

SAFEGUARDING CHILDREN & YOUNG PEOPLE AT RISK POLICY

Introduction

North Devon Hospice adheres to the responsibilities set out in section 11 and 12 of the Children Act 2004. The Act places a statutory duty on agencies to cooperate to safeguard and promote the welfare of children. Paragraphs 15 and 16 of the introduction to the government guidance Working Together to Safeguard Children states:

“Everyone who works with children - including teachers, GPs, nurses, midwives, health visitors, early year’s professionals, youth workers, police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers - has a responsibility for keeping them safe.”

“No single professional can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.”

Paragraph 21 of Chapter 1 adds:

“Feedback should be given by local authority children’s social care to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold to be considered by local authority children’s social care for assessment and suggestions for other sources of more suitable support.”

Professionals who fail to report cases of abuse or neglect do not currently face criminal penalties for non-reporting; however they may be subject to professional disciplinary proceedings or held to account through Serious Case Review reports or professional negligence cases.

Safeguarding means:

- Protecting children from abuse and maltreatment
- Preventing harm to children’s health or development
- Ensuring children grow up with the provision of safe and effective care
- Taking action to enable all children and young people to have the best outcomes.
(NSPCC)

Purpose

This policy aims to protect children known to our service, by providing a clear working framework for staff and volunteers to follow if concerns are raised regarding the safety of children at risk of abuse. The intention is to provide a framework and mechanism to raise staff and volunteer awareness of the issues, ensure the safety of vulnerable children, work as part of the wider multi-agency team and ensure hospice procedures are consistent with national and local guidance.

All those who come into contact with children and families in their everyday work, including healthcare professionals and volunteers who do not have a specific role in relation to safeguarding children, have a duty to safeguard and promote the welfare of children. You may have concerns about a child and those concerns must be managed through the mechanism set out in this policy.

All allegations or suspicions of abuse against children and young people must be comprehensively documented using the North Devon Hospice Safeguarding Adults & Children Reporting Form (Appendix 2) with details recording the decision making process and any resulting actions taken.

In addition, the North Devon Hospice incident reporting process must be followed. If a member of staff or a volunteer, is the alleged abuser, the incident reporting must be anonymised in relation to the member of staff or volunteer.

Staff and volunteers must not delay in reporting alleged, or suspicions of alleged abuse. The Director of Care (Responsible Person for Safeguarding), the Registered Manager or a member of the SMT in their absence and the Line Managers must be informed of the referral and will ensure ongoing support is offered throughout the safeguarding process.

All staff and volunteers are required to work to this policy and adhere to any relevant professional Codes of Conduct at all times.

All members of staff and volunteers have a responsibility to be aware and alert to the potential signs of abuse or neglect with a child or young person.

Not all concerns about children or young people relate to abuse and there may be other explanations. However all potential concerns and risks must be managed accordingly.

For the purpose of this guidance, a child or young person is under age 18. There may be occasions when an adult will disclose abuse (either sexual or physical), which occurred in the past, during their childhood. This information needs to be treated in exactly the same way as a disclosure or suspicion of current child abuse. The reason for this is that the abuser may still represent a risk to children now. If, having followed the reporting process it is decided that no referral is to be made i.e. the person is no longer a risk to others, the processes and decisions undertaken must be clearly recorded.

Safeguarding Children & Young People at Risk

I. Types of Abuse

Abuse / Neglect - are forms of maltreatment. A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Categories of abuse include:

Physical abuse: May include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

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 serious 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.

Sexual abuse: Involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect and Acts of Omission 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. It may involve a parent failing to provide adequate food, clothing or shelter, failing to protect a child from physical or emotional harm or danger, not ensuring adequate supervision or not providing access to appropriate medical care or treatment.

Discriminatory Abuse: Including racist and sexist abuse that's based on a child's or young person's disability or other forms of harassment including slurs or similar treatment.

Institutional: The mistreatment or abuse of a person or person's by a regime or individual staff member within an institution. It occurs when the routines, systems and norms of an institution compel individuals to sacrifice their own preferred lifestyle and cultural diversity to the needs of the institution.

Domestic: Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse. Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or abusers. Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.

Online: Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse. Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming). Or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online). Children can feel like there is no escape from online abuse – abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

Bullying and cyberbullying: Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night.

Child sexual exploitation: Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

FGM: Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

Child trafficking: Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold. Children are trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft.

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.

Harmful sexual behaviour: Harmful sexual behaviour includes:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- full penetrative sex with other children or adults.

Children and young people who develop harmful sexual behaviour, harm themselves and others.

Neglect and Poor Professional Practice: This may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is something referred to as an institutional abuse.

2. Who may be the abuser?

Children and young people may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

We not only have a responsibility to all children who have been abused or harmed but may also have responsibilities in relation to some perpetrators of abuse i.e. staff and volunteers.

3. Intervention

The welfare of the child or young person is paramount.

Staff and volunteers must not delay in reporting alleged abuse or suspicions of abuse. Your Line Manager and the Director of Care (Responsible Person for Safeguarding), the Registered Manager or a member of the SMT in their absence must be informed of the referral and will ensure ongoing support is offered throughout the safe guarding process.

4. Support for Alerters: The Public Interest Disclosure Act 1998

People have in the past been put off from disclosing their concerns about possible neglect or abuse because of having worries about their duty of confidentiality and/or the consequences of speaking out. The Public Interest Disclosure Act 1998 seeks to protect genuine disclosures of such acts. No confidentiality clause in an employment contract can be used to prevent anyone from disclosing genuine concerns about abuse or abusive practice to an appropriate person. Additionally, any person being treated detrimentally at work because of making an appropriate disclosure may be able to claim compensation at an Employment Tribunal. Those who raise issues of alleged wrongdoing or malpractice in good faith will not be subject to reprisals, victimisation or any form of retribution as a result.

5. Reporting Abuse

Allegations of child abuse and subsequent investigations and case conferences can only be successful if staff and volunteers share and exchange all relevant information.

When abuse is disclosed to a member of staff or volunteer, the member of staff or volunteer must inform whoever has disclosed the information (where it is safe to do so), that the information highlighted will need to be shared with the Multi-Agency Safeguarding Hub (MASH).

Information must be treated as confidential at all times and staff and volunteers will be bound by the ethical and statutory codes that cover confidentiality and data protection.

Harmful sexual behaviour: Harmful sexual behaviour includes:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- full penetrative sex with other children or adults.

Children and young people who develop harmful sexual behaviour, harm themselves and others.

Neglect and Poor Professional Practice: This may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is something referred to as an institutional abuse.

2. Who may be the abuser?

Children and young people may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

We not only have a responsibility to all children who have been abused or harmed but may also have responsibilities in relation to some perpetrators of abuse i.e. staff and volunteers.

3. Intervention

The welfare of the child or young person is paramount.

Staff and volunteers must not delay in reporting alleged abuse or suspicions of abuse. Your Line Manager and the Director of Care (Responsible Person for Safeguarding), the Registered Manager or a member of the SMT in their absence must be informed of the referral and will ensure ongoing support is offered throughout the safe guarding process.

4. Support for Alerters: The Public Interest Disclosure Act 1998

People have in the past been put off from disclosing their concerns about possible neglect or abuse because of having worries about their duty of confidentiality and/or the consequences of speaking out. The Public Interest Disclosure Act 1998 seeks to protect genuine disclosures of such acts. No confidentiality clause in an employment contract can be used to prevent anyone from disclosing genuine concerns about abuse or abusive practice to an appropriate person. Additionally, any person being treated detrimentally at work because of making an appropriate disclosure may be able to claim compensation at an Employment Tribunal. Those who raise issues of alleged wrongdoing or malpractice in good faith will not be subject to reprisals, victimisation or any form of retribution as a result.

5. Reporting Abuse

Allegations of child abuse and subsequent investigations and case conferences can only be successful if staff and volunteers share and exchange all relevant information.

When abuse is disclosed to a member of staff or volunteer, the member of staff or volunteer must inform whoever has disclosed the information (where it is safe to do so), that the information highlighted will need to be shared with the Multi-Agency Safeguarding Hub (MASH).

Information must be treated as confidential at all times and staff and volunteers will be bound by the ethical and statutory codes that cover confidentiality and data protection.

Child Safeguarding Reporting Flowchart

Remember: an allegation of child abuse or neglect may lead to a criminal investigation, so **DO NOT INVESTIGATE** or do anything that may jeopardise a police investigation, such as asking a child leading questions or attempt to investigate the allegations of abuse.

Is the child in immediate danger?

NO

YES

Emergency services must be alerted immediately via a **999** call.

Is it working hours (Mon – Fri 9am – 5pm)?

YES

NO

Contact the **Children Social Work Service** on **0345 155 1078**. (They will take over the management of the referral)

Contact **Devon Social Services Emergency Duty Service** on **0345 6000 388**

Inform the **Director of Care** (Responsible Person for Safeguarding and Registered Manager) or a member of the SMT in their absence, NB: If the allegations relate to a member of staff or volunteer, the Director of HR and Organisational Development must be advised of the incident immediately or in their absence another member of the SMT.

Inform the **On Call Manager** (they will take responsibility for contacting a member of the SMT if appropriate. NB: If the allegations relate to a member of staff or volunteer, the Director of HR and OD must be advised of the incident immediately or in their absence another member of the SMT).

Complete the **Safeguarding Vulnerable Adults and Children Reporting Form** including details of the decision making process and any resulting actions taken. Send to the **Director of Care** (Responsible Person for Safeguarding)

Complete the North Devon Hospice incident reporting process

The information must not be transcribed on the Patient Electronic Record

NB: the Director of Care (Responsible Person) will log all safeguarding concerns and oversee any necessary meetings and appointments with external organisations.

Safeguarding Adults & Children Reporting Form: Page I

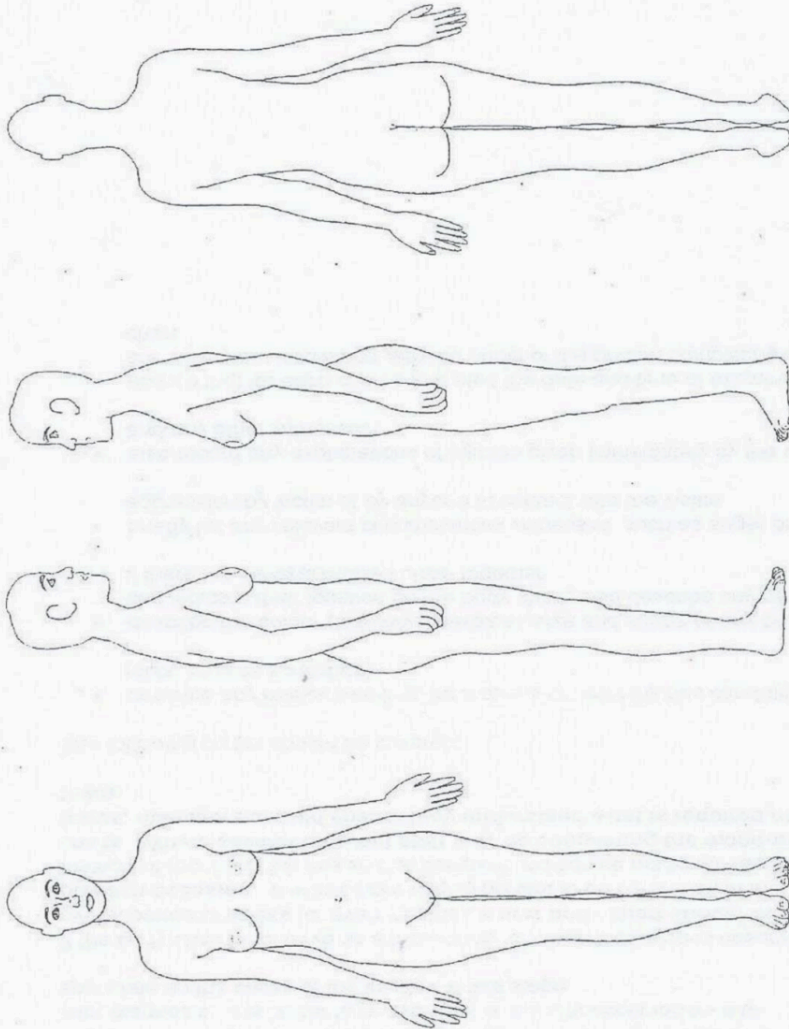
Name of Patient	D.O.B
NHS number.	
Address	
Key Agencies Involved (Please Specify)	
General Practitioner	
Social Worker	Other (please state)
Date Problem Occurred:	Where problem occurred:
Please outline the brief summary of the concern:	
Describe immediate action taken:	
Safe Guarding Team (Care Direct) / Emergency Duty Team informed	
Name of Social Worker	
Action taken following discussion with Safe Guarding Team, Line Manager, Director of Care	
Concerns Raised by: Name	Position
Base	Tel No
Any Further Action Taken	
Safe Guarding Concerns Closure Date Signature.....	

Safeguarding Adults & Children Reporting Form: Page 2

FEMALE BODY CHART - For Adult Patients Known to the Hospice Only

Patients Name:	
DoB:	NHS No:

Body chart - female



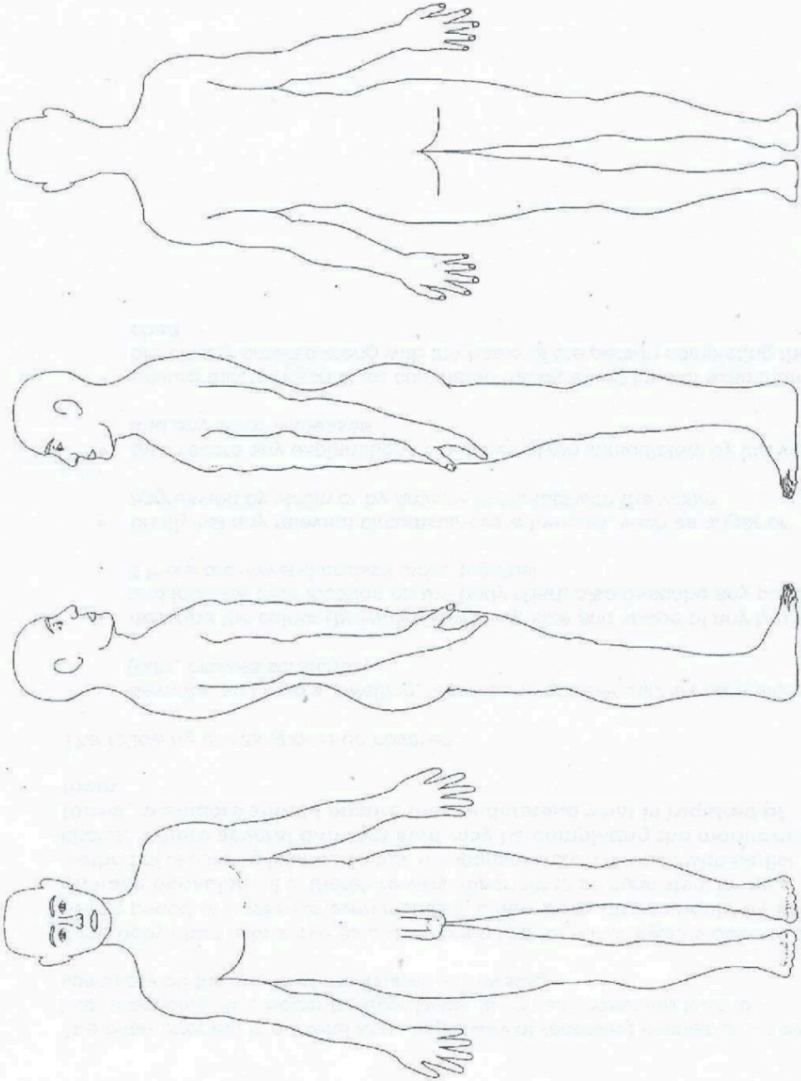
Please describe any marks you make on the chart e.g. cut, bite, bruise (and whether yellow or blue etc.)

Completed by: _____ Date and time: _____

MALE BODY CHART - For Adult Patients Known to the Hospice Only

Patients Name:	
DoB:	NHS No:

Body chart - male



Please describe any marks you make on the chart e.g. cut, bite, bruise (and whether yellow or blue etc.)

Completed by: _____ Date and time: _____

COMMUNICATION SHEET

A large, empty rectangular box with a thin black border, occupying the majority of the page below the 'COMMUNICATION SHEET' header. This area is intended for recording communication details.