Little Lights Baby Hospice (LLBH)

Safeguarding children policy

SUMMARY	Provides guidance on the safeguarding of children. This policy must be read and adhered to by all LLBH staff including fundraising and marketing staff where applicable.
VERSION	1
DATE ISSUED	August 2026
REVIEW FREQUENCY	2 years
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LEAD AUTHOR	Michelle Wright
OWNER	Karen Livesey
CONSULTATION	Policy Review Group, Senior Management Team, Trustees
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ISSUED BY	Clinical Governance Committee
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STATUS	FINAL
APPLIES TO	All LLBH staff including visiting practitioners and therapists, students, and volunteers working with children.
DISTRIBUTION	Policies and procedures (online)
RELATED DOCUMENTS	Safeguarding adult policy Recruitment and selection policy Record-keeping policy Following the death of a child policy Consent and disclaimer policy Local Safeguarding Partnership procedures Freedom to speak up: raising concerns/ whistleblowing policy

Contents

Appendices

1. Introduction and aims

1.1 Safeguarding children is everybody's responsibility. Children who need help and protection deserve high-quality and effective support as soon as a need is identified (Working Together to safeguard Children 2018, updated 2023).

1.2 LLBH is committed to maintaining a child-safe organisational culture where safeguarding is embedded in everyday practice. We promote openness, accountability, professional curiosity, learning from incidents and respectful challenge. We aim to create an environment where children, families, staff, volunteers and visitors feel confident to raise concerns and know that these concerns will be taken seriously and responded to appropriately.

1.3 We will work alongside partner organisations and agencies to ensure that all children who access any LLBH service are safeguarded, supported, and protected from abuse, regardless of gender, ethnicity, disability, sexuality or religion.

1.4 The majority of children and young people have their needs met fully by their parents, extended family and friends and the communities within which they grow. However, these children and their families may, from time to time, require the support of professional services such as social care, education, health, police, mental health, or voluntary organisations.

1.5 Local Authorities, working with partner organisations and agencies, have specific duties to promote the welfare of all children in their area. These children, supported by their families and their community, should have every opportunity to grow and achieve their full potential.

Policy aims:

1.6 To provide a background to child safeguarding, applicable legislation, and Local Authority procedures. All staff must be able to recognise and respond appropriately to child safeguarding concerns and know how to access Local Safeguarding Partnership (LSP) procedures which must be followed at all times.

1.7 To explain organisational procedures that staff must follow, alongside LSP procedures, in order to fulfil individual responsibilities and duties for child safeguarding, and ensure that as an organisation we respond appropriately to child protection concerns and promote the welfare of children at all times.

1.8 To highlight the correct procedures when recruiting and appointing staff and volunteers.

1.9 To outline our commitment to ensuring that all staff are trained in accordance with the Royal College of Nursing's intercollegiate document **Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff** so that they have the correct knowledge and competence to take the required action according to their role.

1.10 To protect LLBH staff: by following the guidelines and procedures, everyone working or volunteering within LLBH should know what to do if they are concerned about a child's welfare, and be able to avoid inappropriate, misguided or wrong behaviour.

1.11 To protect LLBH as an organisation: this policy forms part of our commitment to best practice; it promotes the Organisation's integrity and ensures compliance with the Care Quality Commission essential standards of quality and safety (key lines of enquiry).

2. Scope

2.1 LLBH will endeavour to support any child experiencing difficulties (including siblings who are part of an extended family). However, we are unable to provide all the support that a child may need – for example when there are safeguarding issues. In such cases, LLBH personnel must follow the Local Safeguarding Partnership procedures and guidelines, sharing information and collaborating with other appropriate professionals and local agencies who could provide this help.

2.2 This policy provides a framework which identifies and promotes best practice, and minimises uncertainty for staff and volunteers working with children. All staff are expected to become familiar with this document, apply this document in their practice, and undertake training in accordance with the LLBH **Learning and development policy**.

2.3 This policy applies to all staff, visiting practitioners and therapists, students and volunteers who come into contact with children and their families in their work/role at LLBH.

2.4 This policy should be read alongside other applicable LLBH policies – see **Related Documents** on the policy cover page.

3. Children with a disability

Child protection and safeguarding issues are intricate and complex for every organisation. For LLBH there are specific areas that need consideration in view of the specialist services we provide; the children we support may experience a wide range of conditions and in some cases, this may mean they have increasing complex needs.

Children and young people who have disabilities and complex needs are at increased risk of being abused compared with their non-disabled peers (Jones et al 2012) and are also less likely to receive the protection and support they need when they have been abused (Taylor et al 2014). Additionally, professionals sometimes have difficulty identifying safeguarding concerns when working with deaf/disabled children (NSPCC 2016).

All staff should recognise that children with complex health needs may present with a number of the symptoms of child abuse. However, this may not be because of abuse, but due to their condition. Staff should be aware of this and ensure every child is treated according to their individual needs and abilities. Children with a disability therefore rely on good assessments, information-sharing, and vigilant observation and review at all times.

3.1 Assessment of children with a disability

Assessments allow professionals to understand whether a child has needs relating to their care or their disability and/or whether the child is suffering/likely to suffer significant harm. A good assessment will give a picture of what is normal/typical behaviour for the child/young person, enabling us to notice and clarify when the child is behaving in ways that are not typical/ out of character for them.

The assessment process should prioritise and give sufficient recognition to the specific needs of disabled children. When undertaking an assessment (and when considering whether significant harm might be indicated) professionals should always take into account the nature of the child's disability. The following are some indications of possible abuse or neglect:

- A bruise at a site that might not be of concern on an ambulant child (such as the shin) but which might be of concern on a non-mobile child.
- Not getting enough help with feeding, leading to the child being malnourished.
- Poor toileting arrangements.
- Lack of stimulation.
- Unjustified and/ or excessive use of restraint.
- Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing.
- Unwillingness to try and learn a child's means of communication.
- Ill-fitting equipment e.g. sleep boards, inappropriate splinting.
- Misappropriation of a child's finances.
- Invasive procedures which are unnecessary or are carried out against the child's will.

It is important that professionals working with disabled children are alert to the above indicators of abuse and take them into account, where appropriate, if they have concerns about the welfare of a disabled child. As professionals we need to consider **any** issues or concerns raised and whether a situation would be acceptable for **any** child; if it would not be acceptable, we need to take action.

3.2 Difficulties with assessment

With disabled children, professionals may find it more difficult to recognise indicators of abuse or neglect, or be reluctant to act on concerns, for a number of reasons (some of which the assessor may not be consciously aware of) including:

- Over-identifying with the child's parents/carers and being reluctant to accept that abuse or neglect is taking or has taken place, or seeing the abuse or neglect as being attributable to the stress and difficulties of caring for a disabled child.
- A lack of knowledge about the impact of disability on the child.
- A lack of knowledge about the child e.g. not knowing the child's usual behaviour.

- Not being able to understand the child's method of communication.
- Confusing behaviours that may indicate the child is being abused. For example some behaviours, including sexually harmful behaviour or self-injury, may be indicative of abuse.
- Not being aware that certain health/ medical complications may influence the way symptoms present or are interpreted. For example, some conditions cause spontaneous bruising or fragile bones, causing fractures to be more frequent.

4. Legislation

- **The Children Act 1989 & 2004**: The Children Act 1989 is the primary legislation which underpins and governs working with children who require services to meet their needs. The Children Act 2004 provides guidance on inter-agency work and cooperation in meeting the needs of children, and provides legislative requirements for governance of child protection intervention.

  Under section 17 of the Children Act, Local Authorities have a duty to safeguard and promote the welfare of children in need (see 6.4 **Definitions)**. The Children Act Section 47 requires the Local Authority to undertake enquiries if they believe a child (who lives or is found in their area) has suffered or is likely to suffer significant harm.

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

- **Children and Young Persons Act 2008**: This aims to enable those children and young people who enter the care system to be able to achieve the same aspirations parents have for their own children.

- **Education Act 2011**: An Act to make provision about education, childcare, apprenticeships and training; to make provision about schools and the school workforce, institutions within the further education sector and Academies.

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

- **Children and Social Work Act 2017**: amended the Children Act 2004 to establish new local arrangements for safeguarding and promoting the welfare of children. A central feature of the new arrangements is that three safeguarding partners – the Local Authority, NHS Integrated Care Boards (ICBs) and police forces – are responsible for determining how safeguarding arrangements should work in their area for them and relevant agencies.

- **The General Data Protection Regulation (GDPR) and the Data Protection Act 2018:** see **section 12, Information sharing and consent** in this policy.

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

Other key legislation for reference

UN Convention on the Rights of the Child (UNCRC) 1989: The Convention on the Rights of the Child is the first legally binding international instrument to incorporate the full range of human rights - civil, cultural, economic, political and social rights. The UNCRC embodies the idea that every child should be recognised, respected and protected as a rights holder and as a unique and valuable human being. It applies to all persons under the age of 18.

Equality Act 2010: The Equality Act sets out when someone is considered to have a disability and is protected from disability discrimination.

5. Roles and responsibilities

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

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

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

	• Share information appropriately in accordance with safeguarding and data protection requirements. • Raise concerns immediately if they believe a child may be at risk of harm. • Contribute to a positive safeguarding culture throughout the organisation.

6. Additional safeguarding roles and definitions

6.1 Roles – LLBH

Safeguarding lead: Each hospice has a 'safeguarding lead'; this will be the Head of Care or Deputy Head of Care in their absence. The safeguarding lead is the person within the hospice to whom safeguarding allegations or concerns should be reported and who will be available for advice and support regarding any safeguarding concerns a team member may have. In accordance with the RCN intercollegiate document on safeguarding children (see **1.9**), the LLBH safeguarding lead in each hospice will undertake additional training in safeguarding beyond Level 3. See also **section 19, Staff training and development**.

Freedom to speak up roles: FTSU Guardian (Head of Care & Services), FTSU Champions (Heads of Income Generation); Whistleblowing officer (Chief Executive Officer). Refer to our **Freedom to speak up: raising concerns/ whistleblowing policy** for more information about these roles.

LLBH Senior Management Team will seek to support and empower LLBH staff and volunteers to carry out their safeguarding responsibilities. Safeguarding will be introduced at induction training and all staff are encouraged to use the Safeguarding Resource Board in the hospice.

6.2 Roles – Local Authority

Local Authority Designated Officer (LADO): This is the person who should be notified when it has been alleged that a professional or volunteer who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates she or he may pose a risk of harm to children
- behaved or may have behaved in a way that indicated they may not be suitable to work with children

Local Safeguarding Partnership (LSP) or **Local Safeguarding Children Partnership (LSCP**): The Children and Social Work Act 2017 replaced Local Safeguarding Children Boards (LSCBs) with new local safeguarding arrangements led by the three named statutory safeguarding partners: local authorities, chief officers of police, and clinical commissioning groups (health).

These safeguarding partners have assumed the responsibilities for safeguarding arrangements that previously sat with LSCBs. The professionals from each of the three sectors have a shared and equal duty for new safeguarding arrangements and for working together to safeguard and promote the welfare of children in the area.

6.3 Roles – NHS

The roles outlined below are for information. However, LLBH clinical teams may need to contact named professionals in the NHS to share information regarding the welfare of a child. All child protection concerns should be referred to the Local Authority (social services) at the earliest opportunity.

Designated and named professionals for safeguarding in health

All NHS trusts have a safeguarding team which will include **designated professionals** and **named professionals** for child welfare and safeguarding. These staff hold specific roles to ensure that children and young people are safeguarded within the Trust's area.

Designated professionals take a lead on all aspects of the health service contribution to safeguarding children across an area, providing support, leadership and advice as needed – for example, to named safeguarding health professionals (see below) and Local Safeguarding Children Partnerships.

Named professionals: roles include a named nurse and named doctor, and a named midwife if the agency provides midwifery services, for safeguarding children. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and local LSP.

6.4 Definitions

Abuse: This is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. See also **Appendix 5, Further definitions and information**.

Child: In the Children Act (1989 and 2004) respectively, and Working Together to Safeguard Children 2018 (updated December 2023), a "child" is anyone who has not yet reached their 18th birthday. In this policy, "child" "children" therefore means "children and young people". 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 does not change his or her status or entitlement to services or protection under the Children Act. Additionally, part 3 of the Children and Families Act (2014) promotes the physical, mental health and emotional wellbeing of children and young people with special educational needs or disabilities.

Child-centred approach: Working Together to Safeguard Children 2018 (updated 2023) promotes a child-centred approach at all times. This approach is fundamental to safeguarding and promoting the welfare of every child and means keeping the child in focus when making decisions about their lives, and working in partnership with them and their families.

Contextual Safeguarding: Contextual safeguarding recognises that children and young people may experience significant harm outside of their family environment. Risks may arise from peer groups, schools, colleges, community settings, neighbourhoods and online environments. Assessments and safeguarding interventions should consider these wider influences on a child's safety, wellbeing and development.

Children in need: Children who are defined as being 'in need' under Section 17 of the Children Act 1989 are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; and children who are disabled.

The critical factors to be considered in deciding whether a child is "in need" under the Children Act 1989 are what will happen to a child's health or development without services being provided, and the likely effect the services will have on the child's standard of health and development.

Child protection: Child protection is a part of safeguarding and promoting welfare. It refers to the activity undertaken to protect all children who are recognised as suffering, or are likely to suffer, **significant harm** (see below). LLBH encourages working in partnership with children, young people, advocates, parents and carers in all circumstances, especially where there are concerns or suspicions about child abuse.

Safeguarding and promoting the welfare of children means protecting children from maltreatment, preventing impairment of children's health or development, and ensuring that children are growing up in circumstances consistent with the provision of safe and effective care. Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children 2018 (updated 2023) as:

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

Protecting children from maltreatment is important in preventing the impairment of health or development, although that in itself may be insufficient to ensure that children are growing up in circumstances consistent with the provision of safe and effective care.

Significant harm: Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act (1989) introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

A court may make a specific care or supervision order, committing a child to the care of the Local Authority, if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm; and
- That harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31, Children Act, 1989).

Refer to Appendix 5, Further definitions and information for more details about the concept of significant harm, and:

- Sources of stress in children and young people from **Working Together to Safeguard Children 2018 (updated 2023)** (e.g. emotional abuse, neglect, abuse of trust)
- Additional factors affecting children's safety and welfare (e.g. bullying, oppressive practice)

6.5 **Acronyms**

ACE: Adverse Childhood Event

CIN: Child/children in need

CPP: Child Protection Plan

SCR: Serious Case Review

MASH: Multi-agency Safeguarding Hub

MACH: Multi-agency Children's Hub (Middlesbrough)

7. Impact of child abuse

Abuse in all its forms can affect a child at any age. The effects of child abuse can be extremely damaging on many aspects of the child's current welfare/development and quality of life.

Sustained abuse, whether physical, sexual or emotional abuse or neglect, and regardless of who was the perpetrator, can have long-lasting and potentially devastating effects on all aspects of a child or young person's health, development and wellbeing. There is likely to be a deep and lasting impact on self-image and self-esteem, forming and sustaining relationships (with adults and/or children). Child abuse can have a profound effect on the child or young person's quality of life or have fatal consequences.

All children and young people (regardless of their age, racial/cultural origin, disability or illness) may receive much comfort and support from some professional intervention, with and through those close to the child. It is therefore vital that LLBH staff and volunteers inform the relevant person of **any** concerns they have about the welfare or safety of a child or young person in accordance with this policy so that the child/young person is made safe in the first instance, and so that maximum support can be offered to them, their siblings and family.

8. Recognition of child abuse

When child abuse occurs, it is not always recognised. Its impact is sometimes minimised, especially with disabled children (see section **3, Children with a disability**) or for children who have a life-limiting illness – as is the case with children supported by LLBH.

However, most child abuse, with appropriate intervention, can be stopped or prevented. The definitions and information in **Appendix 5** will help you to recognise when abuse may have happened or may be at risk of occurring.

Appendix 6 outlines possible signs and indicators of abuse in children and young people. However, it's important to be aware that many children will exhibit some of these indicators at some time and the presence of one or more should not be taken as proof that abuse is occurring.

Certain medical conditions may cause changes to a child's behaviour or physical presentation. It will be necessary to carefully consider any concerns about possible symptoms of child abuse with the relevant medical practitioner. There may well be other reasons for changes in a child's behaviour such as: surgery, changes in prognosis, deterioration of physical or cognitive ability, changes in carers, or at home, a death or crisis in the family or the birth of a child.

Your knowledge of a child over a period of time may help you to understand whether there is cause for you to be concerned. Careful consideration of all available information is required. Even if the concern is not a child protection matter, it may still require some attention or action to promote the welfare of the child.

Forms of oppression such as racism or discrimination based on disability or sexuality, and which may be prevalent amongst peers in group setting or in communities, can also impact on a child or young person's behaviour. Some behaviour (e.g. obsessional hand washing) may be indicators of abuse or they may be connected to a particular form of disability, such as autism.

It is important to carefully consider all the available information and factors involved. Always try to establish the context of particular incidents and avoid making judgments on the basis of stereotypes

9. Harm Outside the Home

Children may experience abuse, exploitation and harm outside their family environment. Staff should remain vigilant to indicators that a child may be at risk from individuals, groups or networks within the wider community or online.

Forms of harm outside the home include:

- Child Sexual Exploitation (CSE)
- Child Criminal Exploitation (CCE)
- County Lines activity
- Serious youth violence
- Modern slavery and trafficking
- Missing episodes
- Online exploitation and abuse
- Radicalisation and extremism
- Abuse within peer groups

Concerns relating to any of the above must be reported and managed in accordance with Local Safeguarding Partnership procedures and this policy

10. Online Safety

LLBH recognises that safeguarding responsibilities extend to online environments. Children and young people may access technology as part of daily life and may be vulnerable to abuse and exploitation through online platforms.

Risks may include:

- Online grooming
- Sexual exploitation
- Cyberbullying
- Coercion and manipulation
- Exposure to harmful content
- Sharing of inappropriate images
- Fraud and online scams
- Extremist content

All staff should:

- Recognise signs of online harm and abuse.
- Respond to online safeguarding concerns in the same manner as concerns arising offline.
- Record concerns appropriately.
- Report concerns promptly through safeguarding procedures.
- Follow organisational guidance relating to digital communication, photography, information governance and social media use.

Any disclosure or concern relating to online abuse should be treated as a safeguarding concern and acted upon without delay

11. Safeguarding procedures – general guidance

LLBH safeguarding procedures, which all staff must adhere to at all times, have two strands:

a) The hospice's safeguarding reporting and follow-up system

b) The Local Authority/Local Safeguarding Partnership (LSP) procedures and protocols (see **6.2** for Local Authority/LSP roles)

Although LLBH staff will undertake training specific to their roles in accordance with our **Learning and development policy**, LLBH does not expect staff members to be specialists in child protection. However, all staff have a responsibility to safeguard the children they come into contact with and to act if there is cause for concern, so that the appropriate agencies can investigate and take any necessary action to protect a child.

If in doubt, always ask. If you are not happy or are uncomfortable about a response or a situation, you should **speak out**.

It is not the responsibility of LLBH staff to **investigate** safeguarding concerns or to decide whether or not child abuse has taken place. Staff responsibilities in respect of safeguarding can be summarised by "the Five Rs": **Recognise – Respond – Report – Record - Refer**

The LLBH safeguarding lead within each hospice should ensure that:

- staff can access Local Authority/ LSP procedures as a resource for making a safeguarding referral and that up-to-date contact details are available for these: see **Appendix 1** and the Safeguarding Resource Board within each hospice.
- the hospice's reporting system complies with LSP procedures, CQC Essential Standards of Quality and Safety 2010, and Working Together 2018 (updated 2023)
- staff across all LLBH departments adhere to procedures at all times.

Professional Curiosity

Staff are expected to exercise professional curiosity when concerns arise. Professional curiosity involves exploring and understanding what is happening within a child's life, seeking clarification where information is unclear, identifying discrepancies, asking appropriate questions and respectfully challenging explanations which appear inconsistent with the child's presentation or lived experience.

Professional curiosity can be particularly important when working with children who have communication difficulties, disabilities or complex health needs.

Staff should seek safeguarding advice whenever they remain concerned following discussion with a family or another professional

12. Concerns about a child's welfare

All allegations of abuse or maltreatment of children – regardless of who is alleged to have perpetrated the abuse - must be taken seriously and treated in accordance with the Local Safeguarding Partnership procedures.

A child protection concern may come to your attention in a number of ways. In all circumstances the child's immediate health and safety must take priority. For example, if the child has an injury, you will need to consider:

- immediate medical attention
- immediate action to protect the child

In these circumstances you will need to make immediate contact with your line manager (or if your line manager is not available the most senior member of staff available) so that they can contact children's social care and/or the police or emergency health services.

At all times all staff must refer to and follow Local Safeguarding Partnership procedures which can be accessed online – see the hospice Safeguarding Resource Board (this must be easily displayed for staff) and Appendix 1.

Any member of staff with urgent concerns must make contact **at any time** with the local child protection agencies for advice and/or the Police using 999 depending on the situation.

13. Allegations against a person working for or associated with LLBH

Children can be subjected to abuse by those who work with them, in any setting. All allegations of abuse or maltreatment must be taken seriously and followed up in accordance with Local Authority/LSP procedures and this policy. This applies whether the allegation is about an employee (including sessional staff), volunteer, or any practitioner or person whose role places them in 'a position of trust' with the children supported by LLBH.

Some allegations, further to investigation, might indicate that a person is unsuitable to continue to work with children (either in their present position or in any capacity). This would include allegations where a person who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved in a way that indicates s/he is unsuitable to work with children.

If any member of staff, visitor, volunteer or service user becomes aware of concerns that a person working at or known to LLBH has harmed or may harm a child this MUST be reported to your line manager as soon as possible. The line Manager will inform the Director of Clinical Services or a member of the SMT. The senior manager MUST inform the Local Authority Designated Officer.

It is essential that any allegation made against a person working for or associated with LLBH is dealt with promptly, fairly, and consistently. The allegation must be handled in a way that provides effective protection for the child and at the same time, supports the person who is the subject of the allegation. An external investigation will be in accordance with the Local Safeguarding Partnership procedures and will involve the senior manager of LLBH.

It may be necessary to investigate what has happened; the safeguarding lead/senior manager will refer to LLBH policies as necessary (e.g. the **Disciplinary Rules and Procedure** in the Staff Handbook).

14. Information sharing and consent

Sharing information is an intrinsic part of any frontline practitioner's job when working with children and young people. The decisions made about how much information to share, with whom and when, can have a profound impact on the life of a child and their family.

Information-sharing helps to ensure that an individual receives the right services at the right time and prevents the needs of a child (or family) from becoming more acute and difficult to meet. Sharing of information between practitioners and organisations is essential for effective identification and assessment of risk, risk management, and service provision. Information-sharing is essential for effective safeguarding and promotion of the welfare of children and young people.

A key factor identified in many Serious Case Reviews (SCRs) is where poor information-sharing has resulted in missed opportunities to take action that keeps children and young people safe. See HM Government guidance: Information Sharing Guidance for practitioners 2018 .

14.1 **Legislation**

The UK GDPR and Data Protection Act 2018 place greater significance on organisations being transparent and accountable in relation to their use of data. All organisations handling personal data need to have comprehensive arrangements for collecting, storing, and sharing information. These arrangements are outlined in the LLBH **Data protection policy**, Privacy Notices, and supporting documents.

Practitioners should be confident of the conditions which allow them to process, store and share the information they need to carry out their safeguarding role. This may include personal data which is considered 'special category', meaning it is sensitive and personal (see LLBH **Data Protection policy**).

However, this legislation does not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children and young people at risk of abuse or neglect. Sharing information in order to protect the welfare of a child is **in the public interest** and takes priority over protection of privacy – in other words, information can be shared without the consent of parents/carers if necessary. See **information-sharing flowchart** at Appendix 2 for guidance.

14.2 **Consent to share information - considerations:**

- It is good practice to seek consent and be open with parents/carers from the outset as to why, what, how and with whom, their information will be shared. For example you should seek consent in cases where an individual **would not expect** their information to be passed on. When you gain consent to share information, the consent must be explicit, and freely given.

- The Data Protection Act includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information, including 'special category' personal data, without consent.

- Relevant personal data can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional wellbeing. See the Department for Education document **Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers** (July 2018).

- The Children Act (Section 47: 1989 & 2004) requires the Local Authority to undertake enquiries if they believe a child (who lives or is found in their area) has suffered or is likely to suffer significant harm. This may mean LLBH sharing information about a child without the consent of their parents/carers.

- Local authorities have a duty to safeguard and promote the welfare of children in need (Section 17: Children Act 1989 & 2004). If there are safeguarding issues with a child who is classed as a 'child in need' under Section 17 we need to share information, and it is best practice to do this with consent from families. However, there may be situations where the information is shared without consent. This needs to be recorded clearly and explained to the organisation receiving the information.

14.3 Working in partnership with parents/carers

Generally, the most effective way of ensuring that children are safeguarded is by working in partnership with their parents and carers. This means:

- not making assumptions about the child's family based on your beliefs.
- acknowledging with parents that they are likely to know most about their own child.
- being open and honest with families, and if it safe and appropriate to do so, seeking consent from the family to share information.
- ensuring that parents/carers are aware of LLBH **Safeguarding children policy.** A copy of the policy, or a notice for visitors advising them that we have a safeguarding policy, will be displayed within the hospice.

Circumstances when it is not appropriate to seek consent/to work in partnership with parents/carers include:

- The individual cannot give consent, or it is not reasonable to obtain consent.
- Fabricated or induced illness (FII) is suspected.
- There are concerns about sexual abuse.
- The practitioner believes that the child is at risk of, or has suffered, significant harm (see **6.4 Definitions** and **Appendix 5**).
- Discussion or information-sharing with the parent/carer may put the practitioner at risk.
- Discussion with the parent/carer may increase the risk to the child or another person.

LLBH as an organisation must remain child-centred at all times; working in partnership with parents/carers does **not** mean going along with the parents' wishes or requests regardless of what these are. **The child's safety and welfare always remain uppermost in any consultation or course of action**.

In the situations described above (12.3) where it would **not** be appropriate to work in partnership with parents/carers or to seek consent, the practitioner must discuss the concerns with the LLBH safeguarding lead. The safeguarding lead will then follow appropriate procedures to make a referral to the LSP. If there is no senior manager available, it is important **not** to delay sharing information. In this situation the practitioner will need to share the information and make it clear that they have **not sought** consent or informed the family.

15. A child disclosing information

A child may disclose worries to you which raise a potential safeguarding concern – for example they may disclose to you that they are being or have been abused. By confiding in you they have demonstrated their trust that you will act, and they have placed you in a position of trust - they trust you to help them, even if they ask you not to do anything or tell anyone,

Bear in mind the following points:

- React calmly, so as not to frighten the child.
- Let the child know that they did the right thing to tell you, and that they are not to blame.
- Take what the child says seriously.
- Even if you feel you need more information about their concerns or worries, do not press the child for this if they do not provide it freely. Keep questions to the absolute minimum needed to ensure a clear and accurate understanding of what the child has said. Do not ask the child about explicit details.
- Reassure the child that the information will be kept private, but that you have to tell certain people to make sure action is taken, and also that it is part of your job to make sure children are kept safe.
- Do not delay reporting the matter to the LLBH safeguarding lead or other appropriate person (see LSP procedures) - don't wait until you have all the information.
- Consult the child's notes held by LLBH, as there may be relevant information.
- Bear in mind that there may be records available relating to child protection which third parties (e.g. social services, police, the courts, solicitors) can access.
- When you report a concern that a child has disclosed to you, keep to the facts. Make a full record of what is being communicated, heard, and seen, as soon as possible. Record **your personal opinion** about the concerns as such (rather than fact) and you may wish to state evidence in support of your personal opinion.

16. Abuse carried out by another child or young person

Child-on-child abuse should never be regarded as normal, harmless or an inevitable part of growing up. All incidents and allegations must be taken seriously and responded to appropriately.

Child-on-child abuse may include:

- Physical abuse
- Bullying
- Cyberbullying
- Sexual harassment
- Sexual violence
- Upskirting
- Sharing of nude or semi-nude images
- Coercion and exploitation
- Initiation or hazing behaviours
- Emotional abuse

Staff must record concerns, seek advice from the safeguarding lead and follow Local Safeguarding Partnership procedures where appropriate

17. Historical allegations of child abuse

A child protection issue or concern may come to your attention where a young person/young adult tells you about their own or another's child abuse in the past. Even though the information may relate to events from some time ago, it's still relevant and the following factors must be considered:

- Many children do not speak about their abuse until years after the abuse started
- Perpetrators of abuse against children often do not stop abusing children
- Perpetrators often abuse more than one child
- The child or young person telling you may be currently concerned about another child
- The child or young person telling you will need reassurance and support in addressing the issue
- The perpetrator of the abuse who abused the child or young person/young adult may:
    - Still have access to children
    - Be in a position of trust with children e.g. teacher
    - Be a family member and have access to children e.g. a grandparent who is still abusing children

Any information regarding historical abuse that is shared with the team at LLBH will be referred to the local authority in accordance with the Local Safeguarding Partnership procedures.

Even if the perpetrator is deceased, the child/young person/young adult making the allegations should be encouraged to discuss the abuse with an appropriate agency so that they can seek support. It's also important to ensure that any networked or organised abuse is identified and investigated. It is beyond the remit of LLBH to investigate; however, the safeguarding lead will

make a referral to the appropriate agency and support the individual, signposting to appropriate agencies for support if known.

18. Record-keeping

All concerns must be properly recorded by LLBH, regardless of whether Social Services become involved, in line with LLBH **Record-keeping policy** and this policy.

Record-keeping and consent

When making a referral, practitioners need to state whether or not consent has been obtained, and if not, the reasons why. If a decision is made to share information **without consent**, practitioners must keep a record of what has been shared, when and with whom.

Recording initial safeguarding concerns

Depending on the circumstances, the initial record of concerns will be made as follows:

- Complete an **Incident Report Form** in accordance with the **Reporting of incidents and untoward events** policy; this may only be needed if the child is not attending LLBH (e.g. a sibling).
- Care database (clinical teams only): Record the concern within the child's notes; tick the **Safeguarding issue** box and tick the **Significant event** box if applicable.

To make a safeguarding referral to your Local Authority:

a. In accordance with your Local Safeguarding Partnership procedures, complete the online referral form and/ or telephone referral as required.

b. **Care database**:

- Within 24 hours of making the referral, record details of the referral in the child's notes within the **Safeguarding** topic and the **Safeguarding** thread. Always tick the **Safeguarding issue** box on CHASE for any notes relating to a safeguarding concern or referral; this will highlight the notes in red.
- Upload the completed Local Authority/LSP referral form to CHASE under the **Safeguarding** thread under the **Referral form** topic.
- Document any bruising or marks on the child's body using the Body map form: this is located in the **Care planning** tab on the **Child's body map** section. Include a description and upload a photograph if needed to accompany the description. Under the **Nursing Communication** thread ensure that you refer to the Body map.
- See also **Significant safeguarding events** below.

Safeguarding records on the care database – general guidance

Ensure that all concerns regarding a child's welfare, information-sharing, referrals, and meeting attendances (e.g. MTD CIN meetings) are documented in the child's record, using the **Safeguarding** thread and the appropriate topic. Ensure that the **Safeguarding issue** box is ticked, and the **Significant event** box if applicable.

18.1 **Significant safeguarding events**

These are events which are of significance in relation to safeguarding which, when recorded (see 16.2) may reveal patterns which could indicate child abuse or identify unmet needs. Examples of significant safeguarding events include:

- The child is not brought to the hospice as planned with no notice or explanation given by parents/carers.
- The child not brought on two successive occasions with no explanation given by parents/carers.
- Parents/carers are more than an hour late to collect their child with no notice or explanation given, or they fail to collect their child.
- A child is collected by a person not known to LLBH or is not the person that the team expected to collect the child. (see LLBH **Safe collection of children procedure**)
- A parent/carer turns up to collect a child and it becomes apparent that this person does NOT have the competencies to provide the care needs.
- Concern about the child's hygiene/presentation on arrival or at family events
- Concerns about the child's medication, for example medication not provided or watered down.
- Concern that a parent/carer is under the influence of alcohol/drugs.
- Other concerns about the health of parents/carers.
- Any information brought to our attention by social services, the MDT or parents/carers
- The child arrives without the required equipment and there is a refusal to bring the equipment in when asked.
- A parent/carer reports a child's signs and symptoms, but there is no evidence of these at hospice.
- A parent/carer is overly critical of child or has unreal expectations of the child on more than two occasions.

The above list is not exhaustive – please ask Head of Care/Deputy Head of Care if you have an issue which you believe should be recorded as a significant safeguarding event.

18.2 **Recording significant events**

a) Record the event within the child's notes (e.g. under **Nursing communication** thread).

b) Tick the **Significant event** box, and the **Safeguarding Issue** box if applicable.

c) Update the table within the **Alerts** box with the time and date of the notes. This will allow members of staff to see clearly if there are any concerns regarding the child and to refer to the applicable notes.

18.3 **Follow-up**

Every significant event recorded as above must be discussed at staff meetings and safeguarding supervision sessions, and the discussion must be recorded. It may become apparent that concerns are mounting for the child/children during safeguarding supervision sessions and/or the staff meeting.

19. Unexpected death of a child

An unexpected child death is defined as "The death of a child (less than 18 years old) that was not anticipated as a significant possibility 24 hours before the death; or where there was an unexpected collapse or incident leading to, or precipitating, the events that lead to the death". (Working Together to safeguard children 2022).

If a child collapses within the hospice, any professional must ring 999 and call an ambulance. Refer to the LLBH **Resuscitation policy** for guidance.

- The police may need to be called.
- **Resuscitation must be carried out unless there is a Do Not attempt resuscitation within the child's records.**
- The child must be taken to A&E department by the ambulance service.
- The parents/carers must be informed of their child's condition as soon as possible.
- All intervention must be recorded immediately by the Nurse in charge within the child's records.
- An **Incident Report Form** must be completed.

People to inform (see also **Following the death of a child policy**):

- Head of Care/deputy Head of Care.
- CEO
- The local designated paediatrician for child deaths.
- The Head of Care/Deputy Head of Care will notify the Care Quality Commission of the death of a service user.
- The professional/nurse in charge on shift when the death occurred must cooperate fully with the police investigation and/or coroner.
- The member of staff will be accompanied by a senior manager/Head of Care/Deputy Head of Care to all interviews or meetings.
- Statements will be written as requested by the police or the coroner.

20. Recruitment and selection

Please refer to the LLBH **Recruitment and selection policy**. As a minimum the following must be implemented for applicants for any position involving contact with children and young people:

Job descriptions and **volunteer role descriptions** must refer to safeguarding children responsibilities and the need for an Enhanced DBS check.

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

References: Two written references should be taken up. The referee should state their relationship to/knowledge of the applicant. Suitability of the candidate's professionalism, experience and personal character should be considered as well as exploring whether or not the referee has any concern about the applicant working with children. Examples should be sought (particularly of any observations made about the applicant when working with children) to back up the referee's claims.

Professional qualifications: Applicants are required to show original copies of qualifications and these must be verified by the Head of Care/Deputy Head of Care/line manager prior to a job offer being made.

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

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

Disclosure and barring service (DBS): ALL applicants will be required to declare in writing any convictions (spent and unspent) against children and young people. This will be declared on the Organisation's application form and all applicants will also be asked to declare this verbally at interview. Applicants are made aware that the Rehabilitation of Offenders Act does not apply to all positions within LLBH.

Enhanced level DBS checks will be completed for:

1. ALL LLBH job applicants (including senior managers and directors)
2. Anyone applying to be a LLBH Trustee
3. Anyone applying for a volunteer role where they will be in the hospice premises or grounds and/or have direct contact with the children and young people we support.

- DBS checks will be repeated for all employees and volunteers (including Trustees) every 3 years.
- For volunteers who are not hospice-based (e.g. ad-hoc assistance with fundraising events) and without direct contact with children and young people, a Standard DBS may be appropriate; the decision as to the level of DBS check will depend on the nature of the role.
- Any existing employees and applicable volunteers who currently have only a Standard DBS check will be required to complete an Enhanced check.

21. Staff training and development

21.1 RCN intercollegiate document (see section 1.9)

This contains the following specific requirements in respect of training:

- All nurses, care assistants, team leaders, Deputy Head of Care, doctors, allied health professionals and volunteers in the clinical setting must complete Level 3 of Safeguarding Children face-to-face or e-learning initial training for a minimum of 8 hours. Then over a three year period they must complete refresher education, training and learning to a minimum of 8 hours.

- All counsellors who work with children are also to complete initial Level 3 of Safeguarding Children face-to-face or virtual initial training for a minimum of 8 hours and over a three year period.
- Non-clinical staff who have contact with children must complete level 2 safeguarding.

21.2 **Training requirements for LLBH staff:**

LLBH **Learning and development policy** mandatory training requirements reflect the RCN intercollegiate document; all staff are required to complete e-learning and/or face-to-face training for safeguarding children appropriate to their roles.

For example, all LLBH non-clinical staff, and volunteers in a non-clinical area, must complete Level 1 and Level 2 of Safeguarding Children at induction, with refresher training every three years.

E-learning is accessed via the **Bluestream** academy online learning

Annual updates: All clinical staff will receive annual face-to-face updates in safeguarding as part of the mandatory training programme as recommended by the Intercollegiate document.

The **safeguarding lead** for each LLBH hospice will require competency and training at Level 4 if the following are part of their role:

- Undertakes and contributes to serious case reviews/case management reviews/ significant case reviews.
- Contributes to the development of strong internal safeguarding/child protection policy, guidelines, and protocols.
- Able to effectively communicate local safeguarding knowledge, research and findings from audits, challenge poor practice and address areas where there is an identified training/development opportunity.
- Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections
- Co-ordinates and contributes to implementation of action plans and the learning following the above reviews.
- Leads/oversees safeguarding/child protection quality assurance and improvement processes.
- Undertakes risk assessments of the organisation's ability to safeguard/protect children and young people.
- Able to support colleagues in the escalation process and in challenging views offered by other professionals, as appropriate.

Safeguarding supervision:

Safeguarding supervision should provide a safe reflective space where staff can discuss safeguarding concerns, decision-making, emotional impact, professional challenge and learning. Supervision supports effective safeguarding practice and promotes staff wellbeing.

Staff involved in safeguarding work should have access to safeguarding supervision appropriate to their role and level of responsibility

21.3 **Support for staff involved in safeguarding concerns**

LLBH acknowledges that the process of dealing with child abuse is complex and can be anxiety-provoking. If a child discloses abuse to you it can be frightening and may cause you to experience strong emotions. It might also awaken memories of your own. Do not underestimate the effects and impact on you.

Ensure that you know where to go to get support and who you can talk to if needed. Professional support or counselling may be helpful for any worker or volunteer who becomes involved in a safeguarding referral – see list of Contacts at Appendix 1 that can offer support.

22. References

- NSPCC (April 2021) Guidance on protecting deaf and disabled children from abuse (accessed online on 10/08/2021)
- NSPCC: A Guide to Developing a Child Protection Policy and Practice Guidance for Private and Voluntary Organisations. https://www.nspcc.org.uk (accessed August 2021)
    - NSPCC Learning: Safeguarding Children and Child Protection Resources.
    - NSPCC Learning: Online Safety Resources and Guidance.
    - Online Safety Act 2023
- Middlesbrough Safeguarding Children Partnership procedures (useful to all areas): Child Protection Procedures Document: A Guide to Developing a Child Protection Policy and Practice Guidance for Private and Voluntary Organisations http://www.teescpp.org.uk
- Local Safeguarding Partnership procedures
- HM Government-Department of Education: Working Together to Safeguard Children 2018 (updated October 2023)
- HM Government: Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers. (July 2018)
- Royal College of Nursing Intercollegiate Document: Safeguarding Children and Young people: Roles and Competencies for Health Care Staff - 4th Edition 2019.
- CQC updates information on 'safeguarding' children and adults in England: https://www.cqc.org.uk/news/stories/cqc-updates-information-safeguarding-children-adults-england

Appendix 1: Local Safeguarding Partnerships and other useful contacts

Local council/LSP web pages will show procedures for safeguarding children including how to make a referral; LLBH staff must follow these procedures at all times. There is a local Safeguarding Resource Board in the hospice which may provide additional contact details and guidance.

If a member of the public considers that there is an emergency situation relating to child protection they should dial 999 for the Police. If this information is shared with staff at LLBH, we should encourage the person with the concerns to dial 999.

LIVERPOOL AND KNOWSLEY

Liverpool Safeguarding Children Partnership	**www.liverpoolscp.org.uk/scp**
Knowsley Safeguarding Children Partnership	**www.knowsleyscp.org.uk**
Knowsley Multi-agency Safeguarding Hub	**www.knowsleyinfo.co.uk/content/knowsley-mash**

Telephone and email:

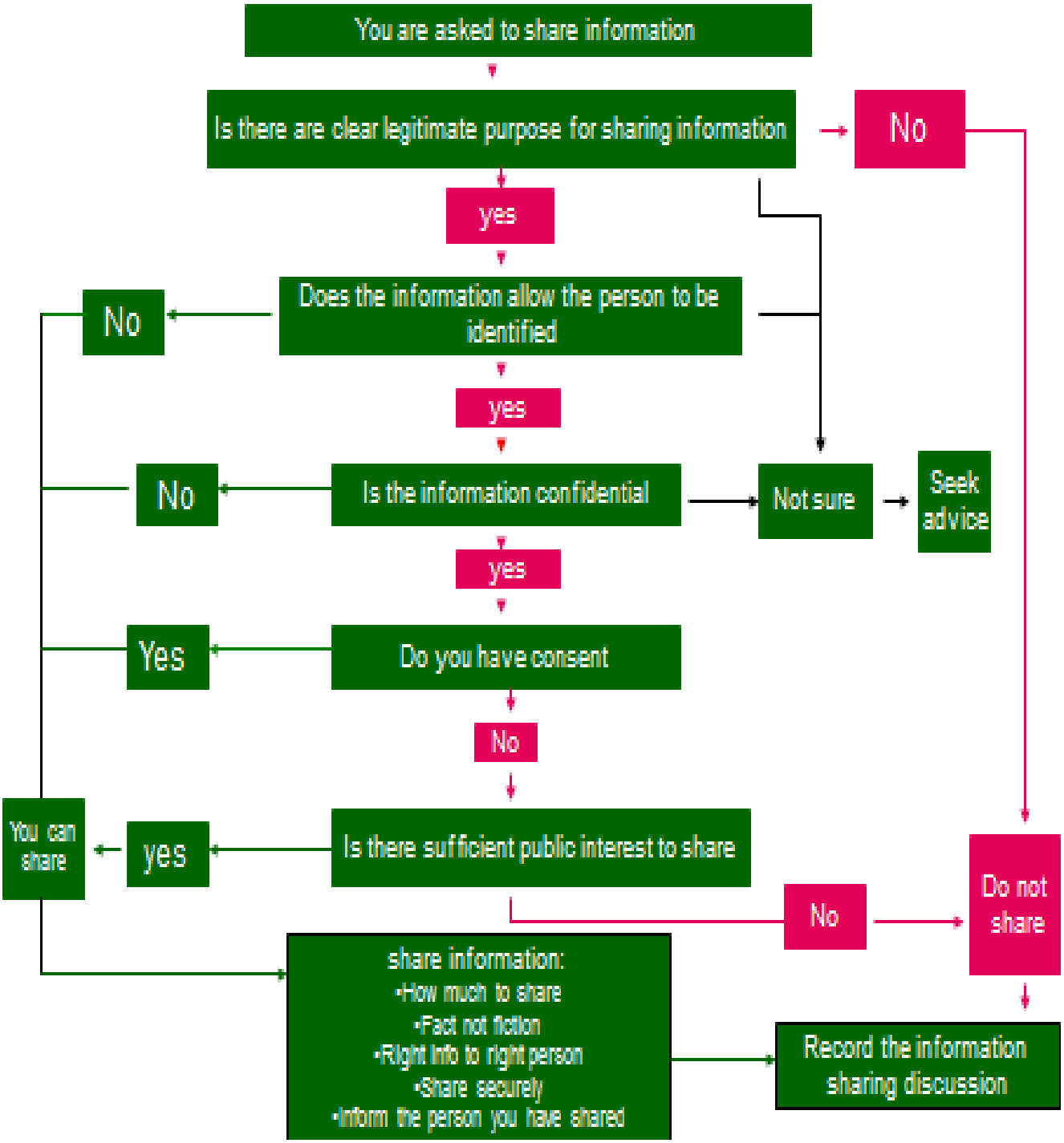
Liverpool Careline child's services	0151 233 3700	
Early Help Hub - North	0151 233 3637	EHLHnorth@liverpool.gov.uk
Early Help Hub - Central	0151 233 5241	EHLHcentral@liverpool.gov.uk
Early Help Hub - South	0151 233 4447	EHLHsouth@liverpool.gov.uk
Knowsley MASH (office hours and EDT)	0151 443 2600	

Practitioners or other professional working with children will also be asked to complete a MARF (Multi-agency Referral Form).

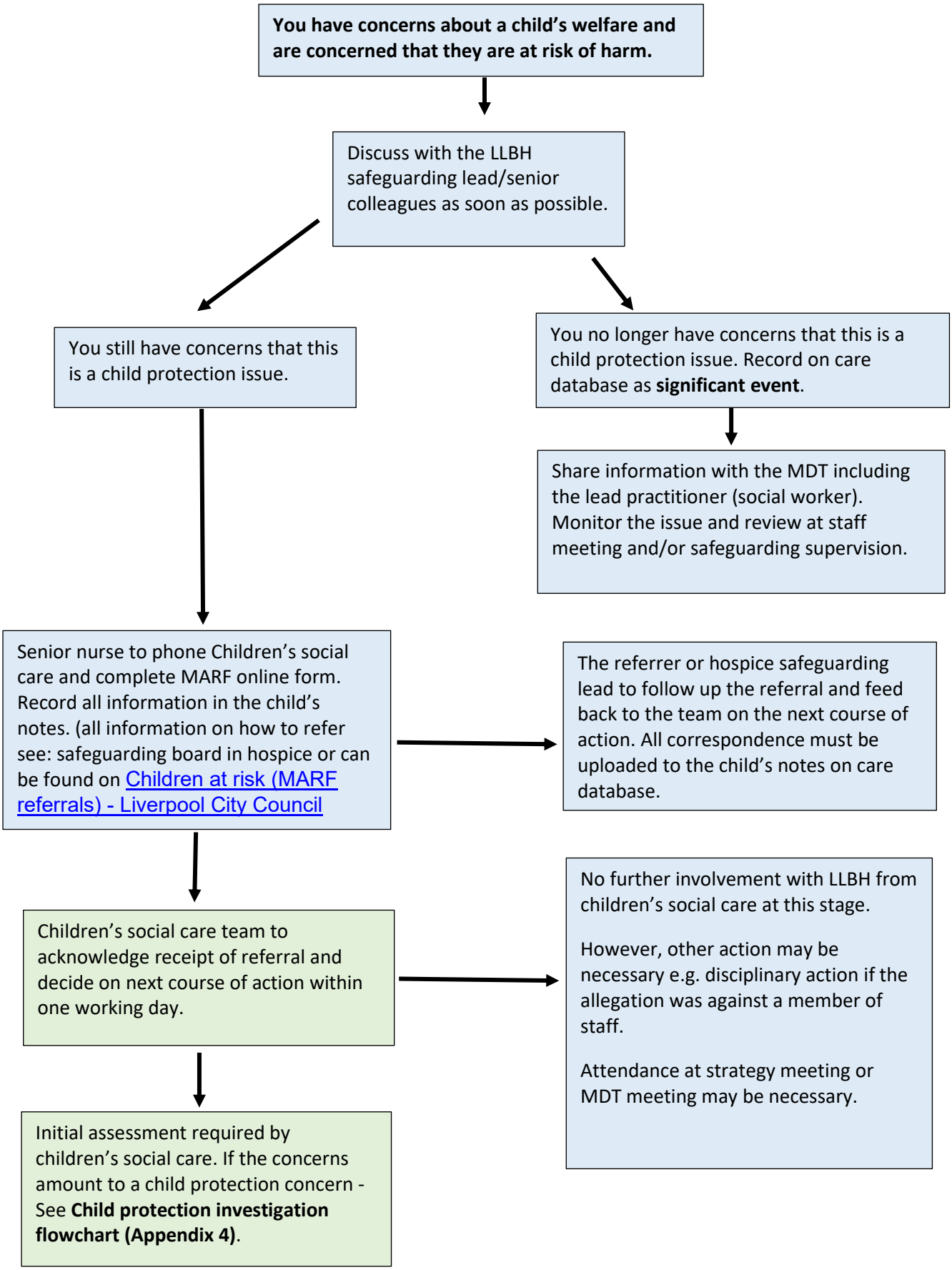
Other useful contacts and sources of support

NSPCC Child Protection Helpline	42 Curtain Road, London EC2A 3NH Helpline: 0808 800 5000 Textphone:0800 0560566 help@-nspcc.org.uk www.nspcc.org.uk	NSPCC provides Information, advice and support to: • anyone concerned about a child at risk of abuse. • Adults feeling stressed as a result of working with child abuse • Adults who have experienced child abuse • Training and resources in safeguarding and child protection
Childline	Freephone: 0800 1111 www.childline.org.uk	Free 24-hour helpline for children and young people (anyone under 19) in trouble or danger.
Ann Craft Trust	The Ann Craft Trust Centre for Social Work, Nottingham, Nottinghamshire, NG7 2RD Telephone: 0115 951 5400 ann-craft-trust@nottingham.ac.uk	National association working with staff in the statutory, independent and voluntary sectors in the interests of disabled people who may be at risk from abuse. Provides information, advice, support and training.
Respond	Respond Lenta Space 180/186 Kings Cross Road London WC1X 9DE Helpline: 020 7383 0700 Respond.org.uk	A national charity providing therapy and specialist support services to people with learning disabilities, autism or both who have experienced abuse, violence or trauma and people working with them.
Women's Therapy Centre	020 7263 6200	The Women's Therapy Centre London has been offering individual and group psychotherapy to women since 1976.

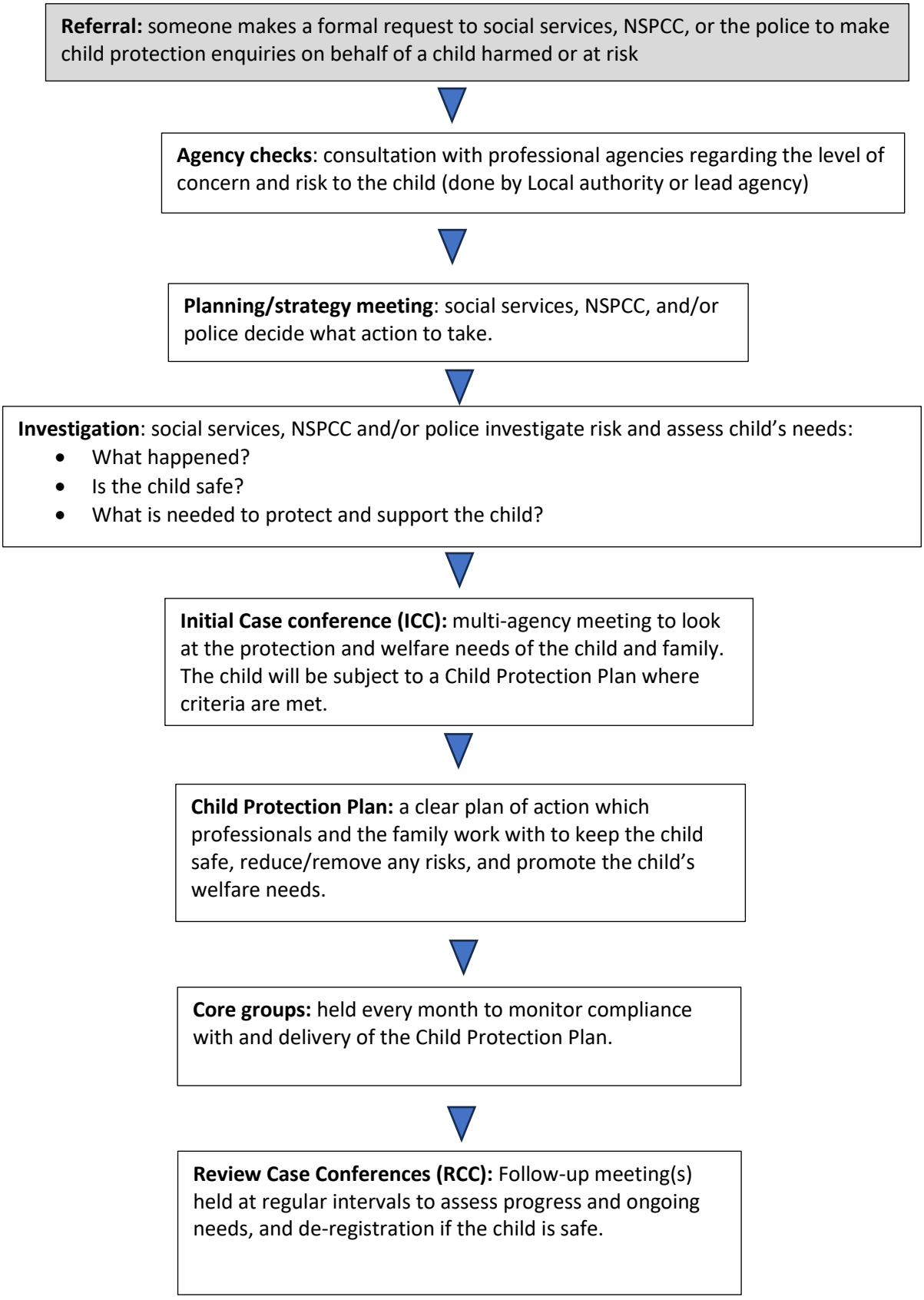
Appendix 2: Information-sharing flowchart



Appendix 3: Reporting child protection concerns flowchart



Appendix 4: Child protection investigation flowchart



Appendix 4: Child protection investigation flowchart guidelines

The diagram (above) shows a complete process. However, any investigation will only go onto the next stage if it is deemed necessary. All child protection professionals, including social workers, have to work within the laws and guidance determining their roles, duties and responsibilities. The most important consideration is whether the child is safe.

Sometimes, the home circumstances may pose such a risk to the child that as a last resort he/she has to be removed. If this is the case social workers will try to identify family or friends where it is safe for the child to go and stay. However, more often the family will be given help and support in making sure the child is not at risk of abuse. It is a myth that children will automatically be taken into care once social services become involved.

The details of any action and the outcome of a child protection investigation is confidential to the child, family and professionals who need to know. However, it is appropriate for the LLBH staff who made the referral to expect a level of feedback informing us that action has been taken and that the child is OK and safe.

It is reasonable to expect a LLBH staff member to attend case conferences and reviews and this will normally be the safeguarding lead for the hospice (Head of Care, or Deputy Head of Care in their absence). The LLBH safeguarding lead may be accompanied (if appropriate) by another staff member with more detailed knowledge of the child.

The local children's social care team will provide more advice and guidance about child protection processes and conferences in your area. (Refer to your Local Safeguarding Partnership Procedures

Appendix 5: Further definitions and information

1. Definitions within the concept of significant harm

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

In each case, it is necessary to consider any maltreatment alongside the child's own assessment of his or her safety and welfare, the family's strengths and supports, as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people.

If the decision about whether a child has suffered significant harm depends on the child's health and development, this will be compared with the health and development that could be reasonably expected of a similar child.

Under section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act (2002):

- **harm** means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another
- **development** means physical, intellectual, emotional, social or behavioural development
- **health** means physical or mental health
- **ill treatment** includes sexual abuse and forms of ill-treatment which are not physical

To understand and identify significant harm, it is necessary to consider:

- The nature of harm, in terms of maltreatment or failure to provide adequate care
- The impact on the child's health and development
- The child's development within the context of their family and wider environment
- Any special needs, such as a medical condition, communication impairment or disability, that may affect the child's development and care within the family

- The capacity of parents to meet adequately the child's needs; and
- The wider and environmental family context.

The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and the Local Authority should give them due consideration, so far as is reasonably practicable and consistent with the child's welfare and having regard to the child's age and understanding.

This depends on communicating effectively with children and young people, including those who find it difficult to do so because of their age, an impairment, or their particular psychological or social situation. This may involve using interpreters and drawing upon the expertise of early years workers or those working with disabled children. It is necessary to create the right atmosphere when meeting and communicating with children, to help them feel at ease and reduce any pressure from parents, carers or others. Children will need reassurance that they will not be victimised for sharing information or asking for help or protection; this applies to children living in families as well as those in institutional settings, including custody.

It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible. Accuracy is key, for without it effective decisions cannot be made and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.

2. Types of abuse and sources of stress in children and young people

Recognition of abuse: Child abuse can have long-lasting and potentially devastating consequences on the health and/or development of a child or young person (regardless of who was the perpetrator). When child abuse occurs, it is not always recognised. Its impact is sometimes minimised, especially with disabled children (see section 3) or for children who have a life-limiting illness – as is the case with children supported by LLBH.

However, most child abuse, with appropriate intervention, can be stopped or prevented. The definitions below, and possible signs of abuse outlined in **Appendix 6** will help you to recognise when abuse may have happened or may be at risk of occurring.

The following definitions are taken from the Department for Education's `Working Together to Safeguard Children' 2018 (updated December 2023).

Emotional abuse
Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

This may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in

danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Grooming
Abuse in which the perpetrator seeks out and 'grooms' vulnerable individuals usually with the intent to sexually abuse the child, young person or vulnerable adult.

Institutional abuse
In recent years, the prevalence and impact of institutional abuse i.e. the abuse of children by those who are working with them, has been recognised. Institutional abuse includes sexual abuse, physical and emotional abuse and its prevalence is increasingly recognised in residential children's homes and schools. The culture of an organisation is crucial in addressing any form of institutional abuse. The values, attitudes and practice can either challenge or collude with abuse by an individual or group of workers. LLBH staff must consider the likelihood of past abuse with those children and young people who have been cared for in institutions, such as residential care and/ or school. However, it is also important for LLBH staff to recognise that institutional abuse exists in institutions within the community.

Neglect
Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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

Position of trust
LLBH recognises an abuse of trust can also happen to vulnerable young adults and that parents can also be emotionally vulnerable at a time of crisis and loss. An Abuse of Trust relates to any person aged 18 years or over, who is in a position of trust (i.e. a professional or volunteer or student), developing a sexual relationship with a person under 18 years. A sexual relationship within a relationship of trust in this context is unequal and is unacceptable. The Home Office guidance should not be interpreted to mean that no genuine relationship can start between two people within a relationship of trust, but that the relationship of trust should end before any sexual relationship begins.

Secondary abuse
This term refers to the response to the child or young person who has disclosed abuse by a member of staff or an organisation and that this response is of itself abusive or in some way compounds the previous experience of abuse. Following these procedures will help ensure that best practice is adhered to and the child's experience of disclosing abuse is a positive one. All forms of abuse have extremely serious effects on young people

Sexual abuse
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

3. Additional factors affecting children's safety and welfare include:

Bullying
Bullying can cause great distress and damage a child or young persons' health and development. LLBH staff should identify and deter any form of bullying behaviour. Bullying can escalate rapidly and can damage children significantly. LLBH will not tolerate bullying in any form. Bullying is not always easy to define, but includes:

- Deliberate hostility and aggression towards a person.
- The victim will often be less powerful than the bully or bullies.
- The outcome is usually painful and distressing for the victim.

Bullying can also include:

- Physical pushing, kicking, hitting, pinching, spitting etc.
- Verbal name-calling, sarcasm, spreading rumours, persistent teasing. (Disabled children may be more vulnerable).
- Emotional tormenting, ridicule, humiliation and continual ignoring of individuals.
- Racial taunts, graffiti and gestures.
- Sexual abusive comments and unwanted physical contact.

Oppressive practice
A fundamental principle is that safeguarding and promoting the welfare of children does not exist in a vacuum. It is essential to recognize that poor practice within projects can encourage or legitimate institutional abuse. Allowing, for example, casually sexist or racist comments to remain unchallenged creates an atmosphere that discourages the recognition of other forms of abuse. It is vital, therefore, that a healthy, open culture within the organization as a whole and within

individual projects is created and maintained. Poor practice must be challenged as this plays a crucial role in ensuring the welfare of children and young people.

In addition to the official categories of abuse, LLBH recognizes that safeguarding young people also needs to be considered in relation to oppressive behaviour. It should be remembered that expressions of oppressive behaviour, such as racism, can take the form of physical, emotional or even sexual abuse and, in institutional settings, can also be linked with neglect.

Sources of stress for children and young people

Research has shown that children can be significantly affected by other factors such as domestic violence, parental drug or alcohol misuse or parental mental illness. These sources of stress may have a negative impact on a child's health and development because they affect the parent's capacity to respond to a child's needs. It is important that LLBH staff recognise if these factors are affecting a child or young person adversely and take similar steps for the other described forms of abuse.

Appendix 6: Possible signs and indicators of child abuse

A. Possible indicators of child abuse for children and young people

- A bruise or injury, which is unusual e.g. on a part of the body, which is not normally prone to such injuries
- Injuries, which require but have not, received medical attention.
- An injury for which the explanation seems inconsistent.
- Repetitive injuries.
- Unexplained changes in behavior, either over time or suddenly e.g. becoming aggressive, quiet or withdrawn.
- A child/young person being the subject of an allegation being made by another person.
- A child/young person appears not to trust or being wary of certain people e.g. parent, carer, staff member, peer with whom you would usually expect them to have, or once had, a close relationship.
- Urinary tract infections/ genital disease or pregnancy.
- A child/young person being unable to make friends or discouraged from socialising with others.
- A child/young person becomes unusually dirty or unkempt.
- Changes to eating patterns or fluctuations in weight.
- A child/young person developing a disturbed sleeping pattern e.g. nightmares, bedwetting
- A child/young people harming or attempting to harm themselves.
- A child/young person misusing drugs or alcohol
- A child/young person not having been seen for a period of time or having regular unexplained absence from a usual activity.
- An uneasy feeling that something is not right.

B. Possible signs and indicators for physical abuse of a non-mobile infant

- Torn frenulum (small area of the skin between the inside of the upper and lip and gum).
- Bleeding from ears, nose or throat or history of these.
- Lacerations, abrasions or scars.
- Burns and scalds
- Pain, tenderness or failing to use an arm or leg which may indicate pain and an underlying fracture
- Small bleeds into the whites of the eyes or other eye injures

C. Possible signs and indicators of physical abuse

UNDER ONE YEAR

- Small circular bruises to facial area - could indicate fingers gripping the face.
- Injuries to the mouth e.g. possibly force baby to feed.
- Bruises to cheeks, ears & forehead - could possibly be a result of hitting.
- Finger-shaped bruising around the width of a limb - could be caused by excessively tight grip.
- Finger bruising of the trunk may indicate gripping to shake a baby. This is potentially very dangerous and should always be taken seriously.
- Many bruises at different stages of healing - may indicate repeated injury.

Severe injuries

- Fractures - limp or immobile limbs - medical advice should always be sought. Brain injury - signs may include drowsiness, vomiting or fits.
- Burns or bites, including animal bites.
- Any serious injury with no explanation or conflicting explanations.
- Untreated injuries.

ONE TO EIGHT YEARS

In addition to the signs and indicators for under one-year-old be alert to changes in behavior.

- Hyper-vigilance and watchfulness
- Flinching when approached or touched
- Withdrawn behavior
- Fear of going home
- Unusually aggressive behavior or unusually severe tantrums

D. Possible signs and indicators of emotional abuse:

UNDER ONE-YEAR-OLD

- Frozen watchfulness
- Failure to thrive or grow
- Unusually slow response to stimulation. Unusually poor interaction with main carer/parent
- Self-stimulation, such as rocking or head banging

ONE YEAR TO FIVE YEARS

- Indifference to parents/carers
- Fear of parent/carer
- Overly affectionate towards adults
- Unusually severe temper tantrums
- Inability to respond appropriately to positive attention
- Inability to play
- Sudden speech disorders
- Self-harm

SIX TO EIGHT YEARS

In addition to the above:

- Behavior disorders/sudden changes
- Lack of confidence and insecurity
- Wetting/soiling

E. Possible signs and indicators of neglect:

BIRTH TO EIGHT YEARS

- Loss of weight
- Significantly overweight
- In the morning wearing nappies that appear not to have been changed overnight
- Untreated nappy rash
- A baby/young child who is constantly dirty or smelly
- Dehydration
- Quiet or apathetic baby/young child
- Poor hair or skin tone

- Constant hunger
- Inappropriate clothing e.g. wearing a summer dress on a cold winter's day
- Consistent failure to attend or contact medical practitioners or hospital, such as consultant, GP, specialist nurse, physiotherapist, health visitor, dentist or optician, when required in order to maintain or promote the child's proper health and development and/or to manage the child's life limiting illness and pain.

F. Possible signs and indicators of sexual abuse

UNDER ONE-YEAR-OLD

- Injury, pain or itching in the genital area
- Bruising, bleeding or bite marks near or in genital area
- Vaginal discharge or infection
- Unusual fear, e.g. of nappy changing

ONE TO FIVE YEARS OLD

In addition to the signs and indicators for Under One-Year-Old:

- Sexual knowledge beyond developmental level (especially knowledge of smells or sensations or descriptions of sexual experiences or observations)
- Sexual drawings or language
- Sexual play with toys or other children
- Behavior changes
- Sexually inappropriate behavior, for example excessive or public masturbation

SIX TO EIGHT YEARS OLD

As for one to five years above and:

- Sudden unexplained changes in behavior
- Fear of one person or particular people
- Nightmares
- Bedwetting in a child who has already gained control of their bladder
- Eating problems
- Self-harm
- Saying they have secrets they cannot tell anyone about
- Sudden unexplained sources of money