



Nottinghamshire Hospice
adding life to days

SAFEGUARDING CHILDREN AT RISK POLICY AND PROCEDURES (INCLUDING PREVENT)

February 2022

Nottinghamshire Hospice
384 Woodborough Road
Nottingham
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Policy/Procedure Information (Policy no HM009)

Subject	Safeguarding Children at Risk Policy & Procedures (Including Prevent) (This policy is subject to periodic review and will be amended according to service development needs)
Applicable to	All employees and volunteers of Nottinghamshire Hospice
Date issued	Feb 2022
Next review date	Jan 2025
Lead responsible for Policy	Rachel McCarty – Director of Care Services
Approved by	Quality and Safety Committee
Ratified and Authorised by	Board of Trustees
CQC Standard	Regulation 13: Safeguarding service users from abuse and improper treatment Regulation 9: Person-centred care Regulation 10: Dignity and respect Regulation 11: Need for consent Regulation 12: Safe care and treatment
Links to other Policies	Mental Capacity Act Policy Whistleblowing Policy Incident Policy
Summary	Safeguarding means protecting a child’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to “prevent and stop both the risks and experience of abuse or neglect” (Department of Health, 2014). This policy pulls together the main points of the relevant legislation to provide guidance for staff and volunteers so be able to understand their responsibilities to raise a concern and when appropriate make a referral to the Local Authority so that they are able to exercise their duties under section 42 (Care Act 2014).
Target Audience	All employees and volunteers involved in the delivery of care and support and engagement with the general public in Nottinghamshire Hospice

Version Control

Status	Approval date	Reviewed date
Written by Donna Payne, Director of Operations	Oct 2016	
Minor amendments made to front sheet, and contact details on page 18 updated	Nov 2017	
Full review to include Children's safeguarding.	April 2018	Awaiting ratification
Full review to separate Children's & Adult's Safeguarding	December 2021	

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1. Introduction/Policy Statement

Nottinghamshire Hospice is an independent charity delivering palliative and end of life care to the people of Nottinghamshire. Nottinghamshire Hospice is registered with the Care Quality Commission to deliver treatment of disease, disorder or injury, nursing care and personal care to people at our hospice on Woodborough road or in a person's own home. The organisation also includes a fundraising department that manages a range of fundraising events and a retail section with several shops in the local community staffed by paid workers and volunteers. The Hospice may support volunteers or workplace experience students who are under 18. The hospice doesn't provide care for under 18's. However, we recognise that there are times when staff or volunteers may be in contact with children whilst caring for another family member.

The Hospice recognises that its first priority should always be to ensure the safety, wellbeing and protection of adults and children accessing hospice services who may be at risk. It is the responsibility of all staff working with patients, families and carers is to act promptly on any suspicious or evidence of abuse or neglect.

Safeguarding is everyone's responsibility

The term safeguarding encompasses everything that assists a child, young person or adult at risk to live a life that is free from abuse and neglect, and which enables them to retain independence, well-being, dignity and choice. The purpose of this policy and procedure is to provide staff with clarity regarding their responsibilities and ensure they know what to do when they identify a safeguarding concern. The document also outlines the governance arrangements that are in place to safeguard vulnerable children who may access hospice services.

Statutory Requirements

From April 2015 the Hospice as a provider is required to comply with the following two groups of regulations: -

1. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)
2. Care Quality Commission (Registration) Regulations 2009 (Part 4)

The above regulations replace in its entirety the Care Quality Commission (CQC) Essential Standards of Quality and Safety and introduce the new Fundamental Standards (2015). These describe requirements that reflect the recommendations made by Sir Robert Francis following his inquiry into care at Mid Staffordshire NHS Foundation Trust to assure safe quality care for patients and families.

The following regulations relate to safeguarding and need to be considered in how the hospice assures itself that there are effective safeguarding processes and practices in place:

- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect
- Regulation 11: Need for consent
- Regulation 12: Safe care and treatment

This policy and procedure is written with reference to the Nottinghamshire Safeguarding Children's Board www.safeguardingchildrennotts.org and the multi-agency safeguarding hub (MASH) and demonstrates the commitment of the hospice to working with other agencies to ensure that vulnerable children accessing its services are safeguarded. The

procedure within this document is not exhaustive. Safeguarding concerns can be complex and further advice should always be sought from the Hospice Safeguarding Lead or MASH.

2. Legislative Framework/Related Policies

Working together to safeguard children (March 2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf Health and Social Care Act 2008

<http://www.legislation.gov.uk/ukpga/2008/14/contents> Health and Social Care Act 2008 (Regulated Activities) 2014

<http://www.legislation.gov.uk/uksi/2014/2936/contents/made> Equality Act 2010

<http://www.legislation.gov.uk/ukpga/2010/15/contents> Counter Terrorism and Security Act 2015 <http://www.legislation.gov.uk/ukpga/2015/6/contents> Prevent Strategy (June 2011)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/pre-vent-strategy-review.pdf Care and Support Statutory Guidance, issued under the Care Act 2014 (Department of Health October 2014), Chapter 14, Safeguarding

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43_380_23902777_Care_Act_Book.pdf Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/contents> Care Quality Commission (Registration) Regulations 2009

<http://www.legislation.gov.uk/uksi/2009/3112/contents/made> Children Act 2004

<http://www.legislation.gov.uk/ukpga/2004/31/contents> Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014>

3. Policy Aims

To ensure that Nottinghamshire Hospice has a positive culture that promotes safeguarding as a key principle at the heart of its care.

Has in place the right systems and processes to ensure that we can recognise and act upon any concerns relating to the safeguard of those who use or come into contact with our services.

Provide guidance to all staff so they understand their responsibilities under this policy to raise a concern and when appropriate make a referral to the Local Authority so that they are able to exercise their duties under section 42 (Care Act 2014).

Scope

This policy and procedure applies to all hospice staff, volunteers, students and staff on honorary contracts, secondment and insight visits, contractors working on hospice sites and applies to safeguarding for children.

4. Definitions

Care Quality Commission Fundamental Standards of Quality and Safety

These came into force in April 2015 for all providers. These standards are new in that they offer a comprehensive guide for policy and practice that applies to children. Contained within all the standards is an element of safeguarding across all the standards but more specific guidance is provided in the standard that covers 'service users must be protected from abuse and improper treatment'.

Safeguarding Children

Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm.

Safeguarding is everyone's responsibility. Safeguarding is defined as (CQC 2015):

Safeguarding children and young people and promoting their welfare means:

- Protecting children from maltreatment
- Preventing wherever possible impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and
- Taking action to enable all children to have the best outcomes.

Child protection is defined as being part of safeguarding and promoting welfare. It is the work done to protect specific children who are suffering, or are likely to suffer, significant harm. The Working together to safeguard children 2015 guidance states that: "children are best protected when professionals are clear about what is required of them individually, and how they need to work together." In addition, the guidance states that "effective safeguarding of children can only be achieved by putting children at the center of the system and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children."

Children relates to any child under the age of 18.

Abuse

Can be intentional or unintentional, it may be single or repeated acts. It can occur in any setting including residential and nursing home settings, family homes, day care settings, public places and hospitals.

Abuse takes many different forms and may be physical, psychological, verbal, sexual, financial/material or based upon neglect.

The NHS Care Act Six Principles of Safeguarding

Empowerment	Personalisation, person-led decisions and informed consent.
Prevention	Risk assessment, recognition of potential vulnerable situations.

Proportionality	Proportionate and least intrusive response appropriate to the risk presented.
Protection	Support and representation for those in greatest need.
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
Accountability	Accountability and transparency in delivering safeguarding.
For more details see appendix 3	

5. Responsibilities

The Care Act provides a legal framework for local authorities to work with other parts of the health and care system to protect adults and children at risk of abuse or neglect. Roles, responsibilities and accountability are set out in the Act with local authorities playing the lead co-ordinating role. Each organisation must have in place roles to support the safeguarding function.

Trustees	The Board of Trustees will appoint a Trustee safeguarding lead to provide additional assurance to Board
Quality and Safety Group	This is a trustee led group that assures the Trustee Board by reviewing and monitoring to ensure the processes and systems in place are robust to safeguard those who use the services provided by the hospice. They will seek assurance that there are policies and procedures in place to enable staff to be able to effectively identify adults and children at risk, provide appropriate support measures and report concerns to relevant safeguarding bodies. The Board will also seek assurance that systems are in place to provide support to employees working with significant safeguarding concerns.
Chief Executive Officer	The Chief Executive Officer is accountable for ensuring there is a robust framework in place for safeguarding adults and children at risk across hospice services. This role is designated to the Director of Care Services.
Director of Care Services (Registered Manager)	The Director of Care Services is the safeguarding lead for safeguarding within the hospice. They will: - <ul style="list-style-type: none"> • Be informed of all allegations of abuse within the hospice. • Liaise with partner agencies as required. • Act as Senior Liaison Officer (SLO) Children Safeguarding. • Notify the Local Authority Designated Officer (LADO) of all allegations of child abuse brought against any individual providing services to the hospice. • Liaise with the Nottinghamshire safeguarding team (Head of Children Safeguarding CCG) and CQC where necessary when an allegation of abuse of an adult is

	<p>brought against any individual providing services for the hospice.</p> <ul style="list-style-type: none"> • Provide liaison for updates with partner agencies e.g., police, counter fraud and report this to the Executive Team, Quality & Safety Committee and Trust Board. • Ensure completion of internal investigations. • Complete annual safeguarding self-assessment and publish an annual safeguarding declaration and report. • Ensure staff and volunteers in contact with children at risk have regular supervision and support and relevant training to enable them to identify and respond to possible abuse and neglect. • Review and update Safeguarding Policies and Processes.
Managers	<p>Are responsible for: -</p> <ul style="list-style-type: none"> • Promoting the importance of and compliance with this policy and procedures to all staff within their departments and ensure all staff attend mandatory/any additional training. • Ensuring all staff and volunteers involved in any aspect of safeguarding children concern, are aware of their roles and responsibilities. • Respond to any identified concerns, giving advice and support to all staff and volunteers. Work with the reporter to address the concerns and where appropriate working directly with the adult/child at risk, and the family. • Ensure regular monitoring of safeguarding concerns that have been raised and any action plans or care planning is implemented and or escalated. • Escalating safeguarding concerns to the hospice safeguarding lead if required. • Monitor feedback from external agencies working with a safeguarding concern. • Inform staff both internally and externally promptly if there is a safeguarding risk that may impact on the delivery of care or safety of staff.
Clinical staff	<ul style="list-style-type: none"> • Provide service users with the best possible care available and be mindful of having a zero tolerance to any form of abuse. • Participate in training relating to safeguarding issues. • Co-operate fully in any investigation into an alleged abuse. • Comply with all policies and procedures.

All other staff and volunteers	<p>All staff and volunteers have a responsibility to: -</p> <ul style="list-style-type: none"> • Undertake identified safeguarding training and maintaining current working knowledge relevant to their role. • Act in a timely manner on any concern or suspicion that a child who is at risk of being abused, neglected or exploited and ensure that a referral is made to MASH. • Discuss any concern about health and well-being of a child at risk with their line manager. If the concern involves a line manager contact a safeguarding lead. • Work with their line manager if appropriate to address concerns raised. • To report and record accurately all actions and interventions. • Working collaboratively with other agencies to safeguard and protect the health and well-being of people who use services. • Remaining vigilant at all times to the possibility of abuse or neglect. • Recognise the impact of diversity, beliefs and values of people.
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6. Definitions

Term	Definition
Abuse	Abuse is the misuse of power, trust, respect, control and/or authority; it violates a person's human and civil rights.
Human Rights	<p>The Human Rights Act 1998 (the Act or the HRA) sets out the fundamental rights and freedoms that everyone in the UK is entitled to and includes: -</p> <ul style="list-style-type: none"> • Right to life • Freedom from torture and inhuman or degrading treatment • Freedom from slavery and forced labour • Right to liberty and security <p>Full details of the act can be found at: - https://www.equalityhumanrights.com/en/human-rights/human-rights-act</p>
MASH	<p>The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for all professionals to report safeguarding concerns. http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-childrens-trust/pathway-to-provision/multi-agency-safeguarding-hub-mash</p>
Domestic	Any incident or pattern of incidents of controlling, coercive, threatening

abuse	<p>behaviour, violence or abuse between people aged 16 or over who are, or have been, intimate partners or family. The abuse can encompass but it is not limited to: -</p> <ul style="list-style-type: none"> • psychological • sexual (including female genital mutilation) • financial • emotional • forced marriage • honour-based violence <p>A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced in the Serious Crime Act 2015. The offence closes the gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention.</p>
Discriminatory abuse	<p>Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse, for example, hate crime.</p>
Modern slavery	<p>Modern slavery encompasses – slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.</p> <p>From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any person identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 Modern Slavery Act 2015.</p>
Neglect and acts of omission	<p>Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.</p>
Organisational abuse	<p>Is the mistreatment, abuse or neglect of an adult by a regime or people in a setting or service where the adult lives or that they use.</p>
Physical abuse	<p>Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.</p>
Financial or material abuse	<p>Includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions of the misuse or misappropriation of property, possession or benefits.</p>
Psychological abuse	<p>Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.</p>
Sexual abuse	<p>Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual</p>

	assault or sexual acts to which the adult has not consented or was pressured into consenting.
MAPPA	Multi-Agency Public Protection Arrangements. Nottinghamshire Probation Trust works with Police and Prison services to manage the supervisions in the community of the most dangerous, offensive, violent and sexual offenders.
Self-Neglect	This covers a wide range of behaviour concerning a person's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a safeguarding response is needed will depend on the person's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.
Section 42 Safeguarding enquiry	Section 42 (Care Act 2014) places a duty on local authorities to make enquiries, or cause others to do so, where an adult with care and support needs is experiencing, or at risk of abuse and unable to protect themselves because of their care support needs.

7. Staff Training

All staff will undertake mandatory safeguarding training at a level relevant to their job responsibilities. Staff will also undertake any additional training as required.

The Hospice training programme will include 'Prevent', to ensure that staff are aware of radicalisation as a safeguarding concern.

8. Dissemination and Implementation

This policy and procedure will be available on the hospice policy drive and will be disseminated by the Safeguarding Lead.

9. Monitoring, Review and Audit

This policy and procedure will be reviewed every three years or more frequently in response to changes to legislation, organisational changes or learning from specific internal or external incidents.

Audit will be undertaken with the approval of the hospice Quality & Safety Committee in response to any identified areas of concern or as part of a quality improvement programme.

In addition, a mandatory safeguarding audit will be undertaken to determine if hospice policies and procedures are effective, and that best practice can be evidenced.

10. Recruitment and Selection

All staff must be recruited in line with the Hospice Recruitment Policy to ensure that the required checks have been completed. Enhanced checks with an adult/and or child barred list check by the Disclosure and Barring Service will be made on all staff and volunteers before they are able to work unsupervised and delivering regulated activity with vulnerable adults and/or children.

Nottinghamshire Hospice HR must identify which roles must have a DBS check before the recruitment process commences so applicants can be advised that it is a criterion for success before they are appointed.

It is a criminal offence to employ a barred individual.

Staff and Volunteer DBS checks will be repeated every three years and a record of the checks will be retained in the individual personnel record, managed by either the HR Department or Volunteer Services.

DBS records will be retained and destroyed in accordance with instructions provided by the DBS and the Data Protection Act.

11. Disclosure and Barring Service (DBS)

The DBS manages a vetting and barring list and has the power to bar certain people from regulated activity with children and adults at risk.

The DBS makes decisions about who should be barred and holds a central register of those who are barred from working with children or adults at risk. It is a criminal offence for individuals barred by the DBS to work or apply to work with children and adults at risk in a wide range of posts.

The Hospice as a provider of regulated activity has a duty to refer to the DBS, information about individuals working with children or adults where they consider the individual to have caused harm or pose a risk of harm. The HR Manager and Director of Care Services must be involved in any decision to refer a member of staff to DBS.

The Hospice is required to notify Disclosure and Barring Service (DBS) if there is sufficient evidence of a risk of harm to children or adults at risk by an individual employee or volunteer and to provide details of any management action taken such as restriction of practice or exclusion.

12. The Mental Capacity Act and Safeguarding

The right to live a life free from harm, abuse or neglect (including self-neglect) is universal and applies to everyone equally – regardless of their ability to make decisions or engage independently with a process.

The principles of the Mental Capacity Act 2005 (MCA) may need to be used when reviewing safeguarding situations involving people whose capacity is being questioned.

The MCA and Deprivation of Liberty Standards must be used as a reference when safeguarding is being questioned in any best interest decision-making process.

The MCA does provide guidance when determining the level of support needed to enable individuals to participate in safeguarding procedures.

¹ Nottingham and Nottinghamshire Multi-Agency Safeguarding Vulnerable Adults Procedure for Raising a Concern and Referring 01/04/2015

13. Whistleblowing

The values of Nottinghamshire Hospice Trust include being “trustworthy, open and honest.”

Whistleblowing is relevant to safeguarding where there are concerns of abuse due to the actions of another staff member or the way an organisation delivers its services. Or the member of staff feels that they are unable to share information with the person who has responsibility for safeguarding as they believe they are implicated or colluding with the alleged abuse.

Staff or volunteers who feel they cannot share information relating to patient's care must follow the Hospices' Whistleblowing Policy.

Staff and volunteers can if they feel the employer will cover up the alleged abuse, or treat them unfairly if they complained, share the information with regulators such as the Care Quality Commission.

14. Managing suspected abuse

Staff and managers will work closely with other relevant organisations where and whenever required, including the Police and Local Safeguarding Boards, and will always cooperate in any abuse investigations. This will include following any protection plan agreed through multi-agency procedures in order to reduce the risk of further abuse after an actual or suspected case of abuse.

If a Line Manager is alerted to any suspicion or alleged abuse affecting a service user, they should take immediate action to ensure the service user concerned is removed from the danger. The matter should be reported to the Director of Care Services.

A staff member who is accused or suspected of abuse, will be dealt with according to the hospice's disciplinary procedure which, subject to risk assessment, will usually mean the individual being suspended, without prejudice to that individual, pending investigation. Legal guidance may be sought prior to this decision being taken.

Any member of staff dismissed for misconduct which harmed, or placed at risk of harm, a vulnerable service user, will be reported to the Disclosure and Barring Service and their professional body (if applicable).

15. Confidentiality and Information Sharing

Safeguarding duties in relation to children at risk cannot be met without effective and appropriate sharing of relevant information, some of which may usually be regarded as confidential. Protection for the child is only possible, and the services may only be appropriately coordinated, if those forming judgements about necessary action have access to all the relevant information².

Confidential information can be shared if required in performance of statutory obligation, necessary to protect from harm or if it is in the public interest to do so. It is clearly in the public interest that the framework of protection required by the government and set out in the guidance operates effectively and that those unable to protect themselves are protected.

Never promise a child that you will keep the things they're telling you a secret. Explain that you need to share what they've told you with someone who will be able to help. If a child or young person needs confidential help and advice direct them to Childline. Calls to 0800 1111 are free and children can also [contact Childline online](#).

16. Consent

Seeking consent to share information

Children should be given the opportunity to decide whether they agree to their personal information being shared. If a child doesn't have the capacity to make their own decisions ask their parent or carer (unless doing so would put the child at risk of harm).

The Gillick competency and Fraser guidelines help professionals to assess whether a child is mature enough to make decisions.

> [See our guidance on the Gillick competency and Fraser guidelines](#)

Tips for getting consent:

- be open and honest
- make sure the person you're asking for consent understands what information will be shared and why
- explain who will see the information and what it will be used for
- make sure the person you're asking for consent understands the consequences of their information not being shared
- get the consent in writing, in case there are any disputes in the future. If it's only given verbally, make a written record of this
- make sure the person knows they can withdraw consent at any time.

Sharing information without consent

If consent is refused or if you're unable to seek consent, you can still share information with relevant professionals if this is in the public interest.

This includes protecting children from significant harm and promoting the welfare of children. The [Data Protection Act 2018](#) and [General Data Protection Regulation \(GDPR\)](#) do not affect this principle.

When deciding whether to share information without consent, you should consider each case individually.

Decide if the need to share information is in the public interest and whether it outweighs the need to maintain confidentiality.

Consider all the implications of sharing the information, for example if you are sharing sensitive details about a person's life.

If you're not sure what to do, [contact the NSPCC helpline for advice](#).

Make sure you are following the relevant legislation and guidance.

If you're sharing information without consent keep a written record explaining:

what steps you took to get consent

the person's reasons for not giving consent (if known)

why you felt it was necessary to share information without consent.

Pass a copy of this record on to the agency/agencies you're sharing the information with.

> [Contact the NSPCC helpline to share your concerns about a child](#)

17. Record Keeping

The person raising the safeguarding concern must document all details in full. All documentation should be held by the safeguarding lead.

If the concern related to someone not on the Hospice caseload for example, a family member or a person in authority the details of the concern and action taken should still be recorded on an anonymised incident form (IR1).

If appropriate, consider documenting the following:

- What you observed.
- What was the decision after discussion with line manager?
- What ameliorative/or protective measures have been put in place.
- Escalation to the Nottinghamshire Children's Safeguarding Board, or if a referral is not made what other action has been taken.
- Any plans or actions.

All the documentation must be factual. The team should continue to monitor and document any actions that have been taken to address the issue.

The line manager and the reporter of the concern should work together on the IR1 to add any further information, actions taken and if appropriate close the incident/concern.

18. Support of service users and carers

Patients and/or carers whose alleged abuse is being investigated may need support from the hospice or signposted to other support agencies. This may be on-going during the safeguarding process. It will be the responsibility of supporting staff to ensure patients/carers in receipt of hospice services have appropriate care plans in place to identify and support their needs.

Staff providing support should ensure that any evidence is not destroyed or invalidated during the investigation process.

19. Serious incidents/notifications

There are set procedures defined by the Local Safeguarding Teams and NHS England, Serious Incident Reporting Framework 2015 for investigation of potential children safeguarding serious incidents. This includes patient safety incidents that result in moderate or more severe harm.

The Director of Care must be informed immediately of any potential serious incidents and a record of all relevant information must be made on IR1 including allegations and concerns of abuse or neglect and immediate protective measures put in place. A referral should be submitted to the Local Team/Safeguarding Lead within 24 hours and make any further notification to other statutory bodies including CQC and NMC.

If there is any uncertainty regarding reporting or notifying a serious safeguarding incident to the CCG/CQC the Director of Care may seek further advice from the CCG Lead Nurse for Safeguarding.

For many serious incidents the investigation will be part of the safeguarding investigation process, and this will form the serious incident report. A separate serious incident report may not be required from the hospice unless there are identified concerns relating to internal processes or staffing concerns.

There is a statutory requirement to notify the Care Quality Commission in the event of abuse and allegations of abuse

20. Complaints

It is important to remember that safeguarding concerns may be raised with a complaint and should be addressed in accordance with this policy and procedure and the Hospice Complaints Procedure.

21. Child Safeguarding Concerns

Although the hospice is not commissioned to care for children, staff will come into contact with children of service users and carers. Staff should be vigilant to potential or actual abuse and escalate appropriately. If staff are unsure, they should always seek further advice from Line Managers or the Safeguarding Lead.

All staff and volunteers have a duty to work in partnership with Nottinghamshire Safeguarding Children’s Board and follow their procedures as published on: <http://www.nottinghamshire.gov.uk/care/safeguarding/childrens-mash>

If you think the child is at immediate risk or danger or a crime is being committed, please contact emergency services immediately and report to Children’s Services via the above website or the contact numbers in Appendix 2.

You must also inform the Hospice Safeguarding Lead – Director of Care Services.

Term	Definition
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 fabricated the symptoms of, or deliberately induces, illness in a child.
Emotional abuse	Emotional abuse is the persistent 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 capacity, 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, although 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 (for example rape or oral sex) or non-penetrating 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 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.
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.
Child exploitation	"Sexual Exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities". (Safeguarding Children and Young People from Sexual Exploitation 2009). 'COUNTY LINES' which is a form of criminal exploitation whereby children are befriended and manipulated into illegal drug dealing (Home Office, 2018). Dedicated mobile phone lines or other forms of dealings are used to move drugs around the country. County Lines operations need to be considered when working with children who have been subjected to exploitation.
Gillick/Fraser Competence	Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. Since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

22. Responding to a child who reports abuse

In responding to a child who reports abuse, neglect or harm the initial response from all professionals should be limited to listening carefully to what they are saying. To clarify concerns, offer support and explain what action will be taken.

Responding to a child include: -

- Do not appear to be shocked or angry. Keep calm.
- Take the disclosure seriously.
- Listen and observe.
- Do ask the child to tell you and describe what happened.
- Do not try to guess what a child is going to say next and do not put words into a child's mouth.
- Let them explain in their own way.
- Do not promise the child that you will keep whatever he/she is about to tell you a secret. You must tell the child you will have to pass the information on.
- Do reassure a child that they were right to tell you.
- Only pass the information onto safeguarding professionals.
- Do discuss any concerns with your line manager and safeguarding lead.

23. Reporting a child safeguarding concern

All staff have a statutory duty to report any concerns promptly and for any safeguarding concern to be given high priority. The MASH are trained professionals who will decide whether further action is required or offer the family help or advice to resolve any difficulties or call a meeting to decide whether the child is in need of a protection plan.

The MASH will accept calls from professionals and the public and will offer:

- Information on parenting issues through the provision of leaflets and website addresses.
- Signposting to other services as appropriate including the Family Group Conference Service etc.

Health professionals cannot remain anonymous when making a child protection referral. Where members of the public inform you of a child protection concern, it is important you obtain their contact number, name of the child for whom they have concerns and the address if possible. They must be advised to refer to Children's Social Care themselves. However, the health practitioner has a duty to check the referral has been made, and if not to make a third-party referral giving the details obtained from the member of the public. If your referral is not accepted by CSC, please contact your Safeguarding Lead.

Children's Social Care should acknowledge a written referral within one working day of receiving it and should feedback their decision on next steps of action to the referrer within one working day. The feedback should be in writing, using the reply slip in the CAF form. If you do not receive a completed reply form following your referral within three working days, the health professional must contact Children's Social Care to determine what action has been taken.

Where Children's Social Care decides to take no further action at this stage, feedback should be provided to the referrer, who should be told of this decision and the reasons for making it. The referrer should be advised of alternative options for ensuring the family can be offered support services to promote the child's welfare.

Other potential sources to help include the NSPCC Helpline 0808 800 5000 and the Abuse in Childhood phone number for adult survivors of sexual abuse which is 01708 765200.

24. Sharing concerns with parents

Where possible and when it is wise, it is good practice to share concerns with parents and to inform them when a referral is being made unless doing so would place a child at increased risk or there is concern about a risk to a member of staff or volunteer. The discussion to or not to inform is to be taken where possible following discussion with the Director of Care Services.

The Hospice will not report information to outside agencies i.e., Social Services unless:

- there is consent, or
- there is a legal justification to act in a person's best interests (MCA 2005)
- The hospice is already working in partnership with external agencies involved in a safeguarding role with the child at risk. In these circumstances, it is important to involve the person/family in the decision-making process and any actions designed to protect them.

Staff must make it clear to a family/child that if they share a safeguarding concern with them, that member of staff has a duty of care with the relevant professional within the Hospice and if it is identified as a safeguarding concern with outside agencies, i.e., MASH.

25. Prevent

Prevent is part of CONTEST, the government's counter terrorism strategy and is made up of four work streams.

PREVENT	Prevent is part of the government's counter-terrorism strategy which is referred to CONTEST. Prevent has multiple aims including responding to the ideological challenge of terrorism and the threat from those who promote it, prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and work with sectors and institutions where there are risks of radicalisation.
Radicalisation	<p>Radicalisation is comparable to other forms of exploitation, such as grooming and child sexual exploitation. The aim of radicalisation is to attract people to another way of reasoning, inspire new recruits and embed extreme views and persuade vulnerable people of another cause's legitimacy. This may be through face-to-face encounters or through social media.</p> <p>There are a number of factors that may make a person susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the individual circumstances.</p>

The Government's counter terrorism strategy CONTEST aims to reduce the risk to the UK so people can go about their lives freely and with confidence.

CONTEST has four work streams:

- Protect – strengthening our borders, infrastructure, buildings and public spaces from an attack.
- Prepare – where an attack cannot be stopped, to reduce its impact by ensuring we can respond effectively.
- Pursue – to disrupt or stop terrorist attacks.
- Prevent – designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves.

Prevent is aimed at front line staff and is designed to help make staff aware about their role in preventing vulnerable people being exploited for terrorist purposes.

The Prevent strategy recognises that care staff may come into contact with individuals who are vulnerable to radicalisation and is about identifying those individuals who are vulnerable and intervening to prevent them from supporting terrorism or becoming terrorists themselves.

Prevent is designed to operate in the **pre-criminal space** before any criminal activity has actually taken place. Prevent is therefore

- about safeguarding individuals who are vulnerable to radicalisation who pass through our care.
- about supporting and protecting those people that might be susceptible to radicalisation.
- about supporting and redirecting them with the help of multi-agency input
- NOT about criminalising individuals.

All 'Prevent' concerns should be escalated as a matter of urgency to the Prevent Lead identified through the CCGs.

A concern that an individual may be vulnerable to radicalisation does not mean that you think the person is a terrorist. It means you are concerned that they are vulnerable to being exploited by others and this then becomes a safeguarding concern.

If a member of staff has a concern that someone is being radicalised, staff should follow the NOTICE, CHECK, SHARE.

Notice the signs

- What have you noticed and who was involved?
- Does the incident relate to local or national international news stories?
- Why do you feel the individual is vulnerable to radicalisation?
- What makes the individual at risk?
- Was it a one-off comment or statement out of context for that individual?
- Have you noticed a change in behaviour?

Check with someone you can trust

- Have you checked your concern with a colleague or line manager?
- Has any other information been identified, have there been any other historical concerns?
- Has the individual been spoken to, to clarify and did they offer a reasonable explanation?

- Have others noticed a change in behaviour?

Share with someone you can trust

- Have you checked your concern with a colleague or line manager?
- Has any other information been identified, have there been any other historical concerns?
- Has the individual been spoken to, to clarify and did they offer a reasonable explanation?
- Have others noticed a change in behaviour?

Share with someone who can help

- Discuss the concern with your line manager and inform the Hospice Safeguarding Leads.

26. Monitoring

The Director of Care Services will report any trends and all safeguarding occurrences (by exception) to the Quality and Safety Committee to ensure appropriate actions and learning takes place.

APPENDIX 1 - MANAGING A POTENTIAL /ACTUAL SAFEGUARDING INCIDENT

If you suspect an abuse you must report it immediately to your line manager

Ensure the immediate safety and welfare of the vulnerable child

If the child is not in any immediate risk but you unsure or feel that they may be in the future?

If a child is at immediate risk of abuse or being harmed call the police

Contact and inform your line manager/manager on call immediately. They will provide advice and support. Be aware of the possible need for forensic evidence, so ensure that you are careful not to destroy or interfere with potential sources of evidence.

Contact the Director of Care Services who is responsible for advising on safeguarding at the hospice to ensure we adhere to this policy and legislation.

If the safeguarding involves a member of staff or volunteer at the hospice, we are obliged to manage any investigation in conjunction with the local authorities. The HR Department will oversee any investigation/actions taken by the hospice to ensure compliance with hospice policy and procedure.

The following must be completed:

- Complete a safeguarding report. This may be required at a later date should there be any legal proceedings.
- The Director of Care or deputy will report any safeguarding referral to CQC.

An exception report for all safeguarding will be tabled at the Quality and Safety Group.

APPENDIX 2 - CONTACT DETAILS FOR SAFEGUARDING TEAMS

Please visit www.safeguardingadultsnotts.org for up-to-date information.

NOTTINGHAMSHIRE COUNTY

Concerns regarding people who live in the Nottingham West CCG, Nottingham North and East CCG, Rushcliffe CCG, Mansfield and Ashfield CCG and Newark and Sherwood CCG areas are reported to MASH (Multi-Agency Safeguarding hub) on:

Contact number **0300 500 8090**

MASH is the single point of contact for **all professionals** to report safeguarding concerns. Opening hours are Monday to Thursday 08.30 am to 5.00 pm and Friday 08.30 am to 4.30 pm.

NOTTINGHAM CITY

Concerns regarding people who live in the Nottingham City CCG area are reported to the Health and Care Point on:

Contact number **0300 131 0300**

This is a single point of contact for **all professionals** to report safeguarding concerns. Opening hours are Monday to Friday 8.00 am to 7.00 pm.

NB: If unsure where to call, ring any one of the numbers and they will advise you and help you make the right contact. Please visit <http://www.nottinghamshire.gov.uk/care/safeguarding/childrens-mash> for up-to-date information.

If you think a child is at risk of abuse, please report this via the online form.

If you require an **urgent response outside of working hours** (08:30-17:00), contact the **Emergency Duty Team (EDT) on 0300 456 4546**. In an emergency call 999. To report a crime, call 1

APPENDIX 3 – SAFEGUARDING ALERT FORM



Safeguarding Alert Form

Name of member of staff/volunteer raising the alert:	
Date of alert:	
Time of alert:	

Details of the safeguarding incident:

Actions taken:

Social Services referral:

Police notified:

Incident form completed:

Safeguarding Lead (Director of Care) informed:

Date:

Time:

Director of Care Actions:

CQC Notification Completed:

Director of Care signature:

Date:

Designation: