Zoe's Place Baby Hospice

Zoë's Place Baby Hospice
Policy for
Safeguarding Children

SUMMARY:	This policy has been issued to provide guidance on the safeguarding of children It should be read and adhered to by all Zoe's Place clinical staff.
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APPLIES TO:	All Staff
STATUS : (Final/Draft)	Final
APPROVING GROUP(S) AND DATE:	Clinical Governance Committee
THIS DOCUMENT REPLACES:	New Policy
RELATED DOCUMENTS:	Record keeping policy, Local Authority safeguarding partnership procedures within each area (previously known as LSCB). Death of a child policy, Consent policy,
DISTRIBUTION:	All Staff
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DATE OF NEXT FULL REVIEW:	Aug 2023

This policy has been subject to a full equality impact assessment

Contents

1. Introduction

Zoe's Place is committed to safeguarding children and protecting them from abuse. It seeks to ensure that all our services are as effective as possible in working together with other agencies to achieve the best possible outcomes for children. This policy provides a framework for all staff which identifies and promotes best practice and minimises uncertainty for staff and volunteers working with children.

1.1 Context

Whilst it is parents and carers who have primary care for their children, local authorities, working with partner organisations and agencies have specific duties to promote the welfare of all children in their area.
Zoes Place will endeavor to support any child experiencing difficulties, but the organisation is unable to provide all the support that a child may need. On such occasions, the responsibility for Zoë's Place personnel is to follow the Local Authority Partnership Procedures and Guidelines, share information and collaborate with other appropriate professionals and local agencies who could provide this help.

Local authorities have a duty to safeguard and promote the welfare of children in need (Section17: Children Act 1989 & 2004). The Children Act (section47:1989 & 2004) requires the Local Authority to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm.

Development of this policy includes reference to the principles, legislation and guidance obtained from the following:

- NSPCC (April 2021) Guidance on protecting deaf and disabled children from abuse (accessed on line on 10/08/2021)
- 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/
- Working Together To Safeguard Children (HM Government 2018)
- Safeguarding Children and Young people: Roles and Competencies for health care staff. (Intercollegiate Document. 4th Edition January 2019).
- HM Government: Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers. (July 2018)

1.2 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 (section 17(10) of the Children Act (1989), plus those who are disabled.

The critical factors to be taken into account 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.

In the Children Act (1989 and 2004), respectively, and Working Together to Safeguard Children (2018), a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. 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 for children and young people, does not change his or her status or entitlement to services or protection under the Children Act 1989. 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.

1.3 Child centred Approach

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

2. Policy Statement

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).

This policy aims to ensure that Zoë's Place personnel fulfil their role to safeguard and promote the welfare of children at all times by:

- Working alongside partner organisations and agencies the hospice will support all children or siblings who are part of the extended family, who have access to any service at Zoë's Place, thus ensuring they are safeguarded, supported and protected from abuse. Staff and volunteers are required to consider the safety of all children who access the service (regardless of gender, ethnicity, disability, sexuality or religion).
- All staff are trained in accordance with the 4th edition of Intercollegiate document thus ensuring they have the correct knowledge and competence to take the required action according to their role.

This policy will provide mandatory guidance to enable all staff undertake their responsibilities in safeguarding children, to respond appropriately and take action about child protection concerns. The policy provides information on the way to access Local Authority safeguarding information and guidance and the procedures to follow when there is a concern that a child is likely to suffer or has suffered significant harm.

3. Purpose

The purpose of this document is to:

- Inform and direct staff and volunteers of their responsibilities and duties towards safeguarding, when dealing with any child
- Identify the important factors in recognising and highlighting any safeguarding concerns when working with children

- Identify the steps and procedures to be taken if there are grounds for concern or child abuse is suspected
- Clarify the appropriate management, support and training for staff related to child protection issues
- Highlight the importance of correct procedures when appointing staff and volunteers - and to ensure the correct checks are undertaken

Additionally this policy aims to:

Protect Zoe's Place Staff
By following the guidelines and procedures everyone working within Zoe's Place should be able to avoid inappropriate, misguided or wrong behaviour and know what to do if they are concerned about a child's welfare.

Protect Zoe's Place

This policy forms part of Zoe's Place commitment to best practice, promotes the organisation's integrity and ensures compliance with the Care Quality Commission essential standards of quality and safety (Key Lines of enquiry).

4. Scope of the policy
This policy applies to all staff, students and volunteers who come into contact with children in their work/role at Zoes Place. It considers all children up to the age of 18 years.

5. Definitions: What does safeguarding and promoting the welfare of children mean?

Safeguarding and promoting the welfare of children is defined as protecting children from maltreatment, preventing impairment of children's health or development and ensuring children are growing up in circumstances consistent with the provision of safe and effective care.

Safeguarding and promoting the welfare of children defined in Working Together to Safeguard Children (2018), 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 though that in itself may be insufficient to ensure that children are growing up in circumstances consistent with the provision of safe and effective care.
The majority of children and young people who reside in England and Wales have their needs met fully by their parents, extended family and friends and the communities within which they grow.

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.

These children, supported by their families and the communities to which they belong should have every opportunity to continue to grow and achieve their full potential. These children often have experiences that need responding to successfully through good partnership and working together with the child, family and one single professional agency.

5.1 Child protection

Child protection is a part of safeguarding and promoting welfare. It refers to the activity undertaken to protect all children who are suffering, or are likely to suffer, significant harm.

- Zoe's Place 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.

5.2 Abuse

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.

5.3 The Concept of 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 (Children Act, 1989, Section 31).

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.

Where the question of whether harm suffered by a child is significant depends on the child's health and development, his/her health or development shall be compared with that which could reasonably be 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; and

'**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.

6. Roles and responsibilities:

The roles and responsibilities within Zoes Place are outlined in the table below.

Hospice Trustee	Overall responsibility for all matters relating to Safeguarding Children's Policy
Clinical Governance Committee	Ensures compliance with legal requirements on Safeguarding Children Approval of policy. Providing the prime forum for governance of the policy. To provide a forum for sharing information on incidents/referrals relating to

	safeguarding so that lessons will be learned and cascaded across all sites.
Director of Care	Ensures that this policy is cascaded and implemented in all three hospice sites. Ensures that an electronic updated copy is held on the server. Ensures a regular review of the policy is completed.
Head of Care	**To be the designated person in each hospice for staff to consult regarding safeguarding concerns.** Responsible for the ensuring adherence to the policy and procedures is maintained in each individual Hospice. Ensure that staff are aware of their professional accountability and responsibility in relation to safeguarding children. Ensure that the parent/guardian is involved in the information sharing process in accordance with local partnership procedures. To ensure that mechanisms are in place to ensure nursing staff are aware of and comply with the requirements of the policy. To ensure that the policy is cascaded and understood by all staff. To ensure that the policy is updated in accordance with new legislation. To ensure that the appropriate Level training is available on safeguarding children and that all staff complete the mandatory training. To ensure that the team have access to safeguarding supervision/advice as required. Clinical staff must complete level 3 safeguarding training.
Deputy Head of Care	To be the designated person for staff to consult regarding safeguarding concerns in the absence of the HOC. Responsible for ensuring that procedures are followed correctly. To ensure that their staff feel competent in addressing safeguarding issues.
Registered Nurses	Is accountable for his/he own conduct and practice according to the NMC Code of Professional Practice. To abide by the Local partnership procedures and guidelines and to bring to the attention of the Head of Care if there are any concerns about Safeguarding Children. To attend any training provided and/or complete the E learning modules. To be aware of and work within the confines of this policy.
All Staff	Staff must operate within their agreed scope of practice and competence. Staff must complete the records as directed by the senior staff within the hospice. To abide by the policy and to bring to the attention of the head of care if there are any concerns about safeguarding children. To attend any training provided and to complete the E learning training on safeguarding children.

7. Designated person/ senior manager

The Head of Care/deputy is the Designated person/**Senior Manager** within each hospice to whom allegations or concerns should be reported. In accordance with the Intercollegiate Document Safeguarding Children and Young people: roles and competencies for health care staff (4th edition, 2019) the designated person will undertake additional training in safeguarding beyond Level 3.

8. 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 (section 17(10) of the Children Act (1989), plus those who are disabled. The critical factors to be taken into account 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.

Local authorities have a duty to safeguard and promote the welfare of children in need.

9. Vulnerability of Children with a disability

Child protection and safeguarding issues are intricate and complex for every organisation. For Zoë's Place and the specialised services provided there are specific areas that need consideration. Children who receive services from Zoë's Place experience a wide range of conditions, which may mean they become increasingly disabled.

Children and young people who have disabilities 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. This may not be because of abuse but due to their condition. Staff should be aware of this and ensure every child is treated as an individual with individual needs and abilities. Children with a disability therefore rely on good assessments, information sharing and vigilant observation and review at all times.

9.1 Assessment

Good assessments support professionals to understand whether a child has needs relating to their care or disability and/ or is suffering, or likely to suffer, significant harm (Teescpp.org.uk). The assessment needs to give a picture of what is normal/typical behaviour for the child/young person to enable us to pick up and clarify when they are behaving in ways that are not typical/ out of character for them.

The specific needs of disabled children should be given sufficient recognition and priority in the assessment process. When undertaking an assessment (and 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 in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;
- Not getting enough help with feeding leading to 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.

Professionals may find it more difficult to attribute indicators of abuse or neglect, or be reluctant to act on concerns in relation to disabled children because of a number of factors, which they may not be consciously aware of (Teescpp.org.uk). These could include:

- 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 it 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;
- Behaviour, including sexually harmful behaviour or self injury, may be indicative of abuse;
- Being aware that certain health/ medical complications may influence the way symptoms present or are interpreted. For example, some particular conditions cause spontaneous bruising or fragile bones, causing fractures to be more frequent.

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 if they would be acceptable for any child and if not they need to take action

10. Zoe's Place Safeguarding and local Child Protection Procedures

Zoë's Place has a responsibility to act if there is cause for concern in order that the appropriate agencies can investigate and take any necessary action to protect a child.

10.1 The Head of Care/deputy (in their absence) is the designated person for safeguarding within each hospice. The designated person will be available for advice and support to discuss any concerns that a team member may have and should access the local authority multi agency procedures as a resource for staff. These are mostly available on line (check local arrangements).

Each Hospice should be aware of their Local Safeguarding Children's partnership procedures and ensure that local reporting system complies with the local guidelines.

It is the responsibility of each Head of Care to ensure this is fulfilled. At all times the staff must adhere to the set procedures in the local area. These should be available on line and the Head of Care at each hospice will ensure that all staff knows how to access the procedures locally. The Head of Care/Deputy will ensure that the team know how to access the local procedures and that the contact details for making a safeguarding referral are available to the team.

The contacts for the local authority for each Hospice are as follows: Please be aware that there may be an alternative contact for a specific area depending on the Local Authority the

live in. To access those details please see safeguarding information board within each hospice.

- **Middlesbrough, Redcar and Cleveland, Stockton: www.teescpp.org.uk**

Contact telephone: Redcar &Cleveland First Contact Team:01642 771500, Middlesbrough First Contact Team:01642 726004, Hartlepool and Stockton Hub 01429 284284. EDT for all 4 areas 01642 524552

North Yorkshire: nyscp@northyorks.gov.uk

- **Coventry & Warwickshire:**

http://www.coventry.gov.uk/info/31/children_and_families/2186/coventrys_multi_agency_safeguarding_hub_mash

Contact Telephone: 024 7678 8555 Out of Hours EDT: 02476 832222

https://directory.warwickshire.gov.uk/service/multi-agency-safeguarding-hub-mash

Contact Telephone:01926 414144 Out of Hours EDT: 01926 886922

- **Liverpool:** Liverpool Safeguarding Children Partnership (LSCP) - scp (liverpoolscp.org.uk)

Telephone: Care line: 0151 233 3700

North Hub: 0151 233 3637 EHLHnorth@liverpool.gov.uk

Central Hub: 0151 233 5241 EHLHcentral@liverpool.gov.uk

South Hub: 0151 233 4447 EHLHsouth@liverpool.gov.uk

At all times all staff working within Zoë's Place must adhere to the local safeguarding procedures and these are compatible with the requirement of the *CQC Essential Standards of Quality and Safety* 2010 and *Working Together* 2018.

The procedural guidance in Appendix 3 outlines what all staff need to do if they have concerns about a child. These guidelines along with the local safeguarding procedures should be used when you suspect that a child or young person may have been abused or neglected.

10.1 Local Safeguarding Children's Procedures

It is not the responsibility of Zoe's Place to decide whether or not child abuse has taken place. Consult, Report, Record – Do not Investigate.

Zoe's Place recognises that their staff are not expected to be specialists in working in child protection and yet all staff has a responsibility to safeguard the children with whom they come into contact with.

Zoe's Place staff may care for children and might encounter siblings, other children or young people through the course of their work.

Zoe's Place acknowledges that the process of dealing with child abuse is complex and can be anxiety provoking. Professional consultation may be helpful for any worker or volunteer who becomes involved (See Useful Contacts and Sources of Support for Staff, Appendix 11 &12)In addition, Zoe's Place Trustee's and Senior Management Team seek to support and empower Zoe's Place staff and volunteers to carry out their safeguarding responsibilities.

10.2 Recognition of Abuse

When child abuse occurs, it is not always recognised and its impact is sometimes minimised, especially for instance, disabled children or for those children or young people who have a life limited illness. However, child abuse can have long lasting and potentially devastating consequences on a child or young person's health and/or development, regardless of who was the perpetrator. Given that, most child abuse, with appropriate intervention, can be prevented. The definitions and possible signs of abuse are outlined in Appendix 1.

10.3 Concern about a child's welfare

In such circumstances, it is important that you discuss these matters with the appropriate line manager, i.e. Head of Care /deputy Head of Care or Executive Director of Care. This will help ensure that any necessary steps are taken in order to understand more fully the nature and possible underlying causes of these concerns.

The safeguarding Nursing team at the local NHS Trust may also be able to advise regarding concerns (usually available Monday to Friday). The flow chart in Appendix 2 & 3 gives guidance on information sharing and what to do if you are worried about a child.

If the concerns are explained, there may not be a need for any further action.

However, it may be necessary for action to make sure the child is kept safe and protected. If the employee has concerns and remains unsure then they must make a telephone referral to the Local Authority Duty team for Safeguarding Children for advice and discussion.
Information Sharing is crucial in promoting a child's welfare and to protect them from harm.

10.4 Working in partnership with Parents and Carers

Generally, the most effective way of ensuring that children are safeguarded is by working in genuine 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 and ensuring that parents/carers are aware of Zoe's Place Safeguarding Policy and procedures. If there are concerns about a child and the information needs to be shared, then it is best practice to be open and honest with families and to seek consent from the family.

Partnership with parents does not mean going along with the parents' wishes or requests as the child's safety and welfare must always remain paramount in any consultation or course of action. At Zoes Place, we must remain child centred at all times (see section 2 of this policy).

There are occasions when it may <u>not</u> be appropriate to work in partnership with parents and these are as follows:

- Where the practitioner believes that the child has been sexually abused.
- Where there is concern that the child may be a victim of fabricated induced illness (FII).
- Where discussion or information sharing with the parent/guardian may put themselves or another at risk.
- Where discussion with the parent/guardian may increase the risk to the child or another person.

In these instances, a discussion must take place with the Head of Care/ Deputy/Director of care and a telephone referral to the local authority Duty team must be made.

A telephone referral to Children's social care must be made **<u>with or without consent when there are sufficient concerns that a child is at risk or has suffered significant harm.</u>**

It may also be necessary to contact the police if the child is in immediate danger (child left home alone) however guidance on this can be given by the duty social worker.

Responsibilities and procedures if abuse is suspected
All staff and volunteers must follow the procedures and protocols for safeguarding children (ref. http://www.teescpp.org.uk/contacts-and-support).

Any member of staff or volunteer with child protection concerns should in the first instance and as soon as possible refer to the flow diagram in Appendix 2 and Local Safeguarding Children Partnership Procedures at:

- **Middlesbrough** - http://www.teescpp.org.uk/ (Middlesbrough),

- **Coventry and Warwickshire -**
  http://www.coventry.gov.uk/info/31/children_and_families/2186/coventrys_multi_agency_safeguarding_hub_mash (Coventry)
  https://directory.warwickshire.gov.uk/service/multi-agency-safeguarding-hub-mash (Warwickshire)
- **Liverpool -**

North Hub: 0151 233 3637 EHLHnorth@liverpool.gov.uk

Central Hub: 0151 233 5241 EHLHcentral@liverpool.gov.uk

South Hub: 0151 233 4447 EHLHsouth@liverpool.gov.uk

Knowsley Safeguarding Children Partnership

Knowsley Multiagency Safeguarding Hub (MASH)

Office hours 0151 443 2600 – Followed by (MARF) Multiagency referral form

Emergency duty team (EDT) - out of hours 0151 443 - Followed by (MARF) Multiagency referral form

Child protection issues should (as soon as possible) be discussed with the most senior relevant clinician / manager as follows:

- Clinical Team leader/line manager
- Deputy Head of Care
- Head of Care
- Director of Care

Any member of staff with urgent concerns must make contact at any time with the local child protection agencies for advice. The contact addresses and telephone numbers are above.

If a referral to Children's Services is needed it must be followed up in writing within **24 hours. This can be completed by using the Tees Multi-Agency SAFER Referral Form** that is available on the local authority multiagency safeguarding partnership website. A report form is also attached as appendix 10.

Records should be written up as soon as possible including a factual description of what has allegedly happened. Any visible injuries should be clearly noted, described and documented on a body map form.

11. Information sharing

Sharing information to protect the welfare of a child remains very much in the public interest, which takes priority over protection of privacy.

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many serious case reviews (SCRs), 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 . There is an information sharing flow chart in Appendix 4 ?2 to provide guidance to staff.

Sharing information is an intrinsic part of any frontline practitioners' job when working with children and young people. The decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives.

Information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet.
Sharing of information between practitioners and organisations is essential for effective identification, assessment, risk management and service provision.

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.

11.1 The General Data Protection Regulation (GDPR) and Data Protection Act 2018 and consent to share information

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information.

The 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 and proportionate arrangements for collecting, storing, and sharing information.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

To effectively share information:

• all practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be data which is considered 'special category personal data' meaning it is sensitive and personal

• Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent.

• information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.

- • relevant personal information 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 well-being. (Ref: HM Government: Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers). (July 2018)

You do not necessarily need the consent of the information subject to share their personal information. Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on.

When you gain consent to share information, it must be explicit, and freely given. There may be some circumstances where it is not appropriate to seek consent, either because the individual cannot give consent, it is not reasonable to obtain consent, or because to gain consent would put a child or young person's safety or well-being at risk.

Where a decision to share information without consent is made, a record of what has been shared should be kept.

Consent is not appropriate in the following situations as gaining consent may put a child at further risk:

- Suspected Fabricated Induced Illness
- Suspected sexual abuse

When making a referral always be clear about whether consent has or has not been sought and the reasons why.
When making the telephone referral ask the Local authority to read back what they have documented so that you are clear that they have recorded the correct information in the referral.

12. Documentation

All information sharing, referrals, meeting attendances must be documented and held within the Zoes Place child's records as a significant event. All significant events (see Section 9.5 below and Appendix 13) must be recorded within the child's records.
All referrals and discussions must be documented clearly in the child's records within 24 hours. A written referral will be forwarded to the Local Authority within 48 hours after the telephone referral. A report form is included within Appendix 10

All referrals and discussions must be documented clearly in the child's records within 24 hours. A written referral will be forwarded to the Local Authority within 48 hours after the telephone referral.

All records should be completed in black ink. When documenting any safeguarding issue on CHASE the safeguarding tab must be used to identify this. The appropriate line manager should store all Records of Concern in line with Zoë's Place policy on Record and File Storage for client files.

13. Allegations and concerns against staff, carers or volunteers.
Children can be subjected to abuse by those who work with them, in any setting. All allegations of abuse or maltreatment of children by a professional, staff member or volunteer must e taken seriously and treated in accordance with these procedures.

All references in this document to 'members of staff' should be interpreted as meaning all paid or unpaid staff, including volunteers and sessional staff that come into contact with Children who attend the hospice. People whose role places them in '**a position of trust'** will be considered within the remit of these procedures

It is essential that any allegation of abuse made against a person who works with children and young people, including those who work in a voluntary capacity, are dealt with fairly, quickly and consistently, 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. Appendix 6 provides guidance on what to do when allegations of abuse are made. It may be necessary to investigate what has happened and reference to other HR policies will be used as necessary (e.g. the Disciplinary policy)

Allegations that might indicate that s/he is unsuitable to continue to work with children in their present position, or in any capacity should also be taken into consideration. It should be used in respect of all cases in which it is alleged that 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; or
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

Allegations and Concerns Against Staff, Carers or Volunteers procedures
Children can be subjected to abuse by those who work with them, in any setting. Although adults perpetrate most child abuse, other children or young people can abuse children. Do not assume that if a young person perpetrates abuse that it is less serious or less significant for any of the children involved. (See on Recording Concerns/ Allegations of Abuse, Appendix 6 & 9)

All allegations of abuse or maltreatment of children by a professional, staff member, foster carer or volunteer must therefore be taken seriously and treated in accordance with the Local Partnership procedures which can be found on the local Authority website.

- **Middlesbrough:**
  - www.teescpp.org.uk
  - For North Yorkshire Children: www.nyscp@northyorks.gov.uk

- **Liverpool the websites:** www.liverpoolscp.org.uk
  - North Hub: 0151 233 3637 EHLHnorth@liverpool.gov.uk
  - Central Hub: 0151 233 5241 EHLHcentral@liverpool.gov.uk
  - South Hub: 0151 233 4447 EHLHsouth@liverpool.gov.uk
- **Coventry websites**:
  - http://www.coventry.gov.uk/info/31/children_and_families/2186/coventrys_multi_agency_safeguarding_hub_mash (Coventry)
  - https://directory.warwickshire.gov.uk/service/multi-agency-safeguarding-hub-mash (Warwickshire)

This guidance applies to a range of situations and covers circumstances where a person is alleged to have:

- Harmed a child
- Committed a criminal offence against a child
- Behaved in a way that suggests that they are unsuitable to work with children

Head of Care/ Director of care may need to consider whether:

- The police need to be involved
- Children's Social Care need to do an assessment
- Disciplinary action needs to be considered

All allegations will be taken seriously and must be investigated, and if abuse is suspected the Director of Care should be informed. The Head of Care/Director of care must inform the Local Authority Designated Officer (LADO) in accordance with the local partnership procedures if allegations of abuse by an employee are suspected or information that an employee has harmed a child become known.

In addition the following should be considered:

- Contact made with the child's school, families and or police
- Staff and/or Volunteers, who have had an allegation made against them should be suspended immediately from working with children
- Staff and/or Volunteers who have had an allegation made against them should be kept informed and supported while the case is under investigation
- Confidentiality should be maintained within the framework of information sharing (see HM Government Document: What to do if you are worried a child is being abused pg. 54-67)

If the staff member or volunteer decides to resign, this should not prevent an investigation taking place and the Local Authority Designated Officer (LADO) must still be informed. If the LADO decides an investigation is to be completed , the CQC should also be informed using their Safeguarding Notification form.

13.2 A person who is at risk of harm to children

Under the Children Act 2004, a person who is a risk to children is a person over the age of 10 years who has been convicted or accepted a caution of offences against children. This statement is permanent; the offence is never spent.

There is a wide range of offences in this category which include physical and sexual offences. It is vital to know what the offence was, the context and circumstances of it. For example:

A 16-year-old may be convicted of physical assault against another 16-year-old in the context of `a street fight'

A 14-year-old may have raped an 8-year-old

In these examples the offender would be deemed to be a person who is a risk to children

13.3 Historical allegation of child abuse

A child protection issue or concern may come to your attention, through a child or young person or young adult, telling about their own or another's child abuse. Do not dismiss this information as irrelevant because it may have happened a long time ago. There are some important factors to consider:

- Many children do not tell about their abuse for 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 (or 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. as grandparent still be abusing children

Even if the perpetrator is deceased the child or young person making the allegations should be encouraged to discuss the abuse with an appropriate agency. The purpose is for them to seek any support and to ensure that any network or organised abuse is identified and investigated.

13.4 A child disclosing information

A child may disclose concerns or worries to you. Some of this information may not be available to you. *Do not* pursue the *questioning* of the child or *young* person for this information if it is not given freely. Consult any files or documentation Zoë's Place may have on the family for these details. Do not delay *reporting* the matter by waiting for all the information.

It is important to stick to the facts. However, your opinion may be crucial, but ensure that it is recorded as an opinion and that you can state evidence to support your thinking. Records pertaining to issues of child protection may be accessible to third parties, such as social services, police, the courts and solicitors.

13.5 Significant Events/Recording Information

At times an event or occurrence may give cause for concern. It is important that all concerns are properly recorded whether social services are involved or not. Recording a significant event on the CHASE system by marking the appropriate box and on the form included in Appendix 13 should be completed. A copy of the significant event will also be kept in the designated significant event folder in both Middlesbrough and Coventry hospices. Liverpool Hospice will store each form in the individual child's care file. An example of a

significant event is included on page 41 of this policy document. Once there are 4 recorded significant events it is important to seek advice and guidance / supervision from the Head of Care or safeguarding Nurse.

If there is a concern regarding a child, then a record of concern should be completed (Appendix 10). Completing a record of concern does not necessarily mean that the concern will be referred to Social Services. This is for the designated person and senior managers to decide.

Records of concerns may reveal patterns which may indicate child abuse or identify unmet needs. Recording child protection incidents or concerns should be recorded in Zoe's Place Safeguarding Children Record of Concern (see appendix 10). Use the CHASE system to document information as necessary.

13.6 working with uncooperative/difficult families

There can be a wide range of uncooperative behaviour by families or family members towards workers. From time to time agencies will come into contact with families who may prove to be apparently (but not genuinely) compliant, reluctant, resistant or sometimes aggressive or hostile to their approaches (Teescpp.org.uk - procedural guidance). It is important to refer to the local safeguarding partnership procedures and information on how to work with families who are uncooperative.

14. The child protection Process

This is outlined within Appendix 7. A member of Zoë's Place team will attend all meetings when required to do so. Where ever possible the nurse making the referral will attend the initial meetings and safeguarding conference meetings. The details of the meeting and the action plan will be documented by the person attending the meeting and will be responsible to ensure that this information is documented within the child's file within 24 hours.

15. The unexpected Death of a child

An unexpected death of a child is defined as the death of an infant or child which was not anticipated as a significant possibility for example 24 hours before the death or where there was an unexpected collapse or leading to or precipitating the events which lead to the death. The procedure to follow is outlined within Appendix 8

16. Recruitment and Selection

Please refer to the recruitment policy. As a minimum the following must be considered for all staff as job applicants for any position involving contact with children and young people:

Job Descriptions

All posts within Zoe's Place should have detailed job descriptions and person specification (including volunteers and students). There must be a reference to safeguarding children within the job responsibilities.

Employment History

Examine applicant's CV/application which should have a detailed employment record with explanations for any gaps in employment.

References

Two written references should be taken up and followed up with the referee. The referee should state their relationship to/knowledge of the applicant. Suitability of the candidate's professionalism, experience and personal character should be explored as well as exploring

routinely whether or not the referee has any concern about the applicant working with children. Examples (particularly of any observations made of the applicant when working with children) should be sought to back up the referee's claims about the applicant.

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 Trust application form and all applicants will be asked to declare this verbally at interview. It must be made aware that the Rehabilitation of Offenders Act does not apply to all positions within Zoe's Place.

All applicants to Zoe's Place should have a criminal record check/ DBS as standard and those working unsupervised with children or young people will be required to have an "enhanced disclosure" (See Sources of Support for further information on Disclosure and Barring Service). The DBS is completed every three years within the clinical team.

Professional Qualifications

Original copies of qualifications should be required of applicants and these must be seen by the Head of Care/Deputy prior to a job offer being made.

Identity

Original copies of passport/birth certificate will be required. A photocopy 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 Zoe's Place Safeguarding and Child Protection Policy.

17. Child safeguarding Training

All staff based at Zoes Place are required to complete e-learning and/or face to face training for Safeguarding Children in accordance with the intercollegiate document.

The specific requirements as outlined within the 4th edition of the Intercollegiate Document: safeguarding Children: Roles and Competencies of healthcare staff 2019 are:

- **All** non-clinical Hospice staff and volunteers in a non-clinical area are to complete Level 1 of Safeguarding Children and must have refresher training of a minimum of 2 hours every three years.

- **All** nurses, care assistants Team leaders and Deputy Head of Care, Doctors and AHPs and volunteers in the clinical setting must complete Level 3 of Safeguarding Children face to face or virtual initial training for a minimum of 8 hours and over a three year period, 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, complete refresher education, training and learning to a minimum of 8 hours.

- **The Head of Care or named professional within the organisation 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.

- Training is accessed on Skills for Health On Line Learning Management System. On line training includes:
- The meaning of safeguarding;
- Current legislation and guidance;
- The different categories of abuse;
- The signs to look for when it is suspected a child/young person may be experiencing abuse;
- What to do when it is suspected a child/young person is experiencing abuse.

Staff will receive the relevant training on safeguarding procedures and information sharing procedures for the hospice on Induction.

All Clinical staff will receive annual face to face updates in safeguarding as part of the mandatory training program as recommended by the Local Safeguarding Children's partnership procedures.

18. Safeguarding Supervision

Although not mandatory staff will receive supervision in relation to safeguarding where possible within their local area. This will be organised and delivered by an appropriately trained and skilled person through agreed formal arrangements. Safeguarding supervision can be included as learning activity within safeguarding children.

19. Conclusion

This Policy and Procedure document confirms Zoë's Place commitment to promoting the welfare and safety of children.

All staff will be expected to apply this document in their practice. Therefore, all Zoë's Place staff are expected to become familiar with this document and undertake training on Zoë's Place Safeguarding and Child Protection Procedures 2021. All staff must follow the local procedures at all times and MUST ensure that they know how to access these procedures.

Staff should also be aware that child protection does not operate in a vacuum and that safeguarding children requires a collaboration of other related policies and good practice.

The principle that the welfare of the child is paramount will always be upheld at Zoë's Place, regardless of the situation.

If in doubt, Always Ask. If you are not happy or are uncomfortable about a response or situation - ***"SPEAK OUT",***

20. References

- HM Government Document: Working Together to Safeguard Children (2018)
- Child Protection: Tees Local Safeguarding Children Board's Procedures (2015)
- 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)
- Safeguarding Children and Young people: Roles and Competencies for health care staff. Intercollegiate Document. 4th Edition 2019.
- https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation
- HM Government: Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers. (July 2018)
- https://www.cqc.org.uk/news/stories/cqc-updates-information-safeguarding-children-adults-england

Other Key legislation for reference

Children Act 1989. The Children Act 1989 is the primary legislation which underpins and governs working with children who require services to meet their needs.

Children Act 2004. The Children Act 2004 provides/places a duty on and guidance for inter-agency work and cooperation in meeting the needs of children, and provides legislative requirements for governance of child protection intervention. (Governance is also addressed in detail in Section 3.2.2 of these procedures).

Human Rights Act 1998. The Human Rights Act 1998 gives legal protection for individual rights and freedoms. The Human Rights Act applies to both adults and children and should be taken into account throughout professional intervention with children and their families.

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information. The 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 and proportionate arrangements for collecting, storing, and sharing information.

The Sexual Offences Act 2003 (Prescribed Police Stations) (England and Wales) (Amendment) Regulations 2019

Coming into force on 1st August 2019. The Secretary of State makes the following Regulations in exercise of the powers conferred by Sexual Offences Act 2003.

Children and Families Act 2014

The 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. The Act outlines a new Code of Practice for children and young people with special educational needs and disabilities (SEND).This act covers adoption.

UN Convention on the Rights of the Child 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 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; to abolish the General Teaching Council for England, the Training and Development Agency for Schools, the School Support Staff Negotiating Body, the Qualifications and Curriculum Development Agency and the Young People's Learning Agency for England; to make provision about the Office of Qualifications and Examinations Regulation and the Chief Executive of Skills Funding; to make provision about student loans and fees; and for connected purposes. [15th November 2011]

Children and Social Work Act 2017

This Act places a duty on the Local Authority to provide young people leaving care with a personal advisor until aged 25 years.

Appendix 1

Definitions of Abuse & Sources of Stress in Children and Young People

The following definitions are taken from `Working Together to Safeguard Children' (Department of Health, Home Office, Department for Education and Employment, (2018).

- **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.

- **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.

- **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.

- **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.

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. Zoë's Place 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 Zoë's Place staff to recognise that institutional abuse exists in institutions within the community. **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.

Position of Trust- Zoë's Place 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.

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

Additional factors effecting children's safety and welfare:

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, Zoë's Place 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 Zoë's Place staff recognise if these factors are affecting a child or young person adversely and take similar steps for the other described forms of abuse.

Bullying

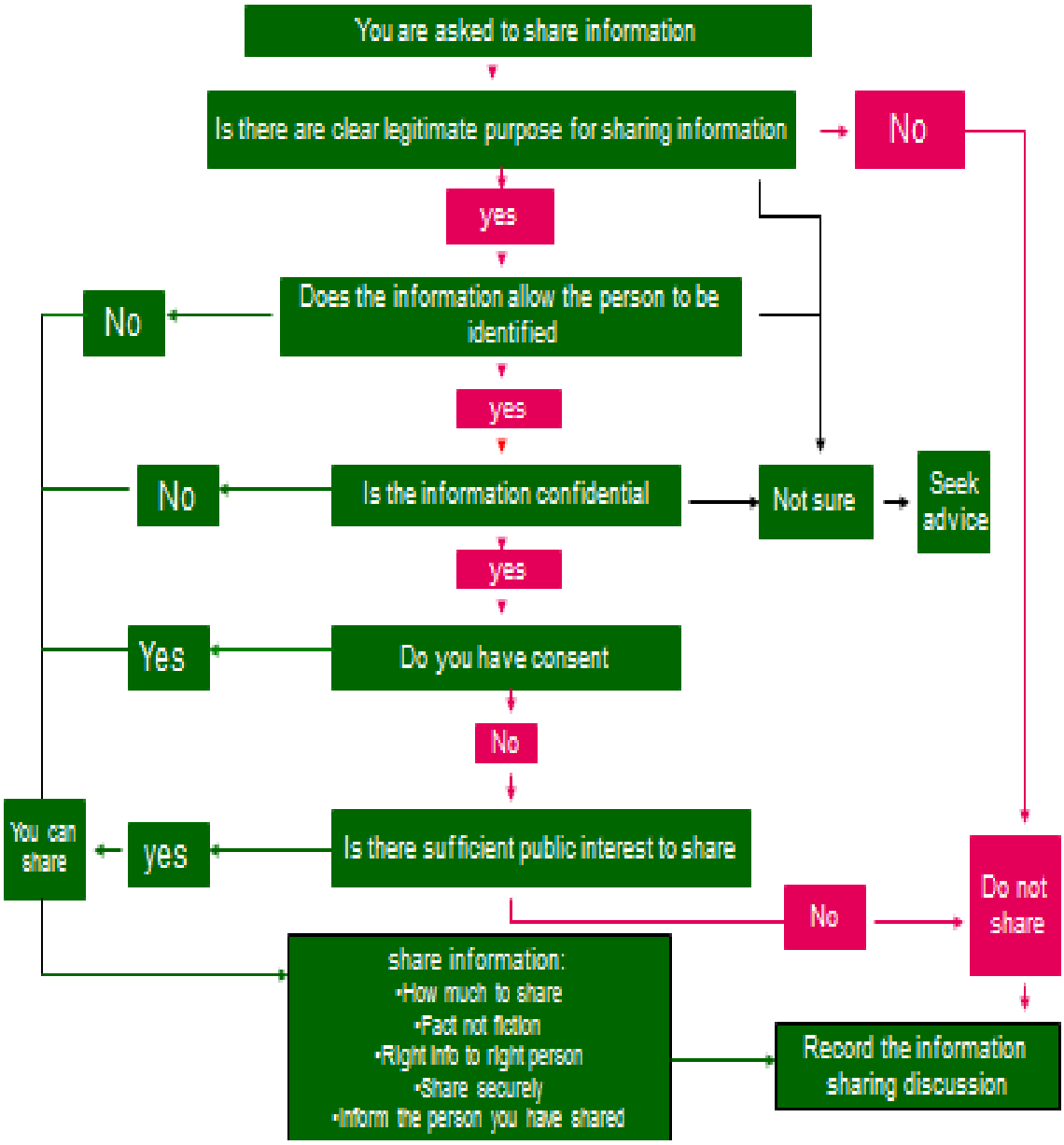
Bullying can cause great distress and damage a child or young persons' health and development. Zoë's Place staff should identify and deter any form of bullying behaviour. Bullying can escalate rapidly and can damage children significantly. Zoë's Place will not tolerate bullying in any form. Bullying 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.

Appendix 2: Information Sharing Flow Chart

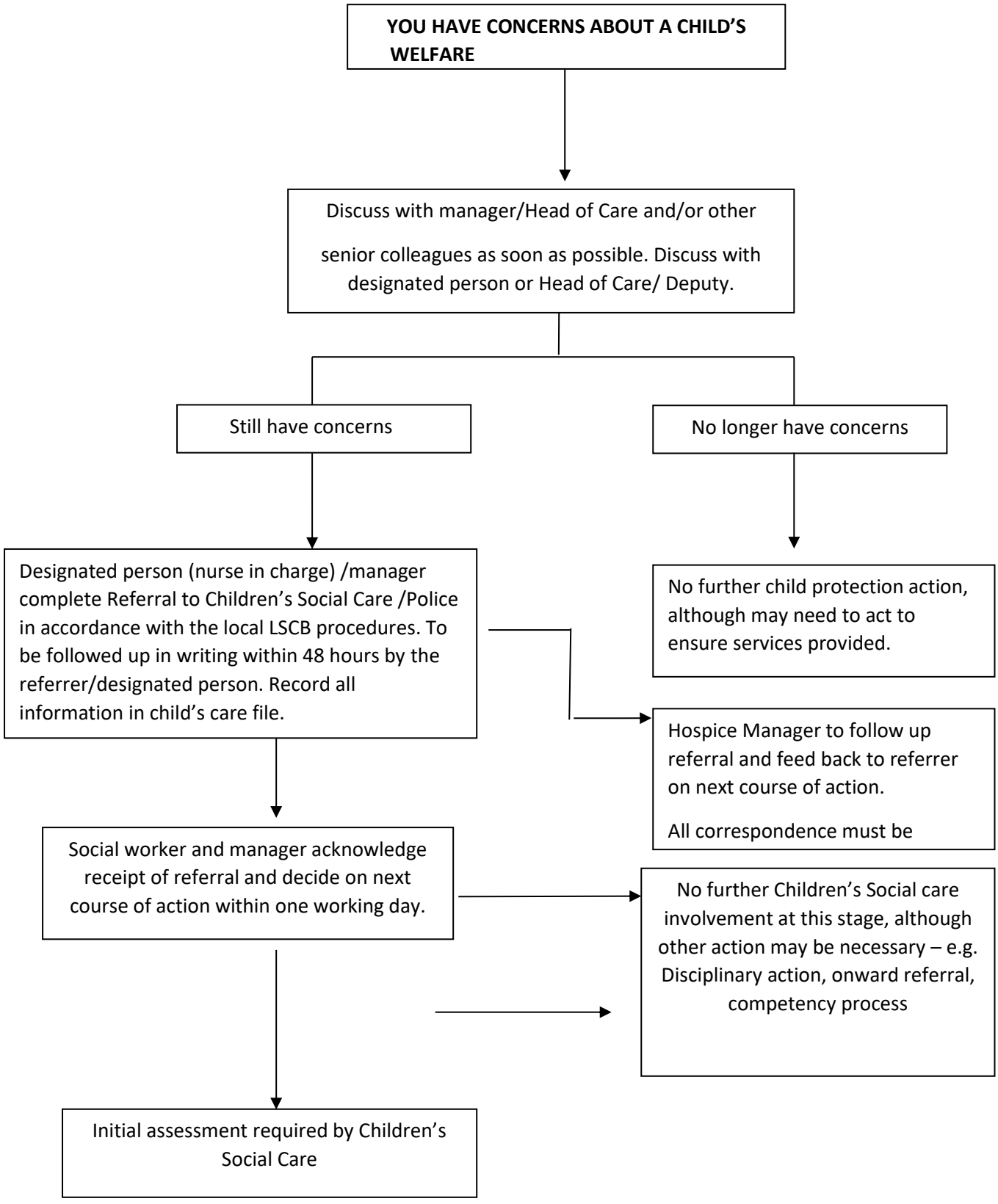


Within the table above there is a box which states “is there sufficient public interest to share”. This can be interpreted at Zoë’s Place to mean that professionals who have concerns about a child’s welfare should share, with or without consent. It is always good practice to keep parents/guardians aware of what information and to whom we share information with. As a guide the following provides clarity on when consent is required. All children who fall into Section 47 of the Children Act 19879 it is essential that we share information without consent as these are children whom professionals have reasonable cause to suspect children are suffering or likely to suffer significant harm identified as at risk of significant harm.

- All children who are included within Section 17 of the Children Act 1989 are classed as a child is in need and we need to share information with consent from families.
- Do not disclose information to family if the following apply:
  - Sexual abuse concerns
  - Fabricated or induced illness suspected
  - Put yourself or others at risk of harm

Appendix 3: Reporting Child Protection Concerns flow chart for referrals

adapted from *"What to do if you're worried a child is being abused"* DH et al 2003



Appendix 4: Possible Signs and Indicators of Child Abuse

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.

Importantly certain medical conditions may cause changes to a child's behaviour or physical presentation. It will be necessary to consider carefully the possibility of 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 give careful consideration to all of the available information and factors involved. Try and always establish the context of particular incidents and avoid making judgments on the basis of stereotypes.

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.

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 any concerns about the welfare or safety of a child or young person are passed on to the relevant line manager, so that the child/young person is made safe in the first instance and that maximum support can be offered to the child/young person, their siblings and family in accordance with Zoe's Place Safeguarding procedures.

Impact of Child Abuse

Sustained abuse, whether physical, sexual or emotional abuse or neglect, can have major long-term 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.

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 behaviour, 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 appearing 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 becoming 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.

Additional Signs and Indicators of Child Abuse in Younger Children

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 in to the whites of the eyes or other eye injures

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 forcing 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 in order 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 behaviour.

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

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:

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

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 winters day

- Consistent failure to attend or make contact with 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.

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
- Behaviour changes
- Sexually inappropriate behaviour, for example excessive or public masturbation

Six to Eight Years Old

As for one to five years above and:

- Sudden unexplained changes in behaviour
- 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

Appendix 5: Procedural guidance for all staff: Action to take if a member of staff has concerns:

a) Any suspicion, allegation or incident of abuse must be discussed with an appropriate line manager, as soon as possible in accordance with the local partnership procedures. Within the clinical area this should be the nurse in charge on shift.
b) The Nurse in charge can where appropriate contact the local named nurse for advice.
c) The Head of Care/Deputy head of care or in their absence the Director of Care must be contacted to advise them of the concerns.

   It should be remembered that there might be siblings or other children or young people who are also at risk. You should *avoid any direct questioning* of children or young people (See also Appendix 5 and Appendix 7, Record of Concern).

d) In the interest of partnership working the parents/guardians must be contacted to advise them of the concerns and that a referral will be made to the local children social care team. Exceptions for this are outlined in section 1.5 on page 11 of this policy. There are occasions when it may **not be appropriate to work** in partnership with parents and these are as follows:
   - Where the practitioner believes that the child has been sexually abused.
   - Where there is concern that the child may be a victim of fabricated induced illness.
   - Where discussion or information sharing with the parent/guardian may put themselves at risk.
   - Where discussion with the parent/guardian may increase the risk to the child.

e) Regardless of whether a discussion takes place with a senior member of staff, if the professional has concerns that child has been abused or is at risk of significant harm then a telephone referral to the Children's social care services must be made as soon as possible.
f) The referral must include the name, DOB, address and school of the child. The child's current health status should be included.
g) Once the referral has been made the nurse/professional making the call must confirm that the information received is correct. This can be achieved by asking the person on the phone to read back the referral information.
h) All information regarding the concerns and the referral MUST be documented within the child's records immediately.
i) A written referral must be sent to the children social care within 48 hours.
j) The Head of Care/deputy Head of care must be informed of the referral.
k) The referrer and/or the Head of Care must follow up the referral to the local children's social care team within 5 working days to ensure that action has been taken.
l) Attendance at any multidisciplinary meetings is mandatory. This includes strategy meetings, case conferences, core groups and review case conferences.
m) A report will be written and submitted for the case conferences in accordance with local LCSB procedures.
n) A statutory Notification should be sent to the CQC if any safeguarding concern is made to social services.

Appendix 6: Guidelines Relating to how to respond to an Allegation of Abuse

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. Therefore, an injury requires consideration of:

- Immediate medical attention
- Immediate action to protect the child

In these circumstances you will need to make immediate contact with your line manager so that your line manager (or if your line manager is not available the most senior member of staff available) can contact Children's Social Care and/or the police or emergency health services. At all times all staff must refer to and follow the LSCB (Local Safeguarding Children Board) which can be accessed on line. Each area will have local information on how to access the LSCB procedures and this must be easily displayed for all staff.

A Child Discloses an Abusive Act or Experience to You

Disclosure of abuse is often frightening and can awaken painful memories; the strong emotions felt can be difficult to express.

If a child or young person confides in you that they are being, or have been, abused 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. Simply by telling you they have demonstrated their trust that you will act. You should:

- React calmly so as not to frighten the child
- Tell the child they were right to tell
- Tell the child they are not to blame
- Take what the child says seriously
- Keep questions to an absolute minimum to ensure a clear and accurate understanding of what has been said. Only ask questions if you need to identify what the child is telling you - *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
- Make a full record of what is being communicated, heard, and seen, as soon as possible

- Do not delay in passing the information on to the advisory person or appropriate line manager.

Do not underestimate the effects and impact on you. Ensure you know where to go to get support and whom you can talk to if needed.

Appendix 7
Outline of Child Protection Investigation Process

Referral
Formal request to Social Services, NSPCC, Police to make child protection inquiries on behalf of a child harmed or at risk

↓

Agency Checks
Consultation with professional agencies on level of concern and risk to child

↓

Planning/Strategy Meeting
Meeting to decide and plan what action to take

↓

Investigation
Social Services, NSPCC and/or police investigate risk and assess a child's Needs

What happened? | Is the child safe? | What is needed to protect and support the child?

↓

Case Conference
Multi-agency meeting to look at the protection of the child and the welfare needs of the child and family
The child will be subject to a Child Protection Plan where criteria is met

↓

Child Protection Plan
Production of a clear plan of action upon which professionals and family work to keep child safe, reduce/remove any risks and promote child's welfare needs.

↓

Core groups are held each month to monitor compliance and delivery of the protection plan

↓

Review
Follow up meeting(s) at regular intervals to assess progress and ongoing needs and deregistration if child is safe

The diagram (above) shows a process, and 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, which determine 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. 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 if social services become involved.*

The details of any action and outcome of a child protection investigation is confidential to the child, family and professionals who need to know. However, it is appropriate to expect a level of feedback which tells you that action has been taken and that the child is OK and safe.

It is reasonable to expect a Zoë's Place staff member to attend case conferences and reviews. This will normally be the child protection designated staff member who may be accompanied (if appropriate) by another staff member with more detailed knowledge of the child.

The local Children's Social Care department will provide more advice and guidance about child protection processes and conferences in your area. (Refer to your local LSCB Child Protection Procedures

Appendix 8

The unexpected Death of a child

An unexpected death of a child is defined as the death of an infant or child which was not anticipated as a significant possibility for example 24 hours before the death or where there was an unexpected collapse or leading to or precipitating the events which lead to the death.

Procedure

In the event of a child collapsing within the hospice all professionals must ring 999 and call and ambulance.

- 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 parent s 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 s records.
- An incident form must be completed.
- The Head of care/deputy head of care must be informed immediately.
- The executive clinical lead must be informed by the Head of Care immediately.
- The local designated paediatrician for child deaths must be informed.
- 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 to all interviews or meetings.
- Statements will be written as requested by the police or the coroner.

Appendix 9
Procedure for allegations against staff

Designated person/ senior manager must be notified immediately.

The Head of Care/deputy is the Designated person/**Senior Manager** within each hospice to whom allegations or concerns should be reported. In cases where the allegations are against the Head of Care then the Executive Clinical Lead is the designated person/senior manager. (See appendix 6 on Recording Concerns/ Allegations of Abuse).

The designated person/Senior manager will take responsibility for notifying the Local Area Designated Officer (LADO) and for notifying the Care Quality Commission of any allegations of abuse.

There are a number of sources from which a complaint or an allegation might arise including those from:

- A child
- A parent or other adult
- A member of the public
- A colleague (whistle blowing)
- A disciplinary investigation.

INITIAL ACTION BY PERSON RECEIVING OR IDENTIFYING AN ALLEGATION OR CONCERN

The person to whom an allegation is first reported should treat the matter seriously and keep an open mind. They should:

- Make a written record of the information (where possible in the child's/person's own words), including the time, date and place of incident, persons present and what was said;
- Sign and date the written record;

Immediately report the matter to the Head of Care or Deputy in their absence, or where the Head of Care is the subject of the allegation this must be reported to the Director of Care.

- Consider if the child concerned has suffered, or is at risk of suffering, significant harm and if this is the case (or if in any doubt), make a referral to Children's Social Care in accordance with Local Authority Child Protection partnership Procedures.
- If the concerns arise outside normal office hours, then the referral should be made to the Emergency Duty Team.

They should **not**:

- Instigate an investigation;
- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality or give assurance that the information will only be shared on a 'need to know' basis.

INITIAL ACTION BY THE HEAD OF CARE/DESIGNATED SENIOR MANAGER

When informed of a concern or allegation, the designated Senior Manager **should not** investigate the matter or interview the member of staff, child or any potential witnesses. The

Head of care/Deputy must take whatever steps necessary to secure the safety of any child who may be at risk, by, for example, removing the person who is the subject of the allegation from any situation involving children.

They should:

- Obtain written details of the concern/allegation, signed and dated by the person.
- Acknowledge receipt of and date the written details;
- Record any information about times, dates and location of incident and names of any potential witnesses;
- Record discussions about the child and/or member of staff, any decisions made and the reasons for those decisions;
- A referral should be made by the designated manager to social services using the reporting format specific to the individual area of the hospice.
- If a child has suffered, or is at risk of suffering, significant harm, ensure that a referral to Children's Social Care has been made.
- Any organisation that receives information regarding a complaint or allegation (including the Police and Social Care) should report it to the LADO **within one working day**.
- Reporting should not be delayed in order to gather information.
- If an allegation is received outside normal working hours and requires immediate attention, the Head of Care/designated Senior Manager should consult the local authority Emergency Duty Team or Police.

The Local Area Designated Officer (LADO) will then investigate to determine if am allegation should be upheld or not. If the decision is to proceed then a strategy meeting will be arranged when the employer, Police, Social Care, HR will reside.

INITIAL CONSIDERATION BY THE HEAD OF CARE/DESIGNATED SENIOR MANAGER AND THE LADO

Irrespective of action by Children's Social Care or the police, senior management must follow the appropriate disciplinary procedure and decide whether the member of staff should be suspended or removed from work with children, pending investigation.

There are up to three strands in the consideration of an allegation:

1. A police investigation of a possible criminal offence;

2. Social care enquiries and/or assessment about whether a child is in need of protection or services;

3. Consideration of an investigation under disciplinary procedures including suspension if appropriate, and referral to a professional or regulatory body.

The Head of Care will refer to the disciplinary policy for guidance.

The LADO and designated Senior Manager/Deputy should consider whether further details are needed and whether there is evidence or information that establishes that the allegation is false or unfounded. If the allegation is not demonstrably false and there is cause to suspect that a child is suffering or is likely to suffer significant harm, the

LADO should refer to local authority Children's Social Care and request a strategy meeting is convened.

The Police must be consulted about any case in which a criminal offence may have been committed. In circumstances where the criteria for a child protection referral is not met, but a Police investigation might be needed, the LADO should immediately inform the Police and convene an initial LADO meeting. The Head of Care will attend all meetings as required.

Where there are concerns regarding the conduct or behaviour of an individual which raises concerns about their suitability to work with children, but the threshold criteria for a child protection referral is not met, an initial LADO meeting should be convened.

In some circumstances i.e. when the action needed to be taken is evident, a discussion between the relevant parties may be appropriate instead of convening a meeting.

The Head of Care has a responsibility to inform the LADO immediately an allegation is made.
If the parent(s) of the child is not already aware of the allegation, the LADO will advise the Head of Care about when and how to do this.

In some circumstances, the parent will need to be told straight away; for example, if the child has been injured or requires medical treatment. The parent(s), and the child if sufficiently mature, should be helped to understand the processes involved.

Appendix 10

Zoë's Place Children's Hospice Trust

Safeguarding Children Record of Concern

Confidential

Zoë's Place Safeguarding Procedures

Record of Concern

The following information should be recorded. Use continuation sheets as necessary, title and number pages used in sequence and complete in black ink.

Name and address of the child

_____
_____
_____
_____

Age and date of birth

_____

Legal status of child

_____

Is the Child/Young Person subject of any court order?

Is the child/young person looked after under the terms of the Children Act 1989? If so state local authority involved and name of Social Worker

_____
_____

Name and Address, contact details of person/s with parental responsibility:

1.

_____

2.

_____

3.

_____

Zoes Place role with the child / young person

Name of Key Worker

_____

Direct/indirect contact, please detail:
_____

Cultural/ Linguistic and Ethnic Background

Ethnicity

_____

Religion/Faith
_____

Preferred language /interpretor required?
_____
_____

Community supports or difficulties (eq rural or urban housing).

_____

Disabilities

Does the child use mobility aids/ specialist equipment? _____

What is the child/young person's communication method? _____

What is the child/young person's mobility?

_____

Medical Information (continue on separate sheet if necessary)

Medical Condition Include basic information about medical condition

_____
_____
_____
_____
_____
_____

Details of Hospital Consultant and GP

_____
_____
_____

Very brief details regarding any specialist care

_____
_____
_____
_____

Consider in conjunction with relevant medical practitioner whether the child's medical condition may have any impact on signs/symptoms of possible child abuse.

Nature of concerns or incident

_____
_____
_____
_____
_____
_____

Date and time of the alleged incident

_____
_____
____

Nature of injury, or behaviour, or concern

_____
_____
_____
_____
_____

If the child has an injury when this was first noticed

_____

Name and address of adults or other children/young people(siblings) involved:

1

_____

2 _____

3 _____

4 _____

5_____

The children's explanation of what happened in their own words/means of communication:

_____

_____

_____

_____

Any questions that were asked of the child or other persons involved:

_____

_____

_____

_____

Any explanation/s offered when and by whom?

_____

_____

_____

_____

Observations made by you or reported to you (e.g. description of visible bruising or injury, child's or young person's emotional state etc.)

_____

_____

_____

_____

When and how did the concern first come to your notice?

_____

_____

_____

_____

Have the parents/carers been contacted? If so what was said?

_____

_____

_____

Have there been any previous concerns? If so, what are they? Give details and locate any record of these.

_____

_____

_____

Any other relevant background information

_____

_____

_____

Has anybody else been consulted, any other action or any other questions taken place? - If so record details.

_____

_____

_____

Action Taken (i.e. Decision regarding next course of action)

_____

Name and Signature of person recording the incident:

_____

Position of person recording the incident:

_____

Date and time of this recording of information:

_____

Zoes Place Children's Hospice Trust

Safeguarding Children Record of Concern

Confidential

Continuation Sheet

Appendix 11

Zoë's Place Children's Hospice Trust

Useful Contacts

NSPCC Child Protection Help Line	42 Curtain Road London EC2A 3NH Help line: 0808 800 5000 Textphone:0800 0560566 E- mail: help@-nspcc.org.uk Website: www.nspcc.org.uk	Free 24-hour service, which provides counselling, information and advice to anyone concerned about a child at risk of abuse.
Childline	Free phone: 0800 1111 www.childline.org.uk	Free 24-hour help line for children and young people in trouble or danger.
VOICE UK	The College Business Centre Uttoxeter New Road Derby DE22 3WZ Telephone: 01332 202555 www.voiceuk.clara.net	Support and information to learning disabled adults and children who have experienced any form of crime or abuse, to their families and carers. To work with and through other agencies to promote best practice.
Ann Craft Trust	Centre for Social Work, Law and Social Sciences Building University of Nottingham University Park Nottingham NG7 2RD Telephone: 0115 9515400 www.nottingham.ac.uk/sociolo /act	National association working with staff in the statutory, independent and voluntary sectors in the interests of learning disabled people who may be at risk from abuse. Information, advice, support and training.
Respond	3r° Floor 24-32 Stephenson Way London NW1 2HD Help line: 0845 606 1503 www.res ond.or .uk	Range of services to victims and perpetrators of sexual abuse who are learning disabled. Training and support to those working with them.

Triangle	Unit 310 91 Western Road Brighton East Sussex BN1 2NW Telephone: 01273 241015 www.triangle services.co.uk	Training, consultancy and services for disabled children and young people. Particular focus on communication and children's rights.

Appendix 12: Sources of Support For Staff & Volunteers

The following organisations may provide help and advice for adults, some services are for adults who are either feeling stressed as a result of working with child abuse and other services are for adults who have experienced child abuse.

The NSPCC Child Protection Helpline

(24-hour free service that will give advice and information)

0808 800 5000

http://www.nspcc.org.uk/inform **NSPCC inform** *the online child protection resource.* This site was developed specifically to share information with UK professionals, practitioners, trainers and researchers working to protect children.

Action against Child Sexual Abuse

020 836 593 82

The Women's Therapy Centre

0191 263 6200

Local Social Services Dept.

Local Sources of Support

useful numbers

- **NSPCC National Helpline**
  Tel: (0808) 8005000

  If a member of the public considers that there is an emergency situation, they should dial 999 for the Police.

Appendix 13: significant events record

Child's surname: …… DOB: ……

Forename: ……..NHS No: ……

Significant event known to Nurse at Zoë's Place Hospice

No	Date	Event and outcome	Print name and designation
1			
2			
3			
4			
	Supervision date	**Action agreed**	**Print name and designation**
No	**Date**	**Event and outcome**	**Print name and designation**
1			
2			
3			
4			
	Supervision date	**Action agreed**	**Print name and designation**

A significant event can be:

Failure to attend hospice without any former notice or explanation
Concern about the child's hygiene/presentation on arrival or at family events
Concern that parent/carer under the influence of alcohol/drugs
Any concerns about medication, i.e. medication not provided or watered down
Concern about parent/guardians health
Any information brought to our attention by SSD
Parents more than an hour late to collect child without any former warning
Parent failing to collect their child

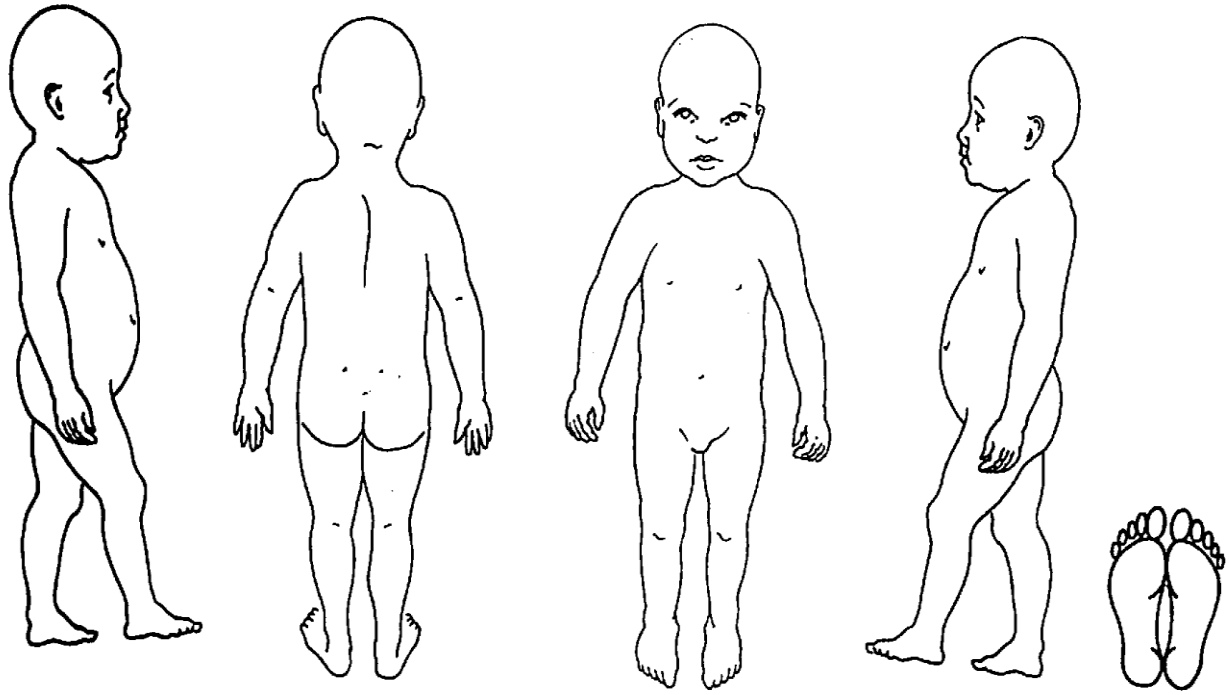
<u>This list is not exhaustive – please ask head of Care/deputy if you have an issue which you belive warrants being recorded as a significant event.</u>

<u>Protocol for using this significant event record</u>

Document any significant event on the form.
<u>Once 4 significant events have been recorded then advice and guidance needs to be obtained from Head of Care/Deputy/team leader.</u>
If the concerns/trigger occur out of normal working hours then the nurse in charge must assess whether the concerns warrant a referral to children social care. This will only be required if the child is considered to be at immediate risk of harm.
Advice and guidance can be sought from the safeguarding supervision sessions and/or the safeguarding team at JCUH.
Document the information/advice that was given from the supervision on the form.
A copy of this record sheet must be kept in the child's records in the communication sheet section.

Appendix 14: Body Map form

Childs name: **DOB:**



Date	Comment	Sign

Name:……date…… Signature……..