

CLINICAL POLICY

Document No: C Pol. 3

TITLE	Safeguarding Children Policy
SUMMARY	<p>This policy replaces the Child Protection Policy CPOL 3. Teesside Hospice recognises that Safeguarding Children and protecting them from harm is everybody's responsibility. This Policy sets out guidance and support to all staff on the principles of safeguarding children and it provides a framework for all staff, which identifies and promotes best practice and minimises uncertainty for staff and volunteers working with children.</p> <p>All staff & managers throughout Teesside Hospice Care Foundation (THCF) are required to instigate action to ensure the successful implementation of the policy within their area(s) of control.</p>
APPROVED VIA	Quality and Performance Committee
DISTRIBUTION	For distribution to all areas via THCF Workforce Development Department
RELATED DOCUMENTS	<p>HR Pro 2 Recruitment & Selection Procedure HR Pol. 19 Volunteer Operational Policy HR Pol. 32 Escalation Policy CPOL 2 Safeguarding Adults policy</p>
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ISSUED BY: Chief Executive

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1. Introduction

Teesside Hospice is committed to safeguarding and promoting the welfare of Children at all times. It seeks to ensure that all services are as effective as possible in working together to achieve the best possible outcomes for children.

Children are referred to Teesside Hospice Bereavement and Counselling (BCS) and receive direct one to one support from the team. Additionally, Children attend other parts of the hospice as visitors therefore all staff may encounter children during the course of their work.

Although local authorities play a lead role in safeguarding and protecting Children from harm, it is important to note that Safeguarding Children and promoting their welfare is everybody's responsibility.

This policy and procedural guidance has been developed to provide a safeguarding framework for all staff that identifies and promotes best practice and minimises uncertainty for staff and volunteers working with children.

This policy has been developed using principles, legislation and guidance obtained from:

- Teesside Child Protection Procedures: <http://www.teescpp.org.uk/>
- Working Together To Safeguard Children (HM Gov. 2018)
- Safeguarding Children and Young people: Roles and Competencies for health care staff. Intercollegiate Document. 4th Edition 2019.
- HM Government: Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers. (July 2018)
- <https://www.cqc.org.uk/news/stories/cqc-updates-information-safeguarding-children-adults-england>
- National Institute for Health and Social Care Excellence (NICE): Child maltreatment: when to suspect maltreatment in under 18s (2017).

The Working Together to Safeguard Children (HM Gov. 2018) sets out how organisations and individuals should work together to protect and promote the welfare of children and young people in accordance with the Children Act (1989), and the Children Act (2004). It is the central guidance on safeguarding child protection and underpins all of the information contained in these child protection procedures.

2. Policy Statement

Safeguarding is everybody's responsibility.

Teesside Hospice upholds the UN Convention on the Rights of the Child (1989) which includes the requirements that children live in a safe environment, be protected from all forms of abuse and harm and have access to the highest attainable standard of health.

Teesside Hospice has developed this Safeguarding policy to afford all children who receive their services maximum safeguards.

There are benefits for all children and for the organisation in ensuring widespread understanding of good practice in working with children, and the hospice is committed to continued implementation of safeguarding policies and procedures in all aspects of its work with children and young people.

Teesside Hospice is committed to continually reviewing and developing its understanding of good practice, and to amending and updating policies to take account of improved knowledge and requirements of keeping children and young people safe.

Staff and volunteers are required to consider the safety of all children who access the service (regardless of gender, ethnicity, disability, sexuality or religion), as well as those for whom the patient is a main carer or any child who may be experiencing difficulties associated with their carer's illness or death.

Teesside Hospice will endeavor to support any child who is experiencing difficulties but the organisation is unable to provide all the support that a child may need. On such occasions, the responsibility is to follow Teesside Hospice's Safeguarding Children Policy and Guidelines (ref. Appendix 2), share information, and collaborate with other appropriate professionals and local agencies who could provide this help.

All practitioners should refer to the Local Safeguarding Partnership guidance and procedures, which are available at www.teescpp.org.uk.

Practitioners can also refer to National Institute for Health and Social Care Excellence (NICE): Child maltreatment: when to suspect maltreatment in under 18s (2017).

3. Purpose

This policy aims to ensure that children who are part of the patient's family or who have access to any other service at Teesside Hospice, including the Bereavement Counselling Service (BCS), are safeguarded, supported and protected from abuse.

The purpose of this policy is to:

- Inform and direct staff and volunteers of their responsibilities and duties towards safeguarding children and young people.

- Identify the important factors in recognising and highlighting any safeguarding concerns when working with children.
- Identify the steps and procedures to be taken if there are grounds for concern or abuse is suspected.
- To state the level of training requirements for all staff in accordance with the Intercollegiate Document 4th edition (January 2019).
- Clarify the appropriate management and support for staff related to child safeguarding.
- Highlight the importance of correct procedures when appointing staff and volunteers - and to ensure the correct checks are undertaken.

3.1 This Policy aims to:

Protect children

- Children should be assured of high and appropriate standards of care and protection from all Teesside Hospice staff, volunteers and representatives.
- To acknowledge that Teesside Hospice has responsibility to act if there is cause for concern, in order that the appropriate agencies can investigate and take any necessary action to protect a child.
- To ensure that Teesside Hospice encourages working in partnership with children, young people, advocates, parents and carers in all circumstances, especially where there are concerns or suspicions about child abuse.

I. Protect Teesside Hospice Staff

By following the guidelines and procedures everyone working within the hospice should be able to avoid inappropriate, misguided or wrong behaviour and know what to do if they are concerned about a child's welfare.

II. Protect Teesside Hospice

This policy forms part of the hospice's commitment to best practice, promotes the integrity of the organisation and ensures compliance with Section 27 of the Children Act 1989, Section 11 of the Children Act 2004 and the Care Quality Commission Fundamental standards of quality and safety.

4. Roles and responsibilities

Board of Trustees	Ensures that the organisational Safeguarding Children policy (and procedures) is in place and compliance monitored. Acknowledge that Children's needs are paramount, and the needs and wishes of each child are paramount, so that every child receives the support they need before a problem escalates.
Chief Executive	Overall accountability for all matters relating to Safeguarding Children. Acknowledge that Children's needs are paramount, and the needs and wishes of each child must be first, so that every child receives the support they need before a problem escalates. Ensures the organisation has a Safeguarding Children lead in place and manages the safeguarding lead to ensure compliance with the policy and procedure is monitored.
Director of Nursing and Quality	Executive Safeguarding and PREVENT lead who takes responsibility for ensuring compliance with legal requirements on Safeguarding Children across the organisation. 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. Provides advice and guidance to all staff. Development and approval of safeguarding policy. Ensure that the policy and procedures are implemented within all services. Responsible for ensuring adherence to the policy and procedures. Ensure that staff are aware of their professional accountability and responsibility in relation to safeguarding children and information sharing. Ensure that the parent/guardian is involved in the information sharing process in accordance with partnership (Local Authority) procedures. To ensure that mechanisms are in place so that all staff are aware of and comply with the requirements of the policy. To ensure that the policy is cascaded and understood by all staff. To ensure that training is available on safeguarding children in accordance with The Intercollegiate Document (4 th Ed. 2019) and that all staff complete the mandatory training. To ensure that the team have access to safeguarding supervision/advice as required.

<p>Lead Manager Safeguarding Children (BCS)</p>	<p>Acts as the lead for Safeguarding Children and provides advice and guidance to front line staff across the organisation. Acknowledge that Children’s needs are paramount, and the needs and wishes of each child be put first, so that every child receives the support they need before a problem escalates.</p> <p>To be the designated person for BCS /all staff to consult regarding safeguarding children concerns.</p> <p>Ensures that safeguarding procedures are followed in line with local safeguarding partnerships arrangements (previously LSCB) and leads on safeguarding related incidents and investigations.</p> <p>Reviews this policy every three years or sooner if legislative or other significant changes.</p>
<p>Managers and team leaders</p>	<p>To ensure that staff are aware of, implement and adhere to policy and procedures at all times. To lead on audit to ensure compliance. 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.</p> <p>To abide by the Partnership (Local Authority) procedures and guidelines and to bring to the attention of the Safeguarding Lead if there are any concerns about Safeguarding Children.</p>
<p>All Staff</p>	<p>Acknowledge that Children’s needs are paramount, and the needs and wishes of each child should be foremost, so that every child receives the support they need before a problem escalates.</p> <p>Staff must operate within their agreed scope of practice and competence.</p> <p>Share information in a timely way and discuss concerns about an individual child with a manager.</p> <p>Is accountable for his/he own conduct and practice according to their Professional Practice.</p> <p>To attend any training provided and/or complete the E learning modules.</p> <p>To be aware of and work within the confines of this policy. Staff must complete the records in accordance with records management policy and procedures and professional standards.</p> <p>To abide by the policy and to bring concerns to the attention of their manager and the Child safeguarding lead in relation to safeguarding children.</p>

5. Definitions

In the Children Act (1989 and 2004), respectively, and Working Together to Safeguard Children (2018), a child is anyone who has not yet reached their 18th birthday. ‘Children’ therefore means ‘children and young people’ throughout. 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 for children and young people, does not change his or her status or entitlement to services or protection under the Children Act 1989

5.1 Definitions: Safeguarding

Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children (2018), as:

- 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
- Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Protecting children from maltreatment is important in preventing the impairment of health or development though that in itself may be insufficient to ensure that children are growing up in circumstances consistent with the provision of safe and effective care. These aspects of safeguarding and promoting welfare are cumulative, and all contribute to the five outcomes laid out in Working Together (2018) as:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution and
- Achieve economic wellbeing.

5.2 Children in Need

Children who are defined as being ‘in need’, under Section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (section 17(10) of the Children Act (1989). In addition the Act includes Children with a disability. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- What will happen to a child's health or development without services being provided; and
- The likely effect the services will have on the child's standard of health and development.

Local authorities have a duty to safeguard and promote the welfare of children in need.

5.3 Child Abuse

Child abuse is when a child is intentionally harmed by an adult or another child over a period of time or as a one off action/occurrence. Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

The types of abuse are included within Appendix 1 of this policy. The abuse and neglect of children are terms which cover a range of ways that people harm children. They encompass a whole range of different issues from care that do not meet the standards to enable a child to be healthy and thrive - to the more serious physical, sexual and emotional assaults. These categories of abuse can overlap and children can suffer on multiple levels.

5.4 Categories of Abuse (Detailed information is included within Appendix 1 of this policy)

- I. Physical Abuse
- II. Sexual abuse
- III. Psychological abuse or emotional abuse
- IV. Neglect or acts of omission

Children may be abused by:

- An adult or adults
- Another child or children
- A family member
- Someone in an institutional or community setting, who may be in a position of authority
- Someone not known to them (for example via internet)

Child abuse might be:

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

Additionally staff and volunteers must be alert to the risks of extremism and radicalisation.

5.5 Extremism and Radicalisation

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 the law, individual liberty and respect and tolerance for different faiths and beliefs.

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

All staff have a role to play in being vigilant regarding extremist views and remaining alert to any disclosure or suspicion of radicalisation. All staff have a responsibility to report any allegations or suspicions of radicalisation or extremism to their line manager or to the safeguarding children's lead. It is important to access the Local partnership guidance on the procedure to follow when concerns are highlighted.

Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

5.6 Child Protection

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect children who are suffering, or are likely to suffer, significant harm.

Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

The majority of children and young people who reside in England and Wales have their needs met fully by their parents, extended family and friends and the communities within which they grow. These children and their families may, from time to time, require the support of professional services such as social care, education, health, police, mental health, or voluntary organisations. These children are supported by their families and the communities to which they belong and must be given every opportunity to continue to grow, thrive and achieve their full potential. These children often have experiences that can be responded to successfully through robust partnerships and working together with the child, family and one single professional agency.

A small proportion of children and young people will experience complex difficulties and their families and the communities in which they reside will have a compromised ability to respond. These difficulties can be either caused or compounded by the adults involved in their day to day life.

These children and young people need an integrated approach from professionals, many of whom are already working with the child, young person and their family as a single agency representative. The needs of these children are multi-faceted and require a number of different agencies to work together to support them, their needs and those of their parents/carers.

5.7 The Concept of Significant Harm

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act (1989) introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

A Court may make a specific Care or Supervision Order, committing a child to the care of the local authority, if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm; and
- That harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (CA, 1989, Section 31).

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

In each case, it is necessary to consider any maltreatment alongside the child's own assessment of his or her safety and welfare, the family's strengths and supports, as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people.

Where the question of whether harm suffered by a child is significant depends on the child's health and development, his/her health or development shall be compared with that which could reasonably be expected of a similar child.

Under section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act (2002):

'harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;

'development' means physical, intellectual, emotional, social or behavioural development;

'health' means physical or mental health; and

'ill treatment' includes sexual abuse and forms of ill-treatment which are not physical.

To understand and identify significant harm, it is necessary to consider:

- The nature of harm, in terms of maltreatment or failure to provide adequate care
- The impact on the child's health and development
- The child's development within the context of their family and wider environment
- Any special needs, such as a medical condition, communication impairment or disability, that may affect the child's development and care within the family
- The capacity of parents to meet adequately the child's needs; and
- The wider and environmental family context.

The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and the local authority should give them due consideration, so far as is reasonably practicable and consistent with the child's welfare and having regard to the child's age and understanding.

This depends on communicating effectively with children and young people, including those who find it difficult to do so because of their age, an impairment, or their particular psychological or social situation. This may involve using interpreters and drawing upon the expertise of early years workers or those working with disabled children. It is necessary to create a conducive atmosphere when meeting and communicating with children, to help them feel at ease and reduce any pressure from parents, carers or others. Children will need reassurance that they will not be victimised for sharing information or asking for help or protection; this applies to children living in families as well as those in institutional settings, including custody.

It is essential that any accounts of adverse experiences given by the children are as accurate and complete as possible. Accuracy is key, for without it effective decisions cannot be made and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that, affect children and adults involved.

6. Responsibilities and procedures if abuse is suspected

All staff and volunteers must follow the procedures and protocols for safeguarding children (ref. <http://www.teescpp.org.uk/contacts-and-support>).

Any member of staff or volunteer with child protection concerns should in the first instance and as soon as possible refer to the flow diagram in Appendix 2 and Tees Local Safeguarding Partnership Procedures at <http://www.teescpp.org.uk/>

Child protection issues should (as soon as possible) be discussed with the most senior relevant clinician / manager as follows:

- Clinical Team leader/line manager
- Child safeguarding Lead (Head of BCS)
- Hospice Physician
- Associate Specialist / Consultant in Palliative Medicine
- Director of Nursing and Quality / Chief Executive

Any member of staff with urgent concerns must make contact at any time with the local child protection agencies for advice. The contact addresses and telephone numbers are at Appendix 3.

If a referral to Children's Services is needed it must be followed up in writing within **24 hours**. **This can be completed by using the Tees Multi-Agency SAFER Referral Form** at Appendix 4

Records should be written up verbatim as soon as possible (within 24 hours). This must be a factual description of what has been alleged happened. Any visible injuries must be clearly noted, described and documented.

7. Information sharing

Sharing information to protect the welfare of a child takes priority over protection of privacy.

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many serious case reviews (SCRs), where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe. See <http://www.teescpp.org.uk> for information sharing guidance. There is an information sharing flow chart in Appendix 5 to provide guidance to staff. See also CPOL 20 Information Sharing Policy.

Sharing information is an intrinsic part of any frontline practitioners' role when working with children and young people. The decisions about how much information to share, with whom and when, can have a profound impact on children's lives.

Information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet.

Sharing of information between practitioners and organisations is essential for effective identification, assessment, risk management and service provision.

Fears about sharing information must not stand in the way of the need to safeguard and promote the welfare of children and young people at risk of abuse or neglect.

7.1 The General Data Protection Regulation (GDPR) and Data Protection Act 2018 and consent to share information

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information.

The GDPR and Data Protection Act 2018 both place a greater significance on organisations being transparent and accountable in relation to their use of data. All organisations handling personal data need to have comprehensive and proportionate arrangements for collecting, storing, and sharing information.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

To effectively share information:

- All practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be data which is considered 'special category personal data' meaning it is sensitive and personal
- Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent.

- Note that information can be shared legally without consent: if a practitioner is unable to gain consent, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child or others at risk.
- Note that relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being. (Ref: HM Government: Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers). (July 2018)

You do not necessarily need the consent of the information subject to share their personal information. Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on.

When you gain consent to share information, it must be explicit, and freely given. There may be some circumstances where it is not appropriate to seek consent, either because the individual cannot give consent, it is not reasonable to obtain consent, or because to gain consent would put a child or young person's safety or well-being at risk.

Where a decision to share information without consent happens, a record of what has been shared will be kept.

Consent is not appropriate in the following situations as gaining consent may put a child at further risk:

- Suspected Fabricated Induced Illness
- Suspected sexual abuse

When making a referral, always be clear about whether consent has or has not been sought and the reasons why.

When making the telephone referral ask the Local authority to read back what they have documented so that you are clear that they have recorded the referral information accurately.

8. Safeguarding Children Training

All staff and volunteers working for Teesside Hospice are required to complete e learning for Safeguarding Children once every three years. Additionally face-to-face training on the hospice policy and procedure is required every three years.

The level of training required is specified within the intercollegiate document 2019. The specific requirements are:

- **Level one** safeguarding Children training - All Trustees, Hospice staff and volunteers.
- **Level two** safeguarding Children training – all clinical staff.
- **Level three** safeguarding Children training – all Nurses, doctors and AHPs. All Staff and volunteer Counsellors who work with children are also to complete Level 3 of Safeguarding Children
- **Level four** safeguarding Children training – Director of Nursing and Quality. Level 4 training cannot be accessed on Relias therefore, an external training course is recommended.

Training is accessed on Relias the Teesside Hospice on Line Learning Management System. On line training includes:

- The meaning of safeguarding;
- Current legislation and guidance;
- The different categories of abuse;
- The signs to look for when it is suspected a child/young person may be experiencing abuse;
- What to do when it is suspected a child/young person is experiencing abuse.

9. Special Considerations within the hospice

9.1 Procedure for Day Hospice Visits:

Some children may benefit from visiting the Day Hospice at least once allowing them the opportunity to understand and see where their parent/family member visits weekly. Children will remain the responsibility of the guest or family member whilst visiting Day Hospice.

Children of various ages visit as a member of school/church choir or theatre group. These children will remain the responsibility of the teacher/adult in charge of the group/choir while at the Day Hospice and must be supervised at all times. The Nurse in Charge must make a full explanation of the supervision required to the teacher/adult in charge at the start of the visit.

All visits to the Day Hospice must be arranged with the Nurse in Charge. If there are any concerns regarding the welfare of a child, that the staff and/or volunteers note during a visit this **MUST** be discussed with the line manager and the information shared and documented. Information on what to do if you are worried that a child is being abused can be found at ([ref. http://www.teescpp.org.uk/contacts-and-support](http://www.teescpp.org.uk/contacts-and-support)).

9.2 Procedure for Inpatient Unit (IPU) Visits:

Children are welcome to visit their relative on IPU but must be supervised at all times by a responsible adult during their visit. This is for their personal safety and to ensure privacy of other patients is respected.

Children do not usually stay overnight, however, should a parent be approaching end of life and a child wishes to stay, staff should use their discretion in the best interests of the patient and child. The child must be accompanied / supervised by a responsible adult.

Any member of staff finding children inadequately supervised should return them to the supervising adult or an appropriate family member and explain the procedure for visiting.

If there are any concerns regarding the welfare of a child that the staff and/or volunteers note during a visit this **MUST** be discussed with the line manager and the information shared and documented. Information on what to do if you are worried that a child is being abused can be found at (ref. <http://www.teescpp.org.uk/contacts-and-support>).

9.3 Admission Information:

As part of the admission procedure patients identified as a main carer of children should be asked about the childcare arrangements that have been put in place while the patient is at THCF.

Think family approach

Safeguarding and promoting the welfare of vulnerable members of the community, whatever their age, is a shared responsibility. Commitment by agencies to a 'Think Family' approach is essential in providing support early to help families care for their loved ones and reduce the chances of harm to children or adults at risk of abuse or neglect. In addition, this approach is necessary to promote timely and robust intervention when risks increase and statutory intervention is needed. Information on the *Think family guidance* can be found on the partnership procedures: ref. <http://www.teescpp.org.uk/contacts-and-support>

This information should be recorded in the patient record and shared with the MDT - the aim being to identify children at risk of being 'Home Alone'.

Any concerns regarding the child's welfare or that the child is at risk should be discussed with the parent/carers and recorded. Information may need to be shared with or without consent in accordance with the Tees wide Safeguarding Partnership Procedures.

If there are any concerns, regarding the welfare of a child that the staff and/or volunteers note during a visit this **MUST** be discussed with the line manager and the information shared and documented. Information on what to do if you are worried that a child is being abused can be found at (ref. <http://www.teescpp.org.uk/contacts-and-support>).

9.4 Children's Bereavement Counselling Service:

All families should be informed about THCF 'Forget Me Not' bereavement counselling service for children and young adults and how the service can be accessed. How, when and why information sharing is important will be explained to the child and parent/carer in accordance with THCF Information Sharing Policy CPOL 20

10. Recruitment of Staff and Volunteers

The procedures for recruiting staff and volunteers are set out in THCF Recruitment & Selection Procedures (HR Pro. 2) and Volunteer Operational Policy (HR Pol. 19). The policies and procedures follow the required vetting process and include the following:

- All personnel data is confirmed using documentary evidence including passport, driving license, birth, marriage certificates etc.
- All references are taken up
- Application for an 'Enhanced DBS' (CRB) Check is made
 - This level of DBS check is also processed by the Criminal Records Bureau which searches the applicants' criminal history for any cautions, warnings, reprimands or convictions (both spent and unspent). Additionally, the Enhanced DBS check also searches the children and vulnerable adults 'barred lists' to see if the applicant is barred from working with those groups. There is also an area within the Enhanced DBS check process where local police can add any relevant information they may hold about the applicant.
- All staff and volunteers are made aware of the Safeguarding Children policy
- All staff are made aware of induction and mandatory training requirements
- Written record of training attended is documented and recorded on each staff/volunteers training record
- More detailed training will be required by those staff or volunteers who work directly with children
- Staff and volunteers who work directly with children will receive regular supervision

11. Procedure when there is an allegation made against staff or volunteer

Allegations and Concerns against Staff, Carers or Volunteers (Local Safeguarding Partnership Procedures)

Children can be subjected to abuse by those who work with them, in any setting. All allegations of abuse or maltreatment of children by a professional, staff member, foster carer or volunteer must therefore be taken seriously and treated in accordance with the Local Safeguarding Partnership Procedures which can be found on <http://www.teescpp.org.uk>

This guidance applies to a range of situations and covers circumstances where a person is alleged to have:

- Harmed a child
- Committed a criminal offence against a child
- Behaved in a way that suggests that they are unsuitable to work with children

Managers may need to consider whether:

- The police need to be involved
- Children's Social Care need to do an assessment therefore a SAFER referral is made.
- Disciplinary action needs to be considered

11.1 All allegations must be taken seriously and must be investigated, and if abuse is suspected the Director of Nursing & Quality / CEO / Head of Workforce Development must be informed.

11.2 The Director of Nursing and Quality/deputy must inform the Local Authority Designated Officer (LADO) in accordance with the Local Safeguarding Partnership Procedures if allegations of abuse by an employee are suspected or information that an employee has harmed a child become known.

In addition, the following should be considered:

- Contact made with the child's school, families and or police
- Staff and/or Volunteers, who have had an allegation made against them should be suspended immediately from working with children
- Staff and/or Volunteers who have had an allegation made against them should be kept informed and supported while the case is under investigation

Confidentiality should be maintained within the framework of information sharing (see HM Government Document: What to do if you are worried a child is being abused which can be accessed via www.teescpp.org.uk (page 54 - 67)

If the staff member or volunteer decides to resign, this should not prevent the investigation taking place and the Local Authority Designated Officer (LADO) must still be informed.

NB: Where there is any child protection concern the flow diagram in Appendix 3 should be used as a guide.

12. Complaints Procedure relating to action taken to safeguard a child

Teesside Hospice seeks to provide the best possible care for all its service users. If however there is a complaint, in the first instance there should be contact made with the most senior member of staff on duty. If the complaint cannot be rectified the formal complaints procedure outlined in HR POL 14 must be followed.

13. References

- HM Government Document: Working Together to Safeguard Children (2018)
- Child Protection: Tees wide Local Partnership Procedures (2019)
- Safeguarding Children and Young people: Roles and Competencies for health care staff. Intercollegiate Document. 4th Edition 2019
- <https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>
- HM Government: Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers. (July 2018)
- Working Together to Safeguard Children: A guide to inter agency working to safeguard and promote the welfare of Children (2018)
- <https://www.cqc.org.uk/news/stories/cqc-updates-information-safeguarding-children-adults-england>
- Teesside Hospice acknowledges the Butterwick Hospice for sharing their safeguarding Children Policy 2020.

14. Other Key legislation for reference

Children Act 1989. The Children Act 1989 is the primary legislation which underpins and governs working with children who require services to meet their needs.

Children Act 2004. The Children Act 2004 provides/places a duty on and guidance for inter-agency work and cooperation in meeting the needs of children, and provides legislative requirements for governance of child protection intervention. (Governance is also addressed in detail in [Section 3.2.2](#) of these procedures).

Human Rights Act 1998. The Human Rights Act 1998 gives legal protection for individual rights and freedoms. The Human Rights Act applies to both adults and children and should be taken into account throughout professional intervention with children and their families.

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information. The GDPR and Data Protection Act 2018 place greater significance on organisations being transparent and accountable in relation to their use of data. All organisations handling personal data need to have comprehensive and proportionate arrangements for collecting, storing, and sharing information.

The Sexual Offences Act 2003 (Prescribed Police Stations) (England and Wales) (Amendment) Regulations 2019

Came into force on 1st August 2019.

Children and Families Act 2014

The Children and Families Act (2014) aims to ensure that all children, young people and their families are able to access the right support and provision to meet their needs. The Act outlines a new Code of Practice for children and young people with special educational needs and disabilities (SEND). This Act also covers adoption.

UN Convention on the Rights of the Child 1989. The Convention on the Rights of the Child is the first legally binding international instrument to incorporate the full range of human rights—civil, cultural, economic, political and social rights.

The Education Act 2011

An Act to make provision about education, childcare, apprenticeships and training; to make provision about schools and the school workforce, institutions within the further education sector and Academies; to abolish the General Teaching Council for England, the Training and Development Agency for Schools, the School Support Staff Negotiating Body, the Qualifications and Curriculum Development Agency and the Young People's Learning Agency for England; to make provision about the Office of Qualifications and Examinations Regulation and the Chief Executive of Skills Funding; to make provision about student loans and fees; and for connected purposes. [15th November 2011]

Children and Social Work Act 2017

This act places a duty on the Local Authority to provide young people leaving care with a personal advisor until aged 25 years.

National Institute for Health and Social Care Excellence (NICE): Child maltreatment: when to suspect maltreatment in under 18s(2017).

Appendix 1

Categories of abuse

Physical abuse

Physical abuse 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 or carer fabricates the symptoms of, or deliberately induces, illness in a child. This is termed Fabricated Induced Illness or FII.

Signs that might indicate physical abuse

- Any unexplained injuries, including scratches, marks and swellings.
- Any injuries that have not been treated or have been treated badly.
- Bruises –either individual or in clusters.
- Burns –especially those with clear edges.
- Friction burns.
- Scalds.
- Bite marks.
- Broken bones.

Behaviours that might indicate physical abuse

- Fear of parents/carers
- Non-attendance of medical appointments
- Aggressive behaviour and temper outbursts
- Reluctance to get changed or undressed for sporting activities, medical examinations or remove outer garments during hot weather
- Emotional withdrawal
- Running away from home or showing fear of going home
- Self-harm behaviours.

Psychological or Emotional abuse

Emotional abuse is 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 children 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 the 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.

Signs that might indicate emotional abuse

- Failure to thrive
- Sudden unexplained speech disorder
- Delayed development (physical or emotional)

Behaviours that might indicate emotional abuse

- Compulsive nervous behaviour such as hair twisting or rocking
- Unwillingness or inability to play
- Extreme fear of making mistakes
- Extreme lack of confidence
- Inability to cope with praise

Sexual abuse

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 penetrative acts (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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Signs that might indicate sexual abuse

- Pain, bruising, itching or bleeding near the genital area
- Sexually transmitted disease
- Discomfort when walking or sitting down
- Any recurrent discharge or urinary infection
- Pregnancy

Behaviours that might indicate sexual abuse

- Sexual knowledge beyond their developmental age
- Sexual drawings, language, behaviours or play
- Non-attendance of medical appointments
- Fear of being left with specific people

- Bed-wetting
- Overeating/anorexia
- Self-harm
- Secretiveness or alluding to secrets that cannot be shared
- Drug abuse
- Suddenly having unexplained money/gifts
- Spending increased time on internet, secretive behaviour in relation to mobile phone.

Neglect

Neglect is 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:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

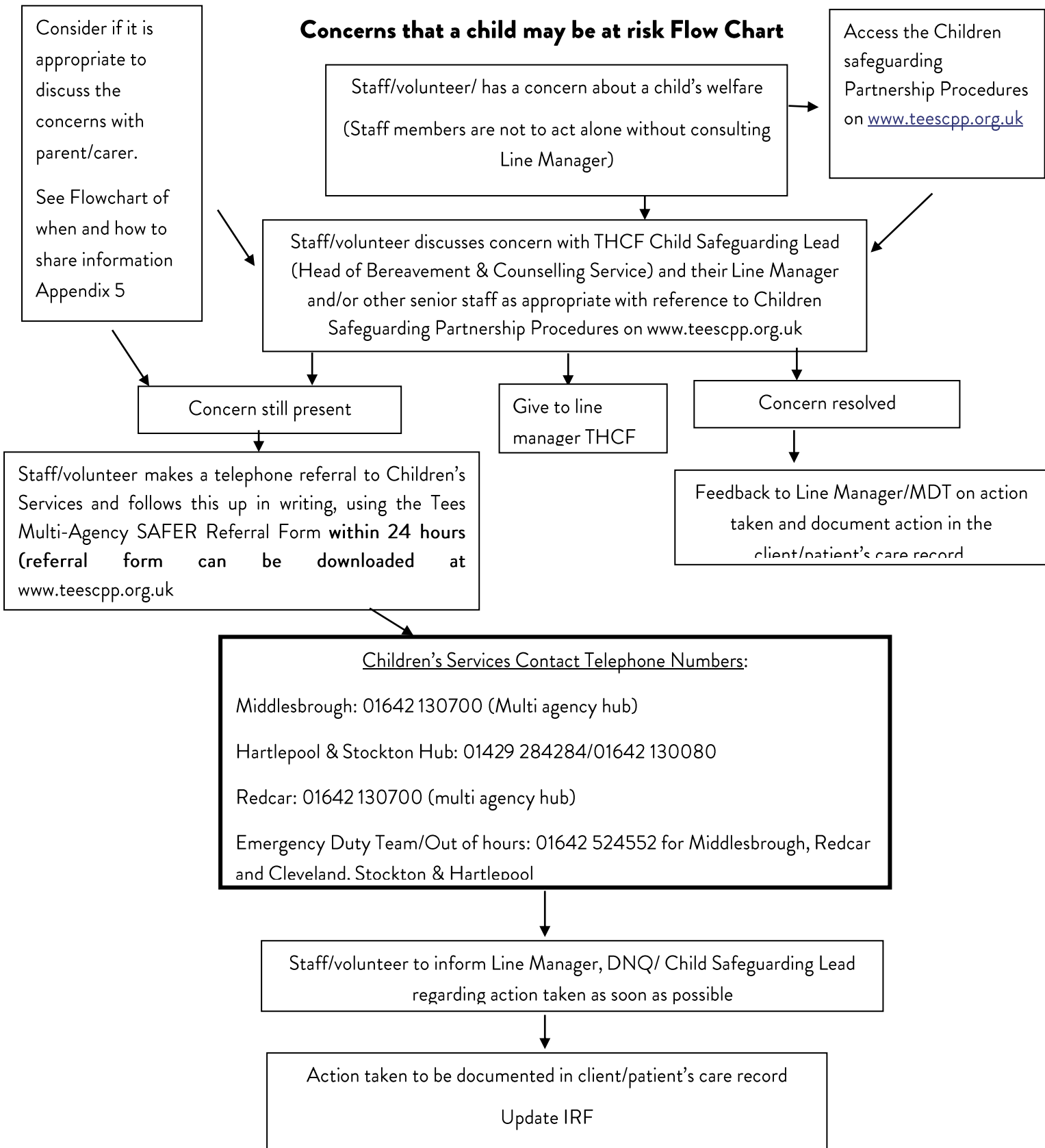
It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.



**Child Protection
Telephone Contact Numbers**

Social Care - Middlesbrough	01642 726004
Social Care - Stockton on Tees	01642 527764
Social Care – Hartlepool	01429 284284
Social Care - Redcar	01642 771500
Tees wide Safeguarding Children Partnership	01642 304519
Emergency Duty Team/Out of Hours for Middlesbrough, Stockton, Hartlepool & Redcar	01642 524552 or 0870 2402 994
Child Line	0800 1111

Concerns that a child may be at risk Flow Chart



Appendix 4

Link to form: <https://www.teescpp.org.uk/media/1209/safer-referral-form-march-2019.docx>



TEES MULTI AGENCY SAFER REFERRAL FORM

SITUATION, ASSessment, FAMILY, EXPECTED RESPONSE, RECORDING

Children's Social Care operates a multi agency approach to supporting children, young people and their families. Across the Tees Valley, County Durham and North Yorkshire Multi Agency Safeguarding Teams are in place working together to safeguard children. These teams include the Police, health services and other relevant agencies who share information and support the social care decision making process. All information shared is proportionate and appropriate to the level of need of the child. For the avoidance of doubt, information can and will be shared in these multi agency teams to get the right support to meet a child's needs at the right time. Children's Social Care operates within the context of Working Together to Safeguard Children and is GDPR and Data Protection ACT 2018 compliant.

When do you need to use this form?

This form should be used to request support for a child who has suffered or is at risk of suffering significant harm; where you believe they are unlikely to achieve or maintain a reasonable level of health or development without the provision of a social work service. This is Level 4 of need.

What do you need to do?

- Discuss your concerns with the child and family if appropriate and where you can, gain their consent.
- Where you are able, reflect on the right support at the right time with your agency's safeguarding lead to determine that a request for a social work service is the most appropriate response for the child.

What is the level of need? (To ascertain the level of need based upon the information you have, consult your threshold document at: <https://www.teescpp.org.uk/safeguarding-procedures/2-early-help/>)

Level of Need	Level description / response	Referral Pathway
1	A child whose needs are being met, or whose needs can be met by universal services	Universal Services
2	A child with additional needs that can be met by a single agency providing additional support or by signposting to an additional agency – complete an early	Early Help

	help assessment (EHA) (https://www.teescpp.org.uk/safeguarding-procedures/2-early-help/)	
3	A child who would benefit from a coordinated response from multiple agencies – complete an Early Help Assessment (EHA)	Early Help
4	A child who has suffered or is at risk of suffering significant harm or has complex needs; that requires a specialist or statutory intervention	Children's Social Care

Request for Children's Social Care

Date of Request:		Time:	
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DETAILS OF CHILD(REN)

Child's name:	DOB:		Expected Date of Delivery (Unborn):		
	NHS no/UPN (if available)			Language:	
	Age:			Interpreter required:	
Gender M/F :	Ethnicity:		Communication Needs:		
	Religion:				
Address:					
Postcode:		Tel No: (Parent/ Carer)	Disability:	Y/N	
Name of Parent(s) / Carer(s):		Address of Parent(s) / Carer(s):	Relationship and DOB:		

Family Composition/Significant Others (Who else lives with the child or plays a significant role in their life?)

Name:	DOB:	Relationship:	Address (and contact number):

CONSENT

Professionals should seek to discuss concerns with the family and where possible seek the family's agreement in making a referral unless this may place the child at increased risk of significant harm.

Who has parental responsibility for this child?

Have parents / carer(s) been informed of this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the child / young person given consent for this referral? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have parents / carer (s) given consent for this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If the answer to any of the above is **NO** please provide an explanation :

WHAT IS WORKING WELL? (What support is currently in place)

- What existing support is in place/offered for this child and family? What is the impact on the child?
- What is your agency doing? What services will your agency continue to provide?
- What are the strengths / protective factors?

WHAT ARE YOU WORRIED ABOUT? (Reason for the referral: consult your threshold document)

- Is there actual harm – what is causing the harm? What is the impact?
- What are the future dangers for the child(ren) / family should this concern not be addressed?
- What are the complicating factors (E.g: parental substance misuse/ mental health issues) that make the concern more difficult to deal with?

WHAT NEEDS TO HAPPEN NEXT? (What change do you want to see happen?)

- What are the views of the children and family? What do they think will help them?
- What needs to change?
- What intervention do you think will make a difference for this child and family?
- What outcome do you hope this referral will achieve?
- Are there any issues for worker safety that need to be considered when planning a response?

Details of other agencies involved with the child

Agency		Agency	
Midwife		Other Health Professional	
Health Visitor		Child care or Education Setting	
School Nurse		Youth Justice / Offending	
GP		Other Agency	

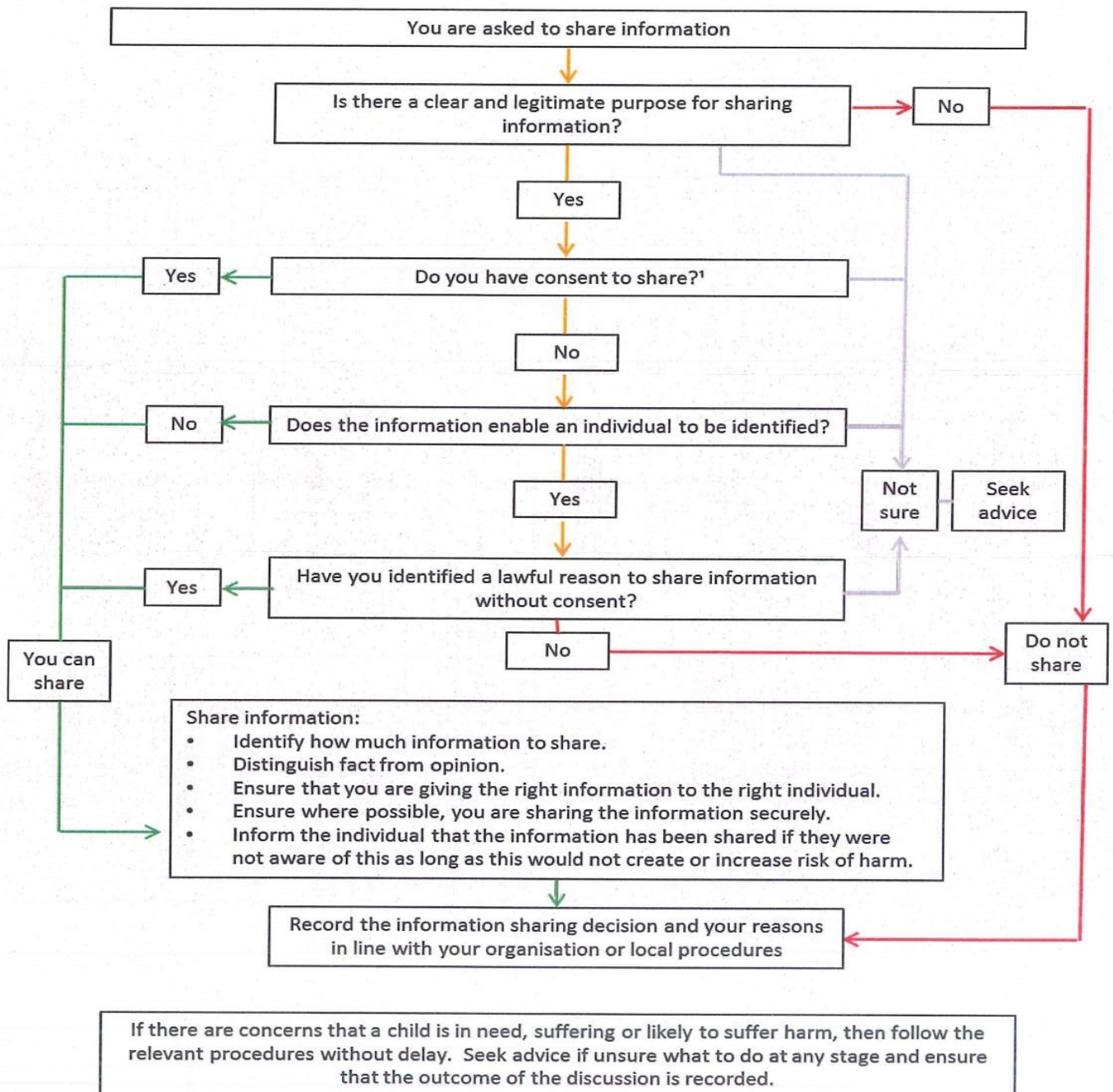
REFERRAL FROM:

NAME	
JOB TITLE	
AGENCY	
ADDRESS	
TEL	
EMAIL	

PLEASE SEND THE COMPLETED REQUEST TO:

Children's Services	Office hour	Out of hours	Email
Hartlepool	01429 284284 01642 130080	01642 524552	childrenshub@hartlepool.gov.uk
Middlesbrough	01642 130700	01642 524552	southteesmach@redcar-cleveland.gov.uk
Redcar & Cleveland	01642 130700	01642 524552	southteesmach@redcar-cleveland.gov.uk
Stockton-on-Tees	01642 130080 01429284284	01642 524552	childrenshub@hartlepool.gov.uk
North Yorkshire	01609780780	01609780780	children&families@northyorks.gov.uk
Durham	03000 267979	03000 267979	First.contact@durham.gov.uk
Darlington	01325 406222	01642 524552	childrensaccesspoint@darlington.gov.uk

Flowchart of when and how to share information



1. Consent must be unambiguous, freely given and may be withdrawn at any time

Ratified By:

Name: Michelle Larkin

Signature:

Designation: Director of Nursing and Quality

Date: / /

On Behalf of the Quality and Performance Committee

Name: Elaine Criddle

Signature:

Designation: Chair

Date: / /

On Behalf of Teesside Hospice Care Foundation