



SAFEGUARDING POLICY STATEMENT

Type of policy	Clinical
Owner	Director of Nursing and Care – Sally Hayes
Originator	Chief Executive Officer
Date created	December 2023
Date of last review	December 2024 (annual)
Reviewed by	Director of Nursing and Care – Sally Hayes
Date of next review	December 2025
Where policy is filed	Hive

Main Headings	<ol style="list-style-type: none"> 1. Policy Statement 2. Purpose of the Policy 3. Roles and Responsibilities 4. Categories of Abuse 5. PREVENT duty 6. Monitoring and Review 7. Training 8. The Legal Framework 9. Digital Safeguarding 10. Information sharing and confidentiality 11. Safer recruitment 12. Whistleblowing 13. Incident reporting/ Incorporating PSIRF into Safeguarding Investigations 14. Accessibility <p>Appendix – Safeguarding Flow Chart</p>
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Signed 

Date 12/2/2025

Mark Stowe

Interim Chief Executive Officer

2. PURPOSE OF THE POLICY

The purpose of this policy is to:

- protect people who are associated with Helen & Douglas House including the children who use our services, relatives of the children who use our services, staff, volunteers, customers and supporters
- provide guidance to all staff, namely Trustees, paid staff, volunteers, sessional workers, agency staff, students, contractors, or any other person in a position of trust about the overarching principles which guide our approach to safeguarding and child protection

To keep people safe, Helen & Douglas House will:

- provide a setting where people feel listened to, safe, secure, valued and respected
- appoint a Designated Safeguarding Lead and ensure a clear line of accountability regarding safeguarding concerns
- ensure that all those in a position of trust are provided with up to date and relevant information, training, support and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding and child protection
- provide a clear procedure to follow when safeguarding and child protection concerns arise ensuring the sharing of information appropriately across the organisation
- ensure effective and appropriate communication between all of those involved in safeguarding an individual
- build strong partnerships with other agencies to promote effective and appropriate multi-agency working, information sharing and good practice

This policy aligns with the six safeguarding principles outlined in the Care Act 2014:

Empowerment, Prevention, Proportionality, Protection, Partnership, and Accountability.

These principles underpin all safeguarding activities within Helen & Douglas House, ensuring that safeguarding interventions are person-centred, proactive, and proportionate to the risks identified. The organisation works collaboratively with NHS Integrated Care Systems (ICS) and local safeguarding boards to ensure consistency with national safeguarding frameworks and guidance

3. ROLES AND RESPONSIBILITIES

All individuals in a position of trust must:

- understand the different types of abuse and recognise the possible risks and indicators
- understand their responsibility to report any concerns that a person is being, or is at risk of being, abused or neglected. This includes reporting any concern they may have regarding another person's behaviour towards a child or children or an adult at risk
- when appropriate liaise with other agencies, contribute to safeguarding assessments and attend child protection meetings / core groups / conferences
- record and store information legally, professionally, and securely in line with organisational policies and procedures
- undertake the required level of training for their role

Safe Recruitment

The Director of Support Services is responsible for ensuring that safer recruitment policies and processes are in place. Safer recruitment is central to safeguarding people. This includes ensuring that Helen & Douglas House adopts safe recruitment and selection procedures which prevent unsuitable persons from gaining access to children and adults at risk.

In addition to the outlined responsibilities for clinical and senior staff, this policy provides clear guidance for non-clinical staff, volunteers, and contractors in identifying and reporting safeguarding concerns. These individuals are often in positions of trust and may witness safeguarding issues. To address this, a clear reporting pathway and procedures for escalating concerns have been included, ensuring that all members of the organisation understand their roles and responsibilities in maintaining a safe environment.

4. CATEGORIES OF ABUSE

The main categories of abuse in safeguarding are typically divided into those affecting children and adults. These categories are outlined in safeguarding legislation and guidance, such as the Children Act 1989, Care Act 2014, and Working Together to Safeguard Children (2018). Below are the main categories:

4.1. For Children:

- **Physical Abuse-** Deliberate physical harm or injury to a child, such as hitting, shaking, or poisoning. It can also include fabricating symptoms or deliberately inducing illness.
- **Emotional Abuse-** Persistent emotional maltreatment that adversely affects a child's emotional development. Examples include verbal abuse, humiliation, bullying, or causing a child to feel worthless or unloved.
- **Sexual Abuse-** Forcing or enticing a child to take part in sexual activities, whether they are aware of it or not. This includes physical contact, non-contact activities (e.g., grooming or exposing a child to sexual content), and online abuse.
- **Neglect-** Persistent failure to meet a child's basic physical and emotional needs, such as food, clothing, shelter, medical care, or supervision, which results in harm to their health or development.
- **Child Sexual Exploitation (CSE)-** A form of sexual abuse where children are manipulated or coerced into sexual activity in exchange for money, gifts, or other incentives.
- **Child Criminal Exploitation (CCE)-** Involves coercing children into criminal activities, such as drug trafficking (county lines), theft, or other illegal acts.
- **Online Abuse-** Abuse conducted via the internet or digital platforms, including cyberbullying, grooming, or exposure to harmful content.
- **Female Genital Mutilation (FGM)-** is a form of child abuse and a severe violation of human rights, and is committed to identifying, reporting, and supporting individuals at risk of or affected by FGM, in line with legal obligations and safeguarding guidelines.

4.2. For Adults at Risk:

- **Physical Abuse-** Non-accidental harm, such as hitting, slapping, misuse of medication, or restraint.
- **Emotional or Psychological Abuse-** Acts causing emotional distress, such as threats, humiliation, intimidation, or controlling behaviour.

7. TRAINING

Helen & Douglas House is committed to ensuring all staff, volunteers, and trustees are equipped with the necessary safeguarding knowledge and skills. Mandatory safeguarding training will be delivered annually, with differentiated levels tailored to specific roles and responsibilities. For example, Level 3 training will be provided for clinical staff, while Level 1 training will be required for all non-clinical staff and volunteers. A competency framework, based on NHS guidelines, will be used to monitor and assess training effectiveness for clinical staff.

This policy mandates safeguarding training for all individuals in positions of trust, with annual updates to ensure content aligns with current legislation and best practices. A robust monitoring system is in place to identify gaps in training compliance and address them promptly through refresher sessions. This ensures that all staff and volunteers are equipped with the knowledge and skills needed to recognize and respond effectively to safeguarding concerns.

The Board of Trustees is responsible for ensuring robust safeguarding practices and overseeing compliance with statutory requirements. Audits will be conducted annually to review safeguarding processes, and findings will be reported to the Board. Additionally, Helen & Douglas House will engage with NHS safeguarding leads and local authority safeguarding boards to ensure external scrutiny and alignment with multi-agency safeguarding standards.

The Director of Nursing and Care and Medical Director each have access to external safeguarding supervision through system partners.

8. THE LEGAL FRAMEWORK

This policy has been developed in accordance with the principles established by the following legislation and guidance:

Children

- Children Act 1989
- United Nations Convention on the Rights of the Child 1991
- Human Rights Act 1998
- Children Act 2004
- Equality Act 2010
- Children and Families Act 2014
- Special educational needs and disability (SEND) code of practice: 0 to 25 years
- What to do if you are worried a Child is being Abused 2015
- Working Together to Safeguard Children 2018
- Keeping Children Safe in Education 2022
- Oxfordshire Safeguarding Children Board guidelines
- [NHS England » Safeguarding children, young people and adults at risk in the NHS](#)

Adults

- Care Act 2014
- Health and Care Act 2022
- Safeguarding Vulnerable Groups Act 2006
- Human Rights Act 1998
- Mental Capacity Act 2005

When a safeguarding incident occurs, the PSIRF process will be employed to conduct a thorough and structured analysis, involving all relevant stakeholders, to identify lessons learned and implement meaningful changes. This approach fosters a culture of transparency, continuous learning, and improvement, ensuring that safeguarding practices remain robust and responsive to risks. Additionally, findings from safeguarding investigations under PSIRF will be shared through appropriate governance channels, such as the Safeguarding Steering Group, to enhance organizational learning and prevent recurrence of similar incidents.

14. ACCESSIBILITY

To ensure inclusivity, this policy will be made available in simplified formats tailored to the needs of different audiences, including children, young people, and individuals with cognitive or communication impairments. Accessible versions include visual aids, easy-read formats, and translations into key languages used by our service users. This approach ensures that everyone can understand their rights and how to access support if safeguarding concerns arise.