



Policy: Safeguarding Children and Young People
Policy number: 6.02

1. Policy Statement

As laid out in our Core Values, Hospice in the Weald is committed to supporting patients, carers and their families, as well as respecting and valuing all staff members, trustees and volunteers. Every member of staff, volunteer and trustee has a duty to protect any child or young person who comes in contact with the organisation suspected to be a victim of abuse of any kind. Anyone under the age of 18 is considered a child in UK law.

This policy provides guidance on how to act if you think a child or young person may be at risk. The guidance is summarised in the flowchart in Appendix1.

The purpose of the policy is:

- To provide protection for the children and young people who receive our services, including the children of patients, family members and carers.
- To provide staff and volunteers with guidance on procedures they should adopt if they suspect a child or young person may be at risk of harm.
- To provide clear guidance on action to be taken if an allegation of abuse is made against a member of staff or a volunteer or if the behaviour of anyone gives cause for concern.

2. Related policies, guidelines and procedures

Internal Policies

Risk Management & Incident Reporting (including Near Misses) (9.08)

Safeguarding Vulnerable Adults (6.01)

Comments and Complaints (6.04)

Health and Safety (9.01)

Employment (8.01)

Health Records (4.02)

Recruitment and Selection (8.23)

Confidentiality (8.19)

Whistleblowing (6.03)

Legal framework

Children Act 1989
United Convention of the Rights of the Child 1991
Data Protection Act 1998
Sexual Offences Act 2003
Children Act 2004
Protection of Freedoms Act 2012
Relevant government guidance on safeguarding children.

3. Responsibility and Accountability

Policy formulation and review:	Head of CSS (via CMT)
Approval:	CEO (via HLT)
Compliance:	All Staff and volunteers. Managers have a responsibility to ensure volunteers in their service or department are aware of the detail in this policy and have the necessary information and training to carry out their roles in line with this.

4. Relevant Dates

Policy originated: June 2005
Date of last review: September 2012
Date of this review: July 2016
Date of next review: September 2021

5. Introduction:

Abuse of any kind to a child or young person is unacceptable to Hospice in the Weald, and any staff member, volunteer or trustee who suspects this may be the case is required to act on it with immediate effect. This document provides detailed guidance on how to take action if you encounter such a situation.

6. What is safeguarding and why is it important

Safeguarding means protecting children and young people from physical, emotional or sexual abuse or neglect.

Safeguarding is everyone's business, and in the case of suspected abuse, anyone involved is required to take immediate action and ensure the Designated Safeguarding Lead is informed immediately.

7. Designated Safeguarding Lead:

The Designated Safeguarding Lead at Hospice in the Weald is Rob Woolley, Chief Executive Officer, and can be contacted on:

Work	01892 820518
Work mob	07943 675768
Home	01622 813925
Personal mob	07714 981523

Paul Madden, Head of Counselling Support Service, is his deputy and can be contacted on 01892 820554.

Both have responsibility for:

- receiving information from anyone who has concerns about a child or young person
- deciding whether the parents of a victim need to be informed, and/or agreement sought from, in order to contact the relevant local authority
- deciding what action is required and contacting the relevant agency or the police

8. If you have suspicions or information is disclosed about safeguarding issues

If a child or young person makes a disclosure to you that confirms or implies they are a victim of abuse, or if you have any suspicion that this may be the case, you must act immediately.

8.1 Staff and volunteers of the Counselling Support Service (CSS)

- Contact the relevant Safeguarding Children Board ASAP (check the website for out of hours numbers)
 - East Sussex LSCB on 01323 464222 or 0-19.SPOA@eastsussex.gov.uk
 - Kent KSCB on 03000411111 or central.duty@kent.gov.uk
 - If you feel the child or young person is in immediate danger, ring 999.
- Complete incident form which is on Hospice Web (from policy 9.8), but don't include information about the incident or identify the child/young person. Do set out any action taken, and discuss it with the Designated Safeguarding Lead or his Deputy on his absence.
- If the person involved is a client of CSS or a relative of a patient then write a brief, factual note for the Electronic Care Record (ECR) and agree the wording with the safeguarding lead before saving onto the ECR. Include only facts that have been stated by the person involved and do not include third hand information or speculation.

8.2 Staff members and volunteers not part of CSS

- If you feel the child or young person is in immediate danger, ring 999.
- Discuss situation with the Designated Safeguarding Lead, or his Deputy in his absence, immediately.
- The Designated Safeguarding lead, or his Deputy, may set up a conference call with the relevant local authority, and will take the lead in the consultation. You may need to take part in this call, as you are the person with first-hand information about the case.
 - Complete an incident form which is on Hospice Web (from policy 9.8), but don't include information about the incident or identify the child/young person. Do set out any action taken.
 - If the person involved is a client of CSS or a relative of a patient then write a brief, factual note for the Electronic Care Record (ECR) and agree the wording with the safeguarding lead before saving onto the ECR. Include only facts that have been stated by the person involved and do not include third hand information or speculation.

9. How to respond if a child or young person confides in you

It takes a lot of courage for children or young people to talk to an adult about their abuse. They often learn to cover up the abuse and are able to give believable explanations for what has happened. In talking about the abuse, they may have to betray someone who is not only close to them but someone they love. They are risking a great deal in the hope that you will believe what they say.

If a child or young person talks to you about their abuse, you should:

- remain calm, accessible and receptive
- listen carefully without interrupting
- communicate with the child in a way that is appropriate to their age, understanding and preference
- be aware of the non-verbal messages you are giving
- make it clear that you are taking them seriously
- acknowledge their courage and reassure them that they are right to tell
- reassure them that they should not feel guilty and say that you're sorry that this has happened to them
- let them know that you are going to do everything you can to help them and what may happen as a result
- make a note of what was said and who was present, using the child's actual words wherever possible

Do not:

- allow your shock or distaste to show
- probe for more information than the child offers
- speculate or make assumptions
- make negative comments about the alleged abuser
- make any promises that you cannot keep – e.g. that "everything will be all right"
- agree to keep the information a secret
- delay getting emergency help if needed – e.g. medical help

10. Confidentiality

Any information you gather about a safeguarding issue is strictly confidential. In order to guarantee this, you must make sure that:

- No identifiable information is given to anyone apart from the relevant authority – the Police or Safeguarding Board Social Services staff.
- You do not discuss the case with your line manager or any other person.
- No identifiable information is written on the incident form, including initials or EHR numbers.
- All email information, including an electronic form to local authorities, is sent from a secure email account e.g. an NHS email. This is our only audit trail that we have and want. It will show the action taken but retain absolute confidentiality.
- Notes made on the ECR are factual and brief. Record what you have been told, any action taken and that you have raised a safeguarding alert.

The Designated Safeguarding Lead, or his Deputy in his absence, may not need to know the identity of the child or young person. He will record the incident as dealt with. However, they can advise you on help and support for yourself if *a child or a young person confided in you on a safeguarding matter and it is affecting you.*

11. Recruitment of staff and volunteers.

We follow stringent recruitment procedures to minimise any risk of abuse by a member of staff or a volunteer. Those who are likely to have unsupervised contact with children or young people in the course of their work will undergo a DBS check at Enhanced level to confirm that there are no previous convictions,

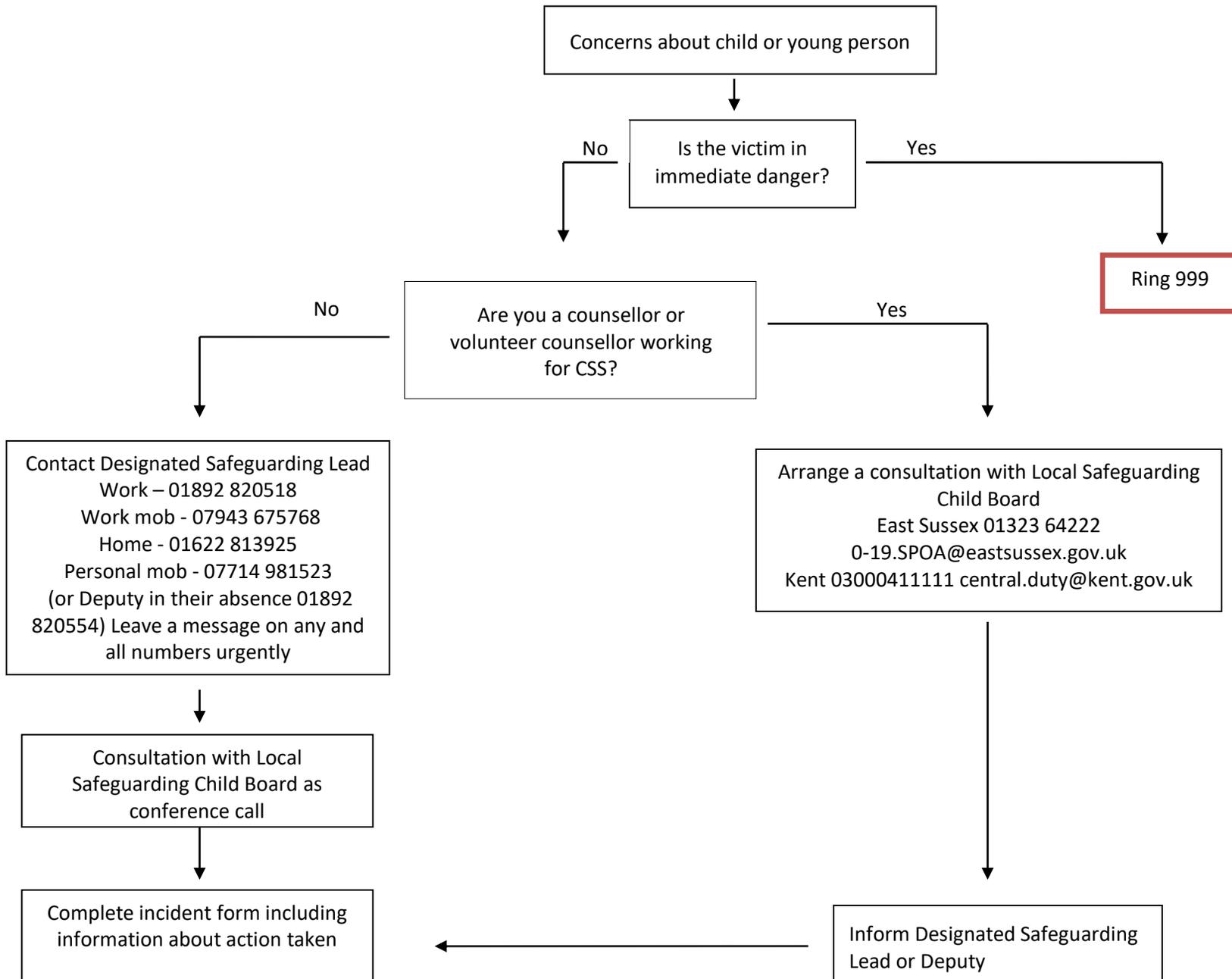
cautions or warnings relating to child abuse, sexual offences or violence. Further details are in our Recruitment and Selection Policy (8.23). However, we all need to report behaviours we see in anyone that concern us if our concern relates to safeguarding children and young people.

12. Allegations towards a staff member or volunteer or if behaviour of anyone gives cause for concern.

We recognise that any allegation of abuse against a member of staff or volunteer is deeply distressing and difficult to handle. However, it is crucial that, if you have any concerns about the behaviour of another member of staff or volunteer, you raise this immediately with the Designated Safeguarding lead, or his Deputy or the Personnel Director who will make sure that this is investigated appropriately and that confidentiality is maintained.

If a child or young person makes an allegation against a member of staff or volunteer, you must raise this with the Designated Safeguarding lead, or his Deputy or the Personnel Director immediately.

Child and young person Protection Policy Flow Chart





INCIDENT/NEAR MISS REPORTING FORM

Type of Incident/Near miss (please specify):

- Clinical incident
- Near miss clinical incident
- Non clinical incident
- Near miss non clinical incident

Name of person(s) involved:

Address/Hospice Number of person(s) involved:

Name and post of person reporting incident:

Name and post/address of person(s) witnessing incident:

Person(s) involved (please specify):

- Person external to HITW
- HITW Staff
- HITW Volunteer

Date/time the incident occurred:

Location of incident:

Describe what happened, only including the facts (please use additional sheet if needed):

Was anyone else involved? If so, who?

IMMEDIATE ACTION

What action did you take immediately after the incident?

In your opinion, what action can be taken to prevent the incident occurring again?

Equipment or other factors involved:

Was equipment taken out of use? (please indicate) Yes No

If yes, where is the equipment now?

Please forward this form to the Nursing Director for Clinical Risk and to the Finance Director for Non Clinical Risk



INVESTIGATING MANAGER'S REPORT

Name of Director:

Does the incident need full investigation?

Yes

No

If No, no further action needs to be taken. Incident papers to be filed.

If Yes, please complete the remainder of this report.

Name of Investigating Manager:

Comments by Investigating Manager:

Date:

Recommendations for Future/Procedure Changes:

Date:

Comments by Director (including procedures put in place to monitor/audit change):

Date:

Risk identified and added to Operational Risk Register? Yes No

If Yes, Date Risk added to Register:

If No, please provide reason below:

Comments by CEO:

Date:

Appendix 3 [Safeguarding Children and young people - Examples of indicators of abuse](#)

Type of abuse	Physical Indicator	Behavioural Indicator
Physical	<ul style="list-style-type: none"> • Frequent or unexplained bruising, marks or injury • Bruises which reflect hand marks or shapes of articles, e.g. belts • Cigarette burns • Bite marks • Unexplained broken or fractured bones • Scalds 	<ul style="list-style-type: none"> • Fear of parent being contacted • Behavioural extremes – aggressive/angry outbursts or withdrawn • Fear of going home • Flinching when approached or touched • Depression • Keeping arms/legs covered • Reluctance to change clothes • Panics in response to pain • Reports injury caused by parents
Emotional	<ul style="list-style-type: none"> • Delays in physical development or progress • Sudden speech disorders • Failure to thrive 	<ul style="list-style-type: none"> • Neurotic behaviour • Sleeping disorders, unable to play • Fear of making mistakes • Sucking, biting or rocking • Inappropriately adult or infant • Impairment of intellectual, emotional, social or behavioural development.

Sexual	<ul style="list-style-type: none"> • Pain/itching in genital area • Bruising/bleeding near genital area • Sexually transmitted disease • Vaginal discharge/infection • Frequent unexplained abdominal pains • Discomfort when walking/sitting • Bed wetting • Excessive crying 	<ul style="list-style-type: none"> • Inappropriate sexual behaviour or knowledge for the child's age • Promiscuity • Sudden changes in behaviour • Running away from home • Emotional withdrawal through lack of trust in adults • Unexplained sources of money or "gifts" • Inappropriate sexually explicit drawings or stories • Bedwetting or soiling • Overeating or anorexia • Sleep disturbances • Secrets which cannot be told • Substance/drug misuse • Reports of assault
Neglect	<ul style="list-style-type: none"> • Constant hunger • Poor hygiene • Weight loss/underweight • Inappropriate dress • Consistent lack of supervision/ abandonment • Unattended physical problems or medical needs 	<ul style="list-style-type: none"> • Begging/stealing food • Truancy/late for school • Constantly tired/listless • Regularly alone/unsupervised • Poor relations with care giver