

SAFEGUARDING CHILDREN POLICY AND PROCEDURES	
Anyone under the age of 18	
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Author	David Haigh, Safeguarding lead
Responsible person	Director of Services
Consulted (<i>with whom, if appropriate</i>)	Clinical Leads
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A.S.P.I.R.E. (created by staff forum on behalf of all staff at Prospect Hospice)

Authentic - **S**pecialist - **P**erson Centred - **I**nclusive - **R**esilient - **E**xcellent

These values and associated behaviours underpin everything we do and the way we work at Prospect Hospice and all employees are expected to abide by them.

Equality Impact Assessment

No one will be disproportionately affected or disadvantaged.

Version Number	Amendment History	Author of Update	Page / Section Number	Date
01	Creation of document			April 2019
02	Updates on wording around 'abuse'. Reviewed and approved.	Carolyn Bell, Director of Patient Services	throughout	Sept 2022
03	Safeguarding board guidelines and policies Charity Commission guidance and safeguarding children. Weekly Safeguarding meetings, organisational learning and development. Additional information on types of abuse children and indicators. Bullying/Cyber bullying Child Trafficking Domestic Abuse Grooming Criminal exploitation/Gang crime. Extremism and radicalisation The Channel Programme Female Genital Mutilation Visiting VIP's/celebrities. Disagreement Resolution. Training	David Haigh, Safeguarding lead	Throughout	July 2023
04	Update of change in training procedure following implementation of Royal College of Nursing Intercollegiate Document 2025 guidance.	David Haigh Adults Safeguarding Lead	Section 10.7	December 2025

1 Introduction

Children from every community can be neglected, put at risk of harm or abused, regardless of their age, religion or ethnicity. In our work at Prospect, we have a responsibility to keep children safe and enable them to thrive. Safeguarding is about knowing the signs and symptoms of abuse and neglect and knowing what to do if anyone in the service is worried about a child. Making sure Prospect Hospice has safeguards in place:

- Protects children and young people from harm and abuse.
- Enables staff and volunteers to know what to do if they are worried.
- Shows that Prospect Hospice is a responsible organisation in its interactions with children.

Prospect Hospice believes that it is unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people by a commitment to practice that protects them.

The UN Convention on the Rights of the Child (UNCRC) sets out the rights of every child in the world to:

- survive.
- grow.
- participate.
- fulfil their potential.

Prospect Hospice seeks to safeguard children and young people by:

- Valuing them, listening to and respecting them.
- Recruiting staff and volunteers safely, ensuring all necessary checks are made.
- Sharing information about child protection and good practice with children, parents, staff and volunteers.
- Sharing information about concerns with agencies that need to know.
- Involving parents and children appropriately and providing effective management for staff and volunteers through supervision, support and training.

Prospect Hospice recognises that:

- The welfare of the child / young person is paramount.
- All children, regardless of age, disability, gender, racial heritage, belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare. Sometimes we will work within The Children's Act 1989 and the Local Authority to provide that support.

2 Definition of a child

The United Nations Convention on the Rights of the Child (UNCRC) defines a child as person under 18. In England a child is defined as anyone who has not yet reached their 18th birthday. Child protection guidance points out that even if a child has reached 16 years of age and is:

- Living independently.
- In further education.
- A member of the armed forces.
- In hospital; or
- In custody in the secure estate.

They are still legally children and should be given the same protection and entitlements as any other child (Department for Education, 2018a).

3 Purpose of Policy

This policy will guide staff at Prospect Hospice to promote a positive service culture that has good quality safeguarding practice as a core principle within all work and governance within the organisation. This policy affirms that the welfare of all Children is paramount and that everyone who comes into contact with our organisation have equal rights of protection under Safeguarding Legislation.

This policy recognises that we have a duty of care when people are in our charge or on our premises, and that we will do everything we can to provide a safe and caring environment whilst they access our sites, services and provisions. It is also to ensure the following:

- To ensure all staff and volunteers at Prospect Hospice are aware of processes regarding safeguarding children, that they have training and can respond rapidly and effectively when issues situations regarding safeguarding children are suspected.
- To provide protection for the children and young people who receive support from Prospect Hospice staff whether at the Hospice itself or in the community.

4 Scope

This policy applies to all staff, including senior managers and the board of trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone working on behalf of Prospect Hospice.

5 Accountability and Responsibilities

5.1 Prospect Hospice CEO: The CEO has overall responsibility for ensuring that safeguarding is embedded as a key Principle in promoting a positive service culture at Prospect Hospice.

5.2 Director of People: Ensures safe recruitment and appropriate DBS procedures are followed for employees and volunteers.

5.3 ALL employees and volunteers: Safeguarding is a responsibility of every employee and volunteer at Prospect Hospice towards all people who come into contact with it by:

- Promoting their welfare and wellbeing
- Protecting their rights
- Preventing, wherever possible, the risk and experience of abuse or neglect.
- All employees and volunteers must be aware of safeguarding matters as described in our children and adults' policy and its procedures and consequently they should know how to gain access to it

5.4 All Line Managers, Team Leaders, Heads of Department, Area Managers, Nursing staff, Shops: Should be conversant with our safeguarding policies and procedures; and are responsible for ensuring that those employees and volunteers in their respective teams are aware of these safeguarding protocols. Line managers will seek specialist advice from Safeguarding LEADS when required.

5.5 Safeguarding Leads, Head of IPU, Head of Therapy Team, Head of Education, Family Support, Medical Team, Consultants: Are responsible for providing, when required, accurate and timely information and advice on Safeguarding matters; will work with others to ensure that the correct procedures are followed when raising a safeguarding concern; will seek specialist advice from Safeguarding LEADS when required.

5.6 Trustee Lead for Safeguarding. The Hospice has a Trustee who has accountability for safeguarding children, adults, Children Looked After (CLA) and Mental Capacity. She attends quarterly safeguarding meetings with the Clinical and Safeguarding Lead and offers oversight and guidance in relation to policy, practice and clinical governance.

5.7 Clinical/The Executive Team/Director of Services. The Director of Clinical Services has the responsibility of informing and advising the Senior Management Team about any safeguarding risks for the patients cared for in any service provided by Prospect Hospice.

5.8 Operational Safeguarding Lead is the lead social worker who is responsible for:

- Ensuring that the safeguarding policies (for adults and for children) and their protocols are embedded in daily practice.
- Liaising with the Head of Education to ensure that the required safeguarding training is being delivered at the appropriate levels and in line with any changes in legislation and best practice.
- Co-ordinating safeguarding activities and information-sharing at Prospect Hospice.
- Responsible for ensuring that the actions and learning following a safeguarding incident are handled in a timely and appropriate way, as identified in the policy.
- The Safeguarding Lead supports Prospect staff with advice and guidance and liaises with Local authorities regarding all Safeguarding investigations or concerns. They also support staff with issues relating to Mental Capacity and DOLS. Social worker lead is supported by Social Worker Hannah Elkins in the implementing of safeguarding standards across the organisation.

6 Flowchart

This Safeguarding Policy makes reference to The Swindon and Wiltshire Safeguarding Flow chart which sits in the appendices of this document (see appendix 1). Its offers phone numbers and points of contact as well as guidance to the reader to clarify the correct direction of travel when Safeguarding Concerns are raised within our organisation.

The following are links to our local LSCB Local Safeguarding Children's Board in the event of a concern relating to a child being raised.

Swindon <https://www.proceduresonline.com/swcpp/swindon/index.html>

Wiltshire <https://www.proceduresonline.com/swcpp/wiltshire/index.html>

See appendix 2 for safeguarding contacts.

7 DBS Checks

All staff working with adults and who come into contact with children should have a basic, standard or enhanced Disclosure and Barring Service (DBS) employee check. This will be in keeping with The Prospect Hospice Safe Recruitment practices.

8 Legal framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989.
- GDPR 2018.
- United Nations Convention on the Rights of the Child 1991.
- Data Protection Act 1998.
- Human Rights Act 1998.
- Sexual Offences Act 2003.
- Children Act 2004.
- Safeguarding Vulnerable Groups Act 2006.
- Protection of Freedoms Act 2012.
- Children and Families Act 2012.
- Children and Families Act 2014.

- The Equality Act 2010.
- Domestic Abuse Act 2021.
- Female Genital Mutilation Act 2003.
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers: HM Government 2015.
- Working together to safeguarding children: A guide to interagency working to safeguarding and promoting the welfare of children: HM government 2018.
- HM Government, Department for Children, Schools and Families (2013) Working Together to Safeguard Children: A Guide to Inter-agency working to safeguard and promote the welfare of children:
<http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>
Swindon, Local Safeguarding Children's Board guidelines and policies.
https://r.search.yahoo.com/_ylt=AwrkPQ_FQJBkDknlwJ3Bwx.;_ylu=Y29sbwMEcG9zAzEEdnRpZAMEc2VjA3Ny/RV=2/RE=1687204165/RO=10/RU=https%3a%2f%2fsafeguardingpartnership.swindon.gov.uk%2f/RK=2/RS=BHzHPISVOvjVfKQA7Ybhj4R0kUM-
- Charity commission guidance on safeguarding children (2009).
<http://www.charitycommission.gov.uk/detailed-guidance/protecting-yourcharity/safeguarding-children>
http://www.charitycommission.gov.uk/media/90446/safeguarding_strategy.pdf

9 Weekly Incident Meeting

A weekly Incident Meeting is attended by In Patient Unit Managers, Clinical Nursing Manager Therapy Team manager as well as Safeguarding and Quality Improvement Lead, PS Data Analyst also in attendance to ensure Safeguarding information is clearly referenced and recorded. Safeguarding Lead will raise any safeguarding's on a weekly basis. (Anonymised). This will offer indicators around learning for the organisation and areas of improvement, learning and development and actions needed? Learning and Actions taken then fed into Quarterly Safeguarding meeting.

10 What is Child Abuse?

Child abuse is when a child is intentionally harmed by an adult or another child – it can be over a period of time but can also be a one-off action. It can be physical, sexual or emotional and it can happen in person or online. It can also be a lack of love, care and attention – this is neglect.

Categories and risk indicators of child abuse.

The following are a definition and categories of abuse in relation to children. This definition and these categories will assist and support staff in identifying possible risk indicators when they arise.

Abuse is a form of maltreatment of a child or young person (under 18). Somebody 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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children. Here are the main categories of abuse against children and young people, and some risk indicators of abuse.

The following are types and indicators of child abuse that staff at Prospect may see or come into contact within their work with our organisation. This information has been taken from the NSPCC website.

10.1 Physical abuse

This is non-accidental harm to the body. Physical abuse is when someone hurts or harms a child or young person on purpose. It includes hitting with hands or objects, slapping and punching, kicking, shaking, throwing, poisoning, burning and scalding, biting and scratching, breaking bones or drowning. It also includes making up the symptoms of an illness or causing a child to become unwell.

If a child regularly has injuries, there seems to be a pattern to the injuries or the explanation doesn't match the injuries, then this should be reported.

Indicators -

- Bruises.
- Broken or fractured bones.
- Burns or scalds.
- Bite marks.
- Scarring.
- The effects of poisoning, such as vomiting, drowsiness or seizures.
- Breathing problems from drowning, suffocation or poisoning.

10.2 Sexual abuse

When a child or young person is sexually abused, they're forced or tricked into sexual activities. They might not understand that what's happening is abuse or that it's wrong. And they might be afraid to tell someone. Sexual abuse can happen anywhere – and it can happen in person or online. It's never a child's fault they were sexually abused – it's important to make sure children know this.

There are two types of sexual abuse – contact and non-contact abuse. And sexual abuse can happen in person or online.

Contact abuse is where an abuser makes physical contact with a child. This includes:

- sexual touching of any part of a child's body, whether they're clothed or not.
- using a body part or object to rape or penetrate a child.
- forcing a child to take part in sexual activities.
- making a child undress or touch someone else.
- Contact abuse can include touching, kissing and oral sex – sexual abuse isn't just penetrative.

Non-contact abuse is where a child is abused without being touched by the abuser. This can be in person or online and includes:

- exposing or flashing.
- showing pornography.
- exposing a child to sexual acts.
- making them masturbate.
- forcing a child to make, view or share child abuse images or videos.
- making, viewing or distributing child abuse images or videos.
- forcing a child to take part in sexual activities or conversations online or through a smartphone.

Indicators:

There can be physical or emotional/behavioural indicators a child is being sexually abused. They may have bruising, bleeding or recurrent infections. They may also show sexualised behaviour or use sexualised language that is not age appropriate, have nightmares, self-harm, use alcohol, show changes in eating habits and mood.

If a child is being or has been sexually abused online, they might:

- spend a lot more or a lot less time than usual online, texting, gaming or using social media.
- seem distant, upset or angry after using the internet or texting.
- be secretive about who they're talking to and what they're doing online or on their mobile phone.
- have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.

Child sexual exploitation (CSE) is a type of sexual abuse -

When a child or young person is exploited, they're given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing

they're in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they're being abused.

Children and young people can be trafficked into or within the UK to be sexually exploited. They're moved around the country and abused by being forced to take part in sexual activities, often with more than one person. Young people in gangs can also be sexually exploited.

Sometimes abusers use violence and intimidation to frighten or force a child or young person, making them feel as if they've no choice. They may lend them large sums of money they know can't be repaid or use financial abuse to control them.

Anybody can be a perpetrator of CSE, no matter their age, gender or race. The relationship could be framed as friendship, someone to look up to or romantic. Children and young people who are exploited may also be used to 'find' or coerce others to join groups.

10.3 Emotional Abuse

Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child. It's sometimes called psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate or ignore a child. Emotional abuse is often a part of other kinds of abuse, which means it can be difficult to spot the signs or tell the difference, though it can also happen on its own.

Emotional abuse includes: humiliating or constantly criticising a child, threatening, shouting at a child or calling them names, making the child the subject of jokes, or using sarcasm to hurt a child, blaming and scapegoating, making a child perform degrading acts, not recognising a child's own individuality or trying to control their lives, pushing a child too hard or not recognising their limitations, exposing a child to upsetting events or situations, like domestic abuse or drug taking, failing to promote a child's social development, not allowing them to have friends, persistently ignoring them, being absent, manipulating a child, never saying anything kind, expressing positive feelings or congratulating a child on successes, never showing any emotions in interactions with a child, also known as emotional neglect.

Indicators -

There might not be any obvious physical signs of emotional abuse or neglect. And a child might not tell anyone what's happening until they reach a 'crisis point'. That's why it's important to look out for signs in how a child is acting.

As children grow up, their emotions change. This means it can be difficult to tell if they're being emotionally abused. But children who are being emotionally abused might:

- seem unconfident or lack self-assurance.
- struggle to control their emotions.
- have difficulty making or maintaining relationships.
- act in a way that's inappropriate for their age.
- The signs of emotional abuse can also be different for children at different ages.

10.4 Neglect

Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse. A child might be left hungry or dirty, or without proper clothing, shelter, supervision or health care. This can put children and young people in danger. And it can also have long term effects on their physical and mental wellbeing. Neglect broadly forms four categories:

1. Physical neglect - a child's basic needs, such as food, clothing or shelter, are not met or they aren't properly supervised or kept safe.
2. Educational neglect - a parent doesn't ensure their child is given an education.
3. Emotional neglect - a child doesn't get the nurture and stimulation they need. This could be through

ignoring, humiliating, intimidating or isolating them.

4. Medical neglect - a child isn't given proper health care. This includes dental care and refusing or ignoring medical recommendations.

Indicators:

- Poor appearance and hygiene.
- Health and development problems.
- Housing and family issues.
- Changes in behaviour.

10.5 Other types/forms of abuse may include:

- **Bullying and cyber bullying** - Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.
- **Child trafficking** - Trafficking is where children and young people tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. Children are trafficked for: sexual exploitation, benefit fraud, forced marriage, domestic slavery like cleaning, cooking and childcare, forced labour in factories or agriculture, committing crimes, like begging, theft, working on cannabis farms or moving drugs. Trafficked children experience many types of abuse and neglect. Traffickers use physical, sexual and emotional abuse as a form of control. Children and young people are also likely to be physically and emotionally neglected and may be sexually exploited.
- **Domestic abuse** - Children are now recognised victims of Domestic Abuse (Domestic Abuse Act). Living in a home where domestic abuse happens can have a serious impact on a child or young person's mental and physical wellbeing, as well as their behaviour. And this can last into adulthood. Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and experiencing domestic abuse is child abuse. It's important to remember domestic abuse: can happen inside and outside the home, can happen over the phone, on the internet and on social networking sites, can happen in any relationship and can continue even after the relationship has ended, both men and women can be abused or abusers.
- **Grooming** - Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them. Children and young people who are groomed can be sexually abused, exploited or trafficked. Anybody can be a groomer, no matter their age, gender or race. Grooming can take place over a short or long period of time – from weeks to years. Groomers may also build a relationship with the young person's family or friends to make them seem trustworthy or authoritative. Grooming can take place in person and online.
- **Online abuse** - Online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets and mobile phones. And it can happen anywhere online, including social media, text messages and messaging apps, emails, online chats, online gaming, live-streaming sites. Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online.
- **Criminal Exploitation/Gang Crime** - Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes. The word 'gang' means different things in different contexts, the government in their paper 'Safeguarding children and young people who may be affected by gang activity' distinguishes between peer groups, street gangs and organised criminal gangs. County Lines is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets - suburban areas and market and coastal towns - using dedicated mobile phone lines or "deal lines". Children as young as 12 years old have been exploited into carrying drugs for gangs. This can involve children being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs.

- **Extremism and Radicalisation**

Extremism is defined as the holding of extreme political or religious views and giving vocal or active opposition to fundamental values including democracy, the rule of law, individual liberty, and respect and tolerance for different faiths and beliefs. Radicalisation is defined as the act or process, by a person, group of people or an organisation, of influencing, coercing or causing another or others to adopt extremist ideologies and/or support terrorism. Prevent is part of the Government's counter-terrorist strategy that aims to stop vulnerable people becoming terrorists. It is a multi-agency approach to safeguard people, including children and young people, at risk of radicalisation. Any concerns about a child or young person who might be at risk of radicalisation should be raised with the Designated Safeguarding Lead.

Any member of staff who has concerns is advised to speak to Safeguarding Lead regarding the above if they are concerned for an individual who they are in contact with who they believe is at risk due to gang membership. Abuse of any kind will not be tolerated at Prospect Hospice. Our Safeguarding policies and procedures ensure that robust systems are in place and set out the framework within which all employees and volunteers of the organisation are required to work to keep children, young people and adults safe.

Safeguarding children and protecting them from harm is everyone's responsibility. Therefore, in the work we do and with the people we meet, all staff and volunteers have a role to play in being vigilant regarding extremist views and remaining alert to any disclosure or suspicion of radicalisation.

<https://www.gov.uk/guidance/get-help-if-youre-worried-about-someone-being-radicalised>

The Channel programme

Channel is a confidential, voluntary multi-agency safeguarding programme that supports people who are vulnerable to radicalisation. It is run in every local authority in England and Wales and addresses all types of extremism including the extreme-right and Islamist-related. It is about early intervention to protect vulnerable children and adults who might be susceptible to being radicalised, which, if left unsupported, could lead to involvement in terrorist-related activity.

<https://homeofficemedia.blog.gov.uk/2019/11/05/factsheet-prevent-and-channel/>

Female Genital Mutilation (FGM)

FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting' but has many other names. It often involves the removal or cutting of the labia and clitoris, and the World Health Organization describes it as "any procedure that injures the female genital organs for non-medical reasons".

FGM is a form of child abuse. It's dangerous and a criminal offence in the UK. We know:

- there are no medical reasons to carry out FGM.
- it's often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass or razor blades.
- children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.
- it's used to control female sexuality and can cause long-lasting damage to physical and emotional health.

FGM can happen at different times in a girl or woman's life, including:

- when a baby is new-born.
- during childhood or as a teenager.
- just before marriage.
- during pregnancy.

If a member of staff or volunteer suspects that FGM has been carried out on a girl under the age of 18, or they consider a girl to be at risk, normal safeguarding procedures should be followed.

In accordance with the FGM Act 2003, a regulated health and social care professional has a duty to make a report direct to the police if they:

- Are informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observe physical signs that appear to show that an act of FGM has been carried out.

The report should be made by ringing 101 (or 999 in an emergency). This should be done immediately if there is immediate risk of significant harm to the individual. Wherever possible manager, Safeguarding Lead and Clinical Lead must be made aware immediately to offer staff member support and guidance.

10.6 What to do?

If abuse is encountered or a member of staff has concerns for the welfare of a person they are working with, they must seek to share what they have seen or been told as soon as possible. **DOING NOTHING IS NOT AN OPTION.** Staff member to highlight concern to their senior manager on call as soon as possible. If you are able to, please seek the advice and support from Safeguarding Lead at Prospect. If, for any reason, you are unable to contact them then please contact The Local Authority Safeguarding Team.

10.7 Employee Training – Children & Adult Safeguarding

Children’s Safeguarding Training Levels and Requirements

Safeguarding training requirements will be delivered in line with the UK Core Skills Training Framework, local Safeguarding Children Partnership guidance, Prospect Hospice organisational requirements, and current legislation and best practice. All Prospect Hospice personnel, including employees and volunteers, must complete mandatory safeguarding training at a level appropriate to their role and responsibilities, as determined by Prospect Hospice.

Prospect Hospice follows guidance set out in the Royal College of Nursing Intercollegiate Document (2025) to inform children’s safeguarding training levels, competencies, and minimum training hours.

Children’s Safeguarding Training Levels and Requirements

Level 1 All non-clinical staff, board members will have 1–2 hours Bluestream e-learning, blended learning training every 3 years. Learning being a combination of face-to-face training, reflective practice, case discussions, and supervision in line with intercollegiate guidance.

New volunteers must attend face-to-face Safeguarding & Mental Capacity training before they begin working at the hospice. This will be provided by the hospice at level 1 standard.

Level 2 Clinical staff who may come in contact with children 3–4 hours training every three years. This will include face-to-face training, reflective practice, case discussions, and supervision in line with intercollegiate guidance.

Level 3 Registered professionals who are involved in assessment, care planning, or safeguarding decisions at the hospice. 8–12 learning hours over 3 years. Learning being a combination of face-to-face training, reflective practice, case discussions, and supervision in line with intercollegiate guidance. |

Level 4 Specialist/leadership level of safeguarding competence in the Intercollegiate Document: Safeguarding Children and Young People –It goes beyond basic awareness and frontline practice (Level 1-3) and focuses on leadership, supervision, governance, quality assurance and strategic responsibility for safeguarding children. Safeguarding Lead to attend online or face to face.

Full definitions of safeguarding levels, staff groups, and competencies are outlined in the Royal College of Nursing Intercollegiate Document (2025):[RCN Intercollegiate Document 2025]

(<https://www.rcn.org.uk/professionaldevelopment/publications/pub-007069>)

The training Lead for Prospect Hospice, in collaboration with the Quarterly Safeguarding Team, will ensure:

- Training standards are met.
- Attendance rates are maintained at 95% or above.
- Training remains effective, relevant, and fit for purpose for staff roles and service needs.
- All staff are responsible for maintaining their safeguarding knowledge, completing refresher

training, and applying learning to practice.

11 Procedure if abuse is Suspected, Discovered or Disclosed

11.1 Disclosures

Before starting work with a child, staff and volunteers should come to an agreement about confidentiality and ensure that the child knows that any safeguarding concerns will need to be passed on.

If a child discloses abuse to a member of staff or volunteer, it is important that they:

- Reassure the child and communicate that they believe them.
- Let the child know what they are going to do with the information.
- Tell the child how they will feed back to them the outcome of this.

A child who is being physically abused might not realise what's happening is wrong. And they might even blame themselves. If a child talks to you about physical abuse it's important to:

- listen carefully to what they're saying.
- let them know they've done the right thing by telling you.
- tell them it's not their fault.
- say you'll take them seriously.
- don't confront the alleged abuser.
- explain what you'll do next.
- report what the child has told you as soon as possible.

It is not the role of Prospect Hospice staff or volunteers to question a child or investigate allegations – just to note what the child says and clarify that they have understood correctly.

Staff must be non-judgemental; abuse and neglect can happen in any family. But some parents might find it hard to give their children a safe and loving home if they're facing the following risk factors:

- poverty.
- poor housing.
- issues with drugs and alcohol.
- mental health issues.
- relationship problems.
- domestic abuse.
- isolation or a lack of support.
- the effects of childhood abuse or neglect.

11.2 Reporting Abuse

If a member of staff or volunteer suspects or hears an allegation that abuse has taken place or considers that there is a risk of it taking place, they must inform their line manager. The member of staff or line manager must then contact the Designated Safeguarding Lead and follow the **Safeguarding Children Flowchart**.

Child protection referrals must be made to Children's Social Care in line with the relevant Local Authority Local Safeguarding Children Board (LSCB) child protection procedures. The safety of children is paramount in all decisions relating to their welfare. Any action taken by staff should ensure that no child is left in immediate danger. Child protection referrals to Children's Social Care can be completed by telephone in the first instance but staff / volunteers must confirm oral and telephone referrals in writing within 24 hours by completing the appropriate Local Authority referral form. A copy of the referral must be retained in the child or adult's records. The outcome of the referral must also be recorded.

11.3 Preventing harm to children from parents with mental health needs.

An urgent referral must be made to Children's Social Care if:

- Safeguarding Lead and Clinical Lead to be made aware immediately of issue.
- Service users express delusional beliefs involving their child; and / or
- Service users might harm their child as part of a suicide plan.

Information Sharing and Consent

Prospect Hospice has a duty to assist and provide information in support of Child Protection Assessments. Effective sharing of information between professionals and local agencies is essential for effective safeguarding and to promote the welfare of children.

Practitioners should seek to discuss any safeguarding concerns with the child's parent or carer unless the discussion might place the child at increased risk of significant harm. Where possible, referrals should be made to Children's Social Care with the parent / carer's agreement. However, where the parent / carer does not agree, practitioners should be clear that a referral will still need to be made. Further advice can be sought from the Designated Safeguarding Lead or a manager, unless to do so would cause undue delay and immediate risk to the child / young person. The outcome of the consultation and any further advice should be fully recorded.

A decision by any professional not to seek parental / carer permission before making a referral to Children's Social Care must be recorded and the reasons given. If a practitioner is in doubt about a situation and wants advice before speaking to the family or child / young person, they can contact Children's Social Care and discuss the situation as a 'hypothetical referral', i.e. without mentioning the name of the child.

Practitioners should follow the Information Sharing flowchart when making decisions about sharing information relating to a child.

12 Record Keeping

Full information about children should be recorded at the first contact with the family. This should include names, addresses, gender, date of birth, names of persons with parental responsibility, and primary carers. These should be kept up-to-date and details of every contact should be recorded.

- Any safeguarding concerns and actions taken must be clearly documented in the System. One Safeguarding window. Clear notes must be kept at all stages including telephone conversations, face-to-face contacts, discussions and supervision discussions. Correct recording information will be given to all staff on how to fill in a Safeguarding Window in System1.
- Record keeping must comply with individual Professional Codes of Conduct and Prospect Hospice Information Management and Confidentiality Policies. A note should also be made on the parent's or carer's record on the Safeguarding template making reference to the concern documented on the child's record if there is a record open for the child.
- Practitioners must document when they have discussed specific cases with the Designated The purpose of the record is to enable accurate information to be given in response to any future request for a reference. The information may also be needed if further allegations are made concerning the same individual.
- The fact that criminal proceedings are not being pursued is not in itself an indication that the alleged abuse did not take place. Disciplinary action is based on the balance of probability and does not need the same level of proof as action taken within the Criminal Justice System.
- It may be necessary to report misconduct of a member of staff in relation to any offence involving children at risk to their professional body. This decision must be made by the Clinical Lead.

13 Visiting Celebrities/VIP's

In the majority of cases, VIP visits will take place in the company of senior Trust staff and will be very public – for example, opening ceremonies and media events. No extra precautions are necessary here; however VIPs should not be allowed privileged or unsupervised access to service users. Any indication that a visiting VIP should want to develop an on-going relationship with a particular service or particular service user, should be referred immediately to the service manager and safeguarding team. Any allegations of abuse made by a service user, against the visiting VIP, must be taken seriously and reported immediately to Prospect's Safeguarding and Clinical Leads.

14 Public Interest Disclosure Policy

If a member of staff or a volunteer is unable to raise a concern with their line manager or clinical lead, or they believe a manager has not taken necessary action, the Prospect Hospice whistleblowing policy should be followed.

If a member of staff or volunteer believes that a reported allegation or concern is not being dealt with appropriately, they should report the matter to the appropriate safeguarding team. If they believe that it could seriously harm the people the charity helps, its assets, services, staff or reputation, they may consider reporting that concern to the Charity Commission.

Safeguarding Lead and / or manager in the clinical record. If there are specific actions, these should also be documented including outcomes.

Any injuries should be documented using the Prospect Hospice Body Map. Please seek guidance from senior manager relating to this.

14.1 Use of an Interpreting Service

Staff and volunteers should seek early guidance from their team or shift leader. If needed, a suitable interpreting service, e.g. LanguageLine Solutions UK®, should be commissioned at the earliest opportunity through the Communications Team. A family member or friend must not be asked to act in this capacity if there are safeguarding concerns.

14.2 Allegations against Staff or Volunteers

Any allegation that might indicate that a member of staff or volunteer has behaved in an inappropriate way must be immediately reported to the Director of Services and the Director of HR who will report it to the Local Authority Designated Officer (LADO). Prospect Hospice Disciplinary Policy will be followed in conjunction with specific advice giving by the LADO. Any allegation of abuse will be referred immediately to the appropriate Local Authority and CQC, and the Designated Nurse within the CCG will be informed.

The manager should keep the person who is subject of the allegations informed of the progress of the case within the parameter of confidentiality agreed with the Local Authority Safeguarding Team. To ensure that any potential criminal investigation is not compromised, the Executive Safeguarding Lead or HR Manager will liaise with the Local Authority Safeguarding Team on what information can be shared with the employee.

At the conclusion of the investigation there may be a need for the employer to take disciplinary action. A record of the investigation should be kept in a confidential file and should be retained irrespective of whether the person has left the organisation. A copy should be given to the employee. Note: concerns relating to staff should NOT be recorded on SystemOne.

15 Communications

The Director of Services will brief the Communications Team in the event of an investigation potentially generating media interest.

15.1 Notifications, Serious Case Reviews (SCR), Serious Incidents Requiring Investigation (SIRI), Incident Reporting

Prospect Hospice Serious Incident Procedures will be followed for all child protection and safeguarding incidents at Prospect Hospice.

Serious Incidents that indicate safeguarding children concerns must be reported to the relevant LSCB via the appropriate CCG. All Serious Case Reviews involving Prospect Hospice services will be undertaken in line with the LSCB Serious Case Review Protocol. Prospect Hospice and LSCB recommendations and action plans from SCRs will be disseminated to staff and incorporated into training to improve and develop practice.

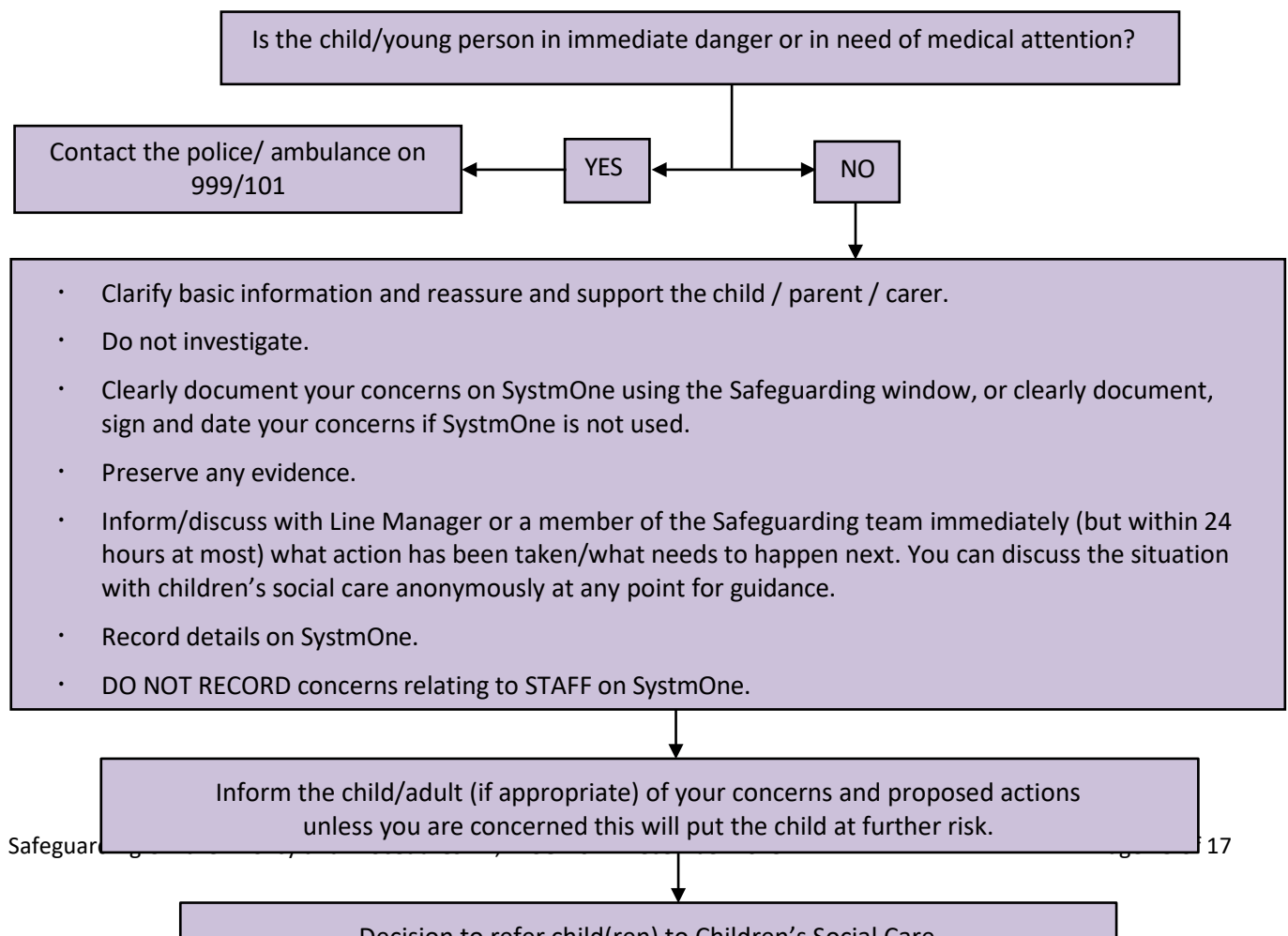
15.2 Disagreements/resolution

If for any reason there is any form of conflict or disagreement relating to the welfare or safety of a child between Prospect Hospice and another organisation then the local authority Safeguarding Escalation Procedure should be followed which would entail ourselves calling the local authority Safeguarding Team to seek guidance and resolution relating to the situation.

https://safeguardingpartnership.swindon.gov.uk/downloads/file/674/escalation_policy

The hospice Safeguarding Lead is David Haigh, Social Worker and Safeguarding Lead
Tel: 07483 127379 or 01793 813555
Email: davidhaigh@prospect-hospice.net

Appendix 1: SUSPECTED CHILD/YOUNG PERSON SAFEGUARDING CONCERN (abuse/neglect - discovered/suspected/disclosed)



Appendix 2

CHILDREN'S SAFEGUARDING CONTACTS

Remember: Please refer to the local authority where the alleged incident occurred.

If you wish to report a crime, contact the Police by calling 101. **In an emergency always dial 999**



https://www.swindon.gov.uk/info/20043/child_protection

Family Contact Point	01793 466903	08.30 - 17.30 (Mon - Fri)
Urgent referrals only	01793 436699	Out of hours



<https://www.wiltshire.gov.uk/article/1436/Child-protection>

Multi-agency safeguarding Hub (MASH)	0300 4560108	08.45 - 17.00 (Mon - Thu) 08.45 - 16.00 (Fri)
Urgent help or advice	0300 4560100	Out of hours



<https://www.oscb.org.uk/concerned-about-a-child/>

Triage and support	0345 0507666	Office hours
Emergency Duty Team	0800 833408	Out of hours



<https://www.gloucestershire.gov.uk/health-and-social-care/children-young-people-and-families/report-a-child-at-risk/>

Children's Social Care Helpdesk	01452 426565	09.00 - 17.00 (Mon - Fri)
Emergency Duty Team	01452 614758	Out of hours