Safeguarding Children

Policy

East Coast Community Healthcare CIC

Author: Ali Jennings / Zoe Lewis
Issued: December 2017
Review Date: December 2022

DOCUMENT CONTROL SHEET

Name of Document:	**Safeguarding Children Policy**
Description of document	This policy sets out to establish a system which in conjunction with Norfolk and Suffolk Multi-Agency Safeguarding Children's Procedures and will enable prevention as well as provide a clear process for recognising, and responding to incidents of adult abuse and/or neglect.
Version:	**19**
Date of this version:	**December 2019**
Produced by:	**Safeguarding Team: East Coast Community Healthcare CIC**
Reviewed by:	**Virtual Policy Review Group**
Associated Documents	Suffolk Safeguarding Children's Board Policies, Procedures and Guidance Norfolk Safeguarding Children's Board Procedures manual Norfolk Multi Agency Safeguarding Adults Procedures ECCH Mandatory Training Policy ECCH Record Keeping Standards ECCH Incident Management Policy ECCH Consent Policy ECCH PREVENT Policy ECCH Chaperone Policy ECCH Sanctioned Visitors Policy ECCH Domestic Abuse Policy ECCH FGM Policy ECCH Escalation Policy ECCH Whistle Blowing Policy
CQC Regulation	Regulation: 9, 10, 11, 12, 13, 17, 20
Synopsis and Outcomes of Consultation Undertaken:	
Synopsis and Outcomes of Equality & Diversity Impact Assessment	**No adverse impact**
Ratified by (committee):	**Integrated Governance Committee**
Date ratified:	**August 2016**
Distribute to:	**All ECCH staff, NHS Great Yarmouth & Waveney Clinical Commissioning Group and stakeholders**
Date due for review:	**December 2022 or earlier in light of new legislation or guidance**
Enquiries to:	**Named Nurse Safeguarding** **Deputy Named Nurse Safeguarding**

EQUALITY AND DIVERSITY IMPACT ASSESSMENT

For guidance on completion of this tool please refer to "*Equality and Diversity: Impact Assessment Framework – a guide for staff*" which can be found on ECCHO (nww.harbourlight.nhs.uk).

Impact Assessments must be conducted for:

- ❑ All trust policies, procedures, protocols and guidelines (clinical and non-clinical)
- ❑ Service developments
- ❑ Estates and facilities developments

NAME OF POLICY / PROCEDURE / SERVICE	**SAFEGUARDING CHILDREN POLICY**
Manager Leading the Assessment	A. Jennings
Date of Assessment	27TH August 2014

STAGE ONE – INITIAL ASSESSMENT

Q1. IS THIS A NEW OR EXISTING POLICY / PROCEDURE / SERVICE?

☐ NEW

X EXISTING

Q2. Who is the policy / procedure / service aimed at?

☐ Patients

X Staff

☐ Visitors

Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?

☐ Yes

X No

VERSION CONTROL

November 2019	2	Ali Jennings	New contact numbers added for Professional consultations to social care. Deputy Named Nurse Safeguarding Children removed to Deputy Named Nurse Safeguarding. Safeguarding Children Information Leaflet removed Safeguarding Flow chart removed due to different process described within policy Training Needs removed – information on ECCHO

Contents

INTRODUCTION

The aim is to outline principles and practice that are underpinned by legislation and both Suffolk and Norfolk LSCBs' interagency protocols and procedures, and to safeguard children, to promote their welfare and to reach decisions about the appropriate course of action for children of whom they may have concerns

East Coast Community Healthcare (CIC) (ECCH) is committed to promoting and safeguarding the welfare of children and young people and will take all reasonable measures to ensure that the risk of harm to children is minimised. Where there are concerns about children and young people's welfare, staff within ECCH will take all appropriate actions to address these concerns.

This policy details the roles and responsibilities of all ECCH staff in the management of cases where a child may be at risk of, or is suffering significant harm. The recommendations, contained within the appendices of the protocol, assist the practice of healthcare professionals in the decision making process in relation to child protection and the safeguarding of children in ECCH.

All ECCH staff, whether they work within Adult Services or Children's Services, have a duty to co-operate with Local Authority Children's Services under the Children Act 1989/2004. Health professionals have a responsibility to refer to Children's Services; children who they believe are suffering or may be at risk of suffering significant harm.

'Children' includes unborn children and young person's up to the age of eighteen years.

PURPOSE

The welfare of the child is paramount even when the child is not the prime focus of the work being undertaken within a family. All Health Service Professionals, whether they work with adults or children, have a duty to refer to Children's Services any child they believe to be at risk of significant harm (Children Act 2004).

ECCH aims to support, advise and supervise all staff in their work with families, recognising the complex issues that may arise when families are experiencing stress that could lead to a child suffering or being at risk of significant harm.

This will be achieved by:

1. Ensuring that all staff are aware of where and how to seek support and advice if they are worried a child is being abused.
2. Providing all staff that comes into contact with children in the course of their work, either through direct work with children or their parents/carers, with training and supervision in the recognition and detection of child abuse and neglect.

3. Ensuring that staffs are kept informed of changes in policies and procedures; guidance or legislation both at local and national level.
4. Providing advice and support through all stages of the legal process when children have been removed from the care of their parents.
5. Encouraging staff whenever possible to work in partnership with parents and carers and other agencies to safeguard the welfare of children.
6. Ensuring that every effort is made to identify abusers through the recruitment and selection of staff. All staff, prior to appointment, should have a current CRB check and be deemed as appropriate to work with children and young people through vetting and barring scheme.
7. Developing service standards which are then monitored and audited to ensure safe service delivery.
8. Facilitating staff to work together with other agencies in assessing, implementing and reviewing child protection plans.
9. Ensuring that all delivery staff working on schools or education projects employed by ECCH hold enhanced DBS checks
10. Ensuring that all staff attend mandatory safeguarding training provided by ECCH.

SCOPE

This policy applies to all East Coast Community Healthcare CIC (referred to as ECCH) staff (including temporary, bank and locum staff). In addition this policy applies to any providers commissioned or contracted by ECCH.

Training

ECCH has a commitment to training all community services staff in safeguarding children. The training will be in line with ECCH Safeguarding Children Training Strategy, which is informed by Working Together (HM Government 2006b) and the Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies for Health Staff, 4th Edition 2019 available on www.rcpch.ac.uk

Recruitment

ECCH is a committed employer and as standard when recruiting to new or existing departmental roles all persons must complete an enhanced DBS check before commencing their roles including ccomplete criminal history checks, containing all conviction information, spent and unspent, and any other non-conviction information considered to be relevant by the police or other Government bodies. This type of DBS checking is compulsory for all job roles or positions involving work with children

and vulnerable adults within ECCH. Furthermore updated checks will be carried out every 3 years to comply with schools and education requirements and industry minimum operating standards.

Record keeping

High quality record keeping in accordance to ECCH record keeping standards is essential in child protection work. Health practitioners must ensure that their actions, communications and information they give and receive are recorded contemporaneously in the correct documentation. Practitioners need to identify the correct place and method of documentation with their line manager to ensure an audit trail of decision-making in child protection cases. See ECCH record keeping policy and Professional Code of Conducts

Advice and consultation

Both Suffolk and Norfolk have Designated Nurses and Doctors for safeguarding children. ECCH has a Named and Deputy Nurse for safeguarding children. The Safeguarding Children Information for Staff leaflet (appendix 1) provides contact numbers for the Safeguarding Children Team for ECCH. Staff must use these professionals as well as their line manager for advice and consultation if they have concerns or are unsure what action they should take. "What to do if you are worried a child is being abused" (HM Government 2006a) provides guidance on consultation for staff. Decisions made during any consultation must be recorded in the appropriate health record.

Consultation for Multi Agency Safeguarding Hub

Norfolk
If you are a **professional,** i.e. working with a child or young person in a formal or voluntary setting and not a family member or member of the public, you can contact the Children's Advice and Duty Service on their direct line:

0344 800 8021

Suffolk
Professionals: If you would like to discuss whether or not a referral is required, please call the Professional Consultation Line on

03456 061 499

Referral to children's services

Any worker who believes that a child may be suffering or may be at risk of suffering significant harm, should always refer their concerns to the Local Authority Children's Services Department (HM Government 2006a)

Advice can be sought from the practitioners line manager and/or Named/ Deputy Named Nurse Safeguarding Children.

It is the responsibility of the individual identifying the concern to pass the information to Children's Services (Social Care)

CONTACT NUMBERS FOR MAKING SAFEGUARDING REFERRALS
Suffolk

Please note: The Multi-Agency Referral Form (MARF) must be completed and submitted using the new secure Suffolk Children and Young People's Portal:

Access the Secure Suffolk Children and Young People's Portal

If you are concerned about a child and unable to use the Portal, you can call Customer First on

0808 800 4005

Norfolk

If the child/young person resides in Norfolk, please ring the Children's Advice and Duty Service on their direct line

0344 800 8021

Referral to Children's Services does not absolve the health professional of their continued duty of care.

The criteria for making a referral to Children's Services will include:

- Risk to unborn baby
- A child's injuries reported to be non-accidental
- Any injury to a pre-mobile child
- A child's injuries are suspected or likely to be non-accidental
- The injury is not consistent with the explanation given and non-accidental injury is suspected
- Information regarding an adult with known parenting responsibility whose circumstances may suggest that they present a risk to a child, consider those risk factors which may impact and impair parenting, for example: learning disability, mental illness, substance abuse, domestic violence or other social circumstances.

- A child, or adult accompanied by a child, attends for treatment/contact and their circumstances or/and behaviour or/and demeanour raises professional concerns.
- A child (or children) from one family attends for regular treatment of accidents that cannot be explained by their age or developmental stage
- Information received during any treatment which, for any reason, suggests a child may be or may be subject to a child protection investigation (Children Act 1989) or has a Child Protection Plan in place (Children Act 2004)
- The handling of a child by an adult gives cause for concern
- Sexual abuse is suspected either following a medical examination or as a result of what the child or adult reports, or where there is inappropriate or excessive or unusual sexual behaviour in a child.
- If a practitioner becomes aware, through physical exam or disclosure, that a female of any age has undergone circumcision this must be referred to Children's Services/Adult Safeguarding.

This list is not exhaustive and should only act as a guide.

IT IS IMPORTANT THAT REFERRALS ARE NOT DELAYED IF IT IS FELT THE CHILD IS AT IMMEDIATE RISK OF SIGNIFICANT HARM

Informing Parents

"*Parents' permission should be sought before discussing a referral about them with other agencies unless permission seeking may itself place a child at risk of significant harm."* (HM Government 2006b)

If, in the opinion of the health professional, a child has suffered or is likely to suffer significant harm it is not obligatory to gain parental permission to make a referral to Children's Services.

In most circumstances, parents would be informed a referral is to be made. If it is felt that informing the parents may put a professional at risk, further advice must be taken from the professional's line manager or child protection/safeguarding specialist within the ECCH.

Within the written referral, it should confirm whether or not the parents are aware that a referral has been made and why the decision was to not to inform parents.

If there is an allegation of serious harm or abuse by any person looking after children on ECCH premises we have a duty to refer to other statutory bodies.

How concerns about a child might arise:

Safeguarding issues can take a number of forms. These can include:

- A child may make a direct allegation
- A child may make a comment which seems to suggest neglect/abuse
- Concerns about a child may be reported directly to ECCH by a patient or an employee
- A child may have bruises /marks/unexplained injuries
- Concerns about a childcare often identified by staff members in the course of their work with patients and general contact with the public
- Concerns regarding domestic abuse that have been identified.
- Child abuse and neglect are forms of maltreatment of a child. These terms include 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 abuse or neglected through infliction of harm or through the failure to act to prevent harm.
- Abuse can occur within the family or in an institution or community setting. Abuse can also take place using electronic communication.
- Abuse can occur within all social groups regardless of religion, culture, social class or financial position
- Children may be abused by those known to them or more rarely by a stranger. They may be abused by adults or another child.

In all circumstances where there is an allegation of harm, ECCH highlight the importance of speaking to the children in a safe environment. The child's/young person's record must include evidence that an age appropriate child has been offered an opportunity to speak to a professional without the parent present

Four broad categories of abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

These categories may overlap and an abused child frequently suffers more than a single type of abuse.

Physical Abuse

Physical child abuse occurs when a child is purposely physically injured or put at risk of harm by another person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

It may also be caused when a parent/carer fabricates symptoms of or deliberately indices illness in a child.

Indicators:

- Unexplained injuries, such as bruises, fractures or burns
- Injuries that don't match the given explanation
- Untreated medical or dental problems

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional and development and may involve:

- Conveying to children that there are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person (verbally or via electronic and written communication)
- Imposing developmentally inappropriate expectations e.g. interactions beyond the child's developmental capacity, overprotection, limitation of exploration and learning, preventing the child fro, participation in normal social interaction
- Causing children to feel frightened or in danger e.g. witnessing domestic abuse, seeing or hearing the ill treatment of another
- Exploitation or corruption of children
- Serious bullying
-

Some level of emotional abuse is involved in most types of ill treatment of children though emotional abuse may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child/young person to take part in sexual activities whether or not the child is aware of what is happening.

The activities may involve physical contact including penetrative and non-penetrative acts.

Sexual activities also include non-contact activities e.g. involving children in looking at or in production of abusive images, watching sexual activities or encouraging them to behave in sexually inappropriate ways. This may include use of photographs, pictures, cartoons, literature or sound recordings

The age of consent to any form of sexual activity is 16 for both men and women. The age of consent is the same regardless of the gender or sexual orientation of a person and whether the sexual activity is between people of the same or different gender.

It is an offence for anyone to have any sexual activity with a person under the age of 16. However, Home Office guidance is clear that there is no intention to prosecute teenagers under the age of 16 where both mutually agree and where they are of a similar age.

It is an offence for a person aged 18 or over to have any sexual activity with a person under the age of 18 if the older person holds a position of trust (for example a teacher or social worker) as such sexual activity is an abuse of the position of trust.

The Sexual Offences Act 2003 provides specific legal protection for children aged 12 and under who cannot legally give their consent to any form of sexual activity is therefore classed as statutory rape.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

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.

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.

Child sexual exploitation is a hidden crime. Young people often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening.

It can involve violent, humiliating and degrading sexual assaults, including oral and anal rape. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Child sexual exploitation doesn't always involve physical contact and can happen online.

Sexually harmful behaviour

Definition:
Harmful sexual behaviour involves one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults (Rich, 2011).

Sexually harmful behaviour occurs when a young person (below the age of eighteen years) engages in any form of sexual activity with another individual over whom they have power by virtue of age, emotional maturity, gender, physical strength or intellect and where the victim in this relationship suffers sexual exploitation and betrayal of trust.

Children and young people who develop harmful sexual behaviour have usually experienced abuse and neglect themselves (Hackett et al, 2013; Hawkes 2009; McCartan et al, 2011).

Two thirds of children and young people with harmful sexual behaviour have experienced some kind of abuse or trauma such as

- physical abuse
- emotional abuse
- sexual abuse
- severe neglect
- parental rejection
- family breakdown
- domestic violence
- parental drug and alcohol abuse.
- Around half of the children had experienced sexual abuse.

Family histories and backgrounds can have an impact on the sexual behaviour of children.

Brook Traffic Light Tool

The Brook Sexual Behaviours Traffic Light Tool supports professionals working with children and young people by helping them to identify and respond appropriately to sexual behaviours.

The tool uses a traffic light system to categorise the sexual behaviours of young people and is designed to help professionals:

- Make decisions about safeguarding children and young people
- Assess and respond appropriately to sexual behaviour in children and young people
- Understand healthy sexual development and distinguish it from harmful behaviour

https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool

Neglect

Neglect is the ongoing failure to meet a child's basic needs. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care.
A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need from their parents.
A child who's neglected will often suffer from other abuse as well. Neglect is dangerous and can cause serious, long-term damage – even death.
Neglect is the most common reason for a child to be the subject of a child protection plan or on a child protection register in the UK.
It 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.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is defined by the wide health organisation (WHO) as procedures that include total or partial removal of the external female genital organs for cultural or non-therapeutic reasons. The practice is not required by any major religion, is medically unnecessary, painful; and has serious health consequences at the time and in later life.

The procedure is typically performed on girls aged between 4-14 years of age but is also performed on new born infants and young women before marriage or pregnancy. A number of girls die as a direct result of the procedure from blood loss

or infection. Girls and women suffer to varying degrees on going physical and emotional complications from having been subjected to FGM.

Girls may be genitally mutilated illegally by doctors or traditional health workers in the UK or sent abroad for the operation.

The Law

FGM is illegal in the UK. It is an offence to:

- Undertake the operation
- Assist a girl to mutilate her own genitalia
- Assist a person to undertake FGM outside of the UK

From 31st October 2015 there is a new mandatory reporting duty introduced through the Serious Crimes A which requires regulated health professionals to report any direct disclosures made from a girl that they have been subject to FGM or are at immediate risk to police on 101. If there is a concern that a girl is a risk of FGM but the risk is not immediate then a referral should be made through to the Multi Agency Safeguarding Hub.

There are specific factor that may heighten the risk of FGM:

- The level of integration within the UK, it is believed that communities that are less integrated into British Society are more likely to carry out FGM.
- Any girl born to a women who has been subjected to FGM must be considered at risk of FGM as must other female children of the extended family
- Any girl who has a sister who has already under gone FGM must be considered at risk of FGM as must other female children of the extended family
- Any girl withdrawn from Personal, Social and Health education may be at risk as a result of her parents wishing to keep her uniformed about her body.

For further information refer to:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585083/FGM_safeguarding_and_risk_assessment.pdf

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 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.

Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.

Domestic abuse can include:

- sexual abuse and rape
- punching, kicking, cutting, hitting with an object
- withholding money or preventing someone from earning money
- taking control over aspects of someone's everyday life, which can include where they go and what they wear
- not letting someone leave the house
- reading emails, text messages or letters
- Threatening to kill or harm them, a partner, another family member or pet.
- Children and young people witnessing domestic abuse

Witnessing domestic abuse is 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
- hear the abuse from another room
- see a parent's injuries or distress afterwards
- be hurt by being nearby or trying to stop the abuse
- Teenagers experiencing domestic abuse

Domestic abuse can happen in any relationship, and it affects young people too. They may not realise that what's happening is abuse. Even if they do, they might not tell anyone about it because they're scared of what will happen, or ashamed about what people will think.

The Domestic Abuse, Stalking and Harassment (DASH) checklist should be used whenever a professional receives an initial disclosure of domestic abuse. It is designed to be used for those suffering current rather than historic domestic abuse and, ideally, should be used as a rapid response to an incident of abuse. Risk in domestic abuse situations is dynamic and can change very quickly. As and when things change the risk assessment must be re-visited and reviewed. The purpose of the checklist is to give a consistent and practical tool to practitioners working with victims of domestic abuse to help them identify those who are at high risk of harm

and whose cases should be referred to a Multi-Agency Risk Assessment Conference (MARAC) meeting in order to manage the risk.

MARAC

MARAC is a formal multi-agency meeting to consider and safely plan for the highest risk victims of domestic abuse, their children and adults at risk living in the household. The purpose of MARAC is for partner agencies to attend and share relevant and proportionate information on those victims identified as being at a 'high' level of risk of serious harm or homicide and thereafter jointly constructing a management plan to provide professional support to all those at risk within the family.

The purpose of MARAC is to:

- Share relevant information to increase the safety, health and well being of victims – adults and their children;
- Determine whether the perpetrator poses a significant risk to any particular individual or to the general community
- Construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
- Reduce repeat victimisation;
- Improve agency accountability; and Improve support for staff involved.

ECCH nominated individuals who will have access to the information provided at MARAC, and attend MARAC on behalf of ECCH are; Safeguarding Lead/Named Nurse and the Deputy Named Nurse Safeguarding Children/Adults.

Information shared at MARAC will be kept in a confidential and appropriately restricted manner and must not be shared with other agencies without the permission of the agencies attending that MARAC.

To raise MARAC concerns and to report issues contact the ECCH Safeguarding Team.

http://www.suffolkmarac.onesuffolk.net/assets/Uploads/MARAC-Risk-Assessment-and-Referral-Form/MARAC-Risk-Assessment-2015.pdf

Forced Marriage

Forced marriage of children may involve non-consensual and/or under age sex, emotional and possibly physical abuse and should be regarded as a safeguarding issue and referred to children's social care. In cases of disclosure of forces marriage and honour based abuse parents/family member must never be informed as there are particular associated risks.

Honour based abuse

(HBV) is a term used to describe violence committed within the context of the extended family which are motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behaviour of the victim.

Modern Slavery / Human trafficking

Modern Slavery is the term used within the UK and is defined within the Modern Slavery Act 2015. The Act categorises offences of Slavery, Servitude and Forced or Compulsory Labour and Human Trafficking (the of which comes from the Palermo Protocol).

These crimes include holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of modern slavery within your own country.

It is possible to be a victim even if consent has been given to be moved. Children cannot give consent to being exploited therefore the element of coercion or deception does not need to be present to prove an offence.

Types of Human trafficking:

There are several broad categories of exploitation linked to human trafficking, including:

- Sexual exploitation
- Forced labour
- Domestic servitude
- Organ harvesting
- Child related crimes such as child sexual exploitation, forced begging, illegal drug cultivation, organised theft, related benefit frauds etc
- Forced marriage and illegal adoption (if other constituent elements are present)

https://www.rcn.org.uk/professional-development/publications/pub-005984

Radicalisation – The PREVENT Strategy

Radicalisation is not included as an abuse type in the Care Act 2014 Guidance. It is however important to include it within this policy to raise awareness and provide

operational guidance to staff. The Prevent Strategy (Home Office 2011) recognises that the presence of key vulnerabilities such as Learning Disabilities, autism or Mental Health problems can increase an individual's susceptibility towards radicalisation and to be influenced by extremism.

Prevent is part of the Government's counter-terrorism strategy which aims to identify individuals who may be susceptible to exploitation into violent extremism by radicalisers. Prevent focuses on ensuring that vulnerable individuals are safeguarded from being drawn into extremism or terrorism. The Department of Health has worked with the Home Office to develop guidance for healthcare organisations to implement Prevent local, called 'Building Partnerships, Staying Safe.'

All ECCH staff have a responsibility to help the organisation to fulfil its obligation to minimise risks by identifying individuals who may be prone to exploitation or influence from violent extremism by following the Prevent programme.

Healthcare workers have the potential to:

- meet and treat someone who is susceptible to radicalisation.
- receive information that allows them to correctly identify signs that someone has been or is being drawn into terrorism.
- prevent someone from becoming a terrorist or supporting terrorism as it is substantially comparable to safeguarding in other areas.
- identify people who could be considered to be "at risk".

A workshop to raise awareness of Prevent (WRAP) is available to all ECCH staff to provide a better understanding of Prevent, reporting procedures, multi-agency counter terrorism arrangements and indicators of what makes someone vulnerable or susceptible to radicalisation.

Example indicators that an individual may be engaged with an extremist group, cause or ideology include:

- Increasingly spending time in the company of other suspected extremists;
- Changing their style of dress or personal appearance to accord with the group;
- Their day to day behaviour increasingly centred around an extremist ideology, group or cause;
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- Possession of material or symbols associated with an extremist cause (e.g. the swastika for far right groups);
- Attempts to recruit others to the group/cause/ideology; or

- Communications with others that suggest identification with a group/cause/ideology.

Example indicators that an individual has an intention to use violence or other illegal means include:

- Clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills;
- Using insulting or derogatory names or labels for another group;
- Speaking about the imminence of harm from the other group and the importance of action now;
- Expressing attitudes that justify offending on behalf of the group, cause or ideology;
- Condoning or supporting violence or harm towards others;
- Plotting or conspiring with others.

NB. The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

Further advice and guidance can be obtained from the Safeguarding Team and the ECCH Prevent Policy on ECCHO.

Any concerns re the above issues need to be reported through the ECCH Prevent Lead within the Safeguarding Team.

Young Carers

A young carer is an individual aged under 18 who has a responsibility for providing care on a regular basis for a relative (or friend) whose needs may arise from:

- Physical or sensory disability
- Learning disability
- Mental health issues
- Chronic or terminal illness
- Misuse of alcohol or drugs

Young Carers as well as providing emotional support are frequently involved in shopping, cooking, cleaning, ironing, washing clothes. Budgeting the household income and nursing responsibilities including provision of personal care.

Assessment of Pets and Animal Abuse

Following a Serious Case review whereby 2 small children died following a pet dog attack Midwives and Health Visitors are now required to proactively ask parents whether there are pets in the households they visit document this on SystmOne and use the relevant icon to highlight this.

There is increasing evidence of links between abuse of children, vulnerable adults and animals. In addition if a child is intentionally cruel to animals this could indicate that they have been a victim of abuse or neglect themselves.

If serious animal abuse occurs within a household there may be an increased likelihood of family violence and increased risks of abuse to children within the family.

In some circumstances acts of animal cruelty may be used to control and intimidate adults and children to be silent to their own abuse. Professionals working with children should be observant about the care and treatment of family pets whilst carrying out assessments.

Voice of the child and talking to children in a safe environment

Serious Case Reviews have highlighted the difficulties that children faced in revealing their concerns when they were seen in their home environment. There have been cases where children had suffered from neglect, physical and sexual abuse over many years but it was only when the children were removed from the home environment that they were able to speak about the abuse which they had suffered. Priority needs to be given to providing a safe and trusting environment, away from the carers, for the children to speak about their concerns.

There are five main messages:

- The child was not seen frequently enough by the professionals involved, or was not asked about their views and feelings
- Agencies did not listen to adults who tried to speak on behalf of the child and who had important information to contribute
- Parents and carers prevented professionals from seeing and listening to the child, practitioners focused too much on the needs of the parents, especially on vulnerable parents, and overlooked the implications for the child
- Agencies did not interpret their findings well enough to protect the child.

Sharing Information

Professionals can only work together to safeguard children if there is an exchange of relevant information between them. However, any disclosure of personal information to others must always have regard to both common and statutory law. "What to do if you are worried a child is being abused" (HM Government 2006, appendix 1) gives guidance on sharing of information. This guidance needs to be taken into account when both giving and receiving information.

The Children Act 2004 places a responsibility on the Local Authority to make arrangements through which key agencies co-operate to improve the well-being of children and young people. It also places a responsibility for key agencies to have regard to the need to safeguard children, and promote their welfare whilst exercising their normal function. Children's Services (Social Care) have a responsibility to investigate if there is reasonable cause to suspect a child is suffering or is likely to suffer significant harm (Children Act 1989).

Health practitioners receiving a request for information must satisfy themselves that the request is for legitimate reasons before sharing information with another agency. 'What to do it you are worried a child is being abused' (HM Government 2006a) provides guidance on the principle of "proportionality" where professionals need to balance the sharing of information with the need to protect the child. Each case needs to be considered carefully on an individual basis, and practitioners will need to balance their duty to protect children from harm and their general duty towards their patient or service user. **If an enquiry is being made under Section 47 of the Children Act 1989, it is permissible to share information without parental consent**. It is important therefore that the health professionals need to ascertain that it is a Child Protection enquiry that is being made prior to sharing information (HM Government 2006a, appendix 1). This must recorded within the records.

If the enquiry is being made under Section 17 of the Children Act, parental consent must be sought before sharing information. Practitioners should, if necessary, take advice from Named/Deputy Named Nurse within ECCH (HM Government 2006a and b). This must recorded within the records.

Signs of Safety

Norfolk and Suffolk Safeguarding Children Boards have adopted Signs of Safety as the basis of work with children across all partner agencies engaged in providing services for Children**.** The 3 three core principles of the approach:

i) Establishing constructive working relationships and partnerships between professionals and family members, and between professionals themselves.

ii) Engaging in critical thinking and maintaining a position of inquiry.

iii) Staying grounded in the everyday work of child protection practitioners.

All of the three principles emphasize the need to move towards a constructive culture around child protection rather than a paternalistic model where the professionals adopt the position that they know what is wrong and they know specific solutions.

Strategy Discussion

Strategy discussions may take place by telephone or at a meeting. The discussion will involve Children's Services (Social Care), the Police and any other relevant agency. Health professionals who are involved with the family or who have made the referral should be invited to be involved in the Strategy discussion. When a health professional receives an invitation to attend a Strategy Meeting they should consult with their line manager or Named/Deputy Named Nurse for safeguarding children to consider who would be appropriate to attend and the relevant information to be shared. The Health professional who attends a Strategy discussion should, if possible, take with them information from any health professionals who have involvement with the child or family. This must recorded within the records.

Child Protection Conference

A child protection conference is a formal meeting convened by the local authority children's social care. It is the principle forum for professionals and families to share information and concerns about a child considered to be at risk of significant harm.

As part of the process health representation at conferences is vital; it ensures that relevant details of the child's health, growth and development are communicated to involved professionals from other agencies. Health professionals will also be able to give an opinion about the current and past capacity of the parent/carer to promote the child's health and development and protect them from further harm. The conference will not be able to fully assess the risk to the child, or make informed decisions and recommendations about their welfare, without a health professional present and/or their report.

The Child Protection Conference Process

To fulfil the statutory role of the child protection conference will:

- Share relevant information about the child and family
- Assess the risk of significant harm to the child
- Decide whether the child is at continuing risk of significant harm
- Decide whether the actions required to safeguard and promote the welfare of the child need to be formulated within the framework of a child protection plan
- Appoint a key worker who must be a social worker
- Identify membership of the core group who will develop and implement the plan

- Ensure a contingency plan is in place if agreed actions are not completed and/or circumstances change
- Agree about if and when to reconvene and review

Initial and Review Conferences

There are two types of child protection conference; initial and review. The initial child protection conference is convened following a child protection enquiry. The subsequent use of the word 'review' describes all the ensuing conferences. A child protection review conference is held within three months of the initial conference and further reviews are held at intervals not more than six months while the child remains the subject of a protection plan.

When there are concerns about the safety and welfare of an unborn child, a pre-birth child protection conference is held. The involvement of midwifery services is crucial in such cases. Such conferences have the same status and are conducted in the same manner as initial child protection conferences.

A child protection conference will be convened where concerns of significant harm are substantiated and the child is judged to be at continuing risk of harm.

The Health Professional will attend an Initial Case Conference.

- Written report must be provided which should be shared with parents/carers prior to the conference (best practice).

- Written reports must be provided with centile chart (if appropriate) and attached which should be shared with parents/carers prior to the conference.

- If Health Professionals receive case conference invitations with only two days' notice, they can attend conference with child records but they must submit a retrospective report within five days of attendance.

Supervision

Staff who work with children and their families are required to have Child Protection Supervision every three months which is a mandatory component of their role. This is given by the Safeguarding Team. This supervision comprises of four elements: case management detailed advice about practice derived from legislation, guidance and research, professional support and professional development.

It provides a framework for examining child protection work from different perspectives. Supervision will facilitate good quality, innovative and reflective practice in a safe environment. The process should be proactive and probing ensuring that actions agreed are child focused.

- Supervision is necessary for health workers and in particular those who have a clinical input into children and families.
- Supervision for other health workers can be formal and regular as well as when the needs arise and the individual worker/manager needs to contact the Named Nurses when supervision is required.
- ECCH Supervision Policy.

Staff are required to be aware that they are responsible for their individual practice with families which includes actions they took or did not take.

Escalation/Resolution

EECH is responsible for ensuring that our staff members are supported and competent in reporting professional differences which may be impacting on the welfare or safety of a child. ECCH will demonstrate commitment to resolving differences, promote a respectful acceptance of differing viewpoints and acknowledge the positive role that challenge can play in the safeguarding of children. Workers who challenge decisions or actions, or who present a differing professional view, should not be criticised or disregarded. For staff who become involved in cases where there is differing viewpoint between professional please refer to ECCH Escalation/Resolution Protocol.

Cultural Diversity

Practitioners should be aware that it is only appropriate to use official interpreters during consultations with non-English speaking service users.

Allegations against staff

There may be situations where it is alleged that an individual working for or on behalf of ECCH has:

- Behaved in a way that has harmed or may have harmed a child or
- Possibly committed a criminal offence against or related to a child or
- Behaved towards a child or children in a way that indicates that he/she is unsuitable to work with children

These cases must be reported without delay to department manager if appropriate or Named /Deputy Named Nurse Safeguarding children. Also refer to Whistle Blowing policy

The relevant manager or Named/Deputy Named Nurse safeguarding children will liaise with the relevant Local Authority Designated Officer (LADO) for the area in which the member of staff lives, about appropriate action

REFERENCES

1. Children Act 1989; London:HMSO

2. Children Act 2004; London: HMSO

3. DOH 2000; '*Framework for the Assessment of Children in Need and their Families'*, London: The Stationery Office

4. HM Government, 2006a; *'What to do if you are worried a child is being abused'*, Every Child Matters: Change for Children; Department for Education and Skills. Website – www.everychildmatters.gov.uk/safeguarding

5. HM Government 2006b; '*Working Together to Safeguard Children. Every Child Matters: Change for Children'*, London: The Stationery Office

6. Norfolk LSCBa 2006; *'Interim Procedures 01.10.06 –: A Guideline to Interagency Working to Safeguards and Promote the Welfare of Children';* www.lscb.norfolk.gov.uk

7. Norfolk LSCB b – Protocol 1, *'The Conduct of Child Protection Enquiries (Under Section 47 of the Children Act 1989)'*

8. www.lscb.norfolk.gov.uk

9. Norfolk LSCB c – Protocol 2, *'The Management and Conduct of Conferences'* www.lscb.norfolk.gov.uk

10. Norfolk LSCB d – Protocol 8, *'Sharing Information in Child Protection"* www.lscb.norfolk.gov.uk

11. Norfolk LSCB e - Protocol13, *'Involvement of Families and Children',* www.lscb.norfolk.gov.uk

12. Norfolk LSCB f – Protocol 23, *'Multi-Agency Pre-birth Protocol'*, www.lscb.norfolk.gov.uk

13. Norfolk LSCB 2007; *'Child Protection & Safeguarding Consultation Lines: Information for agencies/staff working with children and young people'*
    Local Safeguarding Children board leaflet No. 5.
    www.lscb.norfolk.gov.uk

14. Bell, L. (2001) 'Abusing Children – Abusing Animals', Journal of Social Work, 1(2)

    pp. 223 – 234

15. Boat, W.B., (1999) 'Abuse of Children and Abuse of Animals: Using the links to inform child assessment and protection', in Ascione, F.R. and Arkow, P. (eds.) (1999) Child Abuse, Domestic Violence and Animal Abuse: Linking the Circles of Compassion for Prevention and Intervention, Indiana: Purdue University Press.

16. Bond, H. (2002) 'Pet projects' in Care and Health Magazine, December 11th, Issue 26, pp. 46 – 47.

    National Society for the Prevention of Cruelty to Children

National documents

Working Together to Safeguard Children 2006/2013/2015, HMSO

What to do if you're worried a child is being abused, HM Gov, DfES 2006, London

Every Child Matters, 2003, London: The Stationery Office

Framework for the Assessment of Children in Need and Their Families, DoH, DfES, Home Office, 2000. London: The Stationery Office

Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies for Health Staff, 4th Edition 2019 available on www.rcpch.ac.uk

Children Act 1989 & 2004, HMSO

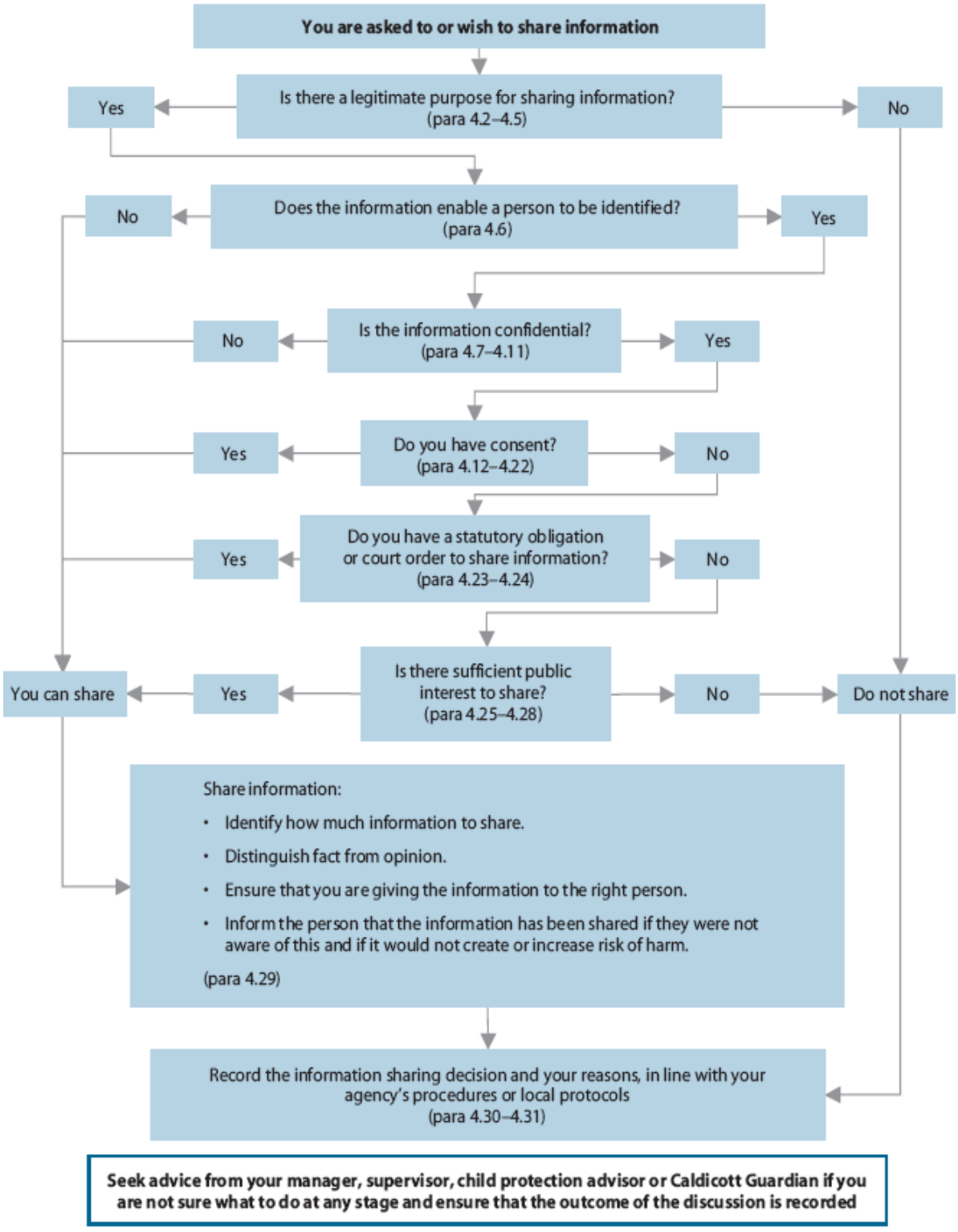
Female Genital Mutilation Risk and Safeguarding - Guidance for Professionals. Department of Health. March 2015

Local documents/guidance

Norfolk Local Safeguarding Children Board (LSCB) Procedures, Guidance and Protocols – www.lscb@norfolk.gov.uk

Suffolk Safeguarding Children Board (SSCB) Procedures, Guidance and Protocols – www.suffolkscb.org.uk

Flowchart of key principles for information sharing



Injuries To Non- Mobile Infants
Advice For General Practitioners And Health Visitors

Other Health Professionals: please seek advice from a Named Nurse, Safeguarding Children prior to contacting a Paediatrician

ANY BRUISE OR UNEXPLAINED MARK ON A NON-MOBILE INFANT
DON'T DELAY IF YOU ARE CONCERNED

↓

Seek the advice of the on-call Consultant Paediatrician by telephone
This may be through the Specialist Registrar

↓

Give Paediatrician full details of the unexplained mark and any relevant background, and agree subsequent action

↓

DISCUSS: Outcome/Action:

- No referral to Paediatrician, no referral to Children and Young People's Services (CYPS)
- Refer for assessment, Paediatrician to make referral CYPS if necessary
- Immediate assessment by Paediatrician and referral to CYPS by referrer (GP/ Health Professional)

↓

If Paediatric assessment is required this will normally take place on the day of referral unless otherwise agreed

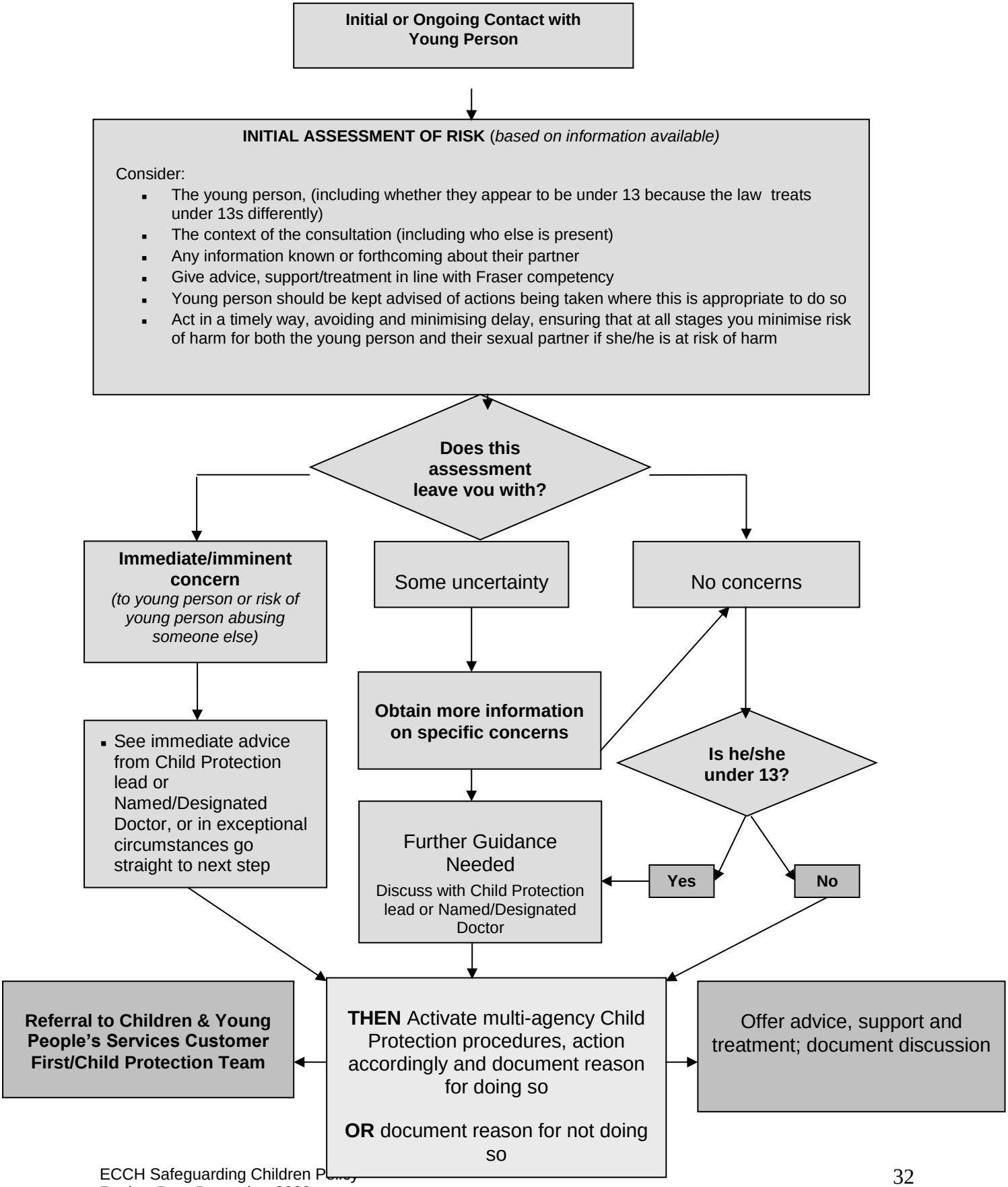
↓

Inform those involved including the parents whether or not a paediatric opinion is needed

IF YOU ARE EXTREMELY CONCERNED ABOUT THE CONDITION OF THE BABY

OR THERE ARE IMMEDIATE SAFETY ISSUES…….. DIAL 999

Flowchart for Professionals working with Sexually Active Under 18s



East Coast Community Healthcare CIC
Slavery and Human Trafficking Statement 2015/16

This statement sets out East Coast Community Healthcare's (ECCH) actions to understand all potential modern slavery risks related to its business and to put in place steps that are aimed at ensuring that there is no slavery of human trafficking in its own business and its supply chains. This statement relates to actions and activities during the financial year 1 October 2015 to 30 September 2016.

Organisational Structure

East Coast Community Healthcare CIC (ECCH) is a social enterprise with an annual turnover above £36 million. ECCH provides a comprehensive range of NHS community health services across Norfolk and Suffolk. As a social enterprise, ECCH is owned by its staff and uses any surplus resources for the benefit of communities in Norfolk and Suffolk.

Further details about what we do can be found on our website - https://www.ecch.org/

Modern Slavery and Human Trafficking

ECCH fully supports the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role we play in its prevention. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses.

ECCH has internal policies and procedures in place that address the potential for modern slavery and human trafficking. All staff are responsible for the successful prevention of modern slavery and human trafficking.

We confirm the identities of all new employees and their right to work in the United Kingdom and ensure all employees are remunerated in accordance with statutory requirements.

Procurement and our supply chain

To identify and mitigate the risks of modern slavery and human trafficking in ECCH and its supply chains ECCH:

- Purchases products through the NHS Supply Chain, whose 'Supplier Code of Conduct' includes a provision around forced labour;
- ECCH requests all its suppliers to comply with the provisions of the UK Modern Slavery Act (2015), especially where it is not purchasing through the NHS Supply Chain, through inclusion of a statement within tender specifications, new contract arrangements and renewed contracts. This spells out our commitment to ensuring that no modern slavery or human trafficking is related to our business;
- Where possible, builds long standing relationships with suppliers.

Due Diligence

ECCH undertakes due diligence when considering taking on new suppliers, and regularly reviews its existing suppliers. The organisation is developing a system of due diligence and reviews which will include:

- Mapping the supply chain broadly to assess particular product or geographical risks of modern slavery and human trafficking:
- Evaluating the modern slavery and human trafficking risks of each suppliers;
- Reviewing on a regular basis all aspects of the supply chain based on the supply chain mapping:

Training

ECCH has introduced a mandatory requirement whereby all staff are required to complete Level 2 Safeguarding Training which ensures staff understand and are able to identify and respond to those who are, or who are at risk of being, victims of modern slavery and human trafficking.

Aim

ECCH considers the principal risks related to modern slavery and human trafficking and identifies them as:

- Reputational
- Lack of assurance from suppliers
- Lack of anti–slavery clauses in contracts

Over the next year ECCH's will:

- Take further steps to identify, assess and monitor potential risk areas, particularly in our supply chains
- Undertake a review of all supply chain contracts to ensure suppliers have taken reasonable steps to prevent modern slavery and human trafficking
- Design and rollout specific training sessions relating to modern slavery and human trafficking to be delivered to all staff.

Board of Directors' Approval

The Board of Directors have considered and approved this statement and will continue to support the requirements of the legislation.

Tony Osmanski
Chair

Jonathan Williams
Chief Executive Officer