

Supporting children and their families when they need it most



[www.latchwales.org](http://www.latchwales.org)

**LATCH Office:** Children's Hospital for Wales, Heath Park, Cardiff, CF14 4XW

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## **LATCH Safeguarding Policy and Procedure**

**Created on: 1 August 2022**

**Approved by: 17 August 2022**

**Reviewed on: 17 August 2022**

**Reviewed by: Board of Trustees**

### **Purpose**

The purpose of this policy is to protect people, particularly children and LATCH Welsh Children's Cancer Charity (herein referred to as LATCH) beneficiaries, from any harm that may be caused due to their coming into contact with LATCH. This includes harm arising from:

- The conduct of staff or personnel associated with LATCH
- The design and implementation of LATCH's services and activities.

The policy lays out the commitments made by LATCH and informs staff and associated personnel of their responsibilities in relation to safeguarding.

This policy does not cover:

- Harassment in the workplace – this is dealt with under the Cardiff and Vale University Health Board "Dignity at Work" policy
- Safeguarding concerns in the wider community not perpetrated by LATCH or associated personnel

### **What is Safeguarding?**

In the UK, safeguarding means protecting people's health, wellbeing and human rights and enabling them to live free from harm, abuse and neglect.

In our sector, we understand it to mean protecting people, especially children and vulnerable people, from harm that arises from coming into contact with our staff or services.

Further definitions relating to safeguarding are provided in the attached glossary.

### **Scope**

- All staff employed by Cardiff and Vale University Health Board working under the management and supervision of LATCH.
- Associated personnel whilst engaged with work or visits related to LATCH, including but not limited to the following: consultants; volunteers; contractors; visitors including journalists and politicians.

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### **Policy Statement**

LATCH believes that everyone we come into contact with, regardless of age, gender identity, disability, sexual orientation or ethnic origin has the right to be protected from all forms of harm, abuse, neglect and exploitation. LATCH will not tolerate abuse and exploitation by staff or associated personnel.

This policy will address the following areas of safeguarding: child safeguarding, safeguarding of vulnerable people, and protection from sexual exploitation and abuse.

LATCH commits to addressing safeguarding throughout its work, through the three pillars of prevention, reporting and response.

### **Prevention**

#### **LATCH Responsibilities**

LATCH will:

- Ensure all staff have access to, are familiar with, and know their responsibilities within this policy
- Design and undertake all its services and activities in a way that protects people from any risk of harm that may arise from their coming into contact with LATCH. This includes the way in which information about individuals who use our services is gathered and communicated
- Implement stringent safeguarding procedures when recruiting, managing and deploying staff and associated personnel
- Ensure staff receive training on safeguarding at a level commensurate with their role in the organization
- Follow up on reports of safeguarding concerns promptly and according to due process

### **Staff Responsibilities**

#### **Child Safeguarding**

LATCH staff and associated personnel must not:

- Engage in sexual activity with anyone under the age of 18
- Sexually abuse or exploit children
- Subject a child to physical, emotional or psychological abuse or neglect
- Engage in any commercially exploitative activities with children including child labour or trafficking

### **Safeguarding of Vulnerable People**

LATCH staff and associated personnel must not:

- Sexually abuse or exploit any vulnerable person
- Subject a vulnerable person to physical, emotional or psychological abuse or neglect
- Engage in any commercially exploitative activities with any vulnerable person

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### **Protection from Sexual Exploitation and Abuse**

LATCH staff and associated personnel must not:

- Exchange money, employment, goods or services for sexual activity. This includes any exchange of assistance that is due to LATCH beneficiaries
- Engage in any sexual relationships with LATCH beneficiaries, since they are based on inherently unequal power dynamics

Additionally, LATCH staff and associated personnel are obliged to:

- Contribute to creating and maintaining an environment that prevents safeguarding violations and promotes the implementation of the Safeguarding policy
- Report any concerns or suspicions regarding safeguarding violations by a LATCH staff member or associated personnel to the appropriate person or agency.

### **Enabling Reports**

LATCH will ensure that safe, appropriate, accessible means of reporting safeguarding concerns are made available to staff and the communities we work with.

Any staff reporting concerns or complaints through formal whistleblowing channels (or if they request it) will be protected by the Cardiff and Vale University Health Board's Whistleblowing policy.

LATCH will also accept complaints from external sources such as members of the public, partners and official bodies.

### **How to Report a Safeguarding Concern**

Staff members who have a complaint or concern relating to safeguarding should report it immediately to the Safeguarding Lead for the Children's Hospital of Wales (currently Linda Hughes-Jones) or to their line manager. If the staff member does not feel comfortable reporting to the Safeguarding Lead or line manager (for example if they feel that the report will not be taken seriously, or if that person is implicated in the concern) they may report to any other appropriate staff member. For example this could be a senior manager, a member of the HR team or an external agency such as Social Services.

### **Response**

LATCH will follow up safeguarding reports and concerns according to policy and procedure, and legal and statutory obligations.

LATCH will apply appropriate disciplinary measures to staff found in breach of policy.

LATCH will offer support to survivors of harm caused by staff or associated personnel, regardless of whether a formal internal response is carried out (such as an internal investigation). Decisions regarding support will be led by the survivor.

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### **Confidentiality**

It is essential that confidentiality is maintained at all stages of the process when dealing with safeguarding concerns. Information relating to the concern and subsequent case management should be shared on a need to know basis only, and should be kept secure at all times.

### **Glossary of Terms**

#### **LATCH Beneficiary**

Someone who directly receives goods or services from LATCH. Note that misuse of power can also apply to the wider community the LATCH serves, and can also include exploitation by giving the perception of being in power.

#### **Child**

A person below the age of 18.

#### **Harm**

Psychological, physical and any other infringement of an individual's rights.

#### **Psychological Harm**

Emotional or psychological abuse, including (but not limited to) humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation.

#### **Safeguarding**

In the UK, safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.

In our sector, we understand it to mean protecting people, including children and vulnerable people, from harm that arises from coming into contact with our staff or services.

Safeguarding applies consistently and without exception across our services, partners and staff. It requires proactively identifying, preventing and guarding against all risks of harm, exploitation and abuse and having mature, accountable and transparent systems for response, reporting and learning when risks materialize. Those systems must be survivor-centred and also protect those accused until proven guilty.

#### **Sexual Abuse**

The term 'sexual abuse' means the actual or threatened physical intrusion of a sexual nature, whether by force or coercive condition.

#### **Sexual Exploitation**

The term 'sexual exploitation' means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily,

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socially or politically from the sexual exploitation of another. This definition includes human trafficking and modern slavery.

#### Survivor

The person who has been abused or exploited. The term 'survivor' is often used in preference to 'victim' as it implies strength, resilience and the capacity to survive, however it is the individual's choice how they wish to identify themselves.

#### Vulnerable Person

Sometimes also referred to as an "at risk person". A person who is or may be in need of care by reason of mental health or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

### Dealing with Safeguarding Reports

#### Purpose and Scope

The purpose of this document is to provide procedures for dealing with reports of breach of LATCH's Safeguarding Policy, where safeguarding violation is:

- Against staff or members of the public
- Perpetrated by staff, partners or associated personnel

#### Procedures

##### 1. Report is received

1.1 Reports can reach the organization through various routes. This may be in a structured format such as a letter, e-mail, text or message on social media. It may also be in the form of informal discussion of rumour. If a staff member hears something in an informal discussion or chat that they think is a safeguarding concern, they should report this to the appropriate staff member in their organisation.

1.2 If a safeguarding concern is disclosed directly to a member of staff, the person receiving the report should bear the following in mind:

- Listen
- Empathise with the person
- Ask who, when, where, what but not why
- Repeat/check your understanding of the situation
- Report to the appropriate staff member

1.3 The person receiving the report should then document the following information:

- Name of person making report
- Name(s) of alleged survivor(s) of safeguarding incident(s) if different from above

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- Name(s) of alleged perpetrator(s)
- Description of incident(s)
- Date(s), time(s) and location(s) of incident(s)

1.4 The person receiving the report should then forward this information to the Safeguarding Lead or appropriate staff member within 24 hours.

1.5 Due to the sensitive nature of safeguarding concerns, confidentiality must be maintained during all stages of the reporting process, and information shared on a limited "need to know" basis only. This includes senior management who might otherwise be apprised of a serious incident.

1.6 If the reporting staff member is not satisfied that the organization is appropriately addressing the report, they have a right to escalate the report, either up the management line, to the Board, or to an external statutory body. The staff member will be protected against any negative repercussions as a result of this report.

## 2. Assess How to Proceed with the Report

2.1 Appoint a Decision Maker for handling this report

2.2 Determine whether it is possible to take this report forward

- Does the reported incident(s) represent a breach of safeguarding policy?
- Is there sufficient information to follow up this report?

2.3 If the reported incident does not represent a breach of LATCH's Safeguarding Policy, but represents a safeguarding risk to others, the report should be referred through the appropriate channels (e.g. local authorities) if it is safe to do so.

2.4 If there is insufficient information to follow up the report, and no way to ascertain this information (e.g. if the person making the report did not leave contact details), the report should be filed in case it can be of use in the future, and look at any wider lesson learning we can take forward.

2.5 If the report raises any concerns relating to children under the age of 18, **seek expert advice immediately**. If at any point in the process of responding to the report (e.g. during an investigation) it becomes apparent that anyone involved is a child under the age of 18, the Decision Maker should be immediately informed and should seek expert advice before proceeding.

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- 2.6 If the decision is made to take the report forward, ensure that you have the relevant expertise and capacity to manage a safeguarding case. **If you do not have this expertise in-house, seek immediate assistance**, through external capacity if necessary.
- 2.7 Clarify what, how and with whom information will be shared relating to this case. Confidentiality should be maintained at all times, and information shared on a "need to know" basis only. Decide which information needs to be shared with which stakeholder – information needs may be different.
- 2.8 There may be additional policies to consult depending on the type of concern the report relates to.
- 2.9 If there isn't a policy for the type of report that has been made, you should check your obligations on informing relevant bodies when you receive a safeguarding report. These could include statutory bodies such as the Charity Commission, funding organisations or umbrella organisations. Some of these may require you to inform them when you receive a report, other may require information on completion of a case, or annual top-line information on cases. When submitting information to any of these bodies, think through the confidentiality implications very carefully.

### **3. Appoint Roles and Responsibilities for Case Management**

- 3.1 If not already done so, appoint a Decision Maker for the case. The Decision Maker should be a senior staff member, not implicated or involved in the case in any way.
- 3.2 If the report alleges a serious safeguarding violation, you may wish to hold a case conference. This should include:
  - Decision Maker
  - Person who received the report
  - HR Manager
  - Safeguarding Lead (or equivalent)

The case conference should decide the next steps to take, including any protection concerns and support needs for the survivor and other stakeholders.

### **4. Provide Support to Survivor where Needed/Requested**

- 4.1 Provide appropriate support to survivor(s) of safeguarding incidents. This should be provided as a duty of care even if the report has not yet been investigated. Support could include (but is not limited to):
  - Psychosocial care or counseling
  - Medical assistance
  - Protection or security assistance (for example being moved to a safe location)

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4.2 All decision making on support should be led by the survivor

## **5. Asses any Protection or Security Risks to Stakeholders**

5.1 For reports relating to serious incidents: undertake an immediate risk assessment to determine whether there are any current or potential risks to any stakeholders involved in the case, and develop a mitigation plan if required.

5.2 Continue to update risk assessment and plan on a regular basis throughout and after the case as required.

## **6. Decide on Next Steps**

6.1 The Decision Maker decides next steps. These could be (but are not limited to):

- No further action (for example if there is insufficient information to follow up, or the report refers to incidents outside the organisation's remit)
- Investigation is required to gather further information
- Immediate disciplinary action if no further information needed
- Referral to relevant authorities

6.2 If the report concerns associated personnel (for example contractors or suppliers), the decision making process will be different. Although associated personnel are not staff members, we have a duty of care to protect anyone who comes into contact with any aspect of our services from harm. We cannot follow disciplinary processes with individuals outside our organization, however, decisions may be made for example to terminate a contract with a supplier based on the actions of their staff.

6.3 If an investigation is required and the organization does not have internal capacity, identify resources to conduct the investigation. Determine which budget this will be covered by.

## **7. Manage Investigation if Required**

7.1 Refer to the Cardiff and Vale University Health Board's procedures for investigating breaches of policy. If these do not cover safeguarding investigations, use external guidelines for investigating safeguarding reports.

## **8. Make Decision on Outcome of Investigation Report**

8.1 The Decision Maker makes a decision based on the information provided in the investigation report. Decisions relating to the Subject of Concern should be made in accordance with existing policies and procedures for staff misconduct.

8.2 If at this stage in the process criminal activity is suspected, the case should be referred to the relevant authorities *unless this poses a risk to anyone involved in the case*. In this case, the Decision Maker together with other senior staff will need to decide how to proceed. This

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decision should be made bearing in mind a risk assessment of potential risks to all concerned, including the survivor and the Subject of Concern.

## **9. Conclude the Case**

- 9.1 Document all decisions made resulting from the case clearly and confidentially.
- 9.2 Store all information relating to the case confidentially, and in accordance with local data protection law.
- 9.3 Record anonymised data relating to the case to feed into organisational reporting requirements (e.g. serious incident reporting to Board, safeguarding reporting to donors), and to feed into learning for dealing with future cases.

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