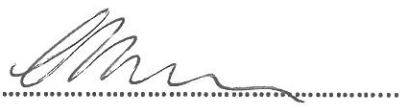
Helen & Douglas House
hospice care for children and young adults

Safeguarding Children
Child Protection Policy and Procedure

Type of Policy	Clinical
Owner	Director of Clinical Services
Author	Director of Clinical Services, Clare Periton
Date Created	December 2005
Date of last review	February 2017 (Working together to Safeguard Children 2017 – link added July 2017)
Reviewed by	Nurse Consultant, Karen Brombley
Date of next review	February 2020
Where policy is filed	HDH Intranet

Main Headings	1. Introduction 2. Policy Statement and Scope 3. Principles 4. Helen & Douglas House Policy 5. Responsibility and Accountability 6. Referrals and Responsibilities 7. Record Keeping and Communication 8. Policy Monitoring and Review 9. Compliance with Statutory Requirements 10. Staff Training Requirements 11. The Procedure 12. Dealing with Disclosures 13. Recording and reporting suspected incidents and dealing with concerns 14. Allegations made by parents 15. Dealing with concerns about colleagues 16. Dealing with concerns about child sex exploitation 17. References 18. Reference Documents and Website Links 19. Useful Telephone Numbers

Appendices	Appendix 1 – Definition of Child Abuse Appendix 2 – Code of Behaviour for working with Children and Vulnerable Adults Appendix 3 – Flow charts for action if concerns are raised Appendix 4 – Definition of 'grooming'

Signed:  Date: 6 September 2017

Clare R Periton
Chief Executive

1. INTRODUCTION

The aim of Helen & Douglas House is to support children and young people and their families. All children, whatever their circumstances, have these fundamental rights:

- To be valued as an individual
- To be treated with dignity and respect
- To be cared for as a child first
- To be safe

Helen & Douglas House is committed to contributing to the safeguarding of the children and young people who are connected with the organisation and this includes siblings.

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best chances.

Working together to Safeguard children (2013)

The organisation is likewise committed to playing its part in protecting children from abuse. Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children. The definitions of categories of abuse can be found in Appendix 1.

Child Protection is defined as:

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
Working Together to Safeguard Children (2013)

2. POLICY STATEMENT AND SCOPE

This policy and the accompanying procedure cover all children and siblings who visit Helen & Douglas House and it applies to all members of staff, volunteers, agency workers and students working in the organisation, as well as staff from partner agencies working in HDH, such as from the Hospital School or physiotherapy service. These staff will also have to follow their own organisational processes and there will need to be robust joint working around this. The organisation takes a positive attitude towards prevention, detection and management of child abuse and this will be communicated to families and visitors as appropriate.

Senior staff within the organisation will be responsible for ensuring that the relevant policies and procedures are followed and will be responsible for ensuring that a zero-tolerance approach to child abuse, bullying and harassment is taken.

Helen & Douglas House will adopt the guidelines within the document *What to do if you are worried a child is being abused* (2006) and *Working Together to Safeguard Children* (2013) to ensure the protection of children and the prevention of harassment and bullying of children.

Helen & Douglas House and its employees or other representatives will at all times during the course of their employment act in such a way as to promote the wellbeing of children and will at no time during the course of their employment or at any other time act in any way that might amount to, give rise to, or allow to continue unchecked, the abuse, mistreatment or exploitation of children or other vulnerable people.

Helen & Douglas House will ensure that all its employees and representatives are fully conversant with the content of this policy and the code of behaviour (see Appendix 2). Helen & Douglas House will ensure that all employees and representatives receive training and information about safeguarding children at an appropriate level and that this is updated regularly (as per safeguarding training strategy). This information will be documented within the safeguarding training matrix.

3. PRINCIPLES

- The welfare of the child is paramount (Children's Acts 1989 & 2004)

- Those working directly with children must ensure they know how to respond appropriately to suspected child abuse within the correct procedures and should be guided by the need to protect the child above all other considerations.
- Delay in taking action or taking inappropriate action will often be prejudicial to the child's welfare.
- The duty of confidentiality can be over-ridden by the need to protect the child from abuse. National and Local Information Sharing policies and procedures can assist in aiding a decision in whether information should be shared and the best method for doing so. This should also be discussed with designated workers.
- Investigation of the alleged abuse is the duty of Social Services and the Police, and investigation may involve medical, legal, psychiatric and educational services as appropriate. Safeguarding children is everyone's responsibility – all agencies have a duty to respond appropriately and promptly if child protection issues are raised.
- If in doubt about what to do, the Children and Families Assessment teams (see useful contacts and information at the back of this document) can be called and **no name advice can be obtained from them**.

4. HELEN & DOUGLAS HOUSE POLICY

All Helen & Douglas House staff will work to promote children's rights as detailed in all the articles of the United Nations Convention on the rights of the child.

Helen & Douglas House will take all reasonable measures to ensure that children's welfare is promoted through the organisation through regular professional development and clinical supervision. Where there are concerns about children's welfare, staff will take all appropriate measures to address those concerns.

The organisation recognises the importance of multi-agency working in child protection and is committed to ensuring effective multi-agency practices.

The Safeguarding Team will be active in identifying weaknesses in service provision and work with other agencies to address the needs of the child and family.

The Director of Clinical Services and the Chief Executive will act on recommendations from staff as appropriate. Safeguarding within the organisation will be integral to its strategy and based on evidence of best practice.

5. RESPONSIBILITY/ACCOUNTABILITY

Overall accountability for safeguarding issues within the organisation lies with the Chief Executive. This responsibility is delegated to the Director of Clinical Services who is the designated person for the organisation.

The Director of Clinical Services is responsible for ensuring that child protection policies and procedures are in place and that the delivery of the service in both houses is in line with these.

Members of the Safeguarding Team- will receive specialist child safeguarding training. They are responsible for ensuring staff within the organisation are aware of the policies and procedures. The House Managers are responsible for ensuring that all staff have completed mandatory training applicable to their levels of responsibility. Whilst there is a doctor on the safeguarding team with child protection experience, they are not responsible for the statutory examination of a child.

Team Leaders and Doctors - are responsible for supporting staff in their day-to-day work and in the absence of the Safeguarding Team, to undertake that responsibility. They are required to receive generalist safeguarding training and update as recommended by local inter-agency requirements.

Staff, agency staff, and externally employed staff who have direct contact with children- must be aware of their duty to recognise and act on concerns about safeguarding and receive/update safeguarding training as necessary.

All other staff members and volunteers – must be aware of their duty to recognise and act on concerns about safeguarding and have received an introduction to safeguarding training.

6. REFERRALS AND RESPONSIBILITIES

Any concern amounting to the possible abuse, mistreatment or exploitation of children or other vulnerable people will be reported immediately to one of the Safeguarding Team. The safeguarding team comprises of:

Role	At time of policy review
CEO	Clare Periton
Director of Clinical Services	Liz Leigh
Nurse Consultant	Karen Brombley
Senior Social Worker	Rawle McCarthy
Nominated House Manager	Kathy Patching
Nominated Consultant Paediatrician	Dr Emily Harrop

The concern will be considered, wherever possible in the form of a **strategy meeting** including other members of the Safeguarding Team and a decision will then be made whether to discuss the concern with the child's parents (all referrals should be made with parental knowledge unless to do so would place the child at more risk) and/or facilitate a referral or refer to Oxfordshire Directorate of Social Care or, if more appropriate, to the Local Authority where the child lives.

Any concern amounting or relating to a criminal act will be reported to Thames Valley Police and any actions taken or investigation undertaken will be in accordance with the requirements of Thames Valley Police.

All referrals to other agencies must be made or followed up in writing. Statutory agencies have a duty to respond initially within 48 hours; the referrer retains responsibility for safeguarding the child/children until a response is obtained.

If the concern is regarding a member of staff or volunteer within Helen & Douglas House **the procedure for managing allegations of abuse against staff and volunteers** must be referred to. As indicated in the procedure, the allegation must be communicated to the Director of Clinical Services as soon as possible as the organisation's designated individual or, in her, absence another member of the Executive Board.

Initial investigation may result in immediate suspension (or less formal removal from shift) of the alleged perpetrator and possible disciplinary action. The parents should be informed of any subsequent action as soon as possible. Discussion should focus on the nature of the incident/injury and on the risk of further abuse. The safety and well-being of the child are the main considerations.

Please also see the Whistle-blowing Policy and the Oxfordshire Safeguarding Children Board's procedure for allegations against staff, carers and volunteers: http://oxfordshirescb.proceduresonline.com/chapters/contents.html#policy. -

and Working Together to Safeguard Children (2013) a copy of which can be found on the HHDH Intranet.

7. RECORD KEEPING AND COMMUNICATION

Information-sharing and recording of information is essential and will be in line with professional codes of practice, all organisational policies relating to confidentiality, data protection and human rights. Please see the Helen & Douglas House Creation, Management, Storage and Destruction of Records Policy and the Data Protection Policy and the Oxfordshire Safeguarding Children Board's Information Sharing Protocol (2006).

All decisions on whether to disclose or not disclose information to a third party should be evidenced in writing.

Any referrals relating to child protection made to Social Services must be followed up in writing within 48 hours.

Accurate, contemporaneous, legible records are vital. They must fully reflect the situation at the time and be dated, timed and signed. All action taken and names of those contacted must likewise be fully recorded. Practitioners must make records available for audit when required to do so. Bear in mind that they may be required for police investigations or court proceedings.

When child protection concerns about a child have been raised, a contemporaneous record must be kept in the record of care of all discussions held, including telephone conversations. When staff are working in circumstances in which case notes are not available to them, a record of all discussions must be entered in the case notes at the earliest opportunity so that this becomes part of the child's records.

If the information is in regard to a patient's family member, including siblings, a family record should be started as information regarding a sibling may not be relevant to the patient's clinical care. If it is assessed that the information is relevant, a judgement will need to be made and this may mean that identical information is written in several places.

Helen & Douglas House employees are encouraged to attend case conferences where their input is needed or requested. If staff are unable to attend case conferences, reports must be sent in writing, even if this is simply to confirm that there is nothing further to report, for example the child has not been seen. Staff will be supported to attend out of county procedures, but where attendance is not possible, written reports will be dispatched prior to conferences.

Remember – The duty of confidentiality is over-ridden by the duty to protect the child from abuse. *(Reference: Oxfordshire Safeguarding Children's Board – Information Sharing Protocol 2006)*

8. POLICY MONITORING AND REVIEW

This is done by:

- Bi-annual safeguarding reports.
- Policy review every three years
- Monitoring of safeguarding training to ensure compliance with standards
- Evaluation of training to ensure quality and that it is meeting need of staff.
- Monitoring of incidents so that learning from concerns can occur.

9. COMPLIANCE WITH STATUTORY REQUIREMENTS

- Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended)

10. STAFF TRAINING REQUIREMENTS

All members of staff and volunteers must be trained in the prevention, detection and management of child protection situations to an introductory level and a copy of *What to do if you're worried a child is being abused (summary)* will be given to them.

Training will be made available by various means including staff induction, e-learning modules, mandatory rolling programme sessions, email updates, external training etc (see safeguarding training strategy).

All staff must comply fully with mandatory training programmes on safeguarding and related issues.

Introductory training will be provided at induction for all staff and volunteers via the online introductory training module. All clinical staff will be expected to complete generalist training every two years either in house or from the OSCB.

The safeguarding team will be trained to specialist safeguarding level 3 and will be able to provide the in house level generalist training.

11. THE PROCEDURE

Sullivan and Knutsford (2000), in a school based epidemiological study of 40,000 school leavers found that Disabled children are at a significantly higher risk of being abused-

- Neglect 3.8 times more likely
- Sexual abuse 3.1 times more likely
- Physical abuse 3.8 times more likely
- Emotional abuse 3.9 times more likely
- More recent review 3-3.8 times more likely
- 31% of disabled children had been abused compared to a prevalence rate of 9% of their non-disabled peers

Disabled children are more vulnerable for a range of reasons. The key ones are thought to be: a lack of awareness of risk; a reluctance to believe that disabled children are abused; indicators of abuse being mistakenly attributed to a child's impairment; and a lack of effective communication with disabled children and their families. Factors relating to the child's deafness or impairment itself such as the dependency on a number of carers for personal assistance, impaired capacity to resist/avoid abuse, communication impairments and an inability to understand what is happening or to seek help, are also contributory factors (Harker et al 2013).

All representatives of Helen & Douglas House should be sensitive to a child's needs and seek to be as responsive as possible to each child's situation and personal requirements.

What to do if you have concerns about a child's or young adult's welfare – see Appendix 3

12. DEALING WITH DISCLOSURES

If a child discloses an allegation of abuse or neglect to any member of the hospice team (including external staff working in HDH), 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 but do not 'investigate' or ask further questions.
- Reassure the child that they were right in telling you.
- Note the time, setting and details about what was said as well as any other people who witnessed the incident or the allegation.
- If there are physical signs of injury, use a sketch or body map to illustrate these.
- Record as soon as possible after the event and continue to record subsequent events.
- Do not promise you will keep secrets. You must make clear to the child that if they disclose something that involves a risk to themselves or another child that this information has to be passed on. Once the disclosure has been made, advice and support should be sought for the child, family and staff member.
- Disclosure of confidential information for the purposes of child protection/investigation is considered to be necessary in the public interest as stated in the Nursing and Midwifery Council Guidelines for professional practice.

13. RECORDING AND REPORTING SUSPECTED INCIDENTS AND DEALING WITH CONCERNS

As a normal procedure if an injury or safeguarding incident occurs to a child during a stay at Helen or Douglas House the incident should be documented in the notes and an incident form completed.

Any marks or bruising noted on a child *whatever the possible origin* (please note that this could be prior to admission or on a visit) should be described in detail and recorded. Injuries would be suspected of being non-accidental if they were on a part of the body not usually associated with accidental injury or were unusually symmetrical or suggested attack, for example hand prints, bites, bilateral marks, small round bruises in a line suggesting grabbing etc. *Disabled children may*

have injuries on different parts of their bodies to able-bodied children; these may be self-inflicted, equipment related or accidental – <u>all</u> require investigating.

If non-accidental injury and bruising is suspected, the child should be examined by a doctor for assessment.

14. ALLEGATIONS MADE BY PARENTS

If a parent makes an allegation that an injury has been sustained non-accidentally, the Director of Clinical Services should be informed and the incident investigated as outlined in the paragraph on concerns about colleagues.

15. DEALING WITH CONCERNS ABOUT COLLEAGUES

The staff within Helen & Douglas House have a joint responsibility to monitor each other to ensure that all the children who use the service are safe and well cared for. If there is concern that a child is at risk of physical or psychological injury due to the conscious or unconscious behaviour, attitudes or actions of a member of staff, these concerns must be discussed immediately with the Director of Clinical Services, House Managers or Social Worker. If they are not available and a child is felt to be at risk, then speak to the doctor on call. The primary concern must be the safety of the children.

16. DEALING WITH CONCERNS ABOUT CHILD SEX EXPLOITATION

All agencies have roles and responsibilities in relation to safeguarding and promoting the welfare of children and this includes protecting them from abuse through child sexual exploitation.

An allegation, unsubstantiated or otherwise, that a child or young person has established associations with sexual exploitation or sex work should be considered carefully.

One of the key difficulties in identification of sexual exploitation is that many of the indicators are also normal adolescent behaviours. However adults who know the child well may have an instinct that something is wrong. None of the indicators, whether singly or in combination, should be viewed as conclusive proof of involvement in sexual exploitation, but a combination of them may indicate the possibility and should be fully considered and any concern should be shared with a member of the safeguarding team or the shift coordinator.

In order to determine whether the relationship presents a risk to the young person, the following factors should be considered. This list is not exhaustive and other factors may be needed to be taken into account:

- Whether the young person is competent to understand and consent to the sexual activity they are involved in;
- The nature of the relationship between those involved, particularly if there are age or power imbalances as outlined above and which might suggest sexual exploitation;

- Whether overt aggression, coercion or bribery was involved, including misuse of substances/alcohol as a disinhibitor;
- Whether the young person's own behaviour for example substance misuse, places them in a position where they are unable to make an informed choice about the activity and is therefore at risk of sexual exploitation;
- Any attempts to secure secrecy by the sexual partner beyond what would be considered usual in a teenage relationship;
- Whether the sexual partner is known by any agency as having other concerning relationships with similar young people;
- Whether the young person denies, minimises or accepts concerns expressed by professionals;
- Whether methods used to secure compliance and/or secrecy by the sexual partner are consistent with behaviours considered to be 'grooming' (see Appendix 4 for definition of grooming).
- Whether sex has been used to gain favours (e.g. swapping sex for cigarettes, clothes, gifts, trainers, alcohol, drugs etc.) suggesting the young person is being sexually exploited;
- The young person has a lot of money or other valuable things which cannot be accounted for.

17. REFERENCES

- L Harker, S Jütte, T Murphy, H Bentley, P Miller & K Fitch (2013) How safe are our Children, NSPCC, London
- HM Government (2013) Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children. London.
- What to do if you are worried a child is being abused (2006).
- *Safe from Harm* Home Office (1993)
- Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended)
- Oxford Safeguarding Children Board 2014
- Parents Protect 2015

18. REFERENCE DOCUMENTS AND WEBSITE LINKS

- Oxfordshire Safeguarding Children Board Procedures: http://www.oscb.org.uk/wps/wcm/connect/occ/OSCB/Professionals/
  If the child lives out of Oxfordshire, please refer to relevant local authority safeguarding website for information.
- "What To Do If You're Worried A Child Is Being Abused – Summary", (2003), Department of Health (Ref 31815). http://www.everychildmatters.gov.uk/_files/34C39F24E7EF47FBA9139FA01C7B0370.pdf
- Academy of Medical Royal Colleges (2005). Medical Expert Witness: Guidance from

the Academy of Medical Royal colleges www.aomrc.org.uk

- The Victoria Climbié Inquiry, Summary and Recommendations, 2003, HMSO http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008654
- The Children Act 2004 http://www.opsi.gov.uk/acts/acts2004/20040031.htm
- Working Together website: http://education.gov.uk/publications/standard/publicationDetail/Page1/WT2006
- General Medical Council www.gmc-uk.org.uk
- Nursing and Midwifery Council www.nmc-uk.org.uk

Sullivan P. M. and Knutson, J. F. (2000). Maltreatment and disabilities: a population-based epidemiological study. *Child Abuse & Neglect*, 24(10): 1257–1273.

- Working Together to Safeguard Children 2017 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

19. USEFUL NAMES AND TELEPHONE NUMBERS FOR REFERRALS & ADVICE:

Oxfordshire Social Services:

• Helpline (if you are concerned that a child is being sexually exploited)	01865 335276
• Emergency Duty Team	0845 050 7666
• Emergency Duty Team (outside office hours)	0800 833 408
• North Assessment Team	01865 823039
• South Assessment Team	01865 323041
• Oxford City Assessment Team	01865 323563

Oxfordshire CCG:

Alison Chapman, Designated Nurse for Child Protection
Alison.chapman@oxfordshireccg.nhs.uk

Clare Robertson (Dr), Designated Doctor for Child Protection
Clare.robertson@ouh.nhs.uk

Police 101/999

Oxfordshire Safeguarding Children Board Training
www.oscbtraining@oxfordshire.gov.uk

Other Useful Contacts

NSPCC Child Protection Helpline 0800 800 5000
www.help@nspcc.org.uk
24 Hour Helpline for anyone concerned about a child at risk of abuse

Child Line 0800 1111

Help for children worried about abuse & bullying

www.childline.org.uk

Oxford Sexual Abuse and Rape Crisis Centre

www.support@osarcc.org.uk

Supports female survivors of rape, sexual abuse, domestic violence and sexual harassment.

NAPAC

The National Association for People Abused in Childhood

www.napac.org.uk

Support for adult survivors of any form of childhood abuse.

Stop It Now!

www.stopitnow.org.uk

Confidential helpline for those who suspect someone they know is abusing a child or who are worried about their own thoughts or behaviour:

Child Exploitation and Online Protection Agency (CEOP)

www.ceop.police.uk/

APPENDIX 1

DEFINITIONS OF CHILD ABUSE
(From Working Together to Safeguard Children 2013, HM Government)

Abuse
A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

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

Emotional Abuse
The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is

Sexual Abuse
Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);

- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or e
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Female Genital Mutilation

Female genital mutilation (FGM), also known as 'female circumcision' or 'female genital cutting', is a practice that involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

There are many complex reasons why communities practice FGM. These include ideas surrounding the preservation of virginity, promoting hygiene and cleanliness, adherence to cultural norms, religion (neither the Bible nor the Koran condone FGM) and ensuring eligibility for marriage. FGM is performed on girls between the ages of infancy and age 15 years, depending on which country and culture they are from. Tools used include knives, scissors, scalpels, pieces of glass and razor blades. Anaesthetics and antiseptics are rarely used.

FGM is considered to be a grave violation of the human rights of women and children. Performing FGM on a child is considered to be child abuse. There are NO health benefits to FGM.

What is the law associated with FGM?

In the UK it is illegal to perform FGM, or to arrange for FGM to happen, on a girl or woman. It is also illegal to take, or arrange for a girl to be taken to another county for FGM, even if it is legal in that country. If caught, offenders face a large fine and a prison sentence of up to 14 years.

It is now a mandatory requirement to report any episode of FGM (via usual Safeguarding referral procedures).

Radicalisation

Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

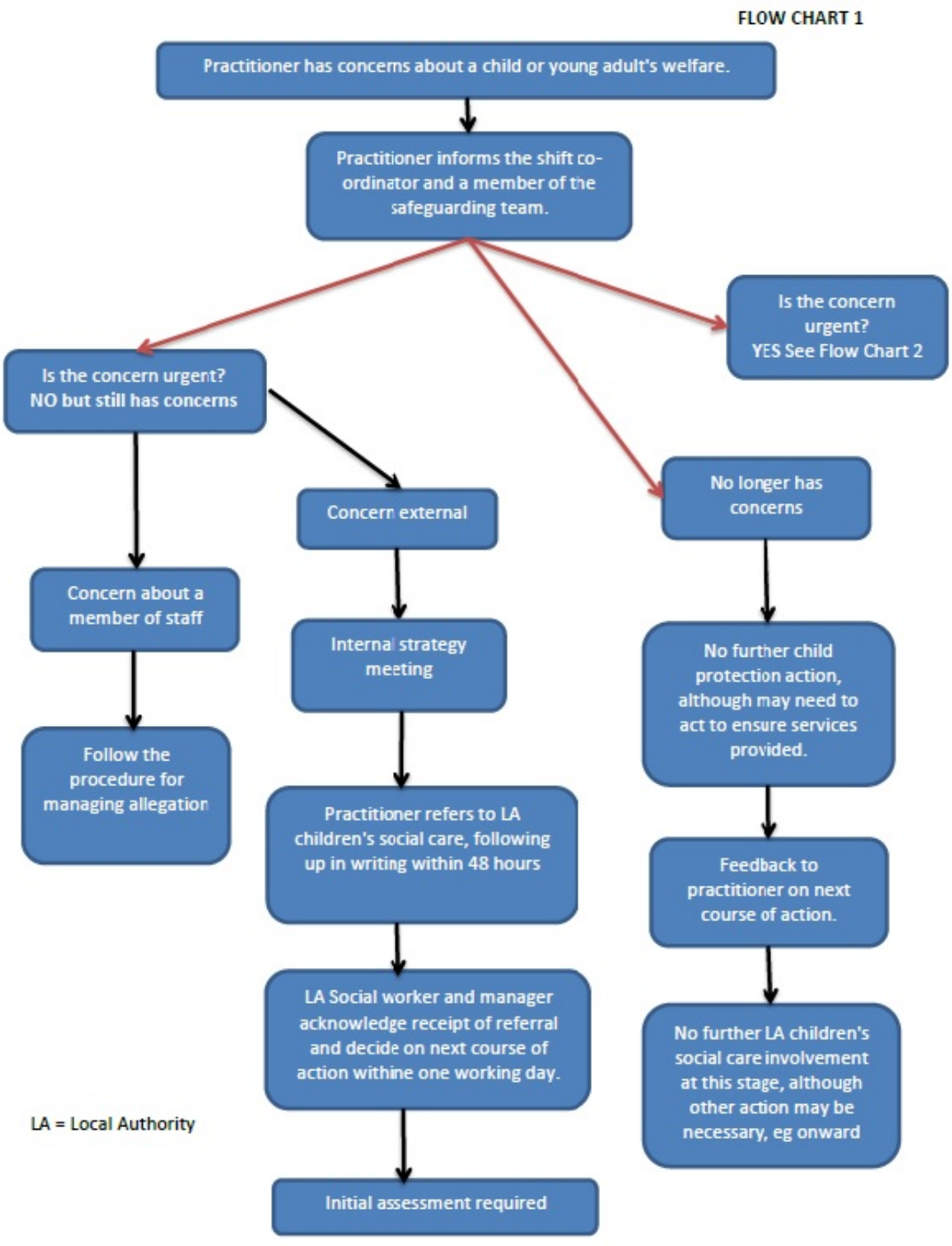
The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. Helen & Douglas House is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

APPENDIX 2

HELEN & DOUGLAS HOUSE CODE OF BEHAVIOUR FOR WORKING WITH CHILDREN AND VULNERABLE ADULTS

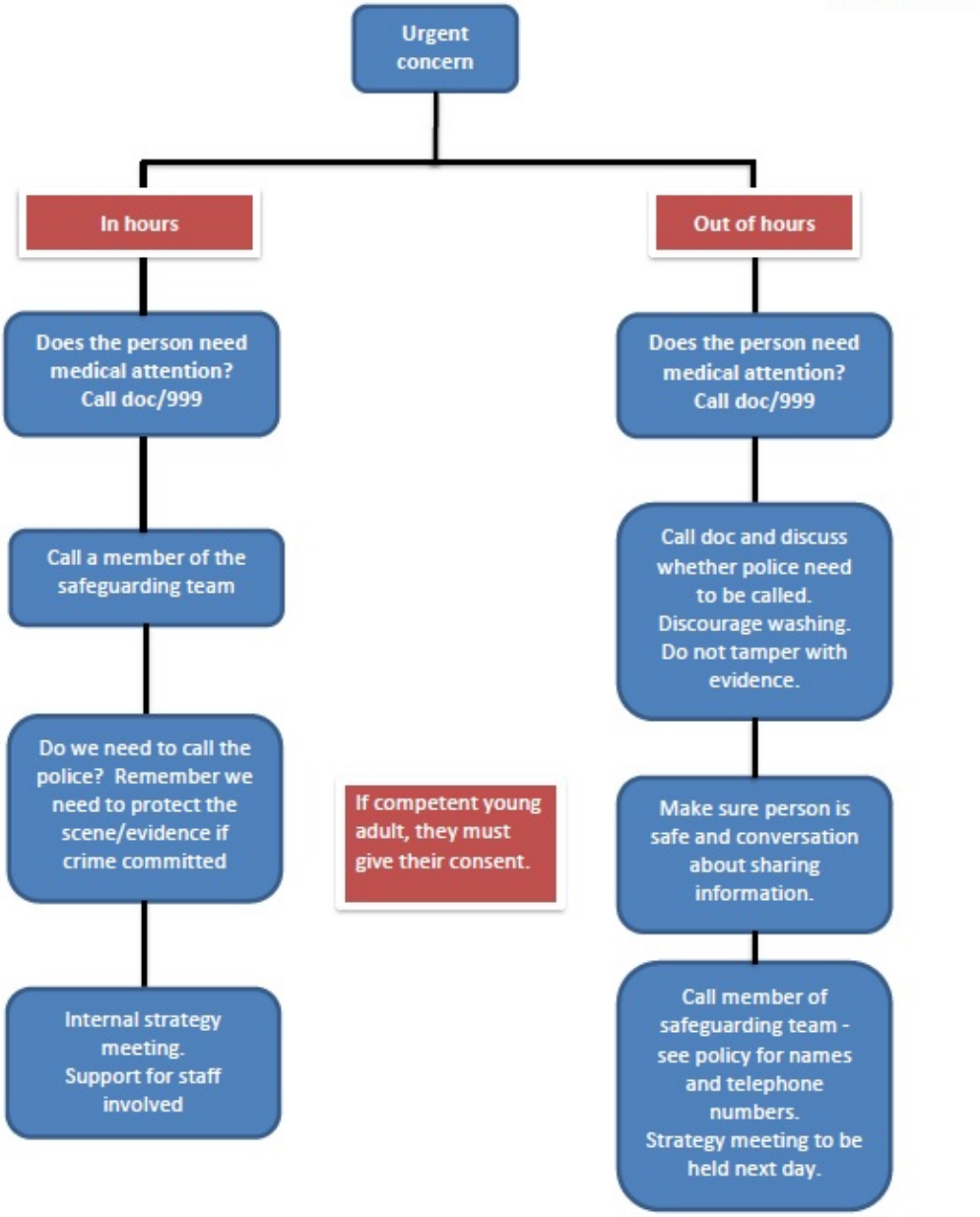
- Do treat everyone with dignity and respect.
- Do make careful judgements about how to act to safeguard and promote a child or young adult's welfare.
- Do be aware of professional boundaries, for example do not visit a child or young adult in their own home in your own time or without the knowledge of your line manager.
- Do not invite children or young adults to your home.
- Do treat all children and young adults equally – show no favouritism
- Do respect a child or young adult's right to privacy
- Do not get involved in unacceptable situations within a relationship of trust e.g. an intimate relationship with a young adult over the age of consent.
- Do allow children and young adults to talk about their concerns that they have and do share this with a senior member of staff.
- Do document any concerns that are voiced to you.
- Do take any allegations or concerns of abuse seriously and refer immediately.
- Do not engage in inappropriate contact either physical, verbal or sexual.
- Do not text, phone or email a child or young adults in your own time or on your own equipment.
- Avoid where possible spending excessive time alone with children and young adults away from others.
- Do not take a child or young adult alone in a car journey without the authorisation of the key holder.
- If you find yourself in a vulnerable position or if you contravene the code of behaviour inform a senior member of staff as soon as possible.

APPENDIX 3



Contacts:		
Nurse Consultant	Karen Brombley	07554 014922
Head of FSBV	Rawle McCarthy	07432 154993
Nominated House Manager	Kathy Patching	07810 045850
Nominated Consultant Paediatrician	Dr Emily Harrop	07748 112843

FLOW CHART 2



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Nominated Consultant Paediatrician	Dr Emily Harrop	07748 112843

APPENDIX 4

Definition of "grooming"

Grooming is a word used to describe how people who want to sexually harm children and young people get close to them, and often their families, and gain their trust. Grooming in the real world can take place in all kinds of places – in the home or local neighbourhood, the child's school, youth and sports clubs or the church.

Online grooming may occur by people forming relationships with children and pretending to be their friend. They do this by finding out information about their potential victim and trying to establish the likelihood of the child telling. They try to find out as much as they can about the child's family and social networks and, if they think it is 'safe enough', will then try to isolate their victim and may use flattery and promises of gifts, or threats and intimidation in order to achieve some control.

It is easy for 'groomers' to find child victims online. They generally use chatrooms which are focussed around young people's interests. They often pretend to be younger and may even change their gender. Many give a false physical description of themselves which may bear no resemblance to their real appearance – some send pictures of other people, pretending that it is them. Groomers may also seek out potential victims by looking through personal websites such as social networking sites.

Ref: Parents Protect UK 2015