

Safeguarding Children Policy

November 2024

Summary Information/Record of Approval		
<i>Policy Area:</i>	Risk Management	
<i>Accountable Person:</i>	Director of Clinical Services	
<i>Originated by:</i>	Head of Social Care (main policy) and Head of Education and Development (training policy)	
<i>Approved by committee:</i>	Clinical Review Group	Date: 05/11/2024
<i>Reviewed and Approved by:</i>	Chief Executive Officer	Date: 25/11/2024
<i>E&D statement</i>	This policy has been reviewed and complies with the provisions of the Equality Act 2010	
<i>Mandatory Read</i>	Yes	
<i>Latest date of review:</i>	Annually – September 2025	

Document History		
Version and Date	By	Comments
v11 2024/07	Manager Patient and Families Services	New Policy template and rewrite of policy.
v10 2023/01	Deputy Director of Clinical Services	Annual review. Reference to Adult Safeguarding Policy. Educational requirement reviewed in line with National Guidance.
v09 2022/02	Jutta Widlake	To update the previous section re online abuse in Appendix D to include more recent terminology of digital abuse and digital safeguarding.

v08 2021/02	Jutta Widlake	Annual review in light of ' Working Together to Safeguard Children 2018 ' on the 9 th December 2020 (small governmental update) and Working Together to Safeguard Children and Young People, 2 nd national, annual conference November 2020 (Government event); minor amendments to contact details; reference to more specific COVID 19 guidance.
v07 2020/01	Jutta Widlake/ Helen Koffi-Young	Include non-clinical staff and volunteers in the scope of this policy and on the flowchart (Appendix A). Add Equality and Human Rights Assessment. Align 'Accountabilities and Authorities' section with the reviewed safeguarding adult policy, namely adding Executive Safeguarding Lead role and Lead Safeguarding Nurse role. Minor amendment re 'Dealing with Disclosures'. Add a statement referencing children in need, early help services and young carers under 'Awareness'. Add a statement on 'Involving Parents and Carers'. Update References and List of Associated Policies. Update the statements about domestic abuse and bruising (Appendix D). Add statements about non-recent child abuse, peer-on-peer abuse and upskirting (Appendix D)
v6 2018/11	Jutta Widlake/ Helen Koffi-Young	The whole document has been changed and updated to reflect legislation.
V5 2017/03	Jutta Widlake	Revisions to sections 16, 20 and 21, and to reference list and related policies – as requested by CCG.
Distribution:	Electronic Copies issued to: Master Policy Folder (docx format) Staff Web Pages	
Scope:	All staff and volunteers	

Aim of Policy

1. To ensure that St Luke's Trustees, Staff and Volunteers:
 - Have an overview of the legal context to safeguarding children
 - Understand what child abuse and neglect are
 - How to spot signs of abuse or neglect;
 - Know what action to take if you recognise or have concerns about a child.

Scope

2. A child is defined as anyone who has not yet reached their 18th birthday.
3. The duty to report is upon all trustees, staff and volunteers whether you have planned or casual contact with a child e.g. Patient and Family Support Services (PFSS) staff have planned session work with children. Retail or inpatient unit colleagues might see children who are brought into their shop / setting in a casual contact. EoLUCS colleagues might see children whilst on home visits.
4. This Policy should be read in conjunction with St Luke's Safeguarding Adults Policy. 'When staff are providing services to adults, they should ask whether there are children in the family and take actions to respond if the children need help or protection from harm. Additional parenting support could be particularly needed where the adults have mental health problems, misuse drugs or alcohol, are in a violent relationship, have complex needs or have learning difficulties' (Working Together, 2023). We might also include 'or living with life limiting illness' when thinking about relevance to St Luke's work.

Legal Context

5. Safeguarding is everyone's responsibility. Working Together to Safeguard Children (2023) sets out what should happen in any local area when a child or young person is believed to be in need of support.
6. The guidance states that strong multi-agency and multi-disciplinary working is vital to identifying and responding to the needs of children and families. Child safeguarding practice reviews have highlighted that missed opportunities to record, understand the significance of, and share information in a timely manner can have severe consequences for children. St Luke's trustees, staff

and volunteers are not decision makers but we might hold key information. Our duty is to identify concerns and report to the relevant local authority.

7. The Children Act 1989 1 sets out specific duties for local authorities to provide services to children if they are in need and to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm. Our role is to provide evidence of any concerns to the local authority.

Information Sharing of Seeking Consent

8. The Data Protection Act 2018 12 and UK General Data Protection Regulation (UK GDPR) supports the sharing of relevant information for the purposes of keeping children safe. **Fears about sharing information must not be allowed to stand in the way of safeguarding and promoting the welfare of children.**
9. In May 2024, the Government published 'Seven Golden Rules for Sharing Information' (see references below). Rule One states: 'All children have a right to be protected from abuse and neglect. Protecting a child from such harm takes priority over protecting their privacy, or the privacy rights of the person(s) failing to protect them'.
10. Rule Two states: 'When you have a safeguarding concern, wherever it is practicable and safe to do so, engage with the child and/or their carer(s), and explain who you intend to share information with, what information you will be sharing and why'.
11. It should be noted that in some circumstances, seeking consent from a person you believe is neglecting or abusing a child is likely to undermine safeguarding procedures and may increase the risk of harm to the child or another person.

Professional Curiosity

12. Professional curiosity is a combination of looking, listening, asking direct questions, checking out and reflecting on information received. It means not taking a single source of information and accepting it at face value. It involves testing your assumptions and triangulating or comparing information from different sources. Seeing past the obvious.

13. Professional curiosity is required to support us to question and challenge the information we receive, to identify concerns and make connections to enable a greater understanding of a situation.
14. The principle for St Luke's trustees, staff and volunteers is, if you notice something, talk to your line manager or another manager immediately.
15. If this is not possible call Plymouth, Cornwall or Devon Children's Services or outside of normal working hours call the appropriate Out of Hours Service. We are not including phone numbers here. Please use the internet to find the current number for each service.
16. Remember, it is not for St Luke's staff or volunteers to decide whether harm is taking place. We must however report concerns so that guidance about next steps can be agreed with the local authority.
17. Please refer to Appendix A '7 minute brief professional curiosity'.

General Principles

18. This Policy should be read in conjunction with St Luke's Equality and Diversity policy and Equality Act 2010(6). We must give equal priority to keeping all children and young people safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation. This includes putting special provision in place to support dialogue with children who may not be able to convey their wishes and feelings as they may want to. This might include, for example, those who have communication difficulties, unaccompanied children, refugees, those children who are victims of modern slavery and/or trafficking and those who do not speak English or for whom English is not their first language.
19. Cultural competency – It is important to understand how safeguarding concerns may manifest in different communities. It is ok to ask questions from a place of respectful uncertainty if this helps to understand potential barriers to accessing support.

Safer Recruitment

St Lukes has a commitment to recruiting staff and volunteers who are suitable to work with children. Recruitment includes processes to identify and rejecting applicants who are unsuitable to work with children and young people. There is

an ongoing commitment to respond to concerns about the suitability of trustees, employees and volunteers once they have begun their role. Also to ensuring all new trustees, staff and volunteers access training which includes considering child protection. See People in position of trust below – paragraph 26.

What is Abuse and Neglect?

20. The following list is not exhaustive, please follow the link to NSPCC below for full information.

21. Child abuse includes:

- Physical abuse – hitting with hands or objects, kicking, shaking, poisoning, burning, drowning.
- Sexual abuse – includes abuse by other children. It is never a child's fault. Contact abuse is when the person makes physical contact with the child, forcing them to take part in or view sexual activity. Non-contact abuse can be in person or online. A child might be shown pornography, forced to make or share sexual images, take part in conversations or sexual activities on a smartphone or tablet.
- Emotional abuse – continual emotional mistreatment of a child. Deliberately trying to scare, humiliate, isolate, or ignore a child.
- Bullying and cyberbullying – intentional acts that hurts someone else. Face to face or online.
- Child sexual exploitation – being coerced, manipulated or deceived into sexual activity.
- Child trafficking – being tricked or forced to leave their homes and moved or transported, exploited, forced to work or sold.
- Domestic abuse – can happen at inside and outside of the home, is in any relationship and is by both men, women and other children. Includes emotional, physical, sexual, economic, coercive or psychological harm. Includes witnessing domestic abuse.
- Female genital mutilation – when female genitals are deliberately altered or removed for non-medical reasons. This is a criminal offence in the UK.

- Grooming (in person or online) – children tricked into believing they are in a consensual or loving relationship.
- Online abuse – abuse which happens on the internet. In games, social media, emails, live streaming sites.
- Criminal exploitation is when children are victims of violence or pressurised into doing things like stealing, carrying drugs and weapons.
- Each of these is explained in more detail here: [NSPCC Document Link](#) or please speak to your manager who can explain in more detail.

Typical Signs of Abuse

22. The typical signs of abuse include:

- Bruises, marks and unexplained or frequent injuries
- Changes in appearance (appearing unkempt)
- Changes in behaviour (more reserved, or secretive)
- Having unexplained money and buying new things,
- Displaying sexualised behaviour inappropriate to age and stage of the child development.

Neglect

23. Neglect can be hard to spot. Typical signs are poor appearance and hygiene, health and development problems, housing and family issues and changes in behaviour. Having one of these signs does not necessarily mean a child is being neglected. But if you notice multiple signs that last for a while, it might mean there is a problem.

24. You do not need to be sure that a child or young person has been abused or is experiencing neglect – it is acceptable to report a suspicion. Please discuss with your line manager who will agree what next steps to take.

What to do if a Child Reveals Abuse

25. A child might not realise that what is happening to them is abuse and they might blame themselves. If a child talks to you about abuse or neglect it is important to:

- Listen carefully to what they are saying.
- Let them know they have done the right thing by telling you.
- Tell them it is not their fault.
- Do not confront the alleged abuser.
- Explain you will have to tell someone else about this.
- Make some notes to aid your recollection of what was told to you, capturing the child's words as soon as possible. Speak to your line manager without delay.

People in Positions of Trust

26. Organisations and agencies working with children and families should have clear policies for dealing with allegations against people who work with children (Working Together to Safeguard Children, 2023). Complaints and grievances are different to concerns about practice and whistleblowing (see 29 below).
27. If an allegation of abuse or neglect relates to a person who works with children, eg they have
- behaved in a way that has harmed a child, or may have harmed a child;
 - possibly committed a criminal offence against or related to a child;
 - behaved towards a child or children in a way that indicates they may pose a risk of harm to children;
 - behaved or may have behaved in a way that indicates they may not be suitable to work with children.
28. These concerns must be reported to the Local Authority Designated Officer (LADO). Details of how to do this can be found in the South West Child Protection Procedures pages. This includes the Plymouth, Cornwall and Devon information. A link to the page is deliberately not included here to avoid any process or telephone numbers included here being out of date.

Concerns about poor practice or unsatisfied with the response.

29. If your welfare or safeguarding concerns have been raised but you are not satisfied with the response, St Luke's Raising Concerns about Poor Practice

(Whistle Blowing) Policy should be consulted and can support safe escalation of concerns.

30. If concerns remain about the response from St Luke's each local authority has a whistle blowing policy, details of which can be found in the South West Child Protection Procedures pages.
31. Each local authority also has a professional disagreement escalation process for complaints about the **safeguarding process or response** from that local authority. These can be found by following the links from the South West Child Protection Procedures page. This will be supported by Safeguarding Lead or Clinical Director as appropriate.

Accountabilities (XE "Accountabilities") and Authorities

32. General responsibilities in respect of this Policy are set in the Governance Policy.
33. In respect of this Policy, these additional accountabilities and authorities are established.

Executive Safeguarding Lead – Director of Clinical Services

34. Act as Executive Lead for the Hospice, reporting directly to the Trust Board on safeguarding concerns.
35. Are responsible for governance arrangements in relation to safeguarding children and the processes for promoting the welfare of children and safeguarding.
36. Works in partnership with other organisations at strategic level, to ensure the organisation complies with national and local safeguarding children requirements.
37. Acts as Designated Lead Officer for Safeguarding Children at St Luke's Hospice managing concerns about a child's welfare as part of a Safeguarding Team. The Team consists of Patient & Family Support Services Manager, Social Workers, and Head of Quality and Compliance.
38. Promotes best practice in all aspects of safeguarding.
39. Maintains and regularly reviews the corporate training record.
40. Is responsible for ensuring delivery of relevant training programs along with St Luke's Hospice Head of Education.
41. Leads internal investigations into trustees, staff and volunteers.

Registered Manager and Caldicott Guardian - Head of Quality & Compliance:

42. In case of local authority children's or adult services making formal enquiries in response to a reported concern (i.e. where information of patient's and significant others' personal data is shared with other services) ensures that all procedures affecting access to person-identifiable health/social care data are dealt with appropriately.
43. Monitors the organisation's compliance with the requirements as set out by the Care Quality Commission in relation to adults at risk.
44. Reports all allegations of abuse to the Care Quality Commission by means of a statutory notification (when an adult is also a patient).

Nominated Safeguarding Lead– Patient and Family Support Services Manager

45. Is the Operational Lead for Safeguarding Children at St Luke's Hospice, as part of a Safeguarding Team. The Team consists of Patient & Family Support Services Manager, Social Workers, Director of Clinical Services and Head of Quality and Compliance.
46. Leads in all practice issues regarding the welfare of children as they emerge.
47. Formally reviews and supervises individual cases internally as required.
48. Advises on the evaluation and review of policy and procedure.
49. Actively supports training delivery and development of trustees, staff and volunteers in collaboration with the St Luke's Hospice Head of Education.
50. Monitors compliance including relevant audit with the aim of improving the practice surrounding children at risk.

Line Managers

51. Monitor that staff or volunteers within their area of responsibility attend mandatory safeguarding training and update as required.
52. Ensure that their own training and knowledge of safeguarding is up to date.
53. Identify any training needs for themselves or team members.
54. Through a lens of professional curiosity, explore through supervision that staff and volunteers are alert to indicators of neglect and /or abuse and feel confident in the process to follow when there are concerns.
55. Safeguarding issues to be explored routinely in supervision and multi-disciplinary team meetings.

56. Audit team records and case notes checking they are accurate and timely, being alert for any indicators of abuse or neglect.

All Trustees, Staff and Volunteers

57. Complete mandatory training as relevant to role and safeguarding responsibilities. This will be allocated as part of your induction and must be updated as prompted within the learning management system.
58. Have confidence that you can spot the signs or abuse or neglect OR raise your concerns with line manager.
59. Remember professional curiosity. St Luke's would prefer that a concern was brought for discussion and no action is taken, rather than something is missed which might help to build evidence of harm or risk of harm for a child.
60. Ensure your own safety and check as far as is practical, that the person you are concerned about is safe.
61. In an emergency call 999.
62. Contact line manager immediately to discuss concerns. Contact Nominated Safeguarding Lead or next available manager if line manager is not available on 01752 964200. For out of hours arrangements, speak you your line manager if this is a regular feature of your rota.
63. Further actions including the recording of concerns to be agreed with line manager / Nominated Safeguarding Lead.
64. There is a requirement on local authorities to provide an outcome to the referrer within 24 hours. If a decision is not received within that timescale, the practitioner must follow up with an email/phone call and record that they have done so. The practitioner must alert their manager if there is a significant delay in receiving a decision.

Compliance

65. This Policy supports compliance with:
 - Children Act 1989.
 - Children Act 2004.
 - Children and Social Work Act 2017.
 - Working Together to Safeguard Children 2023.

- South West Child Protection Procedures 2024.

Monitoring and Review

66. This Policy will be reviewed every three years by the Nominated Safeguarding Lead or more frequently if recommended practice or regulations require it.

Training, Education and Development Required

67. Mandatory training is assigned to all trustees, staff and volunteers on joining the organisation. The requirements vary according to role.
68. Individuals are responsible for ensuring their training is up to date according to their learning management system record.
69. Individuals are responsible for identifying any gaps in their knowledge or confidence. St Luke's would rather more time is taken in learning and developing confidence than a concern for a child is not identified and explored / reported.
70. Line managers are responsible for ensuring staff are compliant with training requirements.

References

Ref No:	Source
1	Children Act 1989 Legislation Document Link
2	Equality Act 2010(6) Legislation Document Link
3	Information Sharing Advice for Practitioners Providing Safeguarding Services for Children, Young People, Parents and Carers (2024) Information Sharing Advice - Safeguarding Services
4	Types of abuse NPSCC What is Child Abuse Link
5	Working Together to Safeguard Children 2023: Legislation Document Link
6	The Data Protection Act 2018: Legislation Link UK General Data Protection Regulation (UK GDPR): Legislation Link
7	Information Sharing Advice for practitioners providing safeguarding services for children, young people, parents and carers 2023: Legislation Link
8	Children Act 1989: Legislation Link

9	Children Act 2004: Legislation Link
10	Children and Social Work Act 2017: Legislation Link
11	South West Child Protection Procedures 2024: Legislation Link

List of Associated Policies

Safeguarding Adults Policy

St Luke's Equality and Diversity policy and Equality Act 2010(6).

Raising Concerns about Poor Practice (Whistle Blowing) Policy

Complaints policy

Grievance Policy and Procedure

Appendices

Appendix A NHS North East and North Cumbria Professional Curiosity

Appendix A

NHS North East and North Cumbria Professional Curiosity

WHAT IS OUR RESPONSE

Look: Does anything make you feel uneasy? Are there indications of abuse or neglect? Does what I see match with what I am being told? Observe interactions.

Listen: Do I need clarification on anything? Listen to sibling/other adults. Is someone finding it hard to express themselves?

Ask: What direct questions can you ask the family member? Challenge answers.

Check: Who else is involved with the family? Is everyone being told the same thing? Are other professionals concerned?

STEPS FOR CURIOUS WORKING

- Question your own assumptions – guard against over-optimism.
- Recognise your own feelings might impact on your action – unconscious bias.
- Be willing to have uncomfortable discussions.
- Remain open-minded and expect the unexpected.
- Ensure you can recognise disguised compliance.
- Understand the effect that coercive control and domestic abuse can have on family behaviour and engagement with services.



North East and
North Cumbria

PROFESSIONAL CHALLENGE

Professional Curiosity is closely linked with Professional Challenge. Are you confident in procedures for challenging a professional decision that you disagree with?



IS IT EASY?

Not always. Some parents may appear to be engaging with you but may be hiding what is really going on – sometimes referred to as disguised compliance. Some families may be adept at manipulating professionals or diverting the focus away from the topic you want to discuss, or they may be aggressive and hostile to services or had previous poor experience of services, so lack trust in your ability to help. It is with these families that professionals need to exercise most curiosity.

WHAT IS PROFESSIONAL CURIOSITY?

A combination of looking, listening, asking direct questions, checking out and reflecting on information received. It means not taking a single source of information and accepting it at face value. It involves testing your assumptions and triangulating information from different sources. Seeing past the obvious.

DOES IT MEAN MORE WORK?

If you are applying Signs of Safety principles, you will already be working in this way. If you currently apply a “tick box” approach to assessments or working with families then it will require that you take more time to be curious and ask questions.

WHY IS IT IMPORTANT?

Learning from Safeguarding Children Practice Reviews shows that responding to presenting issues in isolation and having a lack of professional curiosity can lead to missed opportunities to identify vulnerability or significant harm.