PRIORY
GROUP OF COMPANIES

POLICY TITLE:	**Safeguarding Children (Anyone under the age of 18)**
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Author:	Safeguarding team
Ratified by:	David Watts, Director of Risk and Safety
Responsible signatory:	Dr Sylvia Tang, Group Medical Director
Outcome:	This policy: • aims to ensure that Children we work with, or who visit Priory group sites for any reason are protected effectively from abuse. • clarifies mandatory and optional training requirements • ensures that all colleagues are made aware of local arrangements as set out on the form provided
Cross Reference:	AM65 Visitors H35 Clinical Risk Assessment and Management H46 Arrangements for Visitors including Visits by Children HR01 Safer Recruitment and Selection including Prevention of Illegal Working HR07 Disclosure (including DBS, Access NI and Disclosure Scotland) OP03 Complaints OP05 Mental Capacity OP05.1 Gillick Competency in a Healthcare Setting OP04 Incident Management, Reporting, and Investigation OP08 Safeguarding Adults (Anyone aged 18 or over) OP08.1 Responding to Suspected Radicalisation OP21 Qualified Disclosure (Whistleblowing) OP32 Looked After Children Priory Group Employee Handbook

EQUALITY AND DIVERSITY STATEMENT

Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, e-mail SQCHelpdesk@priorygroup.com.

SAFEGUARDING CHILDREN (Anyone under the age of 18)

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1 INTRODUCTION

1.1 Safeguarding children is everyone's responsibility. The Children Act 1989 and Protection of Children (Scotland) Act 2003 state that the welfare of children and young people (hereafter referred to as children) is paramount. This includes their right to be safeguarded against all forms of abuse, including sexual exploitation. Colleagues should be alert to indications of possible child abuse and understand procedures to be taken to raise their concerns**.**

1.2 There is no single law that defines the age of a child across the UK. The UN Convention on the Rights of the Child, ratified by the UK government in 1991, states that a child "means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier". (The fact that a child has reached the age of 16 or is living independently does not change his or her status or entitlement to services or protection under the Children Act 1989). Authorities in England, Wales, Northern Ireland and Scotland each have their own guidance setting out the duties and responsibilities of organisations to keep children safe. They all agree that a child is anyone who has not yet reached their 18th birthday, apart from the following exceptions:

(a) Certain legislation includes reference to duties towards children and young people who are 18, 19 and 20 who have been looked after by the local authority after the age of 16 or who have a learning disability e.g. Children Act 2004 Part 1 (9)

(b) In Scotland the Protection of Children Act 2003 refers to specific areas where the age of majority can be considered as 17 or 18.

1.3 The legal context in which professionals intervene in the lives of children is determined by the Children Act 1989, which was expanded upon by the Children Act 2004. 'Working Together to Safeguard Children' March 2013 provides the guidance by which agencies work together to protect children in line with the legislative requirements. Priory Group recognise that in order for colleagues to fulfil their duties in line with 'Working Together', they will have different training needs which are dependent on their degree of contact with children and/or with adults who are parents or carers, their level of responsibility and independence of decision-making. (See section 5 – Training).

1.4 All matters relating to the wellbeing of children and their families in England is dealt with by the Department for Education and the Local Safeguarding Children Boards (LSCBs). In Scotland local Child Protection Committees have been introduced and in Wales, the Welsh assembly adopted the provisions of the Children Act 2004, set up LSCBs and has published Safeguarding Children: Working Together under The Children Act 2004.

1.5 Reference should also be made to 'Keeping Children Safe in Education' (DFES 2014) issued to support education organisations in meeting their responsibility to safeguard and promote the welfare of children under section 175 and 157 of the Education Act 2002.

1.6 Reference should be made to 'Recruiting Safely: Safer Recruiting Guidance Helping to Keep Children & Young People Safe' (Children's Workforce Development Council, 2009) when recruiting colleagues to work within CAMHS units.

2 POLICY STATEMENT

2.1 The commitment of Priory Group is to effectively protect all children who come into contact with our services from any form of abuse (see section 6). This commitment also includes protecting the children of mental health service users and children visiting any of our sites.

2.2 Child protection is a part of safeguarding and promoting the welfare of children. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer harm. Priory Group aims to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

2.3 The details from Care Orders and the status of Looked After Children must be available to colleagues involved in their care and there must be a seamless transition as a child passes into adulthood. (Refer to OP32 Looked After Children).

2.4 Statements made by children about allegations of abuse or neglect will always be taken seriously, as will their wishes and feelings. It is important to listen carefully to the child and report any allegations or suspicions of abuse to the designated safeguarding officer/lead immediately, or, in their absence, a senior colleague.

2.5 In hospitals, assessment of the needs of adult service users with mental health problems should always include a risk assessment of any potential risk to children who are not service users themselves, but who may come in contact with current or former service users whilst in a hospital setting or on discharge.

2.6 Where the adult is also a parent, the impact of their illness on their parenting capacity should be assessed in relation to their own children or other caring responsibilities and planned for appropriately.

2.7 On assessment of children, family histories should be taken from the parents or those with parental responsibilities (as well as the young service user) to ensure that all information is as factual as possible to support the development of holistic treatment/placement plans. Assessments should include developmental histories, history of domestic violence and substance misuse by family members. Where parents do not engage in the assessment process, this should be noted in the Health or Care Record. In the case of Looked After Children, this may be their social worker or nominated guardian. (It must also be taken into consideration that parents who have mental health problems, substance misuse problems or are in violent domestic relationships are less likely to give the full account and the risk of abuse could be considered higher).

2.7.1 Service users will give verbal consent to physical examinations and be offered a chaperone if undergoing such an examination. If the offer of a chaperone is refused, the reason for the refusal must be clearly documented in the service user records.

2.8 A multi-disciplinary and multi-agency approach to the identification of allegations, reporting,

planning and review should be the normal approach when dealing with incidences where intervention is considered necessary. Priory Group sites will work closely with LSCBs/Scotland local CPCs to ensure that site procedures reflect those of the LSCBs/Scotland Local CPCs on arrangements for training, reporting and reviewing matters of safeguarding and protecting children.

3 RESPONSIBILITIES

3.1 Overall responsibility for the group's arrangements to safeguard and promote the welfare of children ultimately lies with the Chief Executive for Priory Group together with the Executive Lead for Safeguarding (Group Medical Director) and in conjunction with all Board Members. This responsibility is delegated to the Director of Safety and the Nominated Individual for each division. The Group Medical Director is also the nominated Child Sexual Exploitation Prevention lead for the Group.

3.2 It is the responsibility of all Hospital Directors, Registered Home Managers and Service Managers to ensure that adequate safeguarding and child protection practices are in place on their sites. This will include following safer recruitment procedures, ensuring that all colleagues read this policy and undertake regular training to the levels set out in section 5 below.

3.3 There is a clear governance structure within the Priory Group to monitor safeguarding arrangements. Local arrangements will be monitored at site level by the relevant local governance meeting and at corporate level by the Safeguarding Forum (a subcommittee of the Assurance Committee).

3.4 It is the responsibility of all colleagues to read this policy, to complete the Safeguarding training commensurate with their job role, and to report any genuine concerns to the designated safeguarding officer/lead on site, or a senior colleague.

4 PREVENTION

4.1 **Safer Recruitment** – Safer recruitment policies must be followed for all colleagues. Refer to HR01 Safer Recruitment including Prevention of Illegal Working.

4.1.1 **Agency Colleagues** – Agency colleagues references and Disclosure and Barring Service, Access NI or Disclosure Scotland checks are the responsibility of their employer i.e. the Agency, but must be confirmed in writing to the site prior to any shift being worked. Agency colleagues induction will include an overview of safeguarding procedures specific to the site. It is the responsibility of the Hospital Directors, Registered Home Managers and Service Managers to ensure agency colleagues have been cleared by their employer i.e. the agency.

4.1.2 The Safeguarding Vulnerable Groups Act 2006 introduced a new vetting and barring scheme for all those who work with children and vulnerable adults. This list was kept by the Independent Safeguarding Authority (ISA) until it merged with the Disclosure and Barring Service (DBS) in 2012. Employers are required to make referrals to the DBS about individuals they believe to pose a risk of harm to vulnerable groups and it is an offence not to report. There is a referral guidance document available from the DBS www.gov.uk/government/publications/dbs-referrals-form-and-guidance. It is also an offence for employers to employ anyone who is barred under the scheme or to fail to report (Refer to HR0.7 Disclosure (including DBS, Access NI and Disclosure Scotland).

4.1.3 In Scotland, the Protecting Vulnerable Groups (PVG) Scheme, managed by Disclosure Scotland works by encouraging people who work with vulnerable groups on a regular basis to join. While membership is not compulsory, a barred person is committing an offence if they engage in "regulated" work. Disclosure Scotland Protection Unit is the equivalent of the DBS. The vetting and barring schemes are linked so that they are all able to identify if and when an individual has been negatively reported in the system of any country in the UK. For further information visit http://www.disclosurescotland.co.uk/about/vulnerable-groups/how-it-will-

work/index.html#referrals

4.1.4 **Notifications to Regulatory Bodies** - It is the responsibility of the Hospital Directors, Registered Home Managers and Service Managers to notify their specific regulatory body if an employee is dismissed on safeguarding grounds in consultation with Central HRD and the Regional Manager or Operations Director.

4.2 **Registered Offenders** - Where a known offender is accommodated in a Priory unit, steps must be taken to ensure that no child can be deemed to be at risk as a result of that person being accommodated in the unit. Where a child is themselves an abuser, supervision procedures should reflect the potential risk to other children. (See section 10)

4.3 **Designated Roles** - Every Priory site where children are accommodated must have a senior colleague as the designated safeguarding officer supported by a Regional Safeguarding officer/lead. A register of the designated safeguarding officers for all Priory units will be kept centrally by the Corporate Assurance team, updated by sites on a regular basis. It is the responsibility of the senior manager in each unit to notify Central Office of the name of this person (notification can be sent via SCQHelpdesk@priorygroup.com). For levels and training see section 5 and see **Appendix 1** for role description. These roles will be regularly reviewed by the Safeguarding Forum.

4.3.1 Sites that do not accommodate or educate children should have a named officer/lead on child safeguarding issues, known as the designated Child Safeguarding officer/lead supported by the Regional Safeguarding officer/lead. For levels of training see section 5 and see **Appendix 1** for role description.

4.4 **Partnership Working -** No effective child safeguarding process can work unless those concerned are committed to the concept of partnership working. All agencies involved, private or public bodies, should have the well being of the child as the first priority.

4.5 **Information Sharing -** Information shared between agencies, including the local Children's Services Dept (social services) and the police must be treated with the strictest confidentiality and in line with the document 'Information Sharing:- a Guidance for practitioners and Managers' (Department of Education) 2008. If sexual exploitation is suspected or disclosed, there is guidance in 'Safeguarding Children and Young People from Sexual Exploitation' (DCFS 2009) on how the investigation requires a proactive approach to explore the nature and patterns of sexual exploitation locally, and to share information with partner agencies about those at risk and potential perpetrators. Linking this work to the response to missing young people and other public protection issues can help to identify and manage risk at an early stage. It is therefore crucial that those working with children who are, or have been in care, are aware of the local arrangements for information sharing on Child Sexual Exploitation (CSE) and that these are incorporated into local procedures. If Child Sexual Exploitation is suspected the police must be notified.

4.5.1 In most cases consent should be sought before sharing information, but there are cases when you should not seek consent. For example if doing so would:

(a) Place a person (the individual, family member, yourself or a third party) at increased risk of significant harm if a child, or serious harm if an adult
(b) Prejudice the prevention, detection or prosecution of a serious crime
(c) Lead to an unjustified delay in making enquiries about allegations of significant harm to a child or serious harm to an adult.

4.5.2 Even where you do not have consent to share confidential information, you may lawfully share it if this can be justified in the public interest. Seeking consent should be the first option. However, where consent cannot be obtained or is refused, or where seeking it is inappropriate or unsafe as explained in 4.5.1 above, the question of whether there is a sufficient public interest must be judged by the practitioner on the facts of each case. Therefore, where you have a concern about a person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information.

4.5.3 A public interest can arise in a wide range of circumstances, for example to protect children from significant harm, protect adults from serious harm, promote the welfare of children or prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of services.

4.5.4 In addition, the Children Act 2004 and the Protection of Children (Scotland) Act 2003 introduced a duty to co-operate to improve the wellbeing of children and young people and for agencies to work together.

4.5.5 Taking account of the information sharing guidance, where it is decided that parents should be informed, this must be done in a planned way. The views of the child, any allegations which involve a parent or adult in the family, and the statutory responsibility for the child will influence how this will be done.

4.5.6 The local authority has a statutory responsibility to make further enquiries if concerns about the wellbeing of any child are expressed to them which reach their threshold for intervention. The appropriate personnel from the Priory site should participate in the conference and should provide whatever information is deemed necessary.

4.6 **Personal Social and Health Education (PHSE) -** Where the child's education is the responsibility of the Priory site, it is important to make the student aware of behaviour towards them that is not acceptable and how they can help keep themselves safe. The non-statutory framework for PSHE provides opportunities for children to learn about keeping safe, and who to ask for help if their safety is threatened. As part of developing a healthy safer lifestyle students should be taught, for example:

(a) To recognise and manage risks in different situations and then decide how to behave responsibly
(b) To judge what kind of physical contact is acceptable and unacceptable
(c) To recognise when pressure from others (including people they know) threatens their personal safety and wellbeing and develop effective ways of resisting pressure; including when and where to get help
(d) To use assertiveness techniques to resist unhelpful pressure.

4.6.1 Although, issues such as domestic violence and abuse can be difficult to broach directly, discussions about keeping safe may reinforce the message that any kind of violence is unacceptable, letting children know that it is okay to talk about their own problems, and signpost sources of help. Raising these issues can lead children to bring up personal problems and concerns. Colleagues delivering lessons on these subjects need to be prepared for that possibility and follow the disclosure process in section 8 as necessary.

4.6.2 The Adoption and Children Act 2002 acknowledges the adverse effects a child experiences when exposed to domestic violence, by including in its definition of significant harm, the harm children suffer by seeing or hearing the ill treatment of another person particularly in the home.

4.7 **Radicalisation -** Priory Group recognises that there is a threat of terrorism and understands that many terrorists are radicalised in the course of their day-to-day contact with others. Priory group works with vulnerable people who are often experiencing a personal crisis, have a low economic status and are socially isolated. This group are particularly prone to being exploited and adopting an extremist agenda. The UK government's Prevent Strategy (2011), which is a key aspect of safeguarding, outlines the commitment to be made by organisations such as Priory Group sector in ensuring that threats of this kind are understood and responded to. (Refer to OP08.1 Responding to Suspected Radicalisation).

4.8 **Visitors -** All visitors to and from any site must be recorded, and supervised as appropriate. (Refer to Priory policies on visitors and visiting children, H46 Arrangements for Visitors including Visits by Children, AM65 Visitors).

5 TRAINING

5.1 It is the responsibility of the Hospital Director, Registered Home Manager and Service Manager to ensure that all employees comply with the training plan, which is centrally managed and monitored by Learning and Development in Central HRD and to regularly view the compliance levels via Foundation for Growth (FfG) reports. The FfG (e-learning) module will be completed by all colleagues within 3 months of appointment to the job role with regular updates. Refresher training will be delivered by on site trainers (see 5.5) face to face, based on assessment of risk for the particular site. (See OP Form: 21A)

5.2 All employees working on Priory sites will undertake the FfG training module on Safeguarding Children to enable them to recognise early signs of abuse and understand how to communicate concerns to safeguarding officers/leads and share vital information between agencies. (See OP Form: 21A)

5.3 The Hospital Director, Registered Home Manager and Service Manager has the responsibility to identify further suitable training through their Local Safeguarding Children Boards (LSCB)/Scotland local CPC, appropriate to the level of contact with children or parents/carers and the responsibilities of the employee in regard to children. All courses attended must be recorded on Foundations for Growth (FfG) by the Site learning Administrator.

5.4 Additional face to face training is provided to employees working in CAMHS units by designated safeguarding officers or through the LSCB/Scotland local CPC where appropriate and efficient.

5.5 Designated Safeguarding Officers/Leads (or another employee delegated to train others) will attend centrally arranged training (Level 4) for Adult or Child safeguarding (or both dependant on site requirements), provided by an external training provider, every two years. To ensure consistency of standards, this training will be delivered across all Divisions. This training is followed by a 'Train the Trainer' course. Successful attendance on these courses gives the trainers approved status to deliver face to face training to Level 3 at their in addition to LSCB/ Scotland Local CPC training offered locally. Access to appropriate and approved training must be authorised by completing a training request via Foundations for Growth (FfG).

5.6 Hospital Directors, Registered and/or Service Managers should ensure that the training materials and guidelines provided by LSCB/ Scotland Local CPC are available to all employees.

5.7 Supervision will be offered at regular intervals to the designated officers/leads for safeguarding by the Regional Safeguarding officer/lead. Supervision is vital in reflection and learning and can be delivered to other staff groups as appropriate. Colleagues delivering supervision will receive the appropriate training (Refer to OP28 Supervision).

5.8 Depending on the level of contact with children, supervision will be delivered on a one to one basis or in a supervision group. Supervision is '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 outcomes. (Providing Effective Supervision, Skills for Care and CWDC 2007, page 5)

6 DEFINITIONS AND RECOGNITION OF CHILD ABUSE

6.1 Whilst the statutory responsibility for deciding whether or not a child has been abused lies with personnel both in and outside Priory Group, colleagues should be aware of what is meant by child abuse. Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the Internet). They may be abused by an adult or adults, or another child or children. There are basically four types of abuse referred to in the

Government's own guidelines, these are:
(a) Neglect
(b) Physical abuse
(c) Sexual abuse
(d) Emotional abuse.

6.1.1 It must be noted that abuse is not just an adult crime. Children can pose a threat either physical or sexual to other children. Even when sexualised behaviour is identified and a child is on a treatment programme, they still have to be educated and managed within the school, residential care home or hospital.

6.2 **Neglect** - The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once the child is born, neglect may involve a parent or carer failing to:
(a) Provide adequate food, clothing and shelter (including exclusion from home or abandonment
(b) Protect a child from physical and emotional harm or danger
(c) Ensure adequate supervision (including the use of inadequate care-givers), or
(d) Ensure access to appropriate medical care or treatment.

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

6.3 **Physical Abuse –** A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. This includes Female Genital Mutilation (FGM). All professionals working in "regulated professions" (healthcare workers, teachers, and social care workers), have a statutory duty to notify the Police if they discover that an act of FGM appears to have been carried out on a girl who is under the age of 18 years (or if they suspect that a child may be at risk).

6.4 **Sexual Abuse –** Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing or touching of outside clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the Internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

N.B. **Child Sexual Exploitation (CSE)** is a form of sexual abuse. It is the coercion or manipulation of children and young people into taking part in sexual activities, usually involving an exchange of some form, which can include money, mobile phones and other items, drugs, alcohol, a place to stay, 'protection' or affection. The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent. CSE is a particularly hidden form of abuse and recent evidence indicates that children who are, or who have been in care, are more vulnerable. Disclosure of this form of abuse is rare. Vulnerability and risk indicators of CSE are well established and it is possible to evidence risks.

6.5 **Emotional Abuse** – The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless and unloved, inadequate, or valued only insofar as to meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being

imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

N.B Children from all cultures are subject to abuse and neglect, so practitioners need to make sensitive and informed judgements about a child's needs, and parents' capacity to respond to their child's needs. It is important that professionals are sensitive to differing family lifestyles and to child-rearing patterns that may vary across different racial, ethnic and cultural groups. At the same time they must be clear that child abuse cannot be condoned for cultural or religious reasons.

7 INTERNAL REPORTING

7.1 All safeguarding incidents and allegations of abuse will be reported on the Priory Incident Reporting System. A note will be made of whether the incident is disclosure of a historical event or whether it is a current issue that has happened whilst the child is the responsibility of Priory group colleagues. An appropriate note will be made in the service users records.

7.1.1 The disclosure of a historical event is in itself an incident which needs reporting, so that a proportionate notification and investigation can take place to establish the facts and to ascertain whether it is indeed historical and not continuing or current. There would be a risk in not reporting such incidents, since assumptions might be made, and transparency may be compromised.

7.2 If an incident has been discussed with the local Children's Services Dept (i.e the Local Authority Designated Officer or in Wales, the Principal Officer Safeguarding Children as recorded on **OP Form**: **15**) a record must be kept of their response e.g. whether a referral has initiated further enquiries or signposted to another service. The advice of the local Children's Services Department will be acted upon.

7.3 Colleagues who suspect any form of child abuse or safeguarding issue should discuss their concerns with the designated safeguarding officer/lead for children on site, or in their absence discuss with a senior colleague.

7.4 A register of all safeguarding incidents will be kept centrally via the Incident reporting system.

7.5 For the latest information about the escalation process for safeguarding incidents, refer to the Flowcharts on the Safeguarding pages on the Intranet.

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7.6 If an incident is serious enough to warrant a 'Serious Case Review', this is usually communicated directly to the CEO of Priory Group by the Chair of the local Safeguarding Board. The CEO will delegate the responsibility for managing the response to the Group Safeguarding Lead (the Group Medical Director) who will send an acknowledgement letter to the Chair of the local Safeguarding board without further delay. The Group Safeguarding Lead, the Director of Safety and the relevant Divsional Director of Quality will conduct an impact assessment and reach an agreement on the appointment of authors for the chronology and the Individual Management Review (IMR) to ensure that the full response is sent to the Safeguarding Board within their specified timescales.

7.6.1 For identification and appointment of senior colleagues to deal with the response and actions, and the process involved refer to the Flowchart at Appendix 3.

8 DISCLOSURE OR DISCOVERY OF ABUSE OR ALLEGATIONS OF ABUSE

8.1 **Step by Step Guide**

(a) Listen to what the person who is alleging abuse has to say
(b) Advise the person alleging abuse what will happen next
(c) Never ask leading questions about the alleged abuse
(d) Report any allegations or suspicions of abuse to the designated Safeguarding Officer immediately. In his/her absence, consult the Hospital Director, Registered Home Manager or Service Manager, or senior manager on duty
(e) Record:
    i. All details and times of conversations and telephone calls
    ii. Names of colleagues present at the time
    iii. Any other relevant information
    iv. Sign and date the record.

8.1.1 Remember, speed is essential as delays in reporting abuse can have serious consequences for an abused child.

8.2 In the event of, or knowledge of abuse of children at the unit by anyone, including another service user, employees should use the following procedures:

(a) Consult with the designated Safeguarding Officer/lead on site, who will liaise with the local Children's Services Dept, (i.e the Local Authority Designated Officer or in Wales, the Principal Officer Safeguarding Children) either to seek advice or to make a referral as either a child in need or a child in need of protection
(b) Record in detail the circumstances, including the nature and extent of any injuries and any action taken including any immediate medical assistance required.

8.3 The designated safeguarding officer/lead (or in his/her absence, the Hospital Director, Registered and/or Service Manager) is responsible for ensuring that the following procedures are carried out where abuse is suspected or alleged:

(a) Ensure that the child is safe
(b) Record in detail the circumstances, including the nature and extent of any injuries and any action taken
(c) Keep records up to date, to evidence outcomes or further work required
(d) Refer the case to the local Children's Services Department and take their advice on what to do next.

8.4 The Designated Safeguarding Officer/Lead will be the point of contact for all matters concerning a particular case and he/she will liaise with the local Children's Services Department and co-ordinate any actions that they prescribe or recommend.

8.5 Colleagues may be required to contribute to an initial case conference set up by the Children's Services Department either by providing a report or by attendance. The designated child safeguarding officer/lead will assist colleagues in this process and provide the necessary guidance to support them.

8.6 Historical abuse will always be discussed with the local Children's Services Department as the perpetrator could still be in a position to abuse children. The child or young person who disclosed this may require support.

8.7 The Designated Safeguarding Officer/Lead will ensure that concerns are fully and accurately recorded on the Incident Reports. These, along with other reports or details regarding any allegation or incident of abuse, will be kept securely and confidentially by the designated Safeguarding officer/lead.

8.8 The Hospital Director, Registered Home Manager or Service Manager is responsible for undertaking all such duties described above in the absence of the safeguarding officer/lead.

8.9 **Allegations Against Colleagues –** This process should be followed in situations when it is alleged a colleague has:

(a) Behaved in a way that has harmed a child, or may have harmed a child
(b) Possibly committed a criminal offence against or related to a child, or
(c) Behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children.

8.9.1 Any allegation should be reported immediately to the Hospital Director, Registered and/or Service Manager. The only exception to this is if the allegation is about the Hospital Director, Registered and/or Service Manager, in which case the allegation should be reported to the Regional Operations Director.

8.9.2 On being advised of an allegation that meets the criteria in 8.9, the Hospital Director, Registered and/or Service Manager (or Managing Director) should contact the Local Authority Designated Officer (LADO), who will advise on whether:
(a) The matter should be referred to a strategy discussion as a matter that may need to be dealt with under safeguarding children or Police procedures
OR
(b) It is a matter to be dealt with through disciplinary procedures or by an appropriate management response (such as issuing management guidance to the colleague concerned).

(**NB**: Priory Disciplinary procedures may be undertaken, even if the local safeguarding or police teams decide not to take further action).

8.9.3 This initial discussion will determine the approach to be taken to informing the parent or carer of the child or children concerned.

8.9.4 An early recommendation from either the LADO or from the strategy discussion should determine whether and when the colleague who is the subject of the allegation should be informed of the allegation and whether they should be moved to other work or suspended whilst the allegation is dealt with.

9 REFERRALS TO THE LOCAL CHILDREN'S SERVICES DEPARTMENT

9.1 Priory sites will use the documentation provided by or agreed with the local Children's Services Department to make referrals. Any referral that is made to the Children's Services Department must also be made to the relevant regulatory body (e.g. CQC, RQIA, Care Inspectorate, HIS, CCSIW, HIW, Ofsted).

9.2 The Hospital Director, Registered and/or Service Manager should ensure that all details of local arrangements are noted on **OP Form: 15**, copies of which should be made available to all employees.

10 CHILDREN VISITING UNITS WHICH ACCOMMODATE INDIVIDUALS WHO ARE A RISK TO CHILDREN

10.1 Any child, who visits a unit where a registered offender (or a service user with past history/potential for offending, though not currently on the register, is accommodated) should be carefully monitored to ensure that the child is not placed at risk. A risk assessment should be carried out prior to any visit.

10.2 A visiting child should not be allowed to have contact with an individual who is a risk to children, who is accommodated in a Priory unit, unless in a supervised setting. Who should be allowed to visit, supervision arrangements, location of access etc should be clearly documented in the individual's Care Plan and clearly discussed before any visit by a child takes place.

10.3 The care plan for such a service user should reflect the potential for him/her to come into contact with children who are not actually visiting him/her, but visiting someone else. The onus is on colleagues to ensure that they are aware of the whereabouts of the service user

who poses a risk to children whenever there are visiting children on the unit.

11 PUPILS/STUDENTS IN WORKPLACE PLACEMENTS

11.1 There are occasions when children are placed in settings outside of their normal educational/residential setting. This might be as work experience, or under the increasing flexibility agenda or alternative provision arrangements.

11.2 Priory Colleagues organising placements need to ensure that local procedures are in place to protect children from harm, focusing greatest protection on settings in which children may be most at risk, for example when children are placed for long periods in one to one situations with an adult. Employers and training organisations need to be made aware of safeguarding issues and asked to co-operate in putting appropriate safeguards in place. The safety of the student remains the responsibility of the site making the placement and therefore Priory colleagues will need to continue to undertake regular risk assessments.

11.3 Additional safeguards will be necessary for placements that are in the same workplace when one or more of the following conditions apply. The placement is:

(a) For more than one day per week
(b) For longer than one term in any academic year
(c) Aimed at children who may be vulnerable, e.g. those who have special needs, or are young (aged under 16)
(d) One where the workplace supervisor or a colleague will have substantial unsupervised access to the child, because of the nature of the business (i.e. micro business, sole trader or journeyman)
or
(e) Has a residential component.

11.4 If any of the above conditions apply, the following safeguards should be in place:

(a) The manager of the Priory site who arranges, vets, or monitors work placements should have had training in safeguarding children
(b) Training organisations or employers taking responsibility for a child or children on a long term placement should be asked to make a commitment to safeguarding their welfare by endorsing an agreed policy or statement of principles
(c) Any person whose normal duties will include regularly caring for, training, looking after or supervising a child in the workplace should be vetted and subject to checks by the DBS, Access NI or Disclosure Scotland, to ensure she/he is not disqualified from working with children or otherwise unsuitable to be responsible for them
(**N.B.** this should not include people who will have contact with the child simply because she/he will be in the same location, or as part of their work. It is intended to apply to people who are specifically designated to have responsibility for looking after, supervising or directly training a child or children throughout the placement. Checks should normally be arranged by the organisation arranging the placement, through the LA, School or FE institution, and the person should be regarded as a volunteer for the purpose of the check. The results of these checks will be recorded on the institution's Single Central Register)
(d) That person should also be given basic child safeguarding training by the placing institution to be aware of their responsibilities in accordance with 'Working Together to Safeguard Children 2013'. They should be given details of a person to contact at the institution in the event that there are any concerns about a child for whom they are responsible
(e) The children who are placed in these settings should also be given clear advice about who to contact if they are worried or uncomfortable about their surroundings, or if they suffer abuse. They should have a continuing point of regular appropriate contact within the school or FE institution and be given opportunities to raise any concerns they may have
(f) School/FE institution/LA policies and procedures should define what actions need to be taken by whom and when if any child safeguarding issues are raised prior, during or after the placement

(g) In some cases it is also important to ensure that the child/student concerned is suitable for the placement (for example, when placing children in environments involving them working with younger children) and in some circumstances DBS, Access NI or Disclosure Scotland checks may be required. **NB.** DBS, Access NI or Disclosure Scotland checks would not normally be appropriate for students taking Applied GCSE in Health and Social Care.

12 PHYSICAL INTERVENTIONS

12.1 Priory policies, appropriate to each division, on the use of physical interventions must be followed and colleagues trained appropriately.

12.2 The use of physical force is inappropriate in most settings. Where it has been used, a full record of the incident must be made, and if serious the appropriate authorities informed (Primary Care Trust/Local Authority/Local Safeguarding Children's Board). In exceptional cases the appropriate regulatory body should also be advised (Ofsted, CQC, RQIA, SCSWIS, HIS, CCSIW, HIW) by the Hospital Director, Registered and/or Service Manager, in consultation with the Regional manager or Operations Director.

13 AUDIT

13.1 An Audit of Safeguarding processes will be carried out on all sites, with a maximum interval of 12 months. (**OP Form: 21** is available for this purpose). The results of the Audit will be discussed at relevant local governance meetings and an action plan will be developed as required.

14 REFERENCES

14.1 **Legislation:**

Adoption and Children Act 2002
Care Standards Act 2000
Children Act 1989 (2004)
Counter Terrorism and Security Act 2015
Education Act 1996 (2002)
Female Genital Mutilation Act 2003
Protection of Children Act 1999
Protection of Children (Scotland) Act 2003
Safeguarding Vulnerable Groups Act 2006
Sexual Offences Act 2003

14.2 **Guidance:**

CQC (2015) Statement on CQC's Roles and Responsibilities for Safeguarding Children and Adults
CQC (2015) Specialist Mental Health Service: Provider Handbook
DCA (2007) Mental Capacity Act 2005 Code of Practice
DfE (2015) Keeping Children Safe in Education; statutory guidance for schools and colleges
DH (2011) Safeguarding Adults: The role of health service practitioners
DH (2013) Domestic Violence and Abuse – Professional Guidance
DH (2013) Statement of Government Policy on Adult Safeguarding
DH (2014) Care and Support Statutory Guidance
DH (NHS England) (2015) Skills for Care and Health: Core Competencies for Health Care support workers and Adult Social Care workers in England
DHSSPSNI (2015) Care Standards for Nursing Homes - Standard 13
Disclosure Scotland (2011) Protecting Vulnerable Groups Scheme
Foreign & Commonwealth Office and Home Office (2015) Forced Marriage
Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Home Office (2015) *Prevent* Duty Guidance: For England and Wales
Home Office (2015) *Prevent* Duty Guidance: For Scotland
HM Government (2011) Prevent Strategy

HM Government (2015) Working Together to Safeguard Children: A guide to inter-agency working
HM Government (2016) Multi-agency Statutory Guidance on Female Genital Mutilation
Intercollegiate document: Third Edition (2014) Safeguarding Children and Young People: Roles and competencies for health care staff
Learn to Care & Bournemouth University (2014) National Competence Framework for Safeguarding Children
NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives
RQIA (2009) Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults
SCIE (2011) Adult Services Report 47. User Involvement in Safeguarding
SCIE (2011) Adult Services Report 50. Safeguarding Adults at Risk of Harm: A legal guide for practitioners
South Gloucestershire Safeguarding Adults Board (2012) Winterbourne View Hospital, A Serious Case Review
Volunteer Now (2011) Safeguarding Vulnerable Adults, A Shared Responsibility
Welsh Assembly Government (2011) In Safe Hands: Implementing adult protection procedures in Wales

Appendices:

APPENDIX 1 - Designated Roles
APPENDIX 2 - Safeguarding Procedure flowchart
APPENDIX 3 - Serious Case Reviews – Process for Appointment of Writer for Chronology of IMR
APPENDIX 4 - Serious Case Reviews - Process for Chronology and IMR

Associated Forms:

OP Form: 15 - Local arrangements for Child Safeguarding
OP Form: 17 - Referral of Alleged Safeguarding Concern
OP Form: 21 - Safeguarding Audit tool
OP Form: 21A - Safeguarding Training Matrix

APPENDIX 1

Designated Roles

1 Role of the Designated Safeguarding Officer / lead

The role of the designated Safeguarding Officer on sites where children are accommodated, cared for or educated should include, as a minimum, the following:

(a) Undertake training and updates to the level specified
(b) Monitor (and if appropriate, deliver) safeguarding training of colleagues on site and ensure it is of good quality, up to date and meets the requirements of the regulator and Priory group policy.
(c) Communicate changes to procedures/documentation to colleagues
(d) Ensure that their own knowledge of safeguarding legislation and guidance is up to date
(e) Ensure site colleagues are up-to-date and informed on specific and topical safeguarding issues e.g. CSE, social media
(f) Assist/advise other colleagues on safeguarding issues
(g) Be aware of what situations require referral to the local Safeguarding team
(h) Understand and advise other colleagues on referral processes
(i) Ensure that clear and accurate records of incidents are kept and follow-up is timely and thorough
(j) Provide reports for relevant local management and governance meetings that monitor safeguarding and analyse the effectiveness of policies and procedures
(k) Input into the development of local safeguarding procedures
(l) Share learnings from safeguarding incidents
(m) Take a lead role with the Local Safeguarding agencies and provide the link from the site
(n) Share best practice and lessons learnt through regular contact across the division and Priory Group.

In Hospital the role should extend across all services offered within the site (including Inpatients, Outpatients and Daypatients).

Training required: Priory Level 4 (See OP Form: 21A) and as required by your LSCB/Scotland Local CPC

2 Role of the Designated Child Safeguarding officer / lead

The role of the designated Child Safeguarding officer/lead on sites where children are NOT accommodated, cared for or educated should include as a minimum, the following:

(a) Be involved in the development of local Child Safeguarding procedures
(b) Provide the link from the site to the LSCB/Scotland Local CPC
(c) Raise awareness with other colleagues on child safeguarding issues and updates
(d) Liaise with the local Safeguarding Teams when required
(e) Undertake training as required with regular updates
(f) Liaise with the site designated Safeguarding Officer (adults) to share lessons learnt and best practice.

Training required: Priory Level 4 (See OP Form: 21A) or as required by your LSCB/ Scotland Local CPC

3 Role of the Regional Safeguarding officer / lead

As per Designated Safeguarding Officer (see number 1 above). In addition:

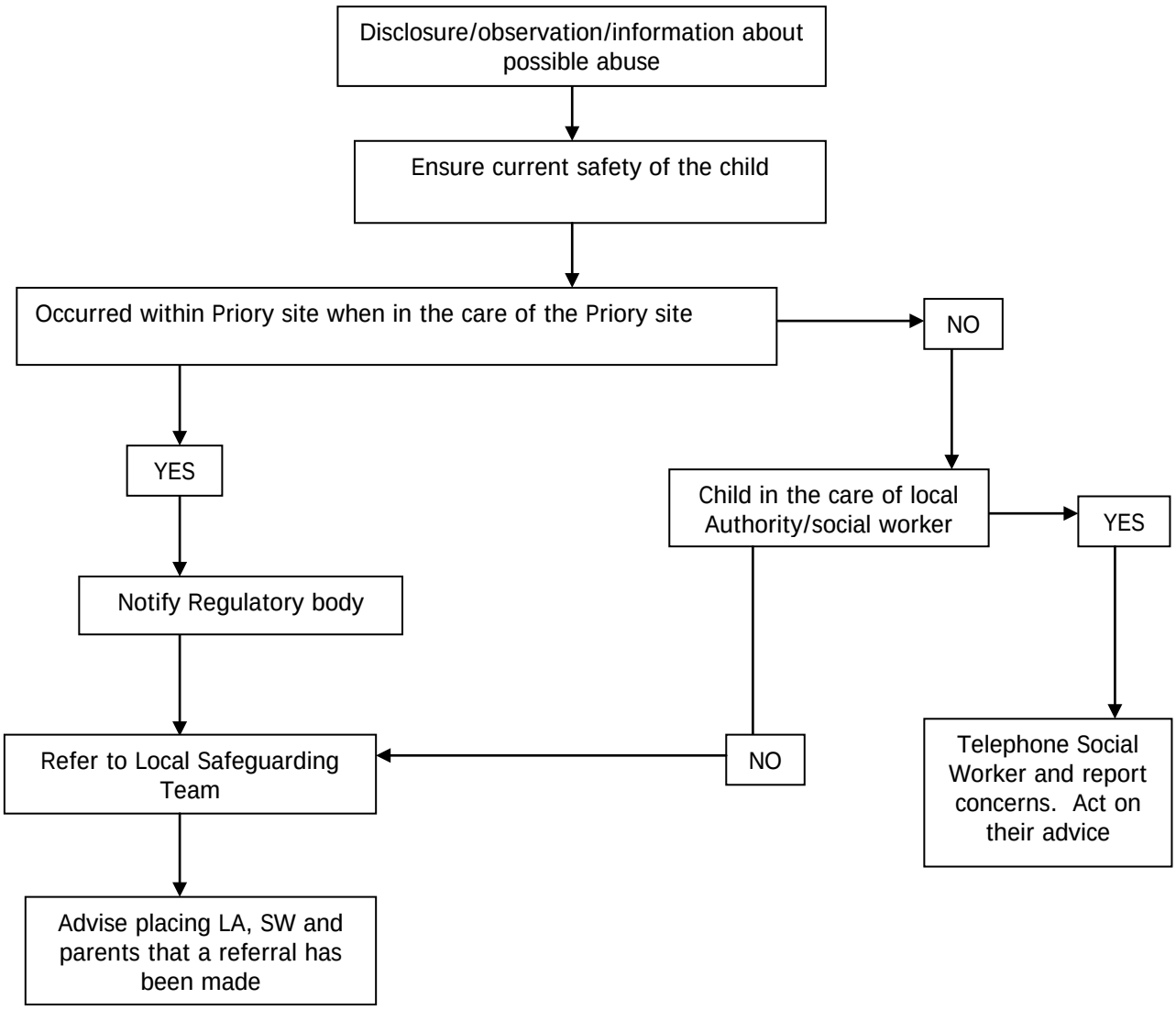
(a) Provide safeguarding supervision to the designated Safeguarding Officers/leads
(b) Offer sound policy advice and support
(c) To analyse the results of the divisional audits of practice and identify any actions necessary for the region and monitor these to completion, analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact (at least annually) with other regional safeguarding officer/leads.

Training required: Level 5 (See OP Form: 21A) or as required by your LSCB/Scotland Local CPC

APPENDIX 2

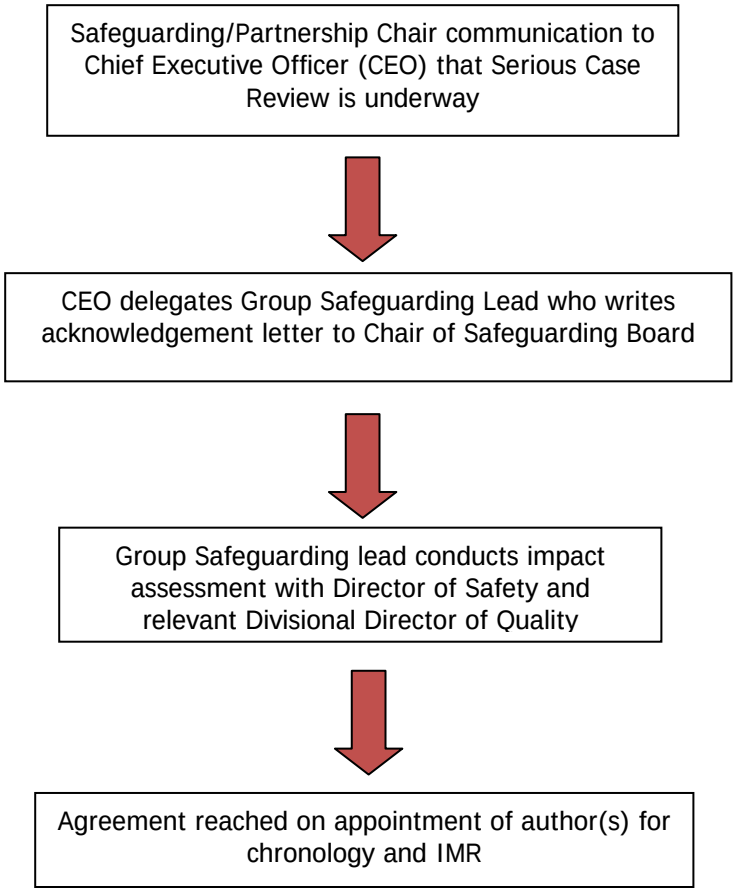
Internal Safeguarding Procedure

The following flowchart details actions that must be taken following suspicion that a child has been abused.



APPENDIX 3

Serious Case Reviews -
Process for Appointment of Writer for Chronology and IMR



APPENDIX 4

Serious Case Reviews - Process for Chronology and IMR