

Thames hospice

Policy and Procedure: SAFEGUARDING CHILDREN FROM ABUSE

Date	Author/ Reviewer	Approved by	Doc name	Comment	Resp. Committee	Next Review
Jan 2020	Simon Smith Head of Patient & Family Support	PCQC	CLIN-P-0028 (Formerly IPU-P-0032)	<u>Jan 2020</u> Policy fully reviewed, and contact detail updated. Categories of abuse updated.	PCQC	Nov 2020
Oct 2018	Simon Smith Head of Patient & Family Support Jacquie Batchford - Director of Patient and Family Services			<u>October 2018</u> Policy reviewed. Major changes to text and layout – see page 2 of this document <u>August 2017</u> Policy reviewed. Minor changes to text and layout only. <u>July 2015</u> Policy review. Now includes reference to policy for visiting 'celebrities' as well as other updates.		

Policy Summary

This policy:

1. Ensures that Thames Hospice promotes a positive service culture and holds safeguarding children as a key principle.
2. Identifies specific responsibilities of staff for safeguarding children at Thames Hospice.
3. States expected practice for safeguarding children within the policy.
4. States the procedure for safeguarding children at Thames Hospice.
5. Provides information on action in the event of a breach of policy.
6. Includes references, useful reading and an Appendix Section of information, guidance and documentation regarding the safeguarding of children.

1. Purpose of Policy

- 1.1. In addition to the services for adults (18 years and over) provided by Thames Hospice, children (those who have not reached their 18th birthday) can also be referred into our specific services to be supported by the children and families support service, specialist social workers, counsellors and pastoral care providers.
- 1.2. Furthermore, children can be an important part of our patients' lives and can visit them at the hospice, or may be present in a patient's home. This policy ensures that Thames Hospice promotes a positive service culture and has safeguarding children as a key principle of care.

2. Responsibilities

- 2.1. ALL staff members and volunteers: Safeguarding is a responsibility of every staff member and volunteer at Thames Hospice towards all people who come into contact with Thames Hospice in (i) promoting their welfare and wellbeing, (ii) protecting their rights and (iii) preventing, wherever possible, the risk and experience of abuse or neglect. All staff members and volunteers must be aware of safeguarding matters as described in this policy and its procedures.

2.2. Safeguarding LINES:

All Line Managers, Team Leaders, Heads of Department, Area Managers, Nursing Sisters:

Are conversant with this safeguarding policy and its procedures; are responsible for ensuring that those staff members and volunteers in their respective teams are aware of these safeguarding protocols; will provide accurate and appropriate safeguarding guidance to their direct line reports when required; will seek specialist advice from Safeguarding LINKS or Safeguarding LEADS when required.

2.3. Safeguarding LINKS:

Head of Therapy Services, Head of Patient & Family Support, Head of Education, Head of Governance, Social Workers, Medical Team, Consultants:

Are responsible for providing, when required, accurate and timely information and advice on safeguarding matters; will work with others to ensure that the correct procedures are followed when raising a safeguarding concern; will seek specialist advice from Safeguarding LEADS when required.

2.4. Safeguarding LEADS:

2.4.1. Operational Safeguarding Lead:

- Is responsible for ensuring that the safeguarding policies (for adults and for children) and their protocols are embedded in daily practice.
- Is responsible for preparing the Safeguarding Panel with the information required to fulfil their duties as set out in their Terms of Reference (Appendix 3) and in their quarterly agendas.
- Is responsible for liaising with the Head of Education and Research to

ensure that the required safeguarding training is being delivered at the appropriate levels and in line with any changes in legislation and best practice (Appendix 4).

- Co-ordinates safeguarding activities and information-sharing at Thames Hospice.
- Is responsible for ensuring that the actions and learning following a safeguarding incident are handled in a timely and appropriate way, as identified in the policy.

2.4.2. SMT Executive Safeguarding Lead:

- Is the Director of Nursing & Family Services and Registered Manager and has the responsibility of informing and advising the Senior Management Team about any safeguarding risks for the patients cared for in any service provided by Thames Hospice.

2.4.3. Thames Hospice Executive Safeguarding Lead:

- Is the CEO and has overall responsibility for ensuring that safeguarding is embedded as a key principle in promoting a positive service culture at Thames Hospice, and for chairing the quarterly Safeguarding Panel (Appendix Four).

2.5. The Children and Families Support team, Specialist Social Workers, Counsellors and Pastoral Care providers will be required at times and in different settings to work directly with children. They must at all times comply with the hospice's safeguarding policies, good governance and safe practice (e.g. Lone Working policy).

2.6. Additional Roles and responsibilities in safeguarding:

2.6.1. HR Director - Ensuring safe recruitment and appropriate DBS procedures are followed for staff and volunteers.

2.6.2. Head of Governance and Quality - Responsible for the appropriate recording and reporting of all safeguarding incidents, and for providing safeguarding reports to the Safeguarding Panel and Patient Care and Quality Committee.

2.6.3. Head of Education and Research - Responsible for ensuring that appropriate safeguarding awareness training is available to all Thames Hospice personnel, and that all staff receive safeguarding training at the level appropriate to their roles and responsibilities.

2.6.4. Trustee Safeguarding Lead - The Trustee Safeguarding Lead is the chair of the Patient Care and Quality Committee.

2.7. Safeguarding Panel (see Appendix Four) meets quarterly to: review all safeguarding concerns, ensure appropriate actions are followed through, manage risks, roles and responsibilities, and incorporate any required changes and/or learning into the organisation's procedures, education and training.

3. Definitions

3.1. **Children:** Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

3.2. **Child abuse:** (see Appendix One – 'Categories and Risk Indicators of Child Abuse')

A form of maltreatment of a child; somebody may abuse or neglect a child by inflicting harm, or by failing to prevent harm.

Child abuse may include one, some or all of these:

- Physical abuse
- Emotional (Psychological) emotional abuse
- Sexual abuse
- Neglect (acts of omission)
- Extremism

Children might be abused by:

- An adult or adults
- Another child or children
- A family member
- Someone in an institutional or community setting known to them
- Someone not known to them (in person or via the internet)

Child abuse might be:

- Observed (the abuse has been witnessed directly)
- Disclosed (children report that they have been or are being abused)
- Suspected (there are indications of abuse without it being observed or disclosed)

3.3. **Young Carer:** A young carer is a person under 18 who provides or intends to provide care for another person (of any age), except generally where that care is provided for payment, pursuant to a contract or as voluntary work.

3.4. **Safeguarding Leads:** Are identified staff within the organisation who will ensure that the correct procedures are followed in a suspected Safeguarding situation. The identified Safeguarding Leads for Thames Hospice are given in section 2 of this policy.

3.5. **Staff:** Denotes all Thames Hospice employees and volunteers.

4. Policy

4.1. Safeguarding is defined for the purposes of this policy as:

- Promoting children's welfare, wellbeing and development to grow up in circumstances consistent with the provision of safe and effective care.
- Protecting children's from maltreatment and protecting children's rights to have the best outcomes.
- Preventing impairment of children's health or development, and preventing the risk and experience of abuse or neglect through timely actions, interventions and collaborative ways of working.

4.2. Whilst each Local Authority plays a lead role, safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

4.3. All staff working in healthcare settings – including those who predominantly treat adults – should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance.

4.4. All patients at Thames Hospice will be assessed on admission into any of our services, and any young carers (under 18 years of age) will be identified. If appropriate, a request to the Local Authority for an assessment of their support needs will be made.

4.5. At Thames Hospice, the safeguarding of children from abuse must ensure that organisational systems, processes and practices will support children to being free from abuse and neglect. All hospice staff and volunteers will:

- Acknowledge that children's needs are paramount, and the needs and wishes of each child should be put first, so that every child receives the support they need before a problem escalates.
- Be aware of the needs of all children and families with whom they come into contact, and be alert to any risks of harm that individual abusers, or potential abusers, may pose to children.
- Share information in an appropriate and timely way and discuss any concerns about an individual child with the appropriate colleagues.
- Ensure that children are not put at risk of abuse through any service delivered by Thames Hospice.

5. Related Thames Hospice Policies:

- Being Open (Duty of Candour) Policy
- Capability Policy and Procedure.
- Consent Policy.
- Disciplinary Policy and Procedure.

- Incident Reporting Policy.
- Lone Working Policy and Protocols.
- Mental Capacity Act Policy.
- Pre-employment Conditions Policy and Procedure.
- Recruitment and Selection Policy and Procedure.
- Risk Management Policy.
- Safeguarding Adults at Risk Policy and Procedure (IPU-P-0030)
- Volunteer Problem Solving Policy and Procedure.
- Volunteer Recruitment Policy and Procedure.
- Whistleblowing Policy.

6. Procedure for safeguarding children from abuse at Thames Hospice

6.1. Prevention of abuse at Thames Hospice

- 6.1.1. No child will be seen and supported by a lone member of staff, unless that child has been directly referred, with appropriate formal consent, into the specialist services provided by the hospice's children and families support team, specialist social workers, counsellors or pastoral care providers. The Hospice's Lone Working policy must be complied with at all times.
- 6.1.2. On the Inpatient Unit, if a child wishes to spend time away from a patient, another family member should be asked to supervise the child. In the event that this is not possible then a member of staff may spend time with the child in a public area within view of another member of staff.
- 6.1.3. Specific events for children, for example a Thames Hospice Family Day, will require each child to have a consent form completed by an adult family member or main carer. Any personal care will be the responsibility of the child's main carer. All staff attending will have current DBS checks with a ratio of one adult to three children. All activities will be carried out in a public area. All volunteers will be supervised by a designated member of staff from Thames Hospice.
- 6.1.4. If a young carer is identified and is assessed as having support needs, then a referral must be made to the appropriate Social Services Department. (See telephone numbers in 5.2.5).
- 6.1.5. Recruitment of employees will follow the Thames Hospice Recruitment and Selection Policy and Procedure.
- 6.1.6. Recruitment of volunteers will follow the Volunteer Recruitment Policy and Procedure.
- 6.1.7. All staff in patient-facing roles will be subject to an Enhanced Disclosure and Barring Service (DBS) check.
- 6.1.8. All staff in roles that include a regulated activity will be subject to an Enhanced Disclosure and Barring Service (DBS) check, including barred lists.

Note: External (i.e. not Thames Hospice) professionals, and official visitors, including celebrities and VIPs, will not be allowed any contact with children visiting the hospice without the continued presence of a member of the Thames Hospice staff team.

6.2. Reporting the alleged or suspected abuse of a child.

- 6.2.1. In relation to all Safeguarding matters across the whole organisation, there are people who are Safeguarding Lines, Safeguarding Links and Safeguarding Leads. All staff must follow the procedure for responding and reporting set out below and in the Flowchart (see Appendix Three).
- 6.2.2. Safeguarding Lines (see 2.2) are all Line Managers, Team Leaders, Heads of Department, Area Managers, Nursing Sisters. If a patient or their family/carer confides in a member of staff/volunteer about the alleged or suspected abuse of a child, or if a child makes such a disclosure (see Appendix Two – Guidance when hearing a disclosure from a child), or if a member of staff/volunteer has concerns regarding the possible abuse of a child at risk, in the first instance the staff member/volunteer must consult with their Safeguarding Line for advice. Safeguarding Lines must carefully consider whether the issue raised is considered abuse as defined in section 3.2 above (and Appendix One), using the evidence gathered.
- 6.2.3. Safeguarding Links (see 2.3) are people in different parts of the organisation who, if required, can be contacted by the Line Manager for advice towards an appropriate response. They can also be contacted directly by a member of staff or volunteer if the respective Line Manager is unavailable. The Safeguarding Links are: Head of Therapy Services, Head of Patient & Family Support, Head of Education, Head of Governance, Social Workers, Medical Team and Consultants.
- 6.2.4. Safeguarding Leads (see 2.4) are those who carry overall leadership for Safeguarding at Thames Hospice. If required, Safeguarding Links should contact the Operational Safeguarding Lead for advice towards an appropriate and prompt assessment and response. If the Operational Safeguarding Lead is unavailable, then one of the Executive Safeguarding Leads should be contacted.
- 6.2.5. The Safeguarding Lines, Safeguarding Links or Safeguarding Leads can call Social Services for advice and guidance of stages to be implemented, if required. If the safeguarding concern is related to the child of a Thames Hospice patient or their carer or family member, then contact the appropriate Social Services in relation to that patient's home address:

Note: Should the line manager, or any member of staff (internal or external), or any official visitor be the suspected perpetrator, then the Director of Nursing and Family Services must be consulted immediately (including Out of Hours).

Windsor and Maidenhead	01628 683150 (OOHs 01344 786543)
Slough	01753 875362/875591/690740 (OOHs 01344 786543)
Bracknell Forest	01344 352005 (OOHs 01344 786543)
Buckinghamshire County Council (for South Bucks)	01296 383962 (OOHs call 0800 9997677)

6.2.6. If the safeguarding concern is related to a member of Thames Hospice staff, external staff or an official visitor, then contact the Windsor and Maidenhead Social Services on the number above.

6.2.7. The Safeguarding Line or Safeguarding Link must contact the Safeguarding Operational Lead or the Director of Nursing and Family Services (Registered Manager) when a safeguarding concern has been raised to Social Services.

6.2.8. If there is evidence that a child appears to be at immediate risk of harm, the staff member present must call 999 and alert the police to this emergency.

6.2.9. All Thames Hospice staff and volunteers must pay heed to their own safety at all times. Thames Hospice staff in lone working situations must follow the Lone Working Policy and its protocols, and ensure that they carry safety alarms and phones, and that colleagues know of their whereabouts.

6.2.10. Appropriate support will be made available to those Thames Hospice staff and volunteers who have been adversely impacted by a situation where a safeguarding concern was raised by them.

6.2.11. The Safeguarding Operational Lead, unless otherwise agreed, will be the Thames Hospice contact in all subsequent investigations.

6.2.12. All individuals involved in the process must keep clear and accurate records of all events. These must be recorded on the Thames Hospice 'Sentinel' database by following the Safeguarding tab and logging the Safeguarding concern there.

6.2.13. The Head of Governance and Quality will keep a register of all safeguarding concerns reported by Thames Hospice; this will be brought to the Safeguarding Panel.

6.2.14. The Safeguarding Panel will give careful scrutiny to our reporting of safeguarding concerns. This Panel will consider their outcomes, the potential for learning, the need for any changes to our policy and procedures. This Panel will report to the Patient Care and Quality Committee.

- 6.2.15. In the event that the suspected perpetrator is a member of staff, the Director of Nursing and Family Services will work with the HR Department to ensure appropriate action is taken to safeguard patients and the organisation, whilst ensuring the process above is also actioned.
- 6.2.16. The child at risk involved with the Safeguarding Incident will be supported by those Thames Hospice staff with the appropriate skills and knowledge in collaboration with the Local Authority.

6.3. Extremism and Radicalisation

6.3.1. Definitions:

Extremism is defined as the holding of extreme political or religious views and giving vocal or active opposition to fundamental values including democracy, the rule of law, individual liberty, and respect and tolerance for different faiths and beliefs.

Radicalisation is defined as the act or process, by a person, group of people or an organisation, of influencing, coercing or causing another or others to adopt extremist ideologies and/or support terrorism.

6.3.2. Awareness:

Safeguarding children and protecting them from harm is everyone's responsibility. Therefore, in the work we do and with the people we meet, all staff and volunteers have a role to play in being vigilant regarding extremist views and remaining alert to any disclosure or suspicion of radicalisation.

6.3.3. Procedure:

All staff and volunteers have a duty to report any allegation or suspicions of radicalisation or extremism to their line manager. If the line manager is unavailable then the member of staff must consult immediately with an identified Safeguarding Lead (see section 3.4). The Line Manager or Safeguarding Lead will notify the Director of Nursing & Family Services. In line with the Government's PREVENT strategy; a telephone call should be made to the Anti-Terrorist Hotline (0800-789-321) to report the concern.

6.4. Staff training

- 6.4.1. Safeguarding Training requirements will be as recommended by UK Core Skills Training Framework, local Adult Safeguarding Board guidance and Thames Hospice organisational requirements in line with current legislation and best practice (see Appendix 5).
- 6.4.2. All Thames Hospice personnel (staff and volunteers) must complete their mandatory training requirements, including safeguarding awareness, at the appropriate level for their jobs or roles, as required by Thames Hospice (see Appendix 5).
- 6.4.3. All staff and volunteers in patient-facing roles must read the Safeguarding policies (Adults and Children) on induction and when the policies are reviewed.

7. Breach of Policy

- 7.1. Any deviation in practice from the above policy and procedure will be deemed a breach of policy.
- 7.2. Any breach of this policy by Thames Hospice employees may lead to formal disciplinary action.
- 7.3. Any breach of this policy by Thames Hospice volunteers may lead to formal action under the Problem Solving Policy and Procedure.

8. References, useful reading and an Appendix Section

- 8.1. CQC (2013) Our safeguarding protocol <https://www.cqc.org.uk/files/our-roles-responsibilities-safeguarding-children-adults-february-2018-under-review>
- 8.2. HM Government (2018) Working Together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children.
file:///C:/Users/smiths/AppData/Local/Microsoft/Windows/INetCache/IE/ZEMOC2ND/Working_Together_to_Safeguard-Children.pdf
- 8.3. Appendix Section: Additional information and guidance regarding the safeguarding of children (follows).

APPENDIX ONE

Categories and risk indicators of child abuse

The Working Together to Safeguard Children (2018) documentation provides the following definition of abuse and these categories of abuse in relation to children. This definition and these categories will assist and support staff in identifying possible risk indicators of child abuse.

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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

(1) Physical abuse

A form of abuse which 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/carer fabricates the symptoms of, or deliberately induces illness in a child.

NB: Also, female genital mutilation.

(2) Emotional (Psychological) Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

(3) 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 (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

NB: Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or

facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. NB: Modern slavery.

(4) Neglect (acts of omission)

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 abuse. Once a child is born, neglect may involve a parent or carer failing to:

- a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. protect a child from physical and emotional harm or danger
- c. ensure adequate supervision (including the use of inadequate caregivers)
- d. ensure access to appropriate medical care or treatment

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

(5) Extremism:

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

APPENDIX TWO

Guidance when hearing a disclosure from a child

If a child discloses an allegation of abuse to any member of the hospice team, the following should occur:

- (i) The child is listened to rather than directly questioned. It is important to let the child tell their story.
- (ii) Do not stop or interrupt the child who is freely recalling significant events.
- (iii) Reassure the child that they were right in telling you.
- (iv) It must be made clear to the child that if they disclose something that involves a risk to themselves or another child, this information has to be passed on. Never promise the child that what they have told you can be kept secret. Explain that you have a responsibility to report the child's story to someone else.
- (v) Note the time, the setting and the details about what was said, as well as any other people who witnessed the incident, previous allegation or present disclosure. Record all events up to the time of the substantive interview; wherever possible, try to capture verbatim what the child said.
- (vi) Continue to record subsequent events.
- (vii) Once the disclosure has been made, in the first instance the staff member's line manager must be consulted immediately. All staff and volunteers have a duty to report any allegation or suspicions of abuse, current or historical, of a vulnerable child to their line manager. If the line manager is unavailable then the member of staff must consult immediately with an identified Safeguarding Lead (see section 3.4).

Disclosure of confidential information for the purpose of a child protection investigation is considered to be necessary in the public interest, as stated in the Nursing & Midwifery Council (NMC) Guidelines for Professional Practice. The Law permits disclosure of confidential information necessary to safeguard a child or children in the public interest, i.e. the public interest in maintaining confidentiality is outweighed by the public interest in the protection of children.

APPENDIX THREE

FLOWCHART (To Follow)

APPENDIX FOUR

TERMS OF REFERENCE FOR THE SAFEGUARDING PANEL

APPENDIX FIVE

**SAFEGUARDING TRAINING REQUIREMENTS
FOR TH STAFF AND VOLUNTEERS**