

SAFEGUARDING CHILDREN & CHILD PROTECTION

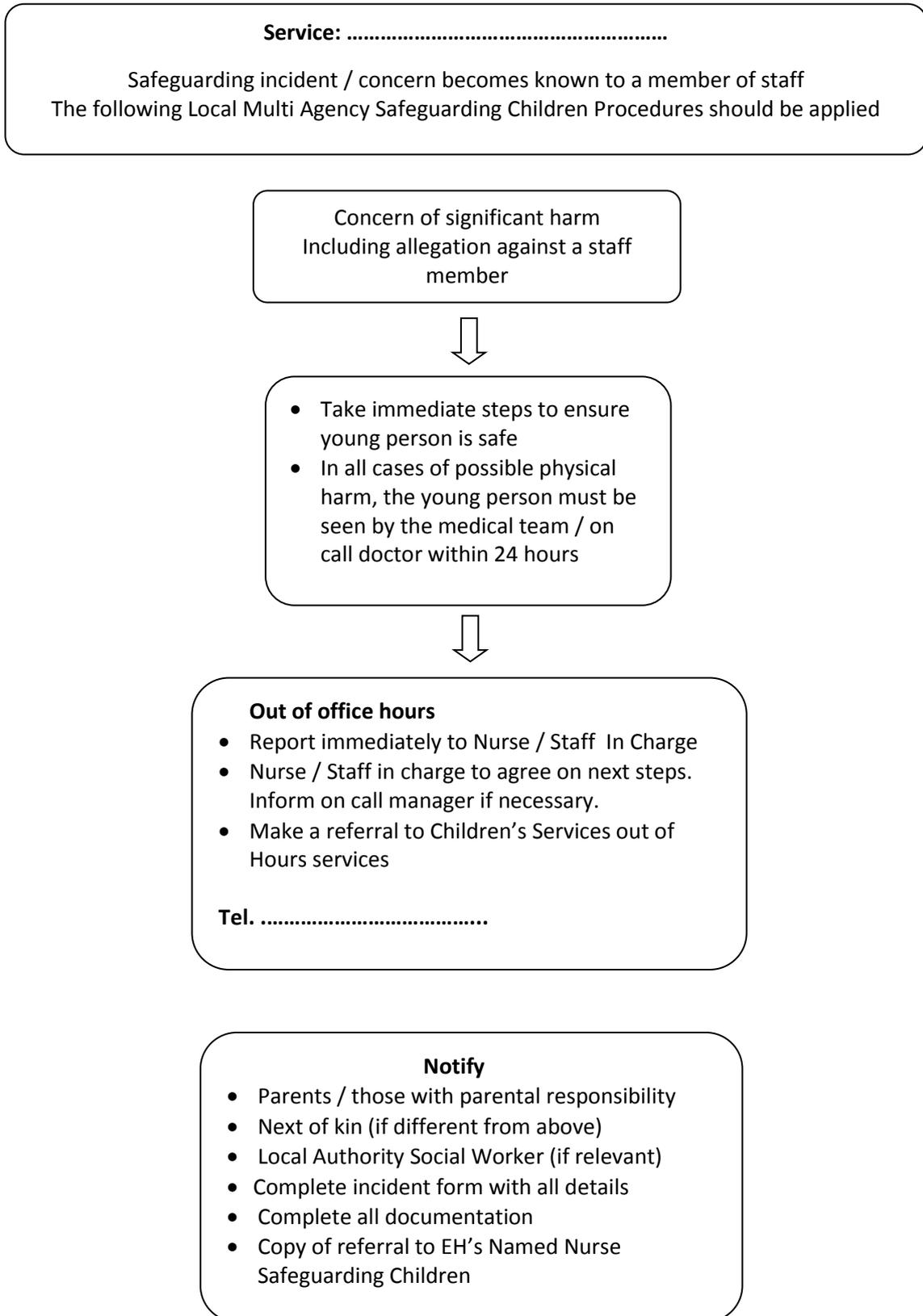
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Safeguarding Children Referral Process Flowchart



1. INTRODUCTION AND AIMS

Elysium Healthcare (EH) is committed to principle that the welfare of the child or young person is paramount.

EH has a duty and responsibility to proactively safeguard and promote the welfare of children and young people. Working Together 2018 defines these responsibilities as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

This policy aims to ensure the duties as defined by the guidance are achieved within Elysium Healthcare.

2. OBJECTIVES

The objectives of this policy are to ensure that EH as a provider of health care services for children and young people fulfils its duty to promote welfare and safeguard children and young people through:

- Delivering a child centred approach, keeping the child in focus when making decisions about their lives. Working in partnership with them and their families.
- Education, Training and Learning to ensure that are staff develop as competent practitioners
- Ensuring a robust governance framework throughout our services and organization. Identifying clearly designated roles in accordance with guidance and developing effective monitoring and audit processes which are used to inform future practise.
- Ensure information sharing in accordance with legislative guidance and promote a culture of transparency in our practise
- Encouraging scrutiny from partners who acts as constructive critical friend and promote reflection to drive continuous improvement.
- Working collaboratively with Local Safeguarding Partnerships to ensure a multi-agency approach in our safeguarding practise.

3. SCOPE

This policy is designed to safeguard all children and young people aged below 18 years. For an individual who has reached their eighteenth birthday please refer to the Safeguarding Adults policy.

This policy applies to all clinical and non-clinical staff whether registered, unregistered, bank, temporary, locum staff and those on honorary contracts. It applies to all staff employed

directly or indirectly by EH, including students, self-employed, volunteers and those on temporary contracts, secondments or other flexible working arrangements.

The guidance and legislation in this policy refers to premises in England only. It also refers to English patients only. For Elysium Healthcare sites in Wales, the Registered Manager is responsible for producing a local addendum, ratified through their local and regional governance meetings, incorporating appropriate legislative requirements, as highlighted in addendum E, to be used in conjunction with this policy.

Staff working in adult services may have limited contact with children and young people as part of their work, however all staff need to be aware of the duties placed upon them to safeguard children and young people within the Working Together 2018 guidance.

4. SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN

‘Whilst it is parents and carers who have primary care for their children, local authorities, working with partner organisations and agencies, have specific duties to safeguard and promote the welfare of all children in their area. The Children Acts of 1989 and 2004 set out specific duties: section 17 of the Children Act 1989 puts a duty on the local authority to provide services to children in need in their area, regardless of where they are found; section 47 of the same Act requires local authorities to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm.’ (Working Together 2018)

It is the duty of Elysium staff to ensure that if there is good cause to suspect a child is suffering, or is likely to suffer, significant harm, this is brought to the attention of the local authority children’s department. Areas have different arrangements for receipt of referrals, and some will be made through a multi-agency hub arrangement (MASH).

‘Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs. Special provision should be put in place to support dialogue with children who have communication difficulties, unaccompanied children, refugees and those children who are victims of modern slavery and/or trafficking.’ (Working Together 2018)

The latest guidance emphasises the importance of ‘contextual’ factors which may form the background to abuse. These may include bullying at school, criminal influences such as county lines, human trafficking, modern slavery, and sexual exploitation. Many of our young people may be especially vulnerable to historical or current online activity and abuse.

The vulnerable nature of some of our patients will mean that they are particularly at risk from the influence of extremism. This is now considered as a safeguarding issue.

Referral

Anyone who has concerns about a child’s welfare should make a referral to local authority children’s care and should do so immediately if there is concern that the child is suffering

significant harm or is likely to do so. This will normally be done with reference to the senior member of staff on duty at the time.

When it is safe to do so, normal good practice will be to discuss with both the patient and the parents or carers that a referral is to be made, and the reasons behind that decision. Their ongoing cooperation with the assessment going forward often depends on the quality of the communication at this early stage.

In all instances the referral should be made to the local authority which covers the unit. However, when a child is Looked After by another local authority, the home authority social worker should also be alerted as soon as possible. Out of office hours the emergency duty teams of local authorities must be alerted in the first instance. In the case of safeguarding referrals it is not appropriate for messages to be left for specific staff. Elysium staff must insist on speaking to a professional who is able to consider the urgency of the situation.

All wards must have a referral flowchart displayed which includes the local referral phone number, and that of the National Referral Mechanism (see below)

When practitioners refer a child, they should include any information they have on the child's developmental needs, the capacity of the child's parents or carers to meet those needs and any external factors that may be undermining their capacity to parent.

It will normally be appropriate to include in the referral the young person's status under the Mental Health Act.

If staff have concerns that a child may be a potential victim of modern slavery or human trafficking then a referral should be made to the National Referral Mechanism as soon as possible.

All safeguarding referrals, including details of the response from the local authority, should be recorded fully on Care Notes. A copy of any written referral should always be copied to Elysium's Named Nurse/group head for Safeguarding at the same time. The named Nurse and Named Doctor/professional should be consulted in the event of any uncertainty about referral.

If staff are dissatisfied with the response from the local authority they should take advice from local managers, the Named Nurse/group head of safeguarding or Named Doctor/professional, and if agreed, should escalate their misgivings through the local authority.

When to make a referral to children's social care

Where the concern is considered to meet threshold for Child at risk of significant harm, the unit or service Safeguarding Coordinator, or senior member of staff on duty who has been delegated this responsibility, will make a referral to their Local Safeguarding Children's Team (MASH) as soon as possible and within 24 hours, once the concern is raised; whether this be in office hours or with Out of Hours Social Services. Delayed discharge could result in

significant harm in some circumstances and the impact on the young person should be considered when a discharge is delayed.

If required, advice can be sought from the unit's Safeguarding Coordinator or senior member of staff responsible for the site in their absence in all cases.

A written confirmation of the referral will be forwarded by the service safeguarding coordinator or senior member of staff responsible for the site to Children's Social Care within 24 hours and a copy sent to the Named Nurse/group head of safeguarding for Safeguarding Children for EH. Internal EH reporting should follow the Incident and safeguarding reporting process.

The Local Safeguarding Children's Team will decide on next steps to be taken and advise the service of these. This may include holding a Strategy Discussion with Police, which the service will support and facilitate when required.

Each service will have a flowchart outlining their local process to follow which will detail their site safeguarding co-ordinator, local safeguarding children team, contact details etc. A template for this can be found in Appendix C.

The safeguarding coordinator (for CAMH services), or senior member of staff on duty or social worker (adult services), will fully record all information, direction and advice given by the Local Safeguarding Children's Team. They are also responsible for ensuring that any action points are documented of the CAREnotes safeguarding system and followed through completely.

The safeguarding coordinator (for CAMH services), Social Worker (Adult) or senior member of staff for the site will fully record all information, direction and advice given by the Local Safeguarding Children Team. They are also responsible for ensuring that any action points are documented on the CAREnotes safeguarding system and followed through completely.

A copy of the referral will be sent to EH's Named Nurse / group head for Safeguarding Children. In all cases advice can be sought from the EH's Named Nurse / group head of safeguarding or Named Doctor/professional.

Allegation against a member of staff

Any allegation against a member of staff must be considered by senior staff on duty at the time, but also immediately be brought to the attention of senior managers responsible for, but not part of, the site in question.

Working Together (2018) encourages organisations to make the distinction between an allegation, a concern about the quality of care or practice, or a complaint.

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

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child

- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

On receipt of an allegation about a member of staff, senior staff must take immediate action to ensure the safety of all children who may have contact with the staff member concerned. The position of the alleged victim must be of particular concern.

Consideration should be given to the immediate suspension of the member of staff concerned, under due process. This is most likely to involve instructing the member of staff to leave the premises immediately and without prejudice. In the event of a staff member being so suspended the line manager must take steps to ensure communication with, and support for, the member of staff.

If senior staff suspect a crime has been committed they must inform the Police immediately.

As soon as possible, and within one working day as a minimum, the local authority designated officer must be informed and their advice sought as to the most appropriate action.

In the event of an allegation against a staff member being made, the young person's Responsible Clinician will be informed. In addition, the following agencies will be informed:

- Care Quality Commission / OFSTED
- Health Improvement Scotland
- Health Inspectorate Wales
- The young person's Social Worker / Children's Services Department
- The Commissioner as per local instruction

A Serious Incident form will also be completed. EH governance team will also be informed of the incident as is company policy.

These incidents can create very serious disruption for the patient / service user involved and their family, our services and staff; hence the greatest sensitivity needs to be exercised.

If at the end of an investigation which finds cause for concern and or the staff member is dismissed, the Registered Manager in consultation with HR, lead nurse/group head of safeguarding, is responsible for making a referral to the Disclosure and Barring Service about the member of staff concerned.

Where an allegation is substantiated, the Registered Manager will discuss with HR if relevant conduct referrals will be made to the statutory and professional bodies, e.g. (NMC / GMC / ISA / DBS / Disclosure Scotland).

In all cases of an allegation against a member of staff, consideration must be given to the staff member being suspended from duty or re allocated work.

If the allegation is against an agency staff member the registered manager or their designated deputy must inform the agency, and seek assurance in writing that the agency are taking

appropriate measures to ensure that they are taking all required actions to prevent actual or potential harm to other vulnerable children or adults. All correspondence is to be recorded in the electronic care notes safeguarding system.

This decision will be made by the Registered Manager or their designated deputy on a case by case basis through a process of consultation and careful consideration (including HR business partners). If, in the case of the allegation being made against the Registered Manger, their line manager will make the decision.

Where an allegation progresses to a Strategy Discussion, the Registered Manager will cooperate with any actions that need to be taken in relation to a child protection and/or police investigation under advice from HR and the EH Legal Team. All decisions, correspondence and information is to be recorded in the electronic safeguarding system on care notes

A copy of the LADO referral will be sent to EH's Named Nurse / group head for Safeguarding Children and uploaded on to the electronic care notes system on CAREnotes.

Where there is no external investigation, the Registered Manager will liaise with their line manager to agree who will lead an internal investigation of potential professional misconduct, ensuring that this is conducted in a timely and thorough manner as per the EH policy.

Where the outcome of any investigation is concluded the member of staff will be invited to attend a de-brief meeting with the appropriate senior manager as soon as possible. A record of that discussion will be taken.

Records of all allegations and investigations will be kept in line with statutory regulations.

Dealing with receipt of sensitive information from the patient / service user

If a patient / service user comes to you and reports an apparent abuse, whether it is written or verbal, you should listen carefully. Let the individual know that you will have to tell someone else and you cannot keep this a secret. Guidelines for dealing with disclosure are contained within Appendix D.

5. ROLES AND RESPONSIBILITIES

All agencies, professional and public bodies and services that deliver adult and/or child services and work with children and their families have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement (National Guidance for Child Protection (Scotland) 2014).

Section 11 of the Children Act 2004 places duties on providers of health services to ensure their functions, and any services are discharged having regard to the need to safeguard and promote the welfare of children.

In accordance with Section 11 responsibilities there are specific staff roles within EH in relation to safeguarding children.

These are as follows:

Executive Safeguarding Lead

The Safeguarding Lead is the EH Executive Medical Director. The Safeguarding Lead for the organisation provides leadership in the long term strategic planning for Safeguarding / Child Protection Services for children across the organisation supported by the Named professionals.

Named Nurse / group head of safeguarding:

The Named Nurse has responsibility to ensure responsibility for developing training across the organisation, advising staff with regard to safeguarding practice, delivery of safeguarding supervision, and development of policies and procedures, audit and liaise with the wider safeguarding community. The Named Nurse is also the Named Lead for Child Sexual Exploitation.

Named Doctor / professional:

The Named Doctor has a responsibility to oversee the medical aspects in relation to safeguarding, liaise with the wider safeguarding community and support other medical staff in relation to safeguarding children. The named Doctor / professional for EHC CAMHS services is the CAMHS Medical Director.

Senior Manager for Managing Allegations against staff:

The Lead Senior Manager for managing allegations against staff is the Group Head of Safeguarding.

Within EH CAMH Services there is also a Safeguarding Lead at each service, offering day to day advice and co-ordination of safeguarding issues. The safeguarding coordinator liaises with the Named Professionals regarding all safeguarding issues.

Within EH adult services there is a safeguarding adult and children lead in each unit who would oversee the child visiting processes and protocols and offer a consultation and advice for any concerns and issues arising in relation to safeguarding children.

EH recruitment procedures will ensure that all requirements relating to Safer Recruitment are applied.

6. ADULT SERVICES LOCAL PROCEDURES

Adult services local procedures need to reflect / include:

- Place issues of child welfare at the heart of professional practice for all staff involved in the assessment, treatment and care of patients.
- Address the whole process, including pre-admission, assessment, admission, care planning, discharge and after-care.

- Within this process, swiftly ascertain the desirability of contact between children and patients, efficiently identifying those patients / residents who may pose concerns and assess any risk of harm to the child.
- Sets out guidance when a child's Local Authority Children and Family Team have to be consulted to authorise that a visit is in a child's best interest.
- Establish an efficient procedure for dealing with requests for child visiting in appropriate circumstances that is not bureaucratic, which is supportive of children and adults, which does not cause delay in arranging contact and which maximises the therapeutic value of such contacts for both children and adults whilst ensuring the child's welfare is safeguarded.
- Set standards for provision of facilities for child visiting, including provision of facilities in the hospital grounds or elsewhere.
- Set standards for the training needs of all staff in relation to the consideration, facilitation and supervision of child visiting.
- Sets out safeguarding in respect to consideration of child protection when arrangement for community leave agreed and planned.

7. TRAINING, SUPPORT AND SAFEGUARDING SUPERVISION

All staff as outlined in the scope of this policy should have an understanding of both their role and responsibilities, and those of other professionals and organisations in relation to safeguarding children and child protection. This is essential for effective multi and inter-agency collaboration. Training on safeguarding and promoting the welfare of Children and Young People should be proportional and relevant to the roles and responsibilities of each member of staff.

Staff are supported through training, and safeguarding supervision to have the skills necessary to safeguard and promote the welfare of children and young people.

EH provide different types of Safeguarding Children Training and acknowledges that learning is occurs through a range of activities. In line with Safeguarding Children and Young people: Roles and Competencies for Health Care Staff. Intercollegiate Document (2019) staff working within in CAMHS are required to develop the competencies appropriate to their role and maintain a learning log that captures learning activity.

Learning activities can be flexible and include case discussion, reflective practise and supervision, eLearning, as well as face to face training.

Staff members working within CAMHS will be assessed against the competencies as part of the annual appraisal process to ensure individual learning plans are developed to achieve the required skills, knowledge and competence.

The training is benchmarked against the Safeguarding Children and Young people: Roles and Competencies for Health Care Staff, Intercollegiate Document (2019). The training will be delivered in line with the EHC safeguarding strategy and will be quality assured through the EH Learning and Development Strategy Group which meets on a quarterly basis.

The training levels, as per the Intercollegiate document are identified as;

Level One: All staff working in a health setting.

Level Two: All staff who have any contact with children.

Level Three: All clinical staff working within CAMHS and those staff in other services with a specific responsibility for children and young people.

EHC has taken the corporate decision to train all those who work within the group to level three.

Safeguarding children and child protection work can be a complex and demanding area for staff at all levels and requires sound professional judgements to be made. Opportunities to reflect on individual and collaborative practice are particularly valuable.

8. MONITORING / AUDIT AND REVIEW

All incidences where a concern is raised are carefully monitored and recorded, and form part of a monthly audit at clinical governance meetings as outlined in EHC's Clinical Governance Policies. These processes ensure that lessons are learned, shared and best practice is followed.

Each service will record all safeguarding issues and correspondence through the electronic safeguarding system on care notes. This will enable a comprehensive safeguarding log for the site and corporate oversight. It is the responsibility of the registered manager to ensure that this record is maintained by the nominated Lead / DSO for safeguarding at site. Each site will produce a monthly report for local clinical and regional clinical governance for discussion and sharing of lessons learned.

The Named regional safeguarding individual for CAMHS will provide a CAMHS monthly safeguarding report to the Regional Specialist Governance meeting.

The site named professionals will meet quarterly to review the detail of children and young people incidents, trends and outcomes and submit a quarterly report to the Regional Specialist Governance meeting, in conjunction with the quarterly safeguarding local audit

EH recognises the need to carefully adhere to current legislation and government guidance relating to safeguarding children and child protection, and effectively respond to changes made. Methods of ensuring this takes place includes maintaining links with Local Safeguarding Children's Boards and Clinical Commissioning Group's Designated Safeguarding Teams. This process also involves Named Professionals having up to date training and development, and ensuring regular review of related policy and procedures as per the service's clinical governance strategy.

9. CHILD DEATH REVIEW

The death of a child is a devastating loss that profoundly affects all those involved.

The process of systematically reviewing the deaths of children is grounded in respect for the rights of children and their families, with the intention of learning what happened and why, and preventing future child deaths.

The Children's Act 2004, Children and Social Work Act 2017, along with Working Together Guidance 2018 identifies the role of the Child Death Review Partners and the clear processes that must be followed, in conducting the child death review process.

The Child Death Review Partners are identified as the Local Authority and Clinical Commissioning Group.

Whenever a child dies, practitioners should work together in responding to that death in a thorough, sensitive and supportive manner. The aims of this response are to:

- Establish, as far as is possible, the cause of the child's death
- Identify any modifiable contributory factors
- Provide ongoing support to the family
- Learn lessons in order to reduce the risk of future child deaths and promote the health, safety and wellbeing of other children
- Ensure that all statutory obligations are met

The *steps that precede* the child death review partners' independent review commence in the immediate aftermath of a child's death.

These include the immediate decisions, notifications and parallel investigations, and the local case review by those directly involved with the care of the child or involved in the investigation after death.

In the event of a child death EHC will:

- Ensure appropriate notification of any child death that occurs within its services. Notification will include, notifying CQC, Safeguarding and Commissioning services.
- Undertake immediate investigations.
- Provide all necessary information to the Child Death Review Panel and fully participate in any requests for information
- EHC will ensure support to the family which will include providing information on the child death review process and providing the *When a Child Dies – a guide for families and carers* A flow chart of this process is available in Appendix E
- Provide staff support

In circumstances where the child death is a young person who was detained under the mental health act a Joint Agency Response is required, practitioners should follow the process set out

in Sudden and Unexpected Death in Infancy and Childhood: multiagency guidelines for care and investigation (2016).

In ensuring lessons are learned from all child deaths EHC will review any guidance that is by the government as a result of child death reviews and consider its implications for our services.

GLOSSARY

Children

Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.

Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

- a) protecting children from maltreatment
- b) preventing impairment of children's health or development
- c) ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- d) taking action to enable all children to have the best outcomes

Child protection

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.

Abuse

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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children 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.

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology

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:

- a) provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b) protect a child from physical and emotional harm or danger
- c) ensure adequate supervision (including the use of inadequate care-givers)
- d) ensure access to appropriate medical care or treatment

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

Extremism

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter Extremism Strategy 2015 as 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. We also regard calls for the death of members of our armed forces as extremist.

Young carer

A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work).

Parent carer

A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

Education, Health and Care Plan

A single plan, which covers the education, health and social care needs of a child or young person with special educational needs and/or a disability (SEND). See the Special Educational Needs and Disability Code of Practice 0-25.

Local authority designated officer

County level and unitary local authorities should ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a coordinated manner. Local authorities should, in addition, have designated a particular officer, or team of officers (either as part of multi-agency arrangements or otherwise), to be involved in the management and oversight of allegations against people who work with children. Any such officer, or team of officers, should be sufficiently qualified and experienced to be able to fulfil this role effectively, for example qualified social workers. Any new appointments to such a role, other than current or former designated officers moving between local authorities, should be qualified social workers. Arrangements should be put in place to ensure that any allegations about those who work with children are passed to the designated officer, or team of officers, without delay.

Safeguarding partners

A safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 as: (a) the local authority, (b) a clinical commissioning group for an area any part of which falls within the local authority area, and (c) the chief officer of police for an area any part of which falls within the local authority area. The three safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. To fulfil this role, the three safeguarding partners must set out how they will work together and with any relevant agencies as well as arrangements for conducting local reviews.

Child death review partners

A child death review partner in relation to a local authority area in England is defined under the Children Act 2004 as (a) the local authority, and (b) any clinical commissioning group for an area any part of which falls within the local authority area. The two partners must make arrangements for the review of each death of a child normally resident in the area and may also, if they consider it appropriate, make arrangements for the review of a death in their area of a child not normally resident there. They must also make arrangements for the analysis of information about deaths reviewed under this section. The purposes of a review or analysis are (a) to identify any matters relating to the death or deaths that are relevant to the welfare of children in the area or to public health and safety, and (b) to consider whether it would be appropriate for anyone to take action in relation to any matters identified.

County Lines

As set out in the Serious Violence Strategy, published by the Home Office, 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

As set out in the Serious Violence Strategy, published by the Home Office, 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 of 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.

**SUPPLEMENTARY GUIDANCE ON PARTICULAR SAFEGUARDING ISSUES
(Working Together to Safeguard Children 2018)**

- Care of unaccompanied migrant children and child victims of modern slavery
- Child sexual exploitation: definition and guide for practitioners
- Children Act 1989: care planning, placement and case review
- Children Act 1989: court orders
- Children Act 1989: private fostering
- Information sharing: advice for practitioners providing safeguarding services
- Keeping children safe in education: for schools and colleges
- Knowledge and skills statements for child and family social work
- Listening to and involving children and young people Department for Education and Home Office
- Mandatory reporting of female genital mutilation: procedural information Department for Education and Home Office
- Multi-agency statutory guidance on female genital mutilation Department for Education, Department of Health and Social Care, and Home Office
- National action plan to tackle child abuse linked to faith or belief
- National minimum standards for private fostering
- Non-Maintained Special Schools Regulations 2015
- Pathways to harm, pathways to protection: a triennial analysis of serious case reviews, 2011 to 2014
- Preventing and tackling bullying
- Safeguarding children Department for Education, Home Office, Ofsted, Department of Health and Social Care, Ministry of Housing, Communities & Local Government, Care Quality Commission, Department for Digital, Culture, Media & Sport, and Foreign & Commonwealth Office
- Safeguarding Children in whom illness is fabricated or induced Department for Education, Department of Health and Social Care and Home Office
- Safeguarding children who may have been trafficked Department for Education and Home Office
- Safeguarding strategy - unaccompanied asylum seeking and refugee children
- Sexual violence and sexual harassment between children in schools and colleges
- Statutory framework for the early years [under 5s] foundation stage (EYFS)
- Statutory guidance on children who run away or go missing from home or care
- Statutory visits to children with special educational needs and disabilities or health conditions in long-term residential settings Department for Education and Department of Health and Social Care.
- The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018
- The prevent duty: for schools and childcare providers
- United Nations Convention on the rights of the child
- Use of reasonable force in schools
- Visiting children in residential special schools and colleges Department for Education and Department of Health and Social Care
- What to do if you're worried a child is being abused: advice for practitioners

Guidance issued by other government departments and agencies

- Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures Ministry of Justice
- Advice to parents and carers on gangs Home Office
- Advice to schools and colleges on gangs and youth violence Home Office
- Apply for a forced marriage protection order Foreign & Commonwealth Office
- Arrangements to Safeguard and Promote Children’s Welfare (original title “Every Child Matters”) UK Visas and Immigration
- Asset Plus: assessment and planning in the youth justice system Youth Justice Board
- Carers Strategy: Second National Action Plan 2014-2016 Department of Health and Social Care
- Carers Strategy: the second national action plan 2014-2016 Department of Health and Social Care
- Channel Duty guidance - Protecting vulnerable people from being drawn into terrorism Home Office
- Criminal exploitation of children and vulnerable adults: county lines Home Office
- Cyber Aware National Cyber Security Centre
- DBS barring referral guidance Disclosure and Barring Service
- Developing local substance misuse safeguarding protocols Public Health England
- Disclosure and Barring Services Disclosure and Barring Service
- Female Genital Mutilation Protection Orders: factsheet Home Office
- Forced marriage Foreign & Commonwealth Office and Home Office
- Forced Marriage Protection Orders HM Courts & Tribunals Service
- Guidance for health professionals on domestic violence Department of Health and Social Care
- Handling cases of forced marriage: multi-agency practice guidelines Foreign & Commonwealth Office
- Indecent images of children guidance for young people Home Office
- Mental Health Act 1983 Code of Practice: Guidance on the visiting of psychiatric patients by children Department of Health
- Mental Health Act 1983 Code of Practice: Guidance on the visiting of psychiatric patients by children Department of Health
- Missing Children and Adults - A Cross Government Strategy Home Office
- Modern slavery Act statutory guidance Home Office
- Multi-agency public protection arrangements (MAPPA) Ministry of Justice, National Offender Management Service, and HM Prison Service
- National service framework: children, young people and maternity services Department of Health and Social Care
- NHS England safeguarding Policy NHS England
- Prison, probation and rehabilitation: Public protection manual National Offender Management Service and HM Prison Service
- Probation service guidance on conducting serious further offence reviews framework Ministry of Justice
- Radicalisation - Prevent strategy Home Office
- Recognised, valued and supported: next steps for the carers strategy 2010 Department of Health and Social Care

- Safeguarding vulnerable people in the reformed NHS: Accountability and Assurance Framework NHS England
- Serious and Organised Crime Toolkit: An Interactive Toolkit for practitioners working with young people Home Office
- Thinkuknow [Supporting children to stay safe online] National Crime Agency
- Understanding the female genital mutilation enhanced dataset: updated guidance and clarification to support implementation Department of Health and Social Care
- Violence against women and girls Home Office

Guidance issued by external organisations

- Child maltreatment: when to suspect maltreatment in under 18s NICE
- Child protection and the Dental Team British Dental Association
- Children's Commissioner
- Children's rights and the law - Children's Rights Alliance for England
- Cyberbullying: Understand, Prevent, Respond – Guidance for Schools Childnet International
- How we protect children's rights – Unicef
- Inter parental relationships Early Intervention Foundation
- NICE guideline on child abuse and neglect NICE
- Prison and Probation Ombudsman's fatal incidents investigation
- Private fostering CoramBAAF
- Protecting children and young people: doctors' responsibilities General Medical Council
- Safeguarding Children Toolkit for General Practice Royal College of General Practitioners
- Standards for safeguarding and protecting children in sport NSPCC
- Sudden unexpected death in infancy and childhood: multi-agency guidelines for care and investigation Royal College of Pathologists
- Whistleblowing advice line NSPCC
- Working Together with Parents Network update of the DoH/DfES Good practice guidance on working with parents with a learning disability (2007) University of Bristol

DEALING WITH DISCLOSURE

Children disclose their experience of abuse and neglect in many different ways, which can be complicated, often fragmented and over a long period of time. Many children will delay telling someone and when disclosures do occur they are not always direct or verbal. Research that has examined children's disclosure journeys has found that often attempts to disclose abuse and neglect go unrecognised, unheard or ignored.

If a young person or adult service user comes to you and reports an apparent abuse relating to a child / young person, whether it is written or verbal, you should listen carefully and respond carefully, your actions at this time could influence what happens next for the young person.

When listening, staff should use the following guidelines.

- Let the young person / adult patient know that you will have to tell someone else and you cannot keep this a secret
- **Demonstrate you are listening.** You can do this by:
 - Maintaining good eye contact
 - Avoiding distractions – e.g. working at the computer
 - Being aware of your own body language
 - Allow the patient / service user to speak without interruption
 - Try to remain calm
 - Try to not show it if you feel shocked by what they are saying, as this can cause reluctance to speak either in the moment, or in a formal interview
 - Listen carefully – As adults we can sometimes only listen for what we expect to hear.
 - Reflect back what the child is saying using the child own language
- **Reassure the young person and show empathy** You can do this by:
 - Never trivialise or exaggerate the issue
 - Never make suggestions, and try not to lead the person in any way, just clarify that you have understood the information that has been disclosed.
 - Let the young person / adult patient know that you are taking the matter seriously
 - Help the young person / adult patient feel secure and safe without causing further anxiety
 - Do not make judgement about the information you are receiving
- **Help the young person to feel in charge of the conversation.** You can do this by:
 - Allow the young person to communicate in their own time don't try and fill the silences with questions
 - Make sure you do not press the patient / service user for more details: this may be done later by a trained person

- Ensure you do not ask leading questions or anything that could be interpreted as putting words or suggestions to the young person
- **Ensure the young person's safety.** You can do this by:
 - Ensuring that any injuries that may have been sustained have been examined and the result of this examination is documented in the daily notes
 - Ensure that a detailed entry of any allegation is made in the daily notes and an incident form is completed
 - Ensuring you do not pass on the information to anyone other than those who 'need to know' such as your line manager or other appropriate person
 - Ensuring you do not contact an alleged abuser directly.

For the EH services in England the following legislation and statutory guidance applies:

- Children Act 1989 and 2004
- Working Together to Safeguard Children 2018
- Education Act 2002
- Children and Social Work Act 2017,

Additional resources that may be helpful can be found in

NSPCC Briefing January 2019 Let Children Know you're listening

This policy should be cross-referenced with:

- EH Operational Policy – *Safeguarding Adults*
- EH Operational Policy – *Contact Between Children & Patients*
- EH Operational Policy – *Assessment & Management of Clinical Risk*
- [Mental Health Act 1983 Code of Practice: Chapter 11 Visiting patients in hospital](#)

CHILD DEATH REVIEW PARTNERS PROCESS

Flow Chart 7: Process to follow when a child dies

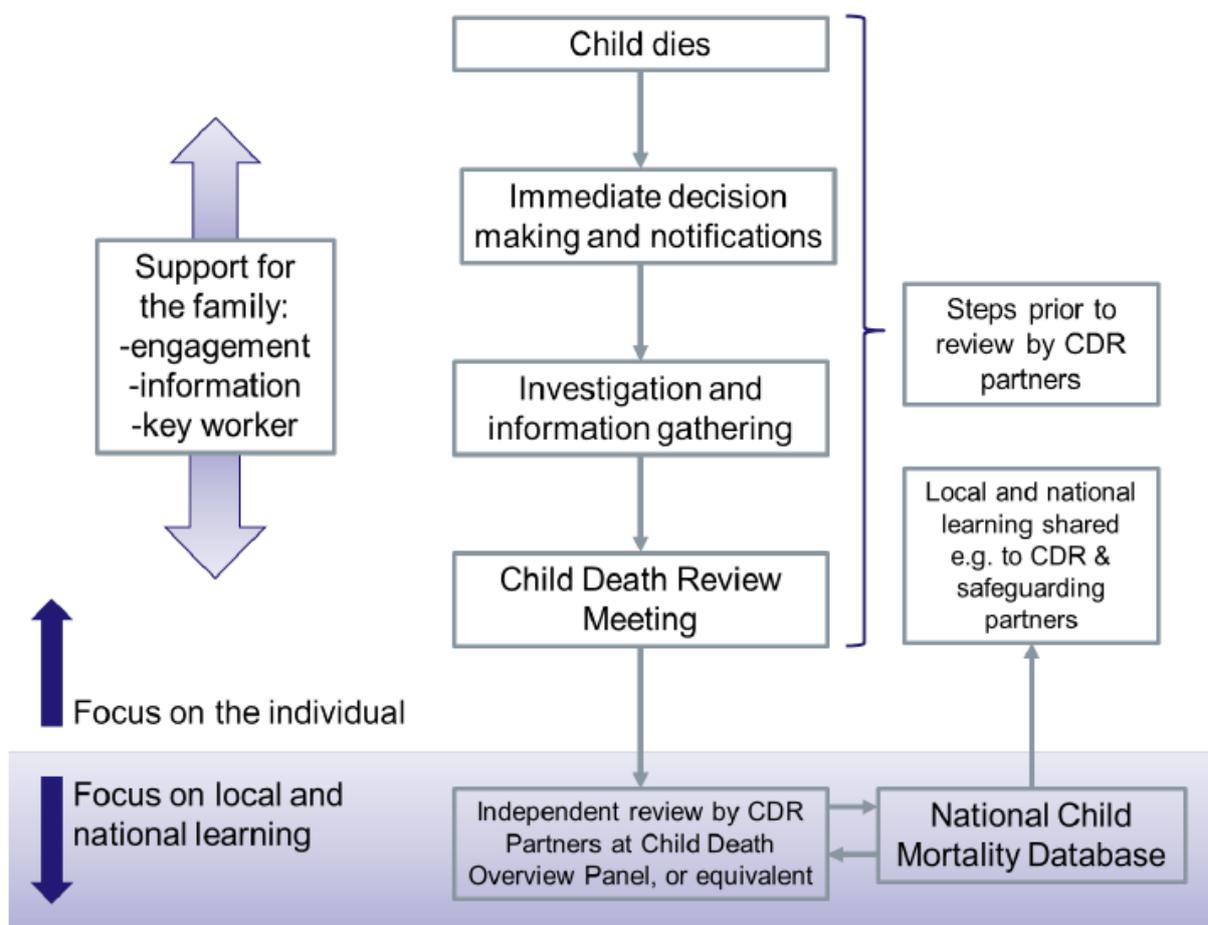


Figure 1. Chart illustrating the full process of a child death review. This includes both the statutory responsibilities of Child Death Review partners to review the deaths of children (described here as review at CDOP or equivalent), and the processes that precede or follow this independent review. Further explanation is below.

SAFEGUARDING IN WALES

The Wales Safeguarding Procedures build on the statutory guidance of the Social Services and Well-Being (Wales) Act 2014, part 7 Safeguardingⁱ and specifically Working Together to Safeguard People volumes 1, 4, 5 and 6ⁱⁱ. Procedures have been written to provide clear guidance and expectations for safeguarding both adults and children and they aim to help anyone who works with adults or children (whether through paid or unpaid work) to apply the legislation and statutory guidance of the Social Services and Well-Being (Wales) Act 2014ⁱⁱⁱ to their roles and duties by explaining what their responsibilities are and how to meet them.

That “Safeguarding is everyone’s business” is clearly stated within the procedures which also clarify what is required of people in specific roles, each Registered Manager should ensure that the site local addendum to the EHC Safeguarding Children and Safeguarding Adults policy adheres to these requirements, to strengthen and clarify the procedures everyone must follow, so that all individuals who use EHC services get the best possible outcomes.

The Wales Safeguarding Procedures replace the All Wales Child Protection Procedures 2008 and the Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse 2010 (updated 2013).

There has been no change to the legislation and statutory guidance outlined in the Social Services and Well-Being (Wales) Act 2014. However, the procedures listed above provide more detail and clarification for those who work with children and adults on their safeguarding practice by explaining in more detail what their responsibilities are and how to meet them. It is the responsibility of the Registered Manager of each Welsh Service to ensure these procedures are reflected in their local policy and disseminated to all staff.

ⁱ <http://www.legislation.gov.uk/anaw/2014/4/part/7/enacted>

ⁱⁱ <https://socialcare.wales/hub/statutory-guidance>

ⁱⁱⁱ <https://www.legislation.gov.uk/anaw/2014/4/contents>