

## Children’s Safeguarding Policy

### Definition of children

The Children Act (2004) defines children as people under the age of 18 years. This legal definition applies to this document and to the terms, ‘child’, ‘children’, ‘young person’ and ‘young people’ used within it.

**Key principles** upon which this Safeguarding Children Policy is based are:

The welfare of the child is paramount.

Working in partnership with children, their parents, carers and other agencies is essential in promoting the welfare, health and development of children.

all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse

some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues

extra safeguards may be needed to keep children who are additionally vulnerable safe from abuse.

All allegations and suspicions of harm will be taken seriously and responded to swiftly, fairly and appropriately.

### Introduction

The purpose of this policy statement is:

- to protect children and young people who receive Rowans Hospice’s services from harm. This includes the children of adults who use our services
- to provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection.

This policy applies to anyone working on behalf of the Rowans Hospice organisation, including senior managers and the board of trustees, paid staff, volunteers, sessional workers, agency staff and students.

Staff and volunteers within the Rowans Hospice organisation, involved in healthcare provision have a responsibility in safeguarding children:

*‘No matter where you work, you are likely to encounter children during the course of your normal working activities. You are in a unique position to be able to observe signs of abuse or neglect, or changes in behaviour which may indicate a child may be being abused or neglected.*

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*You should make sure that you are **alert** to the signs of abuse and neglect, that you **question the behaviour** of children and parents/carers and don't necessarily take what you are told at face value. You should make sure you know where to turn to if you need to **ask for help**, and that you **refer** to children's social care or to the police, if you suspect that a child is at risk of harm or is immediate danger'*

(What to do if you're worried a child is being abused 2015)

All employees of Rowans Hospice have a duty to work within its organisational policy and the local statutory procedures for Safeguarding Children.

In the statutory guidance, Working Together to Safeguard children, 2018, the term 'safeguarding and promoting the welfare of children' refers to:

- protecting children from maltreatment
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

*Nothing is more important than children's welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified.*

(Working Together to Safeguard Children, 2018)

All staff and volunteers of Rowans Hospice, alongside any partner agency working with children, young people and their families, must take all reasonable measures to ensure the risks of harm to children's welfare are minimised.

Clinicians working alongside children, parents and other adults in contact with children are expected to be able to identify indicators that a child's welfare or safety might be at risk and to act appropriately in response to concerns. This includes the welfare of unborn children.

Our children's safeguarding policy is available to read in full. If you are a staff member or volunteer at the Rowans Hospice, the policy can be viewed on PeopleZone. For anyone external to our organisation please speak to a member of the Hospice team or email: [info@rowanshospice.co.uk](mailto:info@rowanshospice.co.uk).

We are committed to reviewing our policy and good practice annually.

### **Definition of 'significant harm'**

"Harm" is the "ill treatment or the impairment of the health or development of the child" (Section 31, Children Act 1989).

It is determined "significant" by comparing a child's health and development with what might be reasonably expected of a similar child."

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Although there is no absolute criteria for determining whether or not harm is “significant”, local authorities such as social services, police, education and health agencies work with family members to assess the child, and a decision is made based on their professional judgement using the gathered evidence.

(NSPCC)

Staff may identify concerns relating directly to the child; e.g. physical injury, signs of neglect, disclosure of abuse or adult behaviour that could be detrimental to a child's welfare.

A fundamental principle of all legislation and guidance relating to children is that in **all** situations, the child’s welfare is **always** paramount.

### Legislation and Guidance

Safeguarding and safeguarding policy is underpinned by statutory guidance and legal foundations. The way in which organisations and individuals should work together to safeguard and protect the welfare of children and how practitioners should conduct the assessment of children is detailed in:

- Working Together to Safeguard Children: July 2018. A guide to inter-agency working to safeguard and promote the welfare of children  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/942454/Working\\_together\\_to\\_safeguard\\_children\\_inter\\_agency\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf)  
A copy of this is held by the named professional for child safeguarding responsibilities. This document details safeguarding guidance in accordance with;
- The Children Act 1989 <https://www.legislation.gov.uk/ukpga/1989/41/contents> and
- The Children Act 2004 <https://www.legislation.gov.uk/ukpga/2004/31/contents>
- The Children and Social Work Act, 2017  
<https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

Other key child protection and safeguarding legislation that has informed this policy includes:

- United Nations Convention on the Rights of the Child 1989  
<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>
- Adoption and Children Act 2002 <https://www.legislation.gov.uk/ukpga/2002/38/contents>
- Safeguarding Vulnerable Groups Act 2006  
<https://www.legislation.gov.uk/ukpga/2006/47/contents>
- The Equality Act 2010 <https://www.legislation.gov.uk/ukpga/2010/15/contents>

One of the key findings identified in the **National Review into the murders of Arthur Labinjo Hughes and Star Hobson (2022)** uncovered: *Weaknesses in information sharing and seeking within and between agencies*. Effective communication and information sharing with children’s social care and other relevant agencies is central to safeguarding children.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1078488/ALH\\_SH\\_National\\_Review\\_26-5-22.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1078488/ALH_SH_National_Review_26-5-22.pdf)

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**The Report of the Independent Inquiry into Child Sexual Abuse (October 2022)**, follows the many occurrences of children who experienced sexual abuse when in the care of the very organisations that should have been protecting them. As highlighted within this report, the Rowans Hospice is committed to following safer recruitment procedures for all those who come into contact with children.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1112123/the-report-independent-inquiry-into-child-sexual-abuse-october-2022.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1112123/the-report-independent-inquiry-into-child-sexual-abuse-october-2022.pdf)

**What to do if you're worried a child is being abused: March 2015** is an 18-page document, providing non-statutory advice. It has been produced to help practitioners identify child abuse and neglect and take appropriate action in response.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What to do if you re worried a child is being abused.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)

**When to suspect child maltreatment: 2013.** *This guidance provides a summary of clinical features associated with child maltreatment (alerting features) that may be observed when a child presents to healthcare professionals. Its purpose is to raise awareness and help healthcare professionals who are not specialists in child protection to identify children who may be being maltreated.*

<https://www.nice.org.uk/guidance/cg89/resources/child-maltreatment-when-to-suspect-maltreatment-in-under-18s-pdf-975697287109>

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## Categories of abuse

The categories of abuse and the definitions within them are for guidance only. They are not inclusive of all abuse that staff and volunteers may observe or encounter. If staff or volunteers are concerned that abuse is taking place or a child is at risk, record it and inform a senior member of staff immediately, who will escalate to a member of the EMT as appropriate in hours and OOH. Advice can always be sought from the police by calling 101.

### **Physical abuse**

Physical abuse is deliberately physically hurting a child. This may involve hitting, shaking, throwing, poisoning 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.

### **Sexual abuse and exploitation**

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have long-term impact on mental health.

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 sexual contact, including assault by penetration (rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside the clothing.

They may also include non-contact activities, such as involving children in looking at, or 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.

### **Child Sexual Exploitation (CSE)**

*Child sexual exploitation is a form of child sexual abuse. 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 (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.*

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Workers must ensure they are doing everything they can to minimise the possibility of CSE by ensuring they are not taking images (still or moving) if it is not part of their job role. Where it is part of their role, they must ensure they have consent of the child if they are competent to do so, and of the person that holds parental responsibility for them. Details of any children (including images) should not be distributed via social media without their consent. This responsibility would extend to a worker witnessing a member of the public taking photographs of a child in the Hospice or at a Hospice event and the worker had concerns this is taking place.

For further information and guidance:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/591903/CSE\\_Guidance\\_Core\\_Document\\_13.02.2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf)

### **Neglect**

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 and clothing, shelter including exclusion from home or abandonment.

Failure to protect a child from physical and emotional harm or danger.

Failure to ensure adequate supervision including the use of inadequate caregivers.

Failure to ensure access to appropriate medical care or treatment.

### **Emotional abuse**

Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development.

It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far 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 the child’s capability, as well as overprotection and limitation of exploration and learning, or preventing the child’s participation in normal social interaction.

It may also 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 in children.

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## Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is the partial or total removal of the external female genitalia for non-medical reasons. It's also known as female circumcision or cutting (NSPCC). FGM is not an issue that can be decided on by personal preference – it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls. Further guidance for professionals regarding the risks and safeguarding children against female genital mutilation can be found in this Department of Health document:

[https://assets.publishing.service.gov.uk/media/5a8041f3ed915d74e622d655/FGM\\_safeguarding\\_report\\_A.pdf](https://assets.publishing.service.gov.uk/media/5a8041f3ed915d74e622d655/FGM_safeguarding_report_A.pdf)

## Criminal Exploitation

Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes.

Exploiting a child into committing crimes is abusive. Children who are targeted can also be [groomed](#), [physically abused](#), [emotionally abused](#), [sexually exploited](#) or [trafficked](#). However, as children involved in gangs often commit crimes themselves, sometimes they aren't seen as victims by adults and professionals, despite the harm they have experienced. It's important to spot the signs and act quickly if you think a child is being groomed or is becoming involved with a gang.

NSPCC

## Modern Slavery

*Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.*

Workers should be aware that someone may be a child, but have been told to conceal the fact they are a child. If you are worried, always report your concerns. Specific concerns can be reported via: <https://www.modernslaveryhelpline.org/report> but should be reported via the usual route to Children's Social Care as well.

<https://www.modernslaveryhelpline.org/about/spot-the-signs>

## Domestic abuse

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can also happen between adults who are related to one another and can include physical, sexual, psychological, emotional or financial abuse.

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In December 2022, changes were made to the Domestic Abuse Act, 2021 so that children affected by domestic abuse are now automatically treated as victims, regardless of whether they were present during any violent incident.

### **Bullying and Cyber-bullying**

Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable (Oxford English Dictionary, 2021).

It can involve people of any age, and can happen anywhere – at home, school or using online platforms and technologies (cyberbullying). This means it can happen at any time.

Bullying encompasses a range of behaviours which may be combined and may include the behaviours and actions we have set out below:

#### Verbal abuse:

- name-calling
- saying nasty things to or about a child or their family

#### Physical abuse:

- hitting a child
- pushing a child
- physical assault

#### Emotional abuse:

- making threats
- undermining a child
- excluding a child from a friendship group or activities

#### Cyberbullying/online bullying:

- excluding a child from online games, activities or friendship groups
- sending threatening, upsetting or abusive messages
- creating and sharing embarrassing or malicious images or videos
- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games
- voting for or against someone in an abusive poll
- setting up hate sites or groups about a particular child
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

Bullying can be a form of discrimination, particularly if it is based on a child’s disability, race, religion or belief, gender identity or sexuality.

(NSPCC)

### **Responding to and reporting safeguarding concerns**

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Staff and volunteers have a ‘duty to inform’ where there are issues concerning the welfare of a child. **All** employees hold a responsibility to ensure any safeguarding concerns are responded to immediately in an appropriate manner. Never delay emergency action to protect a child.

**DO NOT** assume that someone else will take action on your behalf.

It is best practice for professionals to discuss any concerns about a child with the child’s parents/guardians and where possible, seek their agreement to a referral to Children’s Social Care. However, this should only be done where discussion and agreement seeking will not place the child at greater risk of significant harm. Remember, the welfare of the child is always paramount.

When professionals make a referral to Children’s Social Care, they should include any information they have about the child’s developmental needs and the capacity of their parents and carers to meet these within the context of their wider family and environment.

Inform your line manager/supervisor as soon as possible after the event, and they will inform the Director of Clinical Services and the lead member of staff for safeguarding children. If the event occurs ‘out of hours’, inform the clinical on-call manager who will escalate to the Hospice Executive Group accordingly. The clinical on-call number is displayed in the ward office. The on-call manager will carry out a risk assessment and act upon this as appropriate.

Record what you have seen or heard as soon as possible after the event. Be clear and factual about your concerns and remember to date and sign your written record. This applies even when, following discussion with a senior member of staff no further action is taken.

A referral to Children’s Social Care may be passed to the relevant MASH team. Hampshire and Portsmouth Local Authorities have MASH Teams (Multi-agency Safeguarding Hubs) who bring together different agencies (e.g. Police, Social Care, Education, Health) and their information, to identify risks to and needs of children at the earliest possible point and respond with the most effective and joined-up actions.

**If an allegation is made by a child against a staff member or volunteer or if a staff member/volunteer causes ANY harm to a child**

An allegation may relate to a person who works with children who has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

(Working Together to Safeguard Children: 2018)

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The staff member/volunteer **MUST** be reported immediately by the Director of Clinical Services, to the Local Authority Designated Officer (LADO) for Portsmouth or Hampshire (depending on where the child resides). Contact details are included at the end of this policy.

### **Training**

The Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2014) intercollegiate document identifies *Different staff groups require different levels of competence depending on their role and degree of contact with children, young people and their families, the nature of their work, and their level of responsibility.*

**Level 1: All staff including non-clinical managers and staff working in a health care setting.**

**Level 2: Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers**

RH recognise there are many more staff and volunteers who have some level of direct contact with patients and their families. As safeguarding is ‘everybody’s business’ it is essential everyone has an awareness of what safeguarding is, our responsibilities to protecting children and who to approach with potential safeguarding concerns.

#### **Breakdown of those staff and volunteers who require safeguarding training:**

All staff working directly with children through the Meerkat Service to carry out training annually.

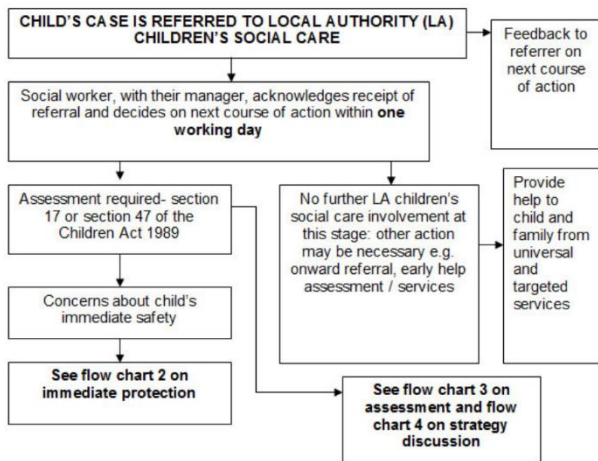
All Trustees, HEG, and clinical staff must access safeguarding training, face-to-face or online, every 3 years

All non-clinical staff and volunteers who have direct contact with patients and families to attend safeguarding children’s training for non-clinical staff and volunteers should access safeguarding training, face-to-face or online every 3 years.

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**The referral**

**Flow chart 1: Action taken when a child is referred to local authority children’s social care services**



(Working Together to Safeguard Children (2018))

Do remember to respect the confidentiality of those concerned. You should share information regarding the event only with the people who need to know, e.g. Social Services, Police Officers and designated medical/clinical staff as appropriate.

Do not promise a child that you can keep their secrets. It may be impossible for you to keep a secret if it proves to be a disclosure of abuse. It is better to tell a young person that they can tell you anything but that you cannot keep secrets.

If another person within the Rowans Hospice organisation (this includes volunteers) confides in you about an incident that they are concerned about, DO listen to them, offer support and advise them they are required by law to share their concerns with their line manager. If you don't believe a notification has been made, speak to your line manager.

Following the event, dedicated time to discuss what has happened with a mentor, supervisor or line manager should be arranged. This will ensure that you receive the appropriate support.

Further information about responding to safeguarding concerns for children living in Hampshire and Portsmouth can be found on within the local safeguarding children procedures manual:

<https://hipsprocedures.org.uk/>

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## **Recruitment, Training and Supervision**

### **Recruitment**

Rowans Hospice recruits and employs a workforce of employees and volunteers. As part of this process, it will ask for written references. All volunteers and staff are subject to Disclosure and Barring Service checks (DBS checks).

### **Training**

It is the responsibility of the relevant line manager to ensure new staff and volunteers read this policy and sign to say they have read and understood its contents during their induction process. New staff and volunteers must access safeguarding training as part of the induction process, within the first few weeks of their start date.

All staff involved in healthcare provision must attend a basic safeguarding awareness training session as detailed above. In the year(s) not attending a face-to-face training session, staff and volunteers are required to read the Safeguarding Children Policy and sign to say that they have read and understood its contents. It is the responsibility of each individual to seek clarity from their line manager or from the lead for safeguarding children if there is something within the policy that they do not understand.

### **Supervision**

Supervision is provided to staff and volunteers of Rowans Hospice and should be used to provide support and guidance, ensuring safe working environments and practices. Staff and volunteers should use supervision to discuss safeguarding issues but **MUST NOT** wait for pre-arranged supervision sessions to report safeguarding concerns.

### **Smart Devices**

All staff and volunteers who are part of Rowans Meerkat Team must read and be familiar with the Hospice’s policy regarding children and young people’s safe use of smart devices whilst accessing support from Rowans Meerkat Service. This policy has been written in recognition that in today’s society, children and young people are growing up in a digital world and internet technology is now an integral part of children’s lives. It is important that children have the opportunity to enjoy the benefits offered by technology alongside developing an understanding of their own and other’s online behaviour, to guide them in establishing effective strategies for staying safe online.

### **Rowans Hospice e-safety policy**

In addition to this safeguarding children’s policy, all staff and volunteers who are part of Rowans Meerkat Team must read and be familiar with the Hospice’s policy regarding children and young people’s safe use of smart devices whilst accessing support from Rowans Meerkat Service. The e-safety policy has been written in recognition that in today’s society, children and young people are growing up in a digital world and internet technology is now an integral part of children’s

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lives. It is important that children have the opportunity to enjoy the benefits offered by technology alongside developing an understanding of their own and other’s online behaviour, to guide them in establishing effective strategies for staying safe online.

**Summary**

- The child’s welfare is paramount
- Remember safeguarding children responsibilities
- Early sharing of information is key to providing effective early help
- Do not allow potential barriers, such as fear of damaging your relationship with a child’s parent, influence or prevent you taking appropriate action to protect a child
- A referral to Children’s Social Care is not an accusation, it is the beginning of a process of an inquiry
- Supervision and support are available
- Remember good record keeping
- Ensure that you have completed basic awareness training and maintain required updates.
- This safeguarding policy is accessible to all, available to view via People Zone.
- Links to be added providing access to all the legislation and guidance referenced within this policy

**Key Personnel**

Rowans Hospice Director of Care: Jo Fricker

Rowans Hospice Lead for Safeguarding Children: Sophie de Bere, Social Worker and Meerkat Service Lead. In the absence of Sophie de Bere, any member of the hospice’s Social Work Team.

**Children's Services telephone numbers**

**If a child is at immediate risk of harm, call the Police on 999.**

Hampshire MASH (Multi-Agency Safeguarding Hub):

During office hours (Monday-Thursday 8:30am-5pm, Friday 8:30am-4:30pm): **0300 555 1384**

Out of office hours (evenings, weekends and bank holidays): **0300 555 1373**

Hampshire LADO (Local Authority Designated Officer)

Tel: **01962 876364** Fax: **01962 876229** (secure line)

E-mail: [child.protection@hants.gcsx.gov.uk](mailto:child.protection@hants.gcsx.gov.uk)

Portsmouth MASH (Multi-Agency safeguarding Hub)

During office hours (Monday-Thursday, 8:30am-5pm, Friday 8:30am-4:30pm):

**0845 671 0271/02392 688793**

Out of office hours (evenings, weekends and bank holidays): **0300 555 1373**

Portsmouth LADO (Local Authority Designated Officer)

Tel: **023 9288 2500**

Email: [LADO@portsmouthcc.gov.uk](mailto:LADO@portsmouthcc.gov.uk)

Hampshire Constabulary:

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**101** (enquiries and non-urgent crimes)

NSPCC:

**0808 800 5000**

Childline:

**0800 1111**

Drafted Jan 2004

Approved by SW March 2004

Reviewed and approved by the Clinical Management Team March 2006 – no changes

Reviewed by SW February 2009 – changes to Specialist Social Worker name, updating contact details/ change of title of policy (previous Child Protection) and now Safeguarding Children. No changes March 2010. April 2014 – reference updated, nil other change.

August 2015 – updated with references material to support guidance, contact numbers updated.

April 2016 – updated numbers

April 2020 – updated references, updated websites, updated contact numbers and names

SAFEGUARDING CHILDREN/YOUNGER PERSONS		<b>REVISION No.</b>	<b>12</b>
APPROVED BY: CMM/HEG/CGG/BOARD		DATE OF APPROVAL:	APRIL 2024
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