



Safeguarding Children and Young People Policy

Approved by: Care Services Development (CSD) sub committee

Lead Director(s): Chair of the CSD sub committee

Originator(s): Clinical Nurse Lead

Date of Approval: January 2021

Version: updated original version 3 year review – final

Review Interval: Every three years

Review due by: January 2024

Appended Documents: Working Together to Safeguard Children 2018 -Hyperlink.

Responsibility for Dissemination and Implementation: Head of Clinical Services

Implementation date: January 2021

POLICY STATEMENT

The Hospice provides services for adults over the age of 18 years. However, children can be an important part of patients’ lives and do visit them at the hospice or may be present in a patient’s home. This policy ensures that we promote a positive service culture and that we have safeguarding children as a key principle of care.

Version Control	Amendments Made	Amended by	Date
Version 1	First Draft (eg)	Karen Brown	19.11.2020
Version 2	Second Draft- additions following comments.	Karen Brown	24.11.2020
Version 3	Final to sub committee		Jan 2021

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1. Introduction

Safeguarding children means organisations and individuals working together to safeguard and promote the welfare of children and young people.

It requires everyone, including staff and volunteers, whose work brings them into contact with children, young people, their families and adults who are parents or carers to work together to prevent and stop the risks and experience of abuse or neglect while also ensuring that the child's welfare is promoted whatever the circumstances of the child.

This policy provides information about preventing and identifying possible risk or abuse, procedures to be adopted to ensure children and young people and their families and carers are safeguarded from any potential risk of abuse and clear guidance on actions to be taken if there are concerns or allegations of risk of or abuse.

The aims of child safeguarding are to:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers, or potential abusers, may pose to children;
- Implement systems and processes which facilitate the sharing and analysis of information so that assessments can be made of the child's needs and circumstances;

- Contribute to whatever actions are needed to safeguard and promote the child's welfare;
- Take part in regularly reviewing the outcomes for the child against specific plans;
- Work cooperatively with parents and carers, unless this is inconsistent with ensuring the child's safety.

These procedures are based on the **Working Together to Safeguard Children Guidance** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf which sets out what should happen in any local area when a child or young person is believed to need support. Effective safeguarding arrangements should aim to meet the following two key principles:

- Safeguarding is everyone's responsibility: for services to be effective, each individual and organisation should play their full part; and
- A child-centred approach: for services to be effective, they should be based on a clear understanding of the needs and views of children.

Safeguarding children - the action we take to promote the welfare of children and protect them from harm is everyone's responsibility. Everyone who meets children and families has a role to play.

Safeguarding and promoting the welfare of children is defined 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 and acting to enable all children to have the best outcomes. (Working Together to Safeguard Children 2018)

A child is defined as anyone who has not yet reached their 18th birthday. In addition, 'harm' is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include 'impairment suffered from seeing or hearing the ill treatment of another' for example, where there are concerns of Domestic Violence and Abuse.

As stated earlier, whilst the Hospice is primarily a provider of care to adults a child or children may be:

- Member/s of a family accessing Hospice services.
- Attending a Beaumont House event
- Participating in Beaumont House fund raising event

The Hospice has a responsibility to ensure that children and young people are protected from abuse or the risk of abuse and their human rights are respected and upheld and have a responsibility to work within local safeguarding structures. All staff and volunteers have a duty to ensure that children, young people and their families and carers (where possible) are safeguarded from the risk of abuse.

2. Policy and Procedure Drafting and Approval

This policy has been drafted with key members of the Hospice Leadership Team and signed off by the Care Services Development Sub-Committee of the Board of Directors.

3. Associated Policies, Procedures and Guidance

Nottinghamshire Child Safeguarding Board policy and procedures

<http://www.nottinghamshire.gov.uk/nscb/policy-procedures-and-guidance>

Lincolnshire Child Safeguarding Board policies and procedures

<http://lincolnshirescb.proceduresonline.com>

Beaumont House Supervision Policy

Beaumont House Whistleblowing Policy

Beaumont House Adult Safeguarding Policy

Beaumont House Duty of Candor Policy

Beaumont House Risk Management Policy

4. Aims and Objectives

To ensure all children and young people, of patients and their families who use Beaumont House services are safeguarded from the risk of or actual abuse. Also, any child and young person who visits Beaumont House or who the Hospice at Home nursing team encounter whilst doing home visits.

To ensure prompt, correct action is taken if abuse is suspected

For every staff member and volunteer to be trained and know the actions to take if they have concerns about the safety of a child or young person.

5. Scope of the policy

The policy covers safeguarding issues for all children and young people, of patients and their families who use Beaumont House services are safeguarded from the risk of or actual abuse. Also, any child and young person who visits Beaumont House or who the Hospice at Home nursing team encounter whilst doing home visits

6. Accountabilities and Responsibilities

The Board of Directors through the work of the Care Service Development Committee (CSD) will provide policy governance through reviews and audit of any safeguarding referrals.

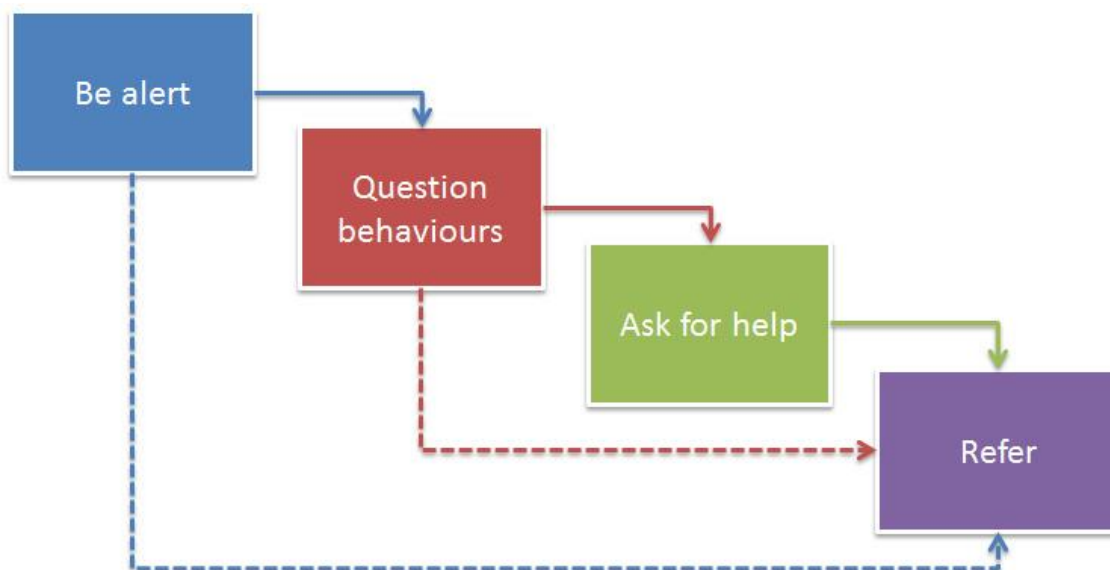
The Head of Clinical Services and Clinical Nurse Lead are responsible for implementing and upholding the policy throughout BHCH and are the lead for safeguarding. They will also provide CSD with required information to enable the governance role to be fulfilled.

The Human Resources Manager is responsible for ensuring all staff and volunteers receive induction and then regular training in Mental Capacity Act, Safeguarding and Deprivation of Liberty Safeguards. They will also ensure that that employment of employees and volunteers will follow the Hospice Recruitment and Selection Policy and Procedure with particular attention to references and DBS checks. All staff and volunteers in roles that include a regulated activity will be subject to an Enhanced Disclosure and Barring Service check.

All Hospice Staff and Volunteers are responsible to attend training provided, follow the procedures outlined below and become familiar with location and content of resources provided to support this policy e.g. raising concern flowchart.

7. Method

There are four key steps to follow to help you to identify and respond appropriately to possible abuse and/or neglect.



Helping you be alert and ask the right questions

Beaumont House Hospice is committed to a zero tolerance for abuse or neglect of any sort within this organisation. The culture within Beaumont House will be one where human rights are respected and upheld.

Staff and volunteers employed by Beaumont House will be selected for their commitment to the principles of person-centred care and will have been through the correct procedures such as references and DBS to ensure they are suitable persons for employment in this setting.

The job description for care staff will include the responsibility for safeguarding adults and children, with the level and scope to be set according to their job role.

All staff and volunteers will work with patients, families, children, young adults and carers in a way that empowers individuals to make their own choices.

When a child or young person has been identified as being vulnerable to risk of abuse good communication must take place with any other agencies involved, to ensure supportive measures are in place.

An open culture will be fostered by promoting feedback from patients, carers, staff, volunteers, other organisations and individuals working with Beaumont House. This information will be recorded, considered and actioned as required and communicated.

Training will be provided on Adult and Child Safeguarding at induction, as part of mandatory training annually and if any significant change in policy takes place to ensure staff and volunteers continue to uphold the principles of protecting vulnerable adults and children.

The training will ensure that each person employed or volunteering knows the factors that can determine a persons' vulnerability to abuse, how to promote a safe environment of care, is able to recognise possible abuse and knows the actions to be taken to raise a concern. This will focus more specifically on vulnerable adults but will also ensure staff know their responsibilities to any children to which Beaumont House has a duty of care.

Staff and volunteers' individual awareness of risk of abuse, duty to report and how to raise a concern will be maintained and monitored through the process of supervision and appraisal by their immediate line manager.

There are four different types of child abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

Child abuse can be a single incident or can be many different incidents that take place over time. It does not matter how much a child is harmed, but whether a child has suffered harm, is suffering harm, or is at risk of suffering harm. A brief list of risk factors can be view in Appendix A of this policy.

Further information about these types of abuse can be found in

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf Updated 2018

As we are a Hospice and our core services are about supporting people with palliative care and at end of life, there is risk that a child could experience emotional neglect if the focus of care is on the adult in the family. For that reason, it is pertinent to draw attention to this area.

Because it's mostly silent and invisible, childhood emotional neglect is largely an overlooked phenomenon in the experience of a child. Unlike physical neglect or abuse, where there are signs such as bruises or children coming to school under-fed, emotional neglect is difficult to identify as there are frequently no observable signs. More importantly, emotional neglect is generally unrecognized by the child until symptoms begin to appear in adulthood.

Life changes dramatically when someone you know is diagnosed with a terminal illness. For a child when this happens, the difference between life before and after this difficult news is even greater. The parent that was once a strong Dad or a tough Mum suddenly becomes a patient. The home turns into a waiting room. The roles in the family change and more duties start to emerge. Friends' talk about makeup and boyfriends lose all meaning. The pain is constantly present, but it has no outlet (*Dorte Buchwald*)

Neglect may also be the undesired outcome of a child's extended family member becoming terminally ill (Grandparents, Aunts and Uncles etc), which may have a direct impact on the child, or the parent's ability to cope.

The Children's Bereavement Centre Newark and Nottinghamshire may be able to provide support, staff should consider making a referral if there are concerns. This can be done online at

<http://www.childrensbereavementcentre.co.uk/>

Emotional neglect can take many forms, from a parent having unrealistically high expectations or not listening attentively, to invalidating a child's emotional experiences to the point he or she begins to feel self-doubt. When a parent is not emotionally attuned to a child, there is no mirror held up, no positive reflection being shared with the child. Developing a positive sense of self, then, becomes more challenging for the child.

If staff or volunteers suspect any form of abuse then the procedure below should be followed.

Procedure for asking for help, and raising a concern about significant harm, abuse or neglect (also known as raising an alert)

All staff and volunteers within Beaumont House have a duty to inform either their line manager immediately if they have any concerns that a child or young person:

- **Has** been significantly harmed abused or neglected
- **Is** being significantly harmed abused or neglected
- **Is at risk** of being significantly harmed, abused or neglected.

The concern may be because of direct observation, communication with the child or young person or other person/s, health or social care professionals, family or friends.

Emergency action – if you believe a child is in immediate danger

Immediate steps to safeguard the child or young person must be taken if the child is suffering from a serious injury, unwell or in pain. If necessary the relevant emergency services (police, ambulance, and fire and rescue service) should be contacted by dialling **999**, and you must inform LA children's social care, and ensure the safeguarding concerns are communicated with any medical services involved in immediate care e.g. the ambulance service, Accident and Emergency Department. They should also contact the on-call consultant paediatrician for child protection at the hospital the child is attending.

The Head of Clinical Services or Clinical Nurse Lead (as nominated referrers for the organisation) should be informed as soon as possible and a record should be made of what has happened including:

- Date, time and place of incident
- Notes, preferably taken during the conversation, explaining to the person reasons for writing things down or writing everything down immediately afterwards.
- Exactly what was said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported
- Clearly separate factual information from expression of opinion.
- Appearance and behaviour of the child or young person
- Any injuries observed
- Name and signature of the person making the record
- If the incident was witnessed, write down exactly what was seen by the witness.

The Head of Clinical Services/Clinical Nurse Lead will discuss with the member of staff or volunteer their concerns and ensure that all details are recorded appropriately.

Deciding on the appropriate course of action

Once the concern has been raised with the referrer, the referrer must then decide of the most appropriate course of action.

- Ensure the immediate safety and welfare of the child, and the perpetrator if they are vulnerable.
- In an emergency contact the relevant emergency services (police, fire, ambulance and rescue services), bearing in mind the need to preserve evidence.
- Consideration should also be given to the health and safety of others in Beaumont House
- See below for actions if the concern relates to a member of BH staff or volunteer.
- If relevant, gather further information to help consider if abuse has occurred.

If a safeguarding referral is not required:

- Consider any possible alternative actions and ensure they are carried out
- Log as a Safeguarding Concern and record any subsequent actions
- Monitor the risk of repeat incidents
- The governance body of Beaumont House, the Care Service Development committee, will review all reported incidents, and these will include concerns raised.

If a safeguarding referral is required:

The person responsible for 'referring to the local authority' is the nominated person who receives information from the person 'raising the concern'. This member of staff is the 'referrer'.

The nominated persons responsible for referring safeguarding concerns to the Local Authority are the Head of Clinical Services and Clinical Nurse Lead.

In certain circumstances, it may be the responsibility of a Registered Nurse to refer a concern, for example, if neither Head of Clinical Services nor Clinical Nurse Lead are available within the required time frame i.e. within ONE working day.

Information required when making a safeguarding referral

Non-urgent referrals

The Safeguarding Referral Form should be completed prior to making the referral to ensure all relevant details and information can be given or submit the information on-line using the following link

Professionals can report a safeguarding concern to Nottinghamshire Children's Social care by completing the [reporting a safeguarding concern form \[Word\]](#) (if the form will not open when clicking the link, instead right click the link and click 'Save link as...' or 'Save target as...' to download it to your computer first).

The completed form should be returned via email to mash.safeguarding@nottscgcsx.gov.uk If you do not have a secure email address, please follow the instructions at the end of the form to protect and return using a password.

Online form – [concerned about a child](#) or **Fax:** 01623 483 295

For information http://nottinghamshirescb.proceduresonline.com/p_report_concerns.html

Link for leaflets and further information

<http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-childrens-trust/pathway-to-provision/multi-agency-safeguarding-hub-mash>

Urgent cases

If you believe a child urgently needs specialist support from children's social care, phone MASH on 0300 500 80 90 and give us as much information as you can. Your information will be passed to a social care manager who will decide the action needed and will normally respond to you within one hour. In an emergency outside of these hours, contact the Emergency Duty Team (EDT) on 0300 456 4546.

You must follow up your telephone call by sending a completed [reporting a safeguarding concern form \[Word\]](#) to the MASH within 24 hours (if the form will not open when clicking the link, instead right click the link and click 'Save link as...' or 'Save target as...' to download it to your computer first).

<http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/mash>

If in Lincolnshire then contact the Lincolnshire County Council's Children's Customer Service Centre on 01522 782111 and explain to the call taker that you wish to make a Safeguarding children referral. For concerns re. children call - Children Services CSC on **01522 782111**. Out of hours -Emergency Duty Team on **01522 782333**. Contact details should be given so that the relevant local authority can gain any further details and will be able to provide an update about the referral.

Alternatively, a referral can be made online at

<https://www.lincolnshire.gov.uk/xfp/form/224>

If the alleged abuse has happened in another county council area details of contact points will need to be obtained either from local council or Internet and contact as directed.

8. Equality Impact Assessment

The impact assessment tool below must be carried out on the policy and considered for aspects of it.

	Name of Policy/Procedure	Yes/No/NA	Comments
1	Does the policy or guidance affect one group less or more favourably than another based on:		
	• Race	No	
	• Ethnic Origin	No	
	• Nationality	No	
	• Gender (Male/Female/Transgender)	No	

	• Culture	No	
	• Religion or Belief	No	
	• Sexual Orientation (Lesbian/Gay/Bisexual)	No	
	• Age	No	
	• Disability (learning disabilities, physical disability, sensory impairment and mental health problems etc)	No	
	Employment status (full/part/bank/retired)	No	
	Marital Status/Civil Partnership	No	
	Trade union membership/non-membership	No	
2	Is there any evident that some groups are affected differently?	No	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4	Is the impact of the policy/guidance likely to be negative?	No	
5	If so, can the impact be avoided?	N/A	
6	What alternatives are there to achieving the policy / guidance without the impact?	N/A	
7	Can we reduce the impact by taking different action?	N/A	
	Name of Assessor		Signed
	Head of Clinical Services		

9. Training Needs Analysis -Staff Training requirements

All staff and volunteers within Beaumont House will receive training on Safeguarding Adults and Children to the appropriate level for their role and responsibilities. This will happen on induction and an annual update will be provided for all staff.

10. Monitoring Compliance with the policy / procedure

Training records will be maintained and reviewed annually to ensure training and supervision has met the standard set.

An audit will be carried out six-monthly to ensure the requirements of this policy have been met. The Care Service Development Committee will review any safeguarding issues as part of their clinical governance remit.

11. References

Nottinghamshire Child Safeguarding Board policy and procedures

<http://www.nottinghamshire.gov.uk/nscb/policy-procedures-and-guidance>

Lincolnshire Child Safeguarding Board policies and procedures

<http://lincolnshirescb.proceduresonline.com>

Care Quality Commission (Registration) Regulations 2009. London: The Stationary Office.
CQC (2013) Our safeguarding protocol

http://www.cqc.org.uk/sites/default/files/documents/20130123_800693_v2_00_cqc_safeguarding_protocol.pdf

Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children, 2010 and 2013, HM Government Department for Children and Families

12. Policy Review

This policy will be reviewed every 3 years or sooner in the light of changes in the law or following investigations of incidents that indicate a change is required.

13. Sign off sheet regarding dissemination of procedural documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Complete and sign
Lead Director:	Chair of CSD
Sub Committee:	Clinical Services Development (CSD)
Date Approved:	January 2021
Ratified by Board:	Delegated to sub committee
Dissemination Lead:	Head of Clinical Services
All relevant staff informed of changes, training plan in place to allow for full implementation.	Separately recorded
Date placed in policy files:	January 2021
Review Date:	January 2024

Appendix A

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf