



Farleigh Hospice

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Details of compliance to Legislation/Standards/Regulatory requirements

Legislative/Statutory/Regulatory Body	Applicable Legislation/Standard/Requirement
CQC	9 - Person Centred Care
CQC	10 - Dignity & Respect
CQC	11 - Consent
CQC	12 - Safe Care & Treatment
CQC	13 - Safeguarding
CQC	17 - Good Governance
CQC	19 – Fit and Proper Person Employed
CQC	20 - Duty of Candour
	Prevent Strategy 2011
	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
	The Children Act (1989/2004)

The historical record of policy updates/changes and version history are maintained on Vantage.

1 Introduction

This policy must be used in conjunction with the protocols and process guides held on the intranet in the Safeguarding Tile. The Safeguarding Tile holds the details of the Safeguarding Team and who currently occupies the roles mentioned in this policy.

Farleigh Hospice is committed to promoting the health and welfare of all individuals who use our service, are employed by us and volunteer for us. Many children receiving support through Farleigh Hospice can be regarded as an adult at risk on account of their physical, emotional or social circumstances.

All staff and volunteers have a responsibility, both to ensure that such individuals are protected from abuse and potential harm, and to ensure that all concerns and allegations are reported to Essex Safeguarding Children Board appropriately. Support from a manager or a member of the Safeguarding Team can be requested to complete this. This policy focuses on adult abuse, how to recognise it, minimise the risk of it happening, and how to respond when suspicions arise and disclosures are made.

Farleigh Hospice is dedicated to safeguarding children from abuse, as part of our broader commitment to nurturing and supporting the children we serve. This policy outlines our approach to preventing child abuse, minimizing its risk, and responding appropriately to any suspicions.

Additionally, Farleigh Hospice adheres to the principles outlined in the 'Prevent' strategy and 'Prevent Guidance.' Prevent is one of the four components of CONTEST, the Government's counter-terrorism strategy.

2 Definitions

Child

According to the Children Act 1989, a child is a person under the age of 18

To achieve this Farleigh Hospice will provide:

- Guidance will be provided by the Child Safeguarding Lead, the Prevent Lead (Adult Safeguarding Lead) and those working with children and young people (Yo-Yo Project). The Safeguarding Tile on the Intranet holds the details of the safeguarding team and who currently occupies the roles mentioned in this policy. Posters with this information are also displayed around hospice premises.
- Training and Information: Staff receive training and information on recognising signs of possible child abuse and responding appropriately to its discovery or disclosure.
- Procedures for Suspected or Disclosed Abuse: Clear procedures are in place for situations where abuse is suspected or has been disclosed.
- Appointment Procedures: Procedures are followed when appointing individuals to work with children.

- Preventing Access to Known Abusers: We seek to prevent known abusers from gaining access to children at risk through disclosure and barring service checks. For full guidance on safer recruitment, visit www.escb.co.uk.
- Ongoing Support and Training: Continuous support and training are provided for those working with children and young people.
- Support for Vulnerable Individuals: Support is provided for all individuals referred to Farleigh Hospice, classified as vulnerable under this policy. This includes the use of chaperones during procedures and examinations when required or requested.
- Prevent Strategy Support: In line with the Prevent Strategy, we aim to prevent vulnerable individuals from being radicalized.

3 Scope

While it is not Farleigh's role or responsibility to investigate allegations of harm or risk of harm, it is the duty of all staff to adhere to Farleigh's safeguarding policies for both adults and children.

- Safeguarding is the responsibility of everyone, as mandated by the Children Act 1989, the Children Act 2004, and the Children and Social Work Act 2017.
- The welfare of the child is paramount and takes precedence over all other considerations (The Children Act 1989).
- Every child, without exception, is entitled to protection from abuse, in accordance with Article 19 of the United Nations Convention on the Rights of the Child (UNCRC).
- All Farleigh Hospice trustees, staff, and volunteers have a duty to recognise abuse, take action to protect children from abuse and neglect, and report concerns.
- Children, young people, parents, and carers will be informed of the child safeguarding policies and procedures and will have access to them.
- The most effective way to address abuse is through collaborative efforts among agencies. Farleigh Hospice will always seek to work closely with other relevant agencies in the best interests of children and young people.
- The safeguarding team will oversee this policy and its implementation. Other teams, such as the Strategic Safeguarding Group and the Clinical Quality Group, will contribute to safeguarding practices. The Strategic Safeguarding Group will meet to review training compliance, needs, and professional requirements. They will also review and update practices, service needs, and policy and procedure amendments. Updates will be communicated to staff via newsletters, intranet announcements, email, and other appropriate means to raise staff and volunteer awareness.
- Feedback regarding practice reviews or incidents that support good learning and improved practice will be disseminated by the team or a Senior Manager. Audits and other compliance checks will be conducted by the safeguarding team.

4 Roles and responsibilities

Farleigh Hospice Child Safeguarding Lead

The Child Safeguarding Lead provides advice and support to staff with concerns regarding child safeguarding issues. Details of the safeguarding team and current role occupants are available in the Safeguarding Tile on the Intranet. This information is also displayed on posters around the hospice premises.

If necessary, the Child Safeguarding Lead will advise staff to raise a safeguarding alert, following the protocols and procedures outlined in the Safeguarding Tile on the Intranet. They will collaborate with the Prevent Lead on matters related to children, supporting the principles and guidance of the Prevent strategy. The Child Safeguarding Lead may also act as the Child Exploitation Lead or delegate this role, ensuring oversight.

Guidance and support can also be obtained from Yo-Yo Project staff, who work directly with children and young people.

To speak to any member of the safeguarding team for support or email safeguardingteam@farleighhospice.org for help.

5 BODY OF POLICY OR PROCEDURE

Legal framework

The Children Act (1989 and 2004) establishes the legal framework that defines the circumstances under which the Local Authority has a duty to determine the appropriate actions, if any, to safeguard or promote a child's welfare.

The Mental Capacity Act 2005 applies to those aged 16 and over. Mental capacity is presumed unless it is proven otherwise. Mental capacity is present if a person can understand information given, retain the information long enough to make a decision, weigh up the advantages and disadvantages of the proposed course of treatment in order to make a decision, and can communicate their decision.

The Children and Social Work Act 2017 sets out the requirements for local arrangements for safeguarding and promoting the welfare of children, along with establishing a national Child Safeguarding Practice Review Panel and requirements for Child Death reviews.

This policy reflects current legislation, government guidance and accepted best practice. It is informed by, and should be read in conjunction with:

- Southend, Essex & Thurrock (SET) Child Protection Procedures see www.escb.co.uk
- HM Gov Working Together to Safeguard Children (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

The Human Rights Act (1998) applies to both children and adults, ensuring their protection and granting them the right to appeal to the European Court of Human Rights. Article 3 states: "No one shall be subjected to torture, or to inhuman or degrading treatment or punishment." Unlike Article 8 (the right to respect for your private and family life), this is an absolute right, making inhuman or degrading treatment unlawful under any circumstances.

Welfare of the child or young person

The welfare of a child or young person under the age of 18 must always be the paramount consideration for any agency working with children and young people. The local authority is obligated to make any necessary enquiries where there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm' (Children Act 1989, s.47).

Young People aged 16 and 17 are presumed in UK law, like adults, to have the capacity to consent to medical treatment. They can also take medical decisions independently of their parents, including admission to a hospital or hospice. However, unlike adults, their refusal of treatment can, in some exceptional circumstances, be overridden by a parent, someone with parental responsibility or a court.

These exceptional circumstances would include those where refusal would lead to death, severe permanent injury or irreversible physical or mental harm. The paramount duty is to act in the best interests of the child/young person.

The Department of Health recommends that it is good practice to encourage those aged 16 and 17 to involve their families in decisions about their care, unless it would not be in the interests of that child or young person to do so. If there are reasons to believe that a patient aged 16 or 17 lacks capacity, an assessment of their capacity to consent should be conducted and recorded in their notes.

The capacity of a young person aged 16 or 17 to consent is assessed in accordance with the Mental Capacity Act 2005, while the test for children under 16 is determined by considering whether they are 'Gillick competent'. Practitioners with expertise in working with children and young people should be consulted in relation to these assessments. The Deprivation of Liberty Safeguards (DoLS) within the Mental Capacity Act 2005 do not apply to under 18s (although the incoming Liberty Protection Safeguards will apply to 16- and 17-year-olds).

Gillick competence and Fraser guidelines

Gillick competence and Fraser guidelines should be considered when working with children and young people in assessing their ability to participate in activities or medical interventions

In under 16's the Mental Capacity Act does not apply. Instead, a child needs to be assessed whether they have enough understanding to make up their own mind about the benefits and risks of treatment or care; this is termed 'Gillick Competence'. A child under 16 must pass the so-called 'Gillick Test' to be considered 'Gillick competent' to consent to a medical treatment or intervention. The 'Gillick Test' for each individual decision around each proposed intervention should determine that the child understands what is involved in a particular treatment, including its purpose, nature, likely effects and risks, chances of success and the availability of other options. A 'Gillick-competent' child can give consent if that consent is given freely and not under undue influence or pressure. Children under 16 who do not pass the 'Gillick Test' and

are not deemed 'Gillick competent' cannot either give or withhold consent to treatment. People with parental responsibility (or sometimes the Courts) need to make the decision on their behalf in the best interests of the child.

See: <https://www.nhs.uk/conditions/consent-to-treatment/children/> and/or <https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines> for further information.

Farleigh Hospice staff and volunteers should be alert to signs of stress affecting the care and parenting of children and should feel able to offer help and support to parents, carer's (including those of children in looked after situations or fostering arrangements) to prevent a situation escalating to the point where a child may be at risk.

Children's Needs:

- Emotional Support: Love, affection, and encouragement.
- Physical Care: Proper nurturing and protection from physical harm.
- Security and Guidance: Firm, clear, consistent, and kind boundaries.
- Intellectual and Spiritual Development: Fostering their mental and spiritual growth.

These needs develop with the child's age, and effective parenting will adapt accordingly.

Abuse linked to Faith or Belief

This type of abuse includes beliefs in witchcraft, spirit possession, demons or the devil, the evil eye, djinns, dakini, kindoki, ritual or muti-killings, and the use of fear of the supernatural to coerce children into compliance, such as being trafficked for domestic slavery or sexual exploitation. Genuine beliefs may be held by children, families, carer's, and religious leaders that evil forces have entered and are controlling the child. Abuse may occur when attempts are made to 'exorcise' the child.

Definition of a Child

In the Children Act 1989 a child is defined as anyone who has not yet reached their 18th birthday. Child protection guidance emphasises that even if a child has reached 16 years of age and is:

- Living independently
- In further education
- A member of the armed forces
- In hospital
- In custody within the secure estate

They are still legally considered children and should be afforded the same protection and entitlements as any other child.

Child in Need

Under Section 17 of the Children Act 1989, a child is considered in need if:

- They are unlikely to achieve or maintain, or have the opportunity to achieve or maintain, a reasonable standard of health or development without the provision of services from the Local Authority.

- Their health or development is likely to be significantly impaired, or further impaired, without the provision of services from the Local Authority.
- They have a disability.
Disability includes blindness, deafness, speech impairments, mental disorders, and permanent illnesses, injuries, or congenital deformities.

Children in need may include:

- Children with special educational needs and disabilities (SEND)
- Young carer's
- Children who have committed a crime
- Children whose parents are in prison
- Asylum-seeking children

Child Protection (Section 47, Children Act 1989)

Child protection is an integral part of the safeguarding process, focusing on protecting individual children identified as suffering, or likely to suffer, significant harm. This includes detailed child protection procedures outlining how to respond to concerns about a child.

Significant Harm: "Harm" refers to the ill-treatment or impairment of a child's health or development (Section 31, Children Act 1989). The significance of harm can be assessed by comparing the child's health and development with what might reasonably be expected of a similar child.

Child Trafficking and Modern Slavery

Child trafficking involves the coercion, deception, or forceful removal of children and young people from their homes, followed by their transportation and subsequent exploitation. Children are trafficked for various purposes, including:

- Sexual exploitation
- Benefit fraud
- Forced marriage
- Domestic servitude, such as cleaning, cooking, and childcare
- Forced labour in factories or agriculture
- Involvement in criminal activities, such as begging, theft, working on cannabis farms, or drug trafficking

Trafficked children endure numerous forms of abuse and neglect. Traffickers employ physical, sexual, and emotional abuse as methods of control. Additionally, these children are often subjected to physical and emotional neglect and may be sexually exploited.

Domestic Abuse/Violence

Domestic abuse or violence can involve an adult threatening, bullying, or physically assaulting another adult within the family or in a relationship. This abuse or violence can also be directed towards a child or young person. For further information and descriptions of abuse, please refer to the following link: NSPCC - Domestic Abuse.

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/domestic-abuse/>

Looked after children

A child who has been in the care of their local authority for more than 24 hours is known as a "looked after child". This term is often used interchangeably with "children in care", which is preferred by many children and young people. Generally, looked after children are:

- Living with foster parents
 - Residing in a residential children's home
 - Staying in residential settings such as schools or secure units
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

Missing Children

Children may be missing or have run away from their home or care setting. Please see the categories below:

- **Young Runaway:** A child who has left their home or care placement voluntarily, or feels compelled or enticed to leave.
- **Missing Child:** A child reported as missing to the police by their family or carer's.
- **Missing from Care:** A looked after child who is not at their designated placement or expected location (e.g. school) and whose whereabouts are unknown.
- **Away from Placement Without Authorisation:** A looked after child whose whereabouts are known but who is not at their designated placement or expected location, causing concern for the carer or prompting notification to the local authority or police.

Private Fostering or Kinship Care

Family and friends care, also known as kinship care, refers to an arrangement where a child, unable to be cared for by their parent(s), resides with a relative, friend, or another connected individual. This arrangement can either be a private agreement directly between the parent(s) and the relative, friend, or connected person.

In the local authority, kinship care is typically facilitated by Children's Services. Within this department, several roles may be involved, including:

- **Social Workers:** They assess the suitability of kinship carers and provide ongoing support.
- **Family Support Workers:** They offer practical assistance and guidance to kinship carers.
- **Kinship Care Teams:** Some local authorities have dedicated teams focused on supporting kinship care arrangements

Young Carer's – A young carer is an individual under the age of 18 who consistently provides emotional and/or practical support and assistance to a family member who is disabled, physically or mentally unwell, or who misuses substances.

Section 1 of the Care Act 2014, in conjunction with Sections 96 and 97 of the Children and Families Act 2014, offer a joined-up legal framework to identify young carers and parent carers and their support needs. Both have a strong emphasis on outcomes and wellbeing.

Abuse and Neglect

Children may suffer abuse or neglect either through direct harm or through the failure to prevent harm. Abuse can be perpetrated by adults or other children, and is most often committed by someone known and trusted by the child, whether within the family, among friends, or in the local community.

Abuse can be physical, sexual, or emotional, and can also manifest as a lack of love, care, and attention. Neglect, in any form, can be just as detrimental to a child as physical abuse. An abused child often experiences multiple forms of abuse and other challenges in their lives. Abuse typically occurs over a period of time rather than as a single incident, and increasingly, it happens online.

Definitions of child abuse

- Physical abuse
- Emotional abuse
- Neglect
- Sexual abuse

Physical abuse

Physical abuse can encompass actions such as hitting, shaking, poisoning, burning, scalding, drowning, suffocating, or otherwise inflicting physical harm on a child, potentially leading to severe injury or even death. Additionally, physical harm may occur when a parent or caregiver fabricates symptoms or deliberately induces illness in a child, a condition often referred to as Fabricated or Induced Illness (previously known as Munchausen Syndrome by Proxy).

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child, resulting in severe and enduring adverse effects on the child's emotional development. This form of abuse may involve conveying to children that they are worthless, unloved, inadequate, or valued only to the extent that they meet the needs of another person. It may also include imposing inappropriate expectations on children, causing them to frequently feel frightened or in danger, such as through witnessing domestic violence or experiencing exploitation or corruption.

While emotional abuse is a component of all forms of child maltreatment, it can also occur independently.

Sexual abuse

Sexual abuse involves coercing or enticing a child or young person to participate in sexual activities, including prostitution, regardless of the child's awareness of the situation. These activities may involve physical contact, such as penetrative acts (e.g. rape or buggery) or non-penetrative acts. Additionally, they may encompass non-contact activities, such as involving children in viewing or producing pornographic material, observing sexual activities, or encouraging sexually inappropriate behaviour. Children under the age of 16 are legally incapable to consent to any form of sexual activity.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, which can lead to serious impairment of the child's health or development. This

may involve a parent or carer failing to provide adequate food, shelter, and clothing, failing to protect a child from physical harm or danger, or 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. Neglect can manifest in various ways, such as:

- Injuries caused by lack of reasonable supervision and control, e.g. no fire or stair guard
- Failure to ensure the safety of children in public places
- Failure to provide a reasonable standard of care, such as adequate clothing, feeding, or seeking medical attention for illness

The categories of abuse listed above are not mutually exclusive; children may be subject to multiple forms of abuse or concerns, including Domestic Abuse, Online Abuse, Child Trafficking, Honour-Based Abuse, Female Genital Mutilation, Forced Marriage, child abuse linked to belief in spirit possession, and children who run away or go missing from home, care, or education. Guidance on all forms of child abuse can be found below and on the NSPCC website. <https://www.nspcc.org.uk/> or <https://www.gov.uk/>

Other safeguarding concerns

Child criminal exploitation

As outlined in the Serious Violence Strategy published by the Home Office, child criminal exploitation occurs when an individual or group leverages an imbalance of power to coerce, control, manipulate, or deceive a child or young person under the age of 18 into engaging in criminal activities. This exploitation can occur:

- (a) In exchange for something the victim needs or desires,
- (b) For the financial or other benefit of the perpetrator or facilitator, and/or
- (c) Through violence or the threat of violence.

It is important to note that a child may be considered criminally exploited even if the activity appears consensual. Additionally, child criminal exploitation does not always involve physical contact; it can also be facilitated through technology.

Child Sexual Exploitation

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. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity. 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 sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

For detailed information and guidance on Child Sexual Exploitation, please refer to the document issued by the Department for Education: Child Sexual Exploitation Guidance.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

Contextual Safeguarding

Contextual Safeguarding is an approach designed to understand and respond to young people's experiences of significant harm beyond their families. It acknowledges that the various relationships young people form in their neighbourhoods, schools, and online environments can involve violence and abuse. This approach facilitates the consideration of these contexts when assessing a child or young person's needs and is utilised by some of the local authorities we collaborate with.

The areas considered are:

- Home: Domestic abuse, sibling relationships, and potential neglect.
- Peer Group: Peer associations, intimate partner violence, and peer group sexual offending.
- School: Bullying, corridor culture, and peer recruitment, being recruited into gangs through interactions in school corridors.
- Neighbourhoods: Gang-affected areas, robbery, and child sexual exploitation (CSE) in parks and shopping centres.

Gangs

Gangs come in various forms, including County lines, peer-to-peer abuse, and organized crime. Children can be recruited and coerced into criminal activities or situations from which they may find it difficult to escape.

County Lines

As outlined in the Serious Violence Strategy published by the Home Office, "County Lines" refers to gangs and organised criminal networks involved in distributing illegal drugs from urban areas to one or more rural or suburban locations within the UK. These operations typically utilise dedicated mobile phone lines or other forms of 'deal lines'.

Such networks frequently exploit children and vulnerable adults to transport and store drugs and money, utilizing coercion, intimidation, violence (including sexual violence), and weapons to exert control.

Please use the link for further information <https://www.childrenssociety.org.uk/what-we-do/our-work/child-criminal-exploitation-and-county-lines/spotting-signs>

Extremism and Prevent Duty

Any concerns regarding radicalisation and extremist views or behaviours in children and young people must be reported as safeguarding concerns. Farleigh adheres to the Prevent Duty 2015 guidance.

Extremism extends beyond terrorism and includes individuals who exploit the vulnerable, including the young, by fostering division between communities based on race, faith, or denomination; justifying discrimination against women and girls; persuading others of the inferiority of minorities; or opposing the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as "the vocal or active opposition to our fundamental values, including the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. Additionally, calls for the death of members of our armed forces are considered extremist" (Working Together 2018).

Female Genital Mutilation (FGM)

Female genital mutilation, may also be called female circumcision or cutting, or by other terms such as sunna, gudniin, halalays, tahur, megrez, and khitan. Concerns that a child has been, or may be at risk of being subjected to FGM, fall under this policy as it is child abuse and must be reported as a safeguarding concern. If the child is in imminent danger, you must act immediately and call 101 or 999. It is illegal to undertake FGM in this country. The safeguarding team will support and guide with this process.

For more information and description of FGM and its various forms please see <https://www.forward.org.uk/violence-against-women-and-girls/female-genital-mutilation>

Prevent - Preventing radicalisation

Please consult the flowchart available in the Safeguarding Tile on the Intranet. This resource will assist you in following the correct reporting procedure.

The Prevent Strategy (2011) emphasises that healthcare professionals may encounter and provide services to individuals, including children and young people, who are either involved in or susceptible to radicalisation—the process by which a person comes to support terrorism and adopts extremist views leading to terrorism.

Recognising when someone is or may be drawn into terrorism, and understanding the actions to be taken, is integral to this policy.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

For additional information and a detailed description, please visit the website at www.escb.co.uk. For the latest local updates, you can also refer to this site. If you require guidance or need to report an incident or concern, please contact the National Prevent Helpline at 0800 011 3764. For further details, visit the Home Office Prevent Strategy website.

<https://www.gov.uk/government/policies/protecting-the-uk-against-terrorism>

Forced Marriage

In cases of forced marriage, one or both spouses do not consent to the union, and some element of duress is involved. Duress can encompass both physical and emotional pressure and abuse. While forced marriage is primarily an issue of violence against females, it is not exclusively so. Most cases involve young women and girls aged between 13 and 30, although evidence suggests that up to 15 percent of victims are male. If an individual does not accept a forced marriage, it may result in honour-based violence (see separate description below).

Honour-Based Violence or Abuse

The term 'honour crime' or 'honour-based violence' encompasses a range of violent crimes (primarily, but not exclusively, against women), including assault, imprisonment, and murder. These acts are perpetrated by family or community members as punishment for (actual or alleged) behaviour that is perceived to undermine the family or community's code of conduct. Such transgressions are seen

as a failure of the family to control the individual, bringing 'shame' or 'dishonour' upon them.

Concerns about a child may arise from visible injuries or from comments made by the child or their carers. A child may also communicate abuse through non-verbal means, such as drawing, painting, or play behaviour.

Online Safety

The scope of issues classified under online safety is extensive, but can be categorised into four areas of risk:

- **Content:** Exposure to illegal, inappropriate, or harmful content, such as pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation, and extremism.
- **Contact:** Harmful online interactions with other users, including peer pressure, commercial advertising, and adults posing as children or young adults with the intent to groom or exploit them for sexual, criminal, financial, or other purposes.
- **Conduct:** Personal online behaviour that increases the likelihood of, or causes, harm. This includes creating, sending, and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes, pornography), sharing other explicit images, and engaging in online bullying.
- **Commerce:** Risks such as online gambling, inappropriate advertising, phishing, and financial scams.

Peer-on-Peer Abuse:

Peer-on-peer abuse encompasses a range of harmful behaviours that may include, but are not limited to:

- **Bullying:** This includes cyberbullying, prejudice-based, and discriminatory bullying.
- **Abuse in Intimate Relationships:** Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or other forms of physical harm, which may also involve an online element that facilitates, threatens, or encourages such abuse.
- **Sexual Violence:** Acts such as rape, assault by penetration, and sexual assault, which may include an online component that facilitates, threatens, or encourages sexual violence.
- **Sexual Harassment:** This includes sexual comments, remarks, jokes, and online sexual harassment, which may be standalone or part of a broader pattern of abuse. It also involves coercing someone into sexual activity without consent, such as forcing them to strip, touch themselves sexually, or engage in sexual activity with a third party.
- **Sharing of Nudes and Semi-Nude Images/Videos:** Both consensual and non-consensual sharing of such images or videos, also known as sexting or youth-produced sexual imagery.
- **Up skirting:** Taking pictures under a person's clothing without their permission, with the intent to view their genitals or buttocks for sexual gratification, or to cause humiliation, distress, or alarm.
- **Initiation/Hazing Violence and Rituals:** Activities involving harassment, abuse, or humiliation as a means of initiating someone into a group, which may also include an online element.

Self-Harm

Self-harm encompasses a range of behaviours that result in physical injury. These behaviours include self-cutting or scratching, burning or branding with cigarettes or lighters, scalding, overdosing on tablets or other toxins, tying ligatures around the neck, punching oneself or objects, banging limbs or head, and hair pulling (1). Additionally, it may involve risk-taking behaviours where the individual shows a disregard for their own safety, leading to potential physical harm (2). This also includes neglecting physical health, such as intentionally missing insulin doses in individuals with insulin-dependent diabetes (3). Self-harm typically occurs as a response to emotional distress.

1. <https://www.nice.org.uk/guidance/ng225>
2. <https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/self-harm/>
3. <https://www.nhsinform.scot/illnesses-and-conditions/mental-health/self-harm>

Considerations:

Staff should be aware of the negative impact that parental difficulties, such as domestic violence, mental health issues, or substance misuse, can have on a child's development. Additionally, they should recognise the potential risks to children from individuals previously known or suspected of child abuse who have contact with the household.

Vigilance is crucial, as these issues may not always be immediately apparent. Prompt and thoughtful action is essential. Concerns should always be reported to your line manager or the safeguarding team. Reporting even minor incidents can lead to support for a child or family under significant stress, potentially preventing escalation into more serious incident.

Chaperones & Advocacy

A chaperone is an impartial observer who can be either:

- A formal chaperone, such as a healthcare professional
- An informal chaperone, such as a family member, friend, or legal guardian

Chaperones are present during certain examinations or procedures, or upon request by a child, family, or carers. For further guidance and information on working with a chaperone, please refer to Farleigh's Chaperone Policy.

Additionally, a child advocate may be needed to assist a child. A child advocate provides advice and support, helping children express their wishes and feelings. The primary goal of child advocacy is to empower children and uphold their human rights (see barnardos.org.uk).

Safer recruitment

Farleigh acknowledges the necessity of a safer recruitment process for staff and volunteers working with children and young people. For further details, please refer to the Farleigh Recruitment Policy. Our practices include:

- a) No direct work with children will commence without two satisfactory references and enhanced DBS clearance for staff and volunteers working directly and alone with children.

- b) A DBS check is conducted for all staff and volunteers, updated every three years, or on a 'live' basis for those registered with the DBS update service.
- c) Safeguarding Training Levels 1 & 2 are mandatory for staff and volunteers on placement or working directly with children.
- d) Farleigh provides supervision for staff and volunteers working with children and mandates external counselling supervision for counsellors and therapists.
- e) The Yo-Yo Project Team Leaders maintain an overview of counsellor and therapist caseloads and their involvement with children.

Openness and accountability

Farleigh Hospice is committed to fostering an atmosphere of openness, where information and updates about its work are discussed and shared, while strictly maintaining confidentiality. If a worker has knowledge of or reasonable grounds to suspect misconduct or potential risk related to work with children, they are required to report it to their supervisor or line manager. This should be done in accordance with the guidelines outlined in the process flowchart available in the safeguarding section on the intranet.

Confidentiality and information sharing

Children should be assured that adults working with them in therapeutic and hospice settings can be trusted to maintain confidentiality. Every effort must be made to ensure that confidentiality is upheld in all interactions with both adults and children. It is important to clarify to children and young people that confidentiality has its limits, particularly if they are in an unsafe situation. This should be communicated clearly when establishing agreements with them.

Children and young people should be informed of their right to confidentiality, with the understanding that this right may be overridden in certain circumstances. Farleigh staff have a duty to act on information that raises concerns about a child or young person's welfare.

The Data Protection Act 2018 and GDPR do not prohibit the collection or sharing of personal information but provide a framework to ensure appropriate sharing. The Data Protection Act 2018 balances the rights of the information subject and the necessity to share information about them. For further guidance, please refer to the policies on Data Protection, Information Governance, Quality and Data Retention, and Health Records: Management of Records.

Some children and young people may have flags in SystemOne associated with their names. Hovering over the icon will reveal the reason for the flag, which may be entered by other organisations, such as a GP practice for a Looked After Child. As standard practice, a red flag is set for safeguarding concerns only, as outlined in the separate protocol for recording safeguarding concerns.

If an allegation is made against someone, it is crucial that only the relevant professionals are informed of the safeguarding action taken. This ensures the protection of both the accuser and the accused.

Staff will share information in line with the 2018 HM Gov information sharing guidance https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

Good Practice with Children & Young People

In a counselling context where privacy and confidentiality are paramount, it is essential to ensure that another adult is aware of the session's taking place, location, and participants. Another adult should be present in the building, and the child should be informed of their presence.

Staff must adhere to the Lone Working policy when engaging in activities where they may be considered lone workers.

The following guidelines should be observed:

- Treat all children and young people with respect.
- Ensure children's privacy.
- Do not play games that involve physical contact.
- Refrain from showing favouritism.
- Do not permit abusive peer activities.
- Avoid scapegoating, rejecting, or ridiculing a child or young person.
- Maintain transparency; a hug in a group context is very different from a hug behind closed doors.
- Ensure that any physical contact is related to the child's needs.
- Respect children's right to choose the extent of physical contact they are comfortable with.
- During home visits, ensure an adult family member or carer is present in the house. Do not place yourself in a vulnerable position, such as agreeing to see a child individually in their bedroom.
- Staff should not meet individually with children or young people unless it is an explicit part of their role and occurs within a controlled environment.

If a child makes inappropriate advances, you should:

- Communicate your discomfort to the child or young person. If they persist, conclude the session.
- Report the incident to your line manager as soon as possible.
- Document the incident to safeguard yourself, following the Health Records – Management of Records Policy

E-SAFETY

Children are at risk of being groomed, bullied and/or exploited and exposed to inappropriate websites and images through Internet, Digital and Mobile Technologies (IMDT) <http://www.escb.co.uk/media/1516/e-safety-policy-june-2015-final.pdf>. Staff should adhere to Farleigh Hospice IT policy (1.69) and work according to the following guidance:

- Staff should only communicate with young people by email/text if this has been agreed in advance with the child / young person, their parent/carer/foster carer and management
- Agreements should be put in place by staff for appropriate and responsible use of IMDT by children and adults at events or during the course of individual support (for Media Permission/Consent, see policy 1.43). The agreement should address the sharing of photographs, pictures and personal information and 'friend requests'
- Staff working or in a position of trust with children / young people (including volunteers) should familiarise themselves with the risks and inappropriateness of sharing personal information about themselves via social networking sites with young people. Staff must responsibly restrict access to their friends and family only

See above section for further information and Farleigh Hospice policies 1.83 social media, 1.69 Information Technology and 1.43 Public Relations.

ONLINE WORKING

- Staff and volunteers working with children online e.g. via Zoom, will need to ensure they have familiarised themselves with best practice guidance before offering sessions. See NSPCC link for guidance and best practice <https://learning.nspcc.org.uk/safeguarding-child-protection/social-media-and-online-safety>
- Staff and volunteers must set clear boundaries when beginning work and agree with the parent/carer and child/young person that they are consenting and able to participate

- Staff and volunteers must report to their line managers any concerns and discuss them in supervision
- Staff and volunteers should seek training in working online if they are not familiar with working in this manner
- All work must be conducted in line with Farleigh IT Policy

In Patient Unit Admission

The primary focus of our work with children and young people, age 4-18, is conducted by the Yo-Yo Project – childhood bereavement support service; however, admission to Farleigh Hospice in-patient unit (IPU) is possible for young people age 16-18 requiring specialist palliative care. Whilst this Safeguarding Children policy will still apply to 16-18-year-olds on the IPU, the Mental Capacity Act 2005 (MCA) will also apply to people from 16 years and over receiving treatment who are unable or who may be unable to make all or some decisions for themselves. For more information see Farleigh Hospice Mental Capacity Assessment policy 2.57.

When abuse is disclosed or suspected

When there are indications that a child or young person is experiencing, or is at risk of experiencing, abuse or neglect, all professionals have a duty to report this. No professional has the right or responsibility to withhold such information, and confidentiality cannot be maintained in cases where abuse is disclosed.

Discuss your concerns with your Line Manager and/or the Child Safeguarding Lead and agree a course of action. The Safeguarding Tile on the Intranet holds the details of the safeguarding team and who currently occupies the roles mentioned in this policy. Posters with this information are also displayed around hospice premises.

If neither are available contact the Adult Safeguarding Lead, Director of Care or safeguardingteam@farleighhospice.org and follow these guidelines for managing a disclosure:

- Ensure the child or person disclosing abuse is listened to, but not directly questioned. It is important to let them tell their story in their own words
- Do not prevent a child or person disclosing abuse who wants to talk about what has happened from doing so
- Reassure the child or person disclosing abuse that they were right in telling you
- Any marks or bruising noted on a child should be described in detail and recorded. See Essex Safeguarding Children Board guidance and use a body map where appropriate: <https://www.escb.co.uk/media/1716/set-bruising-protocol-2018-final-version.pdf>
- If an incident of child abuse arises, the highest degree of confidentiality must be adhered to
- Where practicable, concerns should be discussed with the family and agreement sought for a referral to Children's Social Care unless:

- (i) The child is placed at risk of significant harm or increased risk of significant harm
 - (ii) A staff member is placed at risk
 - (iii) It leads to a risk of loss of evidence
- Except where immediate attention is needed to obtain medical treatment or protection, inform your line manager
 - If the child is a Looked after Child (LAC) you must record the name of their social worker and contact details in their notes on SystemOne. You will also need to inform the safeguarding team that the child is LAC.
 - Keep careful notes of all that happens, showing dates and times and what exactly was said, as well as any other people who witnessed the incident or allegation. Notes are to be kept in a factual manner not using opinion. Include any actions you took and to whom you spoke
 - Continue to record subsequent events
 - It must be made clear that if a disclosure is made that involves a risk to a child, this information must be passed on. Once the disclosure has been made advice/support should be sought from your line manager, and/or, the safeguarding team

Always:

- Share your concerns, regardless of how minor or insignificant they may seem.
- Discuss your concerns with your line manager and/or the Child Safeguarding Lead to agree on a course of action.
- Document the incident thoroughly.
- Participate in the assessment and decision-making process, if required.
- Engage in monitoring the situation, if necessary.

All safeguarding discussions must be documented in the relevant systems in accordance with the Safeguarding Operations Procedures (S.O.Ps). Additionally, for every safeguarding raised, a Vantage needs to be raised.

Missed Appointments:

Missed appointments can indicate deliberate attempts to avoid safeguarding interventions. Such instances should not prevent the reporting of safeguarding concerns. Instead, efforts should be made to gain a comprehensive understanding of the situation, especially if the patient is at the end of life. Consult with your line manager for advice or the safeguarding team for guidance. Contacting external agencies may also be appropriate.

Making a children social care/child protection referral:

See flow chart in the safeguarding tile in the intranet

The Local Authority has a duty to investigate all child protection referrals in accordance with Section 47 of the Children Act 1989. While Children's Services hold primary responsibility for these investigations, they operate with the full cooperation of both statutory and voluntary agencies.

If you have an urgent concern and require guidance or wish to make a referral, please contact the Children and Families Hub at the numbers provided below. They will offer direction and support on how to proceed. Additional information is available at www.essexeffectivesupport.org.uk The safeguarding team, particularly the Child Safeguarding Lead, is available to assist you as needed

If there is an immediate risk of harm to a child, contact the police on 999.

Priority referrals, particularly those involving a child in need of immediate protection, should always be made via telephone.

Daytime hours (Monday to Thursday 08.45 - 17.30, Friday 08.45 - 16.30)
Tel: 0345 603 7627

Out of hours (Monday to Thursday 17.30 - 09.00, Friday/Bank Holidays 16.30 - 09.00)
Tel: 0345 606 1212

You will be advised on what action to take by the Hub.

Referrals – not requiring immediate action

There are 4 levels of intervention which are shown at <https://www.escb.co.uk>. Each child/young person situation will require an individual approach and you can view the options and what each level of response involves. The website will guide you as to what action to take and how to instigate that level of response. It is likely that if you have concerns you will be referring at level 3 or 4. Level 3 and 4 are referred using the request for support form found at <https://www.escb.co.uk/working-with-children/concerns-about-the-welfare-of-a-child/>

Details of the levels of support (Essex Effective Support Windscreen) can be found at

<https://www.escb.co.uk/media/1487/effective-support-windscreen.pdf> on the Essex Safeguarding Children Board website (www.escb.co.uk) All referrals should be made within 1 working day of the recognition of risk and followed-up within 48 hours.

If you are asked to complete a referral form by the Children and Families Hub there is guidance on at www.escb.co.uk

SAFEGUARDING DISPUTES OR DISAGREEMENTS

There may be an occasion where a dispute or disagreement arises related to a safeguarding issue.

- If the issue is within Farleigh, it should be raised with the Safeguarding Team who will advise on the next steps e.g. contacting Social Care for advice or guidance
- If the issue arises when the SETSAF has been completed and Farleigh disagree with the outcome, it may be appropriate to challenge the decision. There are guidelines in the Southend, Essex and Thurrock (SET) Safeguarding Adults Guidelines which should be referred to and followed – see www.essexsab.org.uk for the current version
- If the concern is about the action or lack of action taken by a Farleigh staff member, and other routes to resolve the disagreement have been exhausted e.g. raising the issue with a line manager, a concern may be raised under the Whistleblowing policy

Keeping a record of the allegation and referral

Please refer to the flowchart held in the Safeguarding Tile on the Intranet. This will guide you and help you to follow the correct reporting procedure.

Safeguarding concerns should be recorded in the client record on SystemOne.

Action to report a concern must be taken within 24 hours of discovery.

Consent

Consent should be sought from the child/young person, and, parent/carer (if appropriate), however if this is not possible or appropriate (e.g. domestic violence) it is acceptable to make a report without consent.

The child/young person must be kept informed of the action taken wherever possible.

To raise a safeguarding child alert, discuss with your line manager and/or the Safeguarding Team and if advised complete a Report a Concern form which is available via S1 clinical templates or on the ESCB website. Save the form in the patient record.

The form must be sent by the Navigators via a secure NHS mail email account to: Socialcaredirect@essex.gov.uk

Send an email to the Safeguarding Team to alert them to the report being raised if they are not already aware.

When an update is received from the Local Authority safeguarding board this should be recorded in the patient notes and email the Safeguarding Team to inform them of the outcome.

Staff must complete a CQC notification form immediately after submission of a report a concern form. See guidance in the safeguarding tile on the intranet.

Allegation against staff

Please refer to the flowchart held in the Safeguarding Tile on the Intranet. This will guide you and help you to follow the correct reporting procedure.

Where a staff member/volunteer knows or has reasonable grounds to suspect poor practice or potential risk in relation to work with children at risk, within the hospice they must report it to their line manager using the guidelines laid out in this policy.

All staff/volunteers have a duty to draw attention to poor practice in the workplace including practice that may be abusive or neglectful. There is an individual responsibility for all staff and volunteers to raise all concerns to their manager. Farleigh Hospice values good practice and encourages any member of staff to 'whistle blow' where they are concerned about poor practice with regard to a child at risk (reference policy 1.39 Whistleblowing).

All allegations of abuse or maltreatment of children by a Farleigh Hospice staff member or volunteer will be taken seriously and treated in accordance with established procedures. Any allegation will be dealt with fairly, quickly and consistently to provide effective protection for the child while also supporting the person who is the subject of the allegation.

Farleigh Hospice will always consult the Local Authority Designated Officer (LADO – 03330 139 797) in the first instance where an allegation is made against a staff member or volunteer or by email lado@essex.gov.uk. If a concern is raised outside of office hours, and an immediate referral to Social Care is required, this should be made to Essex Social care on 0845 606 1212. The LADO should then be informed at the first available opportunity. The case will be dealt with by a small group of relevant people plus the Farleigh Hospice Child Safeguarding Lead. Relevant people may include Line Manager, Director of Care, Chief Executive Officer, member of the Safeguarding Team and Human Resources.

Farleigh Hospice will always undertake a full and thorough investigation in accordance with the organisations' Disciplinary Procedure (reference policy 1.7 Conduct and Capability) and the Child Protection Procedures, Chapter 11 for Child Protection Allegations Against Staff.

Guidance for managers

What to do if an allegation is made against a staff member/volunteer with respect to children or young people.

Please refer to the flowchart held in the Safeguarding Tile on the Intranet. This will guide you and help you to follow the correct procedure.

Working Together (2018) and the SET Child Protection Procedures (see escb.co.uk for current version) have set out processes that must be followed where any allegation is made against a staff member or volunteer where children are involved.

Within Farleigh Hospice, we are required by the Local Authority to have Registered Senior Officers with overall responsibility for ensuring we as an organisation comply with the SET procedures with regard to allegations. Currently these are:

<p>Named Senior Officer(s): Corporate Director Director of Care</p>
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If you have any concerns or receive a complaint or allegation that a worker/volunteer has:

- behaved in a way that has harmed, 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 they may be unsuitable to work with children

You must record and pass this information immediately to one of the Named Senior Officers (see above) who will contact the Essex Local Authority Designated Officer (LADO – 03330 139 797) lado@essex.gov.uk. If the Named Senior Officers are unavailable, a Senior Manager should be contacted.

If a concern is raised outside of office hours and you think a referral to Social Care is required, you should contact Essex Children and Families Hub 0345 606 1212 and inform the Local Authority Designated Officer at the first available opportunity.

Useful contact details

Children and Families Hub – 0345 603 7627 (out of hours/emergency: 0345 606 1212)
NSPCC – 0808 800 5000
Essex Safeguarding Children's Board – 0333 013 8936

6 Training

All Trustees, staff, and volunteers at Farleigh Hospice must recognise the existence of child abuse in all its forms and be prepared to engage in the protection of children by addressing any concerns they may have. To ensure comprehensive awareness of all aspects of safeguarding children, Farleigh Hospice will provide staff with support, information, and training appropriate to their roles.

This will be in accordance with the guidelines outlined in the “Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Intercollegiate Document, Fourth Edition: January 2019,” published by the Royal College of Paediatrics and Child Health on behalf of the contributing organisations. This guidance also includes the needs of looked-after children. For further information, please refer to the document.

- All staff and volunteers must comply with safeguarding children training to understand the principles of child safeguarding and the positive impact of their actions.
- Clinical staff working directly with children and young people are expected to attend regular clinical supervision and review any safeguarding incidents in this setting.
- Clinical staff and volunteers are required to undergo DBS checks and maintain active membership/registration with their respective professional bodies.
- The wellbeing and choices of children and young people will be central to the actions of staff, volunteers, and the organisation.
- The choices and opinions of children and young people will be respected and adhered to as appropriate, in accordance with Gillick competence and Fraser guidelines.
- Staff and volunteers will adhere to guidance regarding children and young people in specific situations, such as looked-after children and fostering.
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately within policy timescales.
- Staff and volunteers will adhere to the reporting processes and protocols outlined in the safeguarding tile on the intranet for any concerns, suspicions, or allegations of abuse.

7 Monitoring / Audit

The Strategic Safeguarding Group will oversee the policy and its implementation. Other teams, such as the Operational Safeguarding Group and the Clinical Quality Group, will contribute to safeguarding practices. The Strategic Safeguarding Group will convene monthly to review training compliance, needs, and alignment with professional requirements.

Additionally, the team will assess and update practices, service needs, and policy and procedure amendments. Updates will be communicated to staff via newsletters, intranet announcements, and other appropriate channels to enhance staff and volunteer awareness. Feedback from practice reviews or incidents that support learning and improved practices will be disseminated by the team or a Senior Manager. The safeguarding team will also conduct audits and other compliance checks.

8 References

Useful information

- Essex Safeguarding Children Board <http://www.escb.co.uk/>
- National Society for the Prevention of Cruelty to Children <https://www.nspcc.org.uk/>
- United Nations Convention on the Rights of the Child (1989) https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf
- DfE: What to Do If You're Worried a Child Is Being Abused (2015) (copy in every department)
- NSPCC: Are They Safe <https://learning.nspcc.org.uk/media/1464/are-they-safe.pdf>
- Effective Support for Children and Families in Essex (2017) <https://www.essexeffectivesupport.org.uk/media/1023/effectivesupportbooklet2017v5-final.pdf>
- DfE Statutory guidance on children who run away or go missing from home or care (2014) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/307867/Statutory_Guidance_-_Missing_from_care__3_.pdf
- HM Gov: multi-agency statutory guidance on female genital mutilation <https://www.gov.uk/government/collections/female-genital-mutilation>
- HM Gov: multi-agency statutory guidance for dealing with forced marriage (2014) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf

References:

- Children Act 1989 & 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents>
- Working Together to Safeguard Children (2018) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf
- Southend Essex Thurrock Safeguarding and Child Protection Procedures (2022) <https://www.escb.co.uk/media/2737/set-procedures-may2022.pdf>
- Children and Social Work Act (2017) <https://www.legislation.gov.uk/ukpga/2017/16/contents>
- DfE Child Sexual Exploitation guidance (2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf
- Safeguarding Children and Young People: Roles and Competences for Health Care Staff Intercollegiate Document <https://www.rcn.org.uk/professional-development/publications/pub-007366>
- HM Gov Information Sharing guidance (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf
- ESCB E-Safety Policy (2015)
- Prevent guidance <https://www.escb.co.uk/media/2151/set-prevent-policy-guidance-v7.pdf>
- Equality Act (2010) <https://www.legislation.gov.uk/ukpga/2010/15/contents>

9. Related Policies

- 1.7 Conduct and Capability
- 1.39 Whistleblowing
- 2.59 Safeguarding Adults (including Prevent Safeguards)
- 2.57 Mental Capacity
- 2.78 Deprivation of Liberty Safeguards (DoLS)
Supervision for Clinical Staff
- 1.83 Social Media
- 1.43 Public Relations
- 4.7 Lone Worker
- 2.50 Chaperone/Relationships with patients, family and carers
- 2.27 Health Records – Management of Records
- 1.69 IT Policy
- 1.72 Information Governance, Quality and Data Retention

10. Appendices

11. Equality Impact Assessment

Completed EIA's are stored in Vantage

During the development of this policy the hospice has carried out a full Equality Impact Assessment to consider the impact on each of the protected characteristics as outlined in the Equality Act (2010) with the aim of minimising and where possible removing any disproportionate impact on staff/volunteers/service users (delete as applicable). No detriment was identified.