

# Thames hospice

## **Policy and Procedure: SAFEGUARDING CHILDREN FROM ABUSE**

<b>Date</b>	<b>Author/ Reviewer</b>	<b>Approved by</b>	<b>Doc name</b>	<b>Comment</b>	<b>Resp. Committee</b>	<b>Next Review</b>
Oct 2018	Simon Smith Head of Patient & Family Support  Jacquie Batchford - Director of Patient and Family Services	PCQC	IPU-P-0032	<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.	PCQC	Oct 2019

### **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.

## **Policy review: October 2018**

1. The policy required updating because changes in the counselling team (Aug 2017) and in the community team (Apr 2018) meant that some hospice-employed staff now have direct involvement with children.
2. Policy Summary (page 1): Item 6 adds 'documentation' as there is now a Form in the Appendix Section.
3. Section 1 makes even clearer the definitive age of children.
4. Section 2.3 denotes an additional section for those Hospice staff who will work directly with children referred to them.
5. Section 3 in regard to 'Definitions' (child abuse); clearer and more robust (and is backed up by a new Appendix One).
6. Section 4.6 now includes Lone Working Policy.
7. Section 5.1.2 has an added sentence regarding the Lone Working Policy.
8. Section 5.2.2 refers to Appendix Two which provides some practical guidance when hearing a disclosure from a child.
9. Section 5.2.7 is a new item for emergency situations (999).
10. Section 5.3 is a new section regarding extremism and radicalisation.
11. Section 4.4 (now Staff Training) rewritten.
12. To make chronological sense some sections in what is now 5.2 have been switched round. The new 5.2.9 now includes a reminder about the specific form (new Appendix 3) that requires completion in all matters of safeguarding concern.
13. Section 7.3 is a new Appendix Section (referred to above) of helpful information, guidance and advice.
14. A new Appendix Three: 'Logging a Safeguarding Concern' form which requires completion in all matters of safeguarding concern.

## **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 counsellors, pastoral care providers and specialist social workers.
- 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 Director of Patient and Family Services:

- Has overall responsibility for ensuring that safeguarding children is embedded as a key principle in promoting a positive service culture at Thames Hospice.
- Has the responsibility of informing and advising the Senior Management Team about any safeguarding risks for any children involved with a patient being cared for in any service provided by Thames Hospice.

### 2.2 Medical Consultant, Head of In-Patient Services, Head of Community Services, Head of Patient & Family Support, Head of Therapy Services are:

- Those responsible for ensuring that clinical staff members follow the principles of safeguarding children in practice.
- Those responsible for reporting safeguarding (or suspected safeguarding) incidents as soon as they are identified.

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

### 2.4 Safeguarding Leads (see section 3.4) are:

- Those responsible for ensuring that the actions following a safeguarding incident are handled in a timely and appropriate way, as identified in the policy.

### 2.5 Doctors, Allied Health Care Professionals, Registered Nurses, Health Care Assistants, and Volunteers in patient-facing roles are:

- Those responsible for their own practice within the scope of the policy.

### 2.6 Head of Governance and Quality:

- Is responsible for the recording and the reporting of all safeguarding incidents.

### 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
- Sexual abuse
- Psychological/emotional abuse
- Neglect and acts of omission

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 (e.g. 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:** Those identified staff members 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:

- Director of Patient and Family Services
- Head of Patient and Family Support

- Discharge Coordinator
- Social Worker
- Senior Nurse in Charge (or On-Call/Out of Hours).

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

#### 4. Policy

4.1 Safeguarding and promoting the welfare of children are defined for the purposes of this policy as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

4.2 Whilst local authorities play 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 involves organisational systems, processes and practices to enable children to live a life that is 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 appropriate information in a timely way and discuss any concerns about an individual child with colleagues.
- Ensure that children are not put at risk of abuse through any service delivered by Thames Hospice.

#### 4.6 Related Thames Hospice Policies:

- Being Open (Duty of Candour) Policy (IPU-P-0036).
- 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.

### **5. Procedure for safeguarding children from abuse at Thames Hospice**

#### 5.1 Prevention of abuse at Thames Hospice

- 5.1.2 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 counsellors, pastoral care providers or specialist social workers. The Hospice's Lone Working policy must be complied with at all times.
- 5.1.3 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.
- 5.1.4 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.
- 5.1.5 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 5.2.4).
- 5.1.6 Recruitment of employees will follow the Thames Hospice Recruitment and Selection Policy and Procedure.
- 5.1.7 Recruitment of volunteers will follow the Volunteer Recruitment Policy and Procedure.

- 5.1.8 All staff in patient-facing roles will be subject to an Enhanced Disclosure and Barring Service (DBS) check.
- 5.1.9 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.**

5.2 Reporting the alleged or suspected abuse of a child

- 5.2.2 If a child (see Appendix Two – Guidance when hearing a disclosure from a child) or their family/carer discloses a report of child abuse to a member of staff, or if a member of staff has concerns regarding the possible abuse of a child, 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).

**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 Patient and Family Services must be consulted immediately (including Out of Hours).**

- 5.2.3 Line managers must consult directly with an identified Safeguarding Lead to assess whether the issue is considered abuse as defined in section 3.5 above using the evidence gathered.
- 5.2.4 The Safeguarding Lead must contact Social Services for advice and guidance of stages to be implemented.

<b>Windsor and Maidenhead</b>	<b>01628 683150 (OOHs 01344 786543)</b>
<b>Slough</b>	<b>01753 875362/875591/690740 (OOHs 01344 786543)</b>
<b>Bracknell Forest</b>	<b>01344 352020 (OOHs 01344 786543)</b>
<b>South Bucks</b>	<b>01494 475211/475037 (OOHs call 01494 675802)</b>

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

- 5.2.6 The Safeguarding Lead must inform the Director of Patient and Family Services when a Safeguarding Incident is raised.
- 5.2.7 If there is evidence that a child appears to be in immediate danger of abuse, the Safeguarding Lead should ring 999 to alert the police of this emergency.
- 5.2.8 The Safeguarding Lead will be the Thames Hospice contact in all subsequent investigations.
- 5.2.9 All individuals involved in the process must keep clear and accurate records of all events. These must be recorded on the Thames Hospice 'Logging a Safeguarding Concern' form (see Appendix Three).
- 5.2.10 The Head of Governance and Quality will keep a register of all Safeguarding Incidents reported by Thames Hospice.
- 5.2.11 In the event that the suspected perpetrator is a member of staff, the Director of Patient 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.
- 5.2.12 The child involved with the Safeguarding Incident will be supported by Thames Hospice staff only if deemed appropriate by the local authority.

### 5.3 Extremism and Radicalisation

#### 5.3.1 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.

#### 5.3.2 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.

#### 5.3.3 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 Direction of Patient & 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.

#### 5.4 Staff training

- 5.4.1 All staff and volunteers will complete Level One training in the safeguarding of adults and children as part of their annual mandatory training.
- 5.4.2 Staff and volunteers who work directly with children, dependent on their role, must complete Level Two or Level Three training in the safeguarding of adults and children.
- 5.4.3 Our designated Safeguarding Lead for Children must complete the local CCG-approved training in the safeguarding of adults and children which is appropriate to the Lead role.

### **6. Breach of Policy**

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

### **7. References, useful reading and an Appendix Section**

- 7.1 CQC (2013) Our safeguarding protocol  
[http://www.cqc.org.uk/sites/default/files/documents/20130123\\_800693\\_v2\\_00\\_cqc\\_safeguarding\\_protocol.pdf](http://www.cqc.org.uk/sites/default/files/documents/20130123_800693_v2_00_cqc_safeguarding_protocol.pdf)
- 7.2 HM Government (2015) Working Together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)
- 7.3 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 documentation provides definitions of the four main categories of abuse, which are used for the purposes of recognising abuse. These categories will assist and support staff in identifying possible risk indicators that a child is being abused.

#### **Physical abuse**

A non-accidental injury (NAI) is an injury to a child which was actually inflicted or knowingly not prevented. Examples: hitting, deliberate poisoning, burning a child with a cigarette, scalding.

#### **Sexual abuse**

Sexual intimacy with a child under the age of 16 years is regarded as sexual abuse in the eyes of the Law. This includes exposure of children to pornography, incest, rape, (or attempted rape), molestation or forcing a child to perform oral sex, etc. Sexual abuse also includes: sexual assault by penetration, sexual assault or sexual activity with a child, exposing a child to inappropriate sexual activity or media.

#### **Psychological/Emotional Abuse**

Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or neglect. There is an element of emotional abuse in all forms of abuse. It may involve bullying, threats, emotional coldness, hostility, constant criticism or ridicule, or extreme inconsistency towards a child.

#### **Neglect and acts of omission**

The persistent or severe failure to meet the needs of a child or to protect a child from exposure to any kind of danger. Neglect includes non-organic faltering growth and may involve not giving a child prescribed medication, failure to provide proper nutrition, lack of protection from household dangers – fire, electric appliances, stairs, etc., children left on their own.

These categories of abuse are not mutually exclusive; children may be subject to more than one form of abuse.

## **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**



**Logging a safeguarding concern**

Part 1 (for use by any staff)

<b>Client Name:</b>	<b>Date of Birth:</b>
<b>Date and Time of Incident:</b>	<b>Date and Time (of writing):</b>
<b>Name:</b> ..... <b>Print</b>	
<b>Signature</b>	
<b>Job Title:</b>	
<b>Record the following factually: What are you worried about? Who? What (if recording a verbal disclosure by an Adult /Child use their words)? Where? When (date and time of incident)? Any witnesses?</b>	
<b>What is the Adult /Child account/perspective?</b>	
<b>Any other relevant information (distinguish between fact and opinion). Previous concerns etc.</b>	

<p><b>What needs to happen? Note actions, including names of anyone to whom your information was passed and when.</b></p>	
<p><b><u>Action taken</u> (referral to social care / monitoring advice given to appropriate staff, with reasons.</b></p> <p><b>Note time, date, names, who information shared with and when etc.</b></p>	
<p><b>Client informed.</b></p>	
<p><b><u>Outcome</u></b></p> <p><b>Record names of individuals/agencies who have given information regarding outcome of any referral (if made).</b></p>	
<p><b>Signed</b></p>	

<b>Printed Name</b>	
<b>Printed Name</b>	
<b>Printed Name</b>	