

CHILDREN'S SAFEGUARDING POLICY AND PROCEDURE

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Policy Statement

This policy applies to all staff, including paid staff, assessors and therapists, volunteers and the Board of Trustees or anyone working on behalf of Cavendish Cancer Care

The purpose of this policy is:

- To outline safeguarding procedures that are in place to protect children and young people who receive Cavendish Cancer Care's services. This includes the children of adults who use our services.
- To provide staff and volunteers with the overarching principles that guide our approach to safeguarding children.
- To provide clear procedures that will be implemented to safeguard children and address any issues that arise.

Cavendish Cancer Care believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practise in a way that protects them and supports their healthy development.

Cavendish Cancer Care recognise that:

- The welfare and safety of the child is paramount.
- Anyone under the age of 18 is considered as a child for the purpose of this policy.
- All children regardless of age, culture, disability, gender, racial heritage, religious belief, sexual orientation or identity have a right to equal protection from all types of harm or abuse.
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency and isolation, their level of understanding, communication needs, or other issues.
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting the child's welfare.

Cavendish Cancer Care will endeavour to keep children and young people safe by:

- valuing them, listening to and respecting them.
- Adopting appropriate safeguarding practises through procedures and policies for staff and volunteers.
- Recruiting all staff and volunteers safely ensuring all necessary checks are made.
- Ensuring that, where we work with partners, they have appropriate and effective safeguarding procedures already in place.
- Ensuring effective management of staff through induction, supervision and support and training.
- Following organisational policies and procedures to manage any allegations against staff and volunteers appropriately.
- Ensuring that Cavendish Cancer Care staff undertake Child Safeguarding training appropriate to their specific role during their induction.
- Appointing a minimum of two designated Safeguarding Team members for children and young people and a lead Board member for safeguarding; current Board member is Sue Shepley.
- Recording and storing information professionally and securely and sharing information about safeguarding and good practice with children, their families, staff and volunteers.
- Using safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children young people, parent's, families and carers appropriately.
- Ensuring that everyone working for and on behalf of Cavendish Cancer Care is aware of its policies and procedures, and the role of the Children's Safeguarding Team.
- Evaluating and reviewing these policies and procedures annually and more frequently if events or changes in legislation and/or governmental/local guidance make this necessary.

PART ONE

1. Code of Conduct for Working with or Coming into Contact with Children

It is essential that everyone who comes into contact with Cavendish Cancer Care should be treated with respect and dignity and that our staff are safe, positive and supportive role models for children and young people. It is vital that care is taken to minimise the possibility for abuse, misunderstanding and misinterpretation.

When working with or coming into contact with children and young people:

- Do treat them with respect at all times.
- Do provide an example of good conduct you wish others to follow.
- Do respect a child/young person's right to personal privacy.
- Do encourage children, young people and adults to feel comfortable enough to point out attitudes or behaviour they do not like.
- Do remember that someone else might misinterpret your actions, no matter how well intentioned.
- Do be aware that physical contact with a child or young person is not appropriate and may be misinterpreted.
- Do recognise that special caution is required when you are discussing sensitive issues with children or young people.
- Do operate within Cavendish Cancer Care's policies and procedures.
- Do challenge unacceptable behaviour and report all allegations/suspicions of abuse.

When working with or coming into contact with children and young people:

- Do not be alone with children out of public view unless undertaking therapeutic work carried out in accordance with professional guidelines.
- Do not have inappropriate physical or verbal contact with children/young people.
- Do not allow yourself to be drawn into inappropriate attention-seeking behavior.
- Do not make suggestive or derogatory remarks or gestures in front of children/young people.
- Do not show favouritism to any individual.

- Do not engage with children or young people outside of the workplace either online or face to face.
- Do not share personal details with children or young people.
- Do not rely on your good name or that of Cavendish Cancer Care to protect you.
- Do not believe “it could never happen to me.”
- Do not take a chance when common sense, policy or practice suggests another more prudent approach.
- Do not either exaggerate or trivialize child abuse issues.
- Do not let allegations, made by anyone, go unacknowledged, or remain unresolved and not acted upon.

2. Roles and Responsibilities in Safeguarding Children

Sheffield Children's Safeguarding Partnership (SCSP)

Safeguarding children in Sheffield is conducted according to Sheffield Children's Safeguarding Partnership (SCSP) procedures. Further information is available on the SCSP website: www.safeguardingsheffieldchildren.org

Children's Safeguarding Team at Cavendish Cancer Care

Cavendish Cancer Care will appoint at least 2 designated Children's Safeguarding Team Members.

The role of the Children's Safeguarding Team is to:

1. Receive and record information from staff, volunteers, therapists, assessors, Trustees, children or parents and carers who have safeguarding concerns.
2. Assess the information promptly and carefully, clarifying or obtaining more information about the matter as appropriate.
3. Liaise with and refer any safeguarding concerns to the Sheffield Safeguarding Hub.
4. Where allegations do not involve the parents/carers, liaise with them and keep them informed.
5. When necessary, make a formal referral to a statutory child protection agency or the police without delay and certainly within 24 hours.

It is not the role of the Children's Safeguarding Team to decide whether a child has been abused or not; this is the responsibility of the specialist services: Children and Young People's Social Services, Paediatricians, the NSPCC and Police.

The Children's Safeguarding Team should be aware of the local statutory safeguarding network and procedures and the role of the Sheffield Safeguarding Partnership.

They will undertake approved Safeguarding Children and Young People Level 3 training.

The designated Children's Safeguarding Team for Cavendish Cancer Care are:

Claire Furbey (Designated Safeguarding Lead for Children)	Ann Hetherington (Children's Safeguarding Team)	Sue Saha (Children's Safeguarding Team)	Helen Rufus (Children's Safeguarding Team)
Head of Service Children & Young People	Head of Service	Counsellor & Adult Assessor	Children & Young People's Service Senior Therapist
0114 2784600	0114 2784600	0114 2784600	0114 2784600
c.furbey@cavcare.org.uk	a.hetherington@cavcare.org.uk	s.saha@cavcare.org.uk	h.rufus@cavcare.org.uk

3. What to do if you think a child is being abused

If you receive information, or observe something, that makes you think that a child might be a risk of abuse:

a) Listen to the child

If a child says that they are being abused or provides information that suggests that they are being abused, or if you have concerns that a child is being abused, the person receiving the information should:

- Be calm and reassure the child. Let them know at the earliest opportunity that you will need to share the information with others. Do not make promises you cannot keep.
- Take what the child says seriously.
- Ask questions only to clarify understanding of what the child has said.
- Let the child know you understand what they have said and that you will act upon it. Tell them who needs to be told about the situation.

The safety of the child is paramount - if the child is in immediate danger, keep the child with you. Be calm and reassuring. Be honest and don't make promises you cannot keep. Take the action necessary to help the child. If necessary call 999. Do not interrogate the child but keep them informed and make brief notes of the incident as you go along.

b) Consult with parents/carers

Practitioners should, in general, discuss concerns with the family and, where possible inform them that they are making a referral unless this may, either by delay or the behavioural response it prompts or for any other reason, place the child at risk of increased risk of significant harm.

c) Talk to one of the Cavendish Safeguarding Team

Practitioners should, as soon as is possible inform the Safeguarding Team and discuss with them the appropriate course of action referring to current policy and make a note of what has happened.

Possible responses to a safeguarding concern include:

1. Following discussion with Safeguarding team no further action required.
2. Decision is made by Safeguarding team that concerns meet threshold of need for intervention (See Sheffield Threshold of Need Guidance) If the concern meets Level 4/5 then contact the Sheffield Safeguarding Hub (SSH) on 0114 2734855 as soon as possible. This is a 24hr number. Follow up the telephone call by completing a Multi-agency Confirmation Form (MACF) and send it to SSH via secure e-mail and place a copy in the clients records. If the child is known to have an allocated social worker then contact them directly. The SSH should inform the referrer of the outcome of the referral. If the level of need is determined to be lower (Level 2/3) then a referral should be sent to Early Help using the Early Help Assessment Form in the area where the child lives. Further advice for Early Help Referrals can be accessed from the Family Intervention Service on 0114 2037485.

(These processes are taken from [Sheffield Children Safeguarding Partnership - Referring a safeguarding concern to Children's Social Care \(safeguardingsheffieldchildren.org\)](https://safeguardingsheffieldchildren.org))

3. If the child has physical injuries which may be non-accidental do not refer to A&E – contact the Sheffield Safeguarding Hub who will arrange a child protection medical unless it appears that the child needs urgent medical care when 999 should be called.
4. If unable to contact either Claire Furbey, Ann Hetherington, Sue Saha, or Helen Rufus, a member of the management team (Ann Hetherington, Jonny Cole, Emma Draper) must make contact with the Sheffield Safeguarding Hub within 24 hours.
5. Any case involving an allegation of abuse by a member of Cavendish Cancer Care staff must be reported within 24 hours to the CEO, Emma Draper and to the Chair of the Board of Trustees. They should follow the SCSP Local Authority Designated Officer (LADO) procedures.
6. All cases of allegations or suspected child abuse should be reported either to the Designated Safeguard Lead (Head of Service CYP Claire Furbey) or Children's Safeguarding Team (Ann Hetherington, Sue Saha, Helen Rufus), together with a written summary report. A written record of the events, discussions and actions taken should be made, signed and dated by the member of staff and Safeguarding Team member involved. It will be filed securely in the Safeguarding file in the Therapy Office. An entry "See safeguarding file" should be made on the client's safeguarding record.

These steps also appear on the flow chart: Pathway for Responding to Allegation or Sign of Abuse – see separate document.

Examples of when a safeguarding referral will be made by one of the Safeguarding Team include (this is not an exhaustive list):

- A child makes a clear allegation of abuse.
- A parent makes a clear allegation of abuse by another adult.
- A member of the public makes a clear, detailed, credible allegation that someone has abused a child.
- A child sustains an injury and there is a professional concern about how it was caused; or a non-mobile infant sustains any injury, however slight without an adequate accidental explanation.
- Professional concerns exist about abuse or neglect, despite no allegations being made.
- Despite professional intervention, because of suspected neglect or emotional abuse there is concern that a child is suffering or likely to suffer significant harm.
- Where there is concern that a child may have been conceived as the result of an incestuous relationship or intra-familial sexual abuse.
- An allegation is made that a child under 13 has been involved in penetrative sex or other sexual activity.
- Where young people under the age of 18 are engaged in sexual activity and there are concerns around significant harm.
- There are concerns that a child under 18 is being sexually exploited.
- Concerns exist about a child having contact with any person who may pose a significant risk to them.
- A child has been abandoned.
- A child is being denied access to urgent or important medical assessment or services.
- A child is at risk of being subjected to illegal procedures, including female genital mutilation or forced marriage. (Law requires anyone who becomes aware that an act of FGM appears to have been carried out on a girl who is under 18 (either if they have visually confirmed it or it has been verbally disclosed by an affected girl) to notify the police).
- Where there has been a single incident of domestic violence in families with a child under 12 months (including an unborn child) even if the child was not present.
- There are any other circumstances which suggest that a child is suffering or likely to suffer significant harm, including from drug and alcohol use or as a result of 'honour based violence'.

- Either an adult or a child makes historical allegations of abuse.
- There are suspicions of fabricated or induced illness.
- Where there are concerns about the welfare of an unborn child.
- Concerns have arisen for a child receiving a service as a child in need.
- Further concerns have arisen of increased or additional risk to a child currently on the list of children who are subject of a child protection plan.
- A child who has been made the subject of an emergency protection order or police protection.
- Concerns have arisen for a child who is the subject of a supervision order or care order.
- A child or young person has suffered or is likely to suffer significant harm, due to their participation in or as a victim of gang activity, or other community or youth related violence.
- A child or young person has suffered or is likely to suffer significant harm, due to being exposed to radicalisation and extremist views.

4. Confidentiality and Information Sharing

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is lawful reason to do so, such as safety may be put at risk. Where possible share information with consent and, where possible, respect the wishes of those who do not consent to having their information shared. Ensure that the information is necessary for the purpose for which you are sharing it, is accurate and up-to-date, is shared in a timely fashion and is shared securely. Keep a record of when you have shared information and the reasons why information was shared.

- Information can be shared legally without consent, if a practitioner is unable to / cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- Relevant personal information can also be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, mental harm, or if it is protecting their physical, mental, or emotional well-being.
- Whenever information is shared either face to face, over the phone or via secure email, a record needs to be made on the individual's client record. The information needs to be accurate, relevant and not held longer than necessary; and is kept securely.

- Access to confidential data should be on a strict need-to-know basis.
- If suspicions or allegations are about relatives, friends or colleagues or otherwise, the concerns must not be discussed with them before making the referral.

The safety and welfare of the child overrides all other considerations, including the following:

- Confidentiality.
- The gathering of evidence.
- Commitment or loyalty to relatives, friends and colleagues.

5. Safeguarding contacts

Sheffield Safeguarding Hub 24 hours a day	Tel: 0114 273 4855 sheffieldsafeguardinghub@sheffield.gov.uk
Sheffield Children's Safeguarding Partnership	www.safeguardingsheffieldchildren.org scsp@sheffield.gov.uk
North Children's Social Care	0114 203 9591
East Children's Social Care	0114 203 7463
West Children's Social Care	0114 273 4491
Children's Disabilities Service	0114 273 5368
Fostering and Adoption Service	0114 273 5075
MAST (Multi Agency Support Team)	0114 2037485
South Yorkshire Police	101 or 999
Local Authority Designated Officer (LADO)	0114 273 4855 (option 1)
Sheffield Children's Hospital	0114 271 7000
Royal Hallamshire Hospital and Jessop Wing	0114 271 1900
Northern General Hospital	0114 243 4343

PART TWO

This section contains background information about the laws and guidance that seek to protect children; the agencies nationally and locally which work together to protect children from abuse; definitions of different types of abuse; and signs and symptoms of abuse which should inform your professional curiosity about whether a child is being abused, or is at risk of being abused.

2.1. Legislation and Guidance

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special educational needs and disability (SEND) code of practice: 0 to 25 years- Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014
- Information sharing: Advice for practitioners providing safeguarding services to children, young people and carers; HM Government 2018
- Children and the GDPR; Information Commissioner's Office 2018
- Working together to safeguard children; a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2018
- Serious Crime covers legislative changes in relation to FGM.
- Prevent Strategy 2011 and Prevent Duty Guidance for England and Wales 2015 aims to protect children and young people who are vulnerable or at risk of being radicalised.

2.2. Local Arrangements for the Protection of Children

In Sheffield there is a set of safeguarding procedures that have been agreed by SCSP.

Cavendish Cancer Care will work within the policies and procedures of SCSP and will receive regular updates and information about current legislation and good practice through our registration with the board. Further information, advice, and guidance on SCSP policies, procedures and child protection related issues can be found on

<http://sheffieldscb.proceduresonline.com/index.htm> or www.safeguardingsheffieldchildren.org

2.3. What is Child Abuse?

Abuse can happen to a child or young person of any age. Legally, a child is someone who is under 18 years old (Children Act 1989).

Child abuse is the term used when an adult, or another child or young person, harms a child or a young person under the age of 18. There are four categories of child abuse: physical, emotional, sexual abuse and neglect.

Why is it so important to prevent child abuse?

- There are obvious risks to health and well-being for a child or young person who is abused or neglected. They are likely to suffer as a direct result of the abuse. In extreme cases a child or young person may die. But it may also cause long term or permanent physical and / or mental health problems, difficulty in achieving their potential at school or college, in friendships and relationships, in getting a job, and being a parent themselves.
- Children or young people who are being abused or neglected may show their distress in many ways including being nervous, anxious, withdrawn and isolated. They may be angry and aggressive, truant from school or run away from home. They may also use drugs or alcohol, deliberately cause serious harm to themselves or others, or try to commit suicide.
- Harm may occur intentionally or unintentionally. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Sometimes a single traumatic event may constitute significant harm, more often it is a compilation of significant events, that may be long-standing, which interrupt, change or damage the child's physical and psychological development.
- Remember: it is not just adults who harm children and young people. Other children and young people can also be abusers, through bullying, being threatening with weapons, or other types of harmful behaviour. This can include those in gangs.

Physical Abuse is 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. Marks or injuries which do not have an acceptable explanation may indicate that a child has been physically abused. Signs of physical abuse may include:

- Bruising
 - Bruises in or around the mouth, on the cheeks, ears, palms, arms and feet.
 - Bruises on the back, buttocks, tummy, hips and backs of legs.
 - Multiple bruises in clusters, usually on the upper arms or outer thighs.
 - Bruising which looks like it has been caused by fingers, a hand, or an object i.e. belt, shoe etc.
 - Large oval shaped bite marks.
 - Linear bruising
- Burns or scalds
 - Any burns which have a clear shape of an object, e.g. cigarette burns.

- Burns to the backs of hands, feet, legs, genitals, or buttocks.
- Bite marks
- Fractures or joint injuries - that do not have a clear accidental history
- Brain and eye injuries
- Internal injuries
- Scars - unusually shaped or large scars
- Intentional poisoning
- Suffocation
- Fabricated or induced illness

Neglect is 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. Disabled children are at particular risk of neglect.

All children and young people need food, clothing, warmth, love and attention, to grow and develop properly.

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 care-givers); or
- Ensure access to appropriate medical care or treatment.

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

Indicators of neglect:

- Neglect of the child's physical needs, e.g. nutrition / hygiene / clothing with presentation outside acceptable norms, failure to thrive, occasionally obesity;
- Neglect of the child's medical needs, including routine needs such as immunisation as well as more urgent medical care;
- Poor supervision and lack of awareness of safety, e.g. leading to increased 'accidental' injury and increased A&E dept. attendances;
- Failure to ensure adequate stimulation and education;
- Neglect of social care needs;
- Lack of appropriate affection.

These children may present with:

- The physical signs of neglect: failure to thrive, poor hygiene and personal presentation;
- Behavioural problems such as scavenging for food, voracious appetite, chronic running away, low self-esteem, poor social functioning, indiscriminately seeking affection or attention from adults;
- Developmental problems such as not reaching developmental milestones, poor language development, poor intellectual and social development.

Sexual Abuse (including Sexual Exploitation, Grooming and FGM) 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.

Sexual abuse can take many different forms of physical contact including rape or oral sex, or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. It may also include involving children or young people looking at, or being forced to take part in the production of pornographic material, watching sexual activities, or encouraging children to behave in sexually inappropriate ways. This may happen via the Internet using web cams or photographs taken on mobile phones, which can be posted on websites or circulated to other phones. Grooming can also take place either online or face to face, when the abuser forms a 'friendship' with the child or young person with the aim of meeting them for the purposes of sexual abuse. Abuse may also involve trafficking of children for the purpose of sexually abusing them. Abusers may use different methods to persuade children to co-operate and not to tell anyone, like bribery, threats or physical force or in exploitive situations, contexts and relationships where young people receive something e.g. food, accommodation, drugs, alcohol. Sexual abuse is not solely perpetrated by adult males, women can also commit acts of sexual abuse, as can other children.

FGM - further information about the topic can be found in the government publication Multi-Agency practice guidelines: female genital mutilation. If concerned that a young person is at risk of FGM or may have suffered FGM the matter should be reported to South Yorkshire Police by phoning 101. This reporting duty is mandatory. Please also refer to the Sheffield Multi-Agency Female Genital Mutilation Pathway (for victims and those at risk).

Signs of sexual abuse include a child or young person:

- who displays sexual knowledge or behaviour inappropriate for their age
- with injuries or an unusual appearance to private areas of their body
- who is being encouraged into a secretive relationship with an adult
- who hints at sexual activity through words, play or drawings
- who is secretive about their online friends
- with a sexually transmitted infection
- who is pregnant, and there are concerns that the relationship with the baby's father is inappropriate or abusive.

- Disturbed behaviour including self-harm, inappropriate sexual behaviour, sadness, depression and loss of self-esteem, have all been linked to sexual abuse.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and 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. In severe cases, children or young people may be subjected to cruel treatment and punishment like being locked up particularly in cold, dark surroundings. They may be in a situation where basic needs like food, drink and warmth may be withheld or have to be 'earned'.

Indicators of emotional abuse:

- physical, mental and emotional developmental delay or disturbance;
- punishment which appears excessive
- over-reaction to mistakes
- sudden speech disorders
- fear of new situations
- inappropriate emotional responses to stressful situations;
- self-mutilation;
- fear of parents being contacted;
- extremes of passivity or aggression;
- wetting/ soiling;
- substance misuse;
- chronic running away;
- inability to play;
- compulsive stealing.

Parents/ main caregivers' responses to the child may give cause for concern:

- scapegoating;
- ostracizing from normal family contact or activities;

not allowing the child to receive gifts, play with toys, go on outings, when other family members are allowed to;

- indifference to child's needs;
- hostility towards child;
- ridicule, sarcasm, deliberate frightening, threatening;
deliberately withholding, or forcing a child to 'earn', basic necessities like food, clothes, drink and warmth;
- cruelty, like being locked up in cold, dark surroundings;
- encouraging other family members of the family to respond to the child in any of these ways.

Where emotional abuse is suspected, it may be most helpful to request expert assessment by the Sheffield CAMHS therapy team on 0114 271 7000 alongside making a referral to Social Care.

Bullying is defined as behaviour by an individual or group, usually repeated over time, which intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms – face to face, online (cyber bullying), or via text.

Cyberbullying can include:

- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- trolling – the sending of menacing or upsetting messages on social networks, chat rooms or online games
- excluding children from online games, activities or friendship groups
- shaming someone online
- setting up hate sites or groups about a particular child
- encouraging young people to self-harm
- voting for or against someone in an abusive poll
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name
- sending explicit messages, also known as sexting
- pressuring children into sending sexual images or engaging in sexual conversations.

Bullying leaves someone feeling helpless to prevent it or put a stop to it. In some cases an imbalance of power may mean that bullying crosses the threshold into abuse. This would require a referral to Children's Social Care

Radicalisation – the act or process of making a person more radical or favouring extremes or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

There may be a noticeable change in behaviours and a change to their usual routines or engagement with family, friends, work colleagues or services, or they may join a new group either actual or virtual. PREVENT is part of the Government's counterterrorism strategy (Building Partnerships, Staying Safe DH 2011). The aim is:

- to prevent vulnerable young people and adults from developing terrorist ideologies or from being targeted for exploitation by radicalisers and being drawn into terrorist activities.
- to identify vulnerable people early and ensure that they are given appropriate help and support to channel them away from terrorist activities and prevent a crime being committed.

If you have any concerns about the behaviour of an individual seek advice from the Sheffield Safeguarding Hub or contact the Police PREVENT Coordinator via the 101 number or contact the counter Terrorism Hotline on 0800 789 321.

Domestic Abuse is persistent and widespread, it is the most common factor in situations where children are at risk of serious harm in the UK. It can have a detrimental and long-lasting impact on a child's health, development, ability to learn and well-being. Domestic abuse is defined by any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those ages 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial and/ or emotional.

Children and young people are at risk of suffering long-term psychological and emotional damage from domestic abuse as a result of:

- witnessing the abuse perpetrated against a parent or carer;
- living with the impact of coercive control and experiencing the fear and anxiety of living in an environment where abuse occurs;
- becoming actual victims of abuse and neglect;
- attempting to intervene to prevent harm to the non-abusive parent;
- taking on the role of the abuser, against a parent or other sibling/s, or in their own intimate relationships;
- witnessing physical abuse against their pets.

Young people over 16 years of age can be victims or perpetrators of domestic abuse. If you have concerns please refer to the Sheffield Young People and Domestic Abuse Pathway, or contact the Sheffield Safeguarding Hub, or contact the National Domestic Violence helpline on: 0800 2000 247.

2.4. Training

a) The named safeguarding leads and all Therapists at Cavendish Cancer Care who have regular contact with children and young people will undertake level 3 training approved by the Sheffield Children's Safeguarding Partnership (SCSP) or other statutory organisation approved by the Safeguarding Leads. This training can take the form of attendance at approved SCSP training events or on-line modules, appropriate to the level of contact. It will be reviewed and refreshed annually with a full training at least every 3 years.

b) Children and Young Peoples' Therapists are expected to keep up to date with current changes in safeguarding theory and recommendations. The Head of Service CYP will remain updated from the Sheffield Safeguarding Board updates service.

c) All staff will read this document and confirm they have read it on an annual basis. They are encouraged to clarify with the designated Cavendish Children's Safeguarding Team any queries arising from their reading.

d) Volunteers working at Cavendish Cancer Care do not have any direct one-to-one contact with any Cavendish clients and are expected to be aware of and adhere to all the Cavendish rules, policies and procedures and to confirm annually they have read and understood this policy.