Making a Referral***

Referrals should be made to children's social care for the area where the child is living or is found.

If the child is known to have an allocated social worker, the referral should be made to them or, in their absence, to the social worker's manager or a duty children's social worker. In all other circumstances referrals should be made to the duty officer.

The referrer should confirm verbal and telephone referrals in writing, within 48 hours.

Children's social care should, **within one working day,** of receiving the referral make a decision about the type of response that will be required to meet the needs of the child. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

The referrer should provide information about their concerns and any information they may have gathered. The referrer may be asked for any of the following:

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household
- Family address and (where relevant) school / nursery attended
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents

* The Definition of Significant Harm. The Children Act 1989 introduced the concept of Significant Harm as the **threshold that justifies compulsory intervention in family life in the best interests of children**.

- Names and date of birth of all household members, if available
- Where available, the child's NHS number and education UPN number
- Ethnicity, first language and religion of children and parents
- Any special needs of children or parents
- Any significant/important recent or historical events/incidents in child or family's life
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Details of alleged perpetrator, if relevant
- Referrer's relationship and knowledge of child and parents
- Known involvement of other agencies / professionals (e.g. GP)
- Information regarding parental knowledge of, and agreement to, the referral
- The child's views and wishes, if known
- What assessments have already been completed and if there are any active or recently active plans in place

Other information may be relevant and some information may not be available at the time of making the referral. However, there should not be a delay in order to collect information if the delay may place the child at risk of significant harm*.

Work to safeguard children will be carried out in partnership with other agencies and takes precedence over any other issue. Sharing of information with other colleagues will be in line with THH's Patient and Client Confidentiality and Consent Policy (see THH Patient and Client Confidentiality and Consent Policy).

If a criminal act has taken place, i.e. physical /sexual assault, the nominated lead(s) must inform the Police. The CQC must be informed by the nominated lead(s) of any safeguarding referrals relating to THH Service Users.

All referral forms will be sent (marked Private & Confidential) to the person who received the verbal information within 24 hours. The referrer should ensure that they obtain the name and address of the person who received the referral. A copy of the referral form should be stored in the password protected 'safeguarding file' which is in the client files folder – Family Support.

Any further action will follow the Local Safeguarding Children Board Procedure of Northumberland Children's Services.

All members of staff have a responsibility for ensuring that all child concerns are recorded in line with this procedure.

In situations where a member of THH staff is requested to attend a Case Conference, they must discuss this request with the Chief Executive Officer or Head of Care Services. It will be usual for a written report to be completed and submitted prior to the Case Conference in line with the local authority's Safeguarding Children Procedures. The content of the report must be discussed/shared with the family concerned (exceptions will need to be discussed with the Chief Executive Officer before the report is submitted).

* The Definition of Significant Harm. The Children Act 1989 introduced the concept of Significant Harm as the **threshold that justifies compulsory intervention in family life in the best interests of children**.

**Allegations of harm by staff or volunteers**

THH staff may come into contact with children and young people in the course of their work. The possibility that staff or volunteers might act in a way that compromises the wellbeing of a child is recognised by THH. Such actions might be physical, neglectful, sexual or emotional.

Where it is suspected that a member of staff may have acted in a way that compromises the well-being of a child, the suspicion must be reported to the Head of Care Services immediately. If the suspicion relates to the Head of Care Services or the Chief Executive Officer, the Chairman of the Board of Trustees should be informed.

The welfare of the child is paramount and immediate action must be taken to ensure the protection of the child and to obtain any medical attention that may be needed.

Information about the suspicion **must not** be shared with other staff except those designated to deal with safeguarding issues (provided they are not the alleged perpetrators).

It is necessary to consider when a suspicion is raised whether there is any indication that other children may also have had their wellbeing compromised by the member of staff or volunteer.

Where a concern is raised that a member of staff may have acted in a way that compromises the wellbeing of a child, the matter must be investigated without any pre-supposition that harm has or has not occurred.

In most cases while investigations are being carried out it will be necessary to arrange voluntary paid leave of absence, suspension without prejudice for staff or redeployment. Volunteers will be requested not to undertake any further voluntary work.

Three separate strands of investigation will be required: -

- Children's Services will carry out their Safeguarding Children procedures
- The circumstances may require a police investigation to ascertain whether a crime has been committed
- The disciplinary procedure may be involved to ascertain whether there has been misconduct or gross misconduct by staff, which may not necessarily be of a criminal nature. A similar process of investigation will be carried out in relation to a volunteer to establish whether guidelines and procedures for volunteers have been followed

The outcomes of concerns involving members of staff or volunteers will be notified to the Chief Executive Officer.

***Retrospective Disclosures***

The incidence of disclosure of childhood physical or sexual abuse by adults is increasing and is triggered by a wide range of events. Disclosures could relate to any former work carried out by THH or to previous experiences unrelated to THH work.

Where a disclosure is made, THH will need to take seriously its responsibility to assist in the protection of children with whom the perpetrator is now in contact by providing information that could assist in tracing his/her whereabouts.

There may be a conflict between the wishes and needs of the adult who may ask for the information to go no further and the needs of children who need protection from abuse.

***Disclosure Procedure***

Where an adult seems to be on the point of making a disclosure, it is important to warn him / her that there are limitations to guarantees of confidentiality.

In the informal settings in which some work takes place, it may be difficult to foresee when a disclosure is about to be made. This highlights the importance of making explicit the organisation's rules on confidentiality at the earliest point of contact.

If a child is making a disclosure it is important to help the child understand that they are being listened to and taken seriously. NSPCC identify 3 key interpersonal skills can help you achieve this.

1. **show you care and help them open up** – give them your full attention and keep your body language open and encouraging. Reassurance, compassion and understanding are important as are phrases such as: 'you have shown courage today'.

2. take your time – slow down. Let the child go at their own pace and respect the pauses by not interrupting. Observe their body language and remember that it may take several conversations before they can reveal what has happened to them.

3. show you understand - reflect back. – it is important to show that you are interested in what the child is telling you. Reflect back to check your understanding and use their language to show it is their experience.

If a child tells you they are experiencing abuse, it is important to reassure them that they have done the right thing by telling you and make sure they know that abuse is never their fault.

Never talk to the alleged perpetrator about the child's disclosure. This could makes things a lot worse for the child.

(NSPCC Learning 2025)

Only the minimum of information about the alleged abuse should be taken and written down, by the person receiving the disclosure i.e. when it occurred, who was the perpetrator, where it occurred and minimal details about what occurred. It will be necessary for the discloser to give detailed accounts to the police later.

Following a disclosure, the member of staff must discuss it with the nominated lead(s) for safeguarding children. The adult making the disclosure must be reassured that he/she has done the right thing in making the disclosure and that support will be available for him/her. It is also important to say that it may not be possible to keep him/her informed of all action that will be taken as a result of the disclosure.

A decision about referral to local Children's Services will be made by the dedicated safeguarding officer. This could involve contacting the local Children's Services and the office relevant to where the alleged perpetrator now lives, if known.

Subsequent actions will follow the procedure of the relevant Children's Services.

## 6. References:


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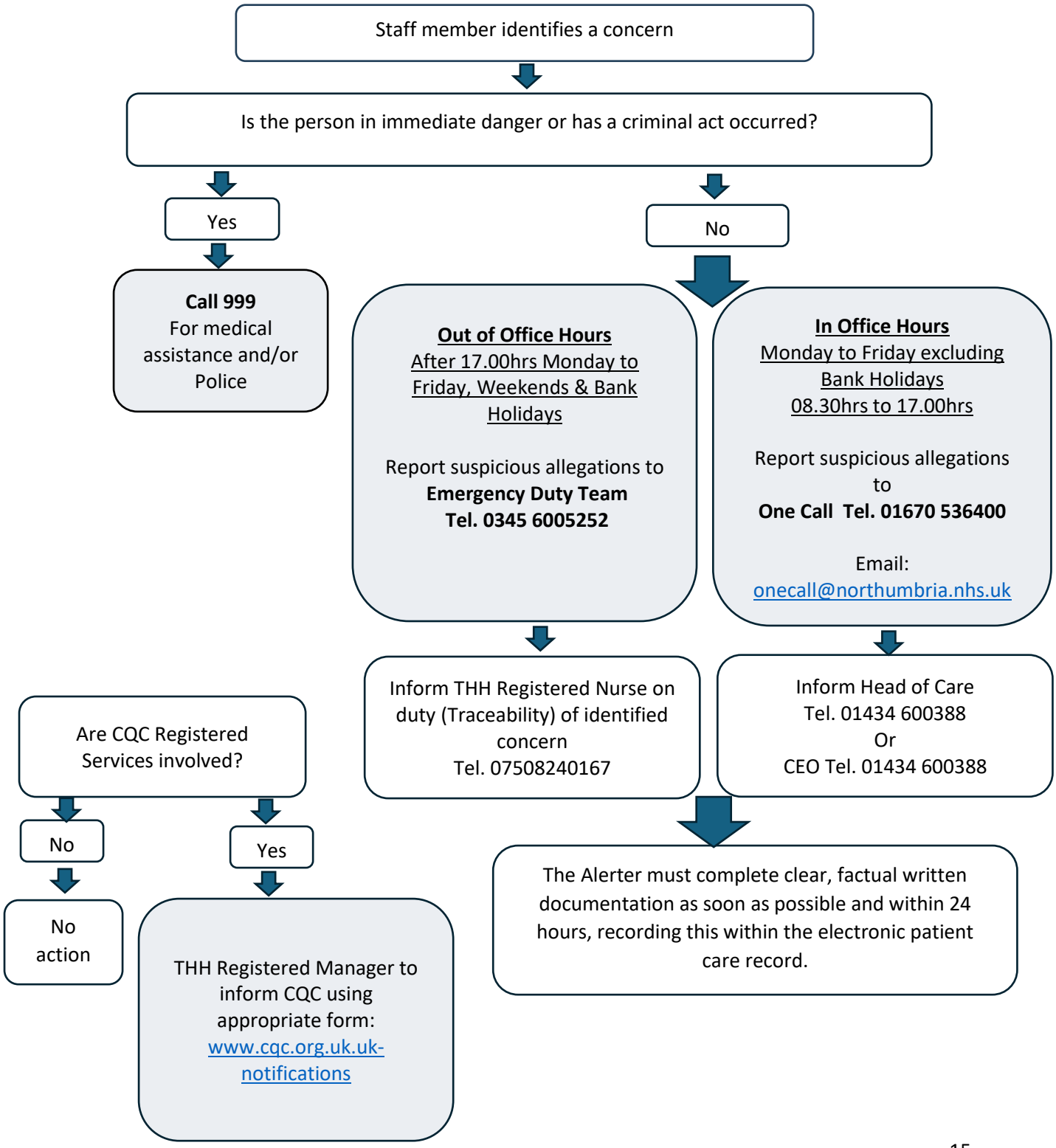
**Appendix 1**

# Staff Flowchart
# Reporting Adult / Child Safeguarding Concern

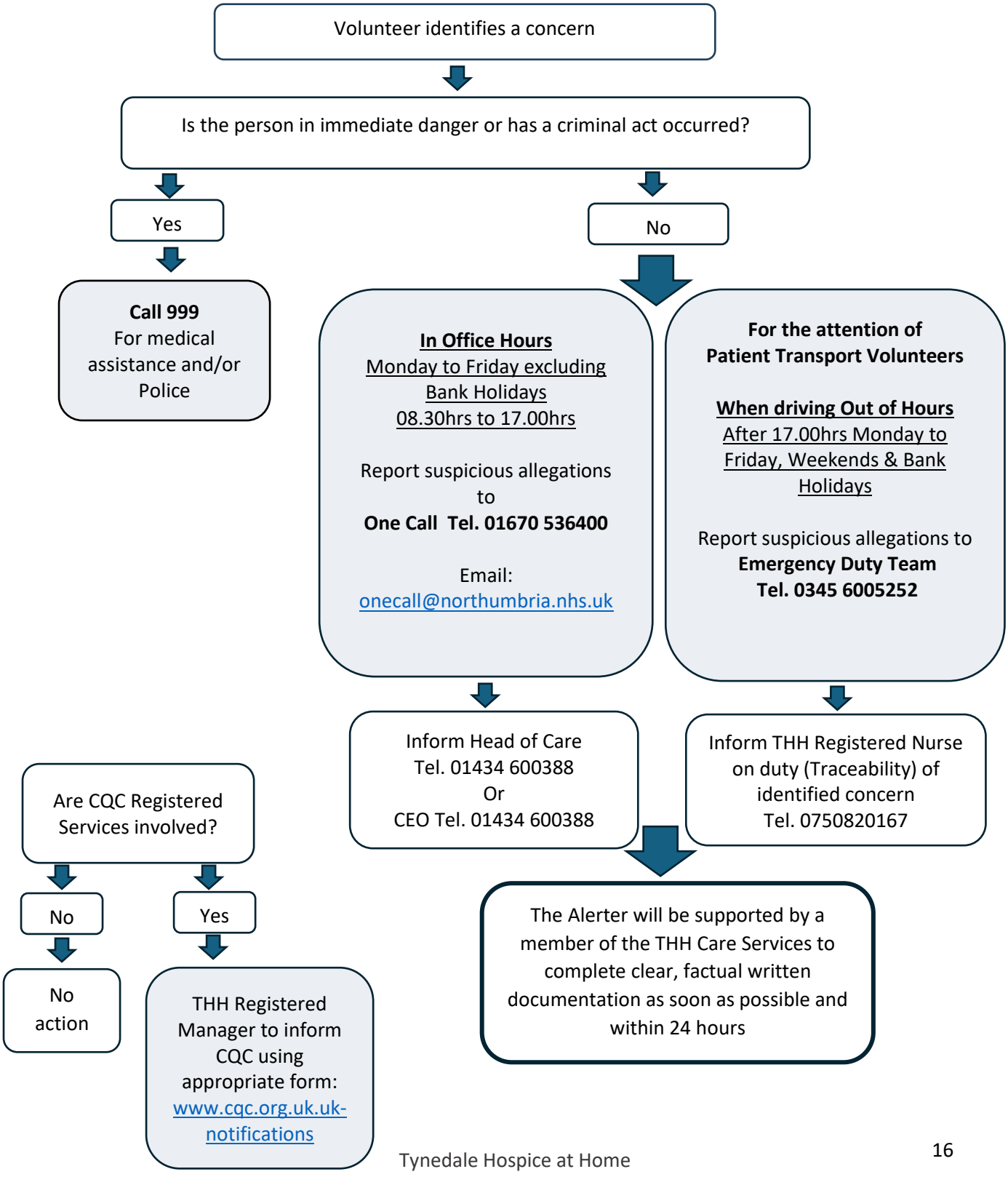
This process will initiate the next stage of the enquiry by Northumberland Safeguarding Department



**Appendix 2**

# Volunteer Flowchart
# Reporting Adult / Child Safeguarding Concern

This process will initiate the next stage of the enquiry by Northumberland Safeguarding Department



**Appendix 3**

# ROLE DESCRIPTION

**Title: Lead Trustee for Safeguarding**

**Responsible to: THH Board**

**Status: Volunteer**

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## 1. Role Purpose

Tynedale Hospice at Home (THH) works with children and adults at risk. The Charity Commission recommends that charities who work with children and adults at risk should designate one trustee to take the lead to support, advise and guide the THH Board ("Board") on safeguarding matters ("Lead Trustee for Safeguarding").

However, the Charity Commission makes it very clear that safeguarding is the responsibility of all trustees. The Lead Trustee for Safeguarding must not be the only person among the trustees who understands safeguarding.

The Lead Trustee for Safeguarding is a volunteer from within the Board who has skills, experience and confidence in the area of safeguarding. They can also be a volunteer who starts without knowledge but is willing to undertake the necessary training in order to develop the knowledge and skills required to undertake the role.

## 2. Scope

The Lead Trustee for Safeguarding:

- will support, advise and guide the Board on safeguarding matters;
- will, where appropriate, work with the CEO and Designated Safeguarding Lead;
- is a separate role to the THH's Designated Safeguarding Lead;
- must maintain independence of mind on safeguarding matters.

## 3. Responsibilities

### Strategic

Working with the CEO and Designated Safeguarding Lead to:

- consider THH's strategic plans and make sure they reflect safeguarding legislation, regulations specific to THH's activities, statutory guidance, and the safeguarding expectations of the Charity Commission and Care Quality Commission;
- regularly review whether the controls that THH has put in place are creating a safer culture and keeping people safe;
- check that THH's risk register reflects safeguarding risks properly and plans sensible measures to take to mitigate risks;
- be aware of THH's readiness for inspections;
- ensure that any safeguarding related reports are followed up;
- make sure there is space on the agenda for safeguarding reports, when appropriate, and help trustees understand and challenge those reports.

**Effective Policy and Practice**

Working with the CEO and Designated Safeguarding Lead to:

- make sure there is an annual review of safeguarding policies and procedures and that this is reported to trustees;
- understand the monitoring THH does to see whether policies and procedures are effective;
- recommend to the Board, audits of qualitative and quantitative data (either internal or external) to be undertaken when they are needed;
- learn from case reviews locally and nationally, to improve THH's policies, procedures and practices;
- monitor the outcomes of safeguarding allegations against staff and/or volunteers;
- be a point of contact for staff or volunteers if someone wishes to complain about a lack of action in relation to safeguarding concerns;

**Creating the right culture**

The Lead Trustee for Safeguarding will:

- champion safeguarding throughout the organisation.
- attend relevant safeguarding training events and conferences.
- work with Designated Safeguarding Lead to support the trustees in developing their individual and collective understanding of safeguarding.
- attend meetings, activities, projects to engage with staff, volunteers and beneficiaries to understand safeguarding on the ground.
- work with the Chair, CEO, Designated Safeguarding Lead and communications team in order to manage all serious safeguarding cases.
- support regular safeguarding updates for staff, volunteers and beneficiaries.
- develop ways of gathering the views of staff and volunteers in relation to safeguarding and sharing these with the Board.

**4. Person Specification**

The Lead Trustee for Safeguarding will:

- be a Trustee of THH;
- have a commitment to participate in safeguarding training;
- when appropriate, maintain/update their knowledge and skills.

Although useful no specialised knowledge of safeguarding is required, training will be made available in order to develop the knowledge and skills required to undertake the role.

**5. Disclosure / Level**

An Enhanced Disclosure and Barring Service check is required for this post.

**6. Tenure**

Appointed by Board for a period of three years, reviewed annually, or until the Trustee is due for reappointment whichever is sooner.