

LINDSEY LODGE HOSPICE AND HEALTHCARE

SAFEGUARDING CHILDREN POLICY

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1.0 Purpose

- 1.1 This document details the principles and standards for Hospice personnel working with children and their families who may be at risk of significant harm or neglect.
- 1.2 Lindsey Lodge Hospice and Healthcare have adopted the Guidelines and Procedures of North Lincolnshire and therefore will need to be read in conjunction with the local Safeguarding Children Procedures which can be found <https://www.northlincscmars.co.uk/policies-procedures-and-guidance/>
- 1.3 The primary objective of this policy is to protect children from harm. This will be done by providing staff with the necessary framework to ensure that cases of child abuse within their sphere of activity do not go undetected and multi-agency procedures are followed in dealing with such cases.
- 1.4 The values held by Lindsey Lodge Hospice and Healthcare are that all children have a right to protection from abuse. Lindsey Lodge Hospice and Healthcare takes seriously its responsibility to protect and safeguard the welfare of children and young people. We will:
- respond swiftly and appropriately to all suspicions or allegations of abuse and neglect;
 - provide parents and children with the opportunity to voice their concerns;
 - have a system for dealing with concerns about possible abuse and neglect.

2.0 Introduction

- 2.1 Lindsey Lodge Hospice and Healthcare recognises that many children and young people today are the victims of physical, emotional, sexual abuse and/or neglect. Accordingly, Lindsey Lodge Hospice and Health Care has adopted the following policy guidelines.
- 2.2 The policy sets out agreed guidelines for responding to allegations of abuse/neglect, including those made against staff and volunteers.
- 2.3 These guidelines have been prepared in accordance with North Lincolnshire Children's MARS Policies and Procedures. They will be kept under review and be supported by appropriate training.
- 2.4 The policy applies to all staff and volunteers who act on behalf of Lindsey lodge Hospice and Health Care and who work with children. Every individual has a responsibility to the designated person, in respect of child protection or their deputy, of concerns relating to safeguarding children.
- 2.5 The designated person should decide if the concerns should be communicated to North Lincolnshire Children's Services or the Police. However, all staff and volunteers can contact North Lincolnshire Children's Services directly if necessary.

2.6 Since the amendments of the Children Act (1989) brought about within the Children Act 2004, all those working in the health field have a statutory duty to Safeguard and Promote the Welfare of Children (Chapter 31, Section 11 Children Act 2004) Children Act (1989/2004) and their participation in inter-agency procedures is essential if the interests of children are to be safeguarded.

3.0 Duties

3.1 The Executive Leadership Team will ensure that there are safe and robust arrangements in place for safeguarding children within in all services that are provided by Lindsey Lodge and Health Care. That the staff work in line with this policy and the North East Lincolnshire & East Riding Safeguarding Children Partnership (SCP) and North Lincolnshire Multi Agency Resilience and Safeguarding (MARS) Guidelines and Procedures. Provide board level leadership for safeguarding, informing the board of any serious Practice reviews and exception reports.

3.2 The Registered Manager will be the Hospices representative and lead for safeguarding, supporting the implementation of efficient and effective safeguarding procedures, training and development.

3.3 Hospice Clinical Leaders will ensure staff are aware/know how to access the MARS / SCP guidelines and procedures and trust policy relating to safeguarding children. They will ensure that staff attend relevant Safeguarding children training. Different levels of safeguarding children and young people training are defined and delivered in line with the RCN Intercollegiate document on "Safeguarding Children and Young People: Roles and Competencies for Healthcare staff"

3.4 All Hospice Staff will acknowledge that 'safeguarding is each individual employee's responsibility' and must:

- Participate in safeguarding training at the appropriate level
- Be alert to potential indicators or abuse or neglect in children
- Know how to act upon their concerns in line with the Safeguarding Children Partnership Policies and Procedures and local policy
- It is best practice to gain consent from parent /carer when making a referral to children social care. However, if the child's safety or the safety of the professional is compromised a referral can be made without informing the parent or carer or gaining consent
- Telephone referrals to Children's Social Care must be followed up with a written referral within 48 working hours using the appropriate referral form
- Ensure relevant confidential information is shared in line with Safeguarding Children Partnership procedures and Local Policy
- Maintain accurate and contemporaneous appropriate records to local standards
- Share information appropriately and proportionally (Working Together 2018)

4.0 Definitions of Abuse (Working Together 2018)

4.1 A concern should be raised if any of the following circumstances have or are happening to a child:

- Physical abuse
- Emotional abuse
- Sexual abuse (including Child Sexual Exploitation)
- Neglect

Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocation or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child
Emotional abuse	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 conveying to a child 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 a child's developmental capability, 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, though it may occur alone

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-penetrative 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 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
Child sexual exploitation	Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victims needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology
Neglect	<p>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. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • 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); or • ensure access to appropriate medical care or treatment <p>It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.</p>

4.2 What you should do if you suspect abuse

4.2.1 You must report concerns as soon as possible to the Registered Manager or Medical Director who is nominated by Lindsey Lodge hospice and HealthCare

to act on their behalf in referring allegations of suspicions of abuse or neglect to North Lincolnshire Children's Services. In the absence of the designated person, the matter should be brought to the attention of the Chief Executive or manager on call.

- 4.2.2** If it is an emergency, and the designated person(s) cannot be contacted, then North Lincolnshire Children's Services or the police should be contacted at the numbers given below. For further information, see Helping Children and Families 2020-2024 (<https://www.northlincsmars.co.uk/policies-procedures-and-guidance/>) and Working Together to Safeguard Children (northlincsmars.co.uk).
- 4.2.3** If the suspicions related to the designated person, then the deputy, North Lincolnshire Children's Services or the Police should be contacted.
- 4.2.4** Suspicions should not be discussed with anyone, other than those named above.
- 4.2.5** It is the right of any individual to make direct referrals to North Lincolnshire Children's Services. However this policy should be followed where possible.

4.3 Recording

- 4.3.1** Write down exactly what the child has said in their own words. Write down the conversation held, where it was held, when and what was happening beforehand. Alternatively write down what you have observed, details of any witnesses, location, and your specific concern if you believe that a child has been abused or neglected. Record dates and times of the events and when the record was made. Keep all notes secure on the L-drive safeguarding folder .
- 4.3.2** Report your discussion as soon as possible to the designated person
- 4.3.3** Allegations against staff or volunteers will be investigated following local procedures. For further information see the Children's MARS Managing Allegations procedures <https://www.northlincsmars.co.uk/policies-procedures-and-guidance/>

5.0 Safer Recruitment

The Hospice has a duty to ensure that a safe recruitment process is in place for all new staff expected to have contact with families and children at risk. This involves (Disclosure and Barring Scheme) checks and uptake of references prior to appointment. The Hospice's recruitment procedures will reflect the requirements of the Safeguarding Vulnerable Groups Act (2006).

5.1 Reporting to the Care Quality Commission (CQC)

5.1.1 You must inform the CQC about any abuse or allegations of abuse concerning a person using services at Lindsey Lodge Hospice and Health Care if any of the following applies:

- The person is affected by abuse
- They are affected by alleged abuse
- The person is an abuser
- They are an alleged abuser

[CQC guidance](#)

6.0 Escalation / Professional Disagreement Process

6.1 Occasionally there may be disagreement in the management in safeguarding cases.

6.2 Lord Laming (2003) refers clearly in his report following the Victoria Climbié Inquiry to social workers having the confidence to question the opinion of other professionals when making assessments of children's needs. This principle applies to professionals in all agencies working in the field of child protection. Appropriate training, clarity about their own professional role and responsibilities and that of other agencies encourages workers to have the confidence to contribute effectively to inter-agency and multidisciplinary work. Good practice includes the expectation that constructive challenge amongst colleagues within agencies and between agencies provides a healthy approach to their work

6.3 Safeguarding Children Partnerships:

- North Lincolnshire MARS – Escalation Procedure for Resolving Professional Differences of Opinion
- North East Lincolnshire SCP – Professional Disagreement Policy

7.0 Monitoring Compliance and Effectiveness

7.1 The use of this policy and guidance will be evaluated and reviewed at least every three years in terms of its effectiveness and updated wherever possible or when further guidance is received.

8.0 Associated Documents

[North Lincolnshire Safeguarding Children Board Policy and Procedures](#)

9.0 References and Related Reading

9.1 Safeguard and Promote the Welfare of Children (Chapter 31, Section 11 Children Act 2004)

- 9.2 Children Act (1989/2004).
- 9.3 Munro review of child protection: A child centred system. Munro. DFE (2011)
- 9.4 Protecting Children and young people. The responsibilities of all doctors. GMC (2018)
- 9.5 Perplexing Presentations (PP) / Fabricated or Induced Illness (FII) in children Guidance (2021)
- 9.6 The Protection of Children in England: A Progress Report by Lord Laming (TSO 2009).
- 9.7 The Protection of Children in England: A Progress Report by Lord Laming (TSO 2009).
- 9.8 Child Maltreatment: When to suspect maltreatment under 18yrs. NICE (2017)
- 9.9 Working together to safeguard children – a guide to interagency working to safeguard and promote the welfare of children (HM Govt 2018).
- 9.10 Helping Children and Families 2020-2024
<https://www.northlincscmars.co.uk/policies-procedures-and-guidance/>
- 9.11 RCN (2019) Intercollegiate document “Safeguarding Children and Young People: Roles and Competencies for Staff”
- 9.12

10.0 Definitions

- 10.1 MARS – Multi Agency Resilience and Safeguarding
- 10.2 SCP – Safeguarding Children Partnership
- 10.3 CCG- Clinical Commissioning Group
- 10.4 CQC- Care Quality Commission

11.0 Consultation

- 11.1 Senior Clinical Leader, Hospice Quality Assurance Subgroup of the Board and wider staff groups.

12.0 Dissemination

- 12.1 The guidance will be presented in electronic and hard copy to the hospice Quality Assurance meeting and similarly for all staff groups. It will be placed on the Policy web page of the L drive.

13.0 Implementation

- 13.1** All Leaders within the hospice will ensure that their staff members and volunteers are made aware of the guidance, and it will be shared and referred to in training events.

14.0 Document History

- 14.1** Joint adult and children's safeguarding policy have been reviewed and decision to make 2 separate policies.

15.0 Equality Act (2010)

- 15.1** Lindsey Lodge Hospice and Healthcare is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.
- 15.2** Lindsey Lodge Hospice and Healthcare is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the organisation to deliver the best possible healthcare service to the community. In doing so, the hospice will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.
- 15.3** Lindsey Lodge Hospice and Healthcare aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers the general population we serve and our workforce, ensuring that none are placed at a disadvantage.
- 15.4** We therefore strive to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

16.0 Freedom to Speak Up

Where a member of staff has a safety or other concern about any arrangements or practices undertaken in accordance with this policy, please speak in the first instance to your line manager or the Registered Manager.

The electronic master copy of this document is held in the Master policy folder on the L Drive