



### Safeguarding Children at Risk Policy

#### Approval Record

| Version | 3         | Approval Record:                   | Date    | Signature   |
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**Purpose:** This policy identifies the principles by which Butterwick Hospice Care ensures the safety and protection of all children involved in its activities through following safeguarding children practices and acting within legal, national, and professional requirements. It promotes a safe service culture and upholds the principles of safeguarding children. Safeguarding also includes child protection and this policy gives guidance and support to all managers, leads, staff and volunteers working in Butterwick Hospice Care. By following the policy, managers, staff and volunteers will be aware of the procedure that they need to follow when considering and making a safeguarding referral.

#### Introduction

Safeguarding and promoting the welfare of children / young people is defined for the purposes of this policy 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.
- Taking action to enable all children to have the best outcomes.

Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role.

All staff working in healthcare settings should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance.

Children and young people<sup>1</sup> may be referred into Butterwick Hospice Care (BHC) services for respite care, end of life care, or for counselling and pastoral support. Children may also be present in hospice services or in family homes where family members are receiving hospice services. This policy ensures that Butterwick Hospice Care promotes a safe environment for children and their families and ensures that any safeguarding referrals are made following local safeguarding procedures.

All children admitted to Butterwick House Hospice (Stockton) for respite or end of life care or referred directly to Family Support Services will have their needs assessed and any young carers (under 18 years of age) will be identified. If appropriate, a request to the local authority for an assessment of their support needs will be made.

<sup>1</sup> The term 'child' or 'children' will include young people in this policy

At Butterwick Hospice Care, the safeguarding of children from abuse involves organisational systems, processes and practices to enable children to live a life free from abuse and neglect.

All hospice staff and volunteers will:

- 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.
- Be aware of the needs of all children and families with whom they come into contact, and be alert to any risks of harm that individual abusers, or potential abusers, may pose to children.
- Share appropriate information in a timely way and discuss any concerns about an individual child with colleagues.
- Ensure that children are not put at risk of abuse through any service delivered by Butterwick Hospice Care.

### **This policy should be read in conjunction with**

Safeguarding Adults Policy  
 Incident Reporting and Investigation Policy  
 Complaints Policy  
 Whistleblowing Policy  
 Privacy and Dignity Policy  
 Duty of Candour Policy  
 Health and Safety Policy  
 Equality and Diversity Policy  
 Prevent  
 Disclosure and Barring Policy  
 Recruitment and Selection Policy  
 Local Authority Safeguarding Information

### **Responsibilities**

| <b>Responsible Person(s)</b>       | <b>Responsibility</b>   |
|------------------------------------|---|
| <b>Board of Trustees</b>           | The Board have the responsibility to ensure that there is an effective and robust Safeguarding Children at Risk Policy across the organisation.   |
| <b>Chief Executive</b>             | Ensures that this policy is implemented and reviewed as appropriate. Ensures that the Safeguarding Children at Risk Policy is effective and robust and embedded into all services. Receives assurance and notifies the Board of any issues. |
| <b>Director of Care</b>            | Ensures that every clinical service has read, understood and signed the policy, and that Safeguarding Children at Risk Policy is upheld. Ensures that open, honest and transparent culture is embedded in to clinical services.             |
| <b>Clinical / Service Leads</b>    | Ensures that any circumstances requiring Safeguarding Children at Risk Policy to be employed is reported to the Director of Care as soon as possible.   |
| <b>Managers &amp; Team Leaders</b> | Ensures that any event requiring Safeguarding Children at Risk Policy to be employed, is investigated in accordance with BHC Incident and Investigation Policy and that Lessons Learnt are disseminated within the organisation.            |

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| <b>Clinical Staff</b> | Adhere to the Safeguarding Children at Risk Policy and ensure that they are aware of its content by reading and signing. |
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## Objectives

The Objectives of the policy are:

- To provide clear guidance to all employees and volunteers so they may understand their responsibilities, ensuring that all children at risk are safe and protected from abuse.
- To ensure that all managers, staff and volunteers are aware of the safeguarding and child protection procedures so that any safeguarding concerns are raised, acted upon where needed and any necessary referrals are made to local safeguarding teams.

## Butterwick Hospice Care Will:

1. Ensure children accessing services or visiting Butterwick Hospice Care are assured of good standards of care and protection from all Butterwick Hospice Care staff, volunteers and representatives.
2. Ensure that for activities that children may participate in (for example, fundraising events) a written consent form to be completed from the parents, or main carer, and children will be supervised at all times. This must include consent for photographs to be taken – and for these to be used for promotional materials.
3. Only permit external visitors to Butterwick Hospice Care if this does not cause upset to the children. All visitors must be supervised by staff at all times.
4. Follow NICE guidelines on child abuse and neglect and support the principles within the Department of Health (2018) *Working Together to Safeguard Children*. It will recognise that organisation's need to work in partnership, as safeguarding from significant harm depends on effective information sharing, collaboration and understanding between organisations.
5. Recognise the vulnerability of children with life-limiting conditions. Working together to Safeguard Children (2018) states that evidence from research available in the UK suggests "disabled children are at increased risk of abuse, and that the presence of multiple disabilities appear to increase the risk of both abuse and neglect".
6. Allocate a lead for safeguarding children who will guide staff and act as a lead for the organisation on safeguarding children issues.
7. Ensure the policy gives guidance allowing all staff and volunteers to make informed and confident responses to safeguarding children issues regardless of age, disability, gender, racial heritage, religious belief and sexual orientation.
8. Recruit staff and volunteers safely and their suitability to work or volunteer with children will be checked.
9. Ensure all Butterwick Hospice Care staff and volunteers have a raised awareness and understanding of legal requirements pertaining to safeguarding children.
10. Ensure all staff and volunteers are trained to identify signs of child abuse, and are aware of relevant supporting agencies involved in safeguarding children, and area-specific referral pathways.
11. Make sure staff who are involved in treating children or managing young volunteers are aware of the importance of working in partnership with children, young people, parents, carers and other agencies in all circumstances, including working with volunteers between 16 and 18 years of age, especially when there are concerns or suspicions about child abuse.
12. Ensure all staff read and sign a copy of the Safeguarding Children Policy.
13. Ensure that all staff and volunteers are aware of who to contact if they have a safeguarding concern for further advice and have an understanding of the importance of inter-agency working with the local safeguarding children partnerships.

14. Ensure that if a third-party contacts Butterwick Hospice Care with concerns about a potential abuser who may have access to children in our services, the Director of Care is informed immediately.
15. Continue to address awareness of safeguarding children issues through on-going statutory training.
16. Ensure that staff gain consent and inform where appropriate the child at risk/parent for a referral and for the information to be shared with other agencies. Exceptions include where sexual abuse is suspected or if it is believed this will place other children in danger.
17. Ensure that any investigations and assessments are carried out in a manner and language appropriate to the level of understanding and cultural background of each child and their families to ensure they are supported by the hospice through the process.
18. Ensure that a child's wish for privacy and confidentiality will be handled by staff in a way that is consistent with the need to protect the child.
19. Support children if they disclose an allegation. If a child discloses an allegation of abuse to any member of staff or a volunteer, the following guidance should be followed:
  - The child is listened to, rather than directly questioned. It is important to let the child tell their story.
  - Do not stop or interrupt the child who is freely recalling significant events.
  - Reassure the child that they were right to tell you.
  - It must be made clear to the child that if they disclose something that involves a risk to themselves or someone else, this information has to be passed on. Never promise the child that what they have told you can be kept secret. Explain that you have a responsibility to report the child's story to someone else.
  - Note the time, the setting and the details about what was said, as well as any other people who witnessed the incident previous allegation or present disclosure. Record all events up to the time of the substantive interview; wherever possible, try to capture verbatim what the child has said.
  - Continue to record any subsequent events in the child's health care records.
  - Once the disclosure has been made, in the first instance, the staff member's line manager must be consulted immediately. All staff and volunteers have a duty to record any allegation or suspicions of abuse (current or historical) of a vulnerable child to their line manager. If the line manager is unavailable, the member of staff must consult immediately with the Safeguarding Children Lead.

Disclosure of confidential information for the purposes of a child protection investigation is considered to be necessary in the public interest. The law permits disclosure of confidential information necessary to safeguard a child or children in the public interest, i.e., the public interest in maintaining confidentiality is outweighed by the public interest in the protection of children.

The Data Protection Act (2018) and General Data Protection Regulations (GDPR) (2018) contain a category for 'safeguarding of children and adults at risk'. This allows practitioners to store and share information without consent for safeguarding purposes (classed as 'special category personal data'). Whilst the child's view should be respected and considered, it remains the responsibility of the professional to take whatever action is necessary to ensure the safety of the child and any other children.

### **Definition**

**Children:** any person who has not reached their 18th birthday. This includes any child who has reached 16 years of age who is living independently, is in further education, is a member of the armed forces, is in hospital, is in custody in the secure estate, does not change the child's status or entitlements to services or protection.

**Young carers:** A young carer is a person under 18 years of age who provides or intends to provide care for another person (of any age), except where that care is provided by payment, pursuant to a contract or as voluntary work.

**Child abuse:** Child abuse is when a child is intentionally harmed by an adult or another child – it can be over a period of time but can also be a one-off action. It can be physical, sexual or emotional and it can happen in person or online. It can also be a lack of love, care and attention – this is neglect. Types of child abuse are defined in more detail later in the policy.

**Safeguarding leads:** These are identified senior managers within Butterwick Hospice Care who provides advice, guidance and support to managers, staff and volunteers and who ensure that any safeguarding concerns are raised and that the correct procedures are followed.

### **Safeguarding Leads and Contact Information**

**The Safeguarding Children lead is:** Director of Care. In the absence of the Director of Care, advice can be sought from the Clinical Lead / Nurse in Charge of the Children's In-patient Unit.

The Director of Care has the overall organisational responsibility for safeguarding adults and children across all hospice services.

For contacts inside and outside the organisation, please refer to Appendix 1.

**Please note:** If a child is admitted from outside of the local authority area, the host authority (i.e., the local authority area where the hospice service is based) should be contacted.

### **Types of Child Abuse**

Abuse involves any form of maltreatment of a child and somebody may abuse or neglect a child by inflicting harm or by failing to prevent harm.

Child abuse may include one, some or all of these:

- Physical abuse
- Sexual abuse
- Psychological or emotional abuse
- 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 over the child
- Someone not known to them (e.g., via the internet)

Child abuse might be:

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

Please see Appendix 2 for further information on categories and risk indicators of child abuse.

In addition, staff and volunteers must be alert to the risks of 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 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.

Safeguarding children and protecting them from harm is everyone's responsibility. Therefore, 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 Lead. The PREVENT policy must be followed if there is an allegation or suspicion of radicalisation or extremism.

### Application of the Policy

- Safeguarding is everyone's responsibility and the child's welfare comes first.
- In the unlikely event that senior advice is not available, contact the Local Authority Safeguarding team to ask for advice and report any concerns.
- Record your actions in the child's health care records and report your action to your line manager or safeguarding lead at the earliest opportunity.

Questions to ask before making a safeguarding alert:

- Is the person under 18 years of age.
- Is the child / young person experiencing, or is at risk of, abuse, neglect, or exploitation.

If yes:

- If you believe that a child is in immediate danger, you must take steps (without putting yourself at risk) to ensure their immediate safety and call 999 for Police and / or Ambulance Services.
- You must ensure that any evidence is preserved / protected, if possible.
- You must inform your line manager and the safeguarding lead of the action you have taken and record a written account of the action in the child's health records (including date, time and setting).
- This emergency action should only be followed if by reporting concerns to your Line Manager would cause delay and further potential risk for the child (i.e., immediate risk of danger or the need for emergency health care treatment).
- If a member of staff or volunteer is the suspected perpetrator of the alleged or suspected abuse, the Director of Care **must** be informed immediately (including out of hours). If the Director of Care is unavailable, the Chief Executive must be informed immediately.

If you have safeguarding concerns that a child may be at risk of abuse or neglect and there is no immediate danger to the child:

- Contact the safeguarding lead and report your concerns to them.
- Where possible, any evidence should be preserved and protected.
- You must record your concerns. Clear and accurate records (including time, date, and setting) must be kept of all allegations of abuse as soon as possible after the event. Document what has been reported or witnessed (including any actions taken) – use exact words and phrases where possible. State fact and not opinion. Always sign and date everything that has been written.
- If there are any rough notes, these must also be kept.
- Record if the police or other emergency service has been contacted.
- Give the notes (written and rough) to the line manager – who will then pass them to the safeguarding lead.
  
- Line managers must consult the safeguarding lead for advice and guidance prior to making a referral.
- The safeguarding lead will contact the local safeguarding team for advice and guidance.
- The safeguarding lead will make a child protection referral to the Local Authority team.
- If the safeguarding lead is not available, the line manager or senior nurse in charge should make the referral and inform the safeguarding lead at the earliest opportunity.

- The safeguarding lead or line manager should inform the parent(s) or main carers that a safeguarding referral has been made unless this is deemed likely to increase the risk of abuse.

If the allegation or concerns are about staff or volunteers working with adults with care and support needs:

- Any concerns must be reported directly to the safeguarding lead.
- All staff and volunteers must be made aware of their rights under employment legislation and BHC disciplinary guidelines.

### Training Requirements

All clinical staff will be required to understand and adhere to the policy and support staff to understand and adhere.

Safeguarding children training must be completed (Appendix 3) by all trustees, staff, and volunteers in line with Adult Safeguarding: Roles and Competencies for Health Care Staff (RCN, 2018).

### Review

This policy is subject to review every 3 years or sooner, if there are any significant events or changes to legislation.

### Supporting Documentation

- Tees-wide Child Protection Procedures are available at [www.teescpp.org.uk](http://www.teescpp.org.uk)
- Durham County Council's Safeguarding Children guidance is available at: [www.durham.gov.uk/firstcontact](http://www.durham.gov.uk/firstcontact)
- Darlington Borough Council has a Safeguarding Board and its advice is available at [www.darlingtonsafeguardingboards.co.uk](http://www.darlingtonsafeguardingboards.co.uk)
- Safeguarding Accountability and Assurance Framework Version 3 (NHS England, July 2022)

| Policy Version and Date | Author               | Review Date               |
|-------------------------|----------------------|---------------------------|
| Version 3<br>July 2023  | Allana<br>Massingham | 1 <sup>st</sup> July 2026 |