Havens Hospices

Children and Young peoples Safeguarding Policy & Procedure

Reference: CARE-167

Version: V 1.0

Issue Date: 09/02/2023

Making every day count

Contents

Document Control

Document Reference:	CARE - 167
Document Author:	Chanelle Wilson
Document Owner:	Chanelle Wilson
Responsible Directorate:	CARE
Approved by:	CARE COMMITTEE
Approval Date:	07/02/2023
Issue Date:	09/02/2023
Next Review Date:	07/02/2026

This is a:					
New Document	☐	**Updated Document**	☒	**Replacement Document**	☐

Audience

Intended Audience: (To be completed / confirmed by the Document Owner (or responsible directorate) to indicate who should see this document)	☒ **All of Havens Hospice Staff** ☒
Mandatory Reading: (To be completed / confirmed by the Document Owner (or responsible directorate) using the Mandatory Policy Codes list. Do not list who not to include)	☒ **All of Care Staff** ☒

Version History

Version Number	Date of Issue	Detail of Changes
V 1.0	09/02/2023	

Associated Documents

These documents should be referenced in conjunction with this procedure:

- Mental capacity procedure (Young people 16+)
- Safeguarding Adults procedure
- Social media – Promotions, marketing, and external communications policy
- Deprivation of Liberty Safeguards Policy
- Deprivation of Liberty Safeguards Procedure
- Consent to Examination or Treatment Policy
- Clinical Procedures Policy
- Professional Boundaries Policy
- Volunteer Policy November
- Records Management Policy
- Records Management Procedure
- Data Security and Protection policy
- Whistleblowing Policy and Procedure

Relevant Legislation

- Children Act 2004
- Children Act 1989
- Gillick competence and Fraser guidelines 1984
- Homelessness Act 2002
- Homelessness Reduction Act 2017
- Sexual Offences Act 2003 Protection of Freedoms Act 2012
- The Hague Convention 1996 Children and Families Act 2014

"Havens Hospices," "The Hospice" refers to Havens Hospice, the Charity, which incorporates the services of Fair Havens and Little Havens.

Havens Hospices are committed to safeguarding and promoting the welfare of children, young people, and adults at risk. Havens expects all staff and post holders to share this commitment. Our approach is laid out in our Safeguarding policy, and everything we do is guided by this. Therefore, this document should be read in conjunction with our Adults Safeguarding Policy, and any potential safeguarding issues should be given due consideration.

1.Purpose

This policy and procedure are intended to support staff and volunteers working for and with Havens Hospices. It does not replace but is supplementary to the Southend, Essex, Thurrock (SET) Safeguarding Children and Child Protection Procedures available on www.safeguardingsouthend.co.uk/children or www.escb.co.uk or www.thurrocklscp.org.uk

2.Policy statement

Children and young people are defined as those aged 14 and under. Young people are defined as those aged 14+ but under 18. Please refer to the adult's safeguarding policy and procedure when safeguarding anyone over the age of 18.

The Children's Act 2004, states that all people and organisations working with children have a responsibility to help safeguard children and promote their welfare. The Act stipulates that organisations must do the following when working with children:

- protect children from abuse and maltreatment.
- prevent harm to children's health or development.
- Ensure children grow up with the provision of safe and effective care.
- Take action to enable all children and young people to have the best outcomes.

Havens Hospices are committed to ensuring that:

All staff promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them from harm.

Havens Hospices recognises that:

- The welfare of children and young people is paramount in the work that we do and in all the decisions that we make.
- All children regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation have an equal right to protection from all types of abuse.
- Some children have additional needs such as children with life-limiting or life-threatening conditions or disabled children; and children from ethnic minorities who face additional barriers such as communication difficulties increased dependency on others and unfair discrimination.
- Working in partnership with children and young people, their carers and other agencies is essential in promoting children and young people's welfare.

We will seek to keep children and young people safe by:

- Listening to children and promoting a child-focused approach across the organisation.
- Taking action to identify and prevent abuse from happening.
- Respond appropriately when abuse has or is suspected to have occurred.
- Ensure that staff and volunteers understand and adhere to agreed safeguarding Children's procedures.

- Provide support, advice and resources to staff and volunteers in responding to safeguarding children's concerns.
- Inform staff and volunteers of any local or national issues relating to safeguarding children and young people.
- Ensure staff and volunteers are aware of their responsibilities to attend training and to support them in accessing these events.
- Ensuring that the organisation has a dedicated staff member with an expertise in safeguarding children.
- Ensuring staff and volunteers have access to appropriate consultation and supervision regarding safeguarding children.
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention, and response to safeguarding concerns.
- Ensure that information is available for all people who access Hospice services, setting out what to do if they have a concern.
- Ensure that all staff and volunteers who have direct contact with children and young people have an Enhanced disclosure check administered by the Disclosure and Barring Service (DBS).
- Appointing a team of safeguarding leads to work across all Havens sites to provide continuity and to work as part of the multi-disciplinary team.
- To be active in sharing learning from safeguarding incidents.
- Promoting a safeguarding culture where staff, volunteers and children and families know how they are expected to behave and feel comfortable about sharing concerns.

3.Principles and Values of Safeguarding

Havens Hospice works in accordance with the main principles of the Children's Act and Support Statutory Guidance (issued under the Children's Act 2004) which states the following principles:

- To allow children to be healthy.
- To help children to be happy and enjoy life.
- To allow children to remain safe in their environments.
- To help children to succeed.
- To help achieve economic stability for the future of children.
- To help make a positive contribution to children's lives.

Havens Hospices advocates safeguarding children under the main principle of The Children's Act which is to keep all children under our care safe and promote their welfare. Havens Hospices aim is to make the safeguarding of all children in our care a priority by ensuring that they are protected by ensuring that all our staff members are competent, trained, and knowledgeable in identifying and reporting any safeguarding concerns regarding any child and young person in our care. Havens Hospices work with local authorities, police and all other agencies involved with safeguarding children and young adults to ensure the safety of all children and young people in our care.

This document applies when there is a potential for harm to any child and young person in our care at either of our site premises in the community. Although this document is focused on the safeguarding of children and young people, their parents and carers will also be our safeguarding priority while we support their children and young adults.

1. Children are best protected when professionals are clear about what is required of them individually and how they need to work together.

2. Abuse can take place in any setting and this procedure applies to wherever staff and volunteers carry out their duties of care or support: an individual's private home, hospice in-patient units, day care, hospice transport, shops, organised events, facilities, finance, fundraising and Human Resources.

3. All staff or volunteers have a duty to report any incident of alleged, suspected or witnessed abuse or harm of a child or young person to their immediate Line Manager. This includes incidents where they may have concerns over the behaviour of another member of staff. Staff and volunteers do not have the option of not acting. Safeguarding leads are in place to support staff and managers with advice and decision-making processes.

4. If staff or volunteers believe that their Line Manager may be implicated in the abuse or not taking it seriously, they should follow the whistleblowing procedure.

4.Objectives:

1. To have a coordinated approach to safeguarding children and young people which includes working in partnership with other agencies/ organisations.

2. To ensure that all policies and procedures are in line with legislation and local/national policies and guidelines.

All agencies and professionals should:

- be alert to potential indicators of abuse or neglect.
- be alert to the risks which individual abusers, or potential abusers, may pose to children.
- share and help to analyse information so that an assessment can be made of the child's needs and circumstances.
- contribute to whatever actions are needed to safeguard and promote the child's welfare.
- take part in regularly reviewing the outcomes for the child against specific plans.
- work co-operatively with parents unless this is inconsistent with ensuring the child's safety.

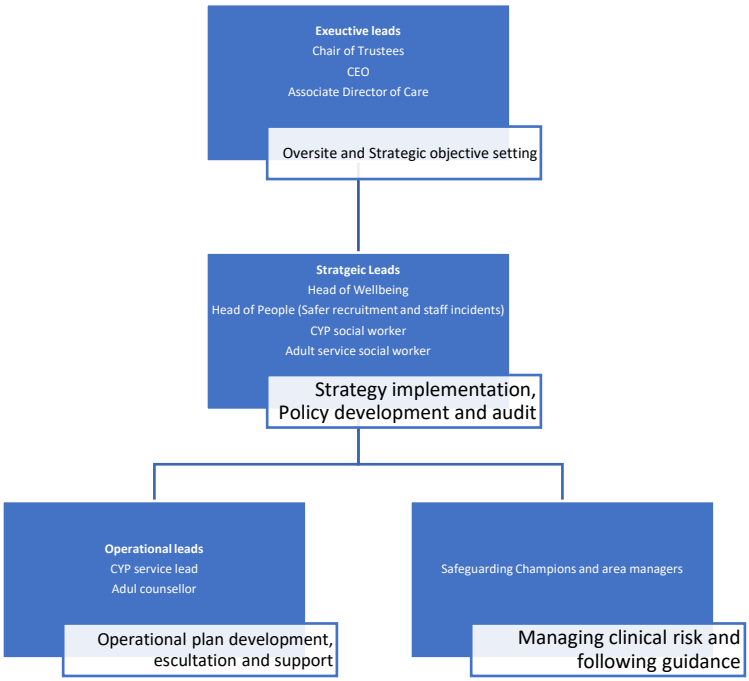
5.Responsibilities

What to Do: *Always remember, safeguarding is everyone's responsibility but in case you do suspect that a child might be going through any potential cases of harm that they are unwilling to disclose, please always refer the child immediately to the respective safeguarding leads through the mentioned channels or report it immediately to your line manager and make sure to follow up on the reported concerns as it is also the responsibility of the referrer to follow any safeguarding concerns until a satisfactory outcome is reached.*

6.Responsibility/Accountability

All staff and volunteers are responsible for ensuring that patients, staff, and visitors are safe. In addition to the duty to keep people safe, Havens Hospices also has a safeguarding team who support the organisation to comply with safeguarding legislation and promote safe practise.

Havens Hospices Safeguarding Team



Further up to date safeguarding lead contact details and guidance on what to do when you suspect a safeguarding incident can be found on www.havenshospices.org.uk

Responsibilities of Havens Hospices safeguarding team

To set the strategic objectives that ensure that safeguarding at Havens Hospices complies with national legislation and best practice guidance. To work together to ensure that strategic objectives are implemented operationally, and risks escalated accordingly.

- To take action to identify and prevent abuse from happening.
- Respond appropriately when abuse has or is suspected to have occurred.
- Ensure that the agreed safeguarding procedures are always followed.
- Provide support, advice and resources to staff and volunteers in responding to safeguarding concerns.
- Inform staff and volunteers of any local or national issues relating to safeguarding.
- Ensure staff and volunteers are aware of their responsibilities to attend training and to support them in accessing these events.
- Ensuring that the organisation has a dedicated staff member with an expertise in safeguarding.
- Ensuring staff and volunteers have access to appropriate consultation and supervision regarding safeguarding.
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention, and response to safeguarding concerns.
- Ensure that information is available for people that use Hospice services setting out what to do if they have a concern.
- Ensure that all staff and volunteers who have direct contact with children have a DBS check in line with the requirements of the Independent Safeguarding Authority Vetting and Barring Scheme.

The safeguarding team poster and other support posters can be found on the intranet or by following this link Support and Information

Responsibilities of all staff and volunteers who have direct contact children and young people

- Always follow the Safeguarding Policies and Procedures particularly if concerns arise about the safety or welfare of children.
- Participate in safeguarding training and maintain current working knowledge.
- Become familiar with the Safeguarding Children and Young People's Guidelines.
- Discuss any concerns about the welfare of children risk with their line manager or a safeguarding lead.
- Contribute to actions required, including information sharing and attending meetings.
- Work collaboratively with other agencies to safeguard and protect the welfare of people who use services.
- Always remain alert to the possibility of abuse.
- Recognise the impact that diversity, beliefs, and values of people who use services can have.

Training & Policy Requirements

- All staff must ensure they read Safeguarding Policies and Procedures
- All approved documents are published on the intranet and available to staff. Volunteer co-ordinators are to ensure that volunteers have access to policies that apply to their role in the organisation.
- All staff must complete the mandatory training identified for their role. As a minimum all employed care staff must complete safeguarding adults and children level 2 via our Learning Management System.
- Staff in positions of decision-making responsibility must complete Safeguarding Children Level 3 training.
- Staff in Lead roles for Safeguarding must complete Safeguarding Level 4 for Children This is in accordance with the intercollegiate document for children 2019. It is the responsibility of each employee to ensure their training is up to date.
- The people team can provide a job specific list of training requirements.

Please see the training policy for the latest ratified training matrix

Safeguarding supervision

Defining safeguarding supervision is a complex and evolving subject (Morrison, 2010). Laming (2009 p.44) defines effective supervision as, 'open and supportive, focusing on the quality of decisions, good risk analysis and improving outcomes for children rather than meeting targets.' Working Together to Safeguard Children' guidance (HM Government, 2018) clearly promotes effective safeguarding supervision and the recognition of the emotional impact of the safeguarding role on practitioners.

Havens Hospices safeguarding supervision structure.

Level 4 Safeguarding Leads

Will receive external safeguarding supervision quarterly as a minimum. Extra sessions will be coordinated to discuss complex safeguarding incidents. Level 4 supervision is mandatory.

Level 3 Decision Makers

Will receive discuss safeguarding as part of their monthly one to one's. Additional external supervision will be provided on an ad hoc basis when identified as a need by their line manager. Monthly one to one meetings are mandatory.

All staff

- Monthly one to ones will include safeguarding conversations.
- Safeguarding debriefs will be booked as and when required.
- In house safeguarding supervision during and after incidents/concerns to be provided by the safeguarding team.

- Access to bookable group supervision *Held monthly*

All staff will have access to clinical/restorative supervision where safeguarding issues will be discussed as escalated accordingly.

Safer Recruitment

Havens hospices are committed to ensuring that all staff and employees who have direct contact with children at risk have appropriate safer recruitment employment checks which include the following:

• Professional references are obtained. Personal or character references are obtained in addition to professional.

• Application forms are used to take a full employment history, account for any gaps in employment, and provide evidence of qualifications.

• Copies must be taken of documents used to establish identity and right to work in the UK and must be held on file for reference.

• Enhanced disclosure and barring checks are required for all staff and for volunteers who work directly with children or adults at risk.

Please refer to the safer recruitment policy for further information.

7.Compliance with the Safeguarding Policy

All Managers and safeguarding Leads to:

• Ensure all new employees receive policy training as part of their induction.

• Ensure measures are implemented within their area of responsibility.

• Following up and addressing issues appropriately.

HR staff will be responsible for:

• Implementing the necessary procedures for acquaintance with the safeguarding policy when recruiting new staff.

• Documenting who has signed the policy.

All staff will be responsible for:

• Adhering to this policy and the Code of Conduct.

• Reporting concerns using the Whistleblowing Policy and Procedures set out in the Code of Conduct.

• Ensuring that briefing on this policy is built into Induction processes.

Threshold documents for each Multi-Agency Safeguarding Partnership/Board can be accessed at:

Essex: www.escb.co.uk

Southend: https://www.safeguardingsouthend.co.uk/children/downloads_126_35207 82129.pdf

Thurrock: https://www.thurrocklscp.org.uk/lscp/professionals/threshold-document

8.Procedure

Aims

Havens Hospices recognise that safety and protection of children and young people is paramount and has priority over all other interests. Our aim is to protect all children and young people who access any of the services offered by Havens Hospices.

The purpose of this procedure is to ensure that appropriate action is taken when a child or young person, up to the age of 18 is suspected of either being abused or at risk of abuse.

Effective safeguarding arrangements should aim to meet the following two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each individual and organisation should play their full part; and
- A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

The SET Procedure

The SET Procedure: This is known as the Southend, Essex and Thurrock Child Protection Procedures which are underpinned by Working Together to Safeguard Children (July 2018), which sets out what should happen in any local area when a child or young person is believed to be in need of support.

These procedures relate to any child, and it is defined as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, is in foster care or is in an adoptive placement does not change their entitlements to services or protection.

Responding to Concerns of Abuse and Neglect

All agencies and professionals should:

- be alert to potential indicators of abuse or neglect.
- be alert to the risks which individual abusers, or potential abusers, may pose to children.
- share and help to analyse information so that an assessment can be made of the child's needs and circumstances.
- contribute to whatever actions are needed to safeguard and promote the child's welfare.

- take part in regularly reviewing the outcomes for the child against specific plans.
- work co-operatively with parents unless this is inconsistent with ensuring the child's safety.

Early Help

The local agencies in any area should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all professionals, including those in universal services and those providing service to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment. The professionals should be supported through training and supervision to understand their role in identifying emerging problems and sharing information with other practitioners to support early identification and assessment.

Effective assessment of the need for early help

Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from co-ordinated support from more than one organisation or agency (e.g. education, health, housing, police) there should be an early help assessment. These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment under the Children Act 1989.

Safeguarding children with complex health needs

Havens hospices recognises the vulnerability of children and that children with complex disabilities are at increased risk of being exposed to abuse.

Many children with disabilities are at an increased likelihood of being socially isolated with fewer outside contacts than able bodied children.

- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour.
- They have an impaired capacity to resist or avoid abuse.
- They may have speech, language and communication needs which may make it difficult to tell others what is happening;
- They often do not have access to someone they can trust to disclose that they have been abused; and/or
- They are especially vulnerable to bullying and intimidation. The national guidance Safeguarding Disabled Children - Practice Guidance (DCSF 2009) provides a framework for collaborative multi-agency responses to safeguard disabled children . Measures should include:
- Making it common practice to help all children make their wishes and feelings known in respect of their care and treatment; • Ensuring that all children receive appropriate personal, health, and social education (including sex education);

- Making sure that all children know how to raise concerns and giving them access to a range of adults with whom they can communicate. That all children with communication impairments should always have available to them a means of being heard;
- An explicit commitment to and understanding of children's safety and welfare among providers of services used by children.
- Close contact with families, and a culture of openness on the part of services.
- Guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment.
- Anti-bullying strategies; sexuality and sexual behaviour among young people, especially those living away from home; and
- Guidelines and training for staff working with children aged 16 and over will be governed by the Mental Health Capacity Act once they reach the age of 16.

Consent and Confidentiality when working with Children.

Gillick competency and Fraser guidelines

Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. When practitioners are trying to decide whether a child is mature enough to make decisions about things that affect them, they often talk about whether the child is 'Gillick competent' or whether they meet the 'Fraser guidelines'.

Gillick competence

Gillick competency applies mainly to medical advice, but it is also used by practitioners in other settings. For example, if a child or young person:

- would like to have therapeutic support but doesn't want their parents or carers to know about it
- is seeking confidential support for substance misuse.
- has strong wishes about their future living arrangements which may conflict with their parents' or carers' views.

Medical professionals need to consider Gillick competency if a young person under the age of 16 wishes to receive treatment without their parents' or carers' consent or, in some cases, knowledge.

If the young person has informed their parents of the treatment, they wish to receive but their parents do not agree with their decision, treatment can still proceed if the child has been assessed as Gillick competent.

Assessing Gillick competence

There is no set of defined questions to assess Gillick competency. Professionals need to consider several things when assessing a child's capacity to consent, including:

- the child's age, maturity, and mental capacity
- their understanding of the issue and what it involves - including advantages, disadvantages and potential long-term impact.
- their understanding of the risks, implications and consequences that may arise from their decision.
- how well they understand any advice or information they have been given.
- their understanding of any alternative options, if available
- their ability to explain a rationale around their reasoning and decision making.

Remember that consent is not valid if a young person is being pressured or influenced by someone else.

Children's capacity to consent may be affected by different factors, for example stress, mental health conditions and the complexities of the decision they are making. The same child may be considered Gillick competent to make one decision but not competent to make a different decision.

If you don't think a child is Gillick competent or there are inconsistencies in their understanding, you should seek consent from their parents or carers before proceeding.

In complex medical cases, such as those involving disagreements about treatment, you may wish to seek the opinion of a colleague about a child's capacity to consent (Care Quality Commission, 2019).

Young people also have the right to seek a second opinion from another medical professional (General Medical Council, 2020).

Refusal of medical treatment

Gillick competency can be used when young people wish to refuse medical treatment.

However, if a young person refuses treatment which may lead to their death or severe permanent harm, their decision can be overruled. More information about this is available in the guidance for medical professionals in each UK nation - see case history and legislation.

Child protection concerns

The child's safety and wellbeing is paramount.

When you are assessing Gillick competency if you have any concerns about the safety of the young person you should check whether previous child protection concerns have been raised and explore any factors that could put them at risk of abuse.

You must always share child protection concerns with the relevant agencies, even if this goes against a child's wishes.

If a child or young person discloses to you

People have the right to expect that information shared with a member of staff should be treated as confidential. (See Havens Hospices Information Governance Policy)

However, it should be made clear that where the staff member has a reason to be concerned for the welfare of a child and/or others they must share the information with someone who is able to take action or responsibility.

Listening to the child or young person

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all staff and volunteers should be limited to listening carefully to what the child says to:

- clarify the concerns.
- offer re-assurance about how the child will be kept safe.
- explain what action will be taken and within what timeframe.

Additional measures may be required for a child with communication difficulties e.g., in consequence of a disability.

The child must not be pressed for information, led, or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

Fraser guidelines

The Fraser guidelines apply specifically to advice and treatment about contraception and sexual health. They may be used by a range of healthcare professionals working with under 16-year-olds, including doctors and nurse practitioners.

Following a legal ruling in 2006, Fraser guidelines can also be applied to advice and treatment for sexually transmitted infections and the termination of pregnancy (Axton v The Secretary of State for Health, 2006).

Using the Fraser guidelines

Practitioners using the Fraser guidelines should be satisfied of the following:

- the young person cannot be persuaded to inform their parents or carers that they are seeking this advice or treatment (or to allow the practitioner to inform their parents or carers).
- the young person understands the advice being given.
- the young person's physical or mental health or both are likely to suffer unless they receive the advice or treatment.
- it is in the young person's best interests to receive the advice, treatment or both without their parents' or carers' consent.
- the young person is very likely to continue having sex with or without contraceptive treatment.

(Gillick v West Norfolk, 1985)

Child protection concerns

When using Fraser guidelines for issues relating to sexual health, you should always consider any potential child protection concerns:

- Underage sexual activity is a possible indicator of child sexual exploitation and children who have been groomed may not realise they are being abused.
- Sexual activity with a child under 13 should always result in a child protection referral.
- If a young person presents repeatedly about sexually transmitted infections or the termination of pregnancy this may be an indicator of child sexual abuse or exploitation.

You should always consider any previous concerns that may have been raised about the young person and explore whether there are any factors that may present a risk to their safety and wellbeing.

You must always share child protection concerns with the relevant agencies, even if a child or young person asks you not to.

9.Information Sharing

Caldicott Principles

These principles apply to the use of confidential information within health and social care organisations and when such information is shared with other organisations and between individuals, both for individual care and for other purposes.

The principles are intended to apply to all data collected for the provision of health and social care services where patients and service users can be identified and would expect that it will be kept private. This may include for instance, details about symptoms, diagnosis, treatment, names, and addresses. In some instances, the principles should also be applied to the processing of staff information.

They are primarily intended to guide organisations and their staff, but it should be remembered that patients, service users and/or their representatives should be included as active partners in the use of confidential information.

Where a novel and/or difficult judgment or decision is required, it is advisable to involve a Caldicott Guardian. See appendix for Caldicott principles.

Data Protection Act 2018 and GDPR

The Data Protection Act 2018 is the UK's implementation of the General Data Protection Regulation (GDPR). Everyone using personal data must follow the strict rules called the data principles. They must make sure the following information is:

- used for specified, explicit purposes.
- used in a way that is adequate, relevant, and limited to only what is necessary.
- accurate and, where necessary, kept up to date.
- kept for no longer than is necessary.
- handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction, or damage.
- used fairly, lawfully, and transparently.

There is stronger legal protection for more sensitive information, such as:

- race
- ethnic background
- political opinions
- religious beliefs
- trade union membership
- genetics
- biometrics (where used for identification)
- health
- sex life or orientation

Procedure for reporting abuse

Havens Hospices will seek to keep all children and young people safe by:

- If a staff member or volunteer suspects a child is being abused or is at risk of abuse, they are expected to report concerns to a line manager or safeguarding lead as soon as possible. A Safeguarding children's social care referral must be completed and sent to the relevant social care area Southend, Essex, or Thurrock (SET). Please see (SET) Safeguarding Children and Child Protection Procedures 2019 available on www.safeguardingsouthend.co.uk/children or www.escb.co.uk or www.thurrocklscp.org.uk or the intranet for further information.

- Safeguarding leads must be notified of any concerns as soon as possible. They can assist with advice and decision making. However, a formal referral to local authority children's social care, the police or emergency services (for any urgent medical treatment) must not be delayed by the need for consultation with management or the designated safeguarding professional lead, or the completion of an assessment.
- 1.2. In urgent situations, out of office hours, the referral should be made to the local authority children's social care emergency duty team/out of hour's team.
- 1.3. Concerns should be discussed with the parent and agreement sought for a referral to local authority children's social care unless seeking agreement is likely to:
- place the child at risk of significant harm through delay or the parent's actions or reactions;
- lead to the risk of loss of evidential material for example, in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse or induced illness has taken place. The safeguarding leads will provide support to staff when deciding if a parent should be informed of the concerns.
- 1.4 2. Should there be concerns about the conduct or involvement of a staff member of volunteer in suspected abuse, the organisations' Whistleblowing policy or Managing allegations against staff procedure should be followed.
- 2.The Local Authority Designated Officer (LADO) must be informed within one working day when an allegation is made about a person in a position of trust and prior to any further investigation taking place.
- If child sexual abuse is suspected then contact the police, social care and SARC centre immediately. https://www.oakwoodplace.org.uk

10.Record Keeping

It is important that you write down why you are concerned about a person as simply and clearly as you can, and as soon as you can after an event. All original notes must be retained.

• It is important that you record all relevant information including what you saw, what you heard, and why you acted as you did.

• Sign and date your records and make sure they are kept in a safe place.

• Record any physical signs or injuries using a body map; make sure you sign and date it if you write it down or record on SystmOne as required.

• Write down what is said to you, in their own words. Who said it including their relationship to the child or young person or role and how they can be contacted, if appropriate. Include any questions you have asked, make sure you sign and date.

Please refer to your line manager if advice and support is needed. Volunteers are required to contact their Volunteer Co-ordinator or Shop Manager as soon as possible to discuss and assist with recording.

Whistle blowing

For further information, see Whistleblowing Policy and Procedure (2018).

Confidentiality and Information sharing

Havens is committed to ensuring that children have access to age-appropriate information that may keep them safe and know who they can report a concern to with visual posters.

All those working with children, in any capacity, must be clear that it is not possible to keep information about suspected or actual abuse confidential. All concerns must be communicated to line managers or volunteer coordinators.

Child Death Review

The Child Death Overview Panel is responsible for reviewing the deaths of any children normally resident in Southend, Essex, and Thurrock local authority areas, whether from natural, unnatural, known, or unknown causes, at home, in hospital or in the community. This includes Little Havens.

The purpose of the review is to:

• reduce the number of childhood deaths

• identify matters of concern affecting the safety and welfare of children

• identify wider public health or safety concerns arising from a particular death or from a pattern of deaths

• undertake a co-ordinated agency response to all unexpected deaths of children

In accordance with the Child Death Review guidelines, details of all children who die at Little Havens must be reported to the Child Death Review Panel. Further details are contained in the 'Care of a child after death' procedure which can be found at https://www.escb.co.uk/working-with-children/childdeath-reviews/.

Learning disabilities mortality review

People with learning disabilities are four times as likely to die of preventable causes compared with the general population. The Learning Disabilities Mortality Review (LeDeR) Programme aims to help reduce premature mortality and health inequalities for people with learning disabilities in England through local reviews of deaths of people with learning disabilities.

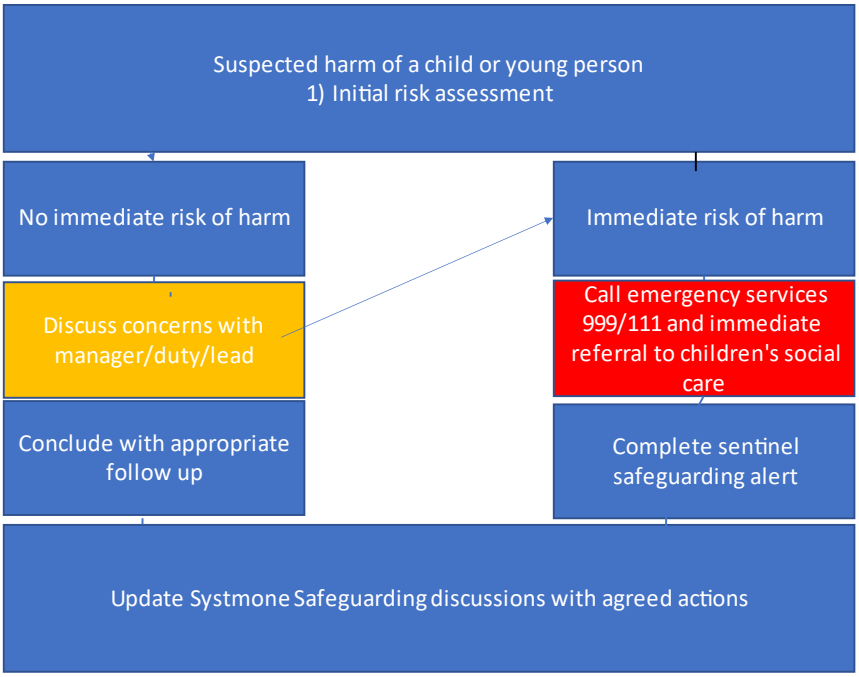
Reporting a death

To report the death of an Essex resident with learning disabilities you can phone or use an online form. Call: 0300 777 4774 (confidential) www.bris.ac.uk/sps/leder/notification-system

Risk Assessments

All activities involving children and young people must have an up-to-date risk assessment which addresses any safeguarding concerns related to the child or young person; as well as the activities itself. Compliance with all relevant health and safety legislations and requirements as detailed by the Health and Safety Executive (hse.gov.uk) is essential.

11.Workflow



12.Additional Information & Help

Further information and resources

Safeguarding education and training http://www.safeguardingchildrenea.co.uk/resources/awareness-of-forcedmarriage-register-for-training/?
http://www.essexsab.org.uk/engb/learninganddevelopment/elearningsafeguardingbasicawareness.aspx
https://www.fgmelearning.co.uk/
http://www.essexsab.org.uk/Portals/68/Training/MCA%20DOL%20ELearning.pdf
http://course.ncalt.com/Channel_General_Awareness/01/index.html
https://learning.nspcc.org.uk/media/1079/safeguarding-standards-andguidance.pdf

Useful contacts

Essex Safeguarding Children Board 0333 013 8936 www.escb.co.uk

Essex Safeguarding Adult Board 0333 013 1019 www.essexsab.org.uk Out of hours (all Essex County Council Services) 0845 6061212
Southend Safeguarding Local Children Board 01702 534706 www.safeguardingsouthend.co.uk/children
Southend Safeguarding Adults Board 01702 534340 www.safeguardingsouthend.co.uk/adults
Thurrock Local Safeguarding Children Board 01702 652802 www.thurrocklscb.org.uk
Thurrock Safeguarding Adults Partnership Board Community Solutions Team www.thurrocksab.org.uk/ 01375 659713

NSPCC
Helpline 0808 800 5000 www.NSPCC.org.uk
Child Death Review
01245 430783 Email: cdr@essex.gov.uk

Appendix 1

Working Together to Safeguard Children (2018) introduction:

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:
• protecting children from maltreatment.
• preventing impairment of children's health or development.
• ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
• taking action to enable all children to have the best outcomes.

For children who need additional help, everyday matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future.

Definitions

Children and young people: Those who have not yet reached their 18th birthday (see The Children's Act 1989, Section 105). The United Nations Convention on Children's Rights (UNCRC 1989), ratified by the UK Government in 1991, states that a child "means every human being below the age of eighteen years". The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

What does Child in Need mean? Section 17 of the Children Act 1989 defines a Child in Need as a child:

• Who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services.

• Or a child whose health or development is likely to be significantly impaired, or further impaired, without the provision of services.

• A child who is disabled

Child protection: is when a potential child safeguarding of a child being at significant risk of harm is being investigated after a concern has been raised and established.

Child in need: A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services, or a child who is disabled.

Significant Harm: Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "for example, impairment suffered from seeing or hearing the ill treatment of another".

Looked After Child: A Looked After Child (sometimes referred to as 'LAC') is a child who is Accommodated by the local authority, a child who is the subject to an Interim Care Order, full Care Order or Emergency Protection Order; or a child who is remanded by a court into local authority accommodation or Youth Detention Accommodation. In addition, where a child is placed for adoption or the local authority is authorised to place a child for adoption - either through the making of a Placement Order or the giving of Parental Consent to Adoptive Placement - the child is a Looked After Child.

Private Fostering: Private Fostering is an arrangement where the parents still hold parental responsibility but arranges the provision of care for the child with a private foster carer. A child in relation to whom the local authority receives notification from the prospective adopters that they intend to apply to the Court to adopt may have the status of a privately fostered child.

Young Carer: A young carer is a person under eighteen who provides or intends to provide care for another person (of any age), except generally where that care is provided for payment, pursuant to a contract or as voluntary work.

Advocacy and Human Rights

Living with a life limiting condition or told that the condition is incurable can be hard on an individual both physically and emotionally, which can affect both decision making and how people deal with every day challenges and tasks ,hence where we come in as a hospice, to help people alleviate such stress of making such important decisions and its impact by acting as advocates and ensuring their human rights are not violated when dealing with such important issues in their lives.

Advocacy: In relation to Children's care, advocacy helps to safeguard children and young people, and protect them from harm and neglect. It is about speaking up for children and young people and ensuring their views and wishes are heard and acted upon by decision-makers.

Human Rights: Human rights is about empowering people to know their own rights but also the rights of people in their care. A human rights approach will allow everyone in the organisation to participate in shaping decisions that impact on the human rights of our clients by ensuring its principles are integrated into our policy making as well as our day to day running of the organisation and decision-making.

Child Abuse: Child abuse is when anyone under the age of 18 is either being harmed or not properly looked after. There are five main types of abuse: physical, emotional, sexual, child exploitation and neglect.

Types of Abuse

Physical abuse is when someone hurts a child or young person on purpose.

Examples of physical abuse are:

- hitting, slapping, shaking, or throwing
- burning or scalding
- drowning, suffocating, or choking
- pushing or kicking
- inappropriate restraint or false imprisonment
- using physical force to discipline
- misusing medication
- fabricating or inducing an illness or ill health

Signs and symptoms of physical abuse in children can include:

- unexplained recurrent injuries, marks or burns.
- covering injuries with clothing even in hot weather
- fear of physical contact and shrinking back if touched.

Sexual abuse

Sexual abuse is when a child is enticed or forced to take part in sexual activities. This kind of abuse does not always involve a high level of violence and the child may or may not be aware of what is happening.

The abuse may be committed by adult men and women, or by other children.

Examples of sexual abuse are:

- causing or inciting a child to watch or engage in sexual activities.
- encouraging a child to behave in sexually inappropriate ways.
- involving a child in looking at sexual images or videos
- involving a child in the production of sexual images or videos
- grooming a child in preparation for abuse (including via the internet)

Signs and symptoms of sexual abuse in children can include:

- extreme reactions such as depression, self-mutilation, suicide attempts, running away, overdoses or anorexia.
- personality changes such as becoming insecure or clinging.
- being isolated or withdrawn
- medical problems such as chronic itching, pain in the genitals or venereal diseases

Child sexual exploitation involves situations, contexts, or relationships in which a person under 18 is given something, such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts, or money in return for performing sexual activities or having sexual activities performed on them. It can also involve violence, coercion, and intimidation, with threats of physical harm or humiliation.

Common patterns

In all cases of child sexual exploitation (CSE), the person exploiting the child or young person can create the impression of authority over them in some form. This could be because of their age, gender, intellect, physical strength, or economic situation.

Sexual exploitation of children can start through the use of technology, without them immediately realising. For example, they might be persuaded to post images on the internet or via mobile phone without immediate payment or personal gain.

Violence, coercion, and intimidation are common, with a particular vulnerability of the child or young person being used against them. This can make the young person feel as though they have no choice but to continue the relationship.

Warning signs

Signs of a child or young person being in an exploitative relationship can vary. Examples include:

- going missing from home or care
- physical injuries
- misuse of drugs or alcohol
- involvement in offending
- repeat sexually transmitted infections, pregnancies, or terminations.
- absenteeism from school
- deterioration in physical appearance
- evidence of online sexual bullying
- evidence of vulnerability on social networking sites
- emotional distance from family members

- receiving gifts from unknown sources
- recruiting others into exploitative situations
- poor mental health
- self-harming
- thinking about or attempting suicide

Emotional abuse

Emotional abuse happens in many ways. It can affect how a young person or child feels about themselves, or how they fit in with friends, at school, or where they live.

Examples of emotional abuse are:

- being made to feel inadequate, worthless, or unloved.
- being unfairly blamed
- being bullied, including over the internet (cyber-bullying)
- being made to feel frightened or in danger.
- witnessing the abuse of others such as domestic abuse

Signs and symptoms of emotional abuse in children can include:

- reduced physical, mental, and emotional development.
- continual self-depreciation, e.g. 'I'm stupid', 'I'm ugly', 'I'm worthless.'
- inappropriate response to pain, e.g. 'I deserve this.'
- neurotic behaviour, e.g., rocking, hair twisting or self-mutilation.

Neglect

Neglect is when a child or young person's basic needs are persistently not being met by their parent or guardian.

These basic needs include:

- adequate food, clothing, and shelter
- protection from physical and emotional harm or danger
- adequate supervision (including not being left at home alone)
- access to appropriate medical care including dental treatment.

Signs and symptoms of neglect in children can include:

- constant hunger or tiredness
- poor personal hygiene
- poor condition and cleanliness of clothing
- untreated medical problems
- no social relationships

Hidden harm: Pressures arising from periods of social isolation and lock down have increased the potential of harm to children and young people, including mental health, exploitation, which includes online activity and other forms of abuse and harm which can include from peers, domestic abuse, and substance misuse.

Some children and young people are not seeing teachers and school staff every day and may not have the face-to-face interaction with healthcare professionals, social workers or support structures they may have normally. This means that children and young people may be suffering hidden harm if they need support or are at risk of/experiencing abuse or neglect.

How do I know if a child or young person is suffering from hidden harm? It can be difficult to identify if a child or young person is suffering hidden harm. There are many **indicators** that a child is suffering from hidden harm. Many of the changes you may observe could be as a result of normal changes children and young people experience when growing up; however, we should always consider the welfare of children and young people and take action to safeguard them if we have a concern.

Indicators include:

- Poor school attendance or late arrival, unexplained absence
- Persistently absent from school based virtual learning activities.
- Seeing children in places where they shouldn't be (e.g., during normal school term-time, children, and young people not in school)
- Unkempt / dirty / inadequate clothing
- Homework/Home online learning not done.
- Hungry
- Overly tired or poor concentration
- Unexplainable failure / overachieving
- No money
- Having more money, clothes, jewellery, or other items that they usually couldn't afford, such as a new phone.
- Appearing overly resilient/competent mature
- Self-harm
- Any warning signs of fabricated and induced illness, female genital mutilation

You may observe unusual **or** changes in behaviours **which can include:**

- Becoming unusually withdrawn
- Aggression and increasingly argumentative
- Sudden disrespectful attitude to others
- Become overly demanding to gain attention.

- Overly compliant
- Excessively vigilant
- Seeking approval or affirmation constantly
- Poor social relationships, difficulty mixing, compounded by isolation.
- Taking unhealthy risks, including with drugs/alcohol/solvents
- Secretive
- Concerns about the individual's social media and internet usage
- Associating with groups or people that cause concern.
- Change in friendship groups and appearance due to new influences, gang-association.
- Inappropriate sexualised behaviour

Children and young people may express complex emotions **such as:**

- Anxiousness
- Sadness
- Being angry
- Being fearful
- Being embarrassed
- Feeling ashamed
- Feeling despair
- Feeling hurt
- Having a low or flat mood
- Feeling numb
- Having feelings of failure

Other indications include:

- Low self-esteem
- Avoidance
- Getting upset
- Expressing strong opinions or bravado
- Being sympathetic to and/or expressing views related to extremist ideologies and groups.
- Expressing grievance/injustice triggered by racism or discrimination or aspects of Government policy.
- Embracing conspiracy theories
- Use symbolism or be in possession of extremist literature.
- Failure to get excited about events.
- Getting upset around holidays and birthdays.
- Taking responsibility for siblings, parents, or others
- Child's illness or health needs which are not witnessed by the professionals.

Looked After Children/YP (LAC/YP)

Looked After Child: A Looked After Child (sometimes referred to as 'LAC') is a child who is Accommodated by the local authority, a child who is the subject to an Interim Care Order, full Care Order or Emergency Protection Order; or a child who is remanded by a court into local authority accommodation or Youth Detention Accommodation. In addition, where a child is placed for Adoption or the local authority is

authorised to place a child for adoption - either through the making of a Placement Order or the giving of Parental Consent to Adoptive Placement - the child is a Looked After child.

Safeguarding Guidance on Looked After Children/Young person (LAC/YP): Any child or young person that is a looked after child or young person coming into our children services should automatically be flagged as a safeguarding referral. Staff members to always check for possible indicators when the child is in out care and to report such indicators and concerns immediately.

The Eight Caldicott Principles

Principle 1: Justify the purpose(s) for using confidential information.

Every proposed use or transfer of confidential information should be clearly defined, scrutinised, and documented, with continuing uses regularly reviewed by an appropriate guardian.

Principle 2: Use confidential information only when it is necessary.

Confidential information should not be included unless it is necessary for the specified purpose(s) for which the information is used or accessed. The need to identify individuals should be considered at each stage of satisfying the purpose(s) and alternatives used where possible.

Principle 3: Use the minimum necessary confidential information.

Where use of confidential information is considered to be necessary, each item of information must be justified so that only the minimum amount of confidential information is included as necessary for a given function.

Principle 4: Access to confidential information should be on a strict need-to-know basis.

Only those who need access to confidential information should have access to it, and then only to the items that they need to see. This may mean introducing access controls or splitting information flows where one flow is used for several purposes.

Principle 5: Everyone with access to confidential information should be aware of their responsibilities.

Action should be taken to ensure that all those handling confidential information understand their responsibilities and obligations to respect the confidentiality of patient and service users.

Principle 6: Comply with the law.

Every use of confidential information must be lawful. All those handling confidential information are responsible for ensuring that their use of and access to that information complies with legal requirements set out in statute and under the common law.

Principle 7: The duty to share information for individual care is as important as the duty to protect patient confidentiality.

Health and social care professionals should have the confidence to share confidential information in the best interests of patients and service users within the framework set out by these principles. They should be supported by the policies of their employers, regulators, and professional bodies.

Principle 8: Inform patients and service users about how their confidential information is used.

A range of steps should be taken to ensure no surprises for patients and service users, so they can have clear expectations about how and why their confidential information is used, and what choices they have about this. These steps will vary depending on the use: as a minimum, this should include providing accessible, relevant, and appropriate information - in some cases, greater engagement will be required.