The Hospice of St Francis Safeguarding Children Policy and Procedure		
Approved by:	**People and Governance Committee**	
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The Hospice of St Francis Policy Statement

The abuse of individuals is completely unacceptable. The Hospice's first priority is the safety and protection of individuals in their care. The Hospice will act in a way that supports a person's right to self-determination and choice, including the choice to accept a degree of risk in personal safety matters, taking into account his/her capacity to make this decision. It will work with other agencies in accordance with the Buckinghamshire and Hertfordshire Safeguarding Boards inter-agency procedures:

http://www.hertsdirect.org/services/healthsoc/childfam/childprotection/
https://www.buckssafeguarding.org.uk/childrenpartnership/

This policy and the accompanying procedure ensures that children receive support within appropriate professional boundaries from staff and volunteers who work within an organisation with a positive attitude towards prevention, detection and management of abuse.
All staff,volunteers, trustees and co-opted members of board committees have a responsibility to act in a timely manner on any concern or suspicion that a child is at risk of being abused.

The Safeguarding Procedure Flowchart is displayed in the

In Patient Unit, the Clinical Offices and in the Spring Centre. It can also be found electronically:

https://www.vantage-modules.co.uk/STFRANCISHOSPICE/Secure/Home

Principles of Child Protection

The welfare children in our care is paramount, and safeguarding them from harm is an integral aspect of their care and support. The protection of children requires close cooperation between professionals who have a duty to work in partnership and to assist the lead agencies by the provision of appropriate information, knowledge and support.

The lead agencies with statutory responsibility for the protection of children are Social Services and the Police. The local safeguarding children boards alongside the Care Quality Commission (CQC) support them. The abuse of children may take place in any environment and may be inclusive or exclusive, that is, it may involve something that is done to a person, or an act that is committed or omitted.

Children from all backgrounds, of all ages and of all abilities are abused, and the abuser may be known to them or be a stranger.

Social Services has a duty to investigate all referrals of a safeguarding nature. In relation to children this would be undertaken in accordance with The Children Act 1989 [section 47] and The Children Act 2004. The local Social Services department has the main responsibility to do this, but with the full cooperation of other agencies, both statutory and voluntary.

The Hospice of St Francis's Related Policies for both Herts and Bucks Children:

- Safeguarding Adults and Children's Procedure Flowchart - C061a
- Safeguarding Adults Policy and Procedure –C061
- Safeguarding Children Policy and Procedure – C062
- Mental Capacity policy and procedure – C095
- VTR [Vulnerability To Radicalisation] HoSF information sheet – C128
- Incident Reporting policy - C099
- HOSF Guidance for Reporting Incidents to External Agencies - C117
- Risk Assessment policy and procedure - HS220
- Employees' Handbook - HR001
- Volunteers Handbook – HRV010

- Freedom to Speak Up Policy and Procedure – GOV003
- Complaints Policy and Procedure – C060
- Health and Safety Policy – HS221
- Lone Working Policy – HS213
- Disclosure and Barring Service [DBS] Policy and procedures – HRV023
- Information Security Policy – T919

Responsibility/Accountability

Ultimate responsibility:
Board of Trustees delegated to the CEO
Senior responsibility:
Director of Integrated Governance, Wellbeing & Family Support
Director of Care and Contracts
Named People:
Director of Integrated Governance and Family Support
Social Work team
Director of Care & Contracts

Governance

The Hospice of St Francis will ensure that all aspects relating to the Safeguarding Policy and Procedure, including audit, training, adherence to the correct procedure and documentation is monitored and reported to the appropriate groups and committees.

- The Policy will be agreed by Clinical Leadership Team, Executive Team, Clinical Governance Committee and Board of Trustees.
- There will be annual audit and review of safeguarding activity, which will be reported to the Board.
- There will be an accurate record of all safeguarding concerns
- There will be an accurate record of all safeguarding concerns escalated to Social Services, police and any other appropriate agencies.
- Safeguarding activity is a standing agenda item at the; Clinical Reference meeting, Clinical Governance Committee meeting and all Board meetings.
- An annual report on safeguarding demonstrates how the Hospice has ensured its Safeguarding Strategy is implemented throughout the Organisation.
- The Policy and Procedure will be reviewed annually in line with Charity Commission guidance and as required when legislation changes.
- The Hospice has a Safeguarding Trustee
- The Hospice has a Caldicott Guardian

- The Hospice has a registered manager for all regulated activities as defined by The Care Act 2014
- Information regarding the Hospice Safeguarding Leads & Safeguarding Trustee can be found clearly displayed throughout the Hospice and on our website. https://www.stfrancis.org.uk/

Scope

This policy applies to all The Hospice of St Francis operations, and any individuals that are involved in these operations, be they staff, volunteers, patients, relatives or carers.

Staff & Volunteer Selection

Abuse of adults at risk and children may take place in any environment. All staff and volunteers having contact with adults at risk and children in the course of their work/volunteering at the Hospice must have Disclosures, Barring Service (DBS) check at the point of recruitment, and two references from former employers need to be sought for further information on their character and previous work. All staff will have a formal interview, which will further assess their suitability for working within a hospice service. All potential volunteers will have an interview with the Voluntary Service Lead and the Team lead for the area they will be volunteering in. Staff and Volunteer supervision is provided and reviewed on a regular basis in the form of an annual performance review process including appraisals for staff members and annual reviews for volunteers. In line with the DBS policy HRV023 additional DBS checks are completed during employment/volunteering at the Hospice and every staff member and volunteer is asked whether they have any new disclosures at the annual review.

Training

All staff and volunteers working with Adults and/ or Children must be aware that abuse in all its forms exists, and must be ready to become involved in the protection of adults at risk and children by acting on any concerns they may have. In order to ensure that staff and volunteers have sufficient awareness in all aspects of safeguarding, the Hospice will provide staff and volunteer support, information and training. Through this learning, staff and volunteers will have the knowledge necessary to identify potential vulnerabilities and risks of harm; and will gain an understanding of how to implement safeguarding procedures. Training will commence during the induction of new members of staff and volunteers and will be updated on specific staff and volunteers training days. All members of staff and

volunteers are trained in the detection of abuse as part of the mandatory training programme:

In line with**:** *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: [The Intercollegiate Document January 2019.]*

Revised Feb 2022

Level 1: All staff including non-clinical managers and staff working in healthcare services

Level 2: Minimum level required for non-clinical and clinical staff who, within their role, have contact (however small) with children and young people, parents/carers or adults who may pose a risk to children.

Level 3: All clinical staff working with children, young people and/or their parents/ carers and/or any adult who could pose a risk to children.

Staff who could potentially contribute to assessing, planning, intervening and/ or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not).

Level 4: Named safeguarding professionals.

Core Competencies:

Level 1

Able to recognise possible signs of child maltreatment, related to their role.

Able to identify (as appropriate to role) when a child has not been brought to an appointment or when a parent/carer doesn't attend an appointment or makes and then cancels appointments repeatedly (either for themselves or their child). Is then able to report this to the appropriate person/s in their organisation to take action if necessary.

Able to seek appropriate advice and report concerns, and escalate if needed and to feel confident that they have been listened to.

Level 2

Able to document safeguarding/child protection concerns, and maintain appropriate record keeping, differentiating between fact and opinion

Able to share appropriate and relevant information between teams – in writing, by telephone, electronically, and in person.

Able to, where relevant to role, document and code appropriately when a child is not brought to a health appointment using the term 'was not brought' or similar rather than DNA (Did Not Attend) (where code available).

Able to identify repeated patterns of a child not attending appointments or parents/carers not attending appointments.

Able to identify where further support is needed, when to take action, and when to refer to managers, supervisors or other relevant professionals, including referral to early help and social services.

Able to escalate concerns appropriately and challenge other professionals should they feel their concerns are not being taken seriously.

Level 3

Able to act proactively to reduce the risk of child/young person maltreatment occurring.

Able to contribute to, and make considered judgements about how to act to safeguard/ protect a child or young person, with emphasis on a multidisciplinary approach.

Able to ensure that the voice and needs of children are central to clinical practice.

Able to communicate effectively with children and young people, ensuring that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability.

Able to work with children, young people and families where there are child protection concerns as part of the multidisciplinary team and with other disciplines, such as specifically skilled in such report writing, and seeks appropriate guidance.

Able to identify (as appropriate to specialty) associated medical conditions, mental health problems and other co-morbidities in children or young people which may increase the risk of maltreatment, and able to take appropriate action. •

Able to give effective feedback to colleagues.

Able to provide clinical support and supervision to junior colleagues and peers.

Able to challenge other professionals when required and provide supporting evidence. •

Able to contribute to inter-agency assessments and to undertake an assessment of risk when required for role.

Able to participate and chair peer review and multidisciplinary meetings as required, and according to role.

Able to apply lessons from serious case reviews/case management reviews/ significant case reviews.

Able to contribute to risk assessments as appropriate to role, including being able to carry out a risk assessment when a child is not brought to an appointment, taking into account patterns of missed appointments, siblings who may be missing appointments, previous/current safeguarding concerns, parental/carer factors such as mental/ physical health, domestic abuse or alcohol/ substance misuse. Or those who are receiving 'early help' support and 'no access home visits'.

Knowledge and awareness as appropriate to role of the importance of perinatal mental health and the potential negative life-long consequences for children if maternal and paternal mental health problems go untreated in the perinatal period.

Understand, and where required, contributes to processes for auditing the effectiveness and quality of services for safeguarding/child protection, including audits against national guidelines.

Knowledge and understanding of relevant national and international policies and the implications for practice appropriate to role.

Knowledge and understanding (as appropriate to role) of how to manage allegations of child abuse perpetrated by professionals, including escalation and seeking help.

Level 4:

Contributes as a member of the safeguarding team 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.

Works with the safeguarding/child protection team and partners in other agencies to conduct safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered.

Undertakes and contributes to serious case reviews/case management reviews/ significant case reviews (in Wales child practice reviews)/domestic homicide reviews which include children individual management reviews/individual agency reviews/internal management reviews, and child death reviews where requested, and undertakes chronologies, and the development of action plans using a root cause analysis approach where appropriate or other locally approved methodologies.

Co-ordinates and contributes to implementation of action plans and the learning following the above reviews with the safeguarding/child protection team.

Works effectively with colleagues from other organisations, providing advice as appropriate.

Provides advice and information about safeguarding/child protection to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers.

In this document, as in The Children's Act 1989 and 2004, a child is 'anyone under the age of eighteen'.

CHILDREN

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely a stranger. They may be abused by an adult or adults, or another child or children. Specifically with regard to children with disabilities, these children are a group that are vulnerable to abuse, but historically any abuse suffered may have been ignored or trivialised. A child may not be able to communicate what has happened, or may not appear to understand the abuse, but all abuse is misuse of power and a betrayal of trust and is therefore damaging to the person who is victimised. The following categories of abuse are not mutually exclusive; children may be subject to more than one form of abuse.

Definitions

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, female genital mutilation (FGM) 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.

NB: in the case of FGM there are additional reporting requirements, please see reference list.

Neglect

Neglect is the persistent failure to meet the 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).Failing to protect a child from physical and emotional harm or danger. Failing to ensure adequate supervision (including the use of adequate caregivers). Failing to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Child sexual exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. When a child or young person is exploited, they are given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing they are in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they are being abused.

Child Trafficking

Trafficking is where children and young people tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. Children are trafficked for: sexual exploitation, benefit fraud, forced marriage, domestic slavery like cleaning, cooking and childcare, forced labour in factories or agriculture, committing crimes, like begging, theft, working on cannabis farms or moving drugs. Trafficked children experience many types of abuse and neglect. Traffickers use physical, sexual and emotional abuse as a form of control. Children and young people are also likely to be physically and emotionally neglected and may be sexually exploited.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe 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 feature age or developmentally inappropriate expectations being imposed on children. These 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, 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 ill treatment of a child, though it may occur alone.

Bullying and cyberbullying

Bullying is behaviour that hurts someone else. It includes name-calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It is usually repeated over a long period and can hurt a child both physically and emotionally. Cyberbullying is bullying that takes place online. Unlike bullying offline, online bullying can follow the child wherever they go, via social networks, gaming and mobile phone.

Criminal exploitation and gangs

Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes. The word ‘gang’ means different things in different contexts, the government in their paper ‘Safeguarding children and young people who may be affected by gang activity’ distinguishes between peer groups, street gangs and organised criminal gangs. **Peer group** ‘’A relatively small and transient social grouping which may or may not describe themselves as a gang depending on the context’’. **Street gang** “Groups of young people who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity. **“Organised criminal gangs** a group of individuals for whom involvement in crime is for personal gain (financial or otherwise). For most crime is their 'occupation. It is not illegal for a young person to be in a gang – there are different types of ‘gang’ and not every ‘gang’ is criminal or dangerous. However, gang membership can be linked to illegal activity, particularly organised criminal gangs involved in trafficking, drug dealing and violent crime.

Domestic abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse. It's important to remember domestic abuse can happen inside and outside the home, can happen over the phone, on the internet and on social networking sites, can happen in any relationship and can continue even after the relationship has ended, both men and women can be abused or abusers.

Grooming

Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them Children and young people who are groomed can be sexually abused, exploited or trafficked. Anybody can be a groomer, no matter their age, gender or race. Grooming can take place over a short or long period of time – from weeks to years. Groomers may also build a relationship with the young person's family or friends to make them seem trustworthy or authoritative.

Non-recent abuse

Non-recent child abuse, sometimes called historical abuse, is when an adult was abused as a child or young person under the age of 18. Sometimes adults who were abused in childhood blame themselves or are made to feel it is their fault. However, this is never the case: there is no excuse for abuse. A person might have been abused for a very long or only recently learnt or understood what happened to them. Whether the abuse happened once or hundreds of times, a year or 70 years ago, whatever the circumstances, there's support to help you. It is never too late.

Online abuse

Online abuse is any type of abuse that happens on the internet. It can happen across any device that is connected to the web, like computers, tablets and mobile phones. In addition, it can happen anywhere online, including social media, text messages and messaging apps, emails, online chats, online gaming, and live-streaming sites.

Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse, which is taking place offline, like bullying or grooming. Alternatively, the abuse might only happen online.

Children: Compliance with Statutory Requirements and guidance:

- The Children's Act 1989
- The Children's Act 2004
- The Children and Social Work Act 2017
- Safeguarding children and young people : roles and competencies for health Care Staff [The Intercollegiate Document 2019]
- National Society for the Prevention of Cruelty to Children, *Every child is worth fighting for.*[2015]
- Multi-Agency Protocols for Safeguarding children and adults in Herts and Bucks
- Female Genital Mutilation Risk and Safeguarding: Guidance for professions (2015)
- Section 5B (11) of the Female Genital Mutilation Act (2003) as inserted by section 74 of the Serious Crime Act 2015)

- Working Together to Safeguard Children, Department of Health 2018
- Female Genital Mutilation Risk and Safeguarding: Guidance for professions (2015)
- United Nations Convention on the Rights of the Child 1989
- The Health and Social Care Act 2008
- The Care Act 2014
- Safeguarding Accountability and Assurance Framework [2019]

- https://www.gov.uk/government/publications/child-safety-online-a-practical-guide-for-parents-and-carers/child-safety-online-a-practical-guide-for-parents-and-carers-whose-children-are-using-social-media#
- https://www.nspcc.org.uk/keeping-children-safe/online-safety/
- https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse

Safeguarding Procedure Children

Aim and Scope of Procedure

This procedure clearly sets out the responsibilities and actions that must be taken whenever a concern or allegation about actual or potential abuse of a child is reported. By following this procedure, staff and volunteers will resolve safeguarding issues in a way that maximises the welfare and safety of service users, and will fulfil all duties within the limits of their own professional responsibilities.

The Safeguarding Procedure Flowchart is displayed in the In-patient Unit main office, the senior nurses office, Spring Centre [outpatient department and in the Clinical Office upstairs.

It can be found electronically:

https://www.vantage-modules.co.uk/STFRANCISHOSPICE/Secure/Home

Responsibility/Accountability

All staff/ volunteers

- To be aware of and have an understanding of the 'Safeguarding Procedure Flowchart'
- To complete mandatory safeguarding training as required
- To raise any concerns with a Named Person/ line manager within the time-scales specified on the Safeguarding Procedure Flowchart.
- To complete a Hospice of St Francis Concern Form (Appendix 1) and when appropriate complete the Herts/ Bucks safeguarding reporting form (Appendix 2)
- To give 'Concern Form' to one of named people within time- scales specified on the Safeguarding Procedure Flowchart.

Named People:

- To ensure that Concern Forms are completed in a timely manner, and are distributed as per the Safeguarding Procedure Flowchart.
- At least two of the named people to consult re concern/ info and agree actions within 24 hrs.
- If Urgent to follow pathway for immediate action as outlined in the flow chart
- To inform the relevant social services department /Police by telephone of a concern reported at the Hospice of St Francis and follow up with sending the required information/ report via confidential email.
- To gain updates on reported concerns from Social Services within one week of their taking action.
- To feedback the eventual outcomes of a concern to the practitioner/volunteer who first reported it if appropriate
- To attend safeguarding conferences as requested
- To provide police with all information requested

Director of Integrated Governance , Wellbeing and Family Support.

- To ensure that all staff and volunteers are aware of and have an understanding of the Safeguarding Policy and Procedure, including detailed knowledge of the Safeguarding Procedure Flowchart.
- To ensure that staff and volunteers receive the appropriate internal or external safeguarding training relevant to their role.
- To be available for staff and volunteers support so that staff and volunteers can speak in confidence with regard to safeguarding matters.
- To ensure that team members are aware of the Freedom to Speak Up policy guidelines and are aware of how to follow the identifies procedures, including how to contact the Freedom to Speak up Guardian and/or Freedom to speak Up Ambassadors.
- To ensure safeguarding incidents are reported and monitored by The Board, Clinical Governance Committee and Clinical Reference Group.
- To promote a 'no blame' culture of openness and transparency where staff and volunteers feel able to express concerns without fear of reprisals.

Ensure that any lessons learnt from safeguarding incidents are implemented.

Dealing with Allegations

Allegations made by children

If a child discloses an allegation of abuse to any member of the Hospice team, the following principles should be followed:

• The child is listened to, but not directly questioned. It is important to let the child tell their story.

• Do not prevent a child who wants to talk about what has happened from doing so.

• Note the time, setting and details about what was said as well as any other people who witnessed the incident or the allegation.

• Continue to record subsequent events.

• Reassure the child that they were right in telling you.

• It must be made clear to a child that if they disclose something that involves a risk to themselves or another child that this information has to be passed on. Following a disclosure immediate reference to the flowchart is required.

• Ensure at all times that communication with the child is carried out in a manner that is conducive to their understanding.

Reporting Suspected Incidents and Dealing with Concerns

Any marks or bruising noted on a patient/ child whether sustained or merely observed in the Hospice, should be described in detail and recorded on the Cause for Concern Form (Appendix 1), including a body chart. An Incident Form should also be completed (see HOSF Incident Reporting Policy)

Injuries would be suspected of being non-accidental if they were on a part of the person's body not usually associated with accidental injury, or were unusually symmetrical or otherwise suggested that an attack had occurred. Examples might include prints on someone's body; bite marks, small round bruises in a line, which may indicate grabbing, burns, etc.

As a result of the Concern Form being raised, an internal safeguarding meeting must be held with at least 2 of the Named People. According to the Safeguarding Procedure Flowchart there are two possible outcomes (see Appendix 1):

1) Take no further action

Although the Hospice named safeguarding leads will need to check that the affected individual has appropriate support services in place in the community.

2) Take action:

a) Gather further information

The Named Safeguarding Leads may decide that this is necessary and that an appropriate team member needs to speak to the child with their parent or carer/ the patient and the next-of-kin or relative in adult cases. This should only take place if it will not place the patient /child at any greater risk. The purpose of this will be to clarify the background context of any apparent harm or abuse. Based on the information gathered, there will either be:

I] Significant concerns of immediate health, safety and welfare risks to the patient/ child concerned. Therefore, immediate contact must be made to the emergency services [999] and then urgent contact with Hospice named safeguarding leads as outlined in the safeguarding procedure flowchart.

ii) Substantial concern with no apparent immediate risk. Therefore, Hospice named safeguarding leads to make a safeguarding referral to the local authority if required using Herts/ Bucks forms (Appendix 2)

Reporting Incidents Out-of-Hours

Any potential, urgent safeguarding issues arising out-of-hours (i.e. any time outside 09:00-17:00 Monday to Friday, including bank holidays), whether they be on the in-patient unit, Spring Centre or in the community, must be brought to the attention of one of the named people who will decide on appropriate action to be taken immediately (see flow chart Appendix 1 for OOH contact numbers)

Accusations against the Hospice

If a family member or carer makes an allegation that, an injury has been sustained by a patient / child non-accidentally in the Hospice, contact Director of Care or CEO and follow the Hospice Complaints Policy initially until further direction has been given. The safety and well-being of the vulnerable child/adult are the main consideration

Dealing with Concerns about Colleagues

Staff and volunteers at The Hospice of St Francis have a joint responsibility to monitor each other to ensure that all of the patients/ children who use the service are safe and well cared for. If there is concern that a patient/ child is at risk of any form of abuse due to the behaviour, attitudes, or actions of a member of staff or volunteer, then these concerns must be raised immediately with the Freedom to speak Up Guardian, in Line with the Freedom to speak Up Policy. This may result in the immediate suspension or removal of the alleged perpetrator. The patient/child and their family/carers should be informed of any actions taken as soon as possible. Following the initial management response, and any further subsequent enquiries being made, confidentiality should be maintained so that details of the allegations are not widely discussed within the care team. Managerial focus should be on the nature of the incident/injury and on the risk of further abuse. The safety and well-being of the child/adult is the main consideration.

If it becomes apparent that formal disciplinary action may be needed then this should be dealt with at a formal meeting as detailed in the disciplinary procedure.

Internal disciplinary measures will be taken by the management team against the staff member(s) involved if they are found by the disciplinary panel to have committed abuse. Disciplinary measures may be used even if Social Services decide not to investigate, or following on from an investigation, the police decide not to prosecute.

Concerns raised about colleagues must be recorded on the Concerns Form, but kept separately by the named person/Director of Care.

Concerns arising during a Community Visit

If, when visiting a patient/child in the community, a practitioner/volunteer witnesses actual harm or potential for immediate significant harm to the patient or a family member, immediate action must be taken in line with the Safeguarding Procedure Flowchart

Any practitioner/volunteer who believes they are in personal danger at any time during a community visit must leave the threatening environment at the earliest opportunity (See Lone Worker Policy HS213 re risk assessments and use of lone worker fobs)

Contact numbers for all local children's / adults social services departments, including out-of-hours numbers, can be found in the Safeguarding Procedure Flowchart :

https://www.vantage-modules.co.uk/STFRANCISHOSPICE/Secure/Home

Appendix 1

Concerns Form

This form needs to be completed and actioned in accordance with the Hospice of St Francis' Safeguarding Procedure Flowchart. Copies of this form can be found in the documents folder on the pdrive.

Name of person concerned:
Date of Birth:
NHS Number (if available):

Home Address: Postcode:	Others living at this address (Inc. children):

G.P:
Next-of-kin/Persons with Parental Responsibility:
If the patient/ child is over the age of 16, is it considered possible that they may lack capacity to make decisions in their own best interests with regard to these specific concerns? Yes ☐ No ☐ *If yes, please give details:*
Does the patient/ child have any communication needs? Yes ☐ No ☐ *If yes, please give details:*

Appendix 2 Details of concerns (Inc. dates, times, etc.):
Details of any immediate actions already taken regarding these concerns: Please complete body chart below if applicable

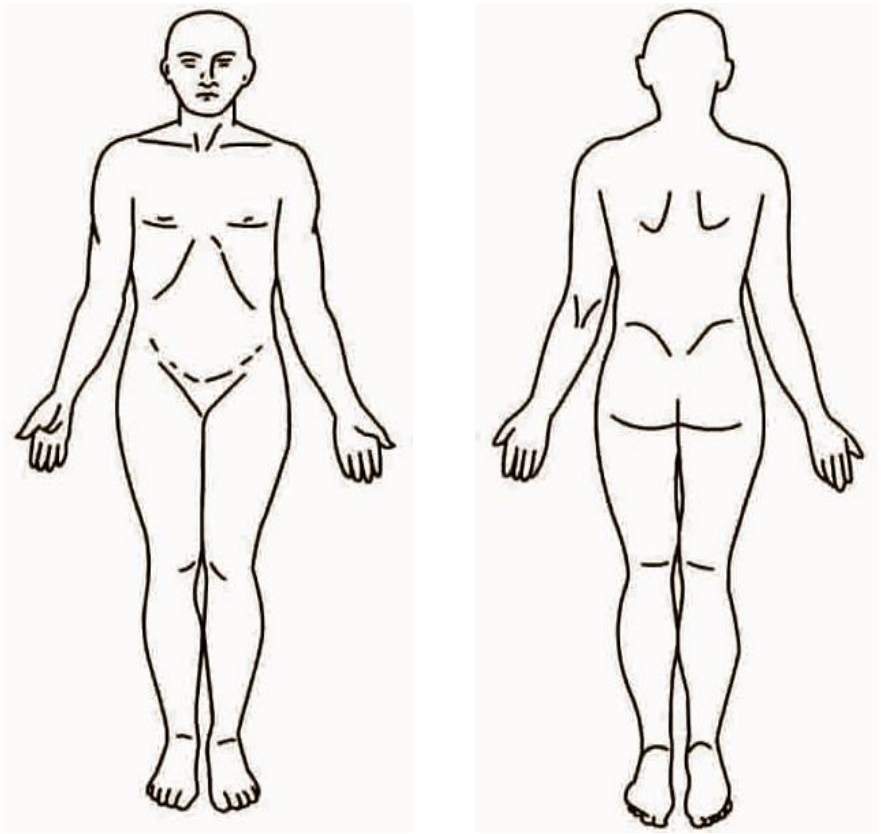
Have you raised these concerns with your line manager Yes ☐ No ☐
Or HoSF Safeguarding Leads? When was this? Date: Time:

Have you consulted records as per the safeguarding procedures flowchart?
Yes ☐ No ☐

Date:	Time:
Signed:	Print Name:
Designation:	
Date:	Time:

Once completed please forward this form to the Named people/ Director of Clinical Care and Research

Body map to be included here [see example one below]



Appendix 2 - Herts/ Bucks escalated safeguarding referrals go to:

-Herts Child referrals:

Call 0300 1234043 [24 hr]. Read below link that advises what information will be required over the phone.

-Herts Adult referrals:

Call 0300 1234043 [24 hr].

Information required can be emailed from Hospice NHS email to:

ACSSafeguardingWest@hertfordshire.gov.uk

-Bucks Child Referrals:

1. Contact First Response Team immediately on 01296 383 962 between 9am to 5pm Monday to Friday. If outside of these hours, contact the Emergency Duty Team (EDT) on 0800 999 7677 or email from Hospice NHS email to: secure-cypfirstresponse@buckinghamshire.gov.uk
2. complete a Multi-Agency Referral Form (MARF) [link below]

   https://account.buckscc.gov.uk/AchieveForms/?mode=fill&consentMessage=yes&form_uri=sandbox-publish://AF-Process-a9e1300e-87be-41fa-93f2-087e871cb150/AF-Stage-3890f7ae-3141-4b32-ba9b-7412bfcb261e/definition.json&process=1&process_uri=sandbox-processes://AF-Process-a9e1300e-87be-41fa-93f2-087e871cb150&process_id=AF-Process-a9e1300e-87be-41fa-93f2-087e871cb150

THE HOSPICE OF ST. FRANCIS, BERKHAMSTED

Equality Impact Assessment

Name of Policy: Safeguarding Children Policy and Procedure

Does this policy / procedure affect one group less or more favourably than another on the basis of:

	Y/N	Comment
Race	N	
Ethnic origins (including gypsies and travellers)	N	
Nationality	N	
Culture	N	
Religion or belief	N	
Sexual orientation including lesbian, gay and bisexual people	N	
Age	N	
Disability - learning disabilities, physical disability, sensory impairment and mental health problems	N	
Marriage & Civil partnership	N	
Pregnancy & maternity	N	
If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
Is the impact of the policy/guidance likely to be negative?		
If so can the impact be avoided?		
What alternatives are there to achieving the policy/guidance without the impact?		
Can we reduce the impact by taking different action?		

Date agreed by Director of Care: 26.10.15