

CS003 The Children's Trust Safeguarding Children, Young People & Vulnerable Adults Policy & Procedures



Version 21

Working Party:

Angela Firth – Head of Psychosocial Team
Maggie Clancy, Director of Clinical Services
Sam Newton, Director of Education/Head teacher
Launa Randles, Deputy Head Teacher

Date Reviewed

May 2018

Critical Readers:

Clinical Governance & Safeguarding Committee
Education Governance Committee

Date Read

May 2018

Final Approval:

Board of Trustees

Date Approved

May 2019

Next Review: May 2022

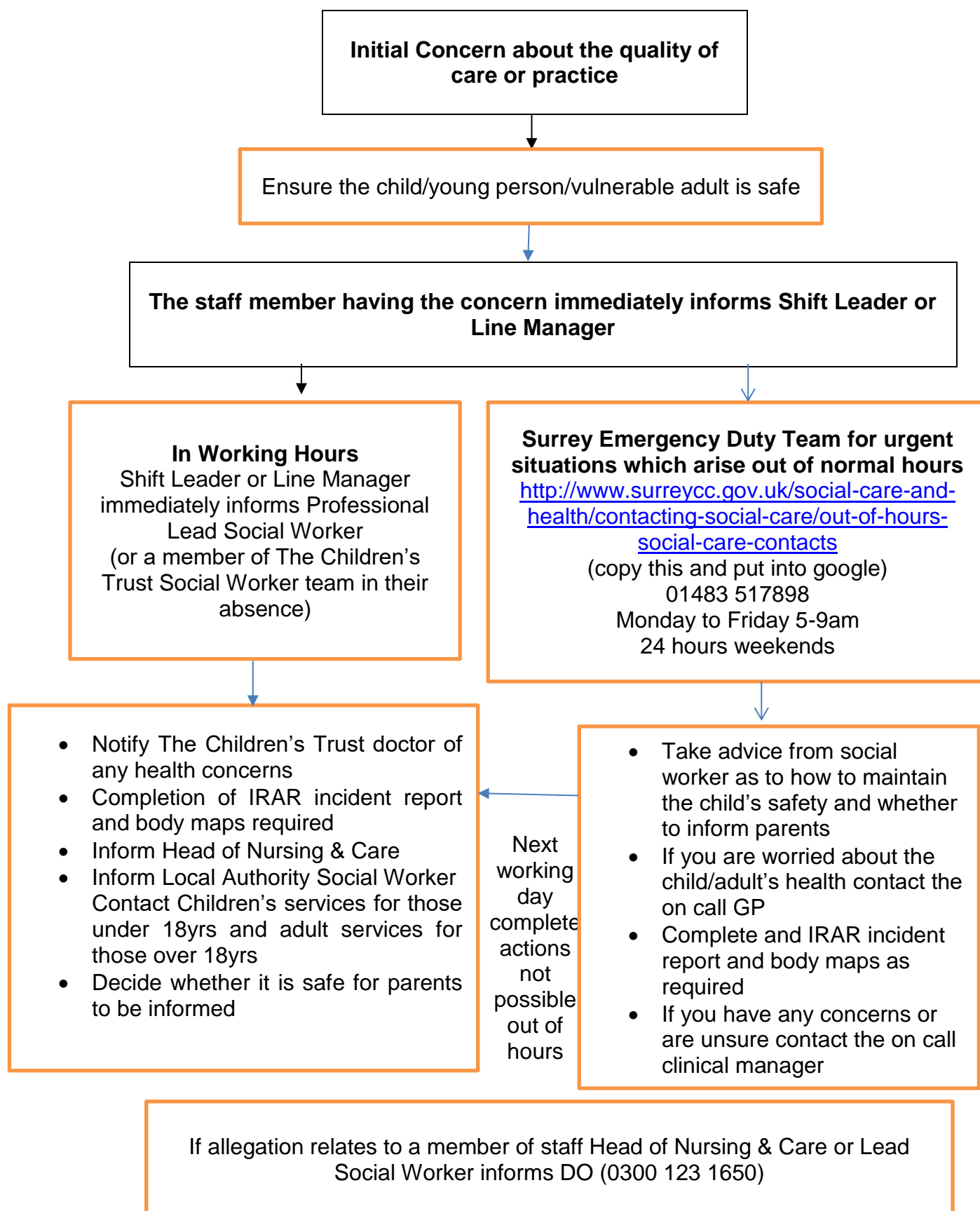
Issue Date June 2019

Contents

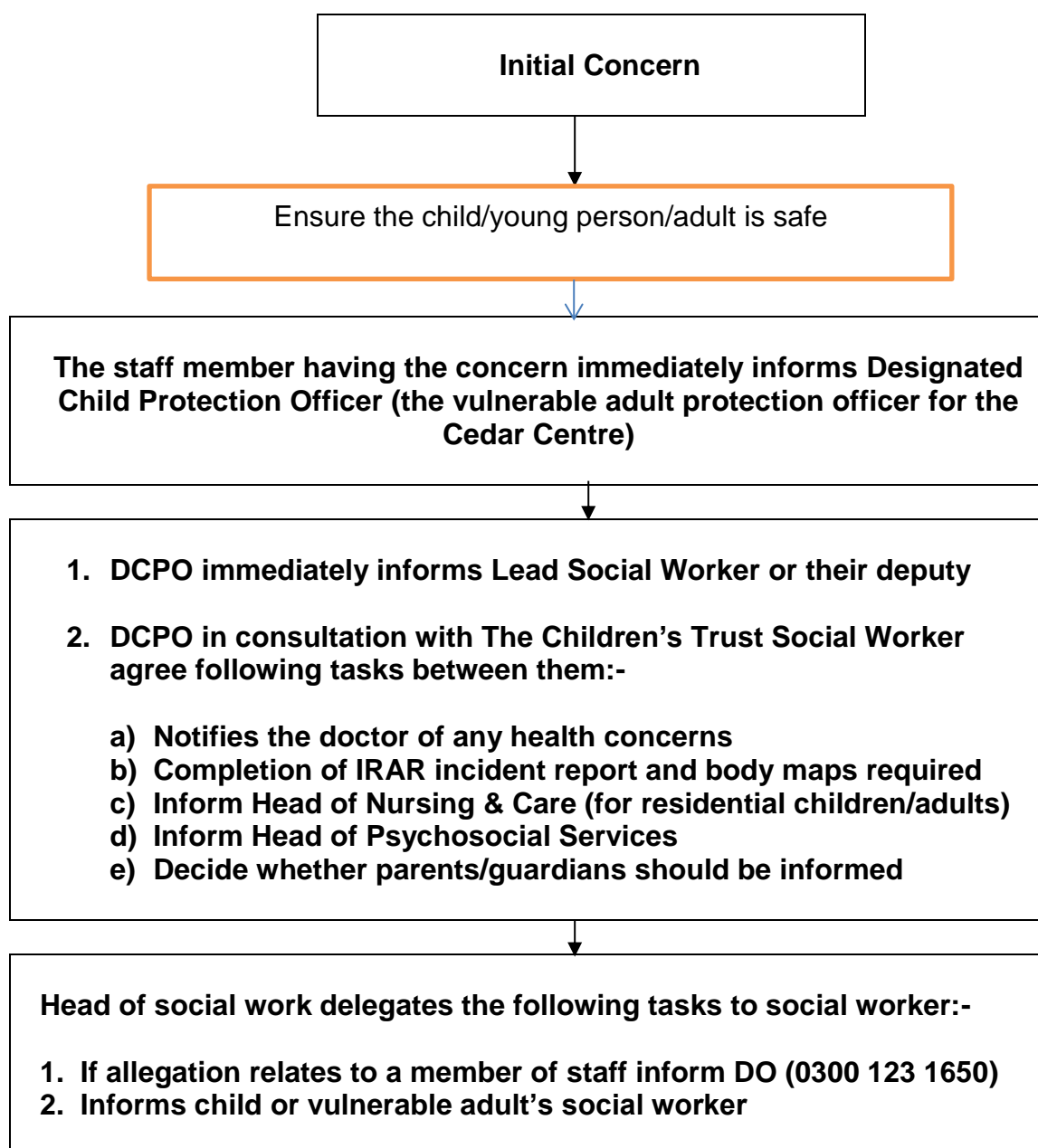
	Safeguarding Policy - overview
Section 1	Flow diagrams – reporting safeguarding concerns for all areas with the exception of The Children's Trust School, reporting concerns in The Children's Trust School, reporting Safeguarding Allegations
2	Contacts of safeguarding concerns and allegations
3	Introduction
4	Scope
5	Purpose
6	Responsibility
7	Children with disabilities
8	Vulnerable Adults
9	Physical Contact
10	Information sharing
11	Recruitment
12	Prevent
13	Child Sexual exploitation
14	Female genital mutilation
15	County Lines
16	Modern slavery
17	Mobile phones
18	Training and supervision
19	Audit
20	Section 11
21	Whistleblowing
22	Developing good practice in safeguarding
Page 21 - 23	Safeguarding Procedures for all areas with the exception of The Children's Trust School
Page 24 - 28	Safeguarding Procedures for The Children's Trust School
Appendix 1	Safeguarding Training
Appendix 2	Safeguarding pack
Appendix 3	Multi-Agency Safeguarding Hub (MASH) Contact Details
Appendix 4	Safeguarding Vulnerable Adults risk Assessment Tool
Appendix 5	Surrey Inter-agency escalation policy & procedure

1. Flow Diagrams Safeguarding Concerns and Allegations

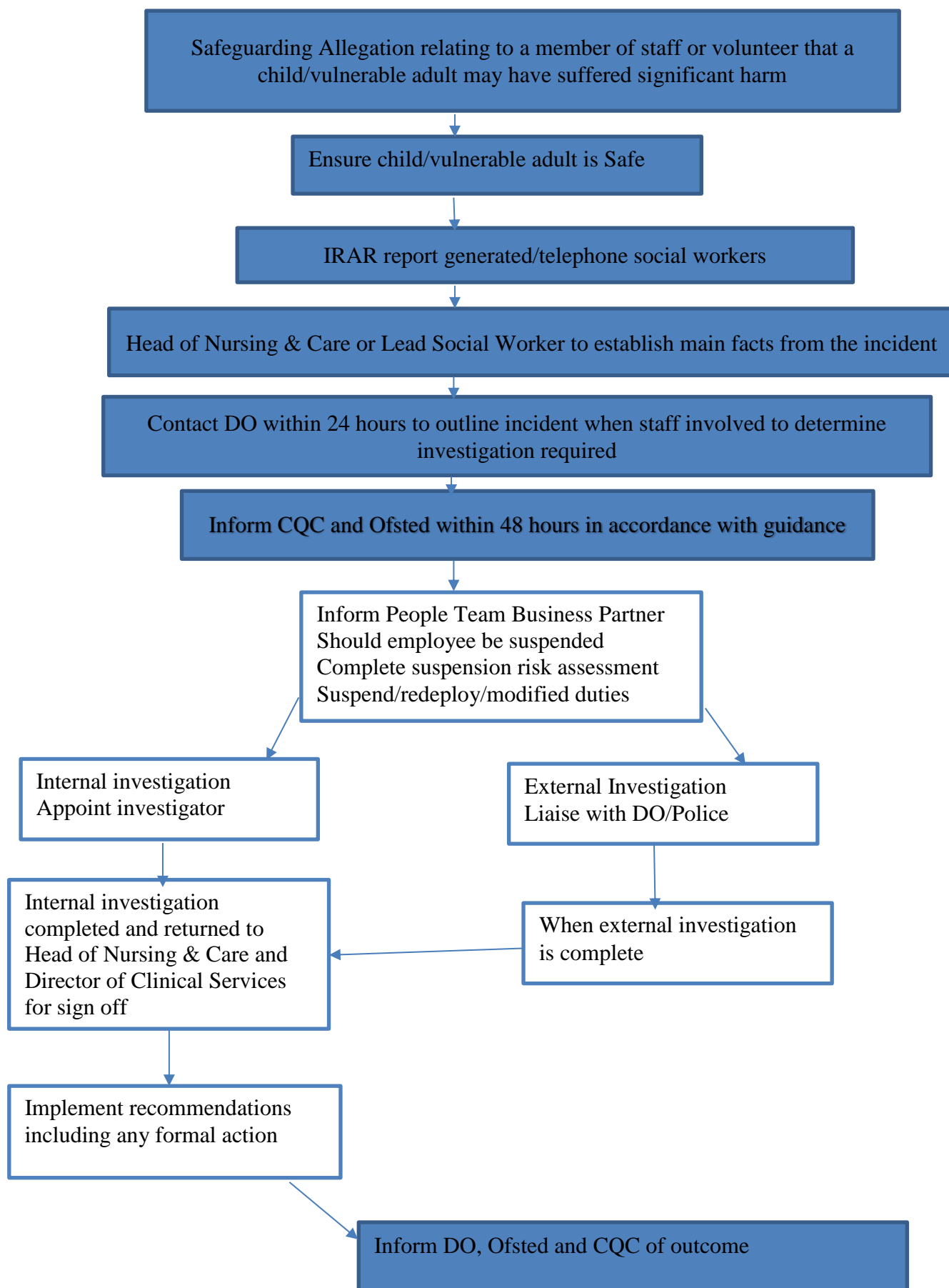
Flow Chart for Reporting a Safeguarding Concern all areas with the exception of The Children's Trust School



The Children Trust School Flow Chart for Reporting Concern



Safeguarding Allegation



2. CONTACT DETAILS

THE CHILDREN'S TRUST LEAD SOCIAL WORKER - **_EXT 4314**

EXTERNAL ENQUIRIES

The Surrey Single Point of Access (SPA) responds to initial enquiries about children, young people and adults. The SPA is based at Guildford Police Station and combines Children's Service social workers, Adult's Service social workers, and health and police staff.

Availability: Monday to Friday: 9am - 5pm

- **Phone:** 0300 470 9100
- **Email:** csmash@surreycc.gov.uk - emails are dealt with during normal office hours
- **Out of hours phone:** 01483 517898 to speak to the **emergency duty team**.

Local Area Contact details

North east: 0300 123 1610

The north east area covers the following three boroughs:

- **Elmbridge** (Esher, Walton on Thames and Weybridge)
- **Epsom and Ewell** (Epsom, Ewell and part of both Stoneleigh and Worcester Park)
- **Spelthorne** (Ashford, Laleham, Shepperton, Staines-upon-Thames, Stanwell and Sunbury-on-Thames)

North west: 0300 123 1630

The north west area covers the following three district and boroughs:

- **Runnymede** (Addlestone)
- **Surrey Heath** (Camberley)
- **Woking** (Woking)

South east: 0300 123 1620

The south east area covers the following three district and boroughs:

- **Tandridge** (Caterham and Oxted)
- **Reigate and Banstead** (Redhill, Horley, Reigate and Banstead)
- **Mole Valley** (Dorking and Leatherhead)

South west: 0300 123 1640

The south west area covers the following two boroughs:

- **Guildford** (Guildford)
- **Waverley** (Cranleigh, Farnham and Haslemere)

Designated Officer (DO)

Monday to Friday from 9am to 5pm

The DO Service manages allegations against individuals who work or volunteer with children in Surrey. If you have a concern regarding someone who works with children please contact the DO on **0300 123 1650*** or LADO@surreycc.gov.uk.

3. Introduction

The Children's Trust believes that every member of the team including volunteers and temporary staff have a responsibility to keep children and vulnerable adults safe. No single professional will have all of the information or complete picture of a child's or vulnerable adult's needs and circumstances. Everyone who comes into contact with a child or vulnerable adult and their family has a role in identifying concerns, sharing information and taking prompt action in order that the child or vulnerable adult receives the right help at the right time, every day.

This document is based upon guidance within Working Together to Safeguard Children (2018), Safeguarding children and young people intercollegiate document (2014), Care Act (2014), Adult Intercollegiate document (2016), Surrey Local Safeguarding Board Procedures and Keeping Children Safe in Education (2018), Contest (the United Kingdom Strategy for Countering Terrorism 2018) .

In order for the team to collaborate effectively it is important that every individual is aware of the role they have to play and the role of other professionals. There must be collaboration between professionals and agencies.

Staff must follow The Children's Trust Safeguarding Policy but also remember that any professional can at any time make a referral to the Local Authority if they have a concern about a child or vulnerable adult's welfare. Staff at The Children's Trust should follow up their concerns if they are not satisfied with the local authority's children's or adult's social care response.

Whilst every attempt has been made to cover a wide range of situations, it is recognised that any such guidance cannot cover all eventualities. There may be times when professional judgments are made in situations not covered by this document, at such times advice should be sought from a senior manager.

4. Scope

There are various services at The Children's Trust who are regulated by different agencies including Ofsted and Care Quality Commission, services include schools, a children's home and health services. This policy has been written to ensure each regulation, framework and standard is adhered to, information is shared in order to protect the child or vulnerable adult and their welfare is at the heart of everything we do.

This policy applies to all staff, including senior managers and the board of trustees, paid staff, volunteers and sessional workers, agency staff, students and anyone working on behalf of The Children's Trust. The Children's Trust acts within the guidance of the Children Act 1989 and 2004, Care Act 2014 and Working Together to Safeguard Children 2018.

We recognise that:

- the welfare of the child/young person is paramount
- all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse
- working in partnership with children , young people, their parents, carers and other agencies is essential in promoting children's welfare

We recognise that we have vulnerable adults within our care who are waiting to transition to adult services. The aims of safeguarding adults are:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives "Making Safeguarding Personal"
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

5. Purpose

- To safeguard and provide protection for the children, young people and vulnerable adults who receive services from The Children's Trust
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child, young person or vulnerable adult may be experiencing, or be at risk of, harm

6. Responsibilities

Trustee

The Trustee with overall safeguarding responsibility will ensure there is appropriate scrutiny of The Children's Trust safeguarding performance and provide assurance to the Board of Trustee's. The Trustee responsible for Education Governance Committee will ensure there is appropriate scrutiny of safeguarding performance in the Children's Trust School.

The Chief Executive Officer

The CEO must provide strategic leadership, promote a culture of supporting good practice with regard to Child Protection and Safeguarding of children and vulnerable adults within The Children's Trust and promote collaborative working with other agencies.

Director of Clinical Services

The Director of Clinical Services will take responsibility for child protection and safeguarding issues and report to the Board of Trustees on the performance of their delegated responsibilities and will provide leadership in the long term strategic planning for Safeguarding and Child protection services for children and vulnerable adults across the organisation. In conjunction with the Head teacher of The Children's Trust School the Director of Clinical Services will ensure safeguarding incidents are reported and monitored by the Board of Trustees via the Clinical Governance & Safeguarding Committee. To also ensure there is a culture of collaboration and willingness to learn in order to safeguard the welfare of children and vulnerable adults.

Director of Education

The Director of Education for The Children's Trust School will take responsibility for child protection and safeguarding issues within the school. In conjunction with the Director of Clinical Services will ensure safeguarding incidents are reported and monitored by the Board of Trustees via the Clinical Governance & Safeguarding Committee and Educational Governance Committee. To also ensure there is a culture of collaboration and willingness to learn in order to safeguard the welfare of children and vulnerable adults.

Medical Director

Leads on the medical aspects of Safeguarding having an understanding of the importance of children and vulnerable adult's rights in the safeguarding/child protection context, and related legislation. Understand information sharing, confidentiality, and consent related to children, young people and adults. Understand the processes and legislation for Looked After Children. As a Responsible Officer the Medical Director has robust links into the General Medical Council

Directors

Each Director will be responsible for ensuring their teams identify, report and document any safeguarding issues.

Head of Psychosocial Services

The Head of Psychosocial Services will support all activities necessary to ensure that The Children's Trust meets its responsibilities to safeguard/protect children, young people and vulnerable adults. The Head of Psychosocial Services will have responsibility to ensure that all safeguarding incidents are investigated with appropriate liaison with relevant agencies including DO and Local Authority social workers.

Lead Social Worker

All safeguarding incidents/concerns must be reported to the Lead Social Worker (in The Children's Trust School concerns will be initially reported to the DCPO). Understands legislations and leads on the processes for Looked After Children.

Staff and Volunteers

All staff have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of children, young people and vulnerable adults. Staff

and volunteers working at The Children's Trust should know the potential indicators of maltreatment of children and vulnerable adults and how to report their concerns. Staff are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions. They should adopt high standards of personal conduct in order to maintain the confidence and respect of their peers, children and families and the public in general. An individual's behaviour, either in or out of the workplace, should not compromise her/his position within the work setting.

Clinical Governance & Safeguarding Committee

It is the responsibility of this committee to ensure there is appropriate scrutiny of safeguarding performance in all areas of The Children's Trust and to provide assurance to the Board of Trustees.

Education Governance Committee

It is the responsibility of this committee to ensure The Children's Trust School discharges its statutory obligations for safeguarding

7. Safeguarding Children

Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

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

We will seek to safeguard children and young people by:

- Valuing them, listening to and respecting them
- Hearing the young person's voice through their advocate
- Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers
- Recruiting staff and volunteers safely, ensuring all necessary checks are made
- Sharing information about safeguarding, child protection and good practice with children, parents, staff and volunteers
- Sharing information about concerns promptly with agencies who need to know, and involving parents and children appropriately
- Providing effective management for staff and volunteers through support, supervision and training

Children and young people with a disability

Disabled children and young people may be more vulnerable to being abused as a result of a number of factors attributed to their disabilities.

These include:

- Significant communication needs

- Physical vulnerabilities
- Intimate care needs
- Need for physical handling
- Having multiple carers
- Being socially isolated

Disabled children may not have access to someone they can trust to disclose that they have been abused.

Other factors which can make disabled children more vulnerable include the child's care needs, challenging behaviours and the vulnerability of carers/parents given the demand and challenges of caring for a child with complex needs.

- Lack of support/training for parents and carers in dealing with difficult behaviour
- The child/young person being perceived as being of less importance
- Parents/carers may accept lesser standards of substitute care as a result of their need for support/respite
- Some children may behave in ways that are self-harming, this can lead to an abusive injury being missed
- An assumption that behaviour is an integral part of the child's condition, rather than a response to abusive treatment or a negative reaction to medication

Because of the particular needs of disabled children and young people they may also be at risk of being abused in other ways including:

- Force feeding or inappropriate feeding
- Their personal care needs may not be met adequately
- Physical practices such as physical restraint carried out unnecessarily or not in accordance with available guidelines
- Rough handling
- Extreme behaviour modification including the deprivation of clothing, medication or food, limiting movement, restricting freedoms, locking doors etc.
- Misuse of medication, sedation, heavy tranquillisation
- Invasive procedures which are unnecessary or are carried out against the child/young person's will
- Being denied access to required medical treatment
- Misapplication of programmes or regimes
- Ill-fitting equipment e.g. callipers, sleep boards which may cause injury or pain,
- Inappropriate splinting
- They may be more susceptible to bullying
- They may be more vulnerable to abuse using Information Communication Technology.

8. Vulnerable Adults

Adult safeguarding work is about protecting adults with care and support needs from abuse and neglect, and about responding well when adults with care and support needs are experiencing or are at risk of abuse or neglect.

Adult safeguarding work takes place in the context of The Care Act 2014: This sets out the duties and powers in law around adult safeguarding issues. It says the local authority is the lead agency on responding to adult safeguarding concerns and that Safeguarding Adults Boards (SAB) have the strategic lead for their area;

The Care and Support Statutory Guidance: This gives detail about what must and should be done in relation to adult safeguarding issues. As it is statutory guidance, it must be followed unless you have good reason not to

Surrey Safeguarding Adults Board Policy and Procedures: This gives the framework for multi-agency responses to adult safeguarding concerns.

The Children's Trust will not tolerate the abuse of adults with care and support needs. It is committed to promoting wellbeing, preventing harm and responding effectively if concerns are raised. The Children's Trust is committed to the aims of adult safeguarding:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing,
- identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect

To contribute to meeting these aims, we will

- Manage our services in a way which minimises the risk of abuse occurring
- Work with adults with care and support needs and other agencies to end any abuse that is taking place

To achieve these aims we will

- Ensure that all managers, employees and volunteers have access to and are familiar with this safeguarding policy and procedure and their responsibilities within it
- Ensure concerns or allegations of abuse are always taken seriously
- Ensure the Mental Capacity Act is used to make decisions on behalf of those adults at risk who are unable to make particular decisions for themselves.
- Ensure all staff receive training in relation safeguarding adults at a level relevant to their role.
- Ensure that people using our services, and where relevant their relatives and their friends, have access to information about how to report concerns or allegations of abuse.
- Ensure there is a named lead person to promote safeguarding awareness and practice within the organisation

This policy and procedure has been developed to be consistent with the Surrey Safeguarding Adults Board Adult Safeguarding Policy and Procedures.

Who does adult safeguarding apply to

The definition of adults that adult safeguarding processes may apply to is set out in section 42 of the Care Act 2014. They are people who:

- are aged 18 years or more, and
- have needs for care and support (whether or not these are currently being met), • are experiencing, or are at risk of, abuse or neglect, and
- as a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.
- This includes adults with physical, sensory and mental impairments and learning disabilities, however those impairments have arisen, such as whether present from birth or chronic illness or injury. Also included are people with a mental illness, dementia or other memory impairments.

What is abuse of vulnerable adults

Abuse can take many forms and the circumstances of the individual should always be considered. It may consist of a single act or repeated acts. The following are examples of issues that would be considered as abuse or neglect:

- Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.
 - Domestic abuse is “an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality” (Home Office, 2013).
 - Sexual abuse includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.
 - Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.
 - Financial and material abuse includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
 - Modern slavery includes human trafficking, forced labour and domestic servitude.
 - Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
 - Organisational abuse includes neglect and poor practice within an institution or specific care setting such as a hospital or care home.
- Discriminatory abuse includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age.
- Self-neglect covers a wide range of behaviours, such as neglecting to care for one's personal hygiene

9. Physical Contact

Children and vulnerable adults with acquired brain injuries and complex education, health and care needs may not understand the appropriateness of physical contact with an adult. It would not be appropriate or beneficial to suggest that staff do not comfort children/young people/vulnerable adults who are upset or distressed. Staff need to be aware of a child/young person/vulnerable adult's individual needs and circumstances and should use their professional judgement when comforting children/young people/vulnerable adult whilst being fully aware of this Safeguarding Policy.

Children/young people/vulnerable adults may look to adults for physical contact and comfort but this should be offered with the following caution;

Not all children, young people and adults feel comfortable about physical contact, and adults should not make the assumption that it is acceptable practice to use touch as a means of communication. Permission should be sought from a child, young person or adult before physical contact is made. Where the child is very young or unable to give consent, there should be a discussion with the parent or carer about what physical contact is acceptable and/or necessary.

When physical contact is made with a child or adult this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one child/adult in one set of circumstances may be inappropriate in another, or with a different child/adult. Adults, nevertheless, should use their professional judgment at all times, observe and take note of the reaction or feelings and – so far as is possible - use a level of contact and/or form of communication which is acceptable to the child/adult for the minimum time necessary.

- Always ensure that there are other adults in visual proximity
- Never show favouritism to an individual
- Never touch a between the waist and mid-thigh (unless supporting personal care as per The Children's Trust Intimate Care Policy (CS034))
- Never touch in a way that could be mis-interpreted
- If the child/adult asks for a cuddle then this should be short in duration and side by side
- Never kiss a child or adult
- A child should only sit on an adults knee for a short time and for a specific reason, this must not be close to the adults body

If you are in any doubt about any issues concerning physical contact, or you observe any practice that causes concern, you should discuss this with one of the safeguarding leads without delay. All staff have a responsibility to ensure safe and appropriate practice at all times.

(refer to the Positive Touch Policy for more information)

10. Information Sharing

Sharing information is an intrinsic part of a professional's role whilst working at The Children's Trust. The decision about how much information to share, with whom and when, can have a profound impact. It could ensure that a child or vulnerable adult receives the right services at the right time and prevent a need from becoming more acute and difficult to meet. At the other end of the spectrum it could be the difference between life and death. Poor or non-existent information sharing is a factor repeatedly flagged up as an issue in Child Safeguarding Practice Case Reviews carried out following the death of, or serious injury to, a child. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children and vulnerable adults at risk of abuse or neglect. No practitioner should therefore assume that someone else will pass on information which may be critical to keeping a child or vulnerable adult safe.

11. Recruitment

Staff are recruited in accordance with the Safer Recruitment Policy (2018).

Enhanced disclosure and barring checks are carried out on all staff who work with or have access to the children/vulnerable adult's area regularly. This check is repeated every three years and staff contracts outline the requirement to report any new convictions.

12. Referrals to the Disclosure and Barring Service

The Care and Support Statutory Guidance says

"If someone is removed by being either dismissed or redeployed to a non-regulated activity, from their role providing regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold, the regulated activity provider has a legal duty to refer to the Disclosure and Barring Service
(Care and Support Statutory Guidance March 2016, paragraph 14.75)

13. Prevent

The aim of the Government Counter Terrorism Strategy (2018) is to reduce the threat to the UK from terrorism by stopping people from becoming terrorists or supporting terrorism.

Prevent as part of the counter terrorism strategy – reducing the risk of radicalisation and threat of terrorism aims to:

- 1 Stop people from becoming terrorists or supporting terrorism
- 2 Raise awareness to all healthcare staff that Prevent is part of the existing safeguarding responsibilities
- 3 Know how to identify and refer vulnerable individuals for support by:
 - Recognising vulnerable children, young people and adults who may be at risk of radicalisation

- Working in partnership with other agencies to reduce risk and protect the individual; and
 - Provide adequate and necessary support as part of a proportionate multi agency response to any concerns.
- 4 Radicalisation is a process, not a one off event.
 - 5 There is no single profile of a terrorist – there is no checklist to measure someone against

Prevent is not about race, religion or ethnicity – the programme aims to prevent the exploitation of vulnerable individuals

Staff will receive Prevent training as part of Level 1 -3 safeguarding training. The Trustees, Senior Leadership Team, Managers, School staff and those staff who work on Oak House will also undertake on line prevent training.

If you suspect a member of staff may be involved in supporting terrorism or a child or young person is at risk of being radicalised please discuss your concerns with your manager or social work team. The Manager or social worker will contact the Surrey Prevent team for advice or to make a referral.

14. Female Genital Mutilation

Female genital mutilation (FGM) is the partial or total remove of external female genitalia for non-medical reasons. Also known as cutting or female circumcision. Sometimes religious, social or cultural reasons are given for FGM but it is child abuse and a criminal offence. There are no medical reasons to carry out FGM and it causes long lasting emotional and physical damage.

If you suspect FGM has occurred or may be being planned discuss your concerns with your manager or social work team. The manager and social worker will follow Surrey Safeguarding Children's Board guidelines and make a referral as directed.

15. Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. Children are in relationships or situations which exploit them by receiving gifts, money or affection as a result of performing sexual activities. Children and young people may be tricked into believing they are in a loving relationship. They may be invited to parties, given drugs or alcohol. They may also be exploited on line. Some children are trafficked into or around the UK for sexual exploitation and it can also occur with young people who are in gangs.

If for any reason you suspect a child or young person is being sexually exploited please contact the social work team. The manager and social worker will follow Surrey Safeguarding Children's Board guidelines and make a referral as directed.

16. County Lines

County lines is 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.

If you suspect a young person is involved in County Lines discuss your concerns with your manager or social work team. The manager and social worker will follow Surrey Safeguarding Children's Board guidelines and make a referral as directed.

17. Modern Slavery

Modern slavery encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Modern slavery can occur in a wide variety of circumstances, for example, agricultural labour, cleaning services (domestic and commercial), the sex trade, nail bars or car washes. Potential victims of trafficking are likely to be extremely vulnerable. They may fear revealing their status or experiences to state authorities. They may feel dependent on their controllers / traffickers. It is possible they may not understand the concept of trafficking or identify themselves as a victim.

If you suspect a young person or their family is being used as a modern slave do not speak to them about this. Speak with your manager or the social work team who will contact the police. Advice can be obtained from:

UK Gov helpline: 0800 0121 700 - 24/7 Modern Slavery Helpline
Salvation Army: 0300 303 8151 - 24/7 Referral helpline

18. Mobile Phones

Staff personal mobile phones must not be used whilst caring for children in any circumstances. Work or personal mobile phones can be used to contact The Children's Trust in exceptional circumstances when on escort duty if unable to leave the child for any reason.

Staff personal mobile phones must not be used in Zone one with the exception of break times within staff rooms. Mobile phones can be used for work purposes with the prior agreement of the manager or shift leader in Zone one for business use only, for example Facilities to take photographs of maintenance requirements.

Consent must be obtained by the child, young person/adult or parent prior to any photographs being taken on work mobiles for business use e.g. twitter. The manager or shift leader should view all photographs before the member of staff leaves the area.

19. Training and Supervision

Introduction to safeguarding – for all staff on induction

Level 1 for staff who do not have contact with children or vulnerable adults and those who are new to working with children or vulnerable adults within the first three months of appointment. Updates a minimum of two hours training every 3 years.

Level 2 for staff who work regularly with children and/or vulnerable adults after 6 months and within 1 year of completing Safeguarding 1 (within 6 months for shift leaders). Updates a minimum of 4 hours training every three years.

Level 3 Managers working with children and/or vulnerable adults who could potentially contribute to the assessing, planning, intervening and evaluating the needs of a child or vulnerable adults where there are safeguarding concerns – Those trained at this level includes clinical managers, Senior Leadership Team and Trustees. Updates a minimum of 6 hours every three years with 12-16 hours for staff requiring specialist knowledge

Level 4 Specialist training for managers which is role specific and will impact on strategic planning

(Intercollegiate Document 2016)

Staff who have no prior experience of working with children and/or vulnerable adults or who are from overseas with no experience of UK safeguarding processes should complete each level of training. Senior Leadership Team and Trustees who have no previous experience or training in safeguarding must complete level 1 and 2 e learning modules prior to attending level 3 training. Experienced staff can proceed to the highest level of training without completing each level. Training is delivered via the mandatory training schedule, as part of The Children's Trust School training programme or via recognised external training such as Surrey Local Safeguarding Children's Board and Surrey Safeguarding Adult Board.

Safeguarding supervision is offered three monthly and delivered via team meetings by the social work team or senior managers trained in safeguarding supervision. School staff access supervision as a class team on a weekly cycle. Safeguarding supervision can also be accessed as required individually or via Team around the Child meetings.

20. Audit

Audits of safeguarding processes are agreed as part of the annual audit cycle and may include:

Safeguarding incidents

Looked after children

Documentation

Training

The social work team carry out an audit of safeguarding knowledge at regular intervals throughout the year by asking randomly selected staff formalised questions.

The Children's Trust School carries out an annual safeguarding audit and action plans accordingly.

21. Section 11

The section 11 audit is completed annually for Surrey Safeguarding Children's Board and monitored via the Deputy Designated Nurse for Safeguarding and reviewed by the Board of Trustees. Section 11 audits are completed for other local authorities on request.

22. Whistle-blowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. Staff should follow the Whistleblowing Policy. If it becomes necessary to consult outside the school, they should speak in the first instance, to the DO.

23. Developing good practice in safeguarding.

We have a safeguarding lead on the Board and at Senior Leadership Team who are responsible for The Children's Trust safeguarding arrangements and we employ a team of qualified social workers who are available to support you and to discuss any concerns you may have at all in relation to children.

We are committed to continuous improvement in our practice. When there has been an incident or allegation, the team involved meets to look objectively at what happened and why, so that important lessons can be learnt and services improved to reduce the risk of future harm to children.

Each new member of staff receives a Safeguarding Pack (also available on each house) with further detailed information on physical, sexual and emotional abuse, neglect, fabricated illness, disabled children, IRAR, legislation as well as information you may find helpful and relevant.

Procedure for all areas of The Children's Trust with the exception of The Children's Trust School

The actions we expect staff and volunteers to take if they have concerns.

The flow chart (Appendix 1) will help to remind you what to do if you have any concerns or worries about a child or vulnerable adult.

Concern about a child

- Any member of staff who is concerned that there is a possibility that a child or vulnerable adult is being harmed or is at any risk, has a duty of care to bring their concern to the shift leader, line manager or one of the Children's Trust social workers as soon as possible, however unsure they are or however small it may seem.

Concerns expressed by a child/vulnerable adult or parent

- If a child, vulnerable adult or parent tells you something concerning simply listen to them. Explain that you will have to pass on the information. Make notes immediately of any times, dates and of what has been said. Tell your manager or a social worker. Follow the procedural flow chart and complete IRAR
- For children and adults with complex disabilities it may be difficult for them to communicate that they are being abused we must be prepared to hear their voice via an advocate or to observe for changes in behaviour or abuse which may signal abuse.

If the child or vulnerable adult is injured

- Any child or vulnerable adult who has sustained an injury or is in any medical danger should be examined by a doctor on site (or out of hours doctor) as soon as possible in order to stabilise and treat prior to potential transfer for assessment or child protection medicals.
- In cases of suspected sexual abuse, a medical assessment can only be undertaken if agreed by a Social Services Strategy Meeting.

Informing parents and family

- Careful consideration should be given to when and how parents are informed in cases when parents could have been involved and this may prejudice the investigation. This should be decided in consultation with the Lead social worker and the Local Authority Social Worker.

Keeping staff safe

- There will be times when children or vulnerable adults are receiving nursing, care, therapy and/or education that a staff member may be alone with them.

Use safe caring practices. Refer to the Intimate Care Policy. Inform another member of staff before spending time alone with a child or vulnerable adult. Keep good records of your one to one time. Discuss any worries with your manager.

Allegations against a member of staff

- If a child, vulnerable adult or family has shared a concern with you about a colleague, or if you have witnessed poor practice, you have a duty to share that information immediately with your line manager/shift leader or if it affects your line manager with a member of The Children's Trust social work team.
- The line manager must report the concern to the Head of Psychosocial Services or in their absence the Head of Nursing and Care. In their absence report the concern to the Director of Clinical Services.
- The Business Partner in the People team must be contacted to outline the concern relating to the member of staff so they can offer advice as to the next steps
- At all times ensure the safety of the child. This may require the member of staff working in another area or being suspended pending an investigation. Out of hours you should contact the Clinical Manager on Call if you are unsure of how best to protect the child.
- When an allegation is made against a member of staff, it is a priority to avoid any unnecessary delay and all cases will be resolved as quickly as reasonably possible, consistent with a fair and thorough investigation. The time taken to resolve individual cases depends on a variety of factors including the nature, seriousness and complexity of the allegation.

There may be multiple strands in the consideration of an allegation:

- A police enquiry into a possible criminal offence.
- Enquiries by Children's Social Care about whether a child is in need of protection or in need of services
- Enquiries by Adult Social Care about whether a vulnerable adult is in need of protection or services
- Consideration by an employer in respect of the individual
- Any action a regulatory body may wish to be taken
- The DO (Designated Officer) in Surrey will be consulted on all allegations involving a member of staff or a volunteer within 1 working day, to determine if

a police investigation and/or Children's Social Care enquiries are appropriate and whether immediate intervention is required.

- In less serious cases, police and Social Care may not be involved but it will be the DO's role to provide an objective, independent view to The Children's Trust.
- The flow chart Safeguarding Allegations at the beginning of this document illustrates the process following an allegation made against a member of staff.

The Children's Trust School Safeguarding Policy

For the attention of: Education Governance Committee, all staff, volunteers, visitors and the whole school community

1. Policy Statement

The Children's Trust School is committed to safeguarding and promoting the well-being of the whole school community. This policy applies to all pupils, staff, volunteers, work experience, visitors, governors and trustees working in the school in liaison with parents and carers. We follow stringent recruitment processes. All staff, governors and trustees have an active role to play in safeguarding pupils from harm, and ensuring their wellbeing is of paramount importance. This enables The Children's Trust School to provide a safe environment in which poor performance and unsafe practice is challenged.

2. Introduction

This policy has been developed in accordance with the guidance outlined in the Children Acts 1989 and 2004, Care Act 2014, Education Act 2002, Working Together to Safeguard Children (2018) Keeping Children Safe in Education (most up to date version), What do you do if you are worried about a child March 2015, Health and Social Care Act 2012, Serious Crime Bill 2015, Surrey Safeguarding Children Board SSCB Child Protection Procedures and National Minimum Standards for Residential Special Schools.

The Education Governance Committee takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children and to work together with other agencies to ensure adequate arrangements are in place to identify, assess and support those children who are suffering harm.

3. Aims of the policy

The aim of this policy is to protect pupils from abuse.

- The child/vulnerable adult's needs are paramount
- Every member of the team including volunteers and temporary staff have a responsibility to keep children/vulnerable adults safe
- To provide an environment in which children, young people and vulnerable adults feel safe, secure, valued and respected
- To ensure all school staff and volunteers are aware of the need to safeguard children/vulnerable adults and of their responsibility to identify and report possible cases of abuse
- To support the child/vulnerable adults's development in ways that foster security, confidence and achievement of their individual goals
- To provide a systematic method of monitoring children/vulnerable adults who may be at risk of harm to ensure we, the school, contribute to assessments of need and support packages for those children
- To emphasise the need for effective levels of communication between all members of the team
- To ensure a structured procedure is followed which is followed by all members of the school in cases of suspected abuse
- To promote effective working relationships with other agencies
- To ensure pupils are helped to feel safe via the school curriculum

- To ensure that all staff working within the school have been checked as to their suitability, including verification of their identity, qualifications and satisfactory enhanced Disclosure and Barring Service (DBS) check, and a central record is kept for audit

4. Procedures

Safe school, safe staff

All members of the Senior Management Team understand and fulfill their responsibilities, to ensure that:

- There is a safeguarding policy
- The Children's Trust and School operate safer recruitment procedures by ensuring there is at least one person on every recruitment panel that has completed safer recruitment training
- There are procedures in place for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns or has resigned, or when we cease to use the service as a result of a substantiated allegation in the case of a volunteer
- There are an adequate number of Designated Child Protection Officers(DCPO) and Vulnerable Adult Protection Officers
- On appointment, the DCPOs undertake interagency training and also undertake DCPO 'New to Role' and the 'Update' Course every 2 years
- All other staff have Safeguarding training updated annually. All members of staff, volunteers and Education Governance Committee know how to respond to pupil who discloses abuse through training
- A member of the Senior Leadership Team, usually the Chief Executive is nominated to liaise with the DO in conjunction with a Children's Trust social worker within 24 hours in the event of an allegation of abuse made against the Head teacher
- Safeguarding policies and procedures are reviewed regularly and are available on The Children's Trust website
- All members of staff and volunteers are provided with safeguarding awareness training at induction, including in their arrival pack, the school safeguarding statement so that they know who to discuss a concern with.
- All parents/carers are made aware of the responsibilities of staff members with regard to safeguarding procedures through parent's newsletter and a safeguarding notice board.
- The school will ensure that child protection concerns or allegations against adults working in the school are referred to the DO for advice
- The name of designated members of staff for Child Protection, the Designated Child Protection Officers, Vulnerable Adult Protection Officers will be clearly advertised in the school, with a statement explaining the school's role in referring and monitoring case of suspected abuse

Responsibilities

The designated DCPOs VAPO's are responsible for:

- Referring a pupil if there are concerns about possible abuse, to the Children's Trust social workers or in their absence the local duty social worker (MASH team)
- Keeping written records of concerns about a pupil even if there is no need to make an immediate referral
- Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until their 25th birthday, and are copied on to the next placement.
- Ensuring that an indication of the existence of the additional file in above is marked on the pupil records.
- Liaising with other agencies and professionals.
- Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents.
- Ensuring that any day pupil currently with a child protection plan who is absent in the educational setting without explanation for one day is referred to their key worker's Social Care Team.
- Organising child/vulnerable adult protection induction, and update training annually, for all school staff.
- Providing, with the Head teacher, an annual report for the Education Governance Committee, detailing any changes to the policy and procedures; training undertaken by the DCPO, and by all staff; number and type of incidents/cases, and number of children on the child protection register (anonymised)

Supporting Children/Vulnerable Adults

- We recognise that a child/vulnerable adult who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
- We recognise that the school and school houses may provide the only stability in the lives of children/vulnerable adults who have been abused or who are at risk of harm.
- We accept that research shows that the behaviour of a child/vulnerable adult in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

Our school will support all children/vulnerable adult by:

- Encouraging self-esteem and methods through which the child/vulnerable adult can communicate
- Hearing the pupil voice through using the young person's advocate
- Hearing the pupil voice via the relevant therapy
- Promoting a caring, safe and positive environment within the school.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children/vulnerable adults.

- Notifying Social Work Team as soon as there is a significant concern.
- Providing continuing support to a child/vulnerable adult about whom there have been concerns who leaves the school by ensuring that appropriate information is copied under confidential cover to the pupil's new setting and ensuring the school medical records are forwarded as a matter of priority.

Confidentiality

- We recognise that all matters relating to child/vulnerable adult protection are confidential.
- The Head teacher or DCPOs will disclose any information about a pupil to other members of staff on a need to know basis only.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children/vulnerable adults.
- All staff must be aware that they cannot promise a child/vulnerable adult to keep secrets which might compromise their safety or wellbeing this is known as a risk of harm statement.
- We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with a social worker from The Children's Trust.

Supporting Staff

- We recognise that staff working in the school who have cared for a pupil who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties and to seek further support as appropriate.

Allegations against staff

- All school staff should take care not to place themselves in a vulnerable position with a pupil. It is always advisable for interviews or work with individual pupils or parents to be conducted in view of other adults whenever possible.
- We understand that a pupil may make an allegation against a member of staff.
- If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children/vulnerable adults, the member of staff receiving the allegation or aware of the information, will immediately inform the Head teacher.
- The Head teacher on all such occasions will discuss the content of the allegation with the Designated Officer (DO).
- If the allegation made to a member of staff concerns the Head teacher, the person receiving the allegation will immediately inform the Chief Executive who will consult with the DO, without notifying the Head teacher first.
- The school will follow the Surrey procedures for managing allegations against staff.
- Suspension of the member of staff, excluding the Head teacher, against whom

an allegation has been made, needs careful consideration, and the Head teacher will seek the advice of the DO in making this decision.

- In the event of an allegation against the Head teacher, the decision to suspend will be made by the Chief Executive with advice from the DO and Director of People.

Whistle-blowing

We recognise that children/vulnerable adults cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child/vulnerable adult protection, which may include the attitude or actions of colleagues. Staff should follow the Whistleblowing Policy. If it becomes necessary to consult outside the school, they should speak in the first instance, to the DO.

Whistle-blowing re the Head teacher should be made to the Chief Executive of The Children's Trust whose contact details are readily available to staff via the loop.

Physical Intervention

We acknowledge that staff must only ever use physical intervention as a last resort, when a pupil is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

We understand that physical intervention of a nature which causes injury or distress to a pupil may be considered under child/vulnerable adult protection or disciplinary procedures.

We recognise that touch is appropriate in the context of working with children/vulnerable adults, and all staff have been given 'Positive Touch' guidance to ensure they are clear about their professional boundary.

Training

Training needs for The Children's Trust School are determined by the Intercollegiate Document 2016, Surrey Safeguarding Children Board and Surrey Safeguarding Adult Board. (Training Matrix Appendix 5). Training may take place within The Children's Trust School or as part of Surrey Safeguarding Children's Board programme.

All staff should ensure they read the Safeguarding Policy Annually including appendix 2 (Safeguarding Pack).

Appendix 1 Safeguarding Training

Level	Setting	Participants	Contents
<u>Safeguarding Level 1 for staff who do not have contact with children/vulnerable adults and those new to working with children</u> Within three months of appointment for new staff (update 2 hours every 3 years)	Options of setting: E-learning The Children's Trust training programme The Children's Trust School training days	Staff and volunteers	Extension of knowledge Legal Context Raising and escalating concerns Group discussion focusing on examples from TCT practice
<u>Safeguarding for staff who work with children/vulnerable adults</u> <u>Level 2</u> Between 6 months to 1 year of completing Safeguarding 1, Then updated 4 hours every 3 years	Options of setting: E-learning The Children's Trust training programme The Children's Trust School training days	Staff and volunteers who have direct contact with children	Extension of knowledge of legal context and practice issues Disclosures by children or their parents Interactive scenario
<u>Safeguarding 3</u> (6 hours) Within 1 year of completing Safeguarding 1 Then 6 hours within 3 years or 12 -16 hours for specialist knowledge	Options of setting: The Children's Trust training programme The Children's Trust School training days Surrey Safeguarding children's Board training	Teachers Managers who work with children Heads of House and Deputies Leads of Allied Health Professions and Play Trustees and Board Members SLT	The key role of managers in the safeguarding process The impact of safeguarding Supporting your team Learning outcomes
<u>Safeguarding 4</u> (5 hours) Specialist Event on agreed topic	Options of setting: The Children's Trust training programme The Children's Trust School training days Surrey Safeguarding children's Board training	Managers as relevant to their role and could influence strategic planning	Specific legal, practice or ethical issues, which impact on the safeguarding of children and young people using services at The Children's Trust

The Children's Trust Safeguarding Children, Young People and Vulnerable Adults Pack



CONTACT DETAILS

THE CHILDREN'S TRUST LEAD SOCIAL WORKER

SHARON EVANS EXT 4314

EXTERNAL ENQUIRIES

The Surrey Single Point of Access (SPA) responds to initial enquiries about children, young people and adults. The SPA is based at Guildford Police Station and combines Children's Service social workers, Adult's Service social workers, and health and police staff.

Availability: Monday to Friday: 9am - 5pm

- **Phone:** 0300 470 9100
- **Email:** csmash@surreycc.gov.uk - emails are dealt with during normal office hours
- **Out of hours phone:** 01483 517898 to speak to the **emergency duty team**.

Local Area Contact details

North east: 0300 123 1610

The north east area covers the following three boroughs:

- **Elmbridge** (Esher, Walton on Thames and Weybridge)
- **Epsom and Ewell** (Epsom, Ewell and part of both Stoneleigh and Worcester Park)
- **Spelthorne** (Ashford, Haleham, Shepperton, Staines-upon-Thames, Stanwell and Sunbury-on-Thames)

North west: 0300 123 1630

The north west area covers the following three district and boroughs:

- **Runnymede** (Addlestone)
- **Surrey Heath** (Camberley)
- **Woking** (Woking)

South east: 0300 123 1620

The south east area covers the following three district and boroughs:

- **Tandridge** (Caterham and Oxted)
- **Reigate and Banstead** (Redhill, Horley, Reigate and Banstead)
- **Mole Valley** (Dorking and Leatherhead)

South west: 0300 123 1640

The south west area covers the following two boroughs:

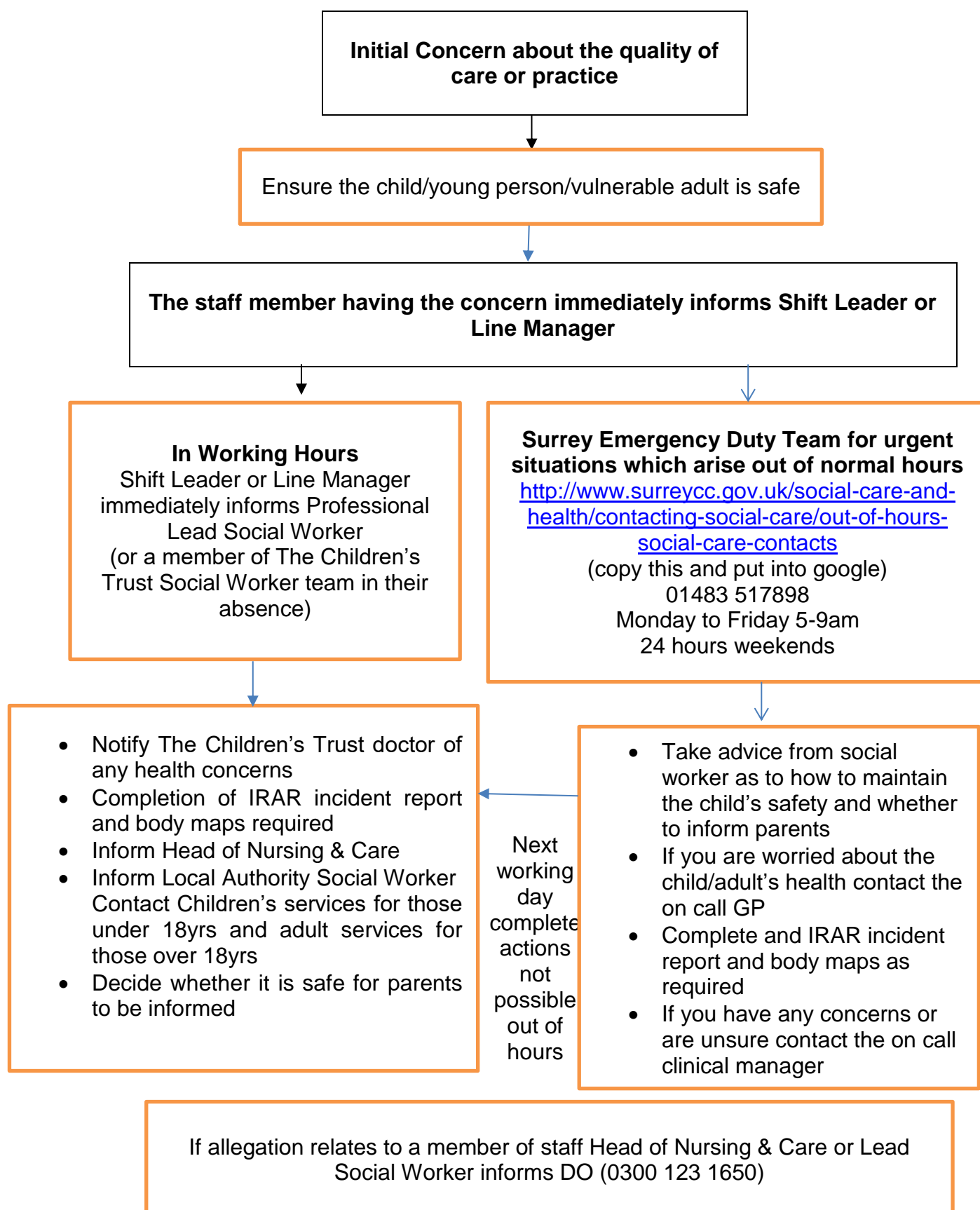
- **Guildford** (Guildford)
- **Waverley** (Cranleigh, Farnham and Haslemere)

Designated Officer (DO)

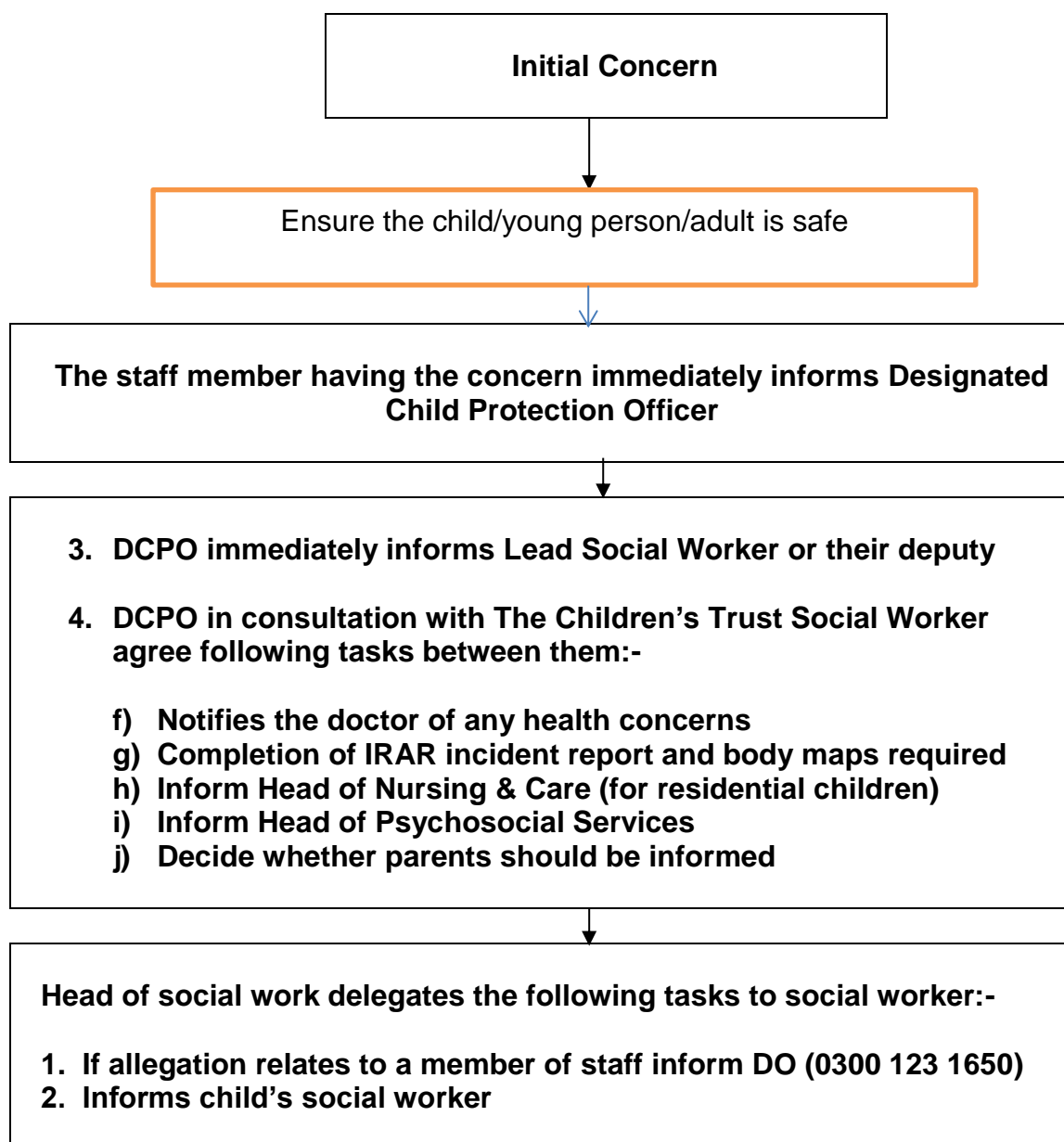
Monday to Friday from 9am to 5pm

The DO Service manages allegations against individuals who work or volunteer with children in Surrey. If you have a concern regarding someone who works with children please contact the DO on **0300 123 1650*** or LADO@surreycc.gov.uk.

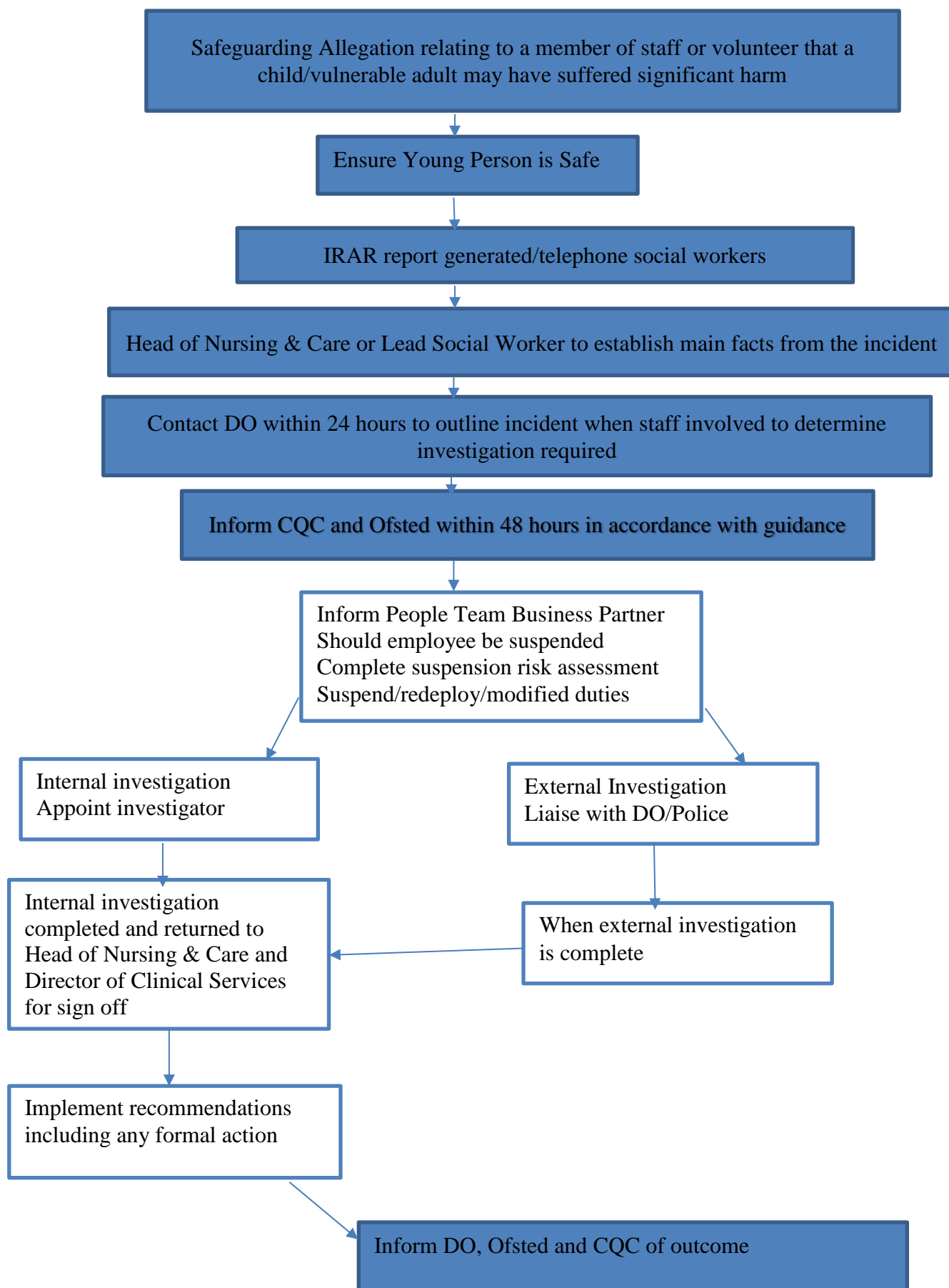
**Flow Chart for Reporting a Safeguarding Concern all areas
with the exception of The Children's Trust School**



The Children Trust School Flow Chart for Reporting Concern



Safeguarding Allegation



SAFEGUARDING LEADS



SARAH BAKER IS OUR SAFEGUARDING TRUSTEE



MAGGIE CLANCY IS OUR SAFEGUARDING LEAD ON THE SENIOR LEADERSHIP TEAM



TOBY MULLINS IS THE SAFEGUARDING TRUSTEE FOR EDUCATION



SAM NEWTON IS DIRECTOR OF EDUCATION/HEAD
TEACHER AND DESIGNATED
CHILD PROTECTION OFFICER FOR THE CHILDREN'S TRUST SCHOOL



ANGELA FIRTH IS HEAD OF PSYCHOSOCIAL SERVICES



SHARON EVANS IS PROFESSIONAL LEAD SOCIAL WORKER



HELENA D'ANGELO IS HEAD OF NURSING & CARE, NAMED NURSE FOR SAFEGUARDING AND REGISTERED MANAGER

CHILDREN HAVE SAID THEY NEED

- **Vigilance**: to have adults notice when things are troubling them
- **Understanding and action**: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- **Stability**: to be able to develop an on-going stable relationship of trust with those helping them
- **Respect**: to be treated with the expectation that they are competent rather than not
- **Information and engagement**: to be informed about and involved in procedures, decisions, concerns and plans
- **Explanation**: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- **Support**: to be provided with support in their own right as well as a member of their family
- **Advocacy**: to be provided with advocacy to assist them in putting forward their views

PRINCIPLES

Working Together to Safeguard Children 2018 describes a child-centred and coordinated approach to safeguarding, which underpins The Children Trust's approach

Our two **Key principles** are:

- **Safeguarding is everyone's responsibility**: for services to be effective each Professional and organisation should play their full part; and
- **A child-centred approach**: for services to be effective they should be based on a clear understanding of the needs and views of children.

Safeguarding is everyone's responsibility

Everyone who works with children – including therapists, nurses, carers, paediatricians, volunteers and social workers – has a responsibility for keeping them safe.

No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Any professionals with concerns about a child's welfare should follow the safeguarding policy

A child-centred approach

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children.

Children have been clear in saying what they want from an effective safeguarding system - they want to be respected, their views to be heard, to have stable relationships with professionals built on trust and to have consistent support provided for their individual needs.

This should guide our own behaviour the behaviour as professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs.

A child-centred approach is supported by:

- **The Children Act 1989.** This Act requires local authorities to give due regard to a child's wishes when deciding what services to provide under section 17, and before making decisions about action to be taken to protect children under section 47. When children are looked after, their wishes and feelings must also be taken into account
- **The Equality Act 2010** puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by individual children and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs; and
- **The United Nations Convention on the Rights of the Child (UNCRC).** This is an international agreement that protects the rights of children and provides a child centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights to *expression* and *receiving information*.

SIGNIFICANT HARM

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.

There are no absolute criteria on which to rely when judging what constitutes Significant Harm but consideration should be given to the following:

- The severity of ill-treatment which may include the degree and extent of physical harm including, for example, impairment suffered from seeing or hearing the ill-treatment of another.
- The duration and frequency of abuse and neglect
- The extent of premeditation

Child abuse and neglect is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.

Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.

Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child.

Working Together to Safeguard Children sets out definitions and examples of the four broad categories of abuse which are used as a basis for determining that a child should be subject to a Child Protection Plan:

- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse

These categories overlap and an abused child does frequently suffer more than one type of abuse. They are dealt with in the sections below.

WHAT IS CHILD ABUSE?

Child abuse is any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. We know that neglect, whatever form it takes, can be just as damaging to a child as physical abuse.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. And it can increasingly happen online.

TYPES OF ABUSE

NEGLECT

Neglect happens when parents or carers can't or won't meet a child's needs. Sometimes this is because they don't have the skills or support needed, and sometimes it's due to other problems such as mental health issues, drug and alcohol problems or poverty.

Although professionals may be worried about a child, it's not always easy to identify neglect. There's often no single sign that a child or family need help. So, professionals look for a pattern of ongoing neglect before they step in.

Physical neglect is failing to provide for a child's basic needs such as food, clothing or shelter. Failing to adequately supervise a child, or provide for their safety.

Educational neglect is failing to ensure a child receives an education.

Emotional neglect is failing to meet a child's needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating or isolating them. It's often the most difficult to prove.

Medical neglect is failing to provide appropriate health care, including dental care and refusal of care or ignoring medical recommendations.

PHYSICAL ABUSE

Physical abuse is deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts. It isn't accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, slapped or having objects thrown at them. Shaking or hitting babies can cause non-accidental head injuries.

Sometimes parents or carers will make up or cause the symptoms of illness in their child, perhaps giving them medicine they don't need and making the child unwell – this is known as fabricated or induced illness (FII). Fabricated or induced illness is when a parent or carer fakes, or creates, the symptoms of an illness in their child. This might include giving a child medicine, tampering with medical equipment or falsifying test results.

There's no excuse for physically abusing a child. It causes serious, and often long-lasting, harm – and in severe cases, death. Bumps and bruises don't necessarily mean a child is being physically abused – all children have accidents, trips and falls. But if a child often has injuries, there seems to be a pattern or the explanation doesn't match the injury then this should be investigated.



TOP TIP – Look at the Children's Trust Bruising Policy for further information

SEXUAL ABUSE

A child is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to be physical contact, and it can happen online. Sometimes the child won't understand that what's happening to them is abuse. They may not even understand that it's wrong.

There are two different types of child sexual abuse. These are called contact abuse and non-contact abuse.

Non-contact abuse covers acts where the abuser doesn't touch the child, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing, making a child strip or masturbate and intentionally engaging in sexual activity in front of a child or not taking proper measures to prevent a child being exposed to sexual activities by others. Taking or making indecent images of children or showing children images of sexual activity, including photographs, videos or via webcams is also sexual abuse.

Contact abuse is where an abuser makes physical contact with a child and involves sexual touching of any part of the body, clothed or unclothed, including using an object, assault by penetration, including rape or penetration of the mouth with an object or part of the body. It can also involve encouraging a child to engage in sexual activity for example, sexual acts with someone else.



TOP TIP – *behaviour that might indicate something is wrong*

Children who are sexually abused may stay away from people, or avoid being alone with people such as family members or carers. They could seem frightened of a person or reluctant to socialise with them.

They may show sexual behaviour that's inappropriate for their age or use sexual language or know information that you wouldn't expect them to. They may become sexually active at a young age or be promiscuous.

Children who are sexually abused may also have physical symptoms such as vaginal or anal soreness or an unusual discharge.

CHILD SEXUAL EXPLOITATION

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status.

Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Many of the detailed cases submitted to the Child Exploitation and Online Protection Centre (CEOP) showed that grooming is used to manipulate victims, distance them from families and friends, and place them under the control of the offender.

Some children and young people are **trafficked** into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in **gangs**.

When sexual exploitation happens online, young people may be persuaded, or forced, to send or post sexually explicit images of themselves, take part in sexual activities via a webcam or smartphone or have sexual conversations by text or online.

Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the sexual abuse has stopped.



TOP TIP – read more on the NSPCC website about trafficking and child sexual exploitation in gangs [NSPCC.org.uk](https://www.nspcc.org.uk)



TOP TIP - And a report - [Child Exploitation and Online Protection Centre \(CEOP\) \(2011\) Out of mind, out of sight: breaking down the barriers to child sexual exploitation: executive summary \(PDF\)](#). London: CEOP.

GROOMING

Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age. The signs of grooming aren't always obvious.

Groomers can use social media sites, instant messaging apps including teen dating apps, or online gaming platforms to connect with a young person or child. They can spend time learning about a young person's interests from their online profiles and then use this knowledge to help them build up a relationship.

It's easy for groomers to hide their identity online - they may pretend to be a child and then chat and become 'friends' with children they are targeting.

Children may be very secretive, including about what they are doing online, have older boyfriends or girlfriends. They may have new things such as clothes or mobile phones that they can't or won't explain or have access to drugs and alcohol.

In older children, signs of grooming can easily be mistaken for 'normal' teenage behaviour, but you may notice unexplained changes in behaviour or personality, or inappropriate sexual behaviour for their age.

EMOTIONAL ABUSE

Emotional abuse is the ongoing emotional maltreatment or emotional neglect of a child. It can involve not showing love or trying to scare, humiliate or isolate children. It can be difficult to spot as emotional changes are a normal part of growing up.

A child who is emotionally abused may later develop risk taking behaviours like stealing or running away. Emotional abuse also puts children at additional risk of developing mental health problems, like depression, eating disorders or self-harming behaviour or they may lack self-confidence.

Children who don't get the love and care they need from their parents often find it difficult to develop and maintain relationships with others later in life



TOP TIP – signs that might indicate emotional abuse

Babies and pre-school children who are being emotionally abused or neglected may be overly affectionate towards strangers or people they haven't known for very long; they may lack confidence and appear anxious or aggressive to children or animals. You may notice that they appear not to have a very close relationship with their parents.

Older children may use language, act in a way or know about things that you wouldn't expect them to know at their age; they may struggle with emotions and have extreme outbursts; they may lack social skills and appear to have few friends and seem isolated from their parents.

BULLYING AND CYBERBULLYING

Cyberbullying is an increasingly common form of bullying behaviour which happens on social networks, games and mobile phones. Cyberbullying can include spreading rumours about someone, or posting nasty or embarrassing messages, images or videos.

Children may know who's bullying them online – it may be an extension of offline peer bullying - or they may be targeted by someone using a fake or anonymous account. It's easy to be anonymous online and this may increase the likelihood of engaging in bullying behaviour.

Cyberbullying includes 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.

It can also mean excluding children from online games, activities or friendship groups or setting up hate sites or groups about a particular child. Cyberbullies sometimes create fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

DOMESTIC ABUSE

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes any emotional, physical, sexual, financial or psychological abuse.

It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers. Teenagers can suffer domestic abuse in their relationships.

Witnessing domestic abuse is child abuse; it is really distressing and scary for a child, and causes serious harm. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways. They might see the abuse, or hear it from another room, see a parent's injuries or distress afterwards. They might be hurt by being nearby or trying to stop the abuse.



TOP TIP 24-hour National Domestic Violence Freephone Helpline 0808 2000 247

FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision and cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.



TOP TIP *Worried about FGM? Call the FGM helpline if you're worried a child is at risk of, or has had, FGM. It's free, anonymous and available 24/7. 0800 028 3550*

WHAT IS PREVENT?

Prevent is part of CONTEST, the Government's strategy to address terrorism. The main aim of Prevent is to stop people, including children and young people, becoming terrorists or supporting terrorism. Prevent focuses on all forms of terrorist threats. E.g. international terrorism, far right extremists (among others).

The police, Local Authorities, and partner organisations are working together to help strengthen and empower our communities to reject those who want to cause harm. They work together and seek to work with all of us, focussing on three key themes:

- Safeguarding vulnerable individuals through the provision of advice and support and intervention projects.
- Working closely with institutions such as Universities, Schools, Prisons, Health, Charities and faith establishments.
- Challenging terrorist ideology by working closely with other local and national agencies, partners and our communities



TOP TIP The Government's Prevent strategy can be found at the following address: www.homeoffice.gov.uk



TOP TIP Surrey County Council's prevent strategy is available at www.surreycc.co.uk

The Prevent Engagement Team of officers and police staff aim to encourage discussion ensuring that terrorism is prevented from taking root in our communities. They support the wider engagement activities already taking place in schools, places of worship and community groups.

Through this work they aim to strengthen communities in order to challenge the ideologies and messages of hate which lead to terrorism.

The department for education has launched a helpline for anyone concerned about a child who may be at risk of extremism, or about extremism within an organisation working with children and young people



TOP TIP if you are worried about individuals or need further information the helpline number is 020 7340 7264

What are County Lines

County lines is 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.

Who is vulnerable to county lines exploitation?

The national picture on county lines continues to develop but there are recorded cases of:

- children as young as 12 years old being exploited or moved by gangs to courier drugs out of their local area; 15-16 years is the most common age range
- both males and females being exploited
- White British children being targeted because gangs perceive they are more likely to evade police detection but a person of any ethnicity or nationality may be exploited
- the use of social media to make initial contact with children and young people
- class A drug users being targeted so that gangs can take over their homes (known as ‘cuckooing’)

Children or young people may be targeted if:

having prior experience of neglect, physical and/or sexual abuse

- lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
- social isolation or social difficulties
- economic vulnerability
- homelessness or insecure accommodation status
- connections with other people involved in gangs
- having a physical or learning disability • having mental health or substance misuse issues;
- being in care (particularly those in residential care and those with interrupted care histories)
- being excluded from mainstream education, in particular attending a Pupil Referral Unit.

Some potential indicators of county lines involvement and exploitation are listed below, with those at the top of particular concern:

- persistently going missing from school or home and / or being found out-of-area;
- unexplained acquisition of money, clothes, or mobile phones
- excessive receipt of texts / phone calls and/or having multiple handsets
- relationships with controlling / older individuals or groups

- leaving home / care without explanation
- suspicion of physical assault / unexplained injuries
- parental concerns
- carrying weapons
- significant decline in school results / performance
- gang association or isolation from peers or social networks
- self-harm or significant changes in emotional well-being.



TOP TIP if you are worried about individuals or need further information contact The Children's Trust social work team who will be able to advise you as to the next steps

Modern Slavery

Modern slavery encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Modern slavery can occur in a wide variety of circumstances, for example, agricultural labour, cleaning services (domestic and commercial), the sex trade, nail bars or car washes. Potential victims of trafficking are likely to be extremely vulnerable. They may fear revealing their status or experiences to state authorities. They may feel dependent on their controllers / traffickers. It is possible they may not understand the concept of trafficking or identify themselves as a victim.

You must report any potential cases. Do not attempt to let the victim know you have reported it and do not confront the traffickers.

In all cases, the police should be notified either by phoning 101 or 999 (in cases of emergency) or in person at a police station.

It may be necessary to contact the Home Office, our social work team will liaise with Surrey Social Services and the Police to obtain advice.

If it involves a young person over 18 years (adult at risk' as set out in the Care Act) then you should also contact Adult Social Care under the usual safeguarding adults arrangements.

Always consider whether there are other members of the family (adults or children) at risk and if so, report it.



TOP TIP if you are worried about individuals or need further information contact The Children's Trust social work team who will be able to advise you as to the next steps. For advice you can contact:

UK Gov helpline: 0800 0121 700 - 24/7 Modern Slavery Helpline

Salvation Army: 0300 303 8151 - 24/7 Referral helpline

PRINCIPLES OF GOOD PRACTICE – DISABLED CHILDREN

Any child with a disability is by definition a 'child in need' under section 17 of the Children Act 1989 and 2004.

A disabled child is vulnerable to physical, emotional or sexual abuse or neglect like any other child, though the level of risk may be raised by additional vulnerabilities:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children
- Their dependency on parents and carers for practical assistance in daily living including intimate personal care, increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist or avoid abuse
- They may have speech, language and communication needs which may make it difficult to tell others what is happening
- They often do not have access to someone they can trust to disclose that they have been abused
- They are especially vulnerable to bullying and intimidation
- Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on carers and health professionals for day to day physical care needs.
- Parents or carers own needs and ways of coping may conflict with the needs of the child

In addition to the universal indicators of abuse/neglect listed above, the following abusive behaviours must be considered;

- Force feeding
- Unjustified or excessive physical restraint
- Rough handling
- Extreme behaviour modification including the deprivation of liquid, medication, food or clothing
- Misuse of medication, sedation, heavy tranquillisation
- Invasive procedures against the child's will
- Deliberate failure to follow medically recommended regimes
- Misapplication of programmes or regimes
- Ill-fitting equipment e.g. callipers, sleep board which may cause injury or pain, inappropriate splinting

- Misappropriation /misuse of a child's finances

Where a child is unable to tell someone of his/her abuse he/she may convey anxiety or distress in some other way, e.g. behaviour or symptoms and carers and staff must be alert to this.

Some sex offenders may target disabled children in the belief that they are less likely to be detected.

Agencies must not make assumptions about the inability of a child with disabilities to give credible evidence, or to withstand the rigours of the court process.

Each child should be assessed carefully and supported where relevant to participate in the criminal justice system.

RESEARCH

Research, mostly conducted outside the UK, shows that disabled children are three times more likely to be abused than non-disabled children (Jones et al. 2012). Disabled children have an equal right to protection, yet barriers can exist at all stages of the child protection process (National Working Group on Child Protection and Disability 2003).

Positive action can reduce the risk and help realise disabled children's equal right to protection.



TOP TIP – Guidance you might find helpful

NSPCC – 'We have the right to be Safe' – Protecting Disabled Children from abuse – this is available on line and is in the social work Office

Government Guidance: <https://www.gov.uk/government/.../safeguarding-disabled-children-practice-guidance>

LOOKED AFTER CHILDREN

Children can be Looked After under Section 20 and Section 31 of the Children Act 1989

Section 20 means that the family have agreed for the local authority to be involved in their care arrangements.

They agree that their child can live at The Children's Trust either in our fulltime care while their child attends our school or for short breaks to support the family in their fulltime care outside of the Children's Trust.

Section 20 means that only the parents have parental responsibility and can make decisions about all aspects of their child's care.

Section 31 means that the parents do not agree to their child being removed from their care. The Court have been involved and made an order under Section 31 of The Children Act 1989.

Section 31 means that the Local Authority share parental responsibility with the parents, but they take the lead in all decisions about the child's care. They do meet with parents and inform them of their decisions.

In all cases where a child is looked after there is an allocated Statutory Social Worker from the local authority where the child's family lives. The social worker is responsible for visiting the child, working with the family and professionals in the network around the child and their care arrangements. This includes professionals at the Children's Trust.

An Independent Reviewing Officer (I.R.O) is appointed to review all care arrangements along with a child's education and health needs

The IRO chairs a Looked After Children (LAC/CLA) Review. This is a formal meeting with timescales and minutes. These usually take place every 6 months. Reports are prepared for the meeting. Minutes are produced from the meeting and tasks allocated in the network. The Actions will be reviewed at the next Meeting. Associated reports that may be required are the annual LAC Medical and Personal Education Plan (PEP)

The Statutory Social Worker will visit the child in placement and report back to the IRO at the review.

The reviews will take place at The Children's Trust when the child lives here all the time. For LAC children who attend TCT for Short Breaks, at least one review per year should take place here.

The Social Work Team at TCT support can offer advice and support to you with any issues or concerns relating to Looked After Children you are caring for.

VULNERABLE ADULTS

The definitions below are taken from the Surrey Adult Safeguarding Policy and aim to clarify elements of the Care Act that can cause difficulty in practice. Advice should always be taken from Surrey Adult Social Services or the local authority adult social worker for the individual.

The meaning of "care and support needs"

The Care Act says adult safeguarding duties apply to adults with care and support needs, but does not define what it means by these. Guidance from the Social Care Institute of Excellence (SCIE) can help address this, as can the regulations that accompany the Act.

In its "Adult safeguarding practice questions" (March 2015) SCIE wrote "An adult with care and support needs may be:

- an older person

- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

The cause of the need

The Care and Support (Eligibility Criteria) Regulations 2014 say that an eligible care and support need is one that

1. Arises from or is related to a physical or mental impairment or illness;
2. Results in the adult being unable to achieve two or more of the outcomes specified in the regulations; and
3. Which has, or is likely to have, a significant impact on the adult's well-being

The impact of the need

The regulations go on to say that care and support needs have an impact on the following outcomes:

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
- Carrying out any caring responsibilities the adult has for a child

In the context of adult safeguarding, any impact on one or more of these outcomes may be relevant. There is no threshold of it being a significant impact.

The meaning of “at risk of abuse or neglect”

The position of Surrey Safeguarding Adult Board is that “risk” means some clear and present risk. It must be more than simply a theoretical risk.

The meaning of “unable to protect himself or herself”

For the duty to have an adult safeguarding enquiry to apply, the person with care and support needs must be unable to protect himself or herself against the abuse and neglect because of the care and support needs they have.

This requires there to be a causal link between the care and support needs and the inability to protect themselves.

What is abuse of vulnerable adults

Abuse can take many forms and the circumstances of the individual should always be considered. It may consist of a single act or repeated acts. The following are examples of issues that would be considered as abuse or neglect:

- Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.
- Domestic abuse is “an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality” (Home Office, 2013). Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called ‘honour’ based violence, forced marriage and female genital mutilation.
- Sexual abuse includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.
- Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.
- Financial and material abuse includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use the means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.
- Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.

- Organisational abuse includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Self-neglect covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding. A safeguarding response in relation to self-neglect may be appropriate where:

a person is declining assistance in relation to their care and support needs, and the impact of their decision, has or is likely to have a substantial impact on their overall individual wellbeing

What is an adult safeguarding enquiry?

Section 42 of the Care Act 2014 says that when the tests are met (an adult who is experiencing or at risk of abuse or neglect which they cannot protect themselves

from because of their care and support needs) there must be an adult safeguarding enquiry. The objectives of an adult safeguarding enquiry are to

- Establish facts
- Ascertain the adult's views and wishes
- Assess the needs of the adult for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult;
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- Enable the adult to achieve resolution and recovery

The Care Act does not specify what an enquiry will consist of, nor does it create any powers for carrying out an adult safeguarding enquiry. An adult safeguarding enquiry is simply the collection of whatever actions using existing powers, duties and processes is needed to meet the purposes. The benefit of putting the matter in to an adult safeguarding framework is

- To ensure there is proper recognition of the abuse and neglect issue
- To help the multi-agency response to the concern do the best at involving the right organisations and people, sharing information between them, having a shared understanding of the risks and how to respond to them, and to minimise duplication of effort
- To give a focus on ensuring the care and support needs of the person are taken account of

The role of the local authority in an adult safeguarding enquiry

Though the actions to carry out an adult safeguarding enquiry and the actions to apply what has been learned when the enquiry has been completed might be undertaken by a range of organisations, local authorities have a particular role which they cannot delegate to others. Where an adult safeguarding enquiry is required, the local authority must

- Decide what enquiries it thinks are necessary to make up the adult safeguarding enquiry;
- Make those enquiries or cause others to make them; and
- When the enquiry is completed it must decide whether any action should be taken, and if so, what and by whom.

In Surrey, this role is taken on by the social work team in adult social care.

Definitions of roles in Adult Safeguarding

Safeguarding Adults Decision Maker (SAD)

This is the person who makes the decisions in s42 Care Act 2014 on behalf of the local authority on the piece of adult safeguarding work. The decisions they make are

- Whether or not there will be an adult safeguarding enquiry
- What that enquiry will consist of
- When that enquiry has been completed
- Whether there needs to be a Safeguarding Plan as a result of the enquiry
- Whether to refer the matter to Surrey Safeguarding Adults Board for consideration for a Safeguarding Adults Review

Safeguarding Adults Manager (SAM)

The SAM role is defined in the Surrey Safeguarding Adults Policy and Procedures. It is the person responsible for overseeing the carrying out of an adult safeguarding enquiry. In Surrey this will typically be a Team Manager or a senior Social Worker in an adult social care team. One person can act as both SAD and SAM, or this can be split between two people.

Lead Enquiry Coordinator (LEO)

This is the person who will lead on the carrying out of the enquiry, under the instruction of the SAM. In Surrey this will typically be a Social Worker in an adult social care team.

Safeguarding Concerns Manager

The Safeguarding Concerns Manager has the responsibility to decide whether it is appropriate to refer a safeguarding concern to the local authority and what other actions might be needed. At The Children's Trust this role is fulfilled by the Lead Social Worker.



TOP TIP

If you have concerns about a vulnerable adult speak to your manager or a member of The Children's Trust social work team for advice. If you continue to have concerns speak to the The Multi-Agency Safeguarding Hub (MASH) as detailed at the beginning of this document.

Guidance you might find helpful

Surrey Safeguarding Adult Board <http://www.surreysab.org.uk/>

POLICIES YOU MIGHT FIND HELPFUL



Policies are available on The Loop

Behaviour that Challenges Policy

Bruising in Children and Young People who are Not Independently Mobile

Clinical Holding and restraint Guideline

Complaints Policy

Incident Reporting and Duty of Candour Policy

Intimate Care

Management of Osteopenia in Children and Young People

Mental Capacity and Deprivation of Liberty Policy

Positive Touch Policy

Safeguarding Children, Young People and Vulnerable Adults Policy

Whistleblowing (public interest disclosure) policy

If you are concerned about the safety of a child, young person or an adult you can contact our Multi-Agency Safeguarding Hub (MASH).



Email Us:

sscb@surreycc.gov.uk

surreysafeguarding.adultsboard@surreycc.gov.uk



Website Address

<https://www.surreyscb.org.uk/>

<http://www.surreysab.org.uk/>

If you are concerned about the safety of a child, you can contact the Multi-Agency Safeguarding Hub on: 0300 470 9100 – Monday to Friday from 9am to 5pm.

Outside of these hours, call on 01483 517898 to speak to the emergency duty team. In an emergency where you are concerned for the child's immediate safety you should call Surrey Police on 999.

The Single Point of Access

Monday to Friday from 9am to 5pm

The Single Point of Access (SPA) responds to initial enquiries about children, young people and adults.

The SPA is based at Guildford Police Station and combines Children's Service social workers, Adult's Service social workers, and health and police staff.

If you have a concern about a child, young person or adult, please contact the Surrey SPA:

- Phone: **0300 470 9100**
- Email: mash@surreycc.gov.uk

Emails are dealt with during normal office hours. Agencies on the Government Connect Secure Extranet can send content up to 'official sensitive' to our secure email addresses:

Appendix 4

SAFEGUARDING VULNERABLE ADULTS RISK ASSESSMENT TOOL

DETAILS OF THE ADULT AT RISK

Name of Adult At Risk			
DoB/ Age:		Gender	
Address:			
Does the adult at risk have Mental Capacity as required to take part in the Safeguarding process?		Yes / No	
If the adults at risk does not have Mental Capacity to take part in the Safeguarding Process, has an IMCA been appointed?		Yes / No	
Has the adult at risk agreed that a safeguarding adult's investigation take place?		Yes / No	
If the person has Capacity but has not agreed, please summarise reasons for their reluctance.		(Include consideration of any perceived benefits to the adult at risk from enduring an abusive situation).	

DETAILS OF OTHER PERSON AT RISK

Are any children or other adults at risk:	Yes / No
The relevant Safeguarding Children / Safeguarding Adults alerts must be raised. Has this been done?	Yes / No

DETAILS OF THE PERSON ALLEGED TO BE CAUSING THE HARM

Name of person alleged to be causing the harm:		
Person alleged to be causing the harm's relationship with the adult at risk:		
Is the person alleged to be causing the harm also an adult at risk?	Details	Yes/No/ Not Known

CONTEXT OF THE ALLEGATIONS OF ABUSE

Context in which the alleged incident(s) took place:	
--	--

Chronology of Events (Please continue on extra sheet if necessary)

--

RISK ASSESSMENT

INDICATOR	ASSESSMENT	RISK LEVEL (None/ Low/ Medium/ High)
1) What kind(s) of harm has been threatened or inflicted? How severe/ serious and are there any children and/or other adults at risk involved:	Detail this for each type of abuse:	
2) Is there evidence to suggest that the abuse is likely to be repeated or escalate?	Assess likelihood that abuse will: a) Continue b) Escalate	

3) Is there evidence to suggest that the abuse was premeditated, accompanied by threats or actual violence or coercion?	Assess likelihood that abuse involved: a) Premeditation b) Threats c) Violence d) Other coercion	
INDICATOR	ASSESSMENT	RISK LEVEL (None/ Low/ Medium/ High)
4) Referring to the chronology, is there a pattern of history for the adult at risk and/or person alleged to be causing the harm:	Describe evidence of patterns of behaviour relevant to abuse concerns:	
5) How long has this particular incident been happening? What is the person's need and what has been carried out so far?	For each category, assess duration:	
6) What has been the impact on the person's independence, health and wellbeing?	Assess severity of impact on the persons: a) Independence b) Health c) General Wellbeing	

7) How much/ what kind of support does the person normally require?	How much/ what kind of support does the person normally require (include reference to carers):	
8) Overall Risk Rating	Considering all of the ratings above, assess the overall risk rating:	

RISK SUMMARY

Please record here overall assessment of risks identified, including the risk to others:
View of the Risk Assessor:
Views of the Adult at Risk:
Views of Carer(s) /others:
Summary of Action:

SIGNATORIES

Name of Worker Completing Assessment:	
Job Title:	
Signature & Date:	
Name of Safeguarding Adults Manager:	
Signature & Date:	



Inter-agency escalation policy and procedure

Resolution of professional disagreements in work relating to safeguarding children

May 2014

Review Date: May 2016

Reviewing Group: SSCB Policy & Procedures Group

Inter-agency escalation policy:

Resolution of professional disagreements in work relating to the safety of children

1. Introduction

Occasionally situations may arise when workers within one agency feel that the decisions made by a worker from another agency, on a child protection case is not a safe decision.

Disagreements could arise in a number of areas, but are most likely to arise around:

- Level of need / Risk assessment
- Role and responsibilities
- Intervention
- Communication
- Information sharing

Problem resolution is an integral part of professional co-operation and joint working to safeguard children. All agencies must work together in the interest of the child and it is recognised that at times there are differences of opinion on how to progress a case

This escalation policy seeks to identify how resolution can be sought where there are differences of opinion.

2. Aim and Objectives

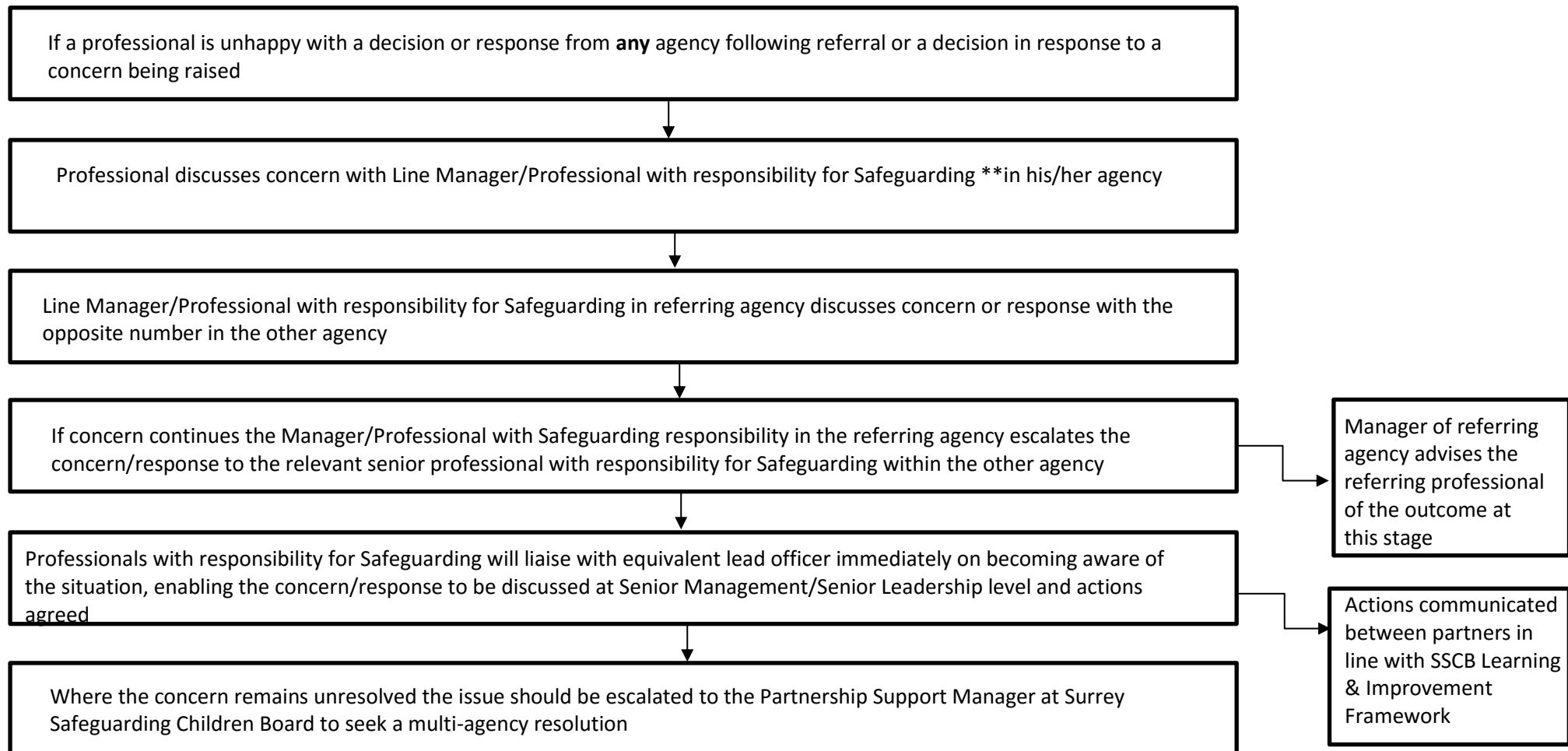
To avoid disputes that:

- detract from the focus on the child
- delay decision making
- resolve difficulties within and between agencies

To identify and anticipate problem areas in working together where there is a lack of clarity and to promote resolution via amendment to protocols and procedures in a timely manner

To ensure that where resolution cannot be found appropriate escalation of concerns ensures that the child is safeguarded

3. Inter-Agency Escalation Procedure for Professionals with Child Protection or Child Welfare Concerns



** The job title and job description of the professional with safeguarding responsibility within an organisation will vary between partner agencies. Individual organisations should ensure that as part of their induction training employees are aware of who to contact to discuss a safeguarding concern or where to seek advice/supervision

At all stages of the Escalation Procedure actions and decisions must be shared in a timely manner with appropriate staff who are directly involved with the service users.

Decisions should be recorded in writing and the referring member of staff should be kept informed of the escalation of their concern. In particular this must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued. All records should be retained on the child's case file / agency database.

Effective working together depends upon:

- An open approach and honest relationships between agencies.
- Resolving disagreements to the satisfaction of workers and agencies
- A belief in genuine partnership working.

Professional disputes are reduced by clarity about roles and responsibilities and airing and sharing problems in networking forums.

The principles of effective dispute resolution are:

- The process of resolution should be as simple as possible.
- Resolution should be sought within the shortest timescale possible to ensure the child is protected. Some disagreements regarding safeguarding decisions will require speedy resolution. In all cases where a professional believes a child to be at imminent risk of harm and another agency disagrees they should refer the case to the Surrey Referral Assessment and Information Service who will provide guidance as to whether a referral should be made. Referrals should be made using the Multi Agency referral Form.
- The aim should always be to resolve difficulties at practitioner level between agencies.

It should be recognised that differences in status and/or experience of individual staff may affect the confidence of some workers capacity to pursue their concerns if unsupported and internal line management process should be in place to address this and to support the escalation of concerns.

Learning from the resolution of disputes:

When the issue is resolved, any general issues should be identified and referred to the agency's representative on the SSCB for consideration by the appropriate SSCB subgroup to inform future learning and to identify the need for possible changes to existing policies and procedures.

It is useful for individuals to debrief following a dispute in order to promote continuing good working relationships and identify possible training needs and to ensure that the employee is satisfied with the outcome.

Please note that this Procedure does not apply to cases where there may be concerns about the behaviour or conduct of another professional that may impact upon a child's safety and well-being. In such cases, reference should be made to the agency's own Whistleblowing Policy or Professional Standards for Conduct. Specific issues of concern relating to an employee's behaviour or actions towards a child or young person should be referred directly to the Local Authority Designated Officer.

Child Protection Conference Dissents

Where professional dissent occurs at a Child Protection Conference (CP Conference), the Independent CP Conference Chair will make a referral to SSCB Child Protection Dissents (CP Dissents) Group for review. CP Dissents Group is a multi-agency audit group which reviews the conference reports, considers the nature of the dissent and evaluates the decision of the Chair.

The group meets on a monthly basis. The audit enables review of the individual agency's contribution to the CP Meeting and the professional decision making. Feedback and recommendations are made to the Chair and dissenting professional this includes the identification of key issues, themes and if appropriate recommends where changes are required to policies and procedures.

Where a dissent is upheld feedback is provided to the dissenting professional on the next steps and the decision making referred back to Surrey Children's Service to investigate. The report and recommendations from this investigation are reviewed by the Head of Safeguarding and actions identified to hold a further Strategy Meeting.

CP Conference Dissents reports into the SSCB Quality Assurance and Evaluation Sub Group as well as the SSCB Operations Group.

Links to other policies and procedures

Related Policies	
Surrey Local Safeguarding Board Procedures link: http://sscb.proceduresonline.com/	
Working Together to Safeguard Children: http://www.workingtogetheronline.co.uk/index.html	2018
Whistleblowing Policy	2016
Intimate Care Policy	2016
Positive Touch Policy	2018
Safer Recruitment Policy & Procedures	2018
Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document	2016
Keeping children safe in education Statutory guidance for schools and colleges September	2018
Modern Slavery Act 2015	2015
Human Rights Act 1998	1998
Care Act	2014
Contest (the United Kingdom Strategy for Countering Terrorism	2018
Criminal Exploitation of Children and Vulnerable Adults: County Lines	2018

Version Control Schedule Safeguarding Policy and Procedure

Version Number	Issue Date	Revisions from previous issue	Lead
16	Nov 2015	Flow diagram amended following feedback from SSCB and staff. Responsibilities of safeguarding team added	Director of Clinical Services
17	Sept 2016	Information added to demonstrate how safeguarding processes are scrutinised across The Children's Trust. Training matrix updated	Director of Clinical Services
18	Jan 2017	Information added in relation to staff behaviour, disability, section 11 and audit. Overview of The Children's Trust and how information on safeguarding is shared. Multi-Agency Safeguarding Hub (MASH) contact details added.	Director of Clinical Services
19	June 2017	Information added in relation to appropriate physical contact, section 6	
20	June 2018	Surrey Inter-agency escalation policy & procedure added.	Social Work Lead

21	Dec 2018	Information added Vulnerable Adults, Prevent, GFM, Sexual exploitation, County Lines, Modern Slavery and mobile phone use. Amendment to training guidelines	Director of Clinical Services
----	----------	---	-------------------------------