Safeguarding Children Policy

Approved By	The Board of Trustees
Date of approval	Sept 2026
Date of review	Sept 2027
Originator	Chief Executive Officer (CEO)
Title	Safeguarding Children Policy
Description of the document	This policy informs staff and volunteers and all visitors of Tapping House (TH) on how to identify and report safeguarding issues involving children and young people.
Scope	All Tapping House Staff, Volunteers and Visitors
Author and designation	Chief Executive Officer
Equality impact assessment (EIA)	Reviewed Sept 2026 no negative impact identified
Associated TH documents	Safeguarding Adults Policy Adults Code of Conduct TH Adults Code of Behaviour & Safeguarding wallet card Recruitment Policy Incidents Policy Complaints Policy Whistleblowing Policy Data Protection and Confidentiality Policy Health and Safety Policy
Supporting references	Working Together to Safeguard Children 2023 What to do if You're Worried a Child is Being Abused 2015 Care Act 2014 Children Act 2004 Children Act 1989 We will make changes to our policy and procedures in line with Norfolk Safeguarding Children Partnership's guidance on norfolklscp.org.uk Additional references can be found in Relevant Guidance & Legislation section below.
CQC Outcomes	Care Quality Commission (CQC): Regulation 13 - Safeguarding service users from abuse and improper treatment.

Consultation or development process	SLT and Care & Clinical Governance Committee
Training implications	See Page 10
Dissemination	This policy is kept in the S/drive of the Hospice server and a paper copy is held with the Governance & Executive Assistant. It is disseminated via team briefings and team leads.
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Version	Date Published	Details of key changes	Name
1	April 2025	New Policy	L Vyse
2	September 2026	Annual review	D Pooley

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Introduction

This policy applies to all staff, volunteers, trustees, patients and visitors of Tapping House (TH) and covers our commitment to safeguarding and promoting the positive wellbeing of all children. It sits alongside our Safeguarding Adults Policy.

The purpose of the Safeguarding Children Policy is to ensure that every child within our organisation is safe and protected from harm. This means we will always work to:

- Protect children from maltreatment and promote their welfare.
- Prevent impairment of children's health and/or development.
- Ensure that children are growing up in circumstances consistent with the provision of safe and effective care.
- Take action to enable all children to have the best outcomes.

This policy aims to give clear direction to trustees, staff, volunteers, patients, visitors, and parents/carers about expected behaviours and our legal responsibility to safeguard and promote the welfare of all children who come into contact with Tapping House.

Key contacts for safeguarding children at TH:

Designated Safeguarding Person (DSP) for children and first point of contact:

Name	Danny Pooley
Role	Social Worker and Designated Safeguarding Lead
Telephone	01485 601700 ext. 257
Email	Danny.pooley@tappinghouse.org.uk

Deputy Designated Safeguarding Person (DDSP):

Name	Donna Snowden
Role	Hospice at Home Manager

Telephone	01485 601700 ext. 234
Email	Donna.snowden@tappinghouse.org.uk

Deputy Designated Safeguarding Person (DDSP):

Name	Lorna Vyse
Role	Children's Development Worker
Telephone	01485 601700 ext. 233
Email	Lorna.vyse@tappinghouse.org.uk

Reporting a Concern:

We strongly encourage all safeguarding disclosures or concerns to be reported in person, or via telephone, to the DSP or a DDSP (the TH designated safeguarding team) in the first instance. If you are unable to reach one of them, then you may email the generic inbox instead safeguarding@tappinghouse.org.uk but please note this may delay any action being taken (especially out of normal office hours, Mon to Fri, 0900-1700) and **this method should not be used in the event of an urgent safeguarding concern.**

Any concern for a child's safety or welfare should be raised as an incident on Vantage or where staff or volunteers do not have access to Vantage, the concern should be recorded on the TH *Reporting Form for Safeguarding Concerns* and given to the DSP or DDSP promptly. When reporting any safeguarding concern, you must also consider data protection and confidentiality issues, e.g. sensitive information being sent to the wrong email address, emails potentially going into a junk folder and therefore not being seen or other staff having access to the emails.

It is everyone's duty to ensure that the relevant information (and completed form) has been effectively passed to the DSP, or a DDSP in their absence.

Guidance on safeguarding issues can be obtained via Norfolk Children's Advice and Duty Service (CADS) and their contact details are below.

Norfolk Children's Advice and Duty Service (CADS):

During Office Hours **Monday - Friday 8.00am – 8.00pm**	
Staff, trustee or volunteers (Professionals Line) A member of the public or parent/carers	**0344 800 8021** **0344 800 8020**
Out of Office Hours	
Norfolk Children's Services 24 hours 8.00pm to 8.00am Monday – Friday and weekends (including bank holidays)	**0344 800 8020**
In the event of a genuine emergency call 999 Norfolk Non-emergency Police call 101	

Scope:

This policy applies to all adults at Tapping House (TH) such as staff, volunteers, Trustees, patients and their families, as well as supporters and visitors, (including contractors). It encompasses the wide range of services delivered by TH.

A 'child' is defined as someone under the age of 18 years.

We have a *Safeguarding Adults Policy* to cover safeguarding procedures for adults aged 18 years and upwards. Both policies are closely intertwined to safeguard the families and the communities that we work with.

We recognise that families visiting relatives at the Hospice, or supporters taking part in any of our activities and events, may live outside Norfolk. We understand the need to adhere to safeguarding procedures relating to the area where a child resides and are committed to ensuring that we work in partnership with external agencies.

We are clear that the appropriate Local Authority and Police must lead any investigation into any allegation of safeguarding and child protection. At all times we will work in partnership and try to establish effective working relationships with parents, carers and colleagues from other agencies and organisations.

We will support anyone who, in good faith, reports a concern that a child is being abused or neglected or is at risk of abuse or neglect, even if those concerns prove to be unfounded.

Relevant Guidance and Legislation:

- Working Together to Safeguard Children 2023
- What to do if You're Worried a Child is Being Abused 2015
- Care Act 2014
- Children Act 2004
- Children Act 1989
- The Online Safety Act 2023
- Data Protection Act 2018
- HM Government Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers May 2024 DfE information sharing
- Norfolk Continuum of Needs Guidance 2023
- Norfolk Guidance to Understanding Continuum of Needs | NSCP | PWWC (norfolklscp.org.uk)
- Norfolk Safeguarding Children Partnership Policies and Procedures
- Polices & Procedures | Norfolk Safeguarding Children Partnership (norfolklscp.org.uk)

Roles and Responsibilities of the Designated Safeguarding Person (DSP) and Deputies (DDSP) at TH:

The TH Designated Safeguarding Person (DSP) for children should be the first point of contact for all concerns and queries in the organisation regarding the safeguarding of children and young people. If the DSP is uncontactable then concerns should be referred to a Deputy (DDSP) in their absence.
Any concern for a child's safety or welfare should be promptly raised as an incident on Vantage. Any staff who do not have access to Vantage should record the concern on the TH *Reporting Form for Safeguarding Concerns* and give to the DSP or DDSP promptly. See 'Reporting a Concern' section above. The DSP or DDSP (or another staff member, if deemed appropriate, by DSP) will liaise with the relevant Children's Advice and Duty Service and/or Local Authority Designated Officer (LADO), and other agencies when required.

The Designated Safeguarding Lead is also responsible for ensuring:

- All staff and volunteers are aware of the Safeguarding Children Policy and the procedures they need to follow in the event of a disclosure or concern.
- The organisation's safeguarding policies are updated to follow local and national guidance and are reviewed at least annually.
- Staff are updated on changes to safeguarding practice.
- All staff, Trustees and volunteers have received appropriate safeguarding and child protection information during their induction to TH and have completed the relevant training appropriate to their role.
- That safer recruitment practices are followed.
- Complete appropriate DSP training regularly, and at least every 3 years.
- That TH follow the Norfolk Continuum of Needs Guidance produced by the Norfolk Safeguarding Children Partnership (NSCP).

Roles and Responsibilities of other TH Staff, Volunteers and Trustees

Safeguarding is everyone's responsibility, and everyone has a responsibility to keep up to date with safeguarding guidance and processes.

Trustees are responsible for:

- Knowing how safeguarding incidents should be handled should they arise
- Overseeing the correct recording and reporting of safeguarding concerns
- The Trustee with safeguarding responsibilities will attend safeguarding team meetings and will provide regular supervision for the safeguarding lead.

All other staff and volunteers are responsible for:

- Knowing where to find a copy of this policy
- Always following this policy
- Upholding the TH Adults Code of Conduct
- Understanding what to do in the event of a concern
- Keeping their mandatory safeguarding training up to date

Safer Working Practices for Adults – General Procedures:

Policy Changes & Reviews: All Trustees, staff and volunteers will be asked to read this policy regularly and, at least, annually. Additionally, they will be advised of any changes when the policy is reviewed and updated.

Our safeguarding message and its importance will be actively promoted via the organisation's safeguarding information wallet card, our own guide to safeguarding and pledge to professional conduct. The topic of safeguarding is also covered regularly in TH briefings and detailed on information boards in all of our venues.

TH undertakes to remedy, without delay, any weaknesses to our safeguarding arrangements that are brought to our attention.

Off-site Activities and Events: TH provides services, activities and events at a wide range of community locations, in addition to the site situated at Wheatfields, e.g. our Hospice at Home service, charity retail shops, as well as fundraising and marketing opportunities. All TH staff and volunteers are aware of the need to ensure that safeguarding practices are adhered to in every aspect of TH work.

Visitors: All visitors to any of the organisation's venues (including contractors) will be directed to information regarding our safeguarding procedures and the names of the DSP/DDSP who they can contact should they have any cause for concern.

Family Visits to the Hospice: During visits to TH, all children or young people remain the responsibility of their parent/carer, and so they should always remain on-site. If a child or young person wishes to spend time away from a patient in the In-Patient Unit (IPU), an appropriate adult should be asked to supervise the child. Any personal care required for that child remains the responsibility of the child's parent/carer.

Working with Parents & Carers: All parents/carers will be asked to sign a consent form at the start of any direct 1:1 service delivery to their child. Parents will be made aware of our safeguarding policy and that we will need to share information with the relevant authorities if we have concerns about the welfare of their child, and that we do not have to seek consent from them if there are serious concerns about harm, or likely harm, to their child.

Parents and carers are informed of our legal duty to assist our colleagues in other agencies with safeguarding and child protection enquiries and what happens should we have cause to make a referral to Children's Services. We will gain consent from the parent/carer to contact safeguarding agencies (e.g. CADS in Norfolk) unless to do so would place the child at further risk of harm, or undermine a criminal investigation.

Safer Recruitment:

All TH staff and volunteers who come into contact with children and young people have a duty of care to safeguard them and promote their welfare. There is a legal duty placed upon TH to ensure that all adults who work or volunteer with children are competent, confident and safe to do so.

We adhere to the principles of safer recruitment by ensuring that we:

- Carefully consider job descriptions, person specifications and selection criteria.
- Circulate all vacancies widely.
- Require a completed application form for shortlisted candidates, including a written declaration with regards to criminal convictions, spent or otherwise.
- Prepare new staff induction packs containing the above information, our expectations and core values, safeguarding procedures and general information on the charity.
- Conduct interviews with at least two people present.
- Ask for at least two references, including the last employer.
- Gain appropriate DBS checks.
- Review positive DBS disclosures in accordance with the Rehabilitation of Offenders Act 1974 and the TH Recruitment policy.
- Ask for identification.
- Ask for originals of any relevant qualifications.
- Organise a comprehensive induction period which includes familiarisation with safeguarding policies, procedures and safeguarding training requirements.

What is the Procedure for DBS Checks?

We will always gain the correct level of DBS disclosure appropriate to the role. If we are unsure as to what level of DBS check is required for the role, we will consult the DBS Webpages or contact The DBS Regional Outreach service and speak to the Adviser for the East of England. They can be contacted here.

Unless an individual is on the update service any information revealed on a DBS certificate will be accurate at the time the certificate was issued. There is no official expiry date for a DBS certificate. However, our organisation will request a new DBS check every three years as part of our ongoing safer working practices.

DBS Update Service: If our organisation is using the DBS Update Service, we will consult the following guidance for advice on the process: Update Service, Employer Guide - DBS Update Service: employer guide - GOV.UK (www.gov.uk)
See the TH Recruitment Policy for full information on our recruitment processes.

Training:

Induction: Every new member of staff and volunteer will be expected to complete mandatory 'safeguarding adults and children awareness' training as part of their induction, within 6 weeks of joining TH. This will be delivered by the Safeguarding Team and via the in-house Training Tracker and will be monitored by line managers.

Ongoing Training: All staff and volunteers will also be expected to undertake safeguarding children training appropriate to their role and this is mapped out, monitored and reviewed at least annually. All relevant training is to be renewed at least every three years.

The training required for each role at TH has been defined as follows:

Group A:	Mandatory induction training for all staff and volunteers, which includes basic safeguarding adults and children awareness training via internal briefing and completion of the Training Tracker module.
Group B:	Introduction to safeguarding adults and children awareness training for all staff and relevant volunteers
Group C:	Additional safeguarding adults and children training for all clinical staff, relevant volunteers and those working directly with children and young people.
Group D:	Specific role-based training for designated safeguarding personnel.

The TH Designated Safeguarding Children Person (DSP) and Deputies (DDSP) will complete the specific Norfolk SAFER programme's 'Designated Safeguarding Person' Training.

Additional ad hoc awareness training will be provided throughout the year by TH's designated safeguarding team (DSP and DDSP) to highlight the ongoing need to be vigilant about safeguarding matters and to reinforce our professional conduct pledge.

All staff must keep up to date with the most recent local and national safeguarding advice and guidance. For our purposes we will signpost them to the Norfolk website www.norfolklscb.org in the first instance. For information and guidance on safeguarding adults, please refer to our *Safeguarding Adults Policy*.

Records of all safeguarding training undertaken will be monitored by the TH HR department and all staff and volunteers will be reminded to renew their training, as required.

Supervision

The Safeguarding Lead will receive regular safeguarding supervision from the Safeguarding Champion who sits on the Board of Trustees. All other members of the safeguarding team will receive safeguarding supervision from the Safeguarding Lead.

Record Keeping and Information Sharing:

All personal information relating to staff, trustees, volunteers, patients and families will be kept in line with the TH's *Data Protection* and *Confidentiality Policy*.

Our organisation cannot guarantee confidentiality if there is a child safeguarding concern, as we will need to share these concerns with the Children's Advice and Duty Service. It is an expectation that our organisation will seek consent to share information first unless to do so would place somebody at risk of harm or undermine a criminal investigation.

All safeguarding records will be held securely in electronic format. All paper forms will be scanned and the original destroyed. Safeguarding records will be held confidentiality on a need to know basis and will be password protected, where appropriate. They will only be accessible by the TH Safeguarding Team.

Records will be shared with the Registered Manager / CEO as required, in accordance with the terms of the Care Quality Commission Requirements on reporting safeguarding concerns.

Types of Abuse:

Definitions of Abuse and Neglect from Working Together to Safeguard Children 2023

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

Child protection is defined as: Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

What is abuse and neglect?

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

Physical abuse

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

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are

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

Sexual abuse

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

Neglect

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

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Additional safeguarding concerns to be aware of are:

- Child Sexual Exploitation
- FGM – Female Genital Mutilation

- Forced Marriage
- Honour Abuse
- County Lines
- Child Criminal Exploitation
- Radicalisation
- The Prevent Duty
- Online Abuse

For more information on these head to the Policy Appendix 2.

The Prevent Duty:

PREVENT - Prevent is part of the UK's Counter-terrorism strategy CONTEST. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism.

The key terms to be aware of are as follows:

Extremism - the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

Radicalisation - refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Terrorism - action that endangers / causes serious violence to a person/people; causes serious damage to property; or seriously interferes with / disrupts an electronic system.

Responding to a Concern-Notice – Check – Share

Notice
A staff member or volunteer working with a child or young person could be the person to notice that there has been a change in the individual's behaviour that may suggest they are vulnerable to radicalisation. Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. There are some common signs that may mean someone is being radicalised.

- Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.
- Expressing anger or extreme views towards a particular group such as a different race or religion.

- Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

Check

The next step is for the staff member or volunteer to speak to the manager or safeguarding lead to better understand the concerns raised by the behaviours observed to decide whether intervention and support is needed. In many cases there will be an explanation for the behaviours that either requires no further action or a referral not related to radicalisation or extremism.

Share

Where the staff member or volunteer still has concerns that the individual may be vulnerable to radicalisation, then the organisation's safeguarding procedures will be followed, and this safeguarding concern will be reported to the Children's Advice and Duty Service (CADS).

Following this the Prevent referral form should be completed, which can be downloaded from here referral form and sent to: **preventreferrals-NC@Norfolk.police.uk**

An initial assessment of the referral will be carried out prior to any further information gathering on the individual.

For urgent radicalisation concerns contact Norfolk Police on 101 or, in an emergency, 999.

Additional information and guidance on Prevent is available on the Norfolk County Council website.

Procedure for handling a disclosure from a child:

Any concern for a child's safety or welfare should be raised as an incident on Vantage or recorded on the TH *Reporting Form for Safeguarding Concerns f*orm and given to the DSP or DDSP promptly. There is also a Body Map Form available to highlight the site of any injuries, if required.

Assessment:

When faced with a potential safeguarding concern, all adults should assess the issue and consider three important principles:

1. Consider if the situation is urgent, e.g. are the emergency services required?
2. Ensure the wellbeing and safety of the individual at risk.

3. Maintain any evidence, by implementing effective safeguarding procedures.

Key points to consider when dealing with a disclosure:

- Listen and be supportive.
- Do not ask any leading questions, interrogate the child, or put ideas in the child's head, or jump to conclusions.
- Do not stop or interrupt a child who is recalling significant events.
- Never promise the child confidentiality. It must be explained that information will need be to be passed on to help keep them safe.
- Record what was said immediately as close to what was said as possible. Also record what was happening immediately before the child disclosed.
- Contact the TH Designated Person immediately.

Contacting the Children's Advice and Duty Service-CADS.

If we are concerned that a child or children is experiencing or likely to suffer significant harm, we will telephone (CADS) on 0344 800 8021. If the child is at immediate risk then we will call the Police on 999. When considering whether to contact CADS we will consult the CADS Flowchart in Appendix 1 and the Norfolk Continuum of Needs Guidance 2023 produced by the Norfolk Safeguarding Children Partnership (NSCP).

We will gain consent from the parent to contact CADS, unless doing so would place the child at further risk of harm or undermine a criminal investigation.

CADS will advise us of the action required to resolve the concerns either directly or with the support of partner agencies, not necessarily Children's Services. Or a formal referral, recording the level of need. Depending on the level, the referral will be processed into either a Family Support Team or Social Work Team. A consultation feedback letter will be provided as a record of all conversations and provide a clear audit trail of the outcome agreed.

We will not investigate and will be led by the Local Authority and/or the Police.

We will keep written dated records of all conversations with CADS.

We understand if we are unhappy about a decision made by CADS we can use the Resolving Professional Disagreements policy on https://norfolklscp.org.uk/

Members of the public or parents can contact CADS on 0344 800 8020.

Managing Allegations against people working with children

Our aim is to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children who attend our settings. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.

Allegations sometimes arise from a differing understanding of the same event, but when they occur, they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children. We work to the thresholds for harm as set out in *'Working Together to Safeguard Children' (*2023).

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

- Behaved in a way that has harmed a child, or may have harmed a child and/or;
- Possibly committed a criminal offence against or related to a child and/or;
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The 4th bullet point above recognises circumstances where a member of staff (including locum, bank or contracted staff) or volunteer is involved in an incident outside of the organisation or workplace which did not involve children but could have an impact on their suitability to work with children; this is known as transferrable risk.

At TH we recognise our responsibility to report / refer allegations or behaviours of concern and / or harm to children by adults in positions of trust known to us, but who are not employed by our organisation to the LADO service directly at lado@norfolk.gov.uk

We will take all possible steps to safeguard our children and to ensure that the adults at TH are safe to work with children. When concerns arise, we will always ensure that the safeguarding actions outlined in the local protocol and procedures NSCP Protocol 8.3 – Allegations Against Persons who Work/Volunteer with Children and The Management of Allegations Against People Working with Children Procedure are adhered to and will seek appropriate advice.

If an allegation is made or information is received about *any* adult who works or volunteers in our organisation which indicates that they may be unsuitable to work/volunteer with children, the member of staff receiving the information will inform the DSP immediately. This includes concerns relating to locum, bank, specialist or contracted staff, students and volunteers.

In the event that the DSP is not contactable on that day, the information must be passed to and dealt with by a DDSP or CEO. Should an allegation be made against the Chief Executive Officer, this will be reported to the Chair of Trustees.

If an adult makes an allegation about The Designated Officer, they can directly report their concern to the Local Authority Designated Officer (LADO). The parent or volunteer will need to complete a LADO referral form which can be downloaded from the Norfolk Safeguarding Children Partnership Website, and emailed to the LADO service directly at lado@norfolk.gov.uk

The referral form can be downloaded here, along with more information: https://norfolklscp.org.uk/people-working-with-children/how-to-raise-a-concern

For further information on the role/remit of Norfolk LADO Service, please see NSCP Protocol 8.3 – Allegations Against Persons who Work/Volunteer with Children and The Management of Allegations Against People Working with Children Procedure

Making a Barring Referral to the Disclosure and Barring Service

If an allegation has been made about a staff member or volunteer, then TH has a legal duty to make a barring referral if the following conditions are met:

Condition 1

- You withdraw permission for a person to engage in regulated activity with children and/or vulnerable adults. Examples: dismissed, re-deployed, redundancy or retired.

Condition 2

You think the person has carried out one of the following:

- Engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk or harm or;
- Satisfied the harm test (A person satisfies the harm test if they may harm a child or vulnerable adult or put them at risk of harm. It is something a person may do to cause harm or pose a risk of harm to a child or vulnerable adult.)
- Received a caution for, or a conviction for, or been convicted for a relevant offence

More information on Barring Referrals can be found online If we need guidance on making a Barring Referral, we will contact the East of England DBS Outreach Advisor for support. A Barring Referral can be completed online via the DBS website

There could be times when we might consider that we should still make a referral in the interests of safeguarding children even if the legal duty to refer has not been met. This could include

acting on advice of the police or a safeguarding professional, or in situations where there may not be enough evidence to dismiss or remove a person from working with vulnerable groups. DBS are required by law to consider any and all information sent to them from any source. This includes information sent to them where the legal referral conditions are not met. If we do make a referral to DBS where the referral conditions are not met, we will do so in consideration of relevant employment and data protection laws.

The Chief Executive Officer has the responsibility for making a barring referral. If the barring is being made against the CEO, then the DSP will have responsibility for the referral in partnership with the Chair of Trustees.

Informing the Care Quality Commission:

Any substantial safeguarding concern will be reported to the Care Quality Commission (CQC) by the TH Registered Manager /CEO in accordance with the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Regulation 13 guidance document titled *Safeguarding users from abuse and improper treatment*. All efforts will be made to work alongside the CQC on any matters arising from reportable safeguarding issues.

Online Safety:

TH is committed to ensuring that children and young people are protected from online harm. Online Safety includes the appropriate use of photography and video, the internet and social media sites, mobile phones and smart watches.
Written consent will be obtained from any adult (or in the case of children up to the age of 16, their parent or guardian) for any images required for clinical or marketing purposes:

- Photographs
- Video recordings
- Audio recordings
- Use of narratives / personal accounts
- Use of private artwork in promotional or display material which is for any use other than personal for the person / carer, whether gathered / taken by a member of staff or volunteer of the hospice, or a member of the media.

Consent is obtained either for 'one use only' or 'in perpetuity.' Any image that is used on the internet requires consent 'in perpetuity' because it could be shared beyond the control of TH and therefore could be in the public domain forever.

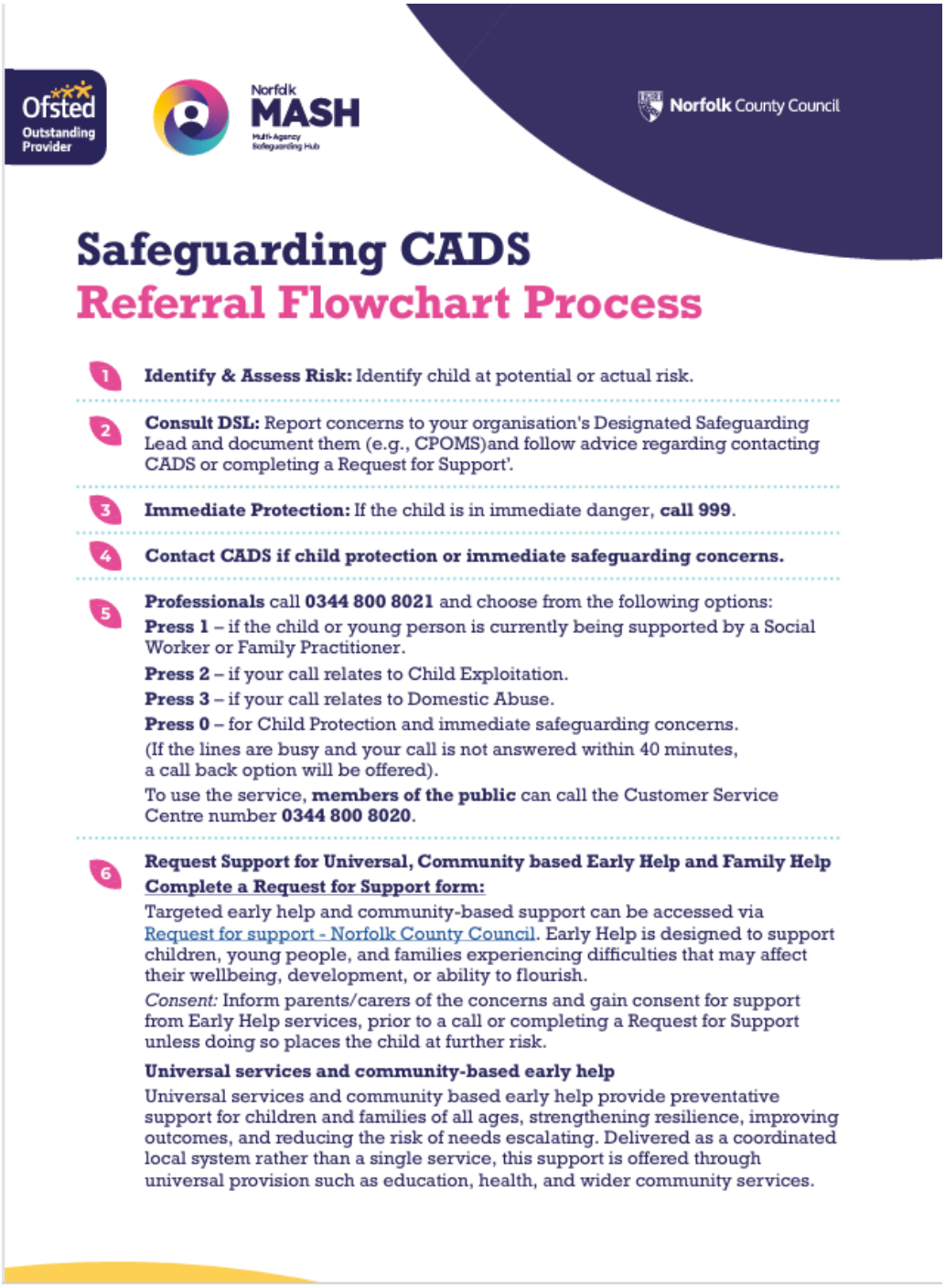
We will keep this content safe and ensure that consent is current and maintained. See Appendix 4 for further details.

Our Code of Behaviour for Adults covers the acceptable use of technology within our services, including the use of Internet access, personal mobile phones or cameras for work purposes.

If any of our services are delivered online, then steps will be taken to ensure the safety of child, young people, as well as the parent/carer. Guidance will be provided on arrangements for any online session, as well as links to national online safety guidance.

Children and young people may bring their own technology devices to TH, e.g. whilst visiting a patient in our IPU, and so responsibility for any content being accessed will remain the responsibility of their parent or carer. All TH provided resources will take into account age-appropriate considerations.

Appendix 1-The Children's Advice and Duty Service Flowchart



Ofsted Outstanding Provider

Norfolk MASH Multi-Agency Safeguarding Hub

Norfolk County Council

Safeguarding CADS
Referral Flowchart Process

1. **Identify & Assess Risk:** Identify child at potential or actual risk.

2. **Consult DSL:** Report concerns to your organisation's Designated Safeguarding Lead and document them (e.g., CPOMS)and follow advice regarding contacting CADS or completing a Request for Support'.

3. **Immediate Protection:** If the child is in immediate danger, **call 999**.

4. **Contact CADS if child protection or immediate safeguarding concerns.**

5. **Professionals** call **0344 800 8021** and choose from the following options:
   Press 1 – if the child or young person is currently being supported by a Social Worker or Family Practitioner.
   Press 2 – if your call relates to Child Exploitation.
   Press 3 – if your call relates to Domestic Abuse.
   Press 0 – for Child Protection and immediate safeguarding concerns.
   (If the lines are busy and your call is not answered within 40 minutes, a call back option will be offered).
   To use the service, **members of the public** can call the Customer Service Centre number **0344 800 8020**.

6. **Request Support for Universal, Community based Early Help and Family Help**
   Complete a Request for Support form:
   Targeted early help and community-based support can be accessed via Request for support - Norfolk County Council. Early Help is designed to support children, young people, and families experiencing difficulties that may affect their wellbeing, development, or ability to flourish.
   Consent: Inform parents/carers of the concerns and gain consent for support from Early Help services, prior to a call or completing a Request for Support unless doing so places the child at further risk.
   Universal services and community-based early help
   Universal services and community based early help provide preventative support for children and families of all ages, strengthening resilience, improving outcomes, and reducing the risk of needs escalating. Delivered as a coordinated local system rather than a single service, this support is offered through universal provision such as education, health, and wider community services.

Norfolk MASH
Multi-Agency Safeguarding Hub

It includes services like Best Start Family Hubs, youth and housing support, and after school provision.

Best Start Family Hubs offer a clear pathway from pregnancy to age 19 (or 25 for young people with SEND), bringing together multi agency partners to provide accessible, ongoing community support and to safeguard families, including those transferring from targeted or specialist services.

Family Help – targeted early help, safeguarding, and promoting the welfare of children

Family Help is offered where universal services and community based early help have not achieved sufficient or sustained improvement, or where a child and family present with multiple, complex, or escalating needs. Delivered through a coordinated, multi agency approach led by Children's Services and its partners, Family Help provides structured support to address identified risks and concerns. Family Help will only be initiated where there is an agreed Family Plan, or a Graded Care Profile (GCP) in cases of neglect, which has been shared with CADS.

Family Help is a voluntary, consent based approach that supports families to build capacity, improve outcomes, and reduce risks, including families in kinship arrangements and those requiring additional support during pregnancy, with the aim of preventing the need for statutory child protection intervention.

Consent: Inform parents/carers of the concerns and gain consent for support from Early Help services, prior to a call or completing a Request for Support unless doing so places the child at further risk.

7. **CADS:** A member of the team responds to the call or Request for Support and decides on next steps.

8. **Information Gathering:** MASH partners (police, health, social care) share information if required.

9. **Outcome & Action:**
   Information, advice and guidance
   Community based Early Help
   Family Help

10. **Feedback:** Following a call CADS provides feedback to the referrer regarding the outcome.

Norfolk County Council

Appendix 2 - Additional Safeguarding Issues

Child Sexual Exploitation - CSE is a form of child sexual abuse. It occurs when an individual or group take advantage of an imbalance of power to coerce, manipulate or deceive a children 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. CSE does not always involve physical contact; it can also occur through use of technology.

FGM – Female Genital Mutilation - (*FGM*) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "*female circumcision*" or "cutting". FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.

FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. It is illegal to carry out FGM in the UK**.** It is also a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or take their child abroad to have FGM carried out. The maximum penalty for FGM is 14 years' imprisonment.

Forced Marriage - People have the right to choose who they marry, when they marry or if they marry at all. Forced marriage is when some face physical pressure to marry (for example, threats, physical violence or sexual violence) or emotional and psychological pressure (eg if they're made to feel like they're bringing shame on their family).

Forced marriage is illegal in England and Wales. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

Honour Abuse - Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- Become involved with a boyfriend or girlfriend from a different culture or religion

- Want to get out of an arranged marriage
- Want to get out of a forced marriage
- Wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- Domestic abuse
- Threats of violence
- Sexual or psychological abuse
- Forced marriage
- Being held against your will or taken somewhere the victim doesn't want to go
- Assault/killing

County Lines - A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Child Criminal Exploitation - A term to describe where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

(a) In exchange for something the victim needs or wants; and/or

(b) For the financial or other advantage or the perpetrator or facilitator; and/or

(c) Through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Radicalisation - When we talk about radicalisation it means someone is being encouraged to develop extreme views or beliefs in support of terrorist groups and activities. radicalisation and the potential path towards terrorism and extremism can occur through face to face or online interactions. It is sadly the case that it is becoming easier than ever to be groomed by terrorist recruiters on the internet and to find extremist materials.

Encouraging susceptible individuals to commit acts of terrorism on their own initiative is a deliberate tactic seen in emerging ideologies and seen in their propaganda. This is exacerbated by online environments which bring together and facilitate individuals sharing and validating thoughts and ideas.

Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. The importance of noticing the hallmarks of concern within these online communities, in friends or wider social spaces as well as work and educational settings has probably never been as important as it is now. There are some common signs that may mean someone is being radicalised.

- Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.
- Expressing anger or extreme views towards a particular group such as a different race or religion.
- Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

It's often the case that professional curiosity and belief in your own ability to determine if something just doesn't sit right is sometimes a good check point to flag up where something may be going wrong, especially in the early stages of radicalisation.

The PREVENT Duty-Prevent is part of the UK's Counter-terrorism strategy CONTEST.

Section 26 of the Counter-Terrorism and Security Act (HMG, 2015) placed a duty on specified authorities that they must, in the exercise of their functions, have 'due regard to the need to prevent people from being drawn into terrorism'. This is known as the 'Prevent Duty'.

Prevent work also extends to supporting the rehabilitation and disengagement of those already involved in terrorism. The objectives of Prevent are:

- Tackling the ideological causes of terrorism
- Intervening early to support people susceptible to radicalisation
- Enabling people who have already engaged in terrorism to disengage and rehabilitate.

An explanation of PREVENT can found on pages 29 - 32 of CONTEST.

Channel Panel - Channel is a national programme which focuses on providing support at an early stage to individuals identified as being vulnerable to being drawn into terrorism. Further information can be found within Channel and Prevent Multi-Agency Panel (PMAP) guidance (Home Office, 2021)

Key vocabulary definitions

- **Extremism** - the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.
- **Radicalisation** - refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups
- **Terrorism** - action that endangers / causes serious violence to a person/people; causes serious damage to property; or seriously interferes with / disrupts an electronic system. Further information can be found within the Terrorism Act 2000 (legislation.gov.uk)

Online Abuse - any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets, and mobile phones. It can happen anywhere online, including social media, text messages and 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 which is taking place offline, like bullying or grooming. Or the abuse might only happen online.

Children may experience several types of abuse online: Cyberbullying, Emotional abuse-which can include emotional blackmail, Sexting-pressure or coercion to create sexual images, Sexual abuse, Sexual exploitation and Grooming-perpetrators may use online platforms to build a trusting relationship with the child to abuse them.

A child experiencing abuse online might:

- Spend a lot more or a lot less time than usual online, texting, gaming or using social media
- Seem distant, upset or angry after using the internet or texting
- Be secretive about who they're talking to and what they're doing online or on their mobile phone
- Have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet

Be mindful that some of the signs of online abuse are similar to other types of abuse.

Appendix 3: TH Adults Code of Behaviour & Safeguarding

We agree to:

- Treat everyone with respect and dignity in line with TH values.
- Ensure that the safety and welfare of all children and young people is always paramount.
- Promote our commitment to safeguarding.
- Listen to and act upon all safeguarding concerns, so people feel safe in our care.
- Set a good example for others to follow by being a positive role model.
- Remember we are in a position of trust and need to be aware of the limitations of our role.
- Treat everyone in a fair and just way, without favouritism.
- Be mindful of our own behaviour, so our actions are not misinterpreted.
- Act within professional boundaries, even in challenging circumstances.
- Avoid inappropriate, suggestive or threatening language whether verbal, written or online.
- Act professionally and challenge bullying or disruptive behaviours not in line with this Code or TH values.
- Encourage openness, where people can challenge inappropriate attitudes and behaviours.
- Respect professional boundaries with colleagues and not engage in personal friendships or relationships with patients, or families.
- Create an environment where those at risk feel able to voice their concerns.
- Liaise openly with parents/carers, unless inappropriate to do so.
- Respect people's right to privacy.
- Abide by adult to child ratios always and avoid being alone with a child or young person (unless in designated role).
- Attend safeguarding refresher training every three years.

We should not:

- Dismiss feelings and points of view.
- Trivialize abuse or let it go unreported.
- Overstep the boundaries of our professional role.
- Rely on our position or reputation to protect us.
- Encourage anyone, colleagues, patients, or families to consume alcohol if underage or use illegal substances.

Appendix 4: Consent for photography, audio or visual recording

Below is an extract from the TH Clinical Consent policy:

Written consent will be obtained from any person or carer for

- Photographs
- Video recordings
- Audio recordings
- Use of narratives / personal accounts
- Use of private artwork in promotional or display material which is for any use other than personal for the person / carer, whether gathered / taken by a member of staff or volunteer of the hospice, or a member of the media.

Consent is obtained either for 'one use only' or 'in perpetuity.' Any image that is used on the internet requires consent 'in perpetuity' because it could be shared beyond the control of Tapping House and therefore could be in the public domain forever.

In the case of children up to the age of 16, the written consent of a parent or guardian is required.

The photograph consent form must be signed by the person being photographed / recorded and witnessed by a member of staff at the time the photo is taken. It is the responsibility of the person facilitating or taking the photograph / making the recording to ensure the consent form is signed and that a copy of it and the photo are given together to the Marketing department. If a person later withdraws consent we will endeavour to remove the image from platforms over which we have control (e.g. our website). However, once an image or story has been published externally (e.g. in the press or shared by other people on the internet) then we have no control over how that content is distributed.

The form will be kept in the Marketing Department and the Director of Fundraising will be responsible for ensuring the form can be linked with the appropriate photo/ recording.

Photographs and recordings taken for clinical care evaluation must be filed in the persons' healthcare record or other secure storage with the signed consent.

If photographs or recordings are to be used for professional development, research or teaching purposes then the healthcare professional that took the photograph or made the recording will be responsible for storing it with appropriate identification and consent or ensuring erasure.

Appendix 5: Equality Impact Assessment				
Name of Document	**Safeguarding Children Policy**			
Date of assessment Sept 2026		**Date or review Sept 2027**		
Which area: Care/Finance/Retail	**All services**		**Senior Management Committee Approval**	
	Positive Impact	**Negative impact**	**No Impact**	**Comment**
Does the document affect one protected characteristic less or more favourably than another on the basis of:				
Race			**x**	
Gender including transgender			**x**	
Religion or belief			**x**	
Sexual orientation, to include heterosexual, lesbian, gay and bisexual people			**x**	
Age			**x**	
Marriage and Civil Partnership			**x**	
Pregnancy and Maternity			**x**	
Disability including learning disabilities, physical disabilities, sensory impairment and mental health issue's			**x**	
Does this document affect an individual's human rights? See list in EQA Guideline document				
Name which Human Right				
If there is potential discrimination, are the exceptions valid, legal and/or justified? If yes, what is the action e.g.? • Adjust the policy to remove disadvantage identified or better promote equality • Continue the policy to demonstrate that such a disadvantage or advantage can be justified or is valid If neither of the above possible, submit to SLT for review				
Name of assessor	**D Pooley**		**Date**	**Sept 2026**