Safeguarding Children and Adults Policy

Mandatory Read

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2 Purpose and Objectives

The purpose of this policy is to set out The Children's Trust's commitment and statutory duty to safeguard and promote the welfare of all children and young people, and to protect adults with care and support needs from abuse, neglect, and exploitation.

It aims to ensure that everyone involved with the Trust including staff, volunteers, and contractors across all settings and services understands their responsibility to create safe environments, prevent harm, respond effectively to concerns, and work in partnership to uphold the law and safeguarding principles outlined in the Children Act 1989, Children Act 2004, Act 2014, Working Together to Safeguard Children, Keeping Children Safe in Education 2025, and Care and Support Statutory Guidance. It is essential that we also meet the regulatory requirements set out by both Ofsted and the CQC to ensure compliance and uphold best practice.

This policy should be used in conjunction with The Children's Trust's School Child Protection and Safeguarding Procedure and Standard Operating Procedure.

The objectives of the policy and this procedure are to:

- Ensure all children, young people and adults (CYP) with care and support needs are protected from abuse, neglect, exploitation and harm.
- Embed safeguarding as a core responsibility across all services and roles and provide necessary training supervision and support that is appropriate to staffing level and supports best practice noted in the intercollegiate guidance document
- Foster an environment where individuals feel safe, able to speak, be heard and respected.
- Ensure all safeguarding concerns are documented, investigated, and reported in line with legal requirements.
- Align safeguarding practices with statutory duties.
- To work in partnership with families and multiagency partners to achieve the best outcomes for children and young people.

Relevant laws, regulations and best practice guides include but are not limited to:

- Safeguarding children and young people: roles and competencies framework 2025
- Keeping Children Safe in Education 2025
- Working Together to Safeguard Children 2023

- Counter-Terrorism and Security Act 2023 (PREVENT duty)
- Health and Social Care Act 2022
- Safeguarding accountability and assurance framework 2022
- Domestic Abuse Act 2021
- Children and Social Work Act 2019
- Mental Capacity Act 2005 (amended 2019)
- Children's Homes (England) Regulations 2015
- Children and Families Act 2014
- Education Act 2011
- Children Acts 1989 & 2004
- Sexual Offences Act 2003

3 Scope

This policy applies to:

- It applies to:
- All staff (clinical and non-clinical), volunteers, contractors, and visitors.
- All settings and services delivered by The Children's Trust.
- Everyone- Safeguarding is everyone's responsibility.

4 Definitions

Unless otherwise stated, the words or expressions contained in this document shall have the following meaning:

TCT/organisation	The Children's Trust
CYP	Children and/or Young People
LADO	Local Authority Designated Officer
DBS	Disclosure and Barring Service
NMC	Nursing and Midwifery Council
RCN	Royal college of nursing
GMC	General Medical Council
NHSE	National health service England
HCPC	Health and Care Professionals Council
NAI	Non-Accidental Injury
ICB	Integrated Care Board
DSL	Designated Safeguarding Lead
EPR	Electronic Patient Record
SOP	Standard Operating Procedure

5 Policy Statement

This section sets out the intent and the guiding principles in relation to safeguarding at The Children's Trust.

4.1 The Children's Trust is committed to safeguarding and promoting the welfare of all children and young people, and to protecting adults with care and support needs from abuse, neglect, and exploitation, in line with statutory duties under the Children Act 1989, Children Act 2004, Care Act 2014, and associated statutory guidance including Working Together to Safeguard Children and Care.

4.2 We will foster safe, responsive, and an inclusive culture where safeguarding is everyone's responsibility, ensuring that all staff, volunteers, and contractors understand their duties, can recognise risks and act promptly to protect children, young people and adults at risk from harm.

4.3 We will work in partnerships with children, young people, adults, families, carers and multi-agency partners to prevent harm, respond effectively to concerns, uphold the rights and voices of those we support, and continuously improve safeguarding practice across all settings and services of the Trust.

5 Stakeholder Consultation

Appendix 6 details the stakeholders who were consulted in the development of this policy and SOP.

6 Related Policies and Procedures

The following policies and procedures stated below support the effective application of this policy and SOP:

- Mental Capacity Act, Best Interest and Deprivation of Liberty Safeguards Policy
- Supervision Guidelines
- School child protection safeguarding procedure and SOP
- Safer Recruitment Policy and SOP
- Managing Safeguarding Allegations Against People that Work or Volunteer with Children Policy and SOP
- Child Death Policy
- Whistleblowing Policy
- Policy and Procedure for Record Keeping in Children's Records
- Sudden Unexpected Child Death Policy

7 External References and Guidance

The following external resources and guidance were consulted in drafting this policy and SOP:

- Safeguarding children and young people: roles and competencies framework 2025, available online at https://www.rcn.org.uk/Professional-Development/publications/pub-007366
- CQC 2016 *Not seen, not heard* available online: https://www.cqc.org.uk/sites/default/files/20160707_not_seen_not_heard_report.pdf
- Data Protection Act 2018 available online:

http://www.legislation.gov.uk/ukpga/2018/12/contents
- Working Together to Safeguard Children 2023 available online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf
- Department for Education Analysis of Serious Case reviews 2011-2014 available online: https://www.gov.uk/government/publications/analysis-of-serious-case-reviews-2011-to-2014
- Domestic Abuse Act 2021 (legislation.gov.uk)
- Female Genital Mutilation fact sheet from the World Health Organisation available online: https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation
- Human Rights Act 1998 available online: http://www.legislation.gov.uk/ukpga/1998/42/contents
- Laming 2009 The Protection of Children in England: A Progress Report available online: http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/HC-330.pdf
- Munro, E 2012 Progress Report Moving Towards a Child Centred System Department for Education, London
- Royal College of Paediatrics and Child Health and the Association of Police Surgeons (2002) Guidance On Paediatric Forensic Examinations In Relation To Possible Child Sexual Abuse
- Royal College of Paediatrics and Child Health 2017 Child Protection Companion available online: https://pcouk.org/companion
- Royal College of Paediatrics and Child Health 2018 Intercollegiate Document: Safeguarding Children and Young People, roles and responsibilities available online: https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies
- Sexual Offences Act 2003 available online: https://www.legislation.gov.uk/ukpga/2003/42/contents
- The Children Act 2004 available online: http://www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1

School Standard Operating Procedure (SOP) - can be found separately on The Loop

Clinical Standard Operating Procedures (SOP)

1 Roles and responsibilities

The **Board of Trustees** is **responsible** for ensuring that safeguarding is embedded across all aspects of The Children's Trust. The Board will seek assurance through bi-monthly safeguarding assurance reports in line with governance structures. The Quality and Patient Safety Meeting reports to the Quality and Safeguarding Committee. The Board will also receive an annual safeguarding report.

The Board is responsible for:

- Promoting a culture where safeguarding is everyone's business, where children, young people and adults at risk are protected from harm.
- Promoting a culture of openness, transparency, and accountability, ensuring safeguarding concerns are acted upon promptly and effectively
- Ensure robust whistle blowing process and FTSU and escalation processes are in place and accessible to all staff.
- Identifying a Board Member and executive with explicit oversight of safeguarding arrangements.

The **Executive Team has overall responsible** for safeguarding, ensuring that robust policies, procedures, and a culture of vigilance / clinical curiosity are in place to protect children, young people and adults across the organisation.

- The Chief Executive Officer holds overall responsibility for safeguarding across The Children's Trust.
- The Director of Nursing and Care is the Executive Lead for Safeguarding (Designated Safeguarding Lead) and is accountable and responsible for ensuring that the organisation maintains the highest standards or practice, and compliance with safeguarding children, young people and adults.
- The Medical Director is responsible for ensuring that all medical care is safe, compliant and responsive to the needs and protection of children, young people and vulnerable adults.
- The Director of Resources is responsible for safer recruitment and employment practices and adheres to regulatory standard of Ofsted / CQC

The **Leadership Team** consists of those in managerial roles such as Heads of Departments, House Managers, and deputies across all the MDT. They are responsible for ensuring the safety and wellbeing of children and young people are at the heart of all care provided across The Children's Trust.

Staff in Managerial and Leadership roles are responsible for:

- Ensuring staff attend relevant safeguarding training at the correct level to their role.
- Ensuring staff are aware of the safeguarding procedures and escalation pathway and support staff.
- Liaising with the safeguarding team in relation to the management of safeguarding concerns and ongoing safeguarding cases.

The **Safeguarding Team** is responsible for implementing safeguarding policies and providing expert specialist safeguarding advice across the organisation.

The Safeguarding Team is responsible for:

- Providing expert operational and strategic safeguarding advice, in line with local and national policy, statutory regulations and best practice.
- The development, implementation and monitoring of Assurance that safeguarding policies are followed and support best practice
- Ensuring safeguarding training is part of the overall Training Needs Analysis
- Overseeing safeguarding quality assurance processes, conducting audits and ensuring learning from safeguarding investigations is embedded into practice.
- Working collaboratively with relevant stakeholders, including local authorities in the delivery of care for vulnerable children, young people and adults.
- Providing safeguarding supervision and support to staff across the organisation.
- Identifying and managing safeguarding risks, ensuring statutory responsibilities are met.
- The Safeguarding Lead / Named Nurse is responsible for monitoring the compliance with section 11 of the Children Act 2004 and the NHS safeguarding and assurance framework.

All **Clinical Staff/Child Facing Staff** play a crucial role in safeguarding by identifying, responding to and reporting any concerns about the safety and wellbeing of children, young people and adults, ensuring that protective measures are followed in line with the organisation's policies and statutory requirements.

Clinical Staff are responsible for:

- Completing Safeguarding Training at the appropriate level to their role, see section 2.18 on training for further information.
- Being aware of the Organisation's policy and procedure for recognising and responding to signs of abuse and safeguarding concerns.
- Understanding the unique vulnerabilities specifically relating to the children, young people and adults who receive care at The Children's Trust.
- Acting in accordance with this policy and follow escalation procedures.
- Understanding the importance of clear and accurate documentation when recording safeguarding concerns and actions to ensure accountability and effective protection of children and young people

All **Non-Clinical Staff** (including volunteers), have responsibility to remain vigilant and follow safeguarding policies and procedures, and to report any concerns to the designated safeguarding team.

Non-Clinical Staff are responsible for:

- Completing Safeguarding Training at the appropriate level to their role, see section 2.18 on training for further information.
- Acting in accordance with this policy and follow escalation procedures.

- Being aware of the Organisation's policy and procedure for recognising and responding to signs of abuse and safeguarding concerns.
- Being aware of the escalation process for reporting safeguarding concerns.

2 Safeguarding Practice and Procedures

This section outlines the practical measures and procedural framework that underpin The Children's Trust's commitment to safeguarding children and adults at risk. It provides clear guidance on recognising signs of abuse, responding to concerns, and fulfilling legal and ethical responsibilities. These procedures ensure that all staff, volunteers, and partners understand their roles in creating a safe, supportive environment and know how to act decisively and appropriately when safeguarding issues arise.

2.1 Types and Indicators of Abuse

Understanding the various forms of abuse and their associated indicators is essential for safeguarding children and adults at risk. This section outlines the key categories of abuse across statutory guidance and organisational policy, providing staff with the knowledge to identify, respond to and escalate concerns appropriately. Early recognition and intervention are critical to preventing harm and ensuring the safety and wellbeing of those in our care.

Type of Abuse	Definition (examples of)	Indicators
Physical Abuse	Hitting, shaking, burning, slapping, poisoning, suffocating, fabricated or induced illness, pushing, assault, inappropriate assault, inappropriate use of medication.	Unexplained injuries, bruises in unusual places, delay in seeking help, sentinel injuries.
Emotional / Psychological Abuse	Belittling, bullying, unmet emotional needs, exposure to domestic abuse, threats, humiliation, intimidation, isolation, verbal abuse, coercion.	Withdrawn behaviour, low self-esteem and worth, anxiety, regression, fearfulness.
Sexual Abuse	Physical contact of a sexual nature, non-contact abuse of a sexual nature, grooming, exploitation via technology, rape, sexual assault, sexual acts without consent.	Inappropriate sexual behaviour, sexually transmitted diseases, secrecy, distress, withdrawn, change in emotions and behaviour.
Neglect	Failure to meet basic needs (food, hygiene, supervision, medical care). Ignoring care needs, withholding necessities (medication, nutrition, clothing etc).	Malnutrition, poor hygiene, developmental delays, dirty clothing.
Self-Neglect (Adults only)	Failure to care for personal hygiene, health, or surroundings.	Refusal of care, poor personal hygiene and self-care, malnutrition.
Financial or material abuse (Adults only)	Theft, fraud, exploitation, misuse of property or benefits, CYP pocket money.	Unexplained financial changes, missing possessions, coercion.
Organisational abuse (Adults only)	Poor care practices in institutions (e.g. hospitals, care homes).	Ill treatment, lack of dignity, unsafe practices, neglect.

Domestic Abuse	Exposure to domestic violence is considered abuse in its own right. Physical, emotional, sexual, financial abuse by family.	Anxiety, withdrawal, injuries, isolation, fear, controlling behaviour.
Fabricated or Induced Illness	Carer exaggerates or induces symptoms in a child.	Inconsistent findings. Symptoms only with parent, excessive investigations.
Female Genital Mutilation (FGM)	Procedures that involve partial or total removal of, or injury to the female genitalia or organs for non-medical reasons.	Withdrawn, pain, embarrassment, infections, toileting difficulties, low self-esteem.
Online Abuse / Cyberbullying	Abuse via digital platforms	Grooming, sexting, radicalisation, secrecy, emotional distress.
Radicalisation / Extremism (PREVENT)	Being drawn into terrorism or extremist ideologies.	Behavioural changes, extremist language, secrecy online.
Modern Slavery / Human Trafficking	Exploitation through forced labour, servitude.	Fearfulness, lack of freedom, poor living conditions, coercion.
Child Sexual Exploitation (CSE)	Sexual abuse involving exchanges (e.g. gifts, affection).	Sexual transmitted diseases, emotional and behavioural changes, distress, withdrawal.
Honour based abuse / Forced Marriage	Abuse justified by cultural or religious beliefs.	Isolation, sudden withdrawal from education, secrecy, distress.
Child Criminal Exploitation	Coercion into criminal activity.	Unexplained money, aggression, drug use, behavioural changes.
Medication Mismanagement	Errors or deliberate misuse of medication.	Wrong medication, omissions, harm through misuse.

2.2 The 'Think Family' Approach

At The Children's Trust, we recognise that children's lives are inseparable from their families and wider networks. The 'Think Family' approach ensures all practitioners consider the wider family context.

A whole-family approach ensures that services work collaboratively to support both children and adults, offering coordinated interventions and building on family strengths. However, adult-focused interventions should never replace specialist child safeguarding responses when harm is suspected or known.

The **voice** of the child/young person is central to safeguarding practice at The Children's Trust. Understanding a child's or young person's **lived experience**—how they feel, what they think, and how their daily life is impacted, enables professionals to make informed, child-centred decisions.

The key principles of this approach are:

- Actively listen to and record the child's views, even if they are non-verbal or communicate differently.
- Consider the experience of the unborn child, particularly in high-risk environments.
- Reflect the child's voice in all clinical and safeguarding decisions.
- Adapt communication methods to suit the child's needs and abilities.

The Children's Trust recognises the impact **Adverse Childhood Experiences (ACE's)** can have on a child's development and long-term outcomes. An Adverse Childhood Experience is described as a traumatic or stressful event, such as:

- Parental Mental health
- Domestic Abuse
- Drug and Alcohol Misuse
- Poverty and Social Isolation

See **Appendix 1 for a Poster on The Lived Experience of the Child.**

2.3 Contextual Safeguarding

The Children's Trust adopts the principles of **Contextual Safeguarding** to acknowledge that children and young people may be at risk of harm in environments outside of the home. Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

2.4 Safeguarding Children with Disabilities

Any child with a disability is, by definition, a 'child in need' under section 17 of the Children Act. Children with disabilities can be particularly vulnerable to abuse. Staff should ensure that due consideration is given to any potential abuse situations involving a disabled child, bearing in mind such issues as communication difficulties, behaviour and mobility.

Staff working with disabled children aged 16+ must be aware of their responsibilities under the Mental Capacity Act 2005 to ensure decisions are made in the child's best interest when capacity is impaired. Communication challenges with children and young people should not deter staff from engaging directly with the child/young person and, when appropriate, seeking to understand their views and wishes.

2.5 Looked After Children

A child may become a 'Looked After Child' in several ways, though at The Children's Trust we most commonly see two main routes:

- **Section 20 Accommodation (Children Act 1989):** This applies when parents voluntarily agree for their child to be looked after by the local authority. In these cases, parents retain full parental responsibility and can request their child's return from the accommodation provider at any time.
- **Care Orders (Children Act (1989):** A child may also become looked after under and **Interim Care Order (section 38)** or a **Full Care Order (section 31)**. Under either order, parental responsibility is shared between the parents and the local authority, though the local authority typically holds primary responsibility to ensure decision are made in the child's best interests.

Children who are looked after may be referred to using different terms such as 'Looked after Children (LAC)', 'Children Looked After (CLA)', 'Children In Care (CIC)', or Children in Our Care (CiOC)'. It is important to be mindful of this terminology, as language can vary between local authorities and can influence how a child is perceived.

Young people cease to be 'Look After' at the age of 18, though some of our young adults may be eligible for leaving care support from Children's Social Care due to their previous looked after status. This varies from one local authority to another and is largely dependent upon whether post-18 services are funded by Social Care or Health.

When a child who is Looked After is placed at The Children's Trust by a local authority other than Surrey, The Children's Trust has a duty to notify Surrey Social Care. They should also be notified if that child leaves our care.

The completion of a looked-after child health assessment is a shared responsibility between the local authority, the provider and the commissioning body (ICB/NHS). The local authority is responsible for initiating it and ensuring it happens, The ICB is responsible for providing a health professional to conduct the assessment and the provider (TCT) are required to facilitate and to be involved in the assessment.

Local Authority Social Workers

All looked after children are eligible to have a named allocated social worker in the local authority of origin. It is their responsibility to visit the child/young person usually every 6 weeks and to seek to establish a relationship with them and represent their views. Regardless of legal status, The Children's Trust will inform the social worker of significant events relation to the child they have placed with us. This is particularly true of potential safeguarding concerns and overnight periods that the young person is spending away from our care, e.g. time spent in hospital, on holiday or at parental home. These requirements are described in the Placement Plan that the social worker develops at time of admission (see section on Placement Planning). The social worker also bears a responsibility to promote family contact where this is in a child's best interests. The local authority social worker will also prepare reports for regular Child Care Reviews and update the child's Care Plan to reflect current planning.

Independent Reviewing Officers:

The Children Act,1989 states that all children who are looked after must be appointed an Independent Reviewing Officer (IRO). IROs have two key elements to their role.

Firstly, they chair and lead children's Looked After Child Review meetings. Secondly, they independently monitor and oversee children's journeys within the Looked After Child system and ensure that a child's local authority care plan is being actioned and progressed in a timely and effective manner. They have an overarching responsibility to escalate any concerns or issues with the local authority and partner agencies.

IROs are expected to meet regularly with children and gather their views and feelings. IROs are welcome visitors at The Children's Trust, and we encourage their participation in the child's journey as a looked after child. IROs may visit the child on the day of the review meeting, or at times in between reviews.

Local Authority Care Plan

When a child becomes looked after, their Care Plan is developed by and is the responsibility of the local authority. Care Plans will be influenced by guidance from court when a child is subject to court proceedings. Children who are made subject to full Care Orders and no longer in active court

proceedings, will still have Care Plans, which are reviewed and updated regularly; they are working documents that follow a child through their childhood, for as long as they are looked after.

Care Plans must include information around:

- The long-term plan for that child's upbringing and plans to help the child achieve permanence
- How a child's holistic developmental needs will be met (this includes their needs in relation to health, education and training, emotional and behavioural development, identity, family & social relationships, social presentation, and self-care skills).
- Placement planning
- The details of the child's Independent Reviewing Officer, and social worker
- The views, wishes and feelings of the child, their parents, anyone else who has parental responsibility for that child, and anyone else who is close to or important to the child if relevant.

Looked After Child Reviews

All children in care have regular Looked After Child Reviews and their purpose is to bring together the whole network around the child (including the child themselves where appropriate) to review their local authority care plan, to discuss the child's progress and development, and to make plans for their future. Timings of reviews are within 4 weeks of admission, after a further 3 months and thereafter reviews are held 6-monthly.

These meetings are organised by the local authority and chaired by the child's Independent Reviewing Officer. The Children's Trust Placements Team will coordinate key people to attend as well as collating key documents and reports and sending them to the local authority. Key staff will be required to attend a child's LAC review, noting any actions delegated to them. The Local Authority will distribute the meeting minutes and actions within one month of the review, if these are not received, the placements manager will escalate to the Local Authority Team Manager. Documents must be saved in the child's Electronic Records under Statutory Documents – LAC.

See **Appendix 2 for Flowchart for Looked After Children's Reviews.**

Personal Education Plan

The local authority's legal duty to safeguard and promote the welfare of all looked after children includes a responsibility to promote a child's educational achievements and progress. A child's Personal Education Plan (PEP) is a statutory requirement and an integral part of a child's Care Plan. The PEP outlines what a child needs to be able to fulfil their educational potential and should fully reflect the holistic educational needs of the child. PEPs are supported and overseen by the local authority's Virtual School who are responsible for supporting the education of all looked after children within that local authority and providing additional resources where possible.

PEP documents should be seen as live and ever-changing documents which adapt to the needs of the child at the point of each review. They should provide a record of the child's progress and achievements, highlight the child's strengths and abilities whilst also identifying any additional needs that a child may need support with, set clear goals for the child's educational attainment and ensure that all involved agencies and professionals are included in planning for the child's education. These meetings are typically attended by the child/young person, the local authority social worker, the Designated Teacher at the child's school, the parent/s and/or foster carer/s, house manager or key-staff from the residential house, and sometimes the Virtual School. The PEP should be reviewed every school term.

Statutory visits

All looked after children must be visited regularly by their local authority social worker. This is to ensure that their social worker has an up-to-date insight into that child's lived experience, that the child has an opportunity to share any worries or concerns with their social worker regularly, and that the child's wishes and feelings remain central to all care planning. This is a fundamental part of the local authority's duty to safeguard and promote the wellbeing of all looked after children.

The frequency of statutory visits from a social worker varies between local Authorities and according to the length of time the child has been in care. However, typically this is between every 4-8 weeks. Once a child's placement has been confirmed as their permanent place of residence (meaning that their placement is expected to last until age 18), some statutory visits reduce to once every three months. If necessary, local authority social workers should visit the child whenever reasonably requested by the child or The Children's Trust.

Short Breaks

Another service provided by The Children's Trust is our short breaks service. A 'short break', previously referred to as respite care, is a service that we provide for children and young people aged 5-18. This service aims to:

- Provide opportunities for children and young people with disabilities to have enjoyable social experiences
- Provide a respite break for parent/s and carer/s
- Provide a valuable break for children and young people away from their parent/s or carer/s
- Enhance the social development of the child or young person and reduce their experience of social isolation

The children and young people accessing short breaks services at The Children's Trust may be under the following legal framework or arrangement:

- Looked After Child (s20 or s31)
- Child in Need (s17)
- Child Protection
- Continuing Care Package

Independent Visitors

The Children Act 1989 has made provision for looked after children to have the chance of a relationship with trained adult volunteers, called an Independent Visitor. Offering access to an Independent Visitor is a statutory duty and at their 6-monthly reviews all looked after children should be invited to consider having one.

Having an Independent Visitor offers looked after children the benefit of having a 1:1 relationship with an adult who is not paid to care about them, yet who shows that they want to be connected to the child.

A local authority should consider appointing an Independent Visitor if the child has infrequent communication with their parent; or the child has not been visited or lived with a 'parent' for the preceding 12 months. The local authority should consider Independent Visitors for children who are placed at a distance from home, unable to go out independently or experience difficulties in communication and building positive relationships; at risk of forming inappropriate relationships;

placed in a residential setting and may benefit from a more individualised setting, if an Independent Visitor would promote the child's health and education.

The Independent Visitor has a duty to be in regular contact with the child in order to befriend the child; give advice and assistance as appropriate with the aim of promoting the child's development and social, emotional, educational, religious and cultural needs; encourage the child to exercise their rights and participate in decisions which will affect them; support the care plan for the child; complement the activities of the carers: encourage the child to participate in decision-making.

Advocacy

The rights of looked after children to have a say in decisions about their lives is enshrined in the United Nations Convention on the Rights of the Child and in the Children Act 1989. Before making any decision with respect to a child who the local authority is looking after or proposing to look after, the authority must ascertain the wishes and feelings of the child. Where children have difficulty in expressing their wishes or feelings about any decisions made about them, consideration must be given to securing the support of an advocate.

Appointment of an advocate for a Looked After child is necessary where a child wishes to be represented at a meeting (for example a Looked After Review) or assisted in making a complaint or bringing a matter to the attention of the care provider, the local authority or the Regulatory Authority.

Information must be provided to all Looked After Children about how they can gain access to a suitably skilled Independent Advocate

Consideration needs to be given to the needs of disabled children, very young children, children placed out of the local authority area and those with complex communication needs who need the support of an advocate.

An advocate's key objective is to promote children and young people's central involvement in decisions affecting their lives. The nature of support advocacy provides varies considerably, as it is dependent upon each local authority's commissioning arrangements.

Regulation 44 Visitor

The Children's Homes (England) Regulations 2015 states all children's home providers have a duty to appoint an independent person, the Regulation 44 Visitor, to visit and report on the children's home. Their role includes speaking with the looked after child, their parent/s or carer/s (if appropriate) and staff working within the children's home. They also inspect the premises of the home and the record-keeping and care-planning for any young people, as required. These visits may be announced or unannounced and must occur at least once a month. Following on from their visit, the Regulation 44 Visitor will produce a report about their visit setting out whether, in their independent opinion, our children are safeguarded effectively and whether our conduct as a registered children's home promotes our children and young people's wellbeing. The report may also include recommendations, which we must consider and act on as appropriate. This report is also shared with Ofsted, the placing authority of the children/young people, the registered provider (The Children's Trust) and, if requested, the local authority for the area in which the home is located (Surrey County Council).

The Reg 44 Visitor process supports our duty to protect and safeguard the looked after children in our care and should be seen as an opportunity to be transparent and reflective, as well as promote the work that we aim to do with our children, young people and adults.

2.6 Young Carers

A young carer is a child/young person under 18 who provides regular care or support to a family member with a physical illness, mental health need, or disability, including substance misuse. Siblings and other family members under the age of 18 may be involved in providing care or support to the child/young person who is receiving care here at The Children's Trust. The Children's Trust acknowledges that safeguarding extends to family members, such as young carers.

Where staff identify a young carer, referrals should be made to the local Young Carers Service, with their consent, and any safeguarding concerns relating to risk or unmet needs should be escalated in line with this policy.

2.7 Reporting and Responding to Concerns

When reporting safeguarding concerns, it is vital to follow a clear and structured process to ensure the safety and wellbeing of those at risk.
The safeguarding referral pathway can be remembered using the acronym **CARE: Concern, Alert, Review and Execute**.
The process beings with when a **Concern is identified**, such as noticing signs of abuse, neglect, ore receiving a disclosure.
The next step is to **Alert and escalate** by informing the Safeguarding Team, Shift Lead, and/or House Manager so the issue can be addressed properly.
Following this, professionals **Review together** through a multi-disciplinary approach, involving medical representatives and senior leadership, to consider the appropriate course of action. Finally, the team must **Execute the agreed action**, which may involve making a referral to the Local Authority, or deciding no referral is required, while carefully considering whether it is safe or appropriate to involve parents or carers. At each stage, accurate documentation is essential to ensure accountability and clarity in safeguarding practice.

See **Appendix 3 for the CARE flowchart on reporting concerns**.

2.8 Safeguarding Adults

When safeguarding adults aged 18 and above in our care, staff must consider capacity under the Mental Capacity Act 2005. Where an individual lacks capacity, decisions must be made in their best interests in line with advocacy requirements under the Care Act 2014. Adults should be actively involved in safeguarding decisions wherever possible, and their voice must be heard. Please refer to the organisations Mental Capacity and Deprivation of Liberty Safeguards (DoLS) Policy for further information and guidance.

2.9 Child Protection Medical Assessments

A Child Protection Medical Assessment (CPMA) is a detailed examination undertaken by an experienced paediatric clinician when there are concerns about actual or potential abuse or neglect, including non-accidental injury (NAI). The Children's Trust does not provide on-site Child Protection Medical Assessments. Instead, all referrals for CP medicals must be directed to Epsom General Hospital, which has the appropriate facilities and trained paediatric staff for such assessments.

A decision to undertake a CPMA will be based on a discussion between the Medical Team, Safeguarding Team and the Child's Young Person's Social worker / Commissioner. The referral must clearly state the rationale, the current condition and risks, and any previous safeguarding history

These assessments are a vital part of the safeguarding process and are used to inform multi-agency decision-making. At The Children's Trust, we work closely with the paediatric services at Epsom and St Helier's NHS Trust, the local authority social care teams, the police and the named Doctor. It is essential that referrals are not delayed when a CPMA is indicated. Guidance on referral procedures can be found via the Surrey Safeguarding Children Partnership or Surrey Council websites. In line with regulatory obligations, serious safeguarding concerns that lead to formal investigations, will be reported to Ofsted, CQC and the local Integrated Care Board (ICB).

2.10 Allegations against staff and LADO reporting

The Children's Trust's Managing Safeguarding Allegations Against Staff Policy provides a clear framework for managing safeguarding allegations made against staff or volunteers. It aims to ensure the safety and wellbeing of children and young people in the organisations care. The policy promotes transparency, accountability and outlines the process for reporting to the Local Authority Designated Officer (LADO), including the criteria of what meets the threshold for reporting. The management of allegations against staff is the responsibility of the Peoples Team.

The role of the Local Authority Designated Officer (LADO) is to manage and oversee allegations against staff who work with children, they ensure that a fair process is carried out and liaise with other agencies such as the police if required, they decide whether an allegation meets the threshold for a formal investigation. Where allegations meet the threshold, the following external bodies should be informed:

- Ofsted
- Care Quality Commission (CQC)
- Disclosure and Barring Service (DBS)
- Professional Regulatory Bodies (NMC, GMC, HCPC)

2.11 Medication Incidents and LADO reporting

Additionally, one of the requirements of The Children's Trust is to report all medication incidents to the LADO. These are not handled in the same way as allegations against staff, the rationale for reporting these incidents is to provide the LADO with oversight and the ability to identify any themes that might arise in medication incidents. The process for reporting medication incidents to the LADO is different to and in addition to the process for managing allegations against staff.

See **Appendix 4 for LADO Medication Incident Reporting Flowchart.**

2.12 Child death process

All deaths for children and young people under 18 years of age are referred to the coroner. The Child Death Overview Panel (CDOP) are the statutory agency responsible for supporting families and ensuring that there is national shared learning around child deaths. The Children's Trust has a statutory obligation to share information held for any child or young person under the age of 18 who dies so they are followed up accordingly. The Children's Trust must notify relevant external bodies such as Ofsted and CQC following the death of a child. The LADO should also be notified if there are any concerns regarding abuse, neglect or professional conduct. Please refer to The Children's Trust's

Sudden Unexpected Child Death Policy for further details on the process following a child or young adult death.

Following the death of an adult with a Learning Disability or Autism diagnosis, the LeDeR process (Learning from Lives and Deaths Review) should be followed.

2.13 Documentation

Effective documentation and record keeping are fundamental to safeguarding practice. It is essential that documentation is accurate, timely and provides a clear information about concerns, decisions and actions taken. Documentation is used to support continuity of care, enable informed decision making and can be vital pieces of evidence used in multi-agency working and legal proceedings. Good record keeping also helps to identify patterns of risk and can help facilitate early intervention.

Records should be completed promptly following any interaction or disclosure involving a child or young person, or their parent/carer. Timely and accurate documentation is essential and all staff at The Children's Trust must adhere to Trust's Policy for *Record Keeping in Children's Records.*

To ensure documentation is clear, accurate and standardised across the organisation, the SBAR approach is recommended as a structured approach to safeguarding record keeping.

SBAR Model

Acronym		Description
S	Situation	What is happening now? - A brief description of the current issues and what the problem is.
B	Background	What has happened in the past that is relevant? - Relevant details about the persons condition, such as their medical history and any relevant tests and treatment.
A	Assessment	What is the issue in your opinion? - Professional judgement of the situation, including any concerns.
R	Recommendation	What do you think needs to happen now? - What would you like the next course of action to be.

2.14 Strategy Meetings / Child Protection Conferences / Child in Need Meeting

Once safeguarding concerns are referred to social care, and the threshold for a strategy meeting is met, The Children's Trust ensure that all relevant health professionals involved in the child/young person's care are available to attend. It is best practice for the Named Nurse for safeguarding/Safeguarding Lead to attend these meetings. The Designated Safeguarding Lead will coordinate internal attendance, ensuring sufficient representation at the meeting.

If the case meets the threshold for a Child Protection Conference, professionals from The Children's Trust involved in the case are expected to attend. Medical representation is expected, and a clear summary of the child's medical history and current concerns are required to support the multi-agency safeguarding process.

If a Child in Need Meeting is convened under section 17 of the Children Act (1989), key professionals are required to attend to identify the most effective services and interventions to meet the child's needs.

All minutes, outcomes and actions from the strategy meetings and child protection conferences must be recorded clearly in the child/young person's Electronic Patient Record (EPR).

2.15 Admissions

When considering a child or young person for admission, any known or suspected safeguarding concerns whether current or historic, must be clearly documented, with information shared in **writing** by the referring agency or placing authority. This includes details such as child protection / child in need status, past or ongoing investigations, and any known risks. The Safeguarding Team should review this before a placement decision is made, ensuring risks are understood and allowing for appropriate safeguarding to be put in place. This process supports compliance with statutory duties under Working Together to Safeguard Children (2023) and meets regulatory expectations from Ofsted and the CQC.

See **Appendix 5 for Safeguarding Admissions Checklist**

2.16 Information Sharing

Sharing of information amongst practitioners working with children and families is essential. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of harm.

Staff should be aware of their responsibilities to comply with the Data Protection Act (2018) and Caldicott Principles when considering sharing information. However, these should not prevent the sharing of information when it would be in the child's best interests, such as when any form of abuse is reasonably suspected.

Parental consent should be sought before sharing information with outside agencies (except in cases of sexual abuse, suspected fabricated illness or if it is deemed to put the child at further risk). However, in the event of non-agreement, then a clinical judgement should be made or whether to proceed and a clear record made of the reasons. Information can be shared without the parents' knowledge / consent but the reason for not informing the parents must be clearly documented.

2.17 Professional Curiosity

Professional curiosity is the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value. Health and social care professionals need to practice 'respectful uncertainty' by applying critical evaluation to any information they receive and maintaining an open mind. In safeguarding the term 'safe uncertainty' is used to describe an approach which is focused on safety but that considers changing information, different perspectives and acknowledges that certainty may not be achievable.

2.18 Safer Recruitment

The Children's Trust's *Safer Recruitment Policy* provides a robust framework that outlines the recruitment process whilst prioritising the safeguarding and welfare of children and young people. It mandates thorough pre-employment checks, including DBS screening, identity verification, employment history, and professional references, in line with statutory guidance. The policy applies to all staff, temporary workers, and volunteers, and ensures that recruitment decisions are made fairly, ethically and without discrimination. This policy supports the organisation's commitment to creating a safe environment for children, young people and vulnerable adults. The policy can be located on The Loop.

2.19 Safeguarding in The Children's Trust School Setting

This policy should be used in conjunction with the *School Child Protection and Safeguarding Standard Operating Procedure* to ensure the safety of the children and young people who attend the school. The Director of Therapies and Education has overall responsibility for sharing information of safeguarding issues within the school with the Director of Nursing and Quality, the Executive Lead for Safeguarding at The Children's Trust. Safeguarding issues are reported and monitored by the Board via the Quality and Patient Safety Meeting and the Quality and Safeguarding Committee. Representatives from the senior leadership team from the school meet regularly with the safeguarding team to share relevant information, review ongoin g concerns, and ensure a coordinated and collaborative approach to safeguarding across the school and TCT.

2.20 Safeguarding Training

Safeguarding training at The Children's Trust is a vital in our commitment to protecting children and young people from harm, it is delivered in alignment with the national guidance set out in the *Intercollegiate Document: Safeguarding Children and Young People – Roles and Competencies for Healthcare Staff.* This framework outlines the required safeguarding competencies for all staff groups, ensuring that training is proportionate to the role, responsibility and level of contact with children and young people. The table below outlines the specific training requirements by role.

Job Role	Training Requirements
All staff including non-clinical managers and staff working in health and care services.	Level 1

Minimum level required for non-clinical and clinical staff who, within their role, have contact (however small) with children and young people, parents/carers or adults who may pose a risk to children. This includes volunteers, staff in retail and fundraising roles, across TCT.	Level 2
All clinical staff working with children, young people and/or their parents/ carers and/or any adult who could pose a risk to children who could potentially contribute to assessing, planning, intervening and/ or evaluating the needs of a child or young person. This includes Retail Shop Managers who are responsible for Duke of Edinburgh students.	Level 3
Named Nurse / Named Doctor	Level 4
Designated Professionals	Level 5
Members of the Board	Dedicated Board level safeguarding training that is specific to their responsibilities. Some members of the board will be required to undertake safeguarding level 3 training depending on their role.

2.21 Safeguarding Supervision

The Children's Trust recognises that safeguarding work is complex and can be distressing for staff involved. To ensure staff receive adequate support and to ensure maximum compliance with procedures, staff are entitled to and need to be able to access safeguarding supervision. Working with families closely can affect professional judgement and this can result in perceived or actual harm to a child or adult at risk being minimised or underestimated.

Safeguarding Supervision is defined by the RCN as:

> *Safeguarding supervision is defined as an accountable process which supports, assures, and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed objectives and outcomes, ultimately enhancing patient/service user protection and safety of care (accessed October 2025)*

Safeguarding Supervision is a critical component of effective practice in children's services, providing a structured space for staff to reflect on complex cases, receive emotional support, and support decision making.

Best practice guidance (*Intercollegiate document, 2018*) recommends that safeguarding supervision should be held regularly. While there is no guidance that stipulates the frequency that safeguarding supervision should take place, it emphasises that supervision must be regular and proportionate to the complexity of the work and the needs of the staff member.

<u>Types of Safeguarding Supervision:</u>

- **Formal –** One-to-One supervision, Peer Supervision, Facilitated Group Safeguarding Supervision.

- **Informal –** These are ad-hoc sessions. Any member of staff can request an ad hoc safeguarding supervision session by contacting the safeguarding team.

Please see The Children's Trust *Supervision Guidelines* for further details about the supervision process, and templates etc.

The safeguarding team are responsible for keeping an up-to-date record of all safeguarding supervision across all staff in the organisation.

Document Change Control

Version	Status	Description (of changes)	Reviewed by	Reviewed/ Issued Date
0.1	Draft			
0.2	Draft			
0.3	Draft			
1.0	Final			

Appendix 1 – Poster: The Lived Experience of the Child

Appendix 2 Flowchart for Looked After Children's Reviews

Rehabilitation and residential services: Local Authority will send the invitation to the LAC review to the Placement Coordinators

Placement coordinators send invitations to key TCT staff including – House Managers and School.

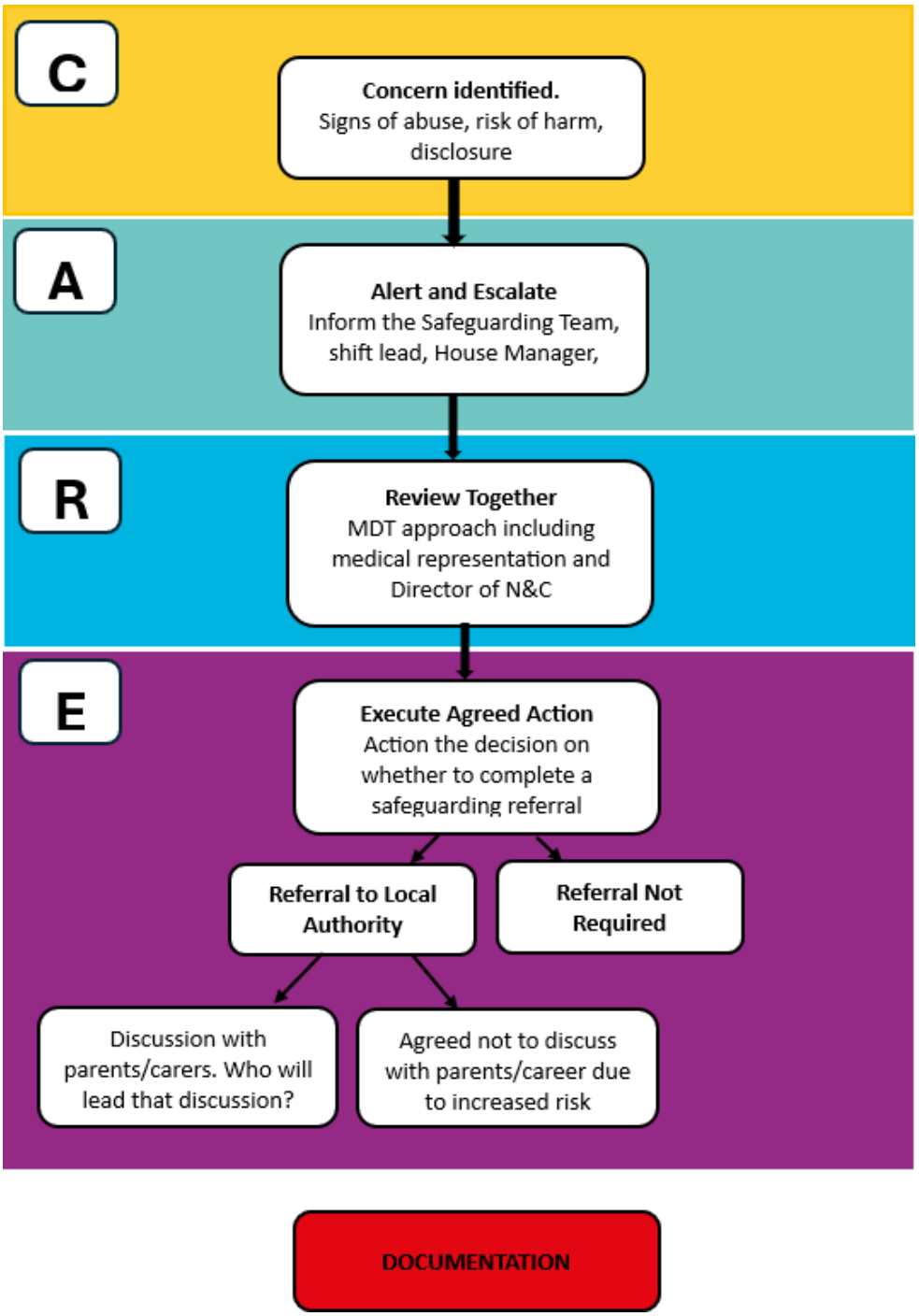
Placement Manager will collate key staff reports from medical, house and therapy 2 weeks prior to the review date. House staff will use the Children's Trust template. There may be additional documentation to complete prior to the review.

Key staff will attend LAC review meeting and note actions.
House Manager or Placement Manager will complete The Children's Trust Action form and will share with key staff within one week of the LAC review.
They will notify all involved staff of the next LAC review date.

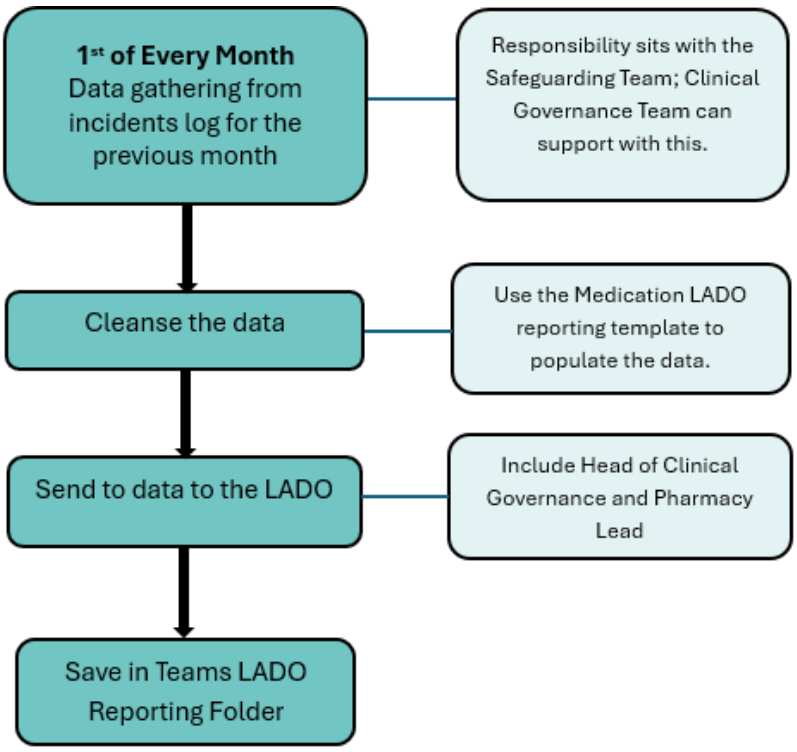
Local Authority will send meeting minutes/social worker report and actions with the updated LAC care plan within one month of the LAC review.
If these are not received within one month of the LAC review the Placements Managers will escalate to the Local Authority and Team Manager. If this is not successful it will be escalated to the Service Manager.
Documents will be saved by Placement Coordinators on the child's Electronic Record under Statutory Documents – LAC.

Appendix 3 – CARE Flowchart for Reporting Concerns

The safeguarding referral process can be remembered using the acronym 'CARE', which outlines the four key stages: Concern, Alert, Review and Execute.



Appendix 4 – LADO Medication Incident Reporting Flowchart



Medication Incidents required reporting to the LADO:

- Incidents involving Controlled Drugs
- Incidents involving expired drugs
- Overdose of medication (not including over the counter medication unless there is harm)
- Missed Medication (outside the expected window and where missing the medication is harmful or likely to cause harm
- Neglect relating to missed feed or failure to feed outside the expected window).
- Any drug related matter that has caused harm or the likelihood of harm.

Appendix 5 – Safeguarding Admissions Checklist (3 pages)

Date checklist commenced:	
Name of CYP:	
Admission Date:	
Person completing checklist:	
Date Checklist completed:	

Section	Safeguarding Requirement	Comments / Notes	Date completed
	Parental responsibility & legal status confirmed (PR, care order, SGO etc.)		
	Social care involvement: (Child Protection Plan, Child In Need Plan, Looked After Child) Allocated Social Worker		
	Safeguarding concerns or incidents (Past and current)		
	Verbal confirmation of safeguarding concerns received.		
	Written confirmation of safeguarding concerns received.		

Section	Safeguarding Requirement	Comments / Notes	Date completed
Health & Risk	Full Medical History including reason for admission.		
	Risks: Self-harm, suicide ideation, aggression, violence, challenging behaviours etc.		

	Disabilities and communication needs / adjustments		

Section	Safeguarding Requirement	Comments / Notes	Date completed
Family and Home Background	Parental responsibility		
	Family (Siblings and extended family)		
	Restrictions (Court orders etc)		

Section	Safeguarding Requirement	Comments / Notes	Date completed
Education & Social	Current School / College		
	SEN / EHCP details		
	Challenges and any issues of concern		

Section	Safeguarding Requirement	Comments / Notes	Date completed
Consent & Information Sharing	Parental / Carer Consent for treatment at The Children's Trust		
	Consent for Information Sharing		
	Confidentiality explained and documented		

Section	Safeguarding Requirement	Comments / Notes	Date completed
Multi-agency contacts	Health Visitor / School Nurse / CAMHS		
	Police / YOS involvement		
	Voluntary or other agency support		

Section	Safeguarding Requirement	Comments / Notes	Date completed
Safeguarding in admission	Safeguarding information documented and recorded appropriately on EPR		
	Verbal and written handover to safeguarding team		
	Risk assessment on admission completed		
	Care Plan includes necessary safeguarding needs		
	CYP induction on how to raise concerns		
	Safeguarding review in MDT meeting		

Signature of staff member completing:	
Job Title:	

Appendix 6 – Stakeholder Engagement Checklist

Review and complete the following checklist to indicate which stakeholders were consulted in the development of this policy.

#	Question	Yes/ No	Stakeholder(s) to be consulted
1	Is there a statutory requirement to have in place this particular policy/ does the policy need to comply with detailed legislation?		Audit, Risk and Governance team
2	Is implementation of the policy (or any element of it) dependent on the use of new or existing information technology?		Head of IT
3	Does implementation of the policy (or any element of it) place any demands on/ or affect the activities of the Estates and Facilities teams (e.g. does it impact the provision or maintenance of premises, equipment, vehicles or other TCT assets)?		Head of Estates
4	Does implementation of the policy or any element of it involve/ impact the processing of personal data?		Data Protection Officer
5	Does implementation of the policy require significant unbudgeted operational or capital expenditure?		Finance Director
6	Does implementation of the policy (or any element of it) directly or indirectly impact on the delivery of services / activities in other areas of the organisation? E.g. a policy written by a clinical lead in CF&S might impact on the delivery of care for CYP attending the School.		Relevant, impacted OLT members
7	Is there a need to consider Health and Safety or potential environmental impacts in developing and implementing the policy?		Health and Safety Manager
8	Have you consulted with a representative of those who will be directly impacted by the policy?		
9	Is there a need to consider Equity, Diversity and Inclusion in developing and implementing the policy?		EDI Lead
10	Is there a need to consider sustainability and potential environmental impacts in developing and implementing the policy?		Lead for Responsible Organisation
11	Please detail any other stakeholder groups consulted, if applicable.		