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Safeguarding and Promoting the Welfare of Children Policy

POL 002

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Details of changes made at each review

Version	Review date	Changes made
V1	July 2016	Annual review, minor changes to text with no implication for essence of policy or procedure.
V2	July 2017	Scheduled review. Manager responsibilities
V3	October 2017	Update to deputy safeguarding lead Change of nomenclature from named doctor to safeguarding lead
V3.1	February 2018	Website addresses for Surrey and East Sussex updated.
V3.2	October 2018	Charities Commission link re: suite of measures. A response to the Oxfam incident Keep safe mechanism – appendix 5
V3.3	February 2019	Scheduled review. Updates: <ul style="list-style-type: none"> • References updated • Information re keep safe mechanism updated (appendices 4 and 5) Updated in reference to DPA 2018
V4	June 2019	Update to out of hours phone number for West Sussex MASH team (on flow chart appendix 2)
V4.1	December 2019	Referral pathway for West Sussex updated HR processes updated Paragraph added about safeguarding in relation to fundraising events.
V5	September 2020	Additional information added (appendix 7) about safeguarding children in relation to COVID 19
V5.1	May 2021	Addition of Appendix 8 – Safeguarding Trustee Lead Responsibilities
V5.2	January 2022	Routine review
V5.3	February 2023	Added Cost of Living Crisis information, updated formatting
V6	September 2023	General review and update name of Deputy Safeguarding Lead

Associated documents

Raising a Concern POL 007
Criminal Records Checks POL 032
Information Governance POL 018
IT Security POL 067
Media POL 051
Adult Safeguarding POL 001
Prevent POL 107
Incident Management POL 028
Duty of Candour POL 003
Deprivation of Liberty Safeguards POL 005
Mental Capacity POL 011
Challenging Behaviour and Restraint POL 006
Consent POL 008
Records Management POL 030
Integrated Governance Framework POL036

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References

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff https://www.rcn.org.uk/professional-development/publications/pub-007366
Working Together to Safeguard Children 2018. A guide to inter-agency working to safeguard and promote the welfare of children. July 2018. HM Government. https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
UN Convention on the Rights of the Child http://www.unicef.org.uk/UNICEFs-Work/UN-Convention/
Children Act 2004 http://www.legislation.gov.uk/ukpga/2004/31/contents
Children Act 1989 http://www.legislation.gov.uk/ukpga/1989/41/contents
Data Protection Act 2018 (replaces the Data Protection Act 1998) http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted
GDPR https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/
Crime and Disorder Act 1998. https://www.legislation.gov.uk/ukpga/1998/37/contents
Caldicott Principles. https://www.gov.uk/government/publications/the-caldicott-principles
Pan Sussex Child Protection and Safeguarding Procedures Manual (currently under review) https://sussexchildprotection.procedures.org.uk
NICE Quick Reference Guide - when to suspect child maltreatment 2009. Updated October 2017. https://www.nice.org.uk/guidance/cg89
The Human Rights Act 1998. Updated 15 November 2018. https://www.equalityhumanrights.com/en/human-rights/human-rights-act
Female Genital Mutilation Act 2003. HM Government. http://www.legislation.gov.uk/ukpga/2003/31/contents
Charity Commission. https://www.gov.uk/government/organisations/charity-commission
CQC Guidance for providers on meeting the regulations: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended), Care Quality Commission (Registration) Regulations 2009 (Part 4) (as amended) http://www.cqc.org.uk/content/regulations-service-providers-and-managers
Making barring referrals to the DBS https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs

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PURPOSE

Children and young people are defined as all those who have not reached their 18th birthday. Throughout this policy the term children is used to mean children and young people.

The UN Convention on the Rights of the Child requires that children live in a safe environment and be protected from harm. St Catherine's Hospice (StCH) has a statutory duty to comply with legislation laid out in the Children Act 2004 and the Children Act 1989, specifically sections 11 and 13 of the former and sections 27 and 47 of the latter.

The key principles of a child centred and coordinated approach to safeguarding are:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

SCOPE

StCH recognises the importance of safeguarding and promoting the welfare of children. As an organisation it is committed to ensuring a culture within which staff and volunteers are competent to recognise and respond promptly to concerns relating to the welfare of children. This includes all staff and volunteers feeling confident to share their concerns within a culture that promotes openness and transparency.

Although the service StCH provides is predominantly to adults, adults under the care of StCH may have dependent children who may be at risk due to the health or behaviour of their parent/carer, or for other reasons. Some children may be acting as young carers or need additional support. StCH will undertake to always remember children's vulnerability and seek to work with their adults, schools and other agencies where appropriate to safeguard them and promote their welfare. StCH recruits volunteers under the age of 18 to whom this policy would apply.

This policy draws on two documents:

- Safeguarding children and young people: roles and competencies for healthcare staff. Intercollegiate document. Fourth edition: January 2019.
- '*Working together to safeguard children*' 2018 – including section relating to 'People in Positions of Trust'. (Organisations who work with children and their families must have sufficient policies in place, primarily those for dealing with allegations against people working with children.)

The policy and associated training is also aligned with the Pan Sussex Child Protection and Safeguarding Procedures and guidance.

DEFINITIONS

StCH	St Catherine's Hospice
SCP	Safeguarding Children Partnership
SCR	Serious Case Review
SMT	Senior Management Team
DBS	Disclosure and Barring Service
GMC	General Medical Council
NMC	Nursing and Midwifery Council
CQC	Care Quality Commission
CCG	Clinical Commissioning Group
IPU	Inpatient Unit
LA	Local Authority

POLICY STATEMENT AND AIMS

This policy outlines how StCH meets its duties under legislation to safeguard and promote the welfare of children and reflects the importance StCH places on this. It supports an organisational culture of listening to children and taking account of their wishes and feelings, both at an individual level and when developing services.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's health and 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

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ACCOUNTABILITY AND RESPONSIBILITIES

Safeguarding children is everyone's responsibility and no one should assume someone else will pass on information. All staff and volunteers who come in to contact with children MUST know what to do if they have concerns about the welfare of a child and must know that these concerns, no matter how small, should be discussed with the safeguarding lead or their deputy.

All Staff/Volunteers must

- Be aware of their individual role in safeguarding children and the role of other professionals.
- Understand and follow this guidance and related StCH policies and procedures.
- Demonstrate competency in recognising maltreatment of children and the ability to take action as appropriate to role and maintain these competencies through attending and engaging in compulsory training, reflecting on cases and engaging in CPD and the appraisal process.
- Be responsible for safeguarding and promoting the welfare of children they come into contact with.
- Be responsible for identifying and responding to concerns about child safeguarding.
- Know what to do if they have concerns about the welfare of a child. This includes who to obtain advice from within StCH and how to refer to the appropriate agency.
- Be aware that in the unlikely situation that the safeguarding lead or their deputy do not agree that a referral needs to be made to social care in the case of suspected abuse, but the member of staff remains concerned, they may make a referral directly themselves.
- Cooperate with other agencies to protect individual children and young people from harm.
- Share information about concerns with agencies who need to know, involving parents and children appropriately.

In addition, staff and volunteers who hold positions listed below have the following responsibilities:

Managers, Supervisors and Senior Clinicians must:

- Be responsible for ensuring that child safeguarding concerns raised by their staff, or staff they are responsible for as the senior person on duty, are acted upon appropriately and promptly. If the safeguarding lead/deputy is unavailable, they are responsible for deciding with those raising concerns the action to be taken (with support from SMT and/or medical consultant).
- Ensure staff understand their contractual obligations with regard to child safeguarding and know what to do when they encounter or suspect a child is at risk of harm or has been harmed
- Ensure staff are aware what to do when they encounter or suspect abuse or neglect.
- Take any allegation about a member of staff seriously.
- Be responsible for ensuring high standards of practice among their staff and that their staff have the necessary resources and support to comply with child safeguarding procedures.
- Be responsible for ensuring that their staff undertake child safeguarding training as required, ensure the competencies of their staff are maintained through the appraisal process and facilitate access to regular supervision, training, support, advice and supervision.

Safeguarding Lead and Deputy

The safeguarding and prevent lead has overall responsibility for safeguarding at StCH – this includes both adults and children. They are supported by a Deputy Safeguarding Lead who assumes the responsibilities of the Lead at times of absence. The Safeguarding Lead and deputy must ensure concerns raised about the welfare of a child are acted on appropriately. If a child safeguarding concern is identified, they must be notified. They will consult with those raising concerns and the decision will be made by the Safeguarding Lead or deputy as to the action to be taken. The Safeguarding Lead/Deputy are responsible for making referrals to the local authority, they may, however, delegate this responsibility to the person raising the concern (but are still responsible for ensuring it happens). If there is immediate risk of harm to the child and/or delay in being able to contact the Safeguarding Lead /Deputy when action needs to be taken promptly, the concerned staff member/volunteer is responsible for making an urgent referral to the police and/or local authority (see appendices 1 and 2) in conjunction with their line manager.

The Safeguarding Lead and Deputy are responsible for:

- Ensuring individual knowledge of safeguarding procedures is kept current and expertise in safeguarding maintained.
- Leading and championing that safeguarding children is “everyone’s responsibility” .
- Ensuring StCH safeguarding policies are kept up to date.
- Advising on and implementing best safeguarding practice.
- Ensuring staff and volunteers at StCH understand and follow safeguarding policies and procedures and support them to achieve this.
- Ensuring all staff and volunteers have access to training that meets the needs of their individual roles at StCH and that this training is kept up to date.

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- Being available for staff to discuss any safeguarding issues or concerns, no matter how small.
- Ensuring children's safeguarding concerns identified are acted on appropriately and referred to the appropriate authorities.
- Co-ordinating, when required, the involvement of StCH in safeguarding children enquiries or investigations
- maintaining, and regularly reviewing, a log of safeguarding concerns raised about children detailing actions and outcomes.
- Chairing the safeguarding governance group and leading the safeguarding team including mentorship.
- Providing assurance to the Clinical Governance Group and through them the quality committee, SMT and Board on matters associated with safeguarding. This will be through sharing meeting minutes, reports as requested and external reporting.
- Demonstrating the quality of safeguarding at StCH through ensuring regular audit and compliance with KPIs.
- Working in partnership with relevant bodies (including, but not limited to, local ICBs, CQC, the LA, local safeguarding teams and boards) to ensure the quality of safeguarding procedures at StCH.
- Meeting with the executive safeguarding lead, registered manager and trustee safeguarding lead on a regular basis to provide assurance regarding safeguarding procedures.

NB when the Safeguarding Lead/Deputy are not available, e.g. out of hours, their responsibility for ensuring concerns raised about the welfare of a child are acted on appropriately are delegated to the SMT member, consultant and senior nurse on call.

Executive Safeguarding lead

While all members of St Catherine's Hospice Senior Management Team have a responsibility for ensuring safeguarding children procedures are embedded and followed at St Catherine's, the executive safeguarding lead is accountable for making sure this happens and gaining assurance from the safeguarding lead (and deputy) and safeguarding governance group.

The Executive Safeguarding Lead is responsible for:

- Leading, supporting, advising and guiding SMT on safeguarding children matters.
- Ensuring safeguarding children's requirements are part of strategic service development.
- Leading and promoting initiatives to improve the prevention, identification and response to abuse and neglect of children.
- Seeking assurance from the safeguarding team that safeguarding children's policies and practices at StCH are effective.
- Working with the safeguarding team to ensure regulatory requirements and relevant national and local guidance for safeguarding children are met.
- Ensuring all safeguarding concerns regarding children about StCH are investigated in line with StCH policy.
- Signing off any enquiries StCH is asked to make by the LA or another person or delegate this responsibility to a named person when StCH is asked to undertake an enquiry.
- Signing off any contribution StCH may be asked to make to the SCP strategic plan or annual report or delegate this responsibility to a named person.
- Ensuring serious incidents are escalated to the Chief executive and reported to the Board Safeguarding Lead.

The Registered Manager is responsible for:

- Seeking assurance from the safeguarding team that children's safeguarding policies and practices at StCH are effective.
- Working with the safeguarding team to ensure regulatory requirements and relevant national and local guidance for safeguarding are met.
- Seeking assurance that learning from identified safeguarding concerns is disseminated and used to maintain and improve the quality of care provided by StCH.

The Quality and Safeguarding Coordinator is responsible for:

- Taking minutes for all safeguarding related meetings.
- Supporting the safeguarding and prevent lead and deputy with administration required to ensure good governance of safeguarding policies and procedures at StCH.
- Arranging meetings.
- Contacting the LA if feedback has not been provided on the outcome of enquiries.

Members of the Safeguarding Governance Group are responsible for:

- Ensuring that St Catherine's Hospice has a robust governance structure to meet its safeguarding duties as defined in prevailing legislation and guidance and assure the SMT and Board of this.

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- Leading and championing that safeguarding children is “everyone’s responsibility”.
- Providing advice and guidance to staff or volunteers about child safeguarding procedures. This includes providing timely updates on changes to local or national guidance and responsibility for disseminating learning from safeguarding concerns raised.
- Reviewing all child safeguarding concerns raised ensuring themes are identified and learning disseminated. This includes scrutiny and challenge of actions taken.
- Working with local safeguarding teams in health and social care to benefit the safety and wellbeing of the local community.
- Having ownership of the following policies and procedures:
 - Adult Safeguarding Policy.
 - Safeguarding and Promoting the Welfare of Children Policy.
 - Challenging Behaviour and Restraint Policy.
 - Consent to Examination, Investigation, Care and Treatment Policy.
 - Deprivation of Liberty Safeguards Policy.
 - Prevent Policy.

Prevent Lead is responsible for:

- Sharing information with the Safeguarding Governance Group and the wider organisation on matters pertaining to Prevent processes.
- Being a source of advice, alongside the Safeguarding Lead and Deputy, should a situation arise where a Prevent referral is considered.

Members of SMT are responsible for:

- Ensuring all employees, including volunteers, have access to training in recognising the symptoms of abuse or neglect, how to respond if they suspect abuse or neglect and where to go for advice and assistance.
- Holding managers accountable for ensuring their staff undertake child safeguarding training as required and are confident in their safeguarding duties.
- Ensuring safe employment practices are in place at StCH. This includes but is not confined to checking references and ensuring up to date DBS checks.
- Ensuring conditions of appointment, job descriptions and employment contracts underpin individual responsibilities in relation to safeguarding children.
- Ensuring disciplinary procedures are compatible with the responsibility to protect children.
- Taking action in relation to an employee if allegations of abuse or neglect of a child/children are made against them.

Chief Executive is responsible for:

- Leading and promoting the development of initiatives to improve the prevention, identification and response to abuse and neglect of children.
- Asking searching questions within StCH to be assured that child safeguarding systems and practices are effective.
- Reporting serious incidents to the Charity Commission.

Trustees (led by the Board safeguarding lead) are responsible for:

See appendix 8 for the role description of the Board Safeguarding lead

- Proactively safeguarding and promoting the well-being and welfare of those StCH supports and are supported by and taking reasonable steps to protect these individuals and others who come into contact with StCH from harm – adults and children.
- Understanding their responsibilities with respect to safeguarding.
- Ensuring that StCH has a robust framework in place to support child safeguarding procedures.
- Monitoring and scrutinising the effectiveness of this framework through regular feedback to them via the StCH governance structure. This will include number of child safeguarding concerns or incidents raised and related outcomes.
- Signing off this policy when it is updated ensuring it reflects both the law and best practice and gain assurance that the associated procedures are effectively implemented.

Local Authority (West Sussex, Surrey, and East Sussex Councils)

- Provide advice and guidance to StCH in situations where a member of staff or volunteer has had an allegation made against them about harm or potential harm to children through the designated officer for the management and oversight of allegations against people who work with children.
- In the StCH catchment area there are 2 LAs Pan Sussex (West Sussex, East Sussex, Brighton and Hove) and Surrey.

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- The LA is the lead agency for coordinating children and young people safeguarding enquiries and should assure itself that any enquiry satisfies its duty under section 14b of the Children’s Act 2004.
- StCH must cooperate with the LA. This includes the provision of requested information.
- The LA is responsible for providing feedback to StCH on referrals made to them under safeguarding procedures.
- Place greater accountability on senior leaders for each agency with equal duties placed on the police, ICBs and LAs to work together on safeguarding decisions and to promote children’s welfare.

Care Quality Commission

StCH is regulated by the CQC. As part of the registration and inspection processes with and by the CQC, StCH must demonstrate it is meeting Regulation 13 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A breach of some parts of this regulation will lead to StCH being prosecuted if the breach results in either avoidable harm to the child using the service and/or the child is exposed to a significant risk of harm. Failure to demonstrate compliance with this regulation will result in a refusal to register StCH under the CQC.

Charity Commission for England and Wales

StCH is regulated by the Charity Commission who register and regulate charities in England and Wales, to ensure that the public can support charities with confidence. In the context of safeguarding issues, it has a specific regulatory role which is focused on the conduct of trustees and the steps they take to protect beneficiaries and other persons who come into contact with the charity.

Charity Commission for England and Wales – guidance on what to report

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/577284/rsi_consultation.pdf

PROCEDURE

Any employee or volunteer working for or within StCH who is concerned about the welfare of a child is responsible for following the guidance laid out in the flow charts in appendices 2 and 3.

No one should assume someone else will pass on information. If you are concerned it is your responsibility to share that information. It is not our responsibility to decide whether a child has been abused or not.

What is abuse and neglect?

Abuse and neglect are forms of maltreatment - a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

The following definitions of abuse are used nationally.

Physical	A form of abuse which 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 or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional	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 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 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 cyberbullying), 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	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.
Neglect	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 provide: <ul style="list-style-type: none"> • Adequate food, clothing and shelter (including exclusion from home or abandonment);

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| | <ul style="list-style-type: none">• Protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. |
|--|--|

More detailed information including risk indicators and how to recognise abuse of neglect is available in the Pan Sussex Child Protection and Safeguarding Procedures Manual and NICE Quick Reference Guide - when to suspect child maltreatment. 2009.

Keeping Safe Mechanism

A keep safe mechanism has been introduced for adults at risk and young people under 18yrs old. If when engaged in their volunteering role with StCH they feel unsafe they are encouraged to 'walk out' – to leave their roles and to go home or somewhere that they feel safe. If this needs to happen volunteers or their guardian/next of kin should contact Volunteer Services immediately to advise StCH what has happened (see appendices 5 and 6).

Out of Hours the person or their guardian/next of kin should contact StCH. The SMT member on call should be contacted and they should call the person back. (see appendix 6).

Each StCH shop has a physical manual containing information pertinent to safeguarding including the Keep Safe Mechanism. Shop volunteers are encouraged to read this as part of their induction.

Details about the Keep Safe Mechanism are included in volunteer recruitment information. The guardian/next of kin of the young person is encouraged to read this information.

Female Genital Mutilation (FGM)

This involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of child abuse and violence against women and girls, and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the *Female Genital Mutilation Act 2003*. Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

Young Carers

Adults under the care of StCH may have a young carer. A young carer is defined as "... a young person under 18 who has a responsibility for caring on a regular basis for a relative.... who has an illness or disability...". Being a young carer can lead to losses for the child and many experience a low level of school attendance, some educational difficulties, social isolation and conflict between loyalty to family and their wish to have their own needs met. These children are entitled to assessment and support, and we should assist their parents to request this from the local authority, in collaboration with their school where appropriate.

If a member of staff or volunteer has concerns that a young carer is at risk of neglect, abuse or harm a referral must be made to the local authority as for any child for whom there are welfare concerns (see appendices 1 and 2). The same guidance also applies with regard to information sharing and confidentiality as laid out in appendix 4.

Honour Based Violence (HBV)

HBV may be committed when family members feel that dishonour has been brought to their family. Women are predominantly (but not exclusively) the victims and the abuse is often committed with a degree of collusion from family members and/or the community. Many victims are so isolated and controlled that they are unable to contact the police or other organisations. Safeguarding concerns that may indicate 'honour'-based abuse include domestic abuse, concerns about forced marriage or enforced house arrest and missing person reports. If a concern is raised and there is a suspicion that the child is the victim of 'honour'-based abuse, a referral to the police should always be considered as they have the necessary expertise to manage the risk.

Forced Marriage

Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. Multi-agency practice guidelines recommend that cases involving forced marriage are best dealt with by child protection or adult protection specialists. In a situation where there is concern that a child is being forced into a marriage they do not or cannot consent to, there may be an overlap between action

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taken under the forced marriage provisions and the child safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations, such as the Forced Marriage Unit. Forced marriage is a criminal offence.

Impact of Covid 19

With the prevalence of Covid-19 social lockdowns were utilised to reduce the spread of the virus. As a result, schools and other social environments were closed therefore there were fewer opportunities for the adults in a child's life to identify and respond to any child protection concerns. With the lifting of restrictions and children returning to school and their usual social activities we now find ourselves better positioned to identify those children at risk however, as Covid-19 remains a health risk we must be mindful that if lockdowns were to be utilised again we must be aware that recognising when a family may need extra support, and noticing signs of abuse can be more difficult as telephone and virtual consultations are more prevalent. Additionally, such situations introduce new risks that children and young people can be exposed to.

Cost-of-living crisis

More than 1 in 4 of all children in the UK now live in poverty. Growing up in poverty can harm children's life chances, limiting their opportunities, holding the back in education, leading to worse physical and mental health outcomes.

<https://www.barnardos.org.uk/get-involved/campaign-with-us/impact-of-cost-of-living>

Training

All staff and volunteers recruited by StCH will receive regular training to enable them to effectively safeguard, protect and promote the welfare of children and young people appropriate to their role. In addition, staff are expected to follow their relevant professional guidance (e.g. GMC, NMC).

StCH must be assured that any externally contracted provider of safeguarding education and training explicitly states how any course or learning opportunity meets the required intercollegiate framework level (whether face to face or e learning).

Visitors

All visitors to StCH (any site) other than friends and family members visiting patients must be accompanied by a member of staff at all times.

Visitors in this context includes the following groups:

- People being shown around the hospice by members of staff.
- Official visitors/celebrities.

It does not include staff on clinical placements who follow a clear procedure including StCH being assured of a valid and appropriate DBS check as part of being accepted on placement. Friends and family members visiting patients will sign a register to confirm who they are visiting.

Safeguarding and Fundraising Events

Fundraising and events organised by the fundraising department will operate within the parameters of this policy. As part of each event management plan, specific procedures will be put in place to meet legal or licensing obligations (for example, the police may request a lost and found children policy for large scale events) and/or to mitigate risks identified by event specific risk assessments. In working with other organisations to run the event, there will be appropriate safeguarding procedures with clear lines of accountability, responsibility, reporting and escalation. The Fundraising team will seek advice from the StCH safeguarding team in production of such procedures.

Concern, allegation or incident of abuse or neglect involving a member of staff or volunteer of StCH

- It is the responsibility of StCH to act immediately upon a concern/allegation/incident and protect the child(ren) from harm.
- The executive safeguarding lead, safeguarding lead and People Director will decide who should lead an investigation within StCH, following consultation with the designated officer/team for the management and oversight of allegations against people who work with children from the Local Authority.
- Any allegation against a member of staff or volunteer should be reported immediately to a senior manager who should seek immediate advice from SMT, the Safeguarding Lead and People Director. The Local Authority Officer/team should be informed within 1 working day of all allegations brought to employers attention or made directly to police (this should be done by the safeguarding lead, senior manager or a senior People team member).
- The local authority, CQC and ICB must be informed of incidents or allegations originating from StCH and/or its staff or volunteers. The local authority which needs to be informed will depend on where the allegation took place - if it is in the relation to the IPU it will be West Sussex, if in the community, West Sussex, Surrey or East Sussex. The CCG needs to be informed if they are commissioning the StCH service within which the allegation/incident took place.

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- The Local Authority Officer/team will provide advice and guidance to StCH. They are available to provide advice or support in any allegations process, including advising whether or not immediate suspension of the person concerned should be initiated.
- A StCH employee against whom a complaint or allegation of abuse or neglect has been made should be treated in line with StCH policies and procedures. Codes of professional conduct and/or employment contracts should be followed.
- If a member of staff is removed from their role providing a regulatory activity following a safeguarding incident, where certain conditions are met, StCH has a legal duty to make a referral to the DBS (this is the responsibility of the People Director).
- If criminal procedures are concluded without action being taken, this does not mean that regulatory or disciplinary procedures should cease or not be considered.
- The Charity Commission needs to be informed of serious incidents. This is the responsibility of the Chief Executive. See appendix 4 as to when consideration must be given to refer to the Charity Commission.
- The people team will advise those against whom an allegation has been made of sources of support and advice in line with the policy and procedures.

Documentation of Safeguarding Concerns

All safeguarding concerns must be recorded clearly and accurately as outlined below:

The following details should be documented in the patients electronic record:

- What the concerns are and when they were identified.
- Whether the child(ren) and parent/carer involved have given their consent to reporting concerns and their involvement in decision making about action to be taken including their wishes. If consent has not been gained to share concerns, the reason why must be clearly stated (See appendix 4 on sharing information about what needs to be included).
- What has been done to minimise risk/harm and to protect the child(ren) involved.
- To whom the concerns have been reported and when.
- Date/time concerns reported to local authority and by whom.
- Further action required by StCH pending local authority response.

All documentation must be factual, objective and not include opinion or assumption. Current law and guidance on confidentiality and information sharing must be considered.

- **NB** individuals are now able to access their GP records automatically. This means that all correspondence that is sent (letters, drug advisories, referrals etc) from St Catherine's to GPs will be available to the individual if they access their GP record. If information within correspondence "... is likely to cause serious harm to the physical or mental health of the individual or another person" GPs can redact items that should not be disclosed. If a letter is being sent from St Catherine's and the content meets this threshold, it should be marked clearly and prominently "not for disclosure to patient". If it is thought that a letter does meet this threshold, the decision to mark it not for disclosure should be discussed with a senior clinician and the reason documented in the person's notes. If there are any queries about whether to share information or not, the Caldicott Guardian or their deputy should be contacted for advice. Further guidance on identifying the minority of patients who should not have access to their record as they are at risk of serious harm is published by NHS Digital.

An anonymised log of all safeguarding concerns raised is held by the safeguarding governance group and only accessible to them. Concerns raised that, on discussion, are not referred through safeguarding procedures will be logged as well as those referred. The logs will be kept for 10 years. The log is used to ensure concerns are addressed, themes are identified, and learning is shared and that the LA feedback the outcome(s) to StCH.

If in investigating an incident or complaint/concern, the investigator identifies safeguarding concerns, this must be indicated on the Datix form and managed as per this policy. There are circumstances where an event will be both an incident or complaint/concern and a safeguarding concern. In these situations, a Datix form should be completed and the safeguarding lead/deputy informed.

Information Sharing

Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice. Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, GDPR, the Data Protection Act 2018, the Human Rights Act 1998, the Crime and Disorder Act 1998 and the Caldicott principles. Any sensitive and/or confidential information must be shared in accordance with prevailing law and guidance. Information must be shared using secure means such as nhs.net email or equivalent. If it is unclear you are not sure whether it is appropriate to share information, the Safeguarding Lead/Deputy, the Caldicott Guardian/Deputy, Data Protection Officer or the Head of Information Governance can provide guidance.

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To summarise:

- Information is only to be shared on a "need to know" basis when it is in the interests of the child.
- Confidentiality and secrecy are not the same.
- Informed consent should be obtained for permission to share information. However, if this is not possible and others are at risk of abuse or neglect it may be necessary to override this requirement.
- Where there are concerns about abuse, it is inappropriate to give assurances of complete confidentiality.

DISSEMINATION

This policy will be disseminated to all staff by the author. The reason for the policy and any major changes will be highlighted in the issuing email. Managers will be contacted by the author reiterating the purpose of the policy and any significant changes and to remind them of their responsibility in ensuring their staff are aware of the policy and where to find it. Staff will also be advised of any newly issued or updated policies through Headlines and Clinical News.

MONITORING AND REVIEW

The Safeguarding Lead will circulate a written update annually to all staff/volunteers about safeguarding/child protection. This will include updates to this policy, any changes in legislation, summary of concerns raised and outcomes, outcomes from reviews and risks associated with internet/social networking. This policy will be reviewed on an annual basis or earlier if there are changes in the legislation or associated guidance.

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Equality Impact Assessment

The equality impact assessment is used to ensure we do not inadvertently discriminate as a service provider or as an employer.

To be completed and attached to all policies when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy affect one group more or less favourably than another on the basis of:	No	
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability (e.g. physical, sensory or learning)	No	
	Mental Health	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If potential discrimination has been highlighted, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the aims of the policy without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

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APPENDIX 1

StCH Trustee Safeguarding Lead Responsibilities

To protect people who come into contact with a charity from abuse or mistreatment of any kind, the charity commission has produced guidance¹ for trustees. All trustees for StCH must follow this guidance and the law to protect from harm those people who come into contact with StCH whether those people be patients, carers, staff, volunteers, donors or the public.

While all StCH trustees are responsible for following the guidance, the Trustee Safeguarding Lead is accountable for making sure this happens and gaining assurance from the executive safeguarding lead, safeguarding lead and safeguarding governance group.

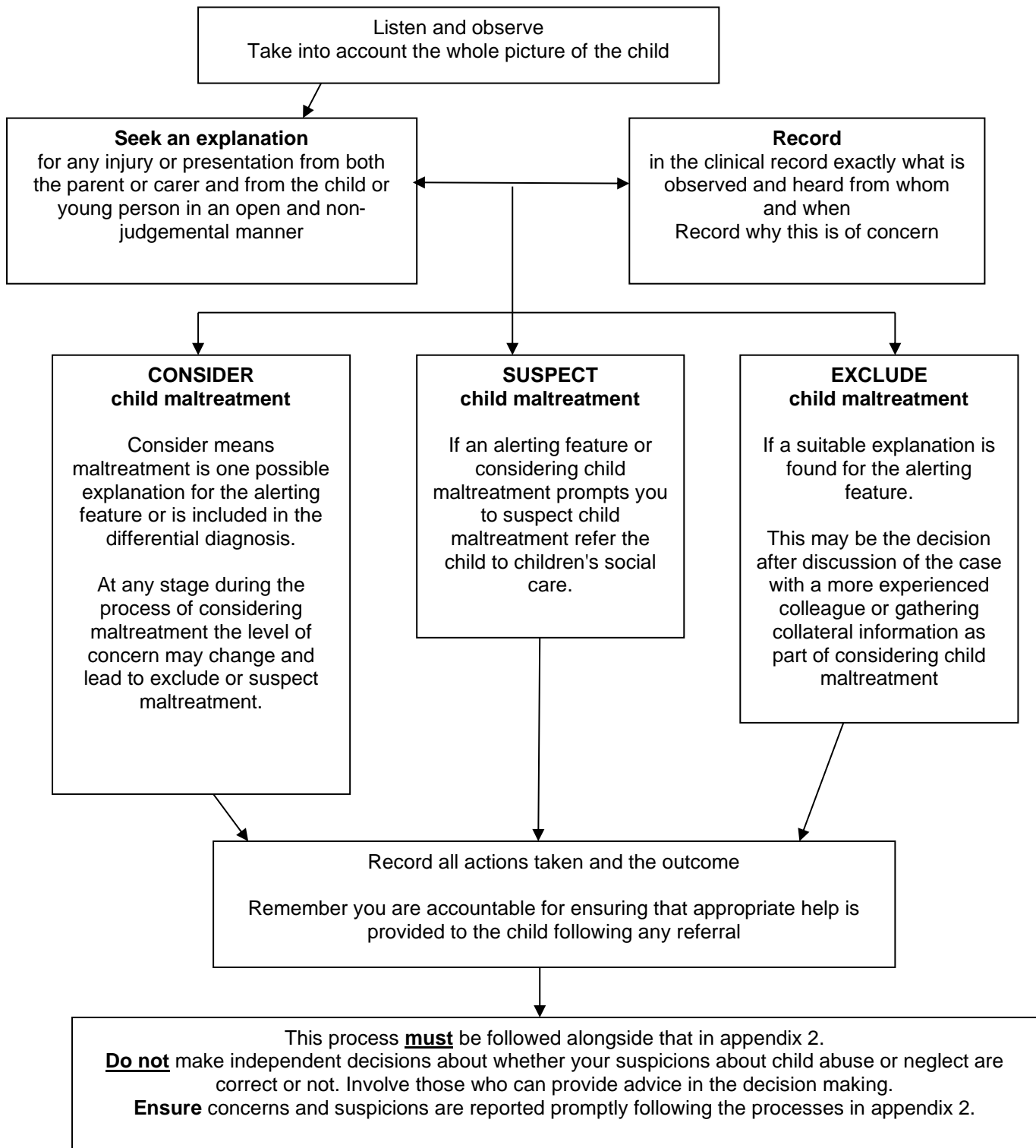
Responsibilities

- To lead, support, advise and guide the board on safeguarding matters.
- To ensure all trustees read and understand the guidance produced by the Charity commission and keep themselves abreast of any updates.
- To ensure all Trustees keep up to date with safeguarding training and understand their responsibilities in relation to safeguarding.
- To seek and gain assurance that StCH is meeting the legal requirements with regards to safeguarding and protecting people from harm. This includes assurance that:
 - Appropriate policies and procedures are in place and kept current, which are followed by all
 - people are suitable to act in their roles.
 - The organisation knows how to spot and handle concerns in a full and open manner.
 - There is a clear system of referring or reporting to relevant organisations as soon as concerns are suspected or identified.
 - Risks are set out with how they will be managed in a risk register which is regularly reviewed.
 - Statutory guidance, good practice guidance and legislation relevant to StCH is followed.
 - StCH is quick to respond to concerns and carry out appropriate investigations.
 - Harm is not ignored, or failures downplayed.
 - Protecting people from harm is central to the culture of StCH.
 - There are enough resources, including trained staff/volunteers/trustees for safeguarding and protecting people.
 - Periodic reviews of safeguarding policies, procedures and practice are conducted.
- To ensure StCH strategic plans reflect safeguarding legislation, regulations specific to registered activities, statutory guidance, and the safeguarding expectations of the Charities Commission.
- To meet quarterly with the safeguarding lead and deputies and executive safeguarding lead and act as a conduit between the Board and safeguarding group, working collaboratively with and challenging them to ensure safeguarding is embedded within StCH creating a safer culture and keeping people safe.
- To ensure safeguarding and protecting people from harm is a standing agenda item at Board meetings and the Quality Committee and to help trustees understand and challenge the reports and information submitted
- To be available for escalation of significant safeguarding incidents (this includes all internal incidents that lead to a S42 enquiry and where there has been police involvement) and to be responsible for ensuring the learning is acted upon and policies/governance updated.

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APPENDIX 2

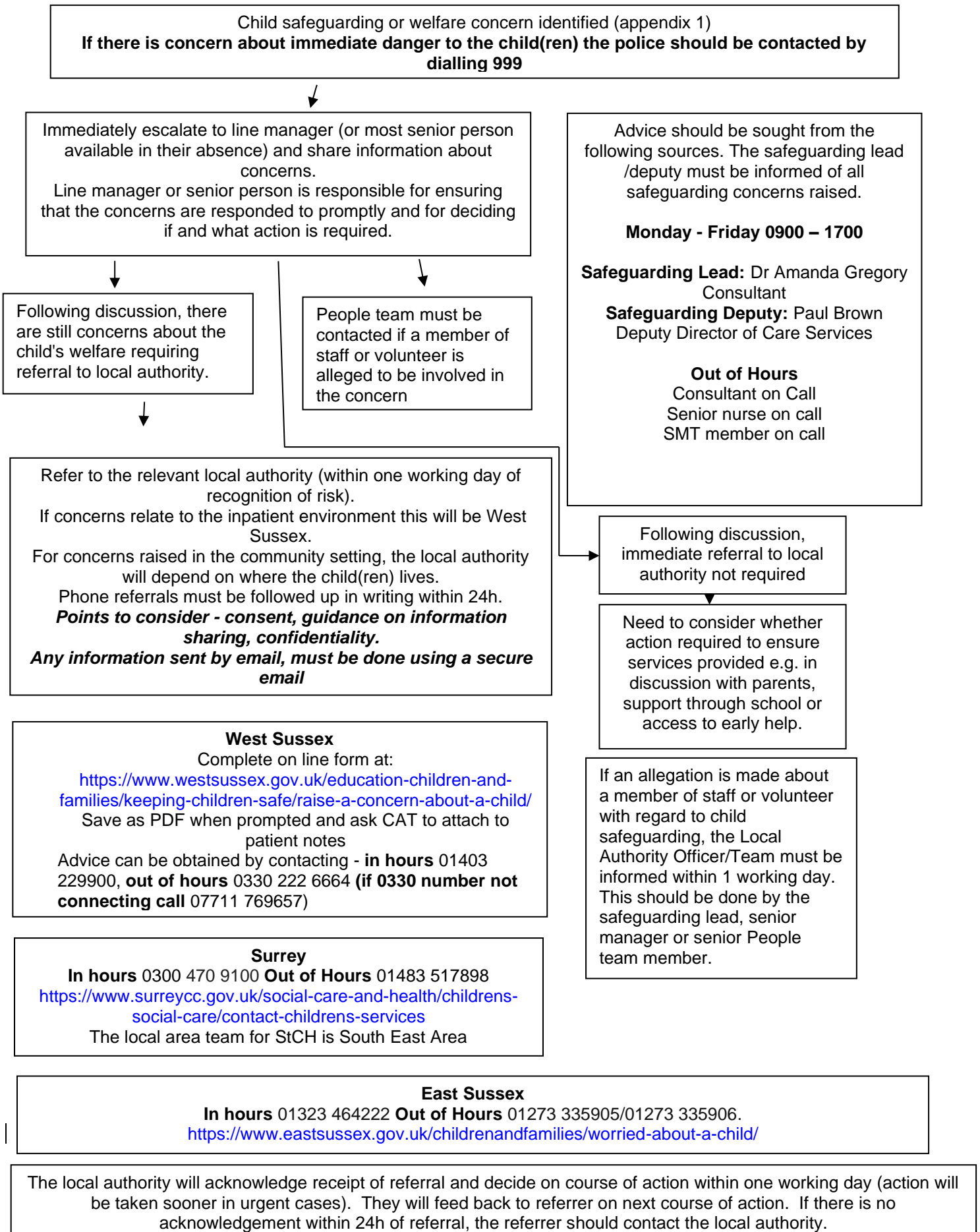
Child Abuse Flowchart



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APPENDIX 3

Concerns Reporting Flowchart



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APPENDIX 4

Information Sharing

In general, because the Articles 2 and 3 of the Human Rights Act 1989, right to life and right to protection from torture, are absolute rights, they always supersede the qualified right in Article 8 to respect for private and family life. That means that where a concern about possible abuse or neglect of a child has been raised with the designated person, and it is agreed that discussion with their parent could put the child in danger, a referral should be made to social care without the parent's consent.

In general, it is better to share where abuse is suspected, than not to share, and recording what is shared with whom and for what reason will normally provide a defence to a complaint.

The more detailed guidance below outlines when and how to share information in relation to safeguarding/child protection concerns. The guidance draws strongly on the document 'What to do if you're worried a child is being abused' which draws on the information in Information Sharing: guidance for practitioners and managers. A flow chart summarising the guidance can be found at the end of the appendix.

There are six key points to follow when considering sharing information.

- You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might lead to interference with any potential investigation.
- You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration.
- You should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information. You may still share information, if in your judgment on the facts of the case, there is sufficient need in the public interest to override that lack of consent.
- You should seek advice where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.
- You should ensure that the information you share is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely.
- You should always record the reasons for your decision – whether it is to share information or not.

The following eight key questions should be used to support your decision making (this is also summarised in the flow chart in appendix 4)

Is there a legitimate purpose for you or your agency to share information?

- There needs to be good reason or legitimate purpose to share information
- The sharing of information must comply with the law relating to confidentiality, data protection and human rights. Establishing a legitimate purpose for sharing information is an important part of meeting these requirements

Does the information enable a person to be identified?

- If the information is anonymised, it can be lawfully shared as long as the purpose for sharing is legitimate
- If the information allows a person to be identified, subject to data protection law, you must be open about what information you might need to share and why.

Is the information confidential?

- Confidential information - information of some sensitivity, not already lawfully in the public domain or readily available from another public source and which has been shared in a relationship where the person giving the information understood it would not be shared with others.
- Confidence is breached if the sharing of confidential information is not authorised by the person who provided it or to who it relates
- Confidential information comes in different forms, e.g.
 - Where a formal relationship exists (e.g. doctor/patient) all information shared is confidential.
 - In an informal relationship a person may ask for specific information to be treated as confidential (e.g. pupil/teacher).

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- Others may assume information will be kept confidential - it is important to check what is and isn't and what may be shared.
- Public bodies who hold sensitive information for the purpose of carrying out function have duty of confidentiality (all patient, carer and staff information held by StCH meets this criteria).

Do you have consent to share?

- Consent to share information must be informed (why, who, purpose, implications) and may be implicit or explicit.
- The approach for securing consent should be transparent and respect the individual.
- The consent of the person to whom the information relates or who has provided the information on the basis it is kept confidential should be sought. A young person who is 16 or 17 or child under 16 who has capacity to understand and make their own decisions may give consent to sharing information.
- To help establish a young person's or child's understanding to consent ask:
 - Can they understand the question being asked of them?
 - Do they have a reasonable understanding of what information might be shared, the main reason or reasons for sharing information, the implications of sharing information and of not sharing it?
 - Can they appreciate and consider the alternative courses of action open to them, weigh up one aspect of the situation against another, express a clear personal view on the matter, as distinct from repeating what someone else thinks they should do, be reasonably consistent in their view on the matter, or are they constantly changing their mind?
- Where consent cannot be gained from the child, usually the person with parental responsibility should give consent on behalf of the child. Consent of one such person with parental responsibility is sufficient.
- You must always act in accordance with your own professional code of practice and in the best interests of child.
- Consent should not be sought when to do so would, place a child at increased risk of significant harm, place an adult at increased risk of serious harm, prejudice the prevention or detection of a serious crime and or lead to unjustified delay in making enquiries about allegations of significant harm.

Is there a statutory duty or court order to share information?

- Where the person has a specific disease or a court makes an order for information it must share even if confidential and consent has not been given.

Is there sufficient public interest to share information?

- In deciding whether public interest justifies disclosing confidential information without consent, advice can be sought from your line manager, named doctor, Caldicott guardian or professional body.
- If you decide to share information without consent, explain to affected person that you intend to share the information and why unless one or more of the reasons why consent should not be sought is met.
- The key factor in deciding whether or not to share confidential information is proportionality, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question. In making the decision you must weigh up what might happen if the information is shared against what might happen if it is not, and make a decision based on a reasonable judgement.

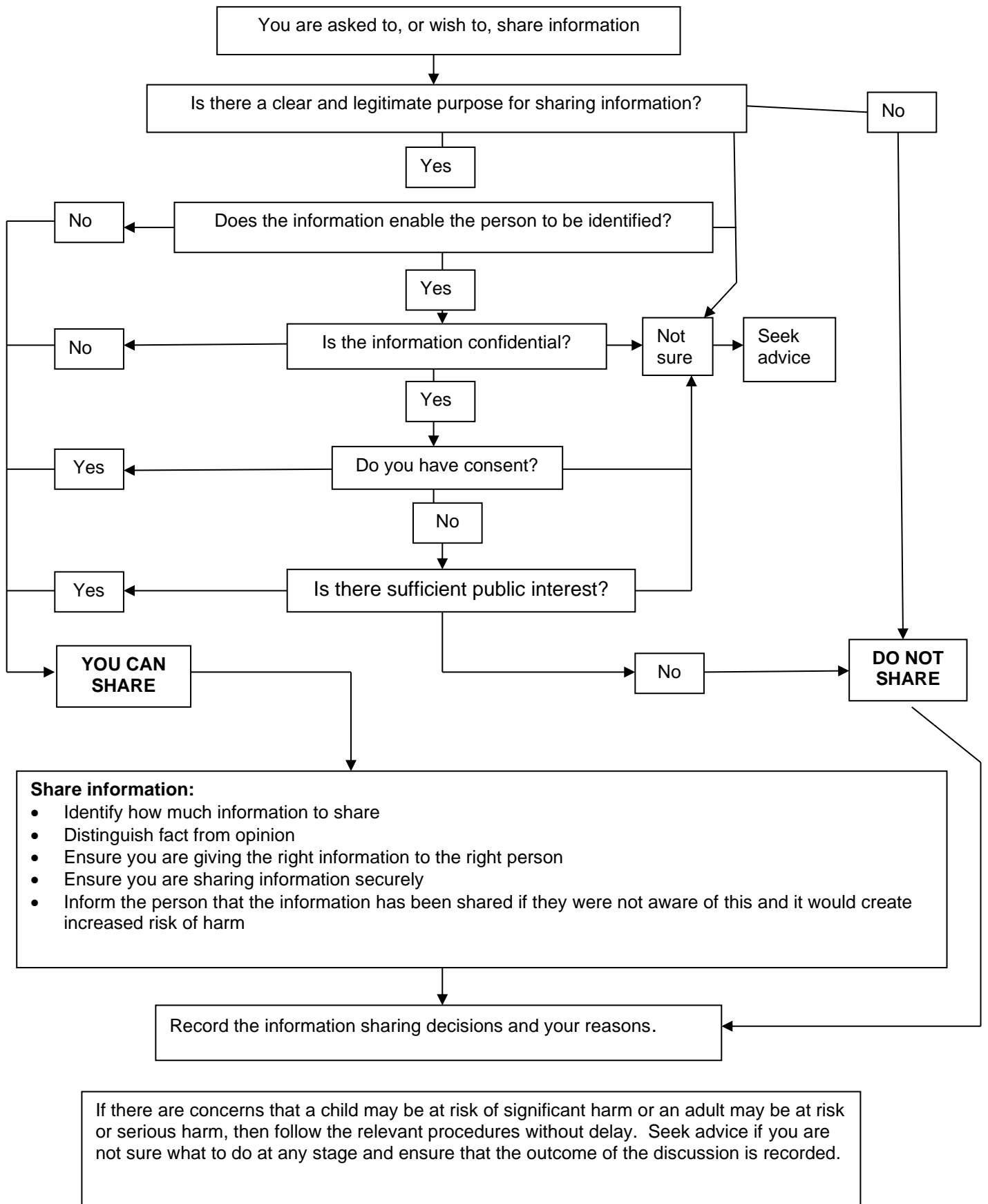
If the decision is to share, are you sharing the proper information in the proper way?

- Share the information which is necessary for the purpose for which it is shared.
- Share the information with the person/people who need to know.
- Check the information is accurate and up to date.
- Share it in a secure way.
- Establish whether recipient intends to pass on to others.
- Inform the person to whom the information relates.

Have you properly recorded your decision?

- Record decision and reasons for whether or not you decide to share information.
- If information is shared record what was shared and with whom.
- Work within organisations arrangements for sharing information which must be in accordance with DPA 2018.

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APPENDIX 5

**ST CATHERINE'S
HOSPICE**

VOLUNTEERS – HOW TO STAY SAFE

No one should ever say or make you do things that
make you feel embarrassed or uncomfortable.

If you feel unsafe, please walk out, speak to someone
you trust and call St Catherine's: 01293 447333.



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