Safeguarding Children at Risk Policy and Procedure

The latest version of this document is on the 'policies and procedures' site. If it is printed or saved to another location, please check the 'date reviewed' with the version on the policies and procedures site.

Applies to:	All staff and volunteers				
Owner:	Zoe Capon	**Approver:**	Clare Barton	**Date reviewed:**	Aug 2026
Reviewed by:	Amanda Wilkins, Kelly Porter				
Summary of changes:	Updated roles and responsibilities. Updated Somerset Childrens Partnership (previously Board), Working together to safeguard children 2026: statutory guidance, Updated intercollegiate document regarding training requirements 2025. Updated contact details.				

Statement

St Margaret's hospice is fully committed to promote and safeguard the wellbeing of children and young people. This policy outlines the legislation, principles and values that inform the safeguarding practice of all staff and volunteers. It should be read in conjunction with the safeguarding adults and safeguarding children at risk procedures and the Somerset Safeguarding Children's Partnership (SSCP) guidance Welcome to the Somerset Safeguarding Children Partnership (trixonline.co.uk).

The welfare of the child is paramount and all staff should be aware of the responsibilities for safeguarding children, recognise the signs of symptoms of potential and actual abuse, know who to contact for advice and support and understand the need to share information and contribute to multi-agency working in safeguarding children from abuse.

Definitions

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm: 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 outcomes.

Child protection refers to the activity that is undertaken to protect specific children who are suffering or at risk of suffering significant harm.

A child is defined as anyone who has not yet reached their 18th birthday.

Reporting concerns

If you are worried about a vulnerable child, **don't stay silent.**

The Safeguarding Children at Risk Procedure.docx should be followed if there are concerns that a child is at risk.

Contact details	
St Margaret's Hospice Safeguarding email or out of hours, contact the on-call manager:	Safeguarding@st-margarets-hospice.org.uk On call manager: 0845 450 9593
Somerset Safeguarding Children Partnership contact details:	Welcome to the Somerset Safeguarding Children Partnership (trixonline.co.uk)

	Contact Us - Somerset Safeguarding Children Partnership
Early Help Advice Hub for professionals to discuss families who may need support:	If you require any advice or support with completing an Early Help Assessment, please contact: The Family Front Door on 0300 123 3078
Children's Social Care if concerned a child/ young person could be in danger	0300 123 2224
To speak to a social worker outside office hours Emergency Duty Team (EDT)	0300 123 23 27
Consultation line for Designated Safeguarding Leads and GPs	0300 123 3078 childrens@somerset.gov.uk
Police:	101 or in an emergency 999

Related hospice documents

- Whistleblowing Policy and Procedure
- Complaints and Concerns Policy and Complaints and Concerns Procedure
- Consent Policy and Consent Procedure
- Data Protection and Confidentiality Policy
- Safeguarding Adults at risk Policy and Procedure
- Statutory and Mandatory Training Policy

Responsibility/Accountability

Trustees	• The Board of Trustees has a proactive duty and responsibility to safeguard and promote the welfare the organisation, its staff, volunteers, and patients. And protect their rights to receive the Hospice's services or work within the Hospice in safety, free from abuse, harassment, and neglect. The Board of Trustees is responsible for oversight and seeking assurance of the organisations framework, policy, practice, and procedure in relation to safeguarding adults and children. • There is a Trustee who takes the lead for safeguarding on the board. • The lead Trustee for safeguarding should seek assurance via the Clinical Quality and Safety (CQS) Committee and the Designated Safeguarding Lead (DSL).
CEO / The Chief Executive Officer (CEO)	• Accountability for children who are risk of harm and in need of protection lies with the Chief Executive. These responsibilities are delegated to the Designated Safeguarding Lead. The Chief Executive Officer has overall responsibility for patient safety and wellbeing ensuring that there are effective risk management processes within The Hospice which meet all statutory requirements. • The Chief Executive Officer (CEO) holds ultimate accountability for safeguarding and protection issues within the organisation. • The CEO ensures that effective risk management processes are in place across The Hospice, meeting all statutory and regulatory requirements. • The CEO has overall responsibility for patient safety, wellbeing, and the safeguarding of children and vulnerable individuals.
Designated Safeguarding Lead (DSL)	• Accountable for the process, policy and procedure around safeguarding within the Hospice. Delegating responsibility and tasks as appropriate. • Ensures that the safeguarding policies for protecting patients and families are current and fit for purpose. • Ensures all staff, volunteers, and contractors are aware of these policies. • Supports the Safeguarding team in the process within the Hospice. Provide an expert source of knowledge as required.

	• Guides staff as appropriate in handling safeguarding issues. • Ensures all staff have regular, role-appropriate safeguarding training. • Ensures that staff are informed of changes in policies or legislation. • Stays updated on legislation and ensures the Hospice meets statutory requirements. • Regularly reviews safeguarding practices to maintain high standards. • Keeps accurate records and report trends to leadership and relevant governing bodies.
Head of Human Resources	• Ensure relevant post holders and volunteers new to the organisation are checked through the Disclosure and Barring Service (DBS) process in line with employment policies. • Ensure that where staff members are implicated as alleged perpetrators of abuse that correct disciplinary procedures and reporting processes are followed.
The Safeguarding Committee Group	• Provides strategic oversight and make recommendations to the Board on children's safeguarding matters. • Provides assurance to the Board that safeguarding policies and procedures are up to date and are being adhered to. • Identifies organisational risks with regards to safeguarding and escalate these appropriately. • Acts as a crucial point on behalf of St Margarets to receive national and local updates and reports and implement any changes required. • Raises the profile of safeguarding children to ensure it is embedded in all aspects of hospice business, ensuring that lessons learnt are disseminated.

Compliance with Statutory requirements

Somerset Safeguarding Children Partnership: Working together to safeguard children 2026: statutory guidance

The Children and Social Work Act 2017

The Children Act 1989 and 2004

Safeguarding Vulnerable Groups Act 2006

Care Quality Commission (CQC)

Care Act (2014)

Data Protection Act 2018 and UK GDPR

Human Rights Act 1998 and Equality Act 2010

Female Genital Mutilation Act 2003

Modern Slavery Act 2015

Domestic Abuse Act 2021

Counter –Terrorism Act and Security Act 2015

Sexual Offences Act 2003

Scope

This document applies to all staff within St Margaret's Hospice working with children, young people, adults, and their families. This document also applies to other staff not employed by the hospice including volunteers and agency staff. It is the responsibility of all staff to read this policy in conjunction with the Somerset CCG Safeguarding Children's Policy.

Safeguarding children covers all actions, policies, and practices aimed at protecting children from harm, abuse, neglect, and exploitation, while promoting their health, development, and wellbeing. It applies to all staff, volunteers, and partners working with or on behalf of the organisation in any setting. Although the Mental Capacity Act 2005 applies primarily to young people aged 16 and 17, and not to children under 16, its core principles offer helpful guidance in ensuring that children and young people are supported to participate in decisions that affect them. Safeguarding practice must therefore balance protection with empowerment - recognising that children's capacity to understand, decide, and express their wishes develops over time. Ensuring that children and young people are involved in decision-making at a level appropriate to their age and understanding helps uphold their rights, respects their emerging autonomy, and contributes to early identification of risk. Embedding both safeguarding and capacity-aware practice strengthens professional judgement, promotes child-centred care, and enhances trust with families and communities.

The Mental Capacity Act 2005 (MCA) primarily applies to individuals aged 16 and over in England and Wales, providing a framework for making decisions when someone lacks the capacity to do so themselves. For children under 16, the Act is not usually applicable, as their decision-making is governed by other laws like parental responsibility and the Children Act 1989. However, there are some relevant overlaps and exceptions:

Key Aspects of the Mental Capacity Act and Children:

1. Application to 16- and 17-Year-Olds:
    - The MCA applies to young people aged 16 and 17, enabling them to make decisions about their care, finances, or medical treatment if they have capacity.
    - If they lack capacity, decisions are made in their best interests under the Act.
2. Definition of Capacity:
    - Capacity is determined by the ability to understand, retain, and weigh up relevant information to decide, as well as communicate it.
3. Under 16 Years Old:
    - For children under 16, the MCA is not typically used, but Gillick competence is the standard for assessing whether a child can make specific decisions independently.
    - The Gillick principle focuses on whether a child has understood enough to fully appreciate what is being proposed.
4. Best Interests Framework:
    - When the MCA applies to 16- and 17-year-olds who lack capacity, decisions are made following the best interest's principle, considering:
    - The young person's wishes and feelings.
    - Views of parents, carers, or guardians.

- The least restrictive options for the individual's freedom and rights.

5. Restraint and Safeguards:
    - Any use of restraint or deprivation of liberty for 16- and 17-year-olds must be proportionate and follow strict legal guidelines, often involving court approval.

Key Legislation Interactions:

1. Children Act 1989:
    - For children under 16, decisions are guided by parental responsibility unless the child is Gillick competent.
2. Deprivation of Liberty Safeguards (DoLS):
    - Under the MCA, court authorisation is required if a deprivation of liberty is necessary for a 16- or 17-year-old lacking capacity.
3. Education, Health, and Care Plans (EHCPs):
    - For children transitioning to adulthood, the MCA may come into play in ensuring they are involved in decision-making about their future.

Recent Updates:

With reforms in areas like Liberty Protection Safeguards (LPS), new frameworks aim to replaces Deprivation of Liberty Safeguards (DOLS) affecting 16 and 17-year-olds. However, implementation has been delayed and requires further clarification.

The Children and Social Work Act 2017 set out the requirements for local arrangements for safeguarding and promoting the welfare of children, along with establishing a national Child Safeguarding Practice Review Panel and requirements for Child Death reviews.
The Children Act 1989 provides the legislative framework for agencies to take decisions on behalf of children, and to take action to protect them from abuse and neglect.

Young people who receive leaving care services or after care support from children and family services are included in the scope of adult safeguarding, but close liaison with children and family service providers is critical in establishing who is the best person to lead or support young people through adult safeguarding processes.

Section 11 of the **Children Act 2004** requires organisations and professionals to ensure that all their functions and any services they commission or contract out are delivered in a way that safeguards and promotes the welfare of children.

In all adult safeguarding work, all staff working with the person at risk **must** take a Think Family approach and establish whether there are children in the family, and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk or the person alleged to have caused harm. Think Family recognises and promotes the importance of a whole-family approach:

- No wrong door – contact with any service offers an open door into a system of joined-up support. This is based on more coordination between adult and children's services.

- Looking at the whole family – services working with both adults and children consider family circumstances and responsibilities.
- Providing support tailored to need – working with families to agree a package of support best suited to their situation.
- Building on family strengths – practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities. For example, family group conferencing creates a safe environment where families can identify the reasons for problems, to understand the triggers and the impact of associated behaviours so that solutions can be agreed.

Children and young people may be at greater risk of harm, or need additional help, in families where adults have mental health problems, misuse substances or alcohol, are in a violent relationship, have complex needs or have learning disabilities. For further information Working together to safeguard children 2026
Abuse within families reflects a diverse range of relationships and power dynamics which may affect the causes and impact of abuse. These can challenge professionals to work across multi-disciplinary boundaries to protect all those at risk. Staff may be assisted by using Domestic Abuse risk management tools as well as safeguarding risk management tools. Staff providing services to adults, children and families should have appropriate training whereby they are able to identify risks and abuse to children and vulnerable adults.

Effective transition

Together the **Children and Families Act 2014** and the **Care Act 2014** create a new comprehensive legislative framework for transition when a child turns 18 (the Mental Capacity Act 2005 applies once a person turns 16).

The duties in both Acts are on the Local Authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adult's policy and procedures work in conjunction with those for children and young people.

When someone over 18 is still receiving children's services (for example in an education setting until the age of 25) and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements with children's safeguarding and other relevant partners involved as appropriate. The level of need is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act.

There should be robust joint working arrangements between children's and adults' services for young people who meet the criteria for an adult safeguarding response. The care needs of the young person should be at the forefront of any support planning and requires a coordinated multi-agency approach. Assessment of care needs should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing, and choice.

Where there are ongoing safeguarding issues for a young person, and it is anticipated that on reaching 18 years of age they are likely to require adult safeguarding, safeguarding arrangements must be discussed as part of transition support planning and protection. Conference Chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review.

Clarification should be sought on:

- What information / advice the young person has received about adult safeguarding.
- The need for advocacy and support.

- Whether a mental capacity assessment is needed and who will undertake it.
- If Best Interest decisions need to be made.
- Whether any application needs to be made to the Court of Protection. If the young person is not subject to a plan, it may be prudent to hold a professionals meeting.

Allegations against staff

All allegations of abuse of children by those who work with children must be taken seriously. Allegations against any person who works with children, whether in a paid or unpaid capacity, cover a wide range of circumstances.

This procedure should be applied when there is such an allegation or concern that a person who works with children, 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 he or she may pose a risk of harm to children

These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual, emotional abuse and neglect). These include concerns relating to inappropriate relationships between staff and children or young people, for example:

- 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.

If concerns arise about the person's behaviour to her/his own children, the police and/or children's social care must consider informing the employer / organisation to assess whether there may be implications for children with whom the person has contact at work / in the organisation, in which case this procedure will apply.

Allegations of historical abuse should be responded to in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children and if so, to inform the person's current employer or voluntary organisation or refer their family for assessment.

As outlined in the Children Act 2004, the Local Authority Designated Officer (LADO) will be informed of all allegations against adults who work with children. A LADO is assigned by all Local Authorities and is required to:

- Be involved in the management and oversight of individual cases.
- Provide advice and guidance to employers and voluntary organisations.
- Liaise with the police and other agencies.
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

Referrals to the Somerset Local Authority Designated Officer (LADO) are via Somerset Direct (Children's Social Care): telephone 0300 123 2224.

Young carers

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

Principles of good practice when working with children

In general, it is inappropriate for staff and representatives to:

- Spend excessive time alone with children away from others (including in vehicles) or spend time in a child's home unless exceptional circumstances apply,
- Take children to residence of staff,
- Inappropriately use children to solicit support – financial or otherwise,
- Promote any form of child labour – exploitative or otherwise.

Staff and representatives must never:

- Hit or otherwise physically assault or physically abuse a child.
- Have sexual intercourse, or engage in any sexual activity, with anyone under the age of 18 regardless of the local age of consent – mistaken belief in the age of the child is not a defence.
- Act in ways that may be abusive.
- Place a child at risk of abuse or exploitation or be aware of these and do nothing about it.
- Exploit their own position with a child by making them run errands, do domestic work or carry out other forms of economic exploitation.

Staff and representatives must avoid actions or behaviours that could be construed as poor practice or potentially abusive. For example, they should never:

- Use language, make suggestions, or offer advice, which is inappropriate, offensive, or abusive
- Behave physically in a manner that is inappropriate or sexually provocative to children
- Do things for children of an intimate or personal nature that they can do for themselves
- Have a child to stay overnight without others being present
- Condone or participate in behaviour of children which is illegal, unsafe, or abusive
- Act in ways intended to shame, humiliate, or degrade children, or otherwise perpetrate any form of emotional abuse
- Discriminate against, show unfair differential treatment to, or favour children to the exclusion of others.

Consent

Although we are an adult hospice, it is important to note that the 13–18-year-old age group are legally deemed competent to give their own consent to treatment. Clinicians must therefore obtain consent for all aspects of care. Children in this age group should be offered the opportunity to discuss their treatment in private with a clinician. Should a child refuse treatment that their parent/guardian wishes them to receive, the matter is escalated as appropriate for guidance (The Children's Act 1989).

Children and young people who abuse

If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, action should be taken under these procedures and a referral and close liaison with children's services should take place.

Reporting concerns

The safeguarding children at risk procedure should be followed if there are concerns that a child is at risk and can be viewed within Appendix B of this document.

Data Protection/Information Sharing and Consent Policy

Confidentiality is a fundamental right of all individuals and must be upheld with the utmost care. Personal data should be securely stored and not disclosed unless there is a valid legal basis, as outlined in the privacy notice, or if the subject (or their parent/legal guardian) has given informed consent. Sharing personal data inappropriately may expose individuals to harm and violate GDPR and the Data Protection Act 2018.

Circumstances for Sharing Data Without Consent

There are specific situations where personal data may be shared without the subject's consent:

- Safeguarding (GDPR Article 6.1.d): Personal data can be shared to protect the subject or others from harm. Safeguarding concerns should always be reported to the local authority and, when necessary, to the police. Subjects or their guardians should be informed of such disclosures unless doing so would increase the risk of harm.
- Crime Prevention (Schedule 2 of the Data Protection Act 2018): Personal data may also be shared with law enforcement to prevent, detect, or prosecute crimes. While voluntary organizations are not legally obligated to share data with the police, they may choose to do so if a written request clearly outlines the specific data required and its purpose.

Decision-Making and Record-Keeping

When considering a request to share data, the responsible manager must weigh the risks of not sharing against the duty of confidentiality owed to the subject. If the decision is made not to share, law enforcement must obtain a court order to access the data.

All decisions regarding data sharing must be documented, including:

- The nature of the request.
- Whether data was shared or withheld.
- The rationale for the decision.

This policy ensures that data sharing is handled responsibly and in compliance with legal and ethical standards.

Personal identifiable data is collected and processed in accordance with the Data Protection Policy. Data is kept up to date, limited to what is necessary and held securely. Data is only accessed by and shared with those who need it and only used for the purpose it was collected. Data is disposed of in line with the Records and Document Management Policy. See Privacy Notice on website for more information.

Training requirements

St Margarets Hospice will ensure that all staff and volunteers receive appropriate induction, training, supervision, and support in dealing with safeguarding matters.

Intercollegiate document (2025) Safeguarding children and young people & children and young people in care: Competencies for health care staff. Home | Child health Safeguarding

All new hospice employees must complete the training levels assigned to their role.

The matrix within the Statutory and Mandatory Training Policy identified the correct safeguarding training levels for all staff members.

Safeguarding Level	Frequency	PREVENT	Online/F2F
Level 1	At Induction / Every 3 years	At Induction / Every 3 years	Online
Level 2	Every 3 years	Every 3 years	Online
Level 3	Every 3 years	Every 3 years	50% Online/50% F2F (participatory opportunities)
Level 4	Every 3 years	Every 3 years	50% Online/50% F2F (participatory opportunities)
Level 5	Every 3 years	Every 3 years	50% Online/50% F2F (you should also participate regularly in support groups or peer support networks for safeguarding professionals at a local, regional, and national level)

Safer Recruitment

The hospice has established a comprehensive recruitment and selection policy, linked to our safeguarding policy. This commitment to safeguarding is highlighted in all job advertisements, publicity materials, recruitment websites, and candidate information packs.

There is a duty under Section 11 of the Children's Act 2004 for St Margarets to be committed to safe employment and safe recruitment practices, that reduce the risk of harm to children from people unsuitable to work with them or have contact with them.

Our recruitment process is designed to rigorously assess each candidate's commitment to our safeguarding principles. We aim to deter, reject, or identify individuals who may pose a risk to patients or who are otherwise unsuitable for working with them.

St Margarets undertakes its recruitment procedures and practices in accordance with current employment legislation and guidance regarding Safer Recruitment. Safer recruitment means ensuring that the staff and volunteers who are hired to work with children, young people and vulnerable adults have been suitably checked to prevent any harm being done to the people in their care. This includes enhanced Disclosure and Barring Service checks (DBS) inclusive of agency staff, students and volunteers working with children.

- The Head of Human Resources maintains a Record that tracks the issue of Disclosure and Barring Service (DBS) certificates for all volunteers, staff, and trustees.
- Pin registrations are checked.
- HR receive alert notices and keep a log.
- Name any pseudonyms and keep a record.

Volunteering and Placements for under 18's

The hospice is committed to safeguarding all young people undertaking work placements or volunteering within its retail services. Young people will be provided with a safe environment, appropriate induction, and suitable supervision throughout their placement. A named supervisor will provide support and ensure any safeguarding concerns are reported and managed in accordance with the hospice's Safeguarding Policy.

A specific risk assessment will be completed before the placement begins, considering the young person's age, experience, maturity and the tasks they will undertake. The assessment will identify any risks and implement appropriate control measures, including supervision, safe working practices, restricted access to hazardous tasks or equipment, and appropriate training. Risk assessments will be reviewed if circumstances change or following any incident or concern.

Governance

St Margarets Hospice provides care for both adults and children and is committed to providing a safe environment and will following the Working Together to Safeguard Children 2026 guidance. The following should be in place:

- Caldicott Guardian
- Registered Manager for all regulated activity as defined in the Care Act, 2014 Safeguarding Children Policy 5 of 8 Revision 08/07/2020
- A safeguarding DSL
- A safeguarding lead
- Two safeguarding social workers
- A clear safeguarding process/procedure
- A trustee with safeguarding responsibilities
- A safeguarding Committee Group

Data Protection

Personal identifiable data is collected and processed in accordance with the Data Protection Policy. Data is kept up to date, limited to what is necessary and held securely. Data is only accessed by and shared with those who need it and only used for the purpose it was collected. Data is disposed of in line with the Records and Document Management Policy. See privacy notice on website for more information.

Related hospice documents

- Whistleblowing Policy and Procedure
- Complaints and Concerns Policy and Complaints and Concerns Procedure
- Consent Policy and Consent Procedure
- Data Protection and Confidentiality Policy
- Safeguarding Adults at risk Policy and Procedure
- Statutory and Mandatory Training Policy

References

Care Act (2014)
The Children Act (2004)
The Children and Social Work Act (2017)
Working together to safeguard children (2026)
Human Rights Act 1998
Intercollegiate document (2025) Safeguarding children and young people and children and young people in care: Competencies for health care staff. Home | Child health Safeguarding

APPENDIX A

Safeguarding children and young people

Forms of abuse and harm

There are many different forms of abuse to children and young people. Harm to children and young people occurs in all types of family and culture and in every part of the country. Children can be abused by strangers, adults they know or members of their own family. Children can be harmed by the direct actions of an adult, such as a physical beating or because an adult fails to act, for example, by failing to provide proper food or clothing for a child. Child abuse usually falls into one or more of four categories: physical abuse, emotional abuse, sexual abuse, and neglect.

Physical abuse

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

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child to cause severe and persistent effects on the child's emotional development. Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities, including prostitution, whether they are aware of what is happening. Activities may involve physical contact, including penetrative and non-penetrative acts. Sexual activities may also include non-contact activities, for example involving a child in looking at, or production of, abusive images (online), watching sexual activities or encouraging them to behave in sexually inappropriate ways. Children under sixteen years of age cannot lawfully consent to sexual intercourse.

Neglect

Neglect involves the persistent failure to meet a child's basic physical or psychological needs, likely to result in the serious impairment of the child's health and development.

Domestic Abuse

Domestic abuse refers to any incident or pattern of controlling, coercive, threatening, degrading, or violent behaviour between individuals aged 16 or over who are, or have been, intimate partners or family members. It can occur regardless of gender or sexuality.

Children who witness domestic abuse are considered victims (Domestic Abuse Act 2021), exposure can lead to emotional trauma, behavioural issues, and long-term mental health difficulties. Domestic abuse may also increase the risk of neglect or direct physical harm to the child/ ren.

Forms of Domestic Abuse:

- *Physical abuse*: Hitting, slapping, or other physical harm.
- *Emotional/psychological abuse*: Intimidation, humiliation, isolation, or threats.
- *Sexual abuse*: Any non-consensual sexual activity.
- *Financial abuse*: Controlling access to money or resources.
- *Coercive and controlling behaviour*: Persistent acts to dominate or restrict freedom.

Child Mental Health and Suicide

Child mental health refers to a child's emotional, psychological, and social well-being. Common issues include anxiety, depression, eating disorders, self-harm, and behavioural difficulties.

Poor mental health can affect learning, relationships, and overall development.

Suicide is a leading cause of death among young people. Warning signs may include withdrawal, hopelessness, talking about death, giving away possessions, or self-harming behaviours.

All threats or indications of suicide must be taken seriously and reported to the Child and Adolescent Mental Health Service (CAMHS) and if required and there is a direct threat of harm, the Police should be contacted.

Children Missing Education (CME)

Children Missing Education are those of compulsory school age who are not registered at a school and not receiving suitable education otherwise (e.g., home education). This includes children who have stopped attending school without formal arrangements but does not include children who are persistently absent from a registered school.

Missing education is a significant safeguarding concern. Children not in education are at increased risk of abuse, neglect or exploitation, criminal activity, trafficking or radicalization, poor mental health, and social isolation.

Not in Education, Employment or Training (NEET)

Refers to young people (age 16-24) who are not enrolled in any formal education, not employed in any job, and not participating in any vocational or skills training program.

Persistent Absence

Persistent absence refers to a pupil missing 10% or more of school sessions (approximately 19 days across the school year), whether authorized or unauthorized.

The 'working together to improve school attendance' (DfE, effective from 19 August 2024) provides statutory guidance for schools in supporting children/ young people and their families to improve their school attendance.

Honour-Based Violence

Honour-Based Violence (HBV) refers to crimes committed to protect or defend the perceived honour of a family or community. It often involves coercion, threats, or violence against individuals who are seen as bringing shame or dishonour.

Forms of HBV:

- Physical assault, threats, or intimidation.
- Forced marriage.
- Female Genital Mutilation (FGM).
- Emotional or psychological abuse.
- In extreme cases, murder
- Children may be victims directly or witness HBV within the family, they may experience severe trauma, fear, and isolation.

It is important to remain mindful of the risk for children of being taken abroad for forced marriage or FGM.

Homelessness

Homelessness for children refers to situations where a child does not have a stable, safe, and adequate place to live. This includes living in temporary accommodation (e.g., hostels, B&Bs), sofa surfing or staying with friends/family without permanence, street homelessness or sleeping rough.

The local authority has a duty to safeguard and promote the welfare of children in need, including children who are homeless. They will work in partnership with the local housing team.

County Lines

County Lines refers to gangs and organised criminal networks that transport illegal drugs into one or more areas of the UK using dedicated mobile phone lines, often called "deal lines." These groups frequently exploit vulnerable children and adults to move and store drugs and money. Coercion, intimidation, violence (including sexual violence), and weapons are commonly used to maintain control.

What we do:

- Remain alert to signs of exploitation such as unexplained absences, new possessions, or association with older individuals.
- Record and report concern immediately to the Designated Safeguarding Lead (DSL).
- Work with police and safeguarding partners to disrupt exploitation and protect children.

Cuckooing

Cuckooing occurs when criminals take over the home of a vulnerable adult to facilitate exploitation. Offenders often befriend the victim to gain access and control of their property.

What we do:

- Identify children who may be living in or visiting unsafe environments.
- Share concerns promptly with the DSL and statutory agencies.
- Provide support and guidance to affected children to ensure their safety and wellbeing.

Modern Slavery and Human Trafficking

Modern slavery includes trafficking, forced labour, sexual exploitation, and domestic servitude. Children may be trafficked for criminal activity, sexual exploitation, or labour.

What we do:

- Speak to children privately if concerns arise, offering reassurance and a safe space.
- Avoid making promises we cannot keep.
- Ask non-judgemental questions and allow disclosures at the child's pace.
- Report concerns to the DSL and statutory agencies, ensuring cultural practices do not override safeguarding responsibilities.

Radicalisation (PREVENT)

Radicalisation is the grooming of children and young people into extremist activity, often through online platforms, peer networks, or family influence.

What we do:

- Monitor for signs of extremist views, behaviours, or associations.
- Report concerns to the DSL, who may refer to the CHANNEL programme under PREVENT.
- Share information proportionately and appropriately with safeguarding partners.
- Provide early intervention and support to children at risk.

Female Genital Mutilation (FGM)

FGM involves the partial or total removal of female genital organs for non-medical reasons. It is illegal in the UK and constitutes child abuse.

What we do:

- Treat all disclosures seriously and sensitively.
- Act immediately if a child is at risk, including referral to statutory agencies.
- Provide culturally sensitive advice to families, while making clear that FGM is illegal.
- Support affected children with medical, emotional, and safeguarding interventions

Appendix B

CHILD PROTECTION PROCEDURE FLOWCHART

If there is an immediate risk of serious harm, contact Somerset Children's Social Care immediately and/or dial 999 and ask for the police/ ambulance

Staff or volunteer has concerns about child's welfare

Discuss with line manager and Social Work team/Clinical Safeguarding Lead or DSL (Clinical Director) If not available discuss with Head of Governance, relevant clinical head of service or on-call manager.

If a referral to Children's Social Care is required, then the Safeguarding Team will support the worker to complete this.

(If you are unsure or need guidance on whether to submit a referral, contact the consultation line on 0300 123 3078).

Is there reasonable cause to suspect that a child is suffering or likely to suffer significant harm?
CALL Somerset Direct on 0300 123 2224 Mon – Fri: 08.00–18.00 and Sat: 09–16.00. Outside of these hours call the Emergency Duty Team on 0300 123 2327 or 999 if there is immediate risk to the child.
Follow up with an Early Help Assessment within one working day

If you have concerns for a child that they are unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development? And/ or their health or development likely to be significantly impaired without the provision of such service?

Gain consent from the parent/carers and complete an Early Help Assessment which should be sent to Somerset Direct on SDInputters@somerset.gov.uk. This can be accessed via Professional Choices

Children's Social Care should acknowledge your written request within 48 hours. If this does not happen, contact them to find out what action is being taken.

Document clearly on the appropriate patient record safeguarding window, use safeguarding monitoring window for ongoing documentation and activate a safeguarding alert.
Please send email into safeguarding@st-margarets-hospice.org.uk to outline concerns