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<p>Key Legal and Policy Points</p> <p>Significant changes made to the procedure in accordance with Working Together to Safeguard Children 2018 and information sharing guidance. The procedure now includes reference to GDPR (2018) and Havens Hospices' role when working with child protection.</p> <p>Document to be reviewed in six months' time to reflect the recommendations of Havens Hospices Safeguarding review.</p> <p>Procedure reviewed in July 2020 following recommendations from CCGs and external safeguarding review</p>

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This is a Controlled document and is subject to reviews and updated (as appropriate) in line with the Documentation Control policy guidelines.

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Definitions:

“Havens Hospices”, “The Hospice” refers to Havens Hospices, the Charity, which incorporates the services of Fair Havens, Little Havens and The J’s

Aims

Havens Hospices recognise that safety and protection of children and young people is paramount and has priority over all other interests. Our aim is to protect all children and young people who access any of the services offered by Havens Hospices.

The purpose of this procedure is to ensure that appropriate action is taken when a child or young person, up to the age of 18 is suspected of either being abused or at risk of abuse.

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.

SET Safeguarding and Child Protection Procedures (October 2019)

Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs.

By promoting a **risk aware** culture, staff and volunteers are encouraged and enabled to understand the concept of significant harm and how this applies to children and young people in all settings; as well as reducing the likelihood of harm by robust practices that seek to minimise risk in all care and activities offered to children and families.

Related Policies / Procedures

This Procedure is intended to support staff and volunteers working for and with Havens Hospices. It does not replace, but is supplementary to the Southend, Essex, Thurrock (SET) Safeguarding Children and Child Protection Procedures 2019 available on www.safeguardingsouthend.co.uk/children or www.escb.co.uk or www.thurrocklscp.org.uk Or the iHUB.

Please see iHUB for full list of policies/ procedures that apply to your role/ responsibilities. Also refer to the Employee handbook 2014 and Volunteer handbook 2015 for further information.

Safeguarding Children policy 2019
Safeguarding Adults policy 2019
Mental capacity procedure 2019 (Young people 16+)
Safeguarding Adults procedure 2019
Social media – Promotions, marketing and external communications policy 2019
Deprivation of Liberty Safeguards Policy 2019
Deprivation of Liberty Safeguards Procedure 2019
Consent to Examination or Treatment Policy January 2019
Clinical Procedures Policy February 2019
Professional Boundaries Policy February 2019
Volunteer Policy November 2018
Records Management Policy May 2018
Records Management Procedure May 2018
Data Security and Protection policy July 2019
Whistleblowing Policy and Procedure May 2018

Relevant Legislation

Children Act 2004
Children Act 1989
Gillick competence and Fraser guidelines 1984
Homelessness Act 2002
Homelessness Reduction Act 2017
Sexual Offences Act 2003
Protection of Freedoms Act 2012
The Hague Convention 1996
Children and Families Act 2014

Scope

This procedure relates to any child and this is defined as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, is in Foster Care or is in an Adoptive placement does not change their entitlements to services or protection.

Working Together to Safeguard Children (2018) introduction:

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance 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*
- *taking action to enable all children to have the best outcomes."*

10. For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future.

11. Children are best protected when professionals are clear about what is required of them individually and how they need to work together.

Abuse can take place in any setting and this procedure applies to wherever staff and volunteers carry out their duties of care or support: an individual's private home, hospice in-patient units, day care, hospice transport, shops, organised events, facilities, finance, fundraising and Human Resources.

All staff or volunteers have a duty to report any incident of alleged, suspected or witnessed abuse or harm of a child or young person to their immediate Line Manager. This includes incidents where they may have concerns over the behaviour of another member of staff. **Staff and volunteers do not have the option of not acting.** Safeguarding leads are in place to support staff and managers with advice and decision-making processes.

If staff or volunteers believe that their Line Manager may be implicated with the abuse or not taking it seriously, they should follow the whistleblowing procedure.

Objectives:

1. To have a coordinated approach to safeguarding children and young people which includes working in partnership with other agencies/ organisations.
2. To ensure that all policies and procedures are in line with legislation and local/national policies and guidelines

All agencies and professionals should:

- be alert to potential indicators of abuse or neglect;

- be alert to the risks which individual abusers, or potential abusers, may pose to children;
- share and help to analyse information so that an assessment 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 co-operatively with parents, unless this is inconsistent with ensuring the child's safety.

Monitoring

The ultimate responsibility is held by:

Chief Executive Officer
Executive nurse
Board of Trustees

First line of responsibility is held by:

Safeguarding Leads

Training Requirements

All staff must ensure they read and sign any Policies and procedures that have been reviewed. All approved documents are published on iHUB and available to staff. Volunteer co-ordinators are to ensure that volunteers have access to policies that apply to their role in the organisation.

All staff must complete the mandatory training identified for their role. As a minimum all employed staff must complete safeguarding adults and children level 2 via e learning for health www.e-lfh.org.uk

Staff in positions of decision making responsibility must complete safeguarding children Level 3 training

Staff in Lead roles for Safeguarding must complete safeguarding level 4 for children

This is in accordance with the intercollegiate document for children 2019

It is the responsibility of each employee to ensure their training is up to date.

Safer Recruitment

Havens hospices are committed to ensuring that all staff and employees who have direct contact with children at risk have appropriate safer recruitment employment checks which include the following:

- Professional references are verified. Personal or character references are used in addition to professional.
- Application forms are used to take a full employment history, account for any gaps in employment, and provide evidence of qualifications.
- Copies must be taken of documents used to establish identity and Right to Work in the UK, and must be held on file for reference.
- Enhanced disclosure and barring checks are required for all staff and for volunteers who work directly with adults at risk.

For further information please refer to the Employee (2014) and Volunteer (2015) Handbooks.

Definitions of child abuse and neglect

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child; see Part B, chapter 19, Fabricated or induced illness.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations 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;

- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse;
- Serious bullying, causing children frequently to feel frightened or in danger, including online;
- Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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 assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or 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.

In addition; sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003.

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 misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent 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 caregivers);
- Ensure access to appropriate medical care or treatment.

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

Included in the four categories of child abuse and neglect above are several factors relating to the behaviour of the parents and carers which have significant impact on children, such as domestic abuse. Research analysing serious case reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of child protection plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic abuse in their peer relationships.

The Home Office definition of domestic violence and abuse was updated in March 2013 as:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

Online abuse

Please refer to the Essex safeguarding's board for current guidance to ensure that children are safeguarded from online abuse. Online safety guidance can also be found on the NSPCC's website.

Safeguarding children with complex health needs

Havens hospices recognises the vulnerability of children and that children with complex disabilities are at increased risk of being exposed to abuse.

- Many children with disabilities are at an increased likelihood of being socially isolated with fewer outside contacts than able bodied children;
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
- They have an impaired capacity to resist or avoid abuse;
- They may have speech, language and communication needs which may make it difficult to tell others what is happening;
- They often do not have access to someone they can trust to disclose that they have been abused; and/or
- They are especially vulnerable to bullying and intimidation.

The national guidance Safeguarding Disabled Children - Practice Guidance (DCSF 2009) provides a framework for collaborative multi-agency responses to safeguard disabled children

. Measures should include:

- Making it common practice to help all children make their wishes and feelings known in respect of their care and treatment;
- Ensuring that all children receive appropriate personal, health, and social education (including sex education);
- Making sure that all children know how to raise concerns and giving them access to a range of adults with whom they can communicate. That all children with communication impairments should always have available to them a means of being heard;

- An explicit commitment to, and understanding of children's safety and welfare among providers of services used by children;
- Close contact with families, and a culture of openness on the part of services;
- Guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment;
- Anti-bullying strategies; sexuality and sexual behaviour among young people, especially those living away from home; and
- Guidelines and training for staff working with children aged 16 and over will be governed by the Mental Health Capacity Act once they reach the age of 16.

Procedure for reporting abuse

Havens Hospices will seek to keep all children and young people safe by:

It is expected that all staff follow the following procedure:

1. If a staff member or volunteer suspects a child is being abused or is at risk of abuse, they are expected to report concerns to a line manager or safeguarding lead as soon as possible.

A Safeguarding children's social care referral must be completed and sent to the relevant Social care area (that is Southend, Essex or Thurrock).

Please see (SET) Safeguarding Children and Child Protection Procedures 2019 available on www.safeguardingsouthend.co.uk/children or www.escb.co.uk or www.thurrocklsc.org.uk Or the iHUB for further information.

- 1.1 Safeguarding leads must be notified of any concerns as soon as possible. They can assist with advice and decision making. However, a formal referral to local authority children's social care, the police or emergency services (for any urgent medical treatment) must not be delayed by the need for consultation with management or the

designated safeguarding professional lead, or the completion of an assessment.

1.2 In urgent situations, out of office hours, the referral should be made to the local authority children's social care emergency duty team/out of hour's team.

1.3 Concerns should be discussed with the parent and agreement sought for a referral to local authority children's social care unless seeking agreement is likely to:

- place the child at risk of significant harm through delay or the parent's actions or reactions;
- lead to the risk of loss of evidential material

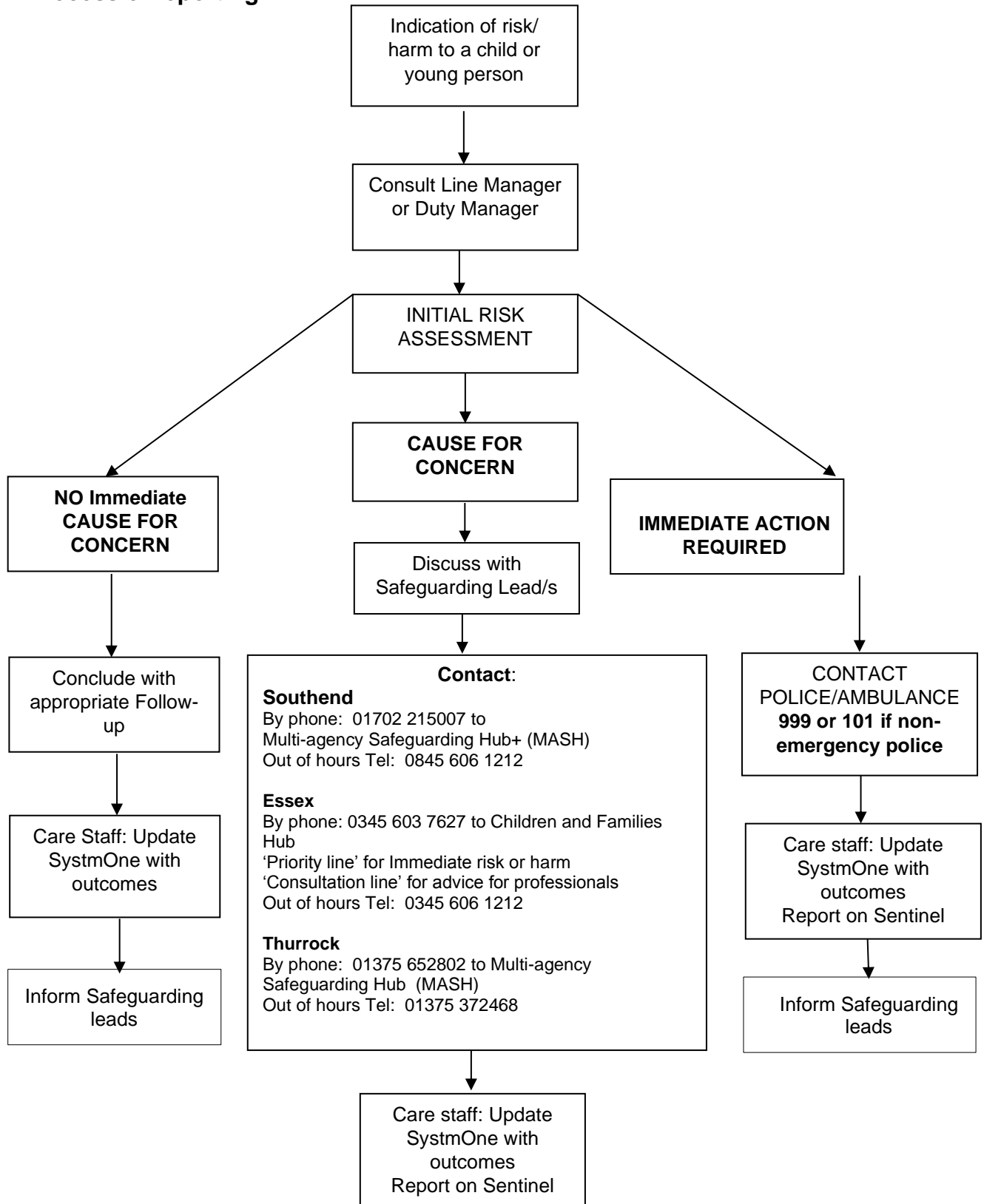
For example, in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse or induced illness has taken place.

The safeguarding leads will provide support to staff when deciding if a parent should be informed of the concerns.

1.4

2. Should there be concerns about the conduct or involvement of a staff member or volunteer in suspected abuse, the organisations' Whistleblowing policy or Managing allegations against staff procedure should be followed.
. The LADO (Local Authority Designated Officer) must be informed within one working day when an **allegation** is made about a person in a position of trust and prior to any further investigation taking place.
3. If child sexual abuse is suspected then contact the police, social care and SARC centre immediately. <https://www.oakwoodplace.org.uk/>

Process of reporting



If a child or young person discloses to you

People have the right to expect that information shared with a member of staff should be treated as confidential. (See Havens Hospices Information Governance Policy)

However, it should be made clear that where the staff member has a reason to be concerned for the welfare of a child and/or others they must share the information with someone who is in a position to take action or responsibility.

Listening to the child or young person

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all staff and volunteers should be limited to listening carefully to what the child says to:

- clarify the concerns;
- offer re-assurance about how the child will be kept safe;
- explain what action will be taken and within what timeframe.

Additional measures may be required for a child with communication difficulties e.g. in consequence of a disability.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

Record Keeping

It is important that you write down why you are concerned about a person as simply and clearly as you can, and as soon as you can after an event. .. All original notes must be retained.

- It is important that you record all relevant information including what you saw, what you heard, and why you acted as you did.
- Sign and date your records and make sure they are kept in a safe place
- Record any physical signs or injuries using a body map; make sure you sign and date it if you write it down or record on SystmOne as required.
- Write down what is said to you, In their own words. Who said it including their relationship (to the child or young person) or role and how they can be contacted, if appropriate. Include any questions you have asked, make sure you sign and date.

Please refer to your line management if advice and support is needed. Volunteers are required to contact their Volunteer Co-ordinator or Shop Manager as soon as possible to discuss and assist with recording.

Whistle blowing

For further information, see Whistleblowing Policy and Procedure (2018).

Confidentiality and Information sharing

Havens is committed to ensuring that children have access to age appropriate information that may keep them safe and know who they can report a concern to with visual posters.

All those working with children, in any capacity, must be clear that it is not possible to keep information about suspected or actual abuse confidential. All concerns must be communicated to line managers or volunteer coordinators.

Child Death Review

The Child Death Overview Panel is responsible for reviewing the deaths of any children normally resident in Southend, Essex and Thurrock local authority areas, whether from natural, unnatural, known or unknown causes, at home, in hospital or in the community. This includes Little Havens.

The purpose of the review is to:

- reduce the number of childhood deaths
- identify matters of concern affecting the safety and welfare of children
- identify wider public health or safety concerns arising from a particular death or from a pattern of deaths
- undertake a co-ordinated agency response to all unexpected deaths of children

In accordance with the Child Death Review guidelines, details of all children who die at Little Havens must be reported to the Child Death Review Panel. Further details are contained in the 'Care of a child after death' procedure which can be found at <https://www.escb.co.uk/working-with-children/child-death-reviews/>

Learning disabilities mortality review

People with learning disabilities are four times as likely to die of preventable causes compared with the general population. The Learning Disabilities Mortality Review (LeDeR) Programme aims to help reduce premature mortality and health inequalities for people with learning disabilities in England through local reviews of deaths of people with learning disabilities.

Reporting a death

To report the death of an Essex resident with learning disabilities you can phone or use an online form.



Call: 0300 777 4774 (confidential)

www.bris.ac.uk/sps/leder/notification-system

Risk Assessments

All activities involving children and young people must have an up to date risk assessment which addresses any safeguarding concerns related to the child or young person; as well as the activities itself. Compliance with all relevant health and safety legislations and requirements as detailed by the Health and Safety Executive (hse.gov.uk) is essential.

Further information and resources

Safeguarding education and training

<http://www.safeguardingchildren.co.uk/resources/awareness-of-forced-marriage-register-for-training/>

<http://www.essexsab.org.uk/en-gb/learninganddevelopment/elearningsafeguardingbasicawareness.aspx>

<https://www.fgmelearning.co.uk/>

<http://www.essexsab.org.uk/Portals/68/Training/MCA%20DOL%20E-Learning.pdf>

http://course.ncalt.com/Channel_General_Awareness/01/index.html

<https://learning.nspcc.org.uk/media/1079/safeguarding-standards-and-guidance.pdf>

Useful contacts

Note: details of 'adult' agencies are included as Little Havens is registered with the CQC to care for children and young adults up to 19 years of age.

Essex Safeguarding Children Board

0333 013 8936

www.escb.co.uk

Essex Safeguarding Adult Board

0333 013 1019

www.essexsab.org.uk

Out of hours (all Essex County Council Services) 0845 6061212

Southend Safeguarding Local Children Board

01702 534706

www.safeguardingsouthend.co.uk/children

Southend Safeguarding Adults Board
01702 534340
www.safeguardingsouthend.co.uk/adults

Thurrock Local Safeguarding Children Board
01702 652802
www.thurrocklscb.org.uk

**Thurrock Safeguarding Adults Partnership Board
Community Solutions Team**
www.thurrocksab.org.uk/
01375 659713

NSPCC
Helpline 0808 800 5000
www.NSPCC.org.uk

Child Death Review
01245 430783
Email: cdr@essex.gov.uk

This is guidance to try to help decide what route of investigation to follow and whether a medication error could be a safeguarding issue.

This can be found in the Medicines management policies and procedures on iHub