

Guidance for arranging Pilgrimages involving children, young people and adults at risk

Introduction

This good practice guidance is primarily aimed at all Pilgrimages although the content is likely to be helpful in relation to the organisation of retreats. The guidance has been developed from practice experience and will continue to develop as a living document.

Where standards are stated within the guidance, for example volunteer: pilgrim ratios, if these are not followed, you should undertake a risk assessment and document your decisions.

It is recognised that pilgrimages operate in different ways and have different needs to address in their organisation and smooth running. For this reason, it is not considered to be feasible or appropriate to produce a set of specific policies and procedures which all pilgrimages should adhere to. Instead, this guidance is intended to set out the key areas that require consideration in the planning and delivery of pilgrimages with links to relevant parts of the national safeguarding policies and procedures. Because there is likely to be variation in arrangements between pilgrimages, it is advisable to check the specific arrangements made with the individual pilgrimage organiser and their safeguarding and Health & Safety “competent person”¹.

It is further recognised that not all pilgrimages are diocesan based and thus mandated by a Bishop or Religious Leader. The Guidance is likely to be relevant to all Pilgrimages and where pilgrimages are being organised in the name of the Catholic Church in England and Wales, this Guidance, along with the national safeguarding policies and procedures of the Catholic Church in England should be followed.

Structure of the Guidance

This document is organised into 3 sections

1. Pilgrimage Planning
2. During Pilgrimage
3. Post Pilgrimage

Within each section there are key considerations, suggested actions and further considerations relating to the actions. Not all considerations will apply to every pilgrimage to

¹ For the avoidance of doubt, a competent person in this context is someone who has enough training and experience or knowledge and other qualities that allow them to assist you appropriately from a legal and practical perspective.

every destination so please be guided by those points that are relevant to the pilgrimage you are organising.

This is not an exhaustive list of areas for consideration and you can add to these in creating a local version of good practice guidance.² Whilst we have endeavoured to adopt terminology that is appropriate to all, please adopt your own terms and titles where necessary.

Further information and support in respect of good practice can be found within the national safeguarding policies and procedures of the Catholic Church in England and Wales located on the CSAS website, www.csas.uk.net To contribute to the ongoing development of the guidance please contact Colette.limbrick@csas.uk.net

² Guidance contained in this paper, could also be applied to other activities of a diocese, parish or group, where overnight accommodation is provided

1 Pilgrimage planning

The Pilgrimage must have the mandate of the Archbishop, Bishop, Religious Leader or Pilgrimage Leader (see introduction where this does not apply). The **CASE2 form** in the national safeguarding procedures can be used as a template for this purpose.

Key consideration	Suggested activity	Further matters and questions to consider
<p>Establishing access to safeguarding support and advice</p>	<p>There should be a specific lead person appointed who is responsible for safeguarding. The inter-relationship between different safeguarding roles e.g. the pilgrimage safeguarding lead, the safeguarding coordinator and safeguarding representative or religious safeguarding lead, and the Safeguarding Commission for your diocese or group needs to be considered.</p> <p>Clarify the safeguarding advice and support that will be required from the safeguarding office.</p> <p>Identify how and from whom safeguarding advice and support will be obtained in advance of the Pilgrimage.</p> <p>Clarify and agree the role of the diocesan or religious safeguarding coordinator in providing safeguarding advice and support pre, during and post-pilgrimage.</p> <p>Clarify which policies, procedures and practices you need assistance with. These should include:</p>	<p>Are the roles of the safeguarding coordinator that is located in the diocese or congregation and the appointed safeguarding lead on the Pilgrimage clearly differentiated? If this person is one and the same, a clear policy on accountability needs to be put in place, for use in the event of a dispute or conflict.</p> <p>What arrangements need to be made for obtaining safeguarding support and advice during times that the diocesan or congregational Safeguarding Coordinator is on leave or otherwise absent from work?</p> <p><u>Photography and filming</u></p> <p>Are there restrictions on the use of images of some children e.g. those looked after, adopted or protected for some other reason? Consent to take and use images must be obtained in advance of the Pilgrimage.</p> <p>You will need agreements with professional photographers about ownership of images and approval</p>

	<ul style="list-style-type: none"> • Handling of complaints; • Whistle-blowing – see CSAS website • Issues of capacity and consent – see ‘creating a safer environment’ on the CSAS website • Dealing with misconduct of pilgrims and any helping role on Pilgrimage; • Expectations and supervisory limitations in relation to photography and filming (including social media); • Alcohol consumption – consider whether there is a duty of care to all pilgrims within your organised group; • Dealing with safeguarding concerns and allegations that arise on Pilgrimage (reporting, supporting individuals, risk management). See procedures for the management of allegations on the CSAS website. • Staffing by helpers at the Baths in the Sanctuary; • Providing or seeking support from other Pilgrimage groups e.g. one Pilgrimage assisting another in bringing home a sick Pilgrim; • Dealing with individuals who are not part of the organised group seeking to join the pilgrimage group at privately arranged events/trips as opposed to general services; • Expectations and arrangements for telling people where you are; • Dealing with missing persons who are deemed vulnerable and those who are not; 	<p>of images before publication and display by the appointed photographer.</p> <p>For further information about obtaining consent see the CSAS website.</p> <p><u>Staffing at the Sanctuary</u> What additional safeguards need to be put in place because not all helpers/volunteers at the Baths will be criminal record checked due to differing requirements in different countries? You must formulate your own policy and risk assessments for your unaccompanied minor baths.</p> <p><u>Sacrament of reconciliation</u> What safeguards are required in respect of Sanctuary clergy in the Confessional, if pilgrims are encouraged to avail themselves of this service, rather than seek the Sacrament from the Pilgrimage clergy?</p> <p>Arrangements need to be made for celebration of the Sacrament of Reconciliation for children and adults who are vulnerable (e.g. communication difficulties, emotional health needs), in accordance with diocesan good practice. For further information about the sacrament of reconciliation see the national safeguarding procedures on the CSAS website.</p> <p><u>Booking forms</u> Booking form information should include a statement informing people that the Pilgrimage is open to all and</p>
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	<ul style="list-style-type: none"> • Dealing with critical incidents e.g. terrorist attacks (see contingency planning. See http://www.hse.gov.uk for helpful advice • Safe practices, safeguarding risk assessments, managing risk when previously unknown risks related to an individual become known during Pilgrimage; Management of risks should be documented, and a multi-disciplined approach adopted. See http://www.hse.gov.uk for helpful advice on risk assessment. • Obtaining interpretation services in a different country; • Obtaining medical assistance in a different country. <p><u>Booking forms</u> Booking forms should be reviewed by a member of the safeguarding team to ensure that they contain relevant information relating to safeguarding.</p>	<p>that non-helper pilgrims are not subject to criminal record checks.</p> <p>Booking forms should also clarify that staff and volunteers in caring roles will have DBS Disclosures, but not all roles are eligible for DBS Disclosure.</p>
<p>Recruitment to defined roles using the national safer recruitment policy and procedures</p>	<p>Identify the key roles that need to be appointed to, develop role descriptions and consider the length of appointment.</p> <p>Develop a role description for the appointed safeguarding lead attending the Pilgrimage that sets out the required experience and skills.</p> <p>Ensure that application forms include appropriate and relevant information about health that might impact on the safety of the applicant and the safe operation of the</p>	<p>Refer to the national safeguarding safer recruitment policy and procedures on the CSAS website for more information. There are several forms that can be used during the recruitment and appointment process.</p> <ul style="list-style-type: none"> • Applicant registration form • Reference request form • Safeguarding self-declaration form • ID verification forms

	<p>pilgrimage including a self-declaration of fitness to travel and volunteer.</p> <p>Determine the qualifications and experience of the leadership team, to include team leaders, the competencies of the clinical team, catechists, youth leaders, and clergy.</p> <p>On application forms for carers, ask for details of past experiences or experiences which could be useful such as language skills and ensure this information is shared with the lead nurse/doctor. Application forms should make it clear that information will be treated in accordance with your confidentiality policy.</p> <p>Identify which roles are eligible for DBS checks and a timetable for rechecks.</p> <p>Determine and communicate the policy on the use of individuals who have not undertaken criminal record checks or were not eligible for a check but seek to assist whilst on Pilgrimage. Include communication about how to identify individuals who have or who have not been subject to criminal record checks.</p> <p>Verify identity and request self-disclosure of relevant offences e.g. annually or before the pilgrimage, between checks. Consider asking volunteers to sign up for the DBS online update service which can therefore be checked annually or before the pilgrimage.</p>	<p><u>Qualifications</u> Clarify who determines that the qualifications and training are adequate and up to date; what the minimum expected standards are and that the individual is confident in their role.</p> <p><u>DBS</u> What procedure will be put in place for ensuring unchecked helpers/volunteers are not working alone or are always co-working with somebody who is DBS checked?</p> <p>What roles can be assigned to non-DBS checked helpers/volunteers e.g. setting up mass or events, transporting water, managing equipment, preparation of refreshments?</p>
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	<p>Ensure that assisted Pilgrim self-appointed carers are identifiable as providing care and support to a specific pilgrim. Ensure that a risk assessment has been completed.</p>	
<p>Clarify the role of Doctors and Nurses outside of the jurisdiction of England and Wales and their insurance to practice</p>	<p>Ensure that the necessary level of medical and nursing expertise is configured into the group to cater for the routine needs pilgrims, with recourse to destination country medical authorities for emergency cases.</p> <p>Ensure that a clinical competence and confidence policy is drafted.</p> <p>Ensure that all clinicians have an up to date GMC registration (doctors) or PIN number (nurses).</p> <p>Ensure that all clinicians have insurance cover for professional liability (this may be provided by their professional practice insurer in the UK. e.g. MPS, MDU, RCN etc.</p> <p>Ensure that CPD certificates are given to clinicians by a competent supervisor.</p> <p>Ensure that medical volunteers are supervised and do not practice outside of their level of competence.</p>	

<p>Selection and support of helpers/ volunteers (including those under the age of 18 years)</p>	<p>Pilgrimage Directors should establish the minimum age of helpers e.g. 16 years and dependent on role and training³. Make arrangements for the formation and support of helpers/volunteers pre, during and post Pilgrimage.</p> <p>Establish the ratio of helpers to pilgrims. For example, 1:1 for wheelchair management and 2:1 for personal care.</p>	<p>See footnote below in relation to caring roles.</p> <p>Consider the range of other volunteering opportunities that are suitable for young people such as house-keeping, setting up/clearing up dining rooms, assisting on outings/processions.</p> <p>In all circumstances, volunteers must be trained for the role and a risk assessment undertaken before being assigned to a role.</p>
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³ Although helpers on pilgrimage are usually not in an employment situation there is a range of advice and a framework to support decision making about the use of young people under the age of 18 years in caring roles.

‘Skills for care’ advises that young people aged 16-18 can be employed in adult social care if they have completed or are undertaking an approved training programme in health and social care. The competence and confidence of the young helper to carry out all the tasks required of them, including where necessary intimate personal care must be assessed, risk managed, and overseen by an adult in a leadership or chaperone role. Appropriate support must be offered to the young helper and the consent of the person being supported, and/or their advocate should be obtained. Inexperienced helpers must not to be left in charge or to work on their own in areas of personal care.

For additional advice, the care inspectorate Wales requires all staff aged under 18 years to be registered on a training programme leading to NVQ level 2 in care or a similar qualification approved by Social Care Wales. 17-year-old trainees who are supernumerary may work 1:1 if supervised by an adult care worker until aged 18 and can only be involved in personal care with the agreement of a service user. Please note therefore that training, appropriate supervision and consent from the helper and assisted pilgrim is required when risk managing young helpers in personal care situations.

‘NHS Employers’ (online) state that a person aged 16 or over who has left statutory education can work in a care setting and there is no legislation or ruling that says they cannot work in clinical settings. In 2008, changes to the regulations came into play which now allow 16-18-year olds to provide personal care if they are suitably, trained, competent and appropriately supervised.

	<p>Ensure that helpers will be adequately trained for their role. Helpers under the age of 18 years should be supported by a competent adult.</p> <p>Ensure that helpers/volunteers do not provide assistance to Assisted Pilgrims which they are not authorised to give e.g. personal care, eating, and hydration. Clarify and communicate the procedure that helpers/volunteers will be expected to follow if asked by an assisted pilgrim for assistance which they are not authorised to give. This should include who they can approach for advice and support.</p> <p>Pilgrims should be informed about the roles that helpers will and will not be able to fulfil.</p> <p>Clarify, document and make known the day and night time supervision arrangements for young volunteers under the age of 18 years.</p> <p>Ensure supervision arrangements are suitable and pastoral care is in place for all.</p>	<p><u>Assessing the suitability of young helpers/volunteers.</u></p> <p>This should include a reference from a head of school year.</p> <p>Does the individual understand their role and responsibilities?</p> <p>Are they experienced, trained and supervised?</p> <p>Is the role beyond the person's physical or psychological capacity?</p> <p>Young people should not be exposed to risk due to:</p> <ul style="list-style-type: none"> • Lack of experience; • Being unaware of existing or potential risks; • Lack of maturity. • Lack of training <p>Does the role involve risks or accidents that cannot reasonably be recognised or avoided by the young person due to their insufficient attention to safety or lack of experience or training?</p> <p><u>Ratios</u></p> <p>There should be at least 2 helpers to 1 pilgrim for intimate personal care. See footnote 3 in relation to the use of young helpers.</p> <p>1:1 assistance with eating should take place where others are present or nearby. This assistance should be</p>
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		<p>identified on a nursing assessment and there must be a risk assessment completed outlining what position the pilgrim needs to be in and any special equipment required.</p> <p>1:1 assistance e.g. pushing a wheelchair should take place where others are present or nearby and there is appropriate provision made in an emergency or if assistance is required.</p> <p><u>Supervision and support</u> Is it clear who is responsible for different groups?</p> <p>Is it clear who the responsible adults are and where their responsibilities start and end?</p> <p>Consider the length of time that young volunteers and helpers etc. are on duty. Working time directives for night shift working should be followed.</p> <p><u>Use of other helpers</u> What level of oversight is required and can be given to assistance provided by tour/transport operators at airports etc., where those assisting might not have been subject to rigorous safer recruitment processes? Adequate supervision needs to be provided by your pilgrimage.</p>
<p>Training of leaders, helpers and volunteers</p>	<p>Ensure a minimum standard of mandatory training for those in supervisory roles.</p>	<p>A range of training opportunities is likely to be required to meet different needs.</p>

	<p>Consider which specific roles need training to ensure that pilgrims are safeguarded throughout the pilgrimage e.g. leaders, medical team, anybody in a supervisory role, helpers/volunteer and clergy⁴.</p> <p>Determine the types of training required.</p> <p>Determine who will deliver training that is high quality, relevant and up to date in terms of good practice and delivered by appropriately experienced trainers.</p> <p>Ensure that there is a record of the training undertaken including its content.</p> <p>Records of training should be kept in accordance with your record retention policy.</p> <p>Clarify how non-attendance at training will be managed, how this will affect ability to participate in the Pilgrimage and what exceptions, if any, will be made for non-attendance by experienced helpers/volunteers. For example, ensure that it is understood that non-attendance at mandatory training will result in individuals not being able to participate as helpers.</p> <p>Determine the policy on the use of individuals where the appropriate training has not been taken up or evidenced.</p>	<p>The Educare online training programme provides different modules related to child and adult safeguarding and can be accessed by contacting the diocesan office who will register the individuals and provide them with log-in credentials. The training is available free of charge to any member of the Catholic community.</p> <p>Other training might include:</p> <ul style="list-style-type: none"> • How to deal with different situations e.g. theft; first-aid, use of a defibrillator; • Helping a person wash and dress • Manual handling and safe use of equipment • Wheelchair management; • Health advice to include hand washing, well-being, D&V management; • Confidentiality; • Accident reporting; • Whistleblowing; • Complaints; • Practical case studies of good and bad practice.
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⁴ If clergy are providing personal care of any nature, they must receive training via the Pilgrimage training days

<p>Selection and support of pilgrims</p>	<p>Make arrangements for the formation and support of pilgrims pre, during and post Pilgrimage.</p> <p>Establish the minimum age of unaccompanied pilgrims.</p> <p>Clarify the supervision ratios and supervision arrangements for assisted and young pilgrims whilst travelling and during pilgrimage throughout the day and overnight.</p> <p>Consider how people known to pose a significant risk might be included and how the risk implications for other pilgrims will be managed</p> <p>Consider how the expertise of the medical team and capacity of the nursing team in a given year needs to affect the selection of assisted pilgrims.</p>	<p>Consider any responsibilities you have towards those travelling independently.</p> <p><u>Inclusion</u> Are existing arrangements in place adequate or are any special arrangements needed for monitoring/supervision and support of pilgrims who are known to potentially pose a risk to others because of mental health, convictions and behaviours?</p> <p>Pilgrims should be matched with experienced helpers where there is a known risk, and this should be documented including contingency plans.</p>
<p>Codes of conduct and expectations which are understood in advance and signed up to</p>	<p>Develop codes of conduct for all participants and consider whether specific codes are required for different roles e.g.</p> <ul style="list-style-type: none"> • leaders • clinicians • clergy • helpers/volunteers • pilgrims • young people <p>Clarify accountability and determine the processes for dealing with misconduct arising before and during the pilgrimage, to include who is responsible and any appeal process.</p>	<p>Produce a handbook that contains the code of conduct and other relevant information that can be updated annually and provided to all pilgrimage participants so that they are clear about what can be expected.</p> <p>Consider the interrelationship with diocesan and congregational disciplinary and penal processes and be clear about the different reporting mechanisms and ongoing responsibilities for clergy, religious and employees. See responding to allegations and concerns on the CSAS website.</p> <p>Where necessary, clarify any additional reporting processes to relevant professional regulators,</p>

	<p>For Lourdes Pilgrimages, please note that there is no law establishing a legal age of sexual consent in France. Sexual intercourse between an adult and a minor under 15 years is illegal but France accepts the possibility that a minor is capable of consenting to sex. This is not the position accepted in England and Wales.</p>	<p>insurers/unions, e.g. including, but not limited to the General Teaching Council, Care Quality Commission or Care and Social Services Inspectorate Wales, General Medical Council, Nursing and Midwifery Council, Healthcare professions council.</p>
<p>Health and Medical policies, procedures and protocols</p>	<p>Develop policies and procedures including, but not exclusively, the following topics:</p> <ul style="list-style-type: none"> • Medicines management; • Controlled Drugs management • Administration of medicines; • Medical equipment; including the ordering/hiring of equipment, risk assessments for equipment hired in. • Bedrail risk assessments • Manual handling; • Personal protective equipment; • Hand hygiene; • Spillages and waste; • Diarrhoea and vomiting (escalation protocol); • Pressure ulcer prevention and management; • Infection prevention and control; • Infection outbreak (escalation protocol) • Isolation; • Medical escalation protocol; • Mental health. 	<p>Consider whether training adequately addresses coverage of the policies and procedures</p>

	<ul style="list-style-type: none"> • Capacity and consent protocols • PEEPs (Personal Emergency Evacuation Plans) for assisted pilgrims – these are to be completed by appropriately trained individuals. • 	
Insurance	<p>Ensure that insurance policies cover all members of the group travelling to, during and returning from the pilgrimage.</p> <p>Ensure there is insurance cover for legal liability and clarify whether other insurance policies provide cover.</p> <p>If an opt out clause is provided for travel insurance, ensure that those who have opted out, provide details of the private policy providing cover, the policy number, and contact number in case of emergency,</p> <p>Ensure the application or booking form contains a declaration that the Pilgrim will declare any change of circumstances e.g. health that might impact on the insurance cover.</p> <p>Consider the need for additional medical insurance to cover the non-sick pilgrims (e.g. people who become ill during the pilgrimage but are generally well) and the health care professionals and lay volunteers.</p> <p>Ensure that all clinicians have insurance cover for professional liability (this is normally provided by their</p>	<p>Is it a condition of insurance cover that all volunteers have undertaken relevant training?</p> <p>Are there any insurance requirements that must be adhered to when appointing to specific posts?</p> <p>Is there a need for specific advice relating to vicarious liability?</p> <p>Are young volunteers are covered by insurance if harmed as a result of their activity?</p> <p>Whose travel insurance covers repatriation of carers as a result of death or injury?</p>

	<p>professional practice insurer in the UK. e.g. MPS, MDU, RCN etc.</p> <p>Consider whether any specific legal or insurance advice is required.</p>	
<p>Travel and accommodation</p>	<p>Ensure that the tour operator or travel organiser is properly licensed to operate the tour and that in the event of financial failure the pilgrimage will be protected.</p> <p>Develop a flight and other transport policy.</p> <p>Determine who is responsible for checking suitability and state of repair of accommodation and venues.</p> <p>Determine whether you require Certificates of Compliance for all hotels/accommodation.</p> <p>Clarify who will undertake safety checks on arrival.</p> <p>Clarify who will undertake safety checks of equipment hired in (including documenting acceptance of equipment)</p> <p>Clarify the sleeping arrangements for individuals appointed by pilgrims (e.g. shared rooms).</p> <p>Clarify the sleeping arrangements for those who require overnight care but have not got a self-appointed carer. Ensure that such individuals needing overnight care are not having their dignity compromised by sharing a room</p>	<p>Where the pilgrimage involves flights, confirm that the operator holds an Air Travel Organisers License (ATOL). Membership of organisations such as the Association of British Travel Agents (ABTA) and the Association of Independent Tour Operators (AITO) require the tour operators to abide by codes of practice and offer protection if something goes wrong.</p> <p>What assessment of carriers (plane/train/coach) and agents is required?</p> <p>Do your risk assessments distinguish between using public transport and using transport that is entirely controlled by the pilgrimage group?</p> <p>What specific travel arrangements for assisted pilgrims need to be made?</p> <p>Consider whether accommodation is to be in a particular place e.g. the Accueil Notre-Dame or how it is to be managed across different sites.</p> <p>Does the booking form reflect varying accommodation needs and arrangements e.g. room sharing?</p>

	<p>or that the able sharer is not having their dignity/sleep disturbed by sharing.</p> <p>Clarify arrangements for room sharing for non-family member pilgrims. Consider consent and capacity issues when matching individuals.</p> <p>Clarify that it is the responsibility of the Pilgrimage Director to set age cohorts.</p> <p>Clarify the age range for multiple living/sleeping arrangements e.g. (U16, 16-18, O18).</p>	<p>Has permission been gained from parents/carers for any shared sleeping arrangements? NB. It is not acceptable for one leader to share a group room with children, young people or assisted pilgrims.</p> <p>Has enough attention been paid to the 'match' of individuals in group living/sleeping arrangements considering age, health and social needs?</p> <p>Usually, under 18s should not share with young people over the age of 18 years. It is recognised however, that provision of care for disabled pilgrims might necessitate those in different age brackets sharing accommodation although this should not be the norm. The sharing of accommodation for individuals in different age brackets must be risk assessed and arrangements must uphold the dignity of and protect all parties.</p>
<p>Health and Safety including assessment and management of risk</p>	<p>Create and maintain a risk register.</p> <p>Ensure that there are arrangements to access and maintain the accident reporting arrangements in place for your Pilgrimage.</p> <p>Clarify arrangements for accident reporting and arrangements for notifying insurers.</p> <p>Clarify arrangements for near miss reporting.</p>	<p>Consider how learning from 'near misses' can be used after the Pilgrimage both locally and nationally. Consider whether the role to collate and disseminate national learning should be assigned to a named Pilgrimage Director.</p> <p>Do risk assessments specifically highlight what needs to be done and what young people and adults at risk need to do to keep safe?</p> <p>Are risks reduced to their lowest possible level so far as reasonably practicable?</p>

	<p>Clarify responsibility for undertaking risk assessments e.g. the Pilgrimage Director with professional assistance and ensure that they are undertaken.</p> <p>Clarify that responsibility for clinical risk assessments sits with the lead doctor and lead nurse.</p> <p>Ensure the individual has the requisite skills and professional experience of the area being risk assessed.</p> <p>Risk assessments might include but are not limited to:</p> <ul style="list-style-type: none"> • Pilgrims that potentially pose a risk to others because of mental health, offending behaviour etc.; • Daytime and overnight supervision of unaccompanied U18s; • Experience, skills and suitability of those with specific roles on pilgrimage; • Travel arrangements; • Accommodation – health and safety, location, suitability; • Sleeping arrangements for all age cohorts/same sex groups; • Shared rooms for assisted pilgrims; • Activities and events e.g. baths at the Sanctuary, social activities; • Individual plans for assisted pilgrims; • PEEPs (Personal Emergency Evacuation Plans); • Person centred planning, especially for those with impaired or no mental capacity; 	<p>Who needs to be briefed about risk?</p> <p>Parents/guardians of children should be informed about possible risks and measures put in place to control them.</p> <p>Ensure that risk assessments consider and address how U18s with a night time emergency will get adult help.</p> <p>Ensure that risk assessments consider and address how adults are to respond if approached individually for assistance to ensure the safety of all.</p> <p><u>Risk assessment in relation to individuals</u> Consultation should take place with the Safeguarding Coordinator and if necessary, the Safeguarding Commission about individuals who might pose a risk?</p> <p>Consultation should take place with statutory agencies or other relevant agencies in advance of Pilgrimage?</p> <p>In relation to individuals with additional needs, is a formal risk management plan required; who will facilitate this and who needs to contribute to it?</p> <p>Consultation needs to take place with the person concerned about the discussions taking place and arrangements being put in place?</p>
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	<ul style="list-style-type: none"> The legal context of the destination country and potential impact on pilgrims e.g. crime, safeguarding. <p>Clarify who will be responsible for taking risk assessments on pilgrimage and storing them securely. Ensure that more than one person can access them and that they are available in both paper and/or electronic form.</p> <p>Issue privacy notices clarifying how personal data will be used, stored and for how long. For further information, see https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/</p>	
Legislation	<p>Establish arrangements for contacting the police and reporting any incidents in destination countries with different legal contexts. Decisions to report allegations and concerns must be based on the requirements of the national safeguarding policy and procedure for managing concerns and allegations which can be found on the CSAS website www.csas.uk.net</p> <p>Ensure that safeguarding matters within the jurisdiction of UK legislation are reported, in liaison with the diocesan or congregational safeguarding coordinator.</p>	<p>Consider whether the arrangements for making use of the appropriate Embassy in relation to matters such as repatriation and interpreters are clear and understood.</p> <p>Consider whether there are individuals who can effectively communicate medical terms in a different country if required to do so.</p> <p><u>Dealing with critical incidents</u> Endeavour to understand how police and relevant authorities respond to critical incidents in the country being visited.</p>
Repatriation	<p>Consider the different circumstances under which repatriation may be necessary.</p>	<p>Circumstances for repatriation might include, but are not limited to:</p>

	Ensure there is adequate provision for repatriation and that this provision is known.	<ul style="list-style-type: none"> • Repatriation as a result of conduct (setting out the different arrangements for adults and children); • Repatriation as a result of deteriorating health which makes the return journey difficult; • Repatriation as a result of death requiring links with the UK Embassy; • Repatriation of carers as a result of death or injury
Communication	<p>Develop a communication plan that establishes responsibilities and arrangements for communication with relevant stakeholders in the host country and at home.</p> <p>Ensure information about photography, social media, insurance limitations, supervision, accommodation etc. is communicated in advance of the Pilgrimage.</p> <p>Ensure there is a link person in the UK who has details of all attendees and is accessible. This person should also have access to the Pilgrimage contingency plan.</p>	<p>Stakeholders might include but are not limited to the Police, health service, diocesan/congregation safeguarding coordinators, media officers, schools, families, Bishops/Religious Leaders and the UK Embassy.</p> <p>In respect of photography/filming, communication should set out those areas within your control e.g. organised photography, and those things that are not e.g. peer/non-official photography. You should inform pilgrims and those with legal responsibility for them, that you cannot be held accountable for the taking and publication of non-official photography on your Pilgrimage.</p>
Data protection	Clarify which records need to be kept, who they need to be shared with (on a need to know basis), what format they are to be kept in and shared in (e.g. paper or electronic) and where records are to be kept during Pilgrimage. https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/	Records will include, but are not limited to risk assessments, insurance certificates, medical data, safeguarding information, incident reports, photographs etc.

	<p>Determine specifically how sensitive records relating to health, criminal records and to be stored pre, during and after pilgrimage.</p> <p>Determine what records will be retained, how and for how long after pilgrimage</p>	<p>Consider the need to differentiate between personal, health and medical records, other records relating to pilgrims and general administrative records in terms of record retention arrangements and record retention periods. https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/</p> <p>Differentiate between retention periods for adult and child health records.</p> <p>Information should only be shared in accordance with the information sharing protocol. See the CSAS website for the national safeguarding information sharing protocol.</p>
<p>Contingency planning</p>	<p>Clarify the contingency plan if using a ratio of 2 helpers to 1 assisted pilgrim and a helper/volunteer becomes unwell or is called away leaving only 1. The policy should include planning for an emergency where simultaneous medical and safeguarding needs must be taken into consideration. As part of the planning process the lead nurse should assess the number of hours of care required per day for assisted pilgrims and ensure this is documented and shared with the director.</p> <p>Clarify who parents/family will contact for information in the event of a critical incident.</p> <p>Clarify who will manage the flow of information and how.</p> <p>Clarify who will manage media interest.</p>	<p>See http://www.hse.gov.uk for further information on contingency planning</p>

	Clarify who will bring people together if necessary and arrange location, practical arrangements and support.	
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2 During the Pilgrimage

Key consideration	Suggested activity	Further considerations, suggestions and advice
Establishing group identity	<p>Decide how group identity will be established.</p> <p>Consider whether group identity items should be year dated or identifiable as relating to the specific year to avoid previous years' being used inappropriately by former volunteers.</p>	<p>Suggested forms of identity include wristbands, name badges, tabards, names on clothing, lanyards/ medic badges (with images if possible, to prevent a 3rd party passing themselves off as a member of the pilgrimage or for ID purposes if someone should go missing or in the case of an emergency incident e.g. terrorist attack).</p>
Ensuring that leaders and deputies are identifiable	<p>Identify one person as being in overall charge during the day and night. Arrangements for contacting the person in charge must be made known to those for whom s(he) is responsible for managing.</p> <p>Ensure that those to whom responsibility is delegated by the person in charge are clearly identifiable and that those for whom they are responsible know how to contact them.</p> <p>Appoint an independent person for whistle-blowers to contact, if and when necessary.</p>	<p>An appropriate gender balance of leaders and deputies should be achieved where possible.</p> <p>The overall person in charge can delegate and with agreement discharge responsibilities to others who can fulfil what will be required of them; if those who need to know are informed of changes in arrangements.</p>

	<p>Establish where responsibilities for different roles start and end and make this known to everybody in attendance.</p> <p>Establish arrangements for day and night briefings and debriefings to ensure continuity of care and that issues are dealt with in a timely fashion.</p>	
<p>Ensuring everybody understand the domestic law of destination country</p>	<p>Ensure that all participants understand that regard must always be had to the requirement for each group to comply with the domestic law of the destination country and any other country through which the pilgrimage travels.</p>	

3 Post Pilgrimage

It is important not to lose any learning from the pilgrimage, whether that may be from practice and procedures, safeguarding or dealing with incidents.

Key consideration	Suggested activity	Further considerations, suggestions and advice
Debriefing	<p>Hold a debriefing meeting as soon as possible led by the pilgrimage director to use learning to influence policy and procedure in preparation for the next pilgrimage.</p> <p>Make a formal report to the Safeguarding Commission after any pilgrimage that includes under 18s and Adults at Risk.</p> <p>Debrief the Bishop, Religious Leader or where this is not applicable, the Pilgrimage Leader.</p>	<p>Provide feedback forms to leaders and a selection of helpers and assisted pilgrims.</p> <p>Consider holding feedback meeting(s) by the pilgrimage organisers of the various aspects of the week in Lourdes e.g. Liturgy, clinical, formation (including training), leadership, safeguarding, health & safety etc.</p>