

Safeguarding Children Policy



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Applies to:	All staff and volunteers				
Owner:	Joy Milliken	Approver:	Ann Lee	Date reviewed:	May 2022
Reviewed by:	Joy Milliken, Clare Marks, Amanda Wilkins, Sarah Ireland.				
Summary of changes:	New Policy (Children and Adult safeguarding policies now separated into two)				

Statement

St Margaret's hospice is fully committed to promote and safeguard the wellbeing of children and young people. This policy outlines the legislation, principles and values that inform the safeguarding practice of all staff and volunteers. It should be read in conjunction with the safeguarding adults and safeguarding children at risk procedures and the [Somerset CCG Safeguarding Children Policy](#)

The welfare of the child is paramount and all staff should be aware of the responsibilities for safeguarding children, recognise the signs of symptoms of potential and actual abuse, know who to contact for advice and support and understand the need to share information and contribute to multi-agency working in safeguarding children from abuse.

Definitions

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm: Protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes.

Child protection refers to the activity that is undertaken to protect specific children who are suffering or at risk of suffering significant harm.

A child is defined as anyone who has not yet reached their 18th birthday.

Reporting concerns

If you are worried about a vulnerable child, **don't stay silent**.

The [Safeguarding adults and children at risk procedure](#) should be followed if there are concerns that a child is at risk.

Contact details	
St Margaret's Hospice Safeguarding email or out of hours, contact the on-call manager:	Safeguarding@st-margarets-hospice.org.uk
Somerset Safeguarding Children Board contact details:	http://www.proceduresonline.com/swcpp/somerset/index.html Somerset Safeguarding Children Board PP2 B3W, County Hall, Taunton TA1 4DY
Early Help Advice Hub for professionals to discuss families who may need support	01823 355803

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Children's Social Care if concerned a child/ young person could be in danger	0300 123 2224
To speak to a social worker outside office hours Emergency Duty Team (EDT)	0300 123 23 27
Consultation line for Designated Safeguarding Leads and GPs	0300 123 3078 childrens@somerset.gov.uk
Police:	101 or in an emergency 999

Related hospice documents

- [Whistleblowing policy](#)
- [Complaints and concerns policy](#) and [Complaints and concerns procedure](#)
- [Consent policy](#) and [Consent procedure](#)
- [Data Protection Policy](#)
- [Safeguarding adults and children at risk procedure](#)
- [Safeguarding adults and children risk assessment form \(non-patient\)](#)

Responsibility/Accountability

Head of Human Resources	<ul style="list-style-type: none"> • Ensure relevant post holders and volunteers new to the organisation are checked through the appropriate Disclosure and Barring Service (DBS) process in line with employment policies • Ensure that where staff members are implicated as alleged perpetrators of abuse that correct disciplinary procedures and reporting processes are followed.
Safeguarding Lead	<ul style="list-style-type: none"> • Keep updated with legislative and local/national policy changes or developments in relation to safeguarding. • Ensure all staff and volunteers undertake relevant safeguarding training. • Keep careful confidential notes of the concern, including all that has happened, date, times and what was said by whom. This information may be needed later • Undertake an initial investigation to establish facts. • Ensure CQC informed appropriately of any safeguarding concerns raised.
Education	<ul style="list-style-type: none"> • Ensure relevant training is available and completion monitored. • Ensure staff and volunteers undertake relevant safeguarding training as part of the induction programme and in line with the mandatory and statutory training policy. • Ensure on-going training and access to operational guidelines are available to support staff in practice.
Line Managers	<ul style="list-style-type: none"> • Ensure staff attend relevant mandatory training sessions and are released from duties to do so. • Use supervision and appraisal meetings to ensure staff attend and understand the training offered in relation to safeguarding. • Inform the education team of further development and training needs of staff with regard to safeguarding. • Ensure staff understand issues of consent and confidentiality and recognise the principle of sharing information on a 'need to know basis' only. • Ensure concerns raised are reported to the safeguarding lead or most senior member of staff.
All Staff and volunteers	<ul style="list-style-type: none"> • Attend training provided.

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- Read and understand the policy and discuss with the line manager or a senior manager if they do not understand what is expected of them.
- Follow the safeguarding procedure and raise any suspicion or concern about safeguarding with the line manager or the most senior member of staff on duty/ manager on call and the safeguarding lead. Maintain a professional curiosity where there is any level of concern.
- Not to undertake an investigation. All incidents of suspected or actual harm of children must be reported to Children's Social Care to investigate. This is with the agreement of the safeguarding lead or most senior manager on duty.
- Keep careful confidential notes of the concern, including all that has happened, date, times and what was said by whom. This information may be needed later.
- Ensure that any actions and plan are documented on Crosscare contemporaneously.

Compliance with Statutory requirements

[Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff \(2019\) Intercollegiate Document](#) ;
[The Children and Social Work Act 2017](#)
 Care Quality Commission (CQC)
[Care Act \(2014\)](#)

Scope

This document applies to all staff within St Margaret's Hospice working with children, young people, adults and their families. This document also applies to other staff not employed by the hospice including volunteers and agency staff. It is the responsibility of all staff to read this policy in conjunction with the Somerset CCG Safeguarding Children Policy

Safeguarding children and young people

Forms of abuse and harm.

There are many different forms of abuse to children and young people. Harm to children and young people occurs in all types of family and culture and in every part of the country. Children can be abused by strangers, adults they know or members of their own family. Children can be harmed by the direct actions of an adult, such as a physical beating or because an adult fails to act, for example, by failing to provide proper food or clothing for a child. Child abuse usually falls into one or more of four categories: physical abuse, emotional abuse, sexual abuse and neglect.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. It may also be caused when a parent or carer fabricates symptoms of, or induces, illness in a child.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child to cause severe and persistent effects on the child's emotional development. Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities, including prostitution, whether or not they are aware of what is happening. Activities may involve physical contact, including penetrative and non-penetrative acts. Sexual activities may also include non-contact activities, for example involving a child in looking at, or production of, abusive images (maybe online), watching sexual activities or

encouraging them to behave in sexually inappropriate ways. Children under sixteen years of age cannot lawfully consent to sexual intercourse.

Neglect

Neglect involves the persistent failure to meet a child's basic physical or psychological needs, likely to result in the serious impairment of the child's health and development.

The Children and Social Work Act 2017 sets out the requirements for local arrangements for safeguarding and promoting the welfare of children, along with establishing a national Child Safeguarding Practice Review Panel and requirements for Child Death reviews. **The Children Act 1989** provides the legislative framework for agencies to take decisions on behalf of children, and to take action to protect them from abuse and neglect.

Young people who receive leaving care or after care support from children and family services are included in the scope of adult safeguarding, but close liaison with children and family service providers is critical in establishing who is the best person to lead or support young people through adult safeguarding processes. **Section 11 of the Children Act 2004** places duties on a range of organisations and individuals to ensure their functions and any services that they contract out to others are discharged having regard to the need to safeguard and promote the welfare of children.

In all adult safeguarding work, all staff working with the person at risk **must** take a Think Family approach and establish whether there are children in the family, and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk or the person alleged to have caused harm. Think Family recognises and promotes the importance of a whole-family approach:

- No wrong door – contact with any service offers an open door into a system of joined-up support. This is based on more coordination between adult and children's services.
- Looking at the whole family – services working with both adults and children take into account family circumstances and responsibilities.
- Providing support tailored to need – working with families to agree a package of support best suited to their particular situation.
- Building on family strengths – practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities. For example, family group conferencing creates a safe environment where families can identify the reasons for problems, to understand the triggers and the impact of associated behaviours so that solutions can be agreed.

Children and young people may be at greater risk of harm, or be in need of additional help, in families where adults have mental health problems, misuse substances or alcohol, are in a violent relationship, have complex needs or have learning disabilities. For further information see [Working Together to Safeguard Children \(2018\)](#)

Abuse within families reflects a diverse range of relationships and power dynamics which may affect the causes and impact of abuse. These can challenge professionals to work across multi-disciplinary boundaries in order to protect all those at risk. In particular, staff may be assisted by using Domestic Abuse risk management tools as well as safeguarding risk management tools. Staff providing services to adults, children and families should have appropriate training whereby they are able to identify risks and abuse to children and vulnerable adults.

Effective transition

Together the **Children and Families Act 2014** and the **Care Act 2014** create a new comprehensive legislative framework for transition when a child turns 18 (the Mental Capacity Act 2005 applies once a person turns 16).

The duties in both Acts are on the Local Authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adult's policy and procedures work in conjunction with those for children and young people.

When someone over 18 is still receiving children's services (for example in an education setting until the age of 25) and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements with children's safeguarding and other relevant partners involved as appropriate. The level of need is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act.

There should be robust joint working arrangements between children's and adults' services for young people who meet the criteria for an adult safeguarding response.

The care needs of the young person should be at the forefront of any support planning and requires a coordinated multi-agency approach. Assessment of care needs should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing and choice.

Where there are ongoing safeguarding issues for a young person, and it is anticipated that on reaching 18 years of age they are likely to require adult safeguarding, safeguarding arrangements must be discussed as part of transition support planning and protection. Conference Chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review.

Clarification should be sought on:

- What information / advice the young person has received about adult safeguarding;
- The need for advocacy and support;
- Whether a mental capacity assessment is needed and who will undertake it;
- If Best Interest decisions need to be made;
- Whether any application needs to be made to the Court of Protection. If the young person is not subject to a plan, it may be prudent to hold a professionals meeting.

Allegations against staff

All allegations of abuse of children by those who work with children must be taken seriously. Allegations against any person who works with children, whether in a paid or unpaid capacity, cover a wide range of circumstances.

This procedure should be applied when there is such an allegation or concern that a person who works with children, has

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.

These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include concerns relating to inappropriate relationships between staff and children or young people, for example:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child

- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.
-

If concerns arise about the person's behaviour to her/his own children, the police and/or children's social care must consider informing the employer / organisation in order to assess whether there may be implications for children with whom the person has contact at work / in the organisation, in which case this procedure will apply.

Allegations of historical abuse should be responded to in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children and if so, to inform the person's current employer or voluntary organisation or refer their family for assessment.

As outlined in the Children Act 2004, the Local Authority Designated Officer (LADO) will be informed of all allegations against adults who work with children. A LADO is assigned by all Local Authorities and is required to:

- Be involved in the management and oversight of individual cases;
- Provide advice and guidance to employers and voluntary organisations;
- Liaise with the police and other agencies;
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

Referrals to the Somerset Local Authority Designated Officer (LADO) are via Somerset Direct (Children's Social Care): Telephone: 0300 123 2224.

Young carers

Section 1 of the Care Act 2014, alongside Sections 96 and 97 of the Children and Families Act 2014, offer a joined-up legal framework to identify young carers and parent carers and their support needs. Both have a strong emphasis on outcomes and wellbeing.

Principles of good practice when working with children

In general, it is inappropriate for staff and representatives to:

- Spend excessive time alone with children away from others (including in vehicles) or spend time in a child's home unless exceptional circumstances apply,
- Take children to residence of staff,
- Inappropriately use children to solicit support – financial or otherwise,
- Promote any form of child labour – exploitative or otherwise.

Staff and representatives must never:

- Hit or otherwise physically assault or physically abuse a child,
- Have sexual intercourse, or engage in any sexual activity, with anyone under the age of 18, regardless of the local age of consent – mistaken belief in the age of the child is not a defence,
- Act in ways that may be abusive,
- Place a child at risk of abuse or exploitation, or be aware of these and do nothing about it,
- Exploit their own position with a child by making them run errands, do domestic work or carry out other forms of economic exploitation.

Staff and representatives must avoid actions or behaviours that could be construed as poor practice or potentially abusive. For example, they should never:

- Use language, make suggestions or offer advice, which is inappropriate, offensive or abusive,
- Behave physically in a manner that is inappropriate or sexually provocative to children,
- Do things for children of an intimate or personal nature that they can do for themselves,

- Have a child to stay overnight without others being present,
- Condone or participate in behaviour of children which is illegal, unsafe or abusive,
- Act in ways intended to shame, humiliate or degrade children, or otherwise perpetrate any form of emotional abuse,
- Discriminate against, show unfair differential treatment to, or favour particular children to the exclusion of others.

Consent

Although we are an adult hospice, it is important to note that the 13–18-year-old age group are legally deemed competent to give their own consent to treatment. Clinicians must therefore obtain consent for all aspects of care. Children in this age group should be offered the opportunity to discuss their treatment in private with a clinician. Should a child refuse treatment that their parent/guardian wishes them to receive, the matter is escalated as appropriate for guidance (The Children's Act 1989)

Children and young people who abuse

If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, action should be taken under these procedures and a referral and close liaison with children's services should take place.

Reporting concerns

The [Safeguarding adults and children at risk procedure](#) should be followed if there are concerns that a child is at risk.

Contact details:

St Margaret's Hospice Safeguarding contact details:
Safeguarding@st-margarets-hospice.org.uk

Somerset Safeguarding Children Board contact details:

<http://www.proceduresonline.com/swcpp/somerset/index.html>

Somerset Safeguarding Children Board PP2 B3W, County Hall, Taunton TA1 4DY

If you are worried about a vulnerable child, **don't stay silent.**

Early Help Advice Hub on 01823 355803

Children's Social Care on 0300 123 2224

To speak to a Social worker outside office hours Emergency Duty Team (EDT) on 0300 123 23 27

Consultation line for Designated Safeguarding Leads and GPs on 0300 123 3078

childrens@somerset.gov.uk

Police: **101** or in an emergency **999**

Data Protection

Personal identifiable data is collected and processed in accordance with the Data Protection Policy. Data is kept up to date, limited to what is necessary and held securely. Data is only accessed by and shared with those who need it and only used for the purpose it was collected. Data is disposed of in line with the [Records and document management policy](#). See [privacy notice](#) on website for more information.

Training requirements

Level 1: It is mandatory for all clinical staff, including volunteers and volunteers to undertake safeguarding adult and children training on induction and three yearly via a training tracker module.

- Level 2:** Competence required for non- clinical and clinical staff that have some degree of contact with children and young people and/or parents/ carers
- Level 2:** The Bereavement Service Co-ordinators are required to undertake and maintain the Introduction to Child Safeguarding training
- Level 2: The Bereavement Service Co-ordinators are required to undertake the Introduction to Child Safeguarding training
- Level 3: The Supportive Care Services Lead, Patient and Family Support Therapists are required to undertake and keep updated the Working Together to Safeguard Children training (Somerset Safeguarding Children Board)
- Level 3: In addition to their mandatory training, lymphoedema staff who are occasionally required to provide treatment for children are required to complete the Safeguarding Children training.
Social workers undertake higher level training with Adult Social Care.

References:

- [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff \(2019\); Intercollegiate Document;](#)
- [Care Act \(2014\);](#)
- [The Children Act \(2004\);](#)
- [The Children and Social Work Act \(2017\);](#)
- [Working together to safeguard children \(2018, updated 2020\)](#)