SAFEGUARDING CHILDREN POLICY

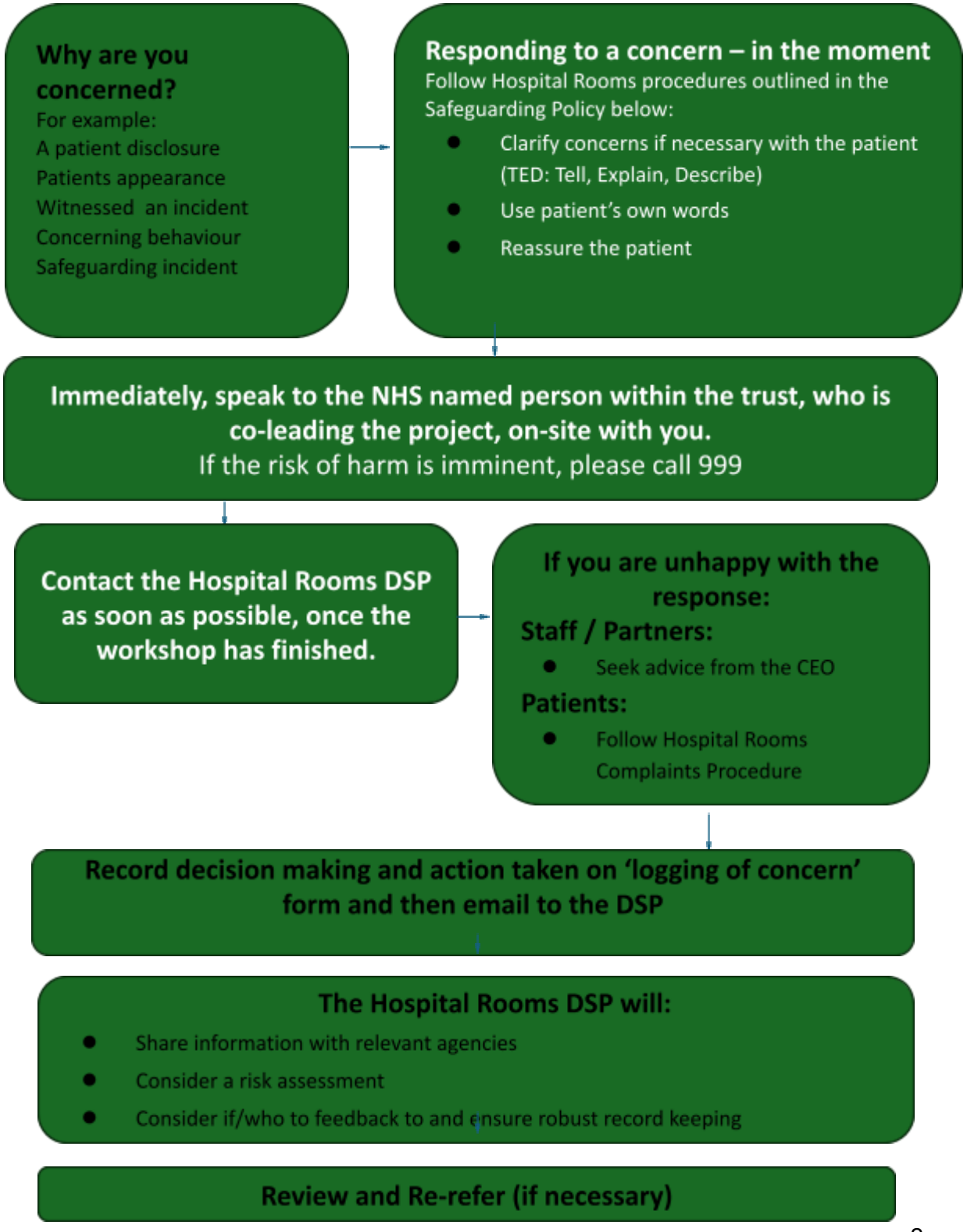
Hospital Rooms is an arts and mental health charity that brings extraordinary art and creative activity to some of the most marginalised members of society. We co-create acclaimed projects within specialist mental health services that provide interventions to children, young people, and their families who are experiencing or are most vulnerable to mental ill health. We commission world-class artists to work with children, young people, and staff in collaborative and responsive workshops. Together, we are radically transforming bleak clinical environments and making them imaginative and thoughtful.

Key contacts

	Name	Contact information
Designated Safeguarding Person (DSP)	Alison Acampora	alison@hospital-rooms.com 07976570882
Deputy Designated Safeguarding Person (DDSP)	Naomi Credé	naomi@hospital-rooms.com 07973255557
Safeguarding Trustee	Emma Wadey	emmalwadey@gmail.com **07974 407 678**
Local Safeguarding Children's Partnership	Tower Hamlets Safeguarding Children's Partnership	THSCP website
Children's Referral Pathway (MASH)	Tower Hamlets MAST	If you have a concern about the welfare or safety of a child during the office hours of 9am to 5pm, you should contact the Tower Hamlets MAST (Multi-Agency Support Team): ● Tel: 020 7364 5006 option 3 ● Extensions: 5606/5601/5358/7796 ● Email: **MAST@towerhamlets.gov.uk** If a child is in immediate danger, please call the police on 999. Your responsibility is to report your concerns. A social worker will follow these up with any necessary investigations or assessment or alternatively contact: ● Emergency Duty Team (EDT) – Out of hours service ● Tel: 020 7364 4079 (after 5pm and at weekends).

LADO / PiPOT	Tower Hamlets LADO	*Telephone 020 7364 0677* or by email LADO@towerhamlets.gov.uk

What to do if you have a Safeguarding Concern?



At all stages the patient's circumstances will be kept under review. The DSP team will re-refer if required to ensure the patient's safety is paramount.

Key principles

Hospital Rooms recognises the importance of providing an ethos and environment that helps children feel safe, secure, and respected; encourages them to talk openly; and enables them to feel confident that they will be listened to. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection, and justice.

- It is a whole organisation responsibility to safeguard and promote the welfare of children as its paramount concern.
- All children, regardless of age, gender, ability, culture, race, language, religion, or sexual identity, have equal rights to protection.
- All children have a right to be heard and to have their wishes and feelings taken into account.
- All staff understand safe professional practice and adhere to our code of conduct and other associated policies.
- All staff have a responsibility to recognise vulnerability in children and act on any concern in accordance with this guidance.

Main elements of our Safeguarding Policy:

- **Prevention:** Positive, supportive, safe organisational culture, safer recruitment procedures, and creative opportunities for children.
- **Protection:** Following the agreed procedures, ensuring all staff are trained and supported to respond appropriately and sensitively to safeguarding concerns.
- **Support:** Providing support for all children, their families, and staff, and where appropriate, specific intervention for those who may be at risk of harm.
- **Working with families and other agencies:** Ensuring appropriate communications and actions are undertaken in collaboration with families and other agencies.

Hospital Rooms is committed to partnership working with the Tower Hamlets Children's Partnership, a multi-agency partnership with representation from organisations that work with and support children, or other Local Safeguarding Children's partnerships, depending on where a child is located.

Hospital Rooms' position on duty of care to children will be referred to or included in recruitment, training, moderation, and policy materials where appropriate, and the policies are openly and widely available and actively promoted within the organisation.

Section 1: Good practice guidelines for staff, volunteers and partners

1.1 Definition of safeguarding children

- Protecting children from maltreatment.
- Preventing impairment of children's mental and physical health or development.
- Ensuring that children are provided with circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

Child Protection: A part of safeguarding and promoting welfare, referring to the activity undertaken to protect specific children who are suffering, or likely to suffer, significant harm.

Designated Safeguarding Person (DSP)

DSP: Hospital Rooms Managing Director Alison Acampora (See Key Contacts above)

Deputy DSP: Hospital Rooms Co-Founder Niamh White (See Key Contacts above)

- Ensure the safeguarding policy is up to date.
- Ensure all staff and freelancers are aware of the procedures, know how to follow them, and receive appropriate training, especially regarding working in mental health units (see training summary below).
- Discuss specific concerns and take appropriate action.
- Keep accurate records relating to individual concerns and disclosures in a secure place.
- Undertake policy updates every year.
- Ensure work experience placements are well planned and safe.
- Ensure events arranged by Hospital Rooms that may be attended by patients (online or in-person) are safe.
- Monitor staff and freelancers roles, ensuring that checks are done in accordance with government advice and regulations.
- Make appropriate referrals to statutory agencies.

Trustees (incorporating the Safeguarding Working Group)

Safeguarding Trustee: Amie Corry (See Key Contacts above)

- All trustees should have a safeguarding induction within 6 months of their appointment. This includes a meeting with the DSP to explain the safeguarding measures in place at Hospital Rooms and completing a Safeguarding Awareness Training programme.
- It is the responsibility of the trustees to ensure appropriate action is taken when a disclosure or safeguarding incident occurs. Trustees should appoint and support the DSP to enable incidents and disclosures to be dealt with promptly and robustly.
- Trustees must ensure that a review of the effectiveness of the Safeguarding Policies is undertaken every year and ensure that all aspects of the policies are closely followed and communicated to those working with Hospital Rooms.
- Trustees must review the policy when activity changes, for example at the start of a project involving patients, or when the organisation changes significantly.
- Angela Samata is the trustee responsible for supporting the DSP in safeguarding incidents. The DSP is responsible for providing her with a register of who has received safeguarding inductions and training.

- Trustees should ensure that the DSP receives training to an appropriate standard (see Training) and that the DSP is chosen for their suitability.
- The Safeguarding Working Group is appointed by the Chair of Trustees and is responsible for reviewing policies and procedures and reporting findings to the Board of Trustees on an annual basis, or as required.

Senior Managers (i.e. Senior Project Curators) and Heads of Department

- Ensure the staff and contractors they line-manage have appropriate knowledge and skills, and communicate the appropriate procedures in dealing with safeguarding concerns.
- Identify the safeguarding lead at the NHS Trust in which a project is taking place, provide this information to the DSP, and exchange policies and procedures between organisations at the point project contracts are exchanged and signed.
- Ensure staff and contractors have access to both the Hospital Rooms safeguarding policy and that of the relevant NHS Trust (if applicable) and, if required, that staff and contractors have undertaken the correct level of training before entering into work on a mental health unit.
- Report any safeguarding concerns to the DSP.

All Staff and Contractors

- Read and sign the Hospital rooms Safeguarding policy / procedures, and the NHS Trust Safeguarding policies / procedures prior to starting work and on an annual basis, and refer questions to their line manager or DSP if they are unsure of what to do.
- Follow the guidance regarding Safeguarding Vulnerable Adults and Children required by their role. This includes completing mandatory training, and sharing concerns as soon as they arise with the NHS Safeguarding Lead and Hospital Rooms DSP.
- Everyone working on behalf of Hospital Rooms accepts that the welfare of patients who come into contact with the project in connection with its tasks and functions is paramount, and that they will report any concerns about a patient or somebody else's behaviour using the procedures below.
- All those who are involved with projects on behalf of Hospital Rooms should adhere to the Hospital Rooms Staff Code of Conduct.
- Information relating to any allegation or disclosure will be clearly recorded as soon as practicable, following the record keeping process below.
- A culture of mutual respect between patients, and those who represent Hospital Rooms in all its activities will be encouraged, with adults modelling good practice in this context.
- It is part of Hospital Rooms' acceptance of its responsibility of duty of care towards patients that anybody who encounters safeguarding concerns in the context of their work on behalf of Hospital Rooms will be supported when they report their concerns.

Young People undertaking work experience placements

- Office-based work experience placement students (16+) will understand that they have a part to play in safeguarding themselves. They will receive some information on what to expect and who to talk to (in the event of safeguarding concerns) during their induction by the DSP.

- This will include information about working online and undertaking social media for Hospital Rooms safely.

1.3 Recognising the signs and symptoms of abuse

Definitions of Abuse: Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in family or in an institutional or community setting by those known to them or by a stranger. They may be abused by an adult or adults or another child or children. People of any gender can be involved in the abuse of children. There are four main types of abuse:

- Physical abuse
- Neglect
- Emotional abuse
- Sexual abuse

Please read Appendix 1 for a full summary of the categories of abuse.

Hospital Rooms staff are made aware that child welfare concerns may arise in many different contexts and can vary greatly in terms of their nature and seriousness. Children may be abused in a family, institutional, or community setting, by those known to them or by a stranger. They may be abused by an adult or adults, or another child or children. Children may be abused via the internet by their peers, family members, or by unknown and sometimes unidentifiable individuals. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives.

Abuse and neglect can happen over a period of time, but can also be a one-off event. Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development, and well-being.

The warning signs and symptoms of child abuse and neglect can vary from child to child. Children also develop and mature at different rates, so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so Hospital Rooms staff should also be alert to parent-child interactions that are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health.

By understanding the warning signs, we can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn’t automatically mean a child is being abused.

1.4 Recognising additional vulnerabilities and risk

Hospital Rooms staff are aware of the range of risk that may present in the life of a child including:

- Criminal Exploitation (including Child Criminal Exploitation)
- Sexual Exploitation (including Child Sexual Exploitation)
- Child on Child Abuse
- Domestic Abuse
- Mental Health

- Homelessness
- So-called Honour Based Abuse (including FGM & Forced Marriage)
- Preventing Radicalisation
- Sexual Violence and Sexual Harassment
- Serious Youth Violence
- Cyber Crime

Please read Appendix 2 for a full summary of the additional vulnerabilities and risk.

Adultification Bias: Hospital Rooms recognises that not all children are afforded the same response and care from professionals and statutory services when it comes to safeguarding. Adultification bias is where children are perceived as being more adult-like, where their innocence and vulnerability is erased over time and where they are seen through a lens of deviancy and not necessarily acknowledged as deserving victims. The preconditions of adultification are based on various biases which intersect, such as systemic inequalities and where certain communities, and particularly those from Black communities, are pathologized, and considered an "other", and therefore not necessarily seen through a lens of safeguarding. Adultification can lead to professionals placing a level of responsibilisation on Black children to protect themselves instead of their responsibility to safeguard and protect them.

Contextual Safeguarding: Contextual Safeguarding recognises that as children and young people grow and develop they are influenced by a whole range of environments and people outside of their family. For example, in school or college, in the local community, in their peer groups, or online. Children and young people may encounter risk in any of these environments. Sometimes the different contexts are inter-related and can mean that children and young people may encounter multiple risks. Contextual safeguarding looks at how we can best understand these risks, engage with children and young people, and help to keep them safe.

1.5 Responding to concerns regarding a child

Safeguarding concerns can relate to:

- Information you overhear, e.g., a child talking to another child about an incident.
- A concern you observe, e.g., a visible injury, or a child's knowledge which is not age-appropriate.
- Information passed to you by another person, e.g., a family member of a child.
- Something a child tells you. This is known as a disclosure.

Who can a child make a disclosure to and when can this happen?

- A child may make a disclosure at any time to any member of staff or freelancer.

How to respond to a disclosure:

- Evidence shows that some individuals have made repeated attempts in the past to make a disclosure and have been unsuccessful.
- Remember, it is a great compliment to you if a child feels they can disclose information to you.
- Even if you are busy, please STOP what you are doing and LISTEN if a child says they want to speak to you.

- Some children feel more comfortable speaking to someone while sitting or standing alongside another person rather than making direct eye contact.
- Do not interrupt the child while they are speaking to you. Repeat back to them what they have told you to clarify your understanding.
- Use the TED technique where needed: Tell, Explain, Describe.

What to say if a child asks you to promise confidentiality:

- Tell the child how pleased you are that they have spoken to you.
- Reassure the child that what they have told you will be taking seriously.
- Explain that you will have to pass the information on to certain people, such as the NHS Safeguarding Lead or another member of the DSP team.
- Reassure the child that the person you are passing the information on to will be able to support them.

What to say if another adult asks you to promise confidentiality:

- The same procedure as above applies to this situation.
- You can never make the promise of confidentiality to an adult, such as a family member.

Immediate Action – pass on your concerns:

- Immediately, speak to the NHS named person within the trust, who is co-leading the project, on-site with you.
- Contact the Hospital Rooms DSP as soon as possible, once the workshop has finished.
- If you deem a patient to be in immediate danger, you should call the emergency services by ringing 999.

Following any safeguarding incident, the DSP or Manager will follow the 'Incidents Policy' to consider next steps regarding the continuation of the session.

The above should also be ready alongside the Incident Policy which can be found on dropbox: Hospital Rooms / Governance / Incident Policy / 2025

1.6 Record keeping

- All concerns must be recorded as soon as possible after the incident/concerns, using the patient's words and recording on a 'Logging of concern' form, and body map which can be found on dropbox: (Hospital Rooms / Safeguarding / Safeguarding Templates / Logging of Concern or Body Map).
- The completed concern form must be shared with the DSP via e-mail, with the subject 'PRVIATE & CONFIDENTIAL'.
- All safeguarding concerns, discussions and decisions made and the reasons for those decisions will be recorded in writing by the DSP. If staff are in any doubt about recording requirements they must discuss their concerns with the DSP.
- Safeguarding records retained centrally and securely by the DSP, in line with Data Protection guidelines.
- The CEO will be kept informed of any significant issues by the DSP.

1.6 Reporting concerns and referrals

Hospital Rooms adheres to the Tower Hamlet's Child Protection Procedures and Practice Guidance. The full THSCP procedures and additional guidance relating to specific safeguarding issues can be found on the THSCP website

The role of Hospital Rooms in situations where there are child protection concerns is NOT to investigate, but to recognise and refer.

It is the responsibility of the DSP to work in partnership the NHS Safeguarding Leads regarding any concerns. The NHS Safeguarding Leads will receive and collate information regarding individual children, make immediate and ongoing assessments of potential risk, and decide necessary actions (with parents/carers in most cases). This includes making referrals to partner agencies and services.

Hospital Rooms staff, including DSP's are aware of the process for making referrals to MASH for statutory assessments under the Children Act 1989 or, in the case of an emergency, to call 999. (Please see contact details at the start of the policy)

In all but the most exceptional circumstances, parents/carers will be made aware of the concerns felt for a child or young person at the earliest possible stage. In the event of a referral being necessary, parents/carers will be informed and consent will be sought unless there is a valid reason not to do so.

In the absence of the availability of the NHS Safeguarding Lead the Hospital Rooms DSP discuss an immediate and urgent concern, Hospital Rooms staff can seek advice from the Local Multi-Agency Safeguarding Hub, within the Local Authority area where a child resides.

If anyone other than the DSP makes a referral to external services, they will inform the DSP as soon as possible.

On occasions, Hospital Rooms staff may pass information about a child to the NHS Safeguarding Leads but remain anxious about action subsequently taken. Staff should feel able to clarify with the NHS Safeguarding Leads further progress, so they can reassure themselves the child is safe and their welfare is being considered.

If after a referral a child's situation does not appear to be improving, the DSP (or the person that made the referral) will press for reconsideration to ensure that the organisation's concerns have been addressed and, most importantly, that the child's situation improves. Professional disagreements (escalation) will be responded to in line with the LSCP procedures, and DSP's may request support via the LSCP.

1.7 Confidentiality and information sharing

Hospital Rooms has an appropriately trained Data Protection Officer (DPO) Niamh White as required by the UK General Data Protection Regulations (UK GDPR) to ensure compliance with all matters relating to confidentiality and information sharing requirements.

Safeguarding raises issues of confidentiality that must be clearly understood by all staff at Hospital Rooms. All staff have a responsibility to share relevant information about the protection of patients with other professionals, particularly investigative agencies. It should be noted that:

- Timely information sharing is essential to effective safeguarding.
- Fears about sharing information must not stand in the way of promoting the welfare and protecting the safety of our patients.
- Staff will have due regard to the relevant data protection principles, which allow them to share and withhold personal information. The Data Protection Act 2018 and UK GDPR do not prevent the sharing of information for the purposes of keeping our patients safe. Fears about sharing information must not stand in the way of safeguarding and promoting the welfare and safety of patients, the Information Commissioner's Office (ICO), and the DfE 'Information sharing advice for safeguarding practitioners' (2024) guidance provide further details regarding information sharing principles and expectations. If staff are in any doubt about sharing information, they should speak to the DSP.
- If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if: it is not possible to gain consent; it cannot be reasonably expected that a practitioner gains consent; or if gaining consent would place a patient at risk.

Confidentiality is also addressed in this policy with respect to record-keeping and allegations of abuse against staff.

2.1 Procedure for Safer Recruitment

Hospital Rooms will ensure the recruitment and selection procedure is up to date with guidance and legislative requirements.

1. Commitment to Safeguarding: Hospital Rooms will include its commitment to safeguarding in all recruitment and selection materials.
2. Role Descriptions: Hospital Rooms will maintain up-to-date role descriptions.
3. Engaging candidates: Hospital Rooms will ensure methods for recruiting volunteers, staff, and trustees contain all necessary information about the role and our commitment to safeguarding.
4. Information Pack: Hospital Rooms will compile a suitable information pack for volunteers, staff, and trustees containing all required information about Hospital Rooms, the role, and the safeguarding policies.
5. Application Review: Hospital Rooms will review each application for a volunteer, staff, or trustee role systematically by the Hospital Rooms team.
6. Selection Process: Hospital Rooms will make confident selections of volunteers, staff and trustees based on their demonstration of suitability for the role.
7. Professional References: Two professional references will be required for all staff/volunteers and trustees.
8. Interviews: All volunteers and/or staff will be interviewed by at least two members of staff prior to starting work with Hospital Rooms.

DBS Policy and Procedure Statements

1. Conditional Employment: Hospital Rooms will inform all volunteers, staff, and trustees that working with Hospital Rooms could be conditional on receiving satisfactory information from all necessary checks.
2. Disclosure of Convictions: All positions are exempt from the provisions of the Rehabilitation of Offenders Act 1974. All applicants must declare all previous convictions and cautions, including those normally considered "spent," except those filtered in accordance with the DBS filtering rules. It is unlawful for Hospital Rooms to employ anyone barred from working with children or vulnerable adults.
3. Legally Justifiable Checks: Hospital Rooms will undertake DBS Checks and Barred List checks only in legally justifiable circumstances, with each role risk assessed accordingly.
4. Enhanced DBS Checks: Hospital Rooms will subject anyone working or volunteering in 'regulated activity' to an Enhanced DBS check and a check against the list of people barred from working with children.
5. Standard DBS Checks: Hospital Rooms will subject anyone working or volunteering in an environment where patients are present, or who have access to personal or sensitive data related to young people, but not carrying out regulated activity, to a Standard DBS check.
6. DBS Checks by Hospital Rooms: DBS checks must be undertaken by Hospital Rooms and will not be accepted if carried out by another organisation unless the applicant has signed up to the Update Service after having a check processed by another organisation.
7. Annual Updates: In this scenario, an update must be run annually by Hospital Rooms, or before each new programme (whichever is more frequent).
8. Validity of DBS Checks: DBS checks issued by Hospital Rooms will be valid for three years.
9. Risk Assessment: If the applicant has not been barred from working with children or vulnerable adults but checks have raised concerns (e.g., a criminal record), Hospital Rooms will carry out a risk assessment to ascertain whether the applicant is suitable to work with patients.

Roles Subject to Enhanced and Standard DBS Checks

1. Enhanced DBS Checks: Roles involving teaching, training, supervising, advising, treating/transporting, or caring for children, or providing advice/guidance on well-being to children, occurring once a week or more, or 3 or more days in a 30-day period, and not always supervised, are eligible for an Enhanced DBS check with a DBS Children's Barred List.
2. Standard DBS Checks: Roles involving unregulated activity, such as Co-Directors, Trustees, Staff team, Artists, Freelance collaborators, and Volunteers, are subject to Standard DBS Checks.

GDPR Compliance: Information collected as part of the DBS process will be handled and stored in line with GDPR legislation and Hospital Rooms GDPR policy and procedures.

The above should also be ready alongside the Safer Recruitment Policy which can be found on dropbox: Hospital Rooms / Governance / Policy / 2025

2.2 Procedure for training of staff

All new staff will receive induction training and have a named manager with whom they can discuss concerns, including safeguarding concerns. The induction process will include familiarisation with

safeguarding responsibilities and procedures to be followed if staff have any concerns about a patient's safety or welfare.

Additionally, all staff will have annual updates as well as access to policy updates. The staff member also plays a part in identifying areas they feel they require training in and may make requests to the trustees via the DSP.

Upon receiving the safeguarding policy, each staff/volunteer member will confirm in writing that they have read it. Trustees' confirmation will be minuted at board meetings.

All Hospital Rooms staff will receive Safeguarding Awareness training every two years as outlined in the table below. Staff that lead workshops and deliver projects with patients in mental health units, work with patients on a regular or prolonged basis, for instance delivering workshops or projects in CAMHS services as part of their job description (i.e. Project Curators) will receive Advanced Safeguarding training every two years. New staff will access Awareness (and Advanced, if required) during their induction period.

Training will be delivered by external providers, most usually from a range of courses on offer, either in person or digitally.

The DSP will produce an annual compliance report for all mandatory courses to be reviewed by the Board of Trustees.

Course Contents	**Competence Level**	**Delivery Method**
Safeguarding Adults Awareness	All Hospital Rooms permanent staff and Trustees (unless Trustees can evidence other external training in excess of this)	At induction Online Training then every 2 years or at the start of a project (whichever comes first)
Advanced Safeguarding Vulnerable Adults	Project Curators; Senior Project Curators leading a project in an adult mental health unit	Every 2 years or at the start of a project (whichever comes first)
DSP: Safeguarding Vulnerable Adults	Designated Safeguarding team / Strategic Safeguarding responsibly	Every 2 years or at the start of a project (whichever comes first)
Safeguarding Children Awareness	All Hospital Rooms permanent staff and Trustees (unless Trustees can evidence other external training in excess of this)	At induction Online Training then every 2 years or at the start of a project (whichever comes first)
Advanced Safeguarding Children	All Project Curators leading young people's (under 18) projects	Every 2 years or at the start of a project (whichever comes first)
DSP: Safeguarding Children	Designated Safeguarding team / Strategic Safeguarding responsibly	Every 2 years or at the start of a project (whichever comes first)

2.3 Supervision process

Any member of staff who is affected by issues arising from concerns for a patient's welfare or safety can seek support from the DSP team.

Hospital Rooms will provide appropriate supervision and support for roles where required to ensure:

- Competency to carry out their responsibilities for safeguarding and promoting the welfare of patients.
- Creation of an environment where staff can raise concerns and feel supported in their safeguarding role.
- Regular review of their own practice to ensure continuous improvement over time.

Hospital Rooms provides permanent staff with access to one on one, monthly, hour-long therapy sessions with an accredited psycho-therapist. Staff can choose either in person or online sessions.

Section 3: Code of Conduct

Hospital Rooms all staff to adhere to the Staff Code of Conduct and adhere to its principles of good practice in their approach to all patients. Your attention is drawn to the position of trust you hold in working with patients.

Staff should:

1. Always be supervised by a member of the NHS staffing team.
2. Always use Hospital Rooms equipment for photography and digital engagement.
3. Ensure consent has been obtained (via consent forms) for any use of digital imagery of patients.
4. Follow Hospital Rooms procedures for data upload, storage, and retention.
5. Value and respect everyone as individuals, with diverse experiences and backgrounds.
6. Challenge bullying, prejudice, and discrimination as you encounter it.
7. Maintain professional boundaries with patients, ensuring your role and relationship with them and the organisation is clear.
8. Avoid unnecessary physical contact with patients (see below)
9. Use appropriate language and behaviour when communicating with patients, even in fun, as this could be misinterpreted.
10. Be mindful of what personal and private information you disclose about yourself.
11. Be aware of indicators of risks and changes in patients, and feel confident in recognising and sharing concerns, however minor they may seem.
12. Be explicit with patients about your duty of care and when and why you might have to refer your concerns to other agencies or speak to the DSP.
13. Recognise that those who abuse patients can be of any age, gender, ethnic background, or class, and do not allow personal preconceptions to prevent appropriate action.

Staff and Volunteers should not:

1. Take photos or video footage of patients on your personal phone or device.

2. Be left alone with patients. Undertake lone working. Workshops with patients will always be supervised by staff from the mental health facility.
3. Take vocal recordings of patients.
4. Accept friendship or follow requests from patients on social media.
5. Develop social relationships with patients.
6. Minimise, ignore, or exaggerate anything you are concerned about. Differentiate between fact and opinion.
7. Initiate any unnecessary physical contact with patients.
8. Have, or be perceived to have, favourites.
9. Engage in inappropriate conversations or behaviour with or around patients, including with other staff, volunteers, or visitors.
10. Contact patients or their families using your personal phone number, email account, or any private messaging function, or share your personal contact details with patients.
11. Accept/respond to social media requests from patients without informing the DSP and seeking advice on how to proceed.
12. Assume you fully know or understand someone's circumstances or history.
13. Use physical punishments or chastisement.
14. Partake in any form of sexual activity with patients, including grooming. This is not permitted and represents a breach of Hospital Rooms' Code of Practice.

Physical Contact

For the Purpose of Maintaining Safety (Non-Procedural Contact)

Hospital Rooms recognises that occasionally, for reasons of safety, non-procedural contact may occur (e.g., if a staff member puts an arm out to prevent a patient from being harmed). Staff will always shout a warning to the patient and explain why the contact took place to reassure them.
Non-procedural contact is only condoned for the immediate safety of the patient. Please share the contact with your line manager or DSP as soon as possible.

As a communication of comfort or reassurance

Patients may seek or need physical contact for reassurance or to help them calm down. Hospital Rooms' work will always be supervised by staff within the mental health facilities, who hold the lead relationship with the patient. Staff will always endeavour to be sensitive towards patients who might find any form of touching frightening. Staff will not try to hug patients unless they initiate it, and will be economical about physical contact without appearing cold to the patient.

Ratios

Hospital Rooms will be guided by the best practice of the mental health units in which they are delivering activities and will ensure the following ratios as an absolute minimum, as per NSPCC guidelines:

- Ratio of 1:10 adults to young people aged between 13 and 18.
- Ratio of 1:8 adults to children aged between 9 and 12.

The above should also be ready alongside the Staff Code of Conduct which can be found on dropbox: Hospital Rooms / Governance / Staff Code of Conduct.

Section 4: Procedure for responding to concerns, suspicions or allegations against a member of staff

4.1: Responding to concerns

As part of our commitment to safeguarding, Hospital Rooms has fostered a culture of openness, trust, and transparency. Our values and expected behaviours, as outlined in our Staff Code of Conduct.

Staff are encouraged to self-refer if they find themselves in situations that could be misinterpreted, appear compromising to others, or upon reflection, believe they have acted below the expected professional standards. This includes concerns that may be perceived as deliberately invented or malicious, which are extremely rare. All concerns should be reported to your line manager or DSP and documented.

All staff should feel empowered to raise any concerns about poor or unsafe practices and potential failures in Hospital Rooms' safeguarding procedures. The leadership team at Hospital Rooms takes all concerns or allegations seriously.

All staff members are informed about Hospital Rooms' Whistleblowing procedure. It is a disciplinary offence not to report concerns about a colleague's conduct, both within Hospital Rooms or within a partner agency, that could place a patient at risk.

When raising your concern, it is advisable that you report your concern as early as possible. A significant delay in reporting the matter may make the subsequent investigation difficult to pursue. Please note you do not have to work through these in order and can jump to step 3 should you think this is appropriate.

Step 1
As a first step, you should report any concerns to Niamh**:**

Contact details
Niamh White / niamh@hospital-rooms.com / 07427141245

Ensure your concerns are recorded in writing using the 'Record of Allegation form which can be found in the dropbox: Hospital Rooms / Safeguarding / Safeguarding Templates / Record of Allegation form

If you feel hesitant about putting your concerns in writing at this stage, you should speak to Niamh and arrange to meet with them. However, you may be asked to put the details in writing at a later stage.

Step 2
If you feel the matter is extremely serious, sensitive or involves Niamh, you may report the matter, in the manner set out in Step 1 above to the Safeguarding Trustee:

Contact details
Amie Corry / amiecorry1@gmail.com / 07872593308

Step 3

If you are not confident in approaching any of the named persons in steps one or two then, in order to raise your concern, **YOU CAN AT ANY STAGE CONTACT**:

Contact details
Tower Hamlets LADO: *020 7364 0677* / LADO@towerhamlets.gov.uk
NSPCC Whistleblowing Advice Line: 0800 028 0285 or help@nspcc.org.uk

4.2 Responding to low level concerns

There may be circumstances where allegations are about poor practice rather than abuse. In such cases, the DSP will consult with the Lead Safeguarding Trustee. If the investigation shows the allegation is about poor practice, Hospital Rooms will determine how best to address this, e.g., through performance management or disciplinary procedures.

4.3 Managing allegations against staff

See Appendix 2 for the Management of Allegation flowchart.

Initial Assessment: The DSP will determine if the police and/or the LADO (Local Authority Designated Officer / PiPOT (Person in Position of Trust) need to be contacted. There may be multiple inquiries depending on the nature of the concern: a child protection / adults inquiry, police investigation, and/or a disciplinary process.

Documentation: The DSP will require a written account from the staff member hearing the allegation/concern and a summary of any additional information, including names and addresses of potential witnesses. Both documents should be signed and dated.

Investigation: Investigations will be conducted quickly, fairly, and impartially. The staff member should be informed about the allegation or concern as soon as possible, but not before consultation with the DSP and the relevant NHS Safeguarding Lead. The outcome of any investigation must be recorded and a copy kept on the staff member's personnel file.

Non-Retaliation: Under no circumstances should the accused or their colleagues contact or retaliate against those who raised the concern or those involved in the investigation.

Confidentiality: Those managing the concern must not discuss the situation with others, except for cooperating fully with those performing the inquiry. Failure to comply may result in disciplinary action.

Support for Accused: If an allegation is made, the accused staff member should speak with the identified support person for advice/support. The DSP will keep the staff member informed of the progress of the case.

Concerns About DSP: If the concerns are about the DSP, they should be raised with the Safeguarding Trustee.

Support for Staff Raising Concerns

Hospital Rooms will fully support and protect any staff member who, in good faith, reports their concern that a colleague is, or may be, abusing a patient. If an allegation is found to be malicious or fraudulent, Hospital Rooms retains the right to take appropriate action against the individual responsible for making the claim.

No Compromise Agreements

The fact that a staff member ceases to provide their services will not prevent an allegation/concern from being followed up and a conclusion reached.

Referral for Consideration of Barring

If an allegation/concern is substantiated and the person is dismissed or Hospital Rooms decides to cease using their services, the DSP, in conjunction with the NHS Trust involved, will decide whether a referral should be made to the Disclosure and Barring Service. A referral must be made within one month if Hospital Rooms believes the individual has harmed a patient or poses a risk of harm to patients.

Staff and Contractor Rights

- If an accusation is made against a staff member or contractor, they will be informed of the accusation in writing and given an opportunity to respond in person but will be asked to remain off-site during any investigation.
- The accuser will be able to enter the site and use the services of the organisation as normal.
- The organisation will comply with all requests or procedures made by the NHS Trust Safeguarding Lead.

Section 5: The legal framework and link to further internal policies and procedures

There is government guidance set out in Working Together to Safeguard Children December 2023 on how agencies must work in partnership to keep children safe. This guidance places a shared and equal duty on three Safeguarding Partners (the Local Authority, Police and Health) to work together to safeguard and promote the welfare of all children in their area under multi-agency safeguarding arrangements.

This policy takes into account and should be read in conjunction with other statutory and local guidance (this is not an exhaustive):

- Working together to safeguard children (DfE, 2023)
- What to do if you're worried a child is being abused (HMG, 2015)
- The Prevent Duty guidance (Home Office, 2023)
- FGM Mandatory Reporting
- Keeping children safe in education (DfE, 2024)
- Children Act (HMG, 1989)
- Children Act (HMG, 2004)
- Children's Social Care Act 2017

Appendix 1: Categories and indicators of abuse

Abuse: A form of maltreatment of a child. Abuse or neglect can occur by inflicting harm or by failing to act to prevent harm. Harm can include ill-treatment that is not physical, as well as the impact of witnessing ill-treatment of others. This is particularly relevant in cases of domestic abuse, where children may see, hear, or experience its effects. Abuse can occur in a family, institutional, or community setting, by those known to the child 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 adults or by other children.

Physical Abuse: A form of abuse that may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse: The persistent emotional maltreatment of a child, causing severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless, unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations, overprotection, limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another, serious bullying (including cyberbullying), causing children to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual Abuse: Involves forcing or enticing a child to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. Activities may involve physical contact, including assault by penetration (e.g., rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at or producing sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males; women and other children can also commit acts of sexual abuse.

Neglect: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing, and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators of concern:

Physical - *children with frequent injuries, unexplained or unusual fractures / broken bones, unexplained bruises, or cuts; burns or scalds; or bite marks*

Emotional - *children who are excessively withdrawn, fearful, or anxious about doing something wrong; parents or carers who withdraw attention from their child, giving the child the 'cold shoulder'; parents or carers blaming their problems on their child; parents or carers who humiliate their child (eg: name-calling / making negative comparisons)*

Sexual - *children who display knowledge / interest in sexual acts inappropriate to their age; children who use sexual language / have sexual knowledge that you wouldn't expect them to have; children who ask others to behave sexually / play sexual games; children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections / underage pregnancy*

Neglect - *children living in a home that is indisputably dirty or unsafe; children who are hungry or dirty; children without adequate clothing (eg: not having a winter coat, shoes); children living in dangerous conditions (eg: around drugs, alcohol or violence); children who are often angry, aggressive or self-harm; children who fail to receive basic health care; parents who fail to seek medical treatment when their children are ill or are injured*

Appendix 2: Additional Safeguarding concerns

Child Criminal Exploitation (CCE)

Child criminal exploitation (CCE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate, or deceive a child into criminal activity. This can be in exchange for something the victim needs or wants, for the financial or other advantage of the perpetrator, and/or through violence or the threat of violence. The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, ranging from opportunistic to complex organised abuse. The victim can be exploited even when the activity appears to be consensual and it does not always involve physical contact, as it can happen online.

Indicators of CCE:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Suffering from changes in emotional well-being
- Misusing drugs and alcohol
- Going missing for periods of time or regularly coming home late
- Repeated absences from education or being absent for a prolonged period
- Not taking part in education

Child Sexual Exploitation (CSE)

Child sexual exploitation (CSE) is a form of child sexual abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate, or deceive a child into sexual activity. This can be in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator. The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, ranging from opportunistic to complex organised abuse. The victim can be exploited even when the activity appears to be consensual. Childs who are being sexually exploited may not understand that they are being abused and may be tricked into believing they are in a loving, consensual relationship.

Indicators of CSE:

- Having an older boyfriend or girlfriend
- Suffering from sexually transmitted infections or becoming pregnant

Child-on-Child Abuse

Child-on-child abuse occurs when children abuse other children. This type of abuse can take place inside and outside of school, both face-to-face and online. Hospital Rooms has a zero-tolerance approach to sexual violence and sexual harassment. All children are at risk, but some groups are more vulnerable, including children with additional needs and disabilities, those living with domestic abuse, those at risk of significant harm, those at risk of exploitation, looked after children, children missing education, and LGBTQI+ children.

Forms of child-on-child abuse:

- Bullying (including cyber-bullying, prejudice-based and discriminatory bullying)
- Abuse in intimate personal relationships between children
- Physical abuse (hitting, kicking, shaking, biting, hair pulling)
- Sexual violence and harassment
- Causing someone to engage in sexual activity without consent
- Sharing of nude and semi-nude images/videos
- Up skirting
- Initiation/hazing type violence and rituals
- Prejudiced behaviour (homophobic, disabilities, radicalisation, race hate)

Domestic Abuse

Children can witness and be adversely affected by domestic abuse and/or violence at home. Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse, and child/adolescent to parent violence and abuse. It can be physical, sexual, financial, psychological, or emotional. Exposure to domestic abuse can have a serious, long-lasting emotional and psychological impact on children.

Mental Health

Mental health problems can be an indicator that a child has suffered or is at risk of suffering abuse, neglect, or exploitation. Staff will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one. If there is a mental health concern that is also a safeguarding concern, immediate action should be taken by following the safeguarding procedures.

Homelessness

Being homeless or at risk of becoming homeless presents a real risk to a child's welfare. The DSP and deputies will be aware of contact details and referral routes into the local housing authority to raise/progress concerns at the earliest opportunity. If a child has been harmed or is at risk of harm, the DSP will also make a referral to children's social care.

Honour-Based Abuse (HBA)

Honour-based abuse (HBA) encompasses incidents or crimes committed to protect or defend the honour of the family and/or community, including FGM, forced marriage, and practices such as breast ironing. Abuse in this context often involves a wider network of family or community pressure and can include multiple perpetrators. All forms of HBA are abuse and will be handled and escalated as such.

Female Genital Mutilation (FGM)

FGM involves the partial or total removal of female genitalia for non-medical reasons. Indicators that FGM has already occurred include difficulty walking, sitting, or standing, frequent urinary or menstrual problems, and prolonged absences from school. Potential signs that a child may be at risk of FGM include

a family history of practising FGM, a girl talking about a special procedure or occasion, and prolonged absences from school.

The DSP will ensure staff have access to appropriate training to be alert to children affected by FGM or at risk of FGM. If a staff member discovers that an act of FGM appears to have been carried out or suspects that a child is at risk of FGM, they will follow the procedures set out in the safeguarding policy.

Forced Marriage

Forced marriage is a crime where one or both parties are coerced into marriage without their full and free consent, often through violence, threats, or other forms of coercion. Threats can be physical, emotional, or psychological. Hospital Rooms staff will receive training on the symptoms and the '1 chance' rule, emphasising the importance of immediate action. If a child is suspected of being forced into marriage, staff should report to the DSP, who will:

- Speak to the child in a secure and private place.
- Activate local safeguarding procedures and refer the case to the local authority's designated officer.
- Seek advice from the Forced Marriage Unit.
- Refer the child to appropriate support services.

Preventing Radicalisation

Radicalisation is the process by which individuals come to support terrorism and extremist ideologies. Extremism includes vocal or active opposition to fundamental British values, and terrorism involves actions designed to influence the government or intimidate the public. The DSP will undertake Prevent awareness training and ensure staff can identify child's at risk. Signs of radicalisation include:

- Refusal to engage with peers who are different.
- Susceptibility to conspiracy theories.
- Changes in friendship groups and appearance.
- Isolation from family and friends.
- Expressions of sympathy for extremist ideologies.
- Accessing extremist material online.

Sexual Violence and Sexual Harassment

Sexual violence and harassment can occur between any children, both online and face-to-face. This includes:

- Sexual violence such as rape and sexual assault.
- Sexual harassment such as comments, jokes, and online harassment.
- Causing someone to engage in sexual activity without consent.
- Sharing of nude and semi-nude images/videos.
- Up skirting and initiation/hazing rituals.

Victims may experience stress and distress, affecting their educational attainment. Staff should reassure victims, challenge inappropriate behaviours, and follow safeguarding procedures. Groups at higher risk include girls, children with SEN, and LGBTQ+ children.

Serious Violence

Indicators of serious violence include:

- Increased absence from education.
- Changes in friendships or relationships with older individuals or groups.
- Significant decline in performance.
- Signs of self-harm or a significant change in well-being.
- Signs of assault or unexplained injuries.
- Unexplained gifts or new possessions.

Appendix 3 – Management of allegations against staff

Allegation is made against a member of staff
↓
Information is passed to Niamh (the Case Manager) immediately – who gathers basic facts Consider if member of staff needs to be taken out role and into non-contact duties
↓
Review the 'Allegations threshold' and **immediately** call the LADO if the threshold has / may have been met (within 24 hours maximum) ● Behaved in a way that has harmed a child / patient, or may have harmed a child / patient. ● Possibly committed a criminal offence against or related to a child / patient. ● Behaved towards a child in a way that indicates they are unsuitable to work with children / patient. ● Behaved in a way that indicates they may not be suitable to work with children / patient. Follow all advice given by the LADO
↓
Ensure all relevant internal recording forms and external referral forms are completed
↓
Inform the accused individual of the concerns or allegations and likely course of action as soon as possible – following LADO advice
↓
Inform the parents or carers of the patient involved about the allegation – following LADO advice
↓
The case manager Niamh (and another internal representative if required) will attend the ASV / Strategy meeting if convened by the LADO **OR** complete the internal investigation
↓
The case manager notifies the outcome of the investigation to: - LADO - Parents/carers **If the outcome leads to staff dismissal make referral to the DBS*



The case manager must ensure all record keeping requirements are met on investigation outcome and completion

Signed……..

Date ……..

Date for review: 1 March 2027