

CLIN12 Safeguarding Children Policy

1.0 Background

- 1.1 The Government has defined the term 'safeguarding children' as: "The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully."
- 1.2 The UNCRC 1989 defines 'child' as any person under the age of 18 and the UK became a signatory to this convention in 1990 and it became UK law in 1990. In the UK, however, there is no one legal definition of 'child' but all safeguarding and child protection legislation/guidance in England, Wales, Northern Ireland and Scotland agree that 'child' is anyone under the age of 18.
- 1.3 For the purposes of this Policy, the term 'child' will refer to anyone under the age of 18 and the term 'young person' will refer to a child aged 16 or 17 years. All children are considered to be vulnerable.
- 1.4 St Raphael's does not provide paediatric palliative care and does not admit children. Staff may come into contact with children in the community and as members of the family affected by a patient who is under the care of the Hospice. Hospice staff and volunteers also come into contact with children and young people when they are volunteering with the Hospice and when they are undertaking work experience.

2.0 Aim

- 2.1 This policy aims to clarify the purpose and principles of child safeguarding and ensures staff and volunteers are aware of types of abuse and the appropriate steps to take once concerns are raised.
- 2.2 This policy offers operational guidance to staff and volunteers to ensure best practice.

3.0 Introduction

- 3.1 'Child maltreatment' is a broad term which includes events such as:
- Physical abuse
 - Sexual abuse
 - Emotional abuse
 - Neglect
 - Other types of abuse including female genital mutilation, online grooming and bullying.
- 3.2 The term 'abuse' typically refers to cruel or violent treatment which causes significant harm.

4.0 Responsibilities.

4.1 The following staff have responsibilities for safeguarding children:

- 4.1.1 The Hospice CEO has overall responsibility for safeguarding on behalf of the Board of Trustees.
- 4.1.2 The Clinical Director, assisted by the Safeguarding Lead (Social Worker and Palliative Care Educators) is responsible for ensuring that all managers and staff are aware of and understand best practice in relation to safeguarding procedures.
- 4.1.3 A Safeguarding Trustee appointed by the Board will be responsible for having a clear oversight of how the organisation safeguards and protects people.
- 4.1.4 The Head of HR is responsible for ensuring recruitment procedures are robust and safe, with appropriate checks in place.
- 4.1.5 Department heads are responsible for ensuring any concerns are listened to and escalated appropriately.
- 4.1.6 The Social Worker is the nominated Child Safeguarding Lead for the Hospice.
- 4.1.7 All employed staff members are responsible for attending/undertaking safe guarding training and should be familiar with the policy.
- 4.1.8 All staff members have a responsibility to raise any safeguarding concerns following the safeguarding flowchart.
- 4.1.9 Safeguarding is everyone's responsibility – to quote the Governments' policy as laid down in "Working together to safeguard children":
 - Everyone who works with children has a responsibility for keeping them safe.
 - No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
 - In order that organisations and practitioners collaborate effectively, it is vital that all individuals working with children and families are aware of their responsibilities. In addition, effective safeguarding requires clear local arrangements for collaboration between professionals and agencies.
 - Any professionals with concerns about a child's welfare should make a referral to the local authority children's social care. Professionals should follow up their concerns if they are not satisfied with the local authority children's social care response.

4.2 Hospice members of staff do not routinely "work with children" but may come into contact with them in the course of their duties.

5.0 Clinical Settings

- 5.1 Inpatient staff both clinical and non-clinical may come into contact with children when the child/children visit a family member in the hospice.
- 5.2 Community team members may come into contact with children in the course of their work when visiting people in their home.
- 5.3 The social worker may interact with children in the course of their work supporting people at home or in the hospice.

6.0 Non-Clinical Settings

- 6.1 **Orangery Café** - Young people (aged 16 or 17 years) may volunteer in the Orangery. A [Young Person's Risk Assessment](#) should be completed and saved within the respective folder at [N:\Health & Safety\Risk Assessments\Risk Assessments by Department](#). All staff working in the Orangery Café have an enhanced DBS check. Volunteers under 18 years must always be supervised by a staff member and there should always be two people in the environment at all times.
- 6.2 **Wellbeing Centre** – Young people (aged 16 or 17 years) may volunteer in the Wellbeing Centre as part of work experience or educational training. A [Young Person's Risk Assessment](#) should be completed and saved within the respective folder at [N:\Health & Safety\Risk Assessments\Risk Assessments by Department](#). They must always be supervised by a member of staff or adult Volunteer. Staff and Volunteers working in the Wellbeing Centre have an enhanced DBS check.
- 6.3 **Fundraising Office /Events**– Young people (aged 16 or 17 years) may volunteer in the fundraising office or to support hospice events as part of work experience, Duke of Edinburgh Award or educational training. A [Young Person's Risk Assessment](#) should be completed and saved within the respective folder at [N:\Health & Safety\Risk Assessments\Risk Assessments by Department](#). The young person must be supervised by a member of staff/volunteer and there should always be two other people in the office setting or surrounds. This is for the mutual protection of the young person and the members of staff/volunteers.
- 6.4 **Retail Sector** - Young people (aged 16 or 17 years) may volunteer in the hospice shops (retail) as part of work experience, Duke of Edinburgh Award or educational training. A [Young Person's Risk Assessment](#) should be completed and saved within the respective folder at [N:\Health & Safety\Risk Assessments\Risk Assessments by Department](#). The young person must be supervised by a member of staff /volunteer and there should always be two people in the shop at all times for the mutual protection of the young person and staff/volunteers.
- 6.5 **Raising Concerns : Freedom To Speak Up** – All young people (aged 16 or 17 years) will receive a local induction that will cover relevant policy and practice including how to raise a concern should they feel vulnerable or be concerned about how they have been treated. In the first instance, they will be directed to report concerns to the respective Volunteer Manager or, if uncomfortable to do so, with the Freedom to Speak Up Guardian or Head of HR who will undertake to investigate the allegations.

- 6.6 All non-clinical staff and volunteers have a responsibility to raise concerns about a child, however slight, using the hospice safeguarding policy guidance.

7.0 The Disclosure and Barring Service

- 7.1 All clinicians are subject to enhanced disclosure.
- 7.2 Staff and volunteers working in non-clinical settings are not eligible for DBS checks and may not be asked to make a DBS disclosure.

8.0 Action To Be Taken If You Have Child Protection Concerns

- 8.1 Hospice clinical and non-clinical members have a duty to report in a timely way any concerns or suspicions that a child is being, or is at risk of being, abused. The concerns should be discussed and raised on the same day they are noted.
- 8.2 Any concern should be discussed with the child's parents unless this will put the child at further risk or will delay the reporting procedure.
- 8.3 All concerns must be taken seriously.
- 8.4 Action should be taken in a timely manner following a professional discussion or MDT meeting, whichever can be held sooner. All allegations or concerns should be documented and acted upon the same day by the person who has the concerns. Such action will be supported by the Hospice Executive Team and will include:-
- Contacting police if there is immediate danger.
 - Reporting safeguarding concerns to relevant managers within the hospice.
 - Contacting and referring to the relevant child safeguarding team at Sutton, Merton or Wandsworth. See flow chart below for contact details.
 - Informing the Head of Quality and Improvement of the safeguarding referral by internal e-mail (alexrudkin@straphaels.org.uk) in order that he may make due notification to the Care Quality Commission.
 - Documenting accurately and factually on the electronic patient record (EPR). If concern is raised by a staff member or volunteer who does not have access to the EPR, then their manager will need to ensure that entry is made accordingly.
- 8.5 In an emergency, contact the Police on telephone number 999.
- 8.6 In the event of an unexpected child death call 999. The safeguarding team in that borough should be notified. See flow chart for contact details.
- 8.7 In the event of a female child having had female genital mutilation (FGM) performed on them this must be reported to the police via 101. See section 11.0.
- 8.8 Ensure there are clear and accurate records of any concerns raised.
- 8.9 See raising concerns flow chart below for further guidance.

9.0 Education

- 9.1 All employees (clinical and non-clinical) and volunteers will undertake the mandatory Introduction to Safeguarding Level 1 E-learning every 2 years.
- 9.2 The Hospice mandatory training programme contains level 1 education material on child protection highlighting Hospice policy on safeguarding children and child protection, recognising the signs and symptoms of child abuse and what to do should staff have concerns.
- 9.3 The Safeguarding Leads of the hospice will have Level 3 Child Safeguarding training every 3 years

10.0 “Prevent”

- 10.1 “Prevent” is part of “Contest”, the Government’s Counter Terrorism Strategy. It concerns individuals who may be vulnerable to radicalisation and at risk of engaging, through grooming by a third party, acts which may harm themselves and/or others. Healthcare professionals may meet and treat people who are vulnerable to radicalisation.
- 10.2 “Prevent” is now part of existing safeguarding responsibilities for the health sector. Identifying and supporting individuals at risk under the remit of “Prevent”, is therefore not an additional task.
- 10.3 The key challenge for the health sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, healthcare workers can interpret those signs correctly, they are aware of the appropriate support that is available and how to access it, and that they are confident in referring the person for further support and protection whilst in the pre-criminal stage.
- 10.4 “Prevent” follows an escalation process that will enable any practitioner with concerns, to raise them – if risk can be managed via case work it will not progress to the multi-agency “Channel Panel”, however if the risk is such that it warrants a multi agency response the referral will progress to the panel who will assess the nature and the extent of the potential risk, and in a collaborative agreement will provide an appropriate support package tailored to the individual’s needs.

Reporting of “Prevent” Concerns

- 10.5 If the person for whom there is concern is under 18 years, they should be referred to the MASH Teams of the respective CCG.
- 10.6 Training for ‘Prevent’ will be covered in the face to face Safeguarding Level 2 training.

11.0 Female Genital Mutilation

- 11.1 FGM is not an issue that can be decided on by personal preference – it is an illegal, extremely harmful practice and a form of violence against women and girls.
- 11.2 If a child discloses that FGM has already been performed on them, the healthcare professional has a mandatory responsibility to report this to the police by the end of the next working day. This is done by calling 101.
- 11.3 If a child is identified as being at risk of FGM, this should be responded to within the existing safeguarding processes.
- 11.4 If you believe the child to be in immediate danger, or believe the child has recently been cut, call 999.

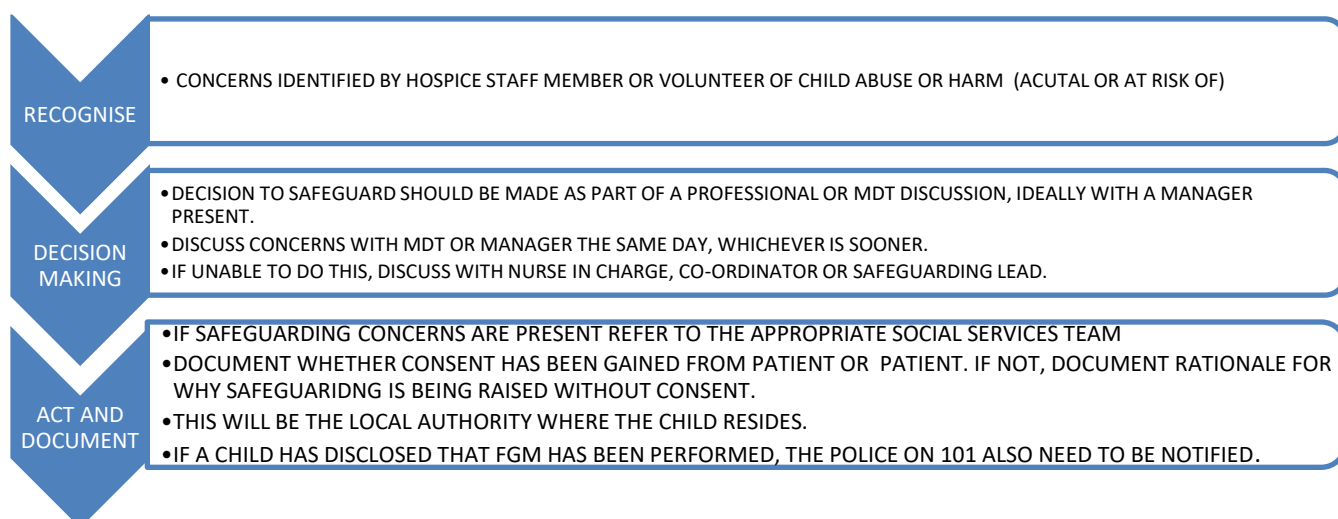
12.0 Response to allegations or incidents of abuse within the Hospice

- 12.1 Where our employees and volunteers know or suspect that a young person has been abused and/or may be a victim of a criminal offence, they have a duty to report it immediately to their Manager (HR03 Raising Concerns : Freedom to Speak Up Policy HR03).
- 12.2 If the abuse is, or suspected to be, perpetrated by Hospice employees or volunteers, the matter may also be dealt with, in the case of an employee, under the Disciplinary Policy (HR04) and the accused employee or volunteer will be suspended from duty immediately.
- 12.3 If the abuse, or suspected abuse, is carried out by agency or sub-contracted employees, then their employment agency must be notified as soon as possible and that person removed from duty immediately.
- 12.4 If the abuse, or suspected abuse, is carried out by a visitor, patient or family member, the departmental Head should be informed immediately. The manager will contact the Clinical Director. All subsequent action will be undertaken in consultation with the Child Safeguarding Lead (Social Worker) in line with the policy and procedure.

13.0 References

Children Act 1989 & Children Act 2004
Working Together to Safeguard Children 2013 (updated 2015)
The Victoria Climbié Inquiry – Report 2003
Female Genital Mutilation Act 2003
[HR03 Raising Concerns - Freedom to Speak Up Policy](#)
[HR04 Disciplinary Procedure](#)

Child safeguarding concerns flow chart



**IF THERE IS AN IMMEDIATE THREAT OR DANGER TO ANY PARTY INVOLVED
CALL POLICE STRAIGHT AWAY ON 999**

TO REFER PLEASE CALL OR COMPLETE FORM AND EMAIL TO:		
Sutton CFCS (childs first contact service) team: 0208 770 6001 OOH: 02087705000 CFCS@sutton.gov.uk (Online referral form)	Wandsworth MASH (Multi-agency safeguarding hub): 0208 871 7899/0208 871 6622 OOH: 02088716000 mash@wandsworth.gov.uk (Online referral form)	Merton MASH (Multi-agency safeguarding hub): 0208 545 4226/7 02087705000 mash@merton.gov.uk

REPORT TO (WHEN NEXT AVAILABLE)	
Line manager, CEO and Clinical Director	Safeguarding lead/Safeguarding link nurse

Complete the 'Safeguarding/DOLS' tab of the respective department's assessment on the EPR, if child is known to the service as a relative, with concerns and action taken.
Document if CONSENT has been gained, if not write rationale for raising concern

Inform the Director of Quality and Improvement for the hospice (Alex Rudkin) once a safeguarding referral has been made to the local safeguarding team. He will complete the CQC notification.

FOLLOW UP:The HCP who raised the safeguarding concern is responsible for following up on the outcome of this with the local authority within 14 days of referral. Ensure local authority have acknowledge receiving concern within 24hours (This is normally through email confirmation)
The safeguarding lead/link will review and follow up on all other cases throughout the hospice once a month