Theodora Children's Charity ("Charity")
Safeguarding and Child Protection Policy

Culture of safety, equality and protection

This Safeguarding and Child Protection Policy outlines the responsibilities and procedures for all staff at Theodora Children's Charity (TCC), including Giggle Doctors, the office team, trustees and volunteers. It is signed off by the Board of Trustees and reviewed annually. For the purposes of this policy, the word 'children' refers to all babies, children and young people aged 0-18. TCC works with children, their families and hospital partners to ensure we support children's rights and create and maintain the safest possible environment for children.

We do this by:

- Recognising that all children have the right to freedom from abuse and harm.
- Following safe recruitment procedures which ensure that staff are carefully selected, vetted and have the relevant qualifications and/or experience.
- Ensuring that all staff are aware of and accept responsibility for helping to prevent the abuse of children.
- Designating a safeguarding lead who takes specific responsibility for children's protection, safety and well-being.
- Supporting all staff in bringing concerns to the Designated Safeguarding Lead.
- Responding quickly and appropriately to all suspicions or allegations of abuse.
- Providing the hospitals, hospices and specialist care centres that we visit with the opportunity to voice any concerns they may have.
- Reviewing the effectiveness of the organisation's Policies and Procedures, including this procedure
- Working in partnership with external organisations and professionals to ensure that children are protected.

Procedures

All staff and volunteers should be familiar with the leaflet ***What to do if you're worried a child is being abused.*** (HM Government, March 2015), Appendix 1 'Identifying Abuse and Neglect.' They should also have read TCC's Code of Conduct and Raising Concerns Policy

Responsibility of the Board

This policy is signed off by the Theodora Children's Charity's Board of Trustees, who have overall responsibility for safeguarding and ensuring that safeguarding within the charity is adequately prioritised and resourced. The board has a nominated Trustee for Safeguarding and Safeguarding is a rolling agenda item at Board meetings to ensure that the Trustees are kept up to date with legislation, best practice and incidents, in Theodora Children's Charity or elsewhere.

Designated Safeguarding Lead

Molly Franklin, Co-Chief Executive Officer is the Designated Safeguarding Lead (DSL) at Theodora Children's Charity and takes responsibility for our safeguarding arrangements. She is the accountable person that will ensure that children's welfare is promoted in the provision of all services to children.

Named person's role and responsibilities

It is the role of the DSL to act as a source of support and guidance on all matters of child protection and safeguarding within our work. In the absence of the DSL, staff should report any concerns Isabel Squires, Deputy DSL who will act in accordance with this policy and will report back to the DSL.

Everyone in the organisation should know who the DSL and Deputy DSL are and how to contact them.

It is not the role of the DSL to decide whether a child has been abused or not. But it is the responsibility of the DSL to ensure that concerns are shared and appropriate action taken.

The DSL is responsible for:

- Ensuring that all staff that will work directly with children receive appropriate child protection training.
- Ensuring that staff are up-to-date with current legislation, policy and practice and are able to respond sensitively and appropriately to any child protection concerns.
- Ensuring that all staff new to the setting receive induction training to enable them to understand and adhere to the setting's policies, including reporting and whistle-blowing procedures.
- Ensuring the setting's child protection policies and procedures are maintained, up-to-date and are disseminated and adhered to by all staff.
- Agree a mechanism with the programme team and board of trustees to ensure the procedures are adhered to (e.g. file audits, training audits, annual safeguarding reports etc.)

- In the case in which a referral has been made, the DSL is the Theodora point of liaison with Children's Social Care.

Procedures to follow if you suspect that a child is at risk of harm

We have a statutory duty to notify agencies if we have a concern about children's safety and welfare (Working Together to Safeguard Children 2023.)

Procedure for Giggle Doctors During a Hospital, Hospice of Specialist Care Centre Visit:

- Where there is a concern about a child's welfare or wellbeing or a concern that a child needs protection, the Giggle Doctor should report to the nurse in charge to raise the safeguarding concern. They should then follow the hospital's process for reporting a safeguarding concern.
- If the ***child says something*** to the Giggle Doctor which causes them concern, the Giggle Doctor should try to use the child's exact words when reporting to the nurse.
- this should then be recorded within 24 hours on Theodora Children's Charity's Safeguarding Incident Report Form (Appendix 1) and passed on to the ***Theodora DSL*** for action.
- Giggle Doctors are aware that they must report concerns ***immediately*** and paperwork should be completed ***within 24 hours.***
- All records of concerns, emails, notes of phone conversations and actions are filed confidentially and securely in the hospital's digital file by Theodora Children's Charity.
- Staff know that when they have concerns about a child's welfare they need to:
    - Be sensitive
    - Be prompt and professional
    - Talk it over with one of the nurses in charge at the hospital
- Concerns will not be discussed directly between Giggle Doctors and parents and it is the responsibility of the hospital to manage communication with the child's family.
- This Safeguarding Policy is publicly available on the Theodora Children's Charity website.

Recording and reporting

Recording is a tool of professional accountability and is central to safeguarding and protecting children. It is not always possible to know whether a small or vague concern held today may increase as the days or weeks pass and later form the substance of a child protection referral. For this reason, it is vital that concerns are recorded accurately so that they can be monitored, and emerging patterns noticed.

Safeguarding Incident Escalation: Flow Chart

At a hospital, hospice or specialist care centre, a Giggle Doctor has concerns about a child's welfare

Giggle Doctor approaches the nurse in charge and logs the incident with them immediately, following the local Safeguarding and Child Protection policies in place at the site.

Giggle Doctor contacts TCC DSL as soon as possible and completes the Safeguarding Incident Report Form, sending it to the DSL within 24 hours of the incident occurring.

The TCC DSL follow up with contact at hospital, hospice or specialist care centre to ask whether they require a copy of the incident report form and who this should be sent to.

The TCC DSL will reiterate that our Safeguarding Policy is designed to follow the lead of local Safeguarding practice at the hospital, and any follow up with the family and/or CSC should be led by the hospital.

DSL will maintain concerns-tracking record as required and file documentation securely in the hospital file

Training

All members of staff that work directly with children will regularly access appropriate safeguarding training for their role as set out by TCC and ensure their knowledge is up to date on safeguarding issues.

Theodora Children's Charity will ensure that the training will enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way.

- The DSL will receive training updates every 2 years to ensure that their safeguarding leadership reflects current best practice and priorities.
- Giggle Doctors will be given Safeguarding Training during their trainee year with Theodora. Trainee Giggle Doctors will always work with a Senior Giggle Doctor.
- All Giggle Doctors will complete refresher Safeguarding Level 1 training every three years and have a charity-led safeguarding briefing annually.
- Theodora office staff, volunteers and trustees will be given an induction to Theodora's Safeguarding practice when they join the charity by the DSL and will have an annual safeguarding briefing with the DSL.
- Theodora office staff, volunteers and trustees will be required to read the Staff, Trustee, and Volunteer Code of Conduct and confirm they understood the Charity's safeguarding policies and procedures.
- Hospitals may require further training to be undertaken by Giggle Doctors before they visit their site and this should be discussed and arranged with the Giggle Doctor Programme Team.

Safer recruitment

Safe recruitment and selection practice is vital to safeguarding and protecting children.

- All employees, self-employed workers and volunteers are carefully selected through application and interview with identity checks.
- Enhanced DBS checks are carried out in accordance with legislation for all staff who will engage directly with children before they are allowed to work with us.
- DBS disclosures are recorded in staff files and shared with hospital, hospice and specialist care centre sites as requested.
- The Safeguarding Trustee will have an enhanced DBS check carried out every three years. Other Trustees must sign a self- declaration form annually.
- Normally, charity trustees and volunteers would not visit a hospital on Theodora business, however, if they do, they are required to read the Safeguarding Policy and to complete the Trustee, Employee, and Volunteer Self-Certification form prior to any visit.

Safe Working Practice

Giggle Doctors are scheduled to work at hospitals either solo or in a duo with another Giggle Doctor. Giggle Doctors should avoid visiting children alone if the child is not accompanied by a parent, guardian or other adult.

- If a child is alone and there are two Giggle Doctors working together, they should visit the child together so that a Giggle Doctor isn't alone with a child
- If a child is alone and a Giggle Doctor is working solo, the Giggle Doctor should ask a member of the play team if they are available to accompany their visit.
- If no member of the play team is available to accompany the visit, the Giggle Doctor should not visit the child alone and should aim to come back later when the child is supervised*

*There are some hospitals that have agreed that solo Giggle Doctors are permitted to visit children who are accompanied, and these will be confirmed to the Giggle Doctor in writing. If a hospital permits Giggle Doctors to visit solo:

- It is always the Giggle Doctors choice as to whether they visit an unaccompanied child.
- If a Giggle Doctor wants to visit an unaccompanied child, they need to check with the nurse on the desk first that they are happy for them to visit the child.
- They will let the nurse know that they will leave the door open/play from the door.

Responding to allegations made against a member of staff/volunteer

Despite all efforts to recruit safely there may be occasions when allegations are made of abuse by staff against children. All staff must be vigilant in relation to inappropriate behaviour displayed by their Theodora colleagues. Examples include inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual roles and responsibilities; or inappropriate sharing of images. Staff should behave in accordance with the Code of Conduct.

All concerns about staff should be reported immediately to the DSL using the 'Raising Concerns About Staff' Incident Form (Appendix 2) and the Whistleblowing policy should be followed. It is the responsibility of the DSL to report allegations to, and otherwise liaise with, the site contact where an incident has occurred. Breach of the Theodora Code of Conduct may result in suspension of the Theodora contract.

Flowchart: Allegations Made Against A Member of Staff

If an allegation is made that a member of staff:

Has harmed a child during their work for Theodora or at any other time

Is alleged to have behaved in a way in their private life that suggests they are unsuitable to work with children

Has a disqualified person living in their household

the DSL must be informed immediately. If the allegation concerns the DSL, the Trustee Safeguarding Lead must be informed.

To assess the most appropriate course of action, the following initial information must be collated:

the date and time of the observation or the disclosure,

the exact words spoken by the child/staff member/parent/volunteer as far as possible,

the name of the person to whom the concern was reported (with date and time of the incident)

the names of any other person present at the time

wider relevant knowledge or background information.

The DSL/Safeguarding Trustee **must be informed as soon as possible, at least within 24 hours**. They will clarify if and how the matter will be taken forward and what appropriate course of action should be taken. In serious situations, the DSL/ will advise whether a suspension should take place immediately. In this instance, the staff member must receive a written letter outlining the course of action that the charity will take.

If the allegation is made during TCC business, the DSL will contact the relevant hospital contact to discuss how to proceed, to agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support.

The member(s) of staff may be suspended and staff with worker contracts will not be paid for the time whilst they are suspended. This overall decision to suspend sits with the board of trustees. Suspension is a neutral act and allows further investigation of facts to take place. A decision should be made on whether to permanently suspend the staff member within two weeks.

After discussing the situation, it may become clear that a referral to the partner setting is **not** required (and the contact at any partner setting is to follow their own complaints and disciplinary procedures.) A record should be added to the staff member's file with action taken and a review date outlined.

All staff have a duty to protect children from abuse and keep children safe. Wanting to support a colleague or finding it difficult to believe what you have seen or heard must come second to that.

- If any worker is concerned about the action that is being taken, it is their responsibility to report the matter directly to the ***Board of Trustees.***

- It is the responsibility of all staff to share concerns about the actions or attitudes of colleagues with the DSL or Deputy DSL who will deal with the concerns appropriately.
- This often-difficult issue should be discussed at staff meetings so that all staff understand what is meant by the term 'whistle-blowing' and their responsibilities with regards to it, and are able to raise concerns with the DSL
- Staff must give management details of any incident, order, determination, conviction or any other possible issue which may impact on their suitability to work with children.
- If any such event should lead to disqualification appropriate action will be taken to ensure the safety and well-being of children in the setting.

Contact Details

Molly Franklin (Co-Chief Executive Officer and DSL)
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0207 713 0044
07507 729 633

Isabel Squires (International Evaluation Lead and Deputy DSL)
Isabel.squires@theodora.org
0207 713 0044
07432 420 424

Safeguarding Trustee: please contact the email below requesting to talk to the Safeguarding Trustee and your email will be forwarded to the nominated Trustee for Safeguarding.
enquiries@theodora.org

E-safety and use of digital devices

All staff should read the Code of Conduct for guidance on use of technology in hospitals for Giggle Doctors and Theodora office staff.

Our aim is to:

- Protect children and young people who engage with TCC's Giggle Doctor services and who make use of information technology (such as mobile phones, tablets and the internet) as part of their involvement with us.
- Provide staff and volunteers with the principles that guide our approach to e-safety.
- Ensure that, as an organisation, we operate in line with our values and within the law in terms of how we use information technology.

We recognise that:

- The welfare of the children/young people who come into contact with our services is paramount and governs our approach to the use and management of information communications technologies.

Internet and Personal Devices

The internet/any digital devices are not to be made available to children by Giggle Doctors or Theodora office staff at hospitals. In the unlikely event that a child visits the Theodora office, they will not be given access to a computer or device by a Theodora employee.

Cameras

It is not the intention to prevent parents/carers from taking pictures, but to ensure that photographic practices are monitored and to reduce the risks of inappropriate photography/filming.

- Giggle Doctors will never take photographs of children during their visit.
- Parents may take photos of their child interacting with the Giggle Doctor, but the Giggle Doctor should ensure that there are no other children in the photo.
- It may be agreed between the hospital and the Theodora office team that photographs are taken on a particular visit for communications and advocacy purposes. The hospital/ Theodora office staff member will be responsible for collecting written consent from parents in this instance.
- Those taking photos, including staff/volunteers must identify themselves and always wear formal identification on site.
- Staff should not use personal devices such as mobile phones or cameras to take photos or videos of the children and will only use designated equipment for this purpose.
- Children's images will not be used for promotional or press releases unless parents/carers have consented.
- Unsupervised access to children or one-to-one photo sessions are prohibited.
- Personal details which might make a child/young person vulnerable, for example, address, email address, phone number, should never be revealed.

Mobile phones

- Theodora office staff should not use mobile phones on the ward whilst visiting a hospital. If is is absolutely necessary to make or take a call, they should go to a private area alone.
- Giggle Doctors should leave their phones with the rest of their possessions and not have it on their person whilst they are in character, unless they have a prior written agreement with the Giggle Doctor Programme Manager that they can use their device for offline digital media (such as music), or for specific communication purposes (such as meeting a charity visitor.) Giggle Doctors should never use their phone for communication during an interaction and should instead finish an interaction and look for a discreet place away from the ward to return a call or message.

Online Engagements between Giggle Doctors and Families

We recognise that there may be times when Giggle Doctors are unable to visit hospitals and will instead offer a virtual service to families. This part of the policy outlines how TCC will ensure the safety of their staff, as well as of the children and families at hospitals, should the visits take a digital form. Please see the Code of Conduct for more information on how Giggle Doctors should conduct virtual visits:

- Virtual Visits should be set up between the Theodora office team and the parent/guardian of the child, or with a supervising healthcare contact. Giggle Doctors should not set Virtual Visits themselves.
- A secure platform should be used for live digital visits, which does not publicly share the personal phone numbers of the Giggle Doctor or the parent.
- Direct engagement between the Giggle Doctor and the parent/child is prohibited beyond the set time of the visit.

'***Live Virtual Visits Terms and Conditions'*** should be shared and agreed with a parent/healthcare contact ahead of the visit, usually by email. This will include:

  - how to access the visit
  - the need for the parent or carer to always be present on the call
  - etiquette and restrictions on screenshotting, recording and sharing the content of the call online
  - contact email and phone number for Theodora office

If a Giggle Doctor hosts a Virtual Visit with more than one child at the same time, for example, to lead a visit with a group of children, the following should be adhered to:

- A Member of the Theodora office team should discuss appropriate behaviours for video calls with the group leader in advance, and in writing, remind the group leader, or at least one supervising adult, to be present for the duration of the call.
- A member of the Theodora office team should be on hand to set up the video call, usually using Zoom. The Giggle Doctor will be responsible for terminating the call and will be briefed on the situations in which a call should be discontinued.

If a Giggle Doctor witnesses a potential safeguarding incident during a Virtual Visit, they should raise this with the DSL asap and complete the Safeguarding Incident Report Form within 24 hours of the incident.

If a parent wants to make an allegation against a Theodora member of staff following an incident in a Virtual Visit, they should contact Theodora using the email address and/or phone number in the Virtual Visit Terms and Conditions. Steps should be taken to mirror those in the 'Allegations Made Against a Member of Staff' flowchart (see page 6.)

Appendix 1: Safeguarding Incident Report Form
Private & Confidential

This form will be used by members of staff, Giggle Doctors or volunteers including trustees to record safeguarding incidents, disclosures or suspicions of abuse by parents, carers, healthcare staff/volunteers. The competed form should be sent to the Designated Safeguarding Lead as specified in the Theodora Children's Charity Safeguarding Policy.

Please note that this is different to the form you should use if you have concerns about a Theodora staff member, trustee or volunteer, which is called 'Incident Form- Raising Concerns About Theodora Staff.'

The Charity follows the procedures set down by the health trusts with which it works and any concerns about a child should be reported to the nurse in charge of the ward/unit.

Your name:
Hospital, Hospice, Specialist Care Centre where the incident took place:
Ward/bay/room where the incident took place:
Are you recording: ☐ Disclosure made directly to you by the child? ☐ Disclosure or suspicions from a third party? ☐ Your suspicions or concerns following an incident that you have witnessed ☐ Other
Date and time of incident/disclosure:
Date and time of this report:
Details of the allegation/suspicions. *State exactly what you were told/observed and what was said. Use the persons own words as much as possible.*
Who did you report this to at the hospital/hospice/specialist care centre: Name: Position: Email Address/Telephone number:
Action taken so far:

Signed	Date

Appendix 2: Incident Form: Raising Concerns About Theodora Staff

Private & Confidential

This form will be used by members of staff, Giggle Doctors or volunteers to record disclosures or suspicions of abuse relating to a member of **staff, Giggle Doctor, trustee or volunteer** at Theodora Children's Charity.

The competed form should be sent to the Co-CEO or Safeguarding Trustee as specified in the Theodora Children's Charity Safeguarding Policy and Whistleblowing Policy.

Please note that this is different to the Safeguarding Incident Report Form, which should be used for reporting safeguarding incidents that you witness or safeguarding disclosures made to you during a Giggle Doctor shift in a partner site. This form should be used if you have suspicions that a member of staff:

- Has harmed a child during their work for Theodora or at any other time
- Is alleged to have behaved a way in their private life that suggests they are unsuitable to work with children
- Has a disqualified person living in their household

Your name:	
Name of the staff member:	
Date and time of the observation or disclosure:	
Where did this happen? If at a hospital, include ward/bay/room	
The exact words spoken by the child/staff member/parent/volunteer as far as possible:	
The name of the person to whom the concern was reported:	
The name of any other person present at the time:	
Wider relevant knowledge or background information (if applicable):	
Signed	Date

For Completion by Co-CEO

Action taken so far:
Next Steps:
Date for Follow Up: