

THE HOSPICE OF ST FRANCIS, BERKHAMSTED

Safeguarding Children Policy and Procedure		
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Policy statement

The Hospice of St Francis unequivocally condemns the abuse of individuals. The Hospice’s foremost priority is the protection of those in our care and is committed to upholding each person’s right to self-determination and choice, including the acceptance of a degree of risk in matters of personal safety, contingent upon their

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capacity to make such decisions. The Hospice collaborates with other agencies in accordance with the inter-agency procedures of the Buckinghamshire and Hertfordshire Safeguarding Partnerships:

- [Hertfordshire Safeguarding Children Partnership](#)
- [Buckinghamshire Safeguarding Children Partnership](#)

This policy, along with the accompanying procedures, ensures that children receive treatment and care within appropriate professional boundaries from all staff, volunteers, trustees, and co-opted members of board committees. This organisation fosters a positive attitude towards the prevention, detection, and management of abuse.

All staff and volunteers are obligated to act promptly on any concern or suspicion that a child is at risk of abuse.

Safeguarding concerns should be reported using the Safeguarding Concerns Form available on Vantage: <https://www.vantage-modules.co.uk/STFRANCISHOSPICE>

The Safeguarding Procedure Flowchart is displayed in the In-Patient Unit, Clinical Offices, and the Spring Centre. It is also accessible electronically on Vantage: <https://www.vantage-modules.co.uk/STFRANCISHOSPICE>

Principles of Child Protection

The welfare of children in our care is paramount and safeguarding them from harm is a fundamental aspect of their care and support. Protecting children necessitates close cooperation among professionals who are obligated to work in partnership and assist lead agencies by providing appropriate information, knowledge, and support.

The lead agencies with statutory responsibility for child protection are Social Services and the Police, supported by local safeguarding children boards and the Care Quality Commission (CQC). Child abuse can occur in any environment and may be inclusive or exclusive, involving either actions committed against a person or acts of omission.

Children from all backgrounds, ages, and abilities can be victims of abuse, and the abuser may be known to them or a stranger. Social Services has a duty to investigate all safeguarding referrals concerning children, in accordance with The Children Act 1989 (Section 47) and The Children Act 2004. The local Social Services department holds the primary responsibility for these investigations, with full cooperation from other statutory and voluntary agencies.

Related Policies

- **C061a:** Safeguarding Adults and Children's Procedure Flowchart
- **C061:** Safeguarding Adults Policy and Procedure
- **C062:** Safeguarding Children Policy and Procedure
- **C095:** Mental Capacity Act Policy and Procedure
- **C128:** Vulnerability to Radicalisation Information Sheet
- **C099:** Incident Reporting Policy

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- **C117:** Guidance for Reporting Incidents to External Agencies
- **HS220:** Risk Assessment Policy and Procedure
- **HR001:** Employees' Handbook
- **HRV010:** Volunteers Handbook
- **GOV003:** Freedom to Speak Up Policy and Procedure
- **C060:** Complaints Policy and Procedure
- **HS221:** Health and Safety Policy
- **HS213:** Lone Working Policy
- **HRV023:** Disclosure and Barring Service (DBS) Policy and Procedures
- **T919:** Information Security Policy

Responsibility/ Accountability

Ultimate Responsibility:

- Board of Trustees, delegated to the CEO

Senior Responsibility:

- Director of Integrated Governance, Wellbeing & Family Support
- Director of Care and Contracts

Named Individuals:

- Director of Integrated Governance and Family Support
- Social Work Team & Children's Team Lead
- Director of Care & Contracts
- Heads of Family Support

Governance

The Hospice of St Francis is committed to ensuring that all aspects of the Safeguarding Policy and Procedure, including audits, training, adherence to correct procedures, and documentation, are meticulously monitored and reported to the appropriate groups and committees.

- The Policy will be approved by the People and Governance Committee (PGC).
- An annual audit and review of safeguarding activities will be conducted and reported to the Board and PGC.
- Accurate records of all safeguarding concerns will be maintained.
- Accurate records of all safeguarding concerns escalated to Social Services, police, and other relevant agencies will be maintained.
- Safeguarding activities will be a standing agenda item at the Clinical Reference meetings, Clinical Governance Committee meetings, and all Board meetings.
- An annual report on safeguarding will demonstrate how the Hospice has implemented its Safeguarding Strategy throughout the organisation.
- The Policy and Procedure will be reviewed annually in accordance with Charity Commission guidance and as required by legislative changes.

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- The Hospice has appointed a Safeguarding Trustee.
- The Hospice has appointed a Caldicott Guardian.
- The Hospice has a registered manager for all regulated activities as defined by The Care Act 2014.
- Information regarding the Hospice Safeguarding Leads and Safeguarding Trustee is clearly displayed throughout the Hospice and on our website: <https://www.stfrancis.org.uk/>.

Scope

This policy is applicable to all operations of The Hospice of St Francis and encompasses all individuals involved in these operations, including staff, volunteers, patients, relatives, and carers.

Staff and Volunteer Selection

Child abuse can occur in any setting. Therefore, all staff and volunteers who interact with children during their work or volunteering at the Hospice must undergo a Disclosure and Barring Service (DBS) check at the time of recruitment. Additionally, two references from previous employers are required to provide further insight into their character and past employment.

All staff members will participate in a formal interview to evaluate their suitability for working within a hospice environment. Potential volunteers will be interviewed by both the Voluntary Service Lead and the Team Lead for the area in which they will be volunteering.

Supervision of staff and volunteers is conducted regularly and includes an annual performance review process. This process encompasses appraisals for staff members and annual reviews for volunteers. In accordance with DBS policy HRV023, additional DBS checks are performed during employment or volunteering at the Hospice. Furthermore, every staff member and volunteer are asked to disclose any new information at their annual review.

Training

All staff and volunteers working with children must be aware of the existence of 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 safeguarding practices, the Hospice will provide support, information, and training to all staff and volunteers. This training will equip them with the necessary knowledge to identify potential vulnerabilities and risks of harm, as well as an understanding of how to implement safeguarding procedures.

Training will begin during the induction of new staff and volunteers and will be updated during designated training days. All staff and volunteers will receive training in the detection of abuse as part of the mandatory training program, in accordance with the guidelines outlined in "Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff," Fourth Edition (The Intercollegiate Document, January 2019), revised February 2022.

Training Requirements

Level 1: Applicable to all staff, including non-clinical managers and personnel working in healthcare services.

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Level 2: The minimum required level for both non-clinical and clinical staff who, in their roles, have any degree of contact with children, young people, parents/carers, or adults who may pose a risk to children.

Level 3: Required for all clinical staff working with children, young people, their parents/carers, or any adult who could pose a risk to children. This includes staff who may contribute to assessing, planning, intervening, and/or evaluating the needs of a child or young person and/or parenting capacity, regardless of whether there have been previously identified child protection or safeguarding concerns.

Level 4: Designated for named safeguarding professionals.

Core Competencies

Level 1:

- Recognises potential signs of child maltreatment relevant to their role.
- Identifies when a child or parent/carer repeatedly misses or cancels appointments and reports this to the appropriate personnel within the organisation.
- Seeks appropriate advice, reports concerns, escalates if necessary, and feels confident that their concerns are acknowledged.

Level 2:

- Documents safeguarding/child protection concerns and maintains accurate records, distinguishing between fact and opinion.
- Shares relevant information between teams through various communication methods (written, telephone, electronic, in-person).
- Documents and codes appropriately when a child is not brought to a health appointment, using terms like "was not brought" instead of "Did Not Attend" (DNA), where applicable.
- Identifies patterns of missed appointments by children or parents/carers.
- Determines when further support is needed, takes action, and refers to managers, supervisors, or other professionals, including early help and social services.
- Escalates concerns appropriately and challenges other professionals if concerns are not taken seriously.

Level 3:

- Acts proactively to reduce the risk of child/young person maltreatment.
- Contributes to and makes informed decisions on safeguarding/protecting children or young people, emphasising a multidisciplinary approach.
- Ensures the voice and needs of children are central to clinical practice.
- Communicates effectively with children and young people, ensuring their participation in decisions affecting them, appropriate to their age and ability.
- Works with children, young people, and families with child protection concerns as part of a multidisciplinary team, seeking appropriate guidance.
- Identifies associated medical conditions, mental health issues, and other comorbidities in children or young people that may increase the risk of maltreatment and takes appropriate action.
- Provides effective feedback to colleagues.
- Offers clinical support and supervision to junior colleagues and peers.
- Challenges other professionals when necessary and provides supporting evidence.

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- Contributes to inter-agency assessments and undertakes risk assessments when required.
- Participates in and chairs peer review and multidisciplinary meetings as needed.
- Applies lessons from serious case reviews/case management reviews/significant case reviews.
- Conducts risk assessments when a child is not brought to an appointment, considering patterns of missed appointments, siblings missing appointments, previous/current safeguarding concerns. Considers parental/carer factors such as mental/physical health, domestic abuse, or substance misuse, or children receiving early help support, and instances of 'no access' home visits.
- Understands the importance of perinatal mental health and its potential lifelong consequences for children if untreated.
- Contributes to auditing the effectiveness and quality of safeguarding/child protection services, including audits against national guidelines.
- Understands relevant national and international policies and their implications for practice.
- Manages allegations of child abuse by professionals, including escalation and seeking help.

Level 4:

- Contributes to the development of strong internal safeguarding/child protection policies, guidelines, and protocols as a member of the safeguarding team.
- Effectively communicates local safeguarding knowledge, research, and audit findings, challenges poor practice, and addresses training/development opportunities.
- Facilitates and contributes to organisational audits, multi-agency audits, and statutory inspections.
- Collaborates with the safeguarding/child protection team and partners in other agencies to conduct training needs analysis, and to commission, plan, design, deliver, and evaluate single and inter-agency training and teaching.
- Undertakes and contributes to serious case reviews, case management reviews, significant case reviews (in Wales, child practice reviews), and domestic homicide reviews involving children. This includes performing individual management reviews, individual agency reviews, internal management reviews, and child death reviews as requested. Additionally, develops chronologies and action plans using root cause analysis or other locally approved methodologies.
- Coordinates and contributes to the implementation of action plans and learning from reviews with the safeguarding/child protection team.
- Works effectively with colleagues from other organisations, providing advice as appropriate.
- Provides proactive and reactive safeguarding/child protection advice and information to the employing authority, including the board, directors, and senior managers.

Definitions

Child: In accordance with The Children's Act 1989 and 2004, a child is defined as 'anyone under the age of eighteen'.

Abuse: Abuse and neglect constitute forms of maltreatment of a child. An individual may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may experience abuse within a family, institutional, or community setting, perpetrated by individuals known to them or, less commonly, by strangers. Abuse may be inflicted by adults or peers.

Children with disabilities are particularly vulnerable to abuse, and historically, such abuse may have been overlooked or trivialised. A child may be unable to communicate the occurrence of abuse or may not fully

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comprehend it. Nonetheless, all forms of abuse represent a misuse of power and a betrayal of trust, causing significant harm to the victim.

The categories of abuse outlined below are not mutually exclusive; a child may be subjected to multiple forms of abuse.

Types of Abuse

Physical Abuse: Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, female genital mutilation (FGM), suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or caregiver fabricates the symptoms of, or deliberately induces, illness in a child.

Note: In the case of FGM, there are additional reporting requirements. Please refer to the reference list for more information.

Neglect: Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely resulting 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 caregiver failing to provide adequate food, clothing, and shelter (including exclusion from home or abandonment), failing to protect a child from physical and emotional harm or danger, failing to ensure adequate supervision (including the use of appropriate caregivers), and failing to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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

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

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

Emotional Abuse: Emotional abuse is the persistent emotional ill-treatment of a child, causing severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless, unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include age or developmentally inappropriate expectations being imposed on children, interactions that are beyond the child's developmental capability, overprotection, limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-

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treatment of another, serious bullying, causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

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

Criminal Exploitation and Gangs: Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes. The term "gang" can mean different things in different contexts. The government, in their paper "Safeguarding Children and Young People Who May Be Affected by Gang Activity," distinguishes between peer groups, street gangs, and organised criminal gangs. Peer groups are relatively small and transient social groupings that may or may not describe themselves as a gang depending on the context. Street gangs are groups of young people who see themselves (and are seen by others) as a discernible group for whom crime and violence are integral to the group's identity. Organised criminal gangs are groups of individuals for whom involvement in crime is for personal gain (financial or otherwise). For most, crime is their occupation. It is not illegal for a young person to be in a gang—there are different types of gangs, and not every gang is criminal or dangerous. However, gang membership can be linked to illegal activity, particularly organised criminal gangs involved in trafficking, drug dealing, and violent crime.

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

Grooming: Grooming is when someone builds a relationship, trust, and emotional connection with a child or young person to manipulate, exploit, and abuse them. Children and young people who are groomed can be sexually abused, exploited, or trafficked. Anybody can be a groomer, regardless of age, gender, or race. Grooming can take place over a short or long period—from weeks to years. Groomers may also build a relationship with the young person's family or friends to make themselves seem trustworthy or authoritative.

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

Online Abuse Online abuse is any type of abuse that happens on the internet. It can occur across any device connected to the web, such as computers, tablets, and mobile phones. It can happen anywhere online, including social media, text messages, messaging apps, emails, online chats, online gaming, and live-streaming sites. Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse taking place offline, like bullying or grooming, or it might only happen online.

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References

- The Children's Act 1989
- The Children's Act 2004
- The Children and Social Work Act 2017
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (The Intercollegiate Document, 2019)
- National Society for the Prevention of Cruelty to Children, *Every Child is Worth Fighting For* 2015
- Multi-Agency Protocols for Safeguarding Children and Adults in Hertfordshire and Buckinghamshire
- Female Genital Mutilation Risk and Safeguarding: Guidance for Professionals 2015
- Section 5B (11) of the Female Genital Mutilation Act 2003, as inserted by Section 74 of the Serious Crime Act 2015
- Working Together to Safeguard Children, Department of Health 2018
- United Nations Convention on the Rights of the Child 1989
- The Health and Social Care Act 2008
- The Care Act 2014
- Safeguarding Accountability and Assurance Framework 2019

Online Resources:

- [Child Safety Online: A Practical Guide for Parents and Carers](#)
- [NSPCC: Keeping Children Safe Online](#)
- [NSPCC: Types of Child Abuse](#)

Safeguarding Children Procedure

Aim and Scope of Procedure

This procedure delineates the responsibilities and actions required when a concern or allegation regarding actual or potential child abuse is reported. Adherence to this procedure ensures that staff and volunteers address safeguarding issues in a manner that prioritises the welfare and safety of service users, while fulfilling their professional responsibilities.

The Safeguarding Procedure Flowchart is prominently displayed in the In-patient Unit main office, the senior nurses' office, the Spring Centre outpatient department, and the Clinical Office upstairs. It is also accessible electronically at:
<https://www.vantage-modules.co.uk/STFRANCISHOSPICE/Secure/Home>

Responsibility/ Accountability

All Staff and Volunteers:

- Understand and adhere to the 'Safeguarding Procedure Flowchart.'
- Complete mandatory safeguarding training as required.

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- Raise any concerns with a Named Person or line manager within the specified timeframes outlined in the Safeguarding Procedure Flowchart.
- Complete a Hospice of St Francis Safeguarding Concern Form (available on Vantage) and, when appropriate, complete the Herts/Bucks safeguarding reporting form (see Referrals section).
- Inform one of the Named People about the concern within the specified timeframes outlined in the Safeguarding Procedure Flowchart.

Named People:

- Ensure Safeguarding Concern Forms are completed promptly and distributed according to the Safeguarding Procedure Flowchart.
- Consult with at least one other Named Person regarding concerns and agree on actions within 24 hours.
- Follow the immediate action pathway for urgent concerns as outlined in the flowchart.
- Inform the relevant social services department or police by telephone of any concerns reported at the Hospice of St Francis and follow up by sending the required information/report via confidential email.
- Obtain updates on reported concerns from Social Services within one week of their action.
- Provide feedback on the outcomes of concerns to the practitioner or volunteer who initially reported them, if appropriate.
- Attend safeguarding conferences as requested.
- Provide the police with all requested information.

Director of Integrated Governance, Wellbeing, and Family Support:

- Ensure all staff and volunteers are aware of and understand the Safeguarding Policy and Procedure, including detailed knowledge of the Safeguarding Procedure Flowchart.
- Ensure staff and volunteers receive appropriate internal or external safeguarding training relevant to their roles.
- Be available to support staff and volunteers, allowing them to speak confidentially regarding safeguarding matters.
- Ensure team members are aware of the Freedom to Speak Up policy guidelines and understand how to follow the identified procedures, including contacting the Freedom to Speak Up Guardian and/or Freedom to Speak Up Ambassadors.
- Ensure safeguarding incidents are reported and monitored by The Board, Clinical Governance Committee, and Clinical Reference Group.
- Promote a culture of openness and transparency where staff and volunteers feel able to express concerns without fear of reprisals.
- Implement any lessons learned from safeguarding incidents.

Handling Allegations

When a child discloses an allegation of abuse to any member of the Hospice team, the following principles must be adhered to:

- Allow the child to narrate their story without direct questioning.
- Do not hinder a child who wishes to discuss their experiences.
- Record the time, setting, and details of the disclosure, including any witnesses to the incident or allegation.

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- Continue documenting subsequent events.
- Affirm to the child that they did the right thing by disclosing the information.
- Inform the child that any disclosure involving risk to themselves or another child must be reported. Immediate reference to the flowchart is required following a disclosure.
- Ensure all communication with the child is conducted in a manner that is conducive to their comprehension.

Reporting Suspected Incidents and Handling Concerns

Any marks or bruising observed on a child within the Hospice, whether sustained or merely noted, should be meticulously described and documented on the Safeguarding Concern Form (available on Vantage), including a body chart. Additionally, an Incident Form should be completed if necessary (e.g., in cases of pressure ulcers).

Injuries may be suspected of being non-accidental if they appear on parts of the body not typically associated with accidental injury, exhibit unusual symmetry, or otherwise suggest an intentional attack. Examples include imprints on the body, bite marks, small round bruises in a line indicating grabbing, burns, etc.

Upon raising a Safeguarding Concern Form, an internal safeguarding meeting must be convened with at least two of the Named Safeguarding Leads. According to the Safeguarding Procedure Flowchart, there are two possible outcomes:

1. **No Further Action** - The Hospice's named safeguarding leads must ensure that the affected individual has access to appropriate support services within the community.
2. **Take Action** - Gather Further Information:
 - The Named Safeguarding Leads may determine that additional information is required. An appropriate team member should speak with the child and their parent or carer. This should only occur if it does not place the child at greater risk. The purpose is to clarify the context of any apparent harm or abuse. Based on the information gathered, there will be either:
 - **Significant Concerns of Immediate Health, Safety, and Welfare Risks:** Immediate contact must be made with emergency services (999), followed by urgent communication with the Hospice's named safeguarding leads as outlined in the safeguarding procedure flowchart.
 - **Substantial Concern with No Apparent Immediate Risk:** The Hospice's named safeguarding leads should make a safeguarding referral to the local authority if required, using the appropriate Herts/Bucks forms.

Reporting Incidents Out of Hours

For any urgent safeguarding concerns that arise outside of regular working hours (09:00-17:00, Monday to Friday, including bank holidays), whether they occur within the in-patient unit, Spring Centre, or in the community, please promptly notify one of the named people listed in the out-of-hours contact flow chart. These individuals will assess the situation and determine the appropriate immediate actions to be taken.

Accusations Against the Hospice

If a family member or carer makes an allegation that a child has sustained a non-accidental injury within the Hospice, it is crucial to immediately contact the Director of Care & Contracts, the Director of Integrated Governance, Wellbeing & Family Support, or the CEO. Initially, the Hospice Complaints Policy should be

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followed until further direction is provided. Throughout this process, the safety and well-being of the vulnerable child must remain the primary consideration.

Handling Concerns Regarding Colleagues

Staff and volunteers at The Hospice of St Francis share a collective responsibility to monitor each other to ensure the safety and well-being of all children utilising our services. If there are concerns that a child is at risk of any form of abuse due to the behaviour, attitudes, or actions of a staff member or volunteer, these concerns must be promptly reported to the Freedom to Speak Up Guardian, in accordance with the Freedom to Speak Up Policy. This may result in the immediate suspension or removal of the alleged perpetrator. The child and their family or carers should be informed of any actions taken as soon as possible.

Following the initial management response and any subsequent inquiries, confidentiality must be maintained to prevent the details of the allegations from being widely discussed within the care team. Managerial focus should be on the nature of the incident or injury and the risk of further abuse. The safety and well-being of the child is the primary consideration.

If formal disciplinary action is deemed necessary, it should be addressed in a formal meeting as outlined in the disciplinary procedure. Internal disciplinary measures will be taken by the management team against the staff member(s) involved if they are found by the disciplinary panel to have committed abuse. Disciplinary measures may be implemented even if Social Services decide not to investigate or if the police choose not to prosecute following an investigation.

Concerns raised about colleagues must be documented on the Safeguarding Concerns Form and kept separately by the named person or Director of Care and Contracting.

Concerns Arising During a Community Visit

If a practitioner or volunteer observes actual harm or the potential for immediate significant harm to a child or family member during a community visit, immediate action must be taken in accordance with the Safeguarding Procedure Flowchart.

Practitioners or volunteers who feel they are in personal danger at any time during a community visit must leave the threatening environment at the earliest opportunity. Refer to the Lone Worker Policy HS213 for guidance on risk assessments and the use of lone worker fobs.

Contact information for all local children's social services departments, including out-of-hours numbers, is available in the Safeguarding Procedure Flowchart.

Referrals

Hertfordshire Children's Services

- **Phone:** 0300 123 4043 (available 24/7)
- **Report a concern online:** <https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/report-child-protection-concern.aspx>

Buckinghamshire Children's Services

- **Phone:** 01296 383 962 (Monday to Thursday: 9am - 5:30pm, Friday: 9am - 5pm)
- **Phone Out of Hours:** 0800 999 7677 (before 9am, after 5:30pm on weekdays, after 5pm on Fridays, and weekends)

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- **Report a concern online:** <https://www.buckssafeguarding.org.uk/childrenpartnership/reporting-a-concern/report-a-concern-professional/>

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