

**Hospitaller Order of Saint John of God
West European Province
United Kingdom**



**Safeguarding
Policy & Procedures**

November 2024

Hospitaller Order of Saint John of God (UK)

Safeguarding Policy and Procedures

1. POLICY OVERVIEW

The Hospitaller Order of Saint John of God (SJOG - Western European Province) is committed to safeguarding all children and adults. Experiencing hurt as a child or vulnerable adult adversely impacts on many aspects of a person's life and well-being.

For SJOG this commitment directly relates to the fact that we are all made in the image of God and the Church's common belief in the preciousness, dignity and uniqueness of every human life. We start from the principle that each person has a right to expect the highest level of protection, love, encouragement and respect. Following on from the safeguarding reviews in 2020 we are committed to the One Church Approach to safeguarding by implementing the changes needed and ensuring we respond to victim/survivors promptly and compassionately.

2. SCOPE

2.1 SJOG (Western European Province) has Safeguarding Policies and Procedures for each of its geographic areas. These policies and procedures apply to all personnel within the SJOG UK (Religious, Lay, Voluntary or Trustee), regardless of their role or the activities they undertake. These policies and procedures reflect and are informed by *Integrity in Ministry* and the following eight standards

- **Standard One:** Embed Safeguarding in The Church's Body Leadership, Governance, Ministry and Culture.
- **Standard Two:** Communicate The Church's Safeguarding Message
- **Standard Three:** Engage With and Care for Those Who Report Having Been Harmed.
- **Standard Four:** Effectively Manage Allegations and Concerns.
- **Standard Five:** Manage And Support Subjects of Allegations and Concerns (Respondents).
- **Standard Six:** Implement Robust Human Resource Management.
- **Standard Seven:** Provide And Access Training and Support for Safeguarding.
- **Standard Eight:** Quality Assure Compliance to Continuously Improve Practice

2.2 It is the responsibility of all SJOG personnel to prevent, whether by action or omission, abuse. Abuse in this policy refers to: physical; sexual; emotional; spiritual; neglect; self-neglect; organisational; material; psychological; financial; domestic or verbal. Additionally, behaviour which effectively results in modern day slavery or where there is evidence of discrimination or radicalisation, needs to be recognised and addressed as a safeguarding issue, in accordance with the procedures outlined in Section 6.

2.3 Whilst engaged in Ministry with the Saint John of God Hospitaller Services or other organisation / religious body, SJOG Members must be aware of and compliant with that organisations policies and procedures. If a safeguarding concern is raised about a SJOG Member regarding their ministry with the Saint John of God Hospitaller Services or other organisation/religious body, that concern will have to be directed to other organisation/religious body and we can help to do this.

3. TRAINING

3.1 All SJOG personnel will undergo Safeguarding Training in relation to both Children and Adults as well as any other training relevant to their role. Listed below are the minimum standards for training in each role:

- Provincial - RLG Leader Training (equivalent to Level 2)
- Safeguarding Co-Ordinator (equivalent to Level 2)
- UK Safeguarding Representative – Safeguarding Lead Training (equivalent to Level 3)
- The Hospitaller Order (UK) Board of Trustees – Trustee Training (equivalent to Level 2)
- Community Members who work with public – Advance Safeguarding Training (equivalent to Level 2)
- Community members who do not work with public – Basic Safeguarding Training (equivalent Level 1)

3.2 SJOG members and Board members will undertake yearly refresher training.

4. ROLES AND RESPONSIBILITIES:

4.1 The Hospitaller Order (UK) Board of Trustees

The Board has a duty to maintain appropriate governance and oversight of Safeguarding in line with this policy and national guidelines. Certain functions of the Board will be delegated to (congregation/staff) members, as indicated below.

4.2 The Provincial

The Provincial is responsible for ensuring appropriate policy, procedures and best practice are in place for the effective delivery of safeguarding, including any related due diligence checks. Certain functions of the Provincial will be delegated to personnel, as indicated below.

4.2.1 The Safeguarding Co-Ordinator (Western European Province) has direct oversight of SJOG safeguarding policy and guidance and supports the Safeguarding Representative UK in the management and oversight of documentation, case progression/management and the secure, legally compliant storage of safeguarding reports and related material. The Safeguarding Co-Ordinator has oversight of the relationship with and input on the work of the RLSS. The Safeguarding Co-Ordinator is supported in this by the Safeguarding Representative UK.

4.2.2 The Safeguarding Co-Ordinator may delegate some of this responsibility to the RLSS by passing a case to them but will remain as key contact for the case duration unless another individual (e.g. Safeguarding Representative UK) is identified to assume case responsibility.

4.3 Safeguarding Representative UK

The Safeguarding Representative UK has responsibility for the management and oversight of documentation, case progression/management and the secure, legally compliant storage of safeguarding reports and related material. The Safeguarding Representative is supported in this role by the Safeguarding Co-Ordinator (Western European Province).

4.4 Provincial Safeguarding Advisory Group – Western European Province

Support from the Provincial Safeguarding Advisory Group (PSAG) is available to SJOG UK. PSAG is a resource to the Provincial regarding Safeguarding. It provides advice and reflects on practice.

4.5 All other roles

All personnel have an obligation to ensure they know how to respond to safeguarding concerns by being familiar with the content of this policy and the procedure contained within it and any other associated policies/procedures.

4.6 General

Everyone involved in the work of SJOG has a duty to disclose to the Safeguarding Co-Ordinator, Safeguarding Representative UK or Provincial any safeguarding concerns that have been raised about them.

5 PRACTICE GUIDANCE

5.1 Action must be taken if a concern is raised that a child or adult is suffering or is likely to be suffering from significant harm. This includes, but is not limited to:

- Someone who is at serious risk of harm from self or others
- Someone who poses a serious risk of harm to someone else
- A concern about a child or vulnerable adult at risk of harm from someone else
- Concerns over someone's mental capacity

5.2 Action must also be taken in line with the Church's mandatory reporting policy. This means that action must be taken if there are reasonable grounds to suspect or believe, that someone who holds any type of role within the Church is going to or has committed a crime, is going to or has caused harm, poses a risk or is otherwise unsuitable to work in a public facing role.

6 PROCEDURE

6.1 If SJOG personnel becomes aware of a safeguarding issue, they should disclose this to the Safeguarding Co-Ordinator, Safeguarding Representative UK or Provincial who will contact the RLSS Safeguarding Team and pass the concern and all associated records to them immediately. The SJOG personnel will ensure that the person who made them aware of the issue knows that they are doing this.

6.2 The RLSS or Safeguarding Co-Ordinator/Representative UK at SJOG who has casework responsibility should:

- Ensure the victim / survivor or individual has been informed of the next steps
- Explain what will happen, give them options if possible and an indicative timescale
- Contact any relevant bodies
- Complete the safeguarding paperwork and ensure appropriate record keeping of all communications including phone calls, meetings and discussions in relation to the case are recorded
- Inform the Provincial of the new safeguarding referral.
- All referrals / reports outside of the RLSS should be made within 24 hours of receiving the information, unless there are exceptional circumstances to postpone making this referral/report.
- The decision to delay a referral/report must be authorised by Provincial

6.3 When the concern needs to be reported to a statutory agency, the individual making the referral must be informed that all information about safeguarding will not be kept confidential, and that the details must be passed on to the police and any other appropriate body but they may be able to remain anonymous depending on the circumstances. Personnel should be supportive of the individual making the disclosure but should not seek more details than necessary for an initial statutory referral.

6.4 The RLSS will make recommendation about when to report to safeguarding bodies or external agencies based on risk and need and the national policy guidance supplied by the CSSA.

6.5 Safeguarding Bodies (not exhaustive)

- Internal Safeguarding Structures within the Catholic Church
- Local authority Safeguarding team – Adults
- Local authority Safeguarding team – Children
- Police 999
- Police 101
- GP
- Crisis Team
- RLSS Out of Hours Team
- Community Psychiatric Nurse
- Charity Commission
- CSSA
- Local Safeguarding Commission
- Local Authority Designated Officer (LADO)
- NSPCC
- DBS

7 WHISTLEBLOWING

7.1 SJOG will encourage and enable anyone with a serious concern, to raise the concern without fear of victimisation, or disadvantage.

7.2 If that concern is in regard to malpractice, illegal acts, or omissions at the SJOG or other religious institution relating to safeguarding, then the RLSS should be made aware.

7.3 The action taken by the RLSS will depend upon the nature of the concern referred. However, an investigation will be undertaken if appropriate, followed

by appropriate action and written feedback will be provided, including a rationale documenting the reasons why identified actions have been taken. This can be delegated to RLSS.

8. RECORDING AND STORAGE OF SAFEGUARDING CONCERNS AND CASE FILES

8.1 Primary responsibility for the management of documents and safeguarding case files sits with the Safeguarding Co-ordinator / Safeguarding Representative UK / RLSS, who will ensure an accurate, auditable, and secure record of any safeguarding concern or allegation referred to SJOG are maintained.

8.2 This record will include:

- Relevant contact details
- Details of how/when the concern or allegation was received.
- Details of the concern itself
- Relevant historical information
- Identified past and present risk factors
- Any actions or investigation undertaken including those by SJOG or RLSS and from statutory agencies.
- Rational for actions and or outcome of case

8.3 All records are potential evidence in a criminal trial civil case or statutory/public Inquiry and must be stored in a safe and retrievable format with an auditable record of provenance and integrity.

9 SAFER RECRUITMENT PRACTICE GUIDANCE

9.1 The SJOG will ensure that personnel are subject to the appropriate Disclosure and Barring Service (DBS) checks (including enhanced DBS) in line with both statutory and Catholic Church requirements.

9.2 Appointments will be based on the person's experience, skills and ability to meet the set criteria and job specification for the specific role. It is essential to ensure that all documentation relating to the applicant is stored in a secure place and remains confidential.

9.3 Appointment to a role will not be confirmed until a satisfactory DBS Disclosure check has been received and previous employment references confirmed as being acceptable.

9.4 On appointment, all new employees should be provided with and sign to say they understand all relevant policy and procedures, including a copy of this document and their responsibilities within it highlighted.

9.5 All persons seeking to work with children or adults whether in a paid or unpaid capacity must be provided with the opportunity to self-disclose relevant conviction information. This is a DBS Code of Practice requirement and applies to anyone being asked to have an Enhanced Disclosure.

10 POLICY REVIEW

This policy is approved by the Hospitaller Order (UK) Board of Trustees and will be subject to an initial review in September 2025 and then annually or sooner, where there is a significant change or need.

Policy last updated: November 2024

Name:

A handwritten signature in black ink, appearing to read 'Dominic Jordan, BSc'.

Date of Next Review: September 2025