GARDEN HOUSE HOSPICE CARE

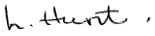
Safeguarding Children Policy

Approval

Date policy was formally approved: July 2016

Agreed by:

Signature of Chairman of Trustees: 

Signature of Chief Executive: 

Type of change: Minor changes

Policy history:
Jun 2019: Change of name from Hertfordshire Children Safeguarding Board to Hertfordshire Safeguarding Children Partnership (HSCP). Multiagency referral form email address changed. References updated. 2021: CM31 policy name updated; GHHC flowchart updated. 2022: reviewed and updated. 2023: reviewed and updated; online safety section added. 2023 procedure for referring and reference updated. 2024: reviewed, updated; role profile appendices added.

Next review

Person responsible for next review: Director of Patient Services

Committee responsible for next review: Clinical Governance Committee

Next review date: May 2025

Policy statement

Garden House Hospice Care (GHHC) is committed to protecting and promoting the welfare of children who come into contact with our services at all times.

All line managers are responsible for ensuring all relevant new staff and volunteers read this document during their first week; all staff are reminded of their responsibility to keep up to date with all organisational policies and procedures.

This policy is to be read in conjunction with the Hertfordshire Safeguarding Children Partnership (HSCP) Manual (updated September 2022). If in any doubt about the procedure to follow, please access this at
http://hertsscb.proceduresonline.com/index.htm

Contents

1 Policy statement

Garden House Hospice Care (GHHC) is committed to protecting and promoting the welfare of children who come into contact with our services at all times.

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This policy applies to all employees, including interim staff and volunteers, who come into direct or indirect contact with children and their families/carers.

This policy determines the standards required by GHHC to ensure that it complies with its legal obligations and national/local best practice. This policy does not form part of contracts of employment and GHHC reserves the right to amend this policy at any time in line with best practice and regulatory change.

1.1 Purpose of this policy

The purpose of this policy is to:

- Identify the principles of safeguarding children and young people (age 0-18) with whom GHHC may have contact
- Provide education on recognising the signs of possible child abuse
- Provide staff and volunteers with guidance on procedures they must adopt if they suspect a child or young person may be experiencing, or be at risk of, harm.

1.2 Principles

The principles upon which GHHC's Safeguarding Children Policy is based are:

- The welfare of the child or young person is paramount
- The rights wishes and feelings of children, young people and their families will be respected and listened to. Their needs will be identified and respected by the staff and volunteers working with them. GHHC will promote anti-discriminatory practice
- All concerns and allegations will be taken seriously by staff and volunteers and, where appropriate, referred to the Local Authority which has a duty to investigate under section 47 of the 1989 Children Act
- Clear instructions as to how allegations and concerns should be dealt with
- A commitment to share information with other appropriate agencies in the best interests of the child or young person. Advice for practitioners can be sought from HM Government Information Sharing Policy. (See link below)
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf
- Children and their carers will, other than in certain circumstances, be kept informed about concerns and proposed action to be taken

- Allegations against Hospice team members will be fully investigated, and appropriate action taken under HR05 Disciplinary, Grievance and Appeal Policy. The alleged individual **must not** be informed of the allegation
- There will be a commitment to safe recruitment, selection and vetting of all staff and volunteers.

2 Related Hospice policies/procedures/guidelines - see Appendix 1

3 Responsibilities/accountabilities

Trustees	The Trustees are ultimately responsible for safeguarding and promoting the welfare of GHHC beneficiaries. The Trustees will identify a Trustee Safeguarding Lead and: • Actively promote a safe culture and trusted environment • Ensure adequate measures are in place to assess and address safeguarding risks • Ensure adequate safeguarding policies, procedures and measures to protect children are in place • Ensure through quality reporting that the policy is robustly implemented across the organisation • Ensure adequate systems are in place to handle incidents and allegations, including reporting to the relevant authorities, including the charity commission • Attend relevant training • Support the safeguarding policy, procedures and practice on behalf of the Board and ensure these are in line with most recent government legislation and best practice • Some of these responsibilities may be delegated to the Chief Executive Officer • Approve this policy at the Board of Trustees meeting and ensure through quality reporting that the policy is robustly implemented across the organisation • The Chairman of Trustees will be informed of all reports to the Hertfordshire Safeguarding Children Partnership (HSCP) at the earliest opportunity • Receive a six-monthly report on the management of safeguarding children at risk from the Designated Safeguarding Lead. All Trustees are responsible for ensuring this policy is approved at Board level and is robustly implemented. Some of these responsibilities may be delegated to the Chief Executive Officer.
Chief Executive Officer (CEO)	The CEO has overall responsibility for ensuring the Hospice has sound and robust business processes and management throughout all areas of the Hospice. The CEO has delegated responsibility to ensure that serious incidents are reported to the Charity Commission in accordance with its guidance and that safeguarding allegations, complaints or incidents are reported to other agencies in accordance with the law and best practice.
Director of Patient Services/	The Director of Patient Services (DoPS) is the designated Safeguarding Lead and works closely with the CEO to ensure the organisation complies with all legislation and requirements in relation to safeguarding children. This role is

Safe-guarding Lead	ultimately accountable for ensuring the Hospice complies with the legislation and therefore has the relevant policies, procedures and practices in place. The Director of Patient Services will present a yearly report on the management of safeguarding children at risk to the Hospice Care and Clinical Governance Committee.
Deputy Safeguarding Lead	The Deputy Director of Patient Services is the Deputy Safeguarding Lead. They support the Safeguarding Lead and provide cover for them during periods of absence.
Safeguarding Champion for Children and Young People	This person is the source of expert advice and guidance to clinical teams. This person oversees and manages the safeguarding children policy and procedures; liaising with external statutory agencies, auditing practice and ensuring training of staff and volunteers to agreed national standards.
Director of Human Resources and Volunteering	When an allegation of abuse is made against a Hospice team member, the People Director must report this using the Local Authority Designated Officer (LADO) referral form.
All managers	All managers are required to ensure that relevant staff and volunteers attend statutory mandatory training as required and provide their full support with any child safeguarding issues, working closely with departments and other agencies as required. Managers also need to ensure that staff follow relevant policies and procedures.
All other staff including volunteers	All staff and volunteers have a duty to report when abuse, by another Hospice team member, is disclosed or suspected, following OM07 Freedom to Speak Up (Whistleblowing) Policy. All staff and relevant volunteers are required to attend statutory mandatory training, comply with policies and procedures and highlight any concerns at the earliest opportunity, ensuring that the needs of the child come first.
External staff or official visitors including celebrities and VIPs	Any external staff or official visitors including celebrities and VIPs will not be allowed any contact with children visiting the Hospice without the continued presence of a member of GHHC staff.

4 Recognising

Child abuse happens when a person – adult or child – harms a child.

Child abuse falls into four categories:

- Physical abuse.
- Emotional abuse.
- Sexual abuse.
- Neglect.

Children who suffer abuse may struggle to find the words to speak out, so it is vital that anyone working with children or young people are vigilant and aware of the signs of abuse. (See Appendix 2 for signs and symptoms of each of the above four categories.)

Under the Domestic Abuse Act 2021, the new legal definition of domestic abuse is defined as any incident or pattern of incidents of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse between those aged 16 and over and personally connected to each other.

The act also recognises children as victims of domestic abuse. This is the first time that a child who sees or hears, or experiences domestic abuse, and is related to the person being abused or the perpetrator, is also to be regarded as a victim of domestic abuse in their own right. (See RM08 Safeguarding Children Policy to report a safeguarding concern regarding a child).

5 Responding to a concern

When abuse is disclosed or suspected:

- React calmly
- Reassure the child that they were right to tell and that they are not to blame. Take what they say seriously
- Be careful not to put words in their mouth. Do not ask direct questions
- Do not promise confidentiality
- Inform the child/individual what you will do next
- Don't delay in passing on the information. Except where immediate medical attention is needed
- In situations where there has been or may have been a crime and the police have been called it is important that forensic and other evidence is collected and preserved. Evidence may be present even if you cannot see anything. Try not to disturb the scene, and prevent evidence being destroyed; for example, washing a child or their clothing
- Inform the line manager and Safeguarding Lead or Safeguarding Champion. If they are not available inform the senior manager on call, sharing of the information should be on a need-to-know basis only (see Section 3 above)

Make a full and written statement as soon as possible adding to your record, if necessary, at each stage.5. Immediate actions

If there is immediate danger following disclosure:

- Stay with the child; do not expose the child or yourself to further risk or imminent danger
- Contact the police on 999 if there is risk of immediate harm
- Contact Children's Social Care on **0300 123 4043** and the appropriate emergency service

Do as advised by the police, Children's Services team or the ambulance control.

If there is no immediate danger but
you have concerns about a child's welfare or suspect abuse is taking place and there is no immediate danger:

- Consult with your line manager, Safeguarding Lead, Safeguarding Champion or the senior manager on call for action to be taken.

6 Recording

What and where to record information

It is vital that a written record of any incident or allegation is made as soon as possible after the information is obtained:

- The record must include the date and time of the incident, **exactly** what was said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
- The record must be **factual**. If the record does contain opinion or assessment, it should clearly say so and be backed up by factual evidence. Information from another person should be clearly attributed to them
- The incident must be recorded on Radar **by the person who initially raised the concern.** See Appendix 4 GHHC procedure with flowchart
- All decisions taken relating to the process must be recorded
- GHHC will maintain a register of all safeguarding concerns, the actions taken and the outcomes.

7 Reporting/referring

- The responsibility for reporting any safeguarding issues raised by GHHC services lies with the staff member who identifies the safeguarding concern. Please ask Safeguarding Champion/Lead for support or advice with reporting any safeguarding issues.
- Complete the Referral form on the Hertfordshire Safeguarding Children Partnership portal. The person completing the form will need to register first before completing the referral form. Click on link below to register and complete referral form.
  https://eservices.hertfordshire.gov.uk/services/child-protection-referral

- It is good practice to gain parental consent for a referral unless in situations where seeking parental consent would not be appropriate for example if the child would be placed at increased risk of significant harm through the action of gaining this consent, there would be an impact on a criminal investigation or a delay in making the referral would impact on the immediate safety of the child.

- If you are unsure, then telephone the Customer Service Centre any time to discuss on 0300 123 4043.

- Hertfordshire Safeguarding Children's Partnership must acknowledge referrals in writing within one working day of receipt. If no acknowledgment is received within three working days, the referrer must contact Hertfordshire Safeguarding Children's Partnership again to establish the current status of the referral.
- The referrer will be informed of what action has been, or will be taken, in writing, in line with data protection and parental/child consent guidelines. If the referrer made the referral on behalf of someone else or referred on information s/he received, they will be reminded that it is their responsibility to feedback the actions to the person they received the information from.

- The Gateway, Hertfordshire's multi agency safeguarding hub, will triage the referrals and action in line with their policy document available at: https://www.hertfordshire.gov.uk/media-library/documents/childrens-services/hscb/professionals/continuum-of-needs-for-children-and-young-people.pdf

- GHHC will:
  - Participate, as required, in any further investigations instigated by the Hertfordshire Safeguarding Children's Partnership
  - Continue to support the child and family
  - Ensure the referrer and any other Hospice team members involved are supported

7.1 Allegation of abuse against a member of staff

When an allegation of abuse is made against an adult working with children, including volunteers, this has to be reported to the Local Authority Designated Officer (LADO). Every local authority must have a LADO in place who is responsible for co-ordinating the response to the allegation. Referrals must be made by the organisation who are aware of the abuse https://hertsscb.proceduresonline.com/chapters/p_manage_alleg.html

7.2 Escalating a concern

If a difference of opinion occurs in the outcome of a concern raised with Hertfordshire Safeguarding Children Partnership, you may wish to escalate it further. Please follow the link below.

https://hertsscb.proceduresonline.com/chapters/p_resolution_disagree.html

8 Information sharing

HM Government advice on Information Sharing (March 2015) states that sharing information is an intrinsic part of any front-line practitioner's job when working with children and young people. The decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives. It could ensure that an individual receives the right services at the right time and prevent a need from becoming more acute and difficult to meet. At the other end of the spectrum, it could be the difference between life and death.

Information sharing between organisations is essential to safeguard children. Advice for practitioners can be sought from HM Government Information Sharing Policy. (See link below)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf

The seven golden rules for information sharing:

- Remember that the Data Protection Act 2018 and human rights laws are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
- Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice from the Safeguarding Children's Lead or Champion if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- Share with **informed consent** where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. Where there is a clear risk of significant harm to a child, the public interest test will almost certainly be satisfied, and information should be shared even without consent.

- You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgment on the facts of the case. When you are sharing or requesting personal information from someone, be sure about why you are doing so.
- Base your information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.
- Sharing of information must always be necessary, proportionate, relevant, accurate, timely and secure:
    - Information must be shared securely according to GHHC information management policies.
    - Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose
    - Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

The CQC must be notified within 24 hours of any incident that is/has been investigated by the police or if any abuse or allegation of abuse in relation to a service user has occurred.

The **CQC must be notified within 24 hours about abuse or allegations of abuse concerning a person using our service if any of the following applies:**

- The person is affected by abuse
- They are affected by alleged abuse
- The person is an abuser
- They are an alleged abuser.

Please use the notification form available at: http://www.cqc.org.uk/content/notifications-non-nhs-trust-providers

Serious incidents are reported to the Charity Commission in accordance with its guidance and that safeguarding allegations, complaints or incidents are reported to other agencies in accordance with the law and best practice in line with RM20 Significant Events and Serious Incidents Requiring Investigation (SIRI) Policy).

9 Prevent Duty

What is Prevent?

The Prevent Strategy, published by the Government in 2011 and refreshed in 2018, is part of the overall Counter-Terrorism Strategy, CONTEST. The aim of the Prevent Strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

The 2018 Prevent Strategy has three specific strategic objectives:

- Tackle the causes of radicalisation and respond to the ideological challenges of terrorism
- Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support
- Enable those who have already engaged in terrorism to disengage and rehabilitate.

'Safeguarding vulnerable people from radicalisation is no different from safeguarding them from other forms of harm.'

The Prevent Strategy.

What is the different between extremism and terrorism?

Extremism: The vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces.

Terrorism: The use or threat of action, both in and outside of the UK, designed to influence any international government organisation or to intimidate the public. It must also be for the purpose of advancing a political, religious, racial or ideological cause.

The Prevent Duty is concerned with all forms of terrorism and extremism. It also includes some forms of and non-violent extremism:

- Far right and extreme far right groups
- Religious extremist groups
- Environmental and animal rights extremism
- Unclear ideology (School massacre, InCel).

GHHC is also subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 to have 'due regard to the need to prevent people from being drawn into terrorism'. This duty is known as the Prevent Duty. It applies to 'specified authorities' that are described in Schedule 6 of the Act. The Hertfordshire and West Essex Integrated Care Board places a contractual obligation on GHHC to comply with the duty.

All relevant staff will recognise vulnerability to being drawn into terrorism, (which includes someone with extremist ideas that are used to legitimise terrorism and are shared by terrorist groups), including extremist ideas which can be used to legitimise terrorism and are shared by terrorist groups, and be aware of what action to take in response, including local processes and policies. See Channel programme below.

10 Channel programme

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- Identifying individuals at risk
- Assessing the nature and extent of that risk
- Developing the most appropriate support plan for the individuals concerned.

Sections 36 to 41 of the Counter-Terrorism and Security Act 2015 set out the duty on local authorities and partners of local panels to provide support for people vulnerable to being drawn into any form of terrorism.

Always seek advice from the Safeguarding Lead or Safeguarding Children's Champion and the GHHC lead for data protection.

11 Online safety

'Internet abuse' relates to primary areas of abuse to children:

- Sharing and production of abusive images of children (although these are not confined to the internet)
- A child or young person being groomed online for the purpose of sexual abuse
- Exposure to pornographic images and other offensive material via the internet
- The use of the internet, and in particular social media sites, to engage children in extremist ideologies or to promote gang related violence.

The term digital (data carrying signals carrying electronic or optical pulses) and interactive (a message relates to other previous message/s and the relationship between them) technology covers a range of electronic tools. These are constantly being upgraded and their use has become more widespread as the internet can be accessed easily on mobile/smart phones, laptops, computers, tablets and games consoles.

Social networking sites are often used by perpetrators as an easy way to access children and young people for sexual abuse. In addition radical and extremist groups may use social networking to attract children and young people into rigid and narrow ideologies that are intolerant of diversity: this is similar to the grooming process and exploits the same vulnerabilities.

Internet abuse may also include cyberbullying or online bullying. This is when a child is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child using the internet and/or mobile devices. In the case of online bullying it is possible for one victim to be bullied by many perpetrators. In any case of severe bullying it may be appropriate to consider the behaviour as child abuse by another young person.

Sexting is a term which many young people do not recognise or use, therefore it is important that when discussing the risks of this type of behaviour with children and young people the behaviour is accurately explained.

Sexting (some children and young people consider this to mean 'writing and sharing explicit messages with people they know' rather than sharing youth-produced sexual images) or sharing nudes and semi-nudes are terms used when a person under the age of 18 shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages. They can be sent using mobiles, tablets, smartphones, laptops - any device that allows images and messages to be shared.

Sexting may not be criminally motivated and can be consensual, but creating or sharing explicit images of a child is illegal, even if the person doing it is a child. A young person is breaking the law if they:

- Take an explicit photo or video of themselves or a friend
- Share an explicit image or video of a child, even if it's shared between children of the same age
- Possess, download or store an explicit image or video of a child, even if the child gave their permission for it to be created.

However, if a young person is found creating or sharing images, the police can choose to record that a crime has been committed but that taking formal action is not in the public interest.

With effect from 29 June 2021, section 69 Domestic Abuse Act 2021 expanded so-called 'revenge porn' to include threats to disclose private sexual photographs and films with intent to cause distress.

E-safety is the generic term that refers to raising awareness about how children, young people and adults can protect themselves when using digital technology and in the online environment and provides examples of interventions that can reduce the level of risk for children and young people.

Any Hospice team member with concerns relating to a child and internet abuse should contact the Safeguarding Lead or Safeguarding Children's Champion for further advice.

12 Policy monitoring and review

This policy will be reviewed following introduction of any new legislation, following a significant incident/event or, as a minimum, every year.

13 Audit

A yearly audit of compliance against this policy will be scheduled into the Clinical Audit programme and published in the Safeguarding Children Annual Report. The report on the outcomes of the findings and the improvement plan for any improvements to be made will be reported to the Board of Trustees committee via the Clinical Governance Committee.

Audits will be against national, local and organisational policy and will include, where necessary audits resulting from incidents or complaints. Learning will be shared with front line staff and teams to promote improved future practice.

14 Training requirements

The Intercollegiate Document Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff: January 2019 sets out minimum training requirements for people working in health and social care.
GHHC expects all staff and volunteers to know how to:

- Recognise, record and report abuse
- Take any immediate action to protect further harm
- Access help and advice for the child(ren)and or young person/people at risk.

The detailed training and competency requirements for staff and volunteers working at GHHC are set out in Appendix 6.

15 Compliance with statutory/professional requirements

Children Act 1989 and 2004
Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, regulations:

11 – Need for consent

12 – Safe care and treatment

13 – Safeguarding service users from abuse and improper treatment

CQC Registration regulations 2009: Regulation 18 - Notification of Other Incidents
Working Together to Safeguard Children 2018
Data Protection Act 2018
Human Rights Act 1998

Common Law Duty of Confidentiality
Crime & Disorder Act 1998
Caldicott Guardian Principles
Public Interest Disclosure Act 1998.
www.gov.uk/government/publications/prevent-duty-guidance
Section 26 of the Counter-Terrorism and Security Act 2015 to have 'due regard to the need to prevent people from being drawn into terrorism'.
Communications Act 2003
Protection of Children Act 1978
Sexual Offences Act 2003
Serious Crime Act 2015

16 References

Hertfordshire Safeguarding Children Partnership Continuum of need for children and young people 2023. June 2023 accessed at https://www.hertfordshire.gov.uk/media-library/documents/childrens-services/hscb/professionals/continuum-of-needs-for-children-and-young-people.pdf

Hertfordshire Safeguarding Children Partnership Procedures Manual, updated March 2019, http://hertsscb.proceduresonline.com accessed Jan 2020 (updated **September 2022**). If in any doubt about the procedure to follow, please access this at: http://hertsscb.proceduresonline.com/index.htm

NICE: CG89 When to Suspect Child Maltreatment, https://www.nice.org.uk/guidance/cg89 accessed Jan 2020

Recognition of Abuse, 5th edition, Herts Direct, http://hertsscb.proceduresonline.com/pdfs/rec_ch_abuse.pdf accessed Jan 2020

Working Together to Safeguard Children 2018: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children, March 2019, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Information Sharing Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers March 2019
Safeguarding Children and Young People: Roles and Competences for Healthcare Staff: Intercollegiate document January 2019
http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20(3)_0.pdf

Children Act (2004), http://www.legislation.gov.uk/ukpga/2004/31

https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff: https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf

Department of Children, Schools and Families Information Sharing Guidance

Appendix 1. Related policies, procedures and guidelines

CM02	Admission Policy
CM04	Discharge Policy
CM06	Consent Policy
OM06	Complaints Policy
OM07	Freedom to Speak Up (Whistleblowing) Policy
OM12	Confidentiality Policy
OM21	Privacy, Dignity and Respect Policy
OM31	Data Security and Protection Policy
OM51	Chaperone Policy
RM09	Lone Worker Policy
RM20	Significant Events & Serious Incidents Requiring Investigation (SIRI) Policy
RM25	Incident (Event) Reporting and Management Policy
HR02	Recruitment & Onboarding Policy
HR05	Disciplinary Policy
HR07	Learning & Development Policy
HR11	Disclosure & Barring (DBS) Policy
HR13	Grievance Policy

Appendix 2. Definitions, types and recognition of abuse
(page 1 of 3)

For full and detailed information about the recognition of abuse, please refer to Recognition of Abuse (5th Edition) at: http://hertsscb.proceduresonline.com/pdfs/rec_ch_abuse.pdf

Definition of child abuse:

A child or young person under eighteen years is regarded as abused where he or she has been the victim of, or is believed to be at significant risk of, physical injury, neglect, emotional abuse or sexual abuse. Most child abuse is committed by someone known to, and trusted by, them, either within the family, among their friends, or in the local community.

GHHC workers should be alert to signs of stress affecting the care and parenting of children and should feel able to offer help and support to parents to prevent a situation escalating to the point where a child may be at risk.

Child abuse is generally classified as (or a combination of) the following:

- Physical
- Neglect
- Emotional
- Sexual.

Pointers to the possibility of abuse:

This summary gives a brief outline of some of the signs and indications that should alert you to the possibility of child abuse.

Physical abuse:

The first evidence of abuse may not be an obvious severe injury.

Bruises: see Hertfordshire Safeguarding Children Partnership 'Bruising Policy' for infants under six months.
https://hertsscb.proceduresonline.com/chapters/p_bruising.html

Burns and scalds:

- Burns and scalds
- Burns with a clear outline are suspicious
- Circular burns from cigarettes
- Linear burns from hot metal rods or electric elements
- Burns of a uniform depth over a large area
- Friction burns from being pulled across the floor
- Scalds produced from a water line immersion or pouring of hot liquid
- Splash marks around the main burn area caused by hot liquid being thrown
- Old scars indicating previous injury.

Appendix 2. Definitions, types and recognition of abuse
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Fractures

Any fractures in young children should be assessed. If the clinician is unable to rule out abuse or neglect the case should be investigated by Hertfordshire Safeguarding Children's Partnership.

Neglect

This is often difficult to identify but leads to the physical and emotional harm of a child. The signs and indicators include:

- Failure of a parent to provide adequate food, clothes, warmth, hygiene, medical care or supervision
- Failure of a child to grow within the normally expected pattern, they show pallor, weight loss and signs of poor nutrition
- Failure of parents to provide adequate love and affection in a stimulating environment
- A child may look listless, apathetic or unresponsive with no apparent medical cause
- A child may be observed thriving when away from the home environment.

Emotional abuse

Again, this is difficult to identify. It is the result of ill treatment in the form of:

- Coldness
- Hostility and rejection
- Constant denigration
- Seriously distorted emotional demands
- Extreme inconsistency when parenting.

Some signs and indicators that might suggest this are:

- Low self-esteem apathy
- Being fearful and withdrawn or displaying "frozen watchfulness"
- Unduly aggressive behaviour
- Attention seeking behaviour
- Constantly seeking to please
- Over-readiness to relate to anyone, even strangers.

Sexual abuse

Can be suspected based on physical signs, the child's behaviour or following a direct statement by the child. It is often investigated because of a combination of these signs.

Signs of possible sexual abuse:

- A level of sexual knowledge inappropriate to the child's age
- Sexually provocative relationships with adults
- Sexualized play with other children
- Self-harm, mutilation, or suicide attempts or threats
- Recurrent urinary tract infections

Appendix 2. Definitions, types and recognition of abuse
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- Sudden onset of soiling or wetting
- Truancy, running away from home
- Uncharacteristic difficulty in learning, poor concentration
- Recurrent abdominal pain
- Promiscuity
- Requests for contraceptive or other sexual advice
- Severe sleep disturbance
- Change of eating habits
- Social isolation and withdrawal.

Children may communicate the abuse through other methods than the use of language e.g., through drawings, painting, play behaviour and so on.

Other abuse

The following do not fall within the four main categories of child abuse but require further investigation:

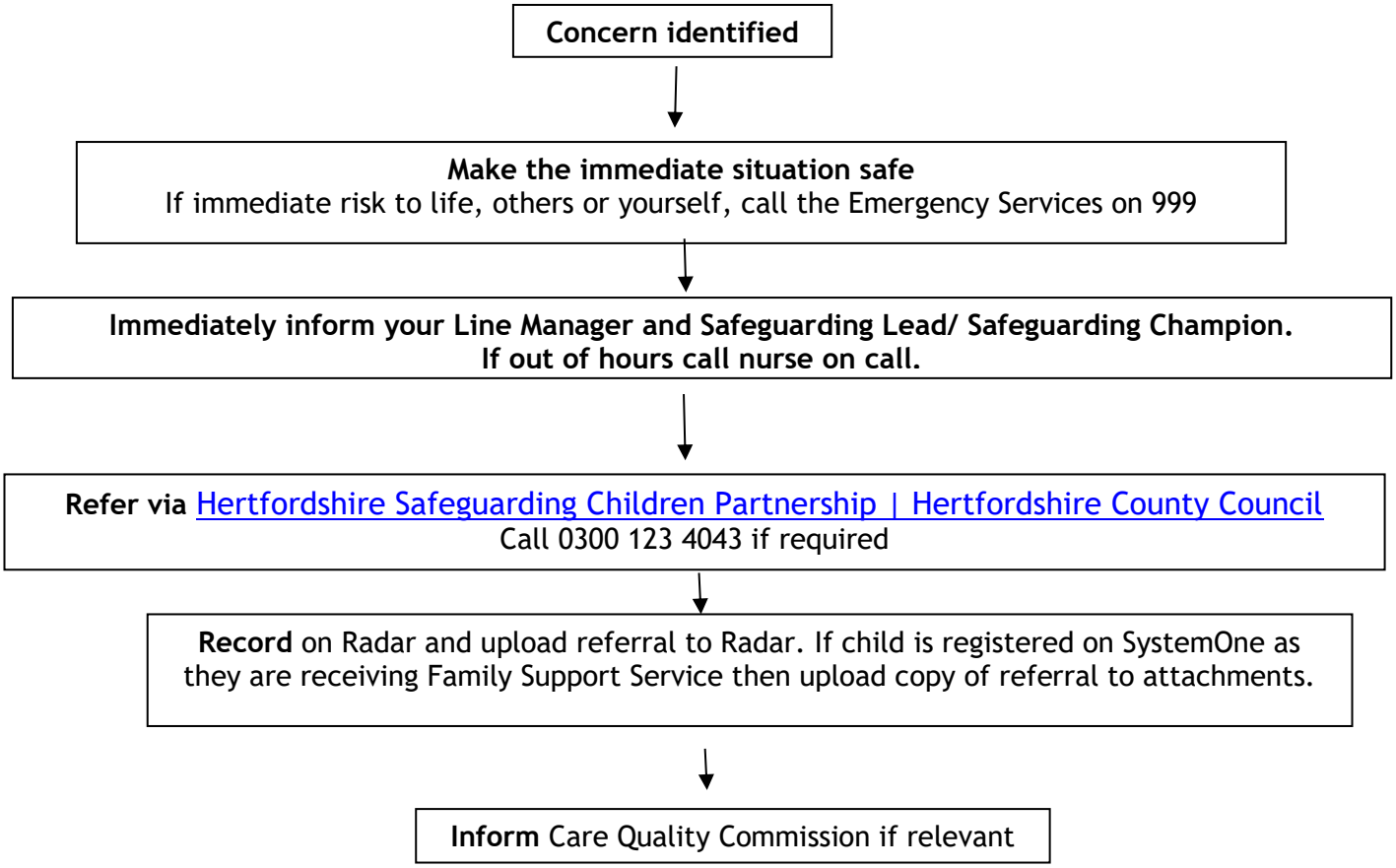
See Hertfordshire Safeguarding Children Partnership website for further information and updates regarding the following:

- Domestic Abuse. The Domestic Abuse Act 2021 now recognises children as victims of domestic abuse. This is the first time that a child who sees or hears, or experiences domestic abuse, and is related to the person being abused or the perpetrator, is also to be regarded as a victim of domestic abuse in their own right.
- Honour-based violence
- Forced marriage
- Female genital mutilation
- Child sexual exploitation
- Trafficking
- Modern day slavery
- Radicalisation.

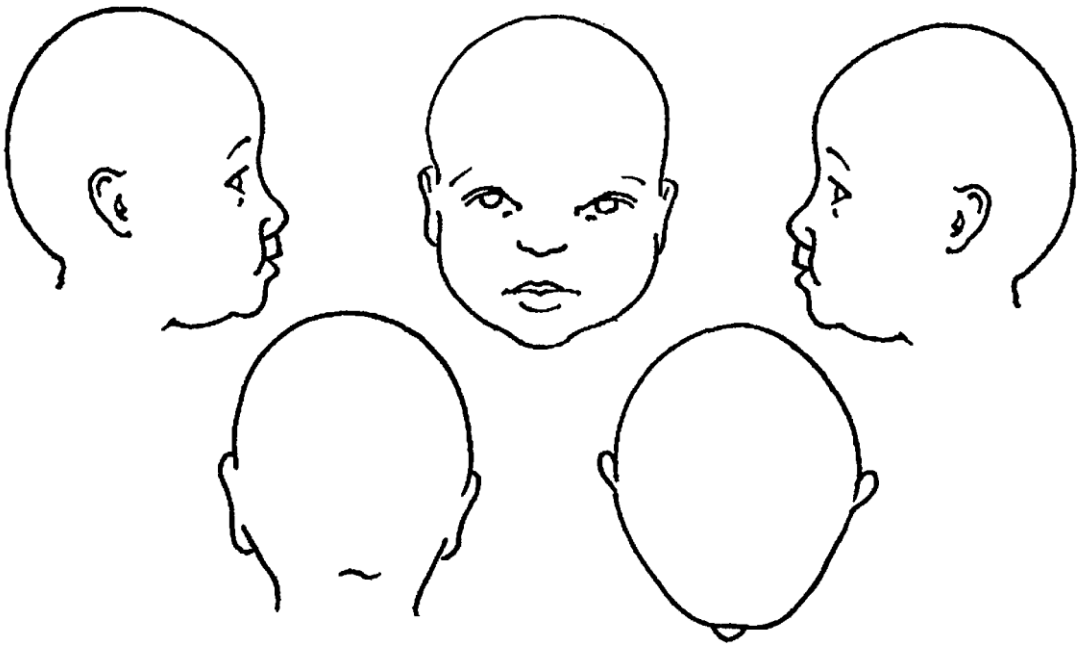
Appendix 3. GHHC Safeguarding children at risk of abuse flowchart

Safeguarding Lead = Director of Patient Services

Safeguarding Champion for Children and Young People = Social Worker until CYP counsellor when in post



Appendix 4. Children's body maps
(page 1 of 3)



Name of baby/toddler:

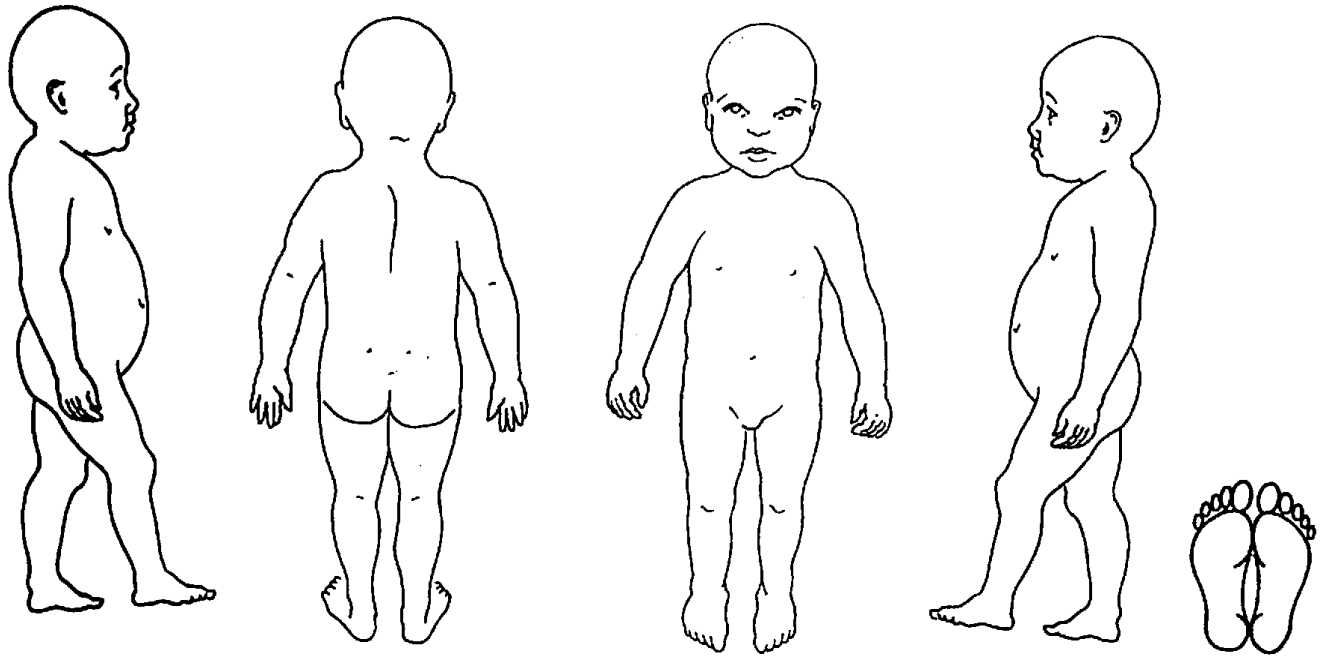
Date of birth:

Reporter's name:

Date and time completed:

Appendix 4. Children's body maps
(page 2 of 3)

Baby/toddler body map



Name of baby/toddler:

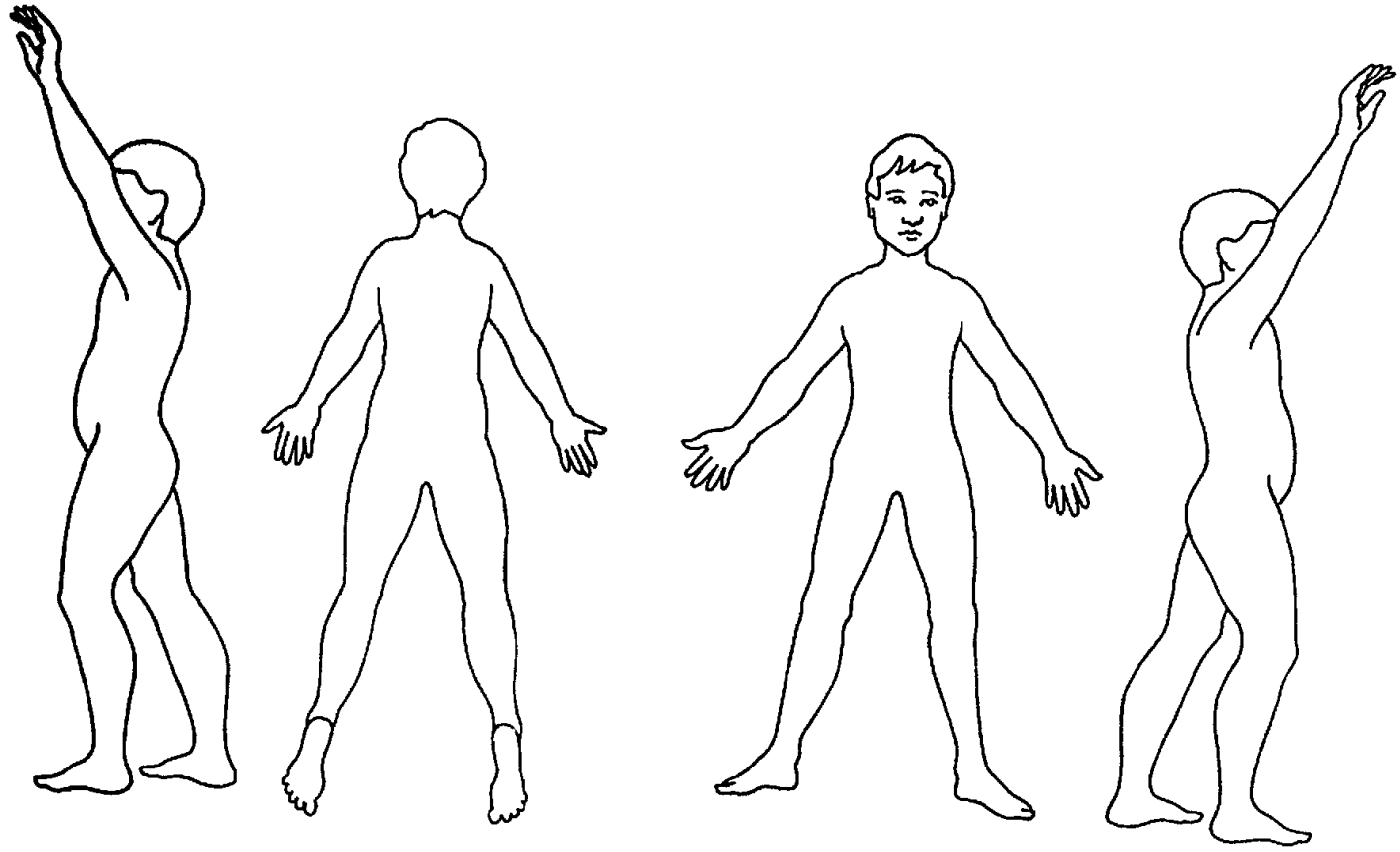
Date of birth:

Reporter's name:

Date and time completed:

Appendix 4. Children's body maps
(page 3 of 3)

Child body map



Name of child:

Date of birth:

Reporter's name:

Date and time completed:

Appendix 5. Channel referral form
(page 1 of 2)

Please forward completed forms to the Prevent team at prevent@herts.pnn.police.uk

NOT PROTECTIVELY MARKED when incomplete

CHANNEL REFERRAL FORM

Name of subject:		DOB:
Guardian:		Relationship:
Ethnicity:	Place of birth:	Religion:
Address Telephone number		Referral Date
Author	Organisation	
Contact details		

This form is to help you refer concerns to Channel regarding an individual who may be vulnerable to being drawn into terrorism. On the reverse are questions which may assist in helping you quantify and structure your concerns in order to better record them below.

They are intended as a guide to help communicate your professional judgement about what has led you to make this referral. Completed forms should be sent to the Channel team.

What is the behaviour / occurrence that has led you to make this referral?	
Assessment	**Comment /evidence**
Faith / ideology	
Personal / emotional & social	
Risk / protective factors	
Desire for change	

Appendix 5. Channel referral form (page 2 of 2)

From what you know of the referral:

Faith / ideology

Are they new to a faith / faith strand? What was the context of their conversion?

Do they seem to have naïve, narrow or limited religious / political knowledge?

Are there concerns about a highly inconsistent vocalisation / practicing of their faith?

Have there been sudden changes in their observance, behaviour, interaction or attendance at their place of worship / organised meeting?

Have there been specific examples or is there an undertone of "Them and Us" language or violent rhetoric being used or behaviour occurring?

Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?

Are there particular grievances either personal or global that appear to be unresolved / festering?

Has there been an increase in unusual or sudden travel abroad without satisfactory explanation?

Personal / emotional / social issues

Are there concerns over conflict with their families regarding religious beliefs / lifestyle choices?

Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration?

Is there evidence of increasing isolation from family, friends or groups towards a smaller group of individuals or a known location?

Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?

Have they got / had extremist propaganda materials (DVDs, CDs, leaflets etc.) in their possession?

Do they associate with negative / criminal peers or known groups of concern?

Are there concerns regarding their emotional stability and or mental health?

Is there evidence of participation in survivalist/combat simulation activities, e.g., paint balling?

Risk / protective factors

What are the specific factors which are contributing towards making the referral more vulnerable to radicalisation by others or moving towards violent extremism? E.g., mental health, language barriers, cultural anxiety, impressionability, criminality, specific grievance etc.

Is there any evidence of others targeting or exploiting these vulnerabilities or risks?

What factors are there already in place or could be developed to firm up support for the referral or help them increase their resilience to negative influences? E.g., positive family ties, employment, mentor / agency input etc.

Desire for change

Do they have the ability to change with / without support? Why / Why not?

How motivated are they to make steps towards changing their attitudes and behaviour?

How sustainable do you think their motivation / desire is?

Appendix 6. Safeguarding Children and Young People training and competency requirements

Level of training	Staff & volunteer groups	Training	Frequency	Required competencies, knowledge and skill
Level 1				
Two hours over a 3-year period	All staff, clinical, non-clinical including trading.	Induction including 30 minutes safeguarding session. Staff Handbook	Once only. Once only	Knowledge of indicators of child maltreatment as well as an awareness of potential issues for children including FGM, internet risks etc. Awareness of the vulnerability of children with identified needs, e.g., 'looked after' children. The effect that mental/physical health issues of carers can have. Be aware of when, how and who to report to. Have an understanding of relevant legislation.
	Volunteers	Half day induction Volunteer Workbook	Once only On induction and 3 yearly.	
	All Trustees	Half day induction Volunteer Workbook or face to face training.	Once only On induction and 3 yearly.	
	Compassionate neighbours	Half day induction Ongoing TBC	Once only	
Level 2	**Children**			
Four hours over a 3-year period	All Clinical staff Family Support Services Clinical admin staff including unit clerks	As Level 1 plus: Face to face training E-Learning module	 Annual Annual	As Level 1 plus: To act as an advocate for children. Identify own professional role, responsibilities and boundaries. To be able to identify and document concerns effectively. Be confident in asking and referring if needed re FGM. To be aware of risk factors for grooming and exploitation as well as trafficking.
	Non-clinical staff – Housekeeping, Maintenance, Catering	As Level 1 plus: Face to face training E-Learning module.	 Annual 3 yearly	

	Patient-facing volunteers Trustee lead	As Level 1 plus: Face to face training Volunteer workbook	Annual 3 yearly	
	Fundraising	As Level 1 plus: E-Learning safeguarding module	Annual	
Level 3				
Eight hours over a 3-year period	Children's Champion, Schools Project Lead, FSS staff working with children	As Level 2 training plus: Attend external training course	Annual	Levels 1 & 2 plus: Have an awareness of forensic procedures. Undertake an assessment using key communication to enable participation appropriate to age. Have an awareness of issues relating to misdiagnosis. Provide specialist advice, support and information to colleagues and other professionals. Contribute to case reviews working effectively with colleagues locally and regionally. Know where to obtain further help and support.
	Volunteers working with children in Family Support team	As Level 2 training plus: Attend external training course at appropriate level.	Annual	
Level 4				
24 hours over a 3-year period.	Designated Lead for Children	As Level 3 training plus: Attend external training course at appropriate level.	Annual	Levels 1, 2 & 3 plus: Participate in support groups for specialist professionals. Have recognised leadership and management training. Plan, design, deliver and evaluate training for staff. Work effectively with colleagues from other organisations including regional networks. Support colleagues to challenge views held by professionals where appropriate.

Appendix 7. Safeguarding Champion role profile

Overall purpose

The Safeguarding Champion will be aware of safeguarding issues relating to adults, children, young people, and their families to support the national requirements of commissioning agencies including the local authority and clinical commissioning group.

To act as a resource and a point of contact for colleagues who require support and guidance within possible safeguarding concerns. However, it is not the role of the Safeguarding Champion to be responsible for the submission of referrals on behalf of the service area.

What is a Safeguarding Champion?

A person who works within Garden House Hospice Care who:

1. Through training and experience understands what adult safeguarding definition.
2. Has received specific safeguarding training to level 4
3. Understands the different types of abuse.
4. Knows how to report any safeguarding concerns and offers safeguarding advice to colleagues, service users/customers, families, and carers.
5. Is a lead member of the Safeguarding group contributing to the delivery of the safeguarding team workplan alongside the Safeguarding lead and deputy lead updating meeting minutes and action logs
6. Is responsible for the monitoring and review of safeguarding reported concerns and notifications.
7. Participates, arranges and contributes to professional meetings inclusive of contact and liaison with external agencies and healthcare professionals as needed.
8. Raises awareness with others on recognising and reporting adult abuse through provision of training including signposting to external safeguarding teams where appropriate.
9. Leads as appropriate as link with external agencies (with service links as designated)
10. Shares and learns from good practice and experiences.
11. Maintains accurate and professional documentation within patient records.
12. Ensures the organisation has up to date adult and children safeguarding policies, procedures, and guidance in place.
13. Listens and provides relevant feedback that can help inform future safeguarding priorities and practice.
14. Leads on the development and delivery of agreed training across the organisation.
15. Completes safeguarding alerts as required.

Who is best placed to undertake the role

The Safeguarding Champion will be a member of staff employed by GHHC who has skills, experience and confidence in the specific area . The role will be defined within their Job description and role profile, taken on in addition to their wider responsibilities.

Currently this role profile is within the social worker post but this if required can be reviewed and amended. Anyone who works with or comes into contact with adults who may have care and support needs can be a Safeguarding Champion.

Where an individual requires additional knowledge, they must be willing to undertake the necessary training in order to develop the knowledge and skills required to undertake the role. This training will be agreed to be provided/supported by GHHC.

Appendix 8. Safeguarding Link role profile

Overall purpose

The Safeguarding Links will be aware of safeguarding issues relating to adults, children, young people, and their families to support the national requirements of commissioning agencies including the local authority and clinical commissioning group.

To act as a resource and a point of contact for their teams who require support and guidance within possible safeguarding concerns. However, it is not the role of the Safeguarding Link to be solely responsible for the submission of referrals on behalf of the service area.

What is a Safeguarding Link?

A person who works within Garden House Hospice Care who:

1. Has received specific safeguarding training to level 3 or above. Through this training understands safeguarding responsibilities and understands the different types of abuse
2. Is an active member of the Safeguarding group contributing to the delivery of the safeguarding team workplan.
3. Raises awareness and advice with those within their teams and wider colleagues as needed on recognising and reporting abuse.
4. Leads as appropriate as link with external agencies (with safeguarding champion support and guidance as needed)
5. Listens and provides relevant feedback that can help inform future procedures.
6. Ensures any concerns identified within their area are reported via the use of the electronic reporting system (Radar) discussing any immediate concerns Safeguarding team, Safeguarding lead, deputy leads, champion, Medical Director
7. Ensuring staff in their teams are released and able to attend the mandatory safeguarding adults training.
8. Providing support for staff involved in any safeguarding incident.

Who is best placed to undertake the role?

The Safeguarding Link will be a member of staff employed by GHHC who most likely is a team manager who has received training and support to minimum level 3 and has access to supervision through attendance at the safeguarding group meetings.

Where an individual requires additional knowledge, they must be willing to undertake the necessary training in order to develop the knowledge and skills required to undertake the role. This training will be agreed to be provided/supported by GHHC.