Little Lights Baby Hospice

Safeguarding adults' policy

SUMMARY	Provides guidance on the safeguarding of adults. This policy must be read and adhered to by all LITTLE LIGHTS BABY HOSPICE staff and volunteers (see also APPLIES TO below).
VERSION	1
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LEAD AUTHOR	Michelle Wright
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APPROVING GROUP(S) AND DATE	CGC
STATUS	FINAL
APPLIES TO	All LITTLE LIGHTS BABY HOSPICE staff including students on placement; visiting practitioners and therapists; volunteers.
DISTRIBUTION	**Policies and procedures** folder online
RELATED DOCUMENTS	Anti-harassment and bullying policy Consent and disclaimer policy Freedom to speak up: raising concerns/ whistleblowing policy Record-keeping policy Recruitment and selection policy Reporting of incidents and untoward events policy Safeguarding children policy Local Safeguarding Partnership procedures

Contents

1. Introduction and aims

Safeguarding adults is everybody's responsibility. LITTLE LIGHTS BABY HOSPICE is committed to protecting from abuse or neglect Adult at risks who come into contact with Little Lights Baby Hospice; this includes the parents, carers and families of children who access our services, and LITTLE LIGHTS BABY HOSPICE supporters (e.g. donors, volunteers).

By following the guidelines and procedures in this policy, everyone working or volunteering within LITTLE LIGHTS BABY HOSPICE should know what to do if they are concerned about an adult's welfare, and be able to avoid inappropriate, misguided or wrong behaviour. This Safeguarding adult's policy:

1.1 Provides a background to adult safeguarding, applicable legislation, and Local Authority procedures; all staff must be able to recognise and respond appropriately to adult safeguarding concerns, and know how to access Local Safeguarding Partnership (LSP) procedures which must be followed at all times.

1.2 Aims to help staff to respond appropriately to any suspicion or disclosure of abuse concerning adults who have contact with the hospice, so that we can uphold the statutory duties regarding safeguarding adults as outlined in the **Care Act, 2014**.

1.3 Forms part of Little Lights Baby Hospice's commitment to best practice and supports compliance with the Care Quality Commission (CQC) Single Assessment Framework. The policy promotes a culture of safety, safeguarding, openness, accountability, partnership working, learning, and person-centred care for adults at risk. It supports the organisation to demonstrate that services are safe, effective, caring, responsive and well-led.

1.4 Outlines our commitment to ensuring that all staff are trained in accordance with the Royal College of Nursing's intercollegiate document (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff.

2. Scope

2.1 This policy applies to all staff, visiting practitioners and therapists, students and volunteers who meet adults in their work/role at Little Lights Baby Hospice. It sets out the responsibilities of employees and volunteers within the hospice to protect adults from abuse or neglect and should be read alongside other applicable LITTLE LIGHTS BABY HOSPICE policies – see **Related Documents** on the policy cover page.

2.2 All staff are expected to become familiar with this document, apply this document in their practice, and undertake training in accordance with the LITTLE LIGHTS BABY HOSPICE **Learning and development policy**.

For some definitions and types/patterns of abuse and neglect in adults, see **Appendix 2** in this policy.

3. Adults who may require safeguarding support

Little Lights Baby Hospice recognises that adult safeguarding concerns may arise in relation to:

- Parents and carers of children receiving hospice services.
- Bereaved parents and family members.
- Adults receiving counselling, family support or bereavement services.
- Volunteers, trustees and staff.
- Visitors and members of the public attending hospice activities and events.

The hospice acknowledges that adults may become vulnerable through illness, disability, bereavement, caring responsibilities, social isolation, domestic abuse, mental ill-health, cognitive

impairment or significant life events. Staff must remain alert to signs that an adult may require additional support or safeguarding intervention.

4. Roles and responsibilities

Hospice Trustees	• Have overall accountability and responsibility for safeguarding children across Little Lights Baby Hospice. • Ensure that safeguarding arrangements are effective, proportionate and compliant with relevant legislation and national guidance. • Receive assurance that safeguarding concerns, incidents, audits, risks and learning are appropriately managed.
Clinical Governance Committee	• Provides ratification of the policy within the governance process and provides the forum for governance of the safeguarding of children. Provide a forum for sharing information on incidents/referrals relating to safeguarding so that lessons will be learned and cascaded.
CEO	• Has executive responsibility for ensuring safeguarding is embedded throughout the organisation. • Ensures appropriate governance, resources and systems are in place to support effective safeguarding practice. • Receives assurance regarding safeguarding activity and escalates significant concerns to the Board of Trustees where required. • Promotes a culture of openness, transparency and learning.
Head of Care & Family Services	**Designated Safeguarding Lead (DSL)** The Head of Care and Family Services is the Designated Safeguarding Lead for Liverpool Baby Life Hospice and has overall operational responsibility for safeguarding children within the organisation. Responsibilities include: • Acting as the lead point of contact for all safeguarding concerns. • Providing safeguarding advice, guidance and support to staff and volunteers. • Ensuring safeguarding concerns are appropriately recognised, recorded, referred and monitored. • Making or overseeing referrals to Children's Social Care, the Police and other safeguarding agencies where required. • Leading safeguarding investigations and internal reviews as appropriate. • Ensuring safeguarding policies are implemented, maintained and reviewed. • Ensuring staff receive safeguarding training appropriate to their role. • Ensuring safeguarding supervision arrangements are in place.

	• Developing safeguarding practice in line with legislation, national guidance and local safeguarding partnership requirements. • Escalating significant safeguarding concerns to the CEO and Trustees where appropriate. • Providing organisational safeguarding reports and assurance to senior leadership and Trustees. • Leading safeguarding audits, quality improvement initiatives and learning from incidents.
Deputy Head of Care & Education	**Deputy Designated Safeguarding Lead (DDSL)** • Acts as the Designated Safeguarding Lead in the absence of the Head of Care and Family Services. • Supports the management of safeguarding concerns, referrals and investigations. • Provides safeguarding advice and support to staff. • Supports safeguarding training, supervision and competency development. • Assists with safeguarding audits, monitoring and quality improvement activities. • Supports liaison with Children's Social Care, safeguarding partners and other external agencies. • Ensures safeguarding procedures are consistently applied across clinical and educational activities. • Supports the implementation of safeguarding action plans and lessons learned.
Clinical senior management team	• Supports the implementation of safeguarding policies and procedures across the organisation. • Receives updates regarding safeguarding activity, risks, audits and learning. • Supports the Head of Care and Family Services in maintaining effective safeguarding arrangements. • Promotes compliance with safeguarding legislation, national guidance and local safeguarding partnership procedures. • Reviews significant safeguarding themes and organisational learning to support continuous improvement.
Head of finance	• Ensures safeguarding responsibilities are reflected within governance, risk management and organisational assurance processes. • Supports safe recruitment practices and compliance with DBS requirements. • Promotes awareness of safeguarding responsibilities within support services.

	• Ensures safeguarding risks with potential financial or organisational impact are appropriately escalated.
Head of Income generation	• Ensures safeguarding policies are communicated and understood by fundraising, events and income generation staff and volunteers. • Ensures safeguarding procedures are followed during fundraising activities, public events and community engagement activity. • Ensures appropriate safeguarding measures are in place where children are involved in fundraising activities. • Supports a culture of safeguarding awareness within non-clinical services. • Escalates safeguarding concerns in accordance with hospice procedures.
Register Nurses	• Remain professionally accountable for their practice in accordance with the NMC Code. • Recognise, respond to, record and report safeguarding concerns promptly. • Adhere to hospice safeguarding policies and Local Safeguarding Partnership procedures. • Escalate concerns immediately to the Head of Care and Family Services or Deputy Head of Care and Education. • Participate in safeguarding supervision and reflection where appropriate. • Complete safeguarding training in accordance with the Learning and Development Policy. • Maintain accurate and contemporaneous safeguarding records.
Health Care Assistants	• Safeguard and promote the welfare of children and families in their care. • Recognise and report any concerns relating to the welfare or safety of a child or family member. • Follow hospice safeguarding procedures at all times. • Escalate concerns promptly to a Registered Nurse, the Head of Care and Family Services, or Deputy Head of Care and Education. • Complete mandatory safeguarding training relevant to their role. • Maintain confidentiality and accurate documentation as required
All Staff & Volunteers	All staff and volunteers have a responsibility to safeguard children and their families and must: • Operate within their scope of practice, role and competence. • Be aware of and comply with this policy. • Recognise, respond to, record and report safeguarding concerns. • Promote the welfare, dignity and rights of children at all times. • Participate in safeguarding training appropriate to their role. • Share information appropriately in accordance with safeguarding and data protection requirements. • Raise concerns immediately if they believe a child may be at risk of harm.

	• Contribute to a positive safeguarding culture throughout the organisation.

5. Making Safeguarding Personal (MSP)

Little Lights Baby Hospice adopts the principles of Making Safeguarding Personal (MSP). Safeguarding activity should be person-centred and outcome-focused, ensuring that the adult's wishes, views, beliefs and preferred outcomes are central to decision making wherever possible.

Staff should work collaboratively with adults and support individuals to make their own informed choices unless legal responsibilities require alternative action. Adults should be asked what outcomes they wish to achieve from safeguarding intervention and these should be recorded wherever possible.

6. Mental Capacity and Best Interests

The Mental Capacity Act 2005 applies whenever there is doubt about an adult's (over 18) ability to make a specific decision.

Staff must:

- Presume capacity unless proven otherwise.
- Support individuals to make their own decisions wherever possible
- Assess capacity when concerns arise regarding decision-making abilities.
- Make decisions in an individual's best interests when they lack capacity.
- Where appropriate, independent advocacy services or an Independent Mental Capacity Advocate (IMCA) should be considered.

7. Professional Curiosity

Staff are expected to demonstrate professional curiosity when safeguarding concerns arise. Professional curiosity involves respectfully exploring and questioning situations where explanations appear inconsistent, incomplete or minimising potential risk. Staff should not rely solely on first impressions and should consider whether there may be underlying abuse, coercion, neglect or exploitation.

8. Carer Stress and Carer Breakdown

Staff should remain alert to circumstances were significant caring responsibilities, sleep deprivation, financial hardship, emotional exhaustion, grief or deteriorating mental wellbeing may place carers at increased risk of harm, self-neglect or abusive situations. Early intervention, support and signposting should be considered wherever appropriate.

9. Digital and Online Abuse

Abuse may occur through digital technologies and online platforms.

Examples include:

- Online fraud and scams.
- Cyberbullying.
- Coercive control through technology.
- Financial exploitation through online communications.
- Misuse of social media.
- Unauthorised sharing of photographs or personal information.
- Online grooming of adults with care and support needs.
- Staff should report concerns through the safeguarding procedures outlined in this policy.

10. Additional safeguarding roles

LITTLE LIGHTS BABY HOSPICE Roles

Safeguarding Lead: The Safeguarding Lead for each hospice will be the Head of Care (or Deputy Head of Care in their absence). The Safeguarding Lead is the person to whom all safeguarding allegations or concerns within the hospice should be reported (although the initial concern may be reported to the line manager of the person who has the concern).

The Safeguarding Lead will be available for advice and support regarding any safeguarding concerns a team member may have. They will ensure that staff can access Local Authority/ LSP procedures and up-to-date contacts, and that staff across all departments always adhere to procedures. Each Safeguarding Lead will undertake additional training in safeguarding - see also **section 12, Training and development.**

Freedom to speak up: FTSU Guardian, FTSU Champions, Whistleblowing officers – please refer to our **Freedom to speak up: raising concerns/ whistleblowing policy** for information about these roles.

LITTLE LIGHTS BABY HOSPICE Senior Management Team will seek to support and empower LITTLE LIGHTS BABY HOSPICE staff and volunteers to carry out their safeguarding responsibilities. Safeguarding will be introduced at induction training. Staff are encouraged to use the Safeguarding Resource Board displayed in the hospice.

Local Authority roles

Local Authority Designated Officer (LADO) in adult safeguarding: This is an established position in social care, dealing with allegations against anyone who works (either paid or unpaid) with adults who have care and support needs (known as a 'person in a position of trust' (PIPOT)).

The framework for addressing these concerns may be known as the 'Adult LADO policy' and Local Authorities will have an 'Adult LADO' or similar role to deal with concerns about a professional working with adults who have care and support needs.

Local Safeguarding Adults Board: The overall objective of the Board is to enhance the quality of life of Adult at risks who are at risk of abuse. The board is a multi-agency organisation with an

independent chair. Professionals working in public services including social care, healthcare, police, the voluntary sector, housing, adult education, fire service, prisons, and commissioned providers, are all expected to have a sound knowledge of safeguarding adults which includes:

- being able to recognise and report abuse and neglect
- cooperating with all types of safeguarding enquiries and police investigations
- taking part in safeguarding enquiries under Section 42 of the Care Act 2014

11. Reporting concerns about abuse – general guidance

Although LITTLE LIGHTS BABY HOSPICE staff will undertake training specific to their roles, LITTLE LIGHTS BABY HOSPICE does not expect staff members to be specialists in adult safeguarding. Nor is it the responsibility of LITTLE LIGHTS BABY HOSPICE staff to **investigate** safeguarding concerns or to decide whether abuse has taken place.

However, all LITTLE LIGHTS BABY HOSPICE staff have a responsibility to safeguard the adults we come into contact with if there is cause for concern, so that the appropriate agencies can investigate and take any necessary action to protect an adult. If in doubt, always ask. If you are not happy or are uncomfortable about a response or a situation, you should **speak out**.

All safeguarding concerns must be properly recorded by LITTLE LIGHTS BABY HOSPICE (regardless of whether external agencies become involved) in line with this policy and procedures, and related policies (see cover sheet).

Key Principles of adult safeguarding

The Department of Health and Social Care's care and support statutory guidance, issued under The Care Act 2014, describes six key principles which underpin all adult safeguarding work which apply to all sectors and settings. These principles should always inform the ways in which professionals and staff/ volunteers work with adults.

Empowerment – people being supported and encouraged to make their own decisions and informed consent.

Prevention – It is better to take action before harm occurs.

Proportionality – The least intrusive response appropriate to the risk presented.

Protection – Support and representation for those in greatest need.

Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability – Accountability and transparency in delivering safeguarding.

Rights and treatment of the alleged victim

When abuse has been disclosed, reported or observed, it is important that the alleged victim is treated with dignity, is involved as an equal in the investigation, and kept fully informed on a regular basis.

If an adult discloses abuse to a member of staff, the adult has the right:

2.3 To be believed when they report abuse of themselves and/or others, unless there is direct and unequivocal evidence to the contrary. During a disclosure, the practitioner should listen carefully and sensitively to gain a clear understanding of the situation and keep accurate records of any allegations or disclosures.

2.4 To appropriate education/information to identify behaviour which constitutes abuse.

If the Adult at risk has capacity and does **not** wish for a referral to be made, **and** there are no public interest issues (e.g. where the perpetrator of abuse may have access to other vulnerable people at risk), no further action can be taken – even if this may appear to be an unwise decision on their part.

Further action will only be taken if: the Adult at risk has capacity and consents to a referral; or if the Adult at risk lacks capacity and cannot properly decide what is in their best interests; or there are concerns which mean the Adult at risk's wishes should be overridden (e.g. others are at risk from the perpetrator or where a serious criminal offence has or is likely to take place).

Support for staff involved in safeguarding concerns

LITTLE LIGHTS BABY HOSPICE acknowledges that the process of dealing with abuse is complex and can be anxiety-provoking. If someone discloses abuse to you, it can be frightening and may cause you to experience strong emotions.

It might also awaken memories of your own. Do not underestimate the effects and impact on you. Speak to your line manager regarding sources of support if needed.

12. Concerns about abuse - PROCEDURE

If there is an immediate risk of serious harm, the member of staff or volunteer should dial 999 and ask for the Police (and ambulance if needed) to attend.

If any member of staff, visitor, volunteer or service user (that is, parents/carers of a child attending Little Lights Baby Hospice) has any suspicion, observation, or report of abuse, the procedure below should be instigated:

1. The person who the incident is reported to/who has the concern should inform their line manager and complete an **Incident Report Form**. In the absence of the line manager, the person who the incident was reported to/who has the concern can seek advice from the duty social worker at the local authority.

   2.5 The line manager will inform the LITTLE LIGHTS BABY HOSPICE Safeguarding Lead.

2. The Safeguarding Lead may follow up the concern with external agencies if appropriate (e.g. the Local Authority Designated Officer, the Police) and discuss with the Senior Management Team at a later date.

13. Allegations against a person working for or associated with LITTLE LIGHTS BABY HOSPICE - PROCEDURE

Adults can be subjected to abuse by those who work with them, in any setting. All allegations of abuse or maltreatment against a person working for or associated with LITTLE LIGHTS BABY HOSPICE must be taken seriously and followed up in accordance with Local Authority/LSP procedures and this policy. This applies whether the allegation is about an employee (including sessional staff), volunteer, or any practitioner or person whose role places them in 'a position of trust' (e.g. a bereavement counsellor working with a family supported by Little Lights Baby Hospice).

If any member of staff, visitor, volunteer or service user becomes aware of such concerns or allegations, the procedure below should be instigated:

1. The person who the allegation is reported to/who has the concern should inform their line manager and complete an **Incident Report Form**. In the absence of the line manager, the person who the incident was reported to/who has the concern can seek advice from the duty social worker at the local authority.

   2.6 The line manager will inform the LITTLE LIGHTS BABY HOSPICE Safeguarding Lead.

2. If necessary, the Safeguarding Lead will inform external agencies (e.g. the Local Authority Designated Officer, the Police) as appropriate, and the hospice Trustees.

   2.7 There may be an investigation into what has happened, referring to LITTLE LIGHTS BABY HOSPICE policies as necessary (e.g. **Reporting of incidents and untoward events policy**, **Disciplinary Rules and procedure**, **Complaints policy**). Accurate records must be kept at all stages. External investigations may take priority over internal investigations.

3. The person will be informed of any allegations made against them, and a meeting arranged if appropriate. The person may be suspended whilst the allegation is investigated.

   2.8 The Safeguarding Lead will need to report to CQC incidents where a member of LITTLE LIGHTS BABY HOSPICE staff has allegations made against them relating to adult safeguarding.

It is essential that any allegation made against a person working for or associated with LITTLE LIGHTS BABY HOSPICE is dealt with promptly, fairly, and consistently. The allegation must be handled in a way that provides effective protection for the person who is the potential subject of abuse, but at the same time, must support the person who is the subject of the allegation.

After the investigation:

Some allegations, further to investigation, might indicate that a person is unsuitable to continue to work within the Organisation, either in their present position or in any capacity. Disciplinary action should be taken if appropriate, and referrals made to the NMC or other appropriate professional body (if appropriate) and informing the Disclosure and Barring Service.

14. Historical allegations of abuse - PROCEDURE

A concern may come to your attention where a person tells you about their own or another's abuse in the past. Even though the information may relate to events from some time ago, it's still relevant and we need to consider the following factors:

- People may not speak about their abuse until years after the abuse started
- Perpetrators of abuse often do not stop abusing
- Perpetrators often abuse more than one person
- The person telling you may be currently concerned about another person
- The person telling you will need reassurance and support in addressing the issue
- The perpetrator of the abuse may:
    - Still have access to vulnerable people
    - Be in a position of trust

If any information regarding historical abuse is shared with the team at Little Lights Baby Hospice , the procedure below should be followed:

1. The person who the historical abuse is reported to should inform their line manager and complete an **Incident Report Form**.

2.9 The line manager will inform the LITTLE LIGHTS BABY HOSPICE Safeguarding Lead.

2. The Safeguarding Lead will normally advise and encourage the person to report the historical abuse to the Local Authority in which the alleged abuse took place.

- Even if the perpetrator is deceased, the Safeguarding Lead will encourage the person making the allegations to discuss the abuse with an appropriate agency so that they can seek support.

2.10 It's also important to ensure that any networked or organised abuse is identified and investigated. It is beyond the remit of LITTLE LIGHTS BABY HOSPICE to investigate; however, the safeguarding lead signposting to appropriate agencies for support if known.

15. Information-sharing guidance

15.1 Organisations need to share safeguarding information with the right people at the right time to:

- Prevent death or serious harm when the risk is imminent.
- Co-ordinate effective and efficient responses and enable early interventions to prevent the escalation of risk.
- Prevent abuse and harm that may increase the need for care and support.
- Maintain and improve good practice in safeguarding adults.
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse.
- Identify low-level concerns that may reveal people at risk of abuse.
- Help people to access the right kind of support to reduce risk and promote wellbeing.
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour.
- Reduce organisational risk and protect reputation.

15.2 Principles of information sharing

- Adults have a general right to independence, choice and self-determination, including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances.
- The key safeguarding principles (see section 5.1) should underpin all safeguarding practice, including information-sharing.
- Adults also have a right to make their own decisions even if we consider these to be unwise and don't agree with the decision. The adult has the capacity to assess the risk, unless deemed otherwise.

15.3 Legislation on information-sharing

- All staff and volunteers should always report safeguarding concerns in line with their organisation's policy.
- Organisational policies should have clear routes for escalation if a member of staff feels that a manager has not responded appropriately to a safeguarding concern – see LITTLE LIGHTS BABY HOSPICE **Freedom to speak up/Whistleblowing policy**.
- The management interests and reputation of an organisation should not override the need to share information to safeguard adults at risk of abuse.

- Information can be shared lawfully within the parameters of the UK General Data Protection Regulation (GDPR) and Data Protection Act 2018.
- The law does not prevent the sharing of sensitive, personal information **within** organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented. There should be a local agreement or protocol in place setting out the processes and principles for sharing information between organisations.

15.4 Consent and confidentiality

2.11 All staff should understand the importance of sharing safeguarding information, and the potential risks of **not** sharing it. Early intervention by the appropriate agencies may prevent the escalation of risk and harm to a Adult at risk.

- If someone tells you that they are experiencing or at risk of abuse, you should gain their consent to share information (unless there is an immediate risk of harm to themselves or others). You cannot give them a personal assurance of confidentiality.

2.12 If you feel that you need to share the person's information without their consent, you should tell them, if telling them does not increase risk. Consider whether telling someone that you will be sharing their information might lead to them or another person being harmed.

- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.

15.5 Multi-Agency Risk Assessment Conference (MARAC)

A MARAC is a meeting that is held to discuss the highest risk cases of domestic abuse and sexual violence, to share information and to safety plan to safeguard a victim. The MARAC will specifically address the safeguarding needs of the adult victim, but will also take into consideration any children or unborn babies.

The MARAC brings together agencies who may be working with an individual; by sharing information between the agencies, a better-informed risk assessment and safeguarding action plan can be put in place. A DASH (Domestic Abuse Stalking and Honour Based Violence) risk assessment is available on https://www.dashriskchecklist.co.uk to help determine whether a referral to MARAC is required.

16. PREVENT programme

Extract from **RCN Intercollegiate document adult safeguarding: roles and competencies for health care staff:**

In a similar way to safeguarding processes, the Prevent Programme is designed to safeguard people by protecting them from gang activity, drug abuse, and physical and sexual abuse. The Counter Terrorism and Security Act 2015 introduced a duty on the NHS in England, Wales and Scotland: in the exercise of their functions, they must have due regard to the need to prevent people from being drawn into terrorism. Healthcare staff will meet and treat people who may be drawn into terrorism. The health sector needs to ensure that health workers are able to identify early signs of an individual being drawn into radicalisation in line with Prevent framework. This guidance encourages all staff to ensure they are in receipt of the appropriate competency training.

LITTLE LIGHTS BABY HOSPICE follows the RCN Prevent Training and Competencies Framework.

If any member of staff has a concern about a Adult at risk potentially being drawn into terrorism or radicalisation, they should inform the hospice Safeguarding Lead. The Safeguarding Lead should in the first instance contact their local authority PREVENT officer or make a referral to the Police.

17. Professional Boundaries and Position of Trust

Staff, volunteers, students, trustees, counsellors, therapists and contractors must maintain professional boundaries at all times. Any breach of professional boundaries may constitute a safeguarding concern and may result in disciplinary action, referral to safeguarding agencies, professional regulators and the Disclosure and Barring Service.

18. Staff recruitment and selection

Please refer to the LITTLE LIGHTS BABY HOSPICE **Recruitment and selection policy**. As a minimum the following must be implemented:

Job descriptions should refer to safeguarding responsibilities where appropriate.

Employment history: The application documents must show a detailed employment history with explanations for any gaps in employment.

References: Two written references should be taken up. The referee should state their relationship to/knowledge of the applicant.

Professional qualifications: Applicants are required to show original copies of qualifications, and these must be verified by the Head of Department (or Deputy Head of Care for clinical staff) prior to a job offer being made.

Identity: Applicants are required to show original copies of ID documentation (e.g. passport); a copy will be held within the personal file.

Probationary period: All appointments should be conditional on successful completion of an agreed probationary period. Within the induction period, all new staff will be made aware of this policy and complete safeguarding training in accordance with LITTLE LIGHTS BABY HOSPICE **Learning and development policy**.

(Volunteer role descriptions should refer to safeguarding responsibilities where appropriate.)

Disclosure and barring service (DBS)

ALL applicants will be required to declare in writing any convictions (spent and unspent). This will be declared on the Organisation's application form, and all applicants will also be asked to declare this verbally at interview. Applicants are made aware that the Rehabilitation of Offenders Act does not apply to all positions within Little Lights Baby Hospice.

Enhanced level DBS checks will be completed for:

2.13 ALL LITTLE LIGHTS BABY HOSPICE job applicants (including senior managers and directors).

2.14 Anyone applying to be a LITTLE LIGHTS BABY HOSPICE Trustee.

2.15 Anyone applying for a volunteer role where they will have direct contact with the children and young people we support.

- DBS checks will be repeated for all employees and volunteers (including Trustees) every 3 years.

2.16 For volunteers who are not hospice-based and without direct contact with children and young people, a Standard DBS may be appropriate; the decision as to the level of DBS check will depend on the nature of the role.

19. Training and development

All staff and volunteers should understand who safeguarding applies to, and how to report a safeguarding concern.

Safeguarding noticeboards containing safeguarding information and resources will be located within the hospice.

The LITTLE LIGHTS BABY HOSPICE **Learning and development policy** mandatory training programmes reflect the RCN intercollegiate document (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff. The mandatory programmes state which e-learning modules staff must complete at induction and how often the modules must be repeated. These include safeguarding children and safeguarding adults at the appropriate level.

It is the responsibility of line managers for each department within the hospice to ensure that their staff complete the appropriate level of training in relation to safeguarding adults and are familiar with this Safeguarding adult's policy.

Volunteers: LITTLE LIGHTS BABY HOSPICE volunteer leads must ensure that volunteers complete e-learning for safeguarding adults appropriate to their role. This will normally follow the mandatory training programme for non-clinical staff in the **Learning and development policy**. Volunteers must also be familiar with this Safeguarding adults policy.

20. Legislation

The Care Act 2014 and ***care and support statutory guidance*** (updated March 2024) is the legal framework for Adult Social Care. It places a duty on councils to support and promote the wellbeing and independence of working age disabled adults and older people and their unpaid carers and gives them more control of their care and support.

The Safeguarding Vulnerable Groups Act 2006: this Act was passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and Adult at risks from gaining access to them through their work.

Children and Families Act 2014: aims to ensure that all children, young people and their families are able to access the right support and provision to meet their needs.

Domestic Abuse Act 2021 and statutory guidance: aims to provide clear information on what domestic abuse is, provide and signpost support to those organisations who need to respond, and convey standards and best practice for agency and multi-agency response.

Equality Act 2010: Everyone in Britain is protected by the Equality Act. The protected characteristics under the Act are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law.

Counter Terrorism and Security Act 2015 As part of the Government's strategy to reduce terrorism in the UK, this Act introduced a range of measures with the aim of countering the threat of radicalisation and the risk of people being drawn into terrorism.

The Serious Crime Act 2015 It updates existing law dealing with the proceeds of crime, cyber-crime, serious crime prevention orders, gang injunctions, child cruelty, female genital mutilation (FGM) and the commission of certain terrorism offences abroad. *Section 76 Serious Crime Act 2015* (SCA 2015) created the offence of controlling or coercive behaviour in an intimate or family relationship (CCB).

Sexual Offences Act 2003: This act modernised the law by prohibiting any sexual activity between a care worker and a person with a mental disorder while the relationship of care continues.

The Worker Protection (Amendment of Equality Act 2010) Act 2023 which came into effect on 26 October 2024 introducing a legal duty for employers to proactively take reasonable steps to prevent sexual harassment.

Other legislation for reference

- **The General Data Protection Regulation (GDPR) and the Data Protection Act 2018**
- **Voyeurism offences Act 2019**
- **The Mental Capacity Act, 2005 (**including Deprivation of Liberty Safeguards)
- **The Mental Health Act, 1983 and the New Code of Practice 2015**

2.17 **Criminal Justice Act 2003**

21. References

Local Safeguarding Partnership procedures - see Appendix 1 for contacts

HM Government **Information sharing advice for safeguarding practitioners**

Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers. (updated May 2024) [Accessed August 2026]

Royal College of Nursing Intercollegiate Document: Adult Safeguarding: Roles and Competencies for Health Care Staff (2024) [Accessed August 2026]

CQC updated information on safeguarding children and adults in England: *https://www.cqc.org.uk/news/stories/cqc-updates-information-safeguarding-children-adults-england* (updated May 2022) [Accessed August 2026]

Social care institute for excellence: Types and indicators of abuse: *www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse/ (last reviewed December 2020)* [Accessed August 2026]

Appendix 1: Local Safeguarding Boards

Local council/LSP web pages will show procedures for safeguarding adults including how to make a referral; LITTLE LIGHTS BABY HOSPICE staff must follow these procedures at all times.

If a member of the public considers that there is an **emergency situation** relating to adult safeguarding, they should dial 999 for the Police and report the situation.

LIVERPOOL AND KNOWSLEY

Liverpool Safeguarding Adults Board	https://liverpool.gov.uk/adult-social-care/professional-referrals/safeguarding-adults/safeguarding-adults-board/
Knowsley Safeguarding Adults Board	https://knowsleysafeguardingadultsboard.co.uk/

Appendix 2: Definitions/ types and patterns of abuse and neglect in adults

Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance. It is important to respond if someone is being abused, or at risk of being abused.

The following definitions are adapted from the Department of Health and Social Care's care and support statutory guidance issued under The Care Act 2014. The list is not exhaustive.

Psychological/emotional abuse
Includes: threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, gaslighting, coercion, grooming, radicalisation, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, withholding affection, shouting, depriving the person of the right to choice, information and privacy, cyber bullying. Behaviour that has a harmful effect on the Adult at risk's emotional health and development.

Institutional abuse
Includes: neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practices as a result of the structure, policies, processes and practices within an organisation.

Neglect and actions of omission
Includes: ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Physical abuse
Includes: Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing; rough handling; scalding and burning; physical punishments; inappropriate or unlawful use of restraint; making someone purposefully uncomfortable (e.g. opening a window and removing blankets); involuntary isolation or confinement; misuse of medication (e.g. over-sedation); forcible feeding or withholding food; unauthorised restraint, restricting movement (e.g. tying someone to a chair).

Financial or material abuse
Includes: theft, fraud, internet scamming, coercion in relation to the adult's financial affairs or arrangements in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. Preventing a person accessing their own money, benefits or assets. Denying assistance to manage or monitor financial affairs. Exploitation of a person's money or assets – e.g. unauthorised use of their vehicle.

Discriminatory abuse
Includes: forms of harassment, slurs or unequal treatment based on race, gender and gender identity, age, disability, sex, sexual orientation, religion, marital/partnership status, being pregnant or on maternity leave.

Domestic abuse
Includes**:** any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 years or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can be, but not limited to: psychological, sexual, financial and emotional.

See LITTLE LIGHTS BABY HOSPICE **Safeguarding children policy** for female genital mutilation (FGM) which has a mandatory reporting requirement for women under 18 years. For the purposes of this duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).]

Self-neglect
This covers a wide range of behaviour such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding; failure to seek help or access services to meet health and social care needs; inability or unwillingness to manage one's personal affairs.

Modern slavery
Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Sexual exploitation including escorting, prostitution, pornography. Debt bondage - where people are forced to work to pay off a debt which will realistically never be paid off.

Sexual abuse
- Rape, attempted rape or sexual assault; inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure
- Grooming