# Healthy Living Partnership Safeguarding Policy

# Safeguarding Children & Young People Policy

# October 2024

## Healthy Living Partnership Limited

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# Version Control

| Version | Outline | Author | Date |
|---|---|---|---|
| V.01 | Initial Draft based on Provide and Essex Safeguarding Board policies and resources | D Devitt | 31 May 2023 |
| V.02 | Revised updated draft to reflect policy updates and national policy developments | D Devitt | 21 October 2023 |

# Contents

## Acknowledgements:

Provide Safeguarding Policy suite

Essex Safeguarding Policy and Procedures

Social Care Institute for Excellence

HMG Safeguarding Children Policies, procedures and guidance.

## 1.0 Introduction:

Section 11 of the Children's Act 2004 and the wide range of statutory responsibilities set out in Working Together to Safeguard Children (2018) set out a range of responsibilities and functions for the safeguarding, and ongoing promotion of welfare and protection of children and young people.

The safeguarding and promotion of the welfare of children is an integral element of the services and care offered to all children and their families by all staff in both statutory and voluntary and community sector organisations working on behalf of the Healthy Living Partnership (HLP).

The service offer delivered via or on behalf of HLP is potentially very broad in nature and could include care offered to children, young people, families or adults who are parents or carers.

The aim of the policy is to ensure that there is a robust system in place to safeguard children and young people who receive service from HLP and to support staff with safeguarding children and young people. The policy sets out the roles and responsibilities of all staff and those working on behalf of HLP with respect to keeping children safe and promoting their welfare.

## 2.0 HLP – Current Activities and Commitment to Safeguarding

Healthy Living Partnership **does not currently or foreseeably** have any direct contracted or subcontracted relationship or operate on its own as either a provider of services to the community where direct care or clinical provision to children and young people (CYP) would be conducted.

That limitation on the scope of activities delivered by HLP notwithstanding this policy has been drafted to ensure that HLP is well placed to ensure that it is delivering a comprehensive approach to Safeguarding CYP and related policies and able to adapt to future changes in commissioned activities. It stands as a visible sign of HLP's awareness of and commitment to the provision of safeguarding and related assurance for services that are delivered through HLP via subcontracted entities and

with a view to ensuring compliance is built into the HLP policy framework before rather than after it becomes necessary.

HLP is essentially a company that holds contracts for organisations that are not (due to their constitutional composition) able to hold these contracts themselves, and require a corporate entity to subcontract them.

These organisations do not currently perform functions where children's safeguarding (or adults) functions are entailed, but this is a situation that could potentially change over time.

To provide assurance of HLPs robust and forward-thinking approach to safeguarding this policy and others on different safeguarding themes have been drafted in preparation in case any of the functions do, one day, become an element of HLP business.

HLP will ensure that it monitors and provides assurance to its commissioners that its relationships – either to commissioning bodies or subcontracted entities - align with its commitment and obligations and accountability to commissioners for safeguarding practice and policies in subcontractors.

This will be reviewed on a regular and ongoing basis and especially at the commencement of new contractual relationships where an assessment to ensure a full compliance with relevant safeguarding practice and policies is conducted.

In this way HLP will evolve its safeguarding response in line with future requirements whilst constantly assessing, reflecting upon and improving its safeguarding approach and policy suite.

## 3.0 Key Guidance, Principles and Obligations

The Children Act 1989 provides a comprehensive framework for the care and protection of children and young people.

The fundamental principle that underpins the Children Act is that the welfare of the child/young person (under 18 years) is paramount.

Achieving positive outcomes for children requires all those with responsibility for assessment and provision of services to work together according to an agreed plan of action.

In addition, the Children Act 2004 (Section 11)) sets out duties for a wide range of bodies including health. Therefore, health agencies, including those contracted or subcontracted to deliver health functions (as with Local Authority Public Health contracted community services – including those commissioned via community pharmacies) which have a statutory duty to carry out their functions with an explicit focus on the need to the need to safeguard and promote the welfare of children and young people. This duty extends to both directly contracted and delivered and subcontracted services.

“Working Together to Safeguard Children” (DH 2015) statutory guidance sets out how organisations and individuals should work together to safeguard and promote the welfare of children.

The Safeguarding Children & Young People Policy and Guidelines complement and should be used in conjunction with Local Safeguarding Procedures for the geographical region(s) where HLP operations and contracted activities are being delivered. Currently services are being delivered in Essex and should adhere to the Essex Safeguarding Children Board (ESCB) Procedures but this and the links to other areas procedures will be assessed on an ongoing basis. Core resources are available, via the links below:

The Essex Safeguarding Children Board Procedures and SET Procedures May 2022.

The Policy is intended to support all HLP staff and subcontractors working on behalf of HLP with safeguarding children within all geographical areas in which services are delivered.

The **Intercollegiate Document** ‘*Safeguarding Children Roles and Competencies for Healthcare Staff Intercollegiate Document’*, (RCN 2019), sets out the levels of competencies expected of all staff working within the health service.

All staff must ensure that they possess the required knowledge, skills and competencies – in line with their role as set out in their training matrix in line with the Intercollegiate Document (2019).

## 4.0 Purpose

The purpose of this policy is to ensure that HLP Staff and subcontracted entities are able to appropriately fulfil their safeguarding obligations with regards to children and young people.

HLP understands that the safety, rights and wellbeing of service users is paramount and that they have a right to feel safe and protected from any situation or practice that results in them being harmed or at risk of harm. HLP is committed to ensuring the primacy of service users human rights, choice; and their right to control and be included in care/decision making.

HLP understands these are important for meeting the individual needs of service users and reducing the potential for abuse. It is therefore central to the HLP Safeguarding response.

A note on Equality and Diversity

This policy has been developed in line with HLP’s principles of Equality and Diversity and is underpinned by the following standards:

- An adult's welfare and safety is everyone's responsibility.
- Staff must work together, understand and appreciate other professionals' roles and responsibilities.
- No one must be discriminated against on the grounds of age, race, ethnicity, religion, culture, class, sexual orientation, gender or disability.

## 5.0 Scope

The policy applies to all staff employed or working on behalf of HLP. This includes those that are:

- Full or Part Time directly employed Staff
- Board Members and Secretariat supporting HLP
- Temporary, voluntary, contracted or self-employed staff
- Consultants and agency staff

The above will be referred to as 'all staff' in the policy.

## 5.0. Roles and Responsibilities

**All Staff**

All staff must always be alert to the possibility of significant harm to children through abuse or neglect, or to a child who is 'in need'. All staff should be able to recognise indicators and know how to act upon concerns, their depth of knowledge being commensurate with their roles and responsibilities.

*Effective safeguarding arrangements should aim to meet the following two key principles:*

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

(Working Together 2018 and SET Procedures May 2022)

All staff must be aware of

- the vulnerabilities of certain groups of children such as those who are disabled, 'looked after', privately fostered and socially excluded.

- the vulnerabilities of certain groups of adults who may find parenting difficult.

The latter category can include a very wide range of people and touch upon a broad range of conditions, and agendas. For example, those experiencing domestic abuse coercive control and or violence, instability arising from complexity involving mental health conditions or problems, uncontrolled substance or alcohol misuse, learning disabilities, involvement with the justice system or exposure top the effects of criminality, violence and the drugs trade, or those with unmet support needs and those exposed to economic adversity, poverty and stresses arising from the cost-of-living crisis.

**Core Principles**

All staff must therefore be aware of relevant adult safeguarding policies and procedures which may be involved including where incidents of children and young people potentially abusing vulnerable parents or carers.

All staff working primarily with adults who are parents or carers should always consider the effects on parenting capacity and subsequent implications for children of the adult's illness or behaviour.

All staff must recognise that sharing information is vital for early intervention to ensure that children are protected from abuse and neglect and that the safeguarding of children is paramount and can override any duty of confidentiality.

All staff regardless of grade or position must follow local SCB Procedures where there are concerns that a child is being abused or when there are child protection concerns. This cannot be delegated to others.

All staff should be aware that when they have concerns about possible child abuse or neglect, they can discuss their concerns with the HLP Safeguarding Advisor or a Local Safeguarding Children Board advisor or local NHS Named/Designated Safeguarding Professional, Manager or Supervisor, as required and must know how to access this support.

**IN EMEGENCIES**

However, if emergency action is needed to protect a child this should never be delayed due to the need to discuss concerns.

See the box below for the process for actioning immediate concerns as referenced in the ESCB resource: ESCB - Concerns about the welfare of a child.

**For members of the public:**

- If a child or young person is in immediate danger, call 999.
- If you're worried that a child is being abused or neglected, call the Children and Families Hub on 0345 603 7627. This phone line is open Monday to Thursday 9am to 5:30pm, and Fridays 9am to 4:30pm.
- Out of hours or bank holidays, call the emergency duty team on 0345 606 1212.

**For those working or volunteering with children and families please ensure you are requesting the correct level of support.**

- If you have an immediate safeguarding concern, call 0345 603 7627 and ask for the priority line. This phone line is open Monday to Thursday 9am to 5:30pm, and Fridays 9am to 4:30pm.
- Out of hours or bank holidays, call the emergency duty team on 0345 606 1212.
- You can also report a level 3 or 4 concern using the online Request for Support form. You can find out how to make an effective request for support on the examples and guidance page.

The Children and Families Hub continue to offer a consultation line for professionals providing advice and guidance. This can be accessed by calling 0345 603 7627 and asking for the 'Consultation Line'. This phone line is open Monday to Thursday 9am to 5:30pm, and Fridays 9am to 4:30pm.

Box 1 Key contacts and numbers to discuss a children's safeguarding issue

All staff should uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation whatever their race, religion, language, ethnicity, gender, sexuality, age, health or disability, location/placement, criminal behaviour, political or immigration status.

Those who work directly with children/young people should also have access to the Local SCB Child Protection procedures. (See ESCB - Safeguarding Policies & Procedures) LSCB Procedures available electronically so If staff print or save copies, they are responsible for ensuring these remain updated.

All staff must undertake mandatory child protection/safeguarding training at a level that is appropriate for their role and commensurate with the operational requirements of their post for which they are employed and reflects the competencies within the Intercollegiate Guidelines as set out in Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (RCN 2019).

All staff must ensure that they update their skills and knowledge by undertaking further refresher training as appropriate and in line with level of competency.

Assurance of this compliance will be through an annual audit process delivered by the HLP Safeguarding advisor and assured by the HLP Board. This will be refreshed in line with contractual obligations rather than strictly by calendar year to ensure that assurance is quickly developed for new areas of operation or focus, rather than waiting on a calendar bound process.

All staff that work with children should also ensure that they have the skills and knowledge as set out in 'Common Core of Skills and Knowledge for the Children's Workforce' (DfES 2005). See the Association of Directors of Children's' Services factsheet for an overview.

All staff that work regularly with children are responsible for ensuring that they access on going safeguarding children supervision depending on the recommendations for the practice area.

## 6.0 HLP Roles

## HLP Chair and Board

The HLP Chair has overall responsibility for ensuring that the HLP contribution for safeguarding and promoting the welfare of children is discharged effectively for all children & young people for whom HLP delivers services. This includes ensuring:

- There are safe and robust operational arrangements in place for safeguarding children in all the services that are provided.
- That staff work in line with Local Child Protection Procedures, and any other locally agreed policies and guidance.

Operational responsibility for maintenance and updates to the policy are delegated by the Chair to the HLP Safeguarding Advisor and the Safeguarding advisor's performance is assured by the Chair supported by the HLP Board.

**HLP Safeguarding Advisor**

The HLP Safeguarding Advisor provides professional leadership and strategic direction on HLP safeguarding children related activities or services to provide a coordinated and integrated safeguarding service that evolves in time with HLP

It is the responsibility of the HLP Safeguarding Advisor to ensure that contracted services are delivered in accordance with the Safeguarding Children Policy and Guidelines and that there are safe systems and processes in place to support HLP contracted services.

The HLP Safeguarding Advisor is responsible for ensuring that the needs of all children and young people are at the forefront of HLP delivery planning and contractual negotiations and that high quality health services that meet identified quality standards are delivered.

The HLP Safeguarding Advisor will ensure that monitoring and reporting of safeguarding activity to fulfil the relevant and appropriate requirements under Working Together to Safeguard Children (2015), CQC Essential Standard of quality and safety (2010), Standard 5 of the Children's National Framework and recommendations from Serious Case Reviews takes place.

The HLP Advisor is responsible for promoting good professional practice and providing specialist advice and support to HLP staff and subcontractors on any issue relating to safeguarding children.

The HLP Safeguarding Advisor will ensure provision of safeguarding children supervision and training to staff, regular audits of practice and conduct the internal Management Reviews (IMR's) as part of Serious Case Reviews or under a regular audit or to investigate an incident.

The HLP Safeguarding Advisor will ensure that HLP is represented at the health subgroup of the Essex Safeguarding Children Board (ESCB).

## HLP Contracting functions

HLP exists (as set out in section 1.00 above) to provide a vehicle for commissioned services and contracting arrangements that cannot be easily fulfilled by the constitutional structure of organisational environment in a particular circumstance. As a result of this HLP is a vehicle involved explicitly in the contracting and commissioning process and accordingly the bulk of safeguarding responsibilities will be discharged trough the delivery of negotiated contracts

HLP will, via the Chair, Board and delegated responsibility of the HLP Safeguarding Advisor, ensure that Safeguarding is considered during all contract applications & negotiations with consideration to clarity and regard to clear service standards for safeguarding and promoting the welfare of children, consistent with local Children Safeguarding Procedures and statutory guidance within Working Together to Safeguard Children (2015).

Services and contracting will take account of:

- Safeguarding responsibilities
- Cultural diversity
- The right to family life
- Due regard to confidentiality in accordance with the sharing information guidance.
- Appropriate DBS checks for staff in line with requirements set out for community pharmacy services [1]

All services are delivered in a non-discriminatory manner, respect the individuality of the child and are child centred.

[1] DBS requirements will be in line with the Community Pharmacy England guidance on regulatory frameworks and DBS requirements DBS checks - Community Pharmacy England (cpe.org.uk) setting out the different frameworks and requirements for community pharmacy contractual relationships from national to local levels.

All HLP Staff are responsible for ensuring that the safeguarding needs of children are at the forefront of service delivery; and also ensuring that all the services provided meet the quality standards that relate to safeguarding and the five outcomes for children. (Every Child Matters: Change for Children Programme, 2006)

## Operational Service Delivery Leads

Operational Service Delivery Leads - those who oversee the actual delivery of contracted activities arising from HLP works - should have sufficient knowledge to support all staff with safeguarding children issues together with the support of the HLP Safeguarding Advisor.

Operational Service Delivery Leads will ensure that all staff take a proactive approach to safeguarding children, are aware of their roles and responsibilities relating to safeguarding children, and that they possess the required level of competencies within the Intercollegiate Document as described above in section 3.

Operational Service Leads will be responsible to ensure that all staff working with children, their families and adult carers/parents, participate in safeguarding children supervision and safeguarding children training both of which are mandatory.

At appraisal, Personal Development Plans should reflect that all HLP staff (both directly employed and subcontracted) continue to meet the safeguarding competencies required for the contractual environment they are employed in and the role they deliver within that context.

Operational Service Leads will be responsible to support HR to ensure that all staff who work with children, their families and adult carers/parents have an Enhanced Disclosure and Barring Service (DBS) check in line with local commissioning arrangements as required by local commissioners and in line with local Safeguarding Children Board (SCB) procedures and that this is reviewed every 3 years[2].

They should also be working in accordance with the Essex Safer Recruitment and Employment guidance[3] and Disclosure and Barring Service recruitment standards.

# 5. Central Safeguarding Children Definitions

**All staff must be aware of the following definitions:**

| Term | Definition and links to core guidance |
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| **Child Abuse** | Child abuse is defined by Working Together (2015) as '*a form of maltreatment of a child (under the age of 18 – i.e.,17 years and 364 days old). Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a* |

[2] See DBS checks - Community Pharmacy England (cpe.org.uk)

[3] See ESCB - Safer Recruitment

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| | *family or in an institutional or community setting by those known to them or, more rarely, by others (e.g., via the internet).*<br>*They may be abused by an adult or adults, or another child or children.*<br><br>*See* Working together to safeguard children - GOV.UK (www.gov.uk) |
| **Physical Abuse** | Physical Abuse is when someone physically hurts a child or young person on purpose. Physical abuse can include: hitting; shaking; poisoning; burning; drowning; suffocating. This may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child. |
| **Emotional Abuse** | Examples of emotional abuse include being made to feel worthless, wrong or unhappy; being unfairly blamed; being bullied; being made to feel frightened or in danger; seeing or hearing domestic violence within the home. Emotional Abuse can damage self-esteem and severely affect friendships, school and home life |
| **Sexual Abuse** | Sexual Abuse is when a child or young person is told, asked or forced to take part in sexual activity. The ways in which a young person can be sexually abused may involve physical contact, including assault by penetration, rape, oral sex; making them do sexual things either to themselves or with other people; kissing, touching and rubbing outside of clothing.<br><br>Involving them in the making of films or taking photos that involve sexual activity; making them watch sexual behaviour (non-contact activities); whether or not the child is aware of what is happening.<br><br>It is crucial to understand that Sexual abuse perpetrators not only adult males. Women can also commit acts of sexual abuse, as can other children.<br><br>All staff must be aware that Penetrative sex where one of the partners is under the age of 16 is illegal. Although prosecution of similar age, consenting partners is not usual, but immediate advice should be taken from the HLP safeguarding advisor AND local team. However, where a child is under the age of 13 it is classified as rape under Section 5 Sexual Offences Act 2003.<br><br>See Sexual Offences Act 2003 (legislation.gov.uk) |
| **Neglect** | Neglect is when a child or young person is not properly looked after. This could damage their health or wellbeing. A child's basic needs include food and shelter; safety within the home; proper clothing; good cleanliness; warmth; receiving necessary medical treatment; protection from physical and emotional harm or danger.<br><br>**Potential Risk of Harm to an Unborn Child**<br>Neglect may occur during pregnancy due to maternal substance misuse, mental ill health or learning difficulties. Domestic abuse and violence towards a carer may also cause to neglect the needs of an unborn child.<br><br>In any circumstances when staff are able to anticipate the likelihood of significant harm with regard to an expected baby, the concerns should |

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| | be addressed as early as possible before the birth in order to provide safe care and support if possible.<br><br>See escb-neglect-practice-guidance-2017-finaldoc.pdf |
| **Child Sexual Exploitation (CSE)** | Sexual exploitation of children and Young People-under 18 involves exploitative situations, contexts and relationships where a young person or a third person/s receive something (e.g., food, accommodation, drugs, alcohol, gifts cigarettes, affections or money) as a result of them performing and/or another or others performing on them, sexual activities.<br><br>CSE can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect physical strength and/or economic or other resources<br><br>Violence, coercion and intimidations are common, involvement in exploitative relationships being characterised in the main by the child's or young person's limited availability of choice resulting from their social and economic and/or emotional availability (DH, 2009).<br><br>CSE often starts at the age of 12-13 and victims can be girls or boys regardless their ethnicity, religion or cultural/social background.<br><br>Especially Vulnerable Groups:<br><br>• Looked After Children<br>• Children Leaving Care<br>• Children Missing from school home or care<br>• Children with learning difficulties<br><br>Victims may be trafficked locally, nationally and internationally (Jago and Pearce 2008[4]).<br>The potential indicators of risk of being sexually exploited/are being sexually exploited (SET 2015):<br><br>• Missing from home or care.<br>• Physical injuries.<br>• Drug or alcohol misuse.<br>• Involvement in offending.<br>• Repeat sexually transmitted infections, pregnancy and terminations;<br>• Absent from school.<br>• Change in physical appearance<br>• Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites<br>• Estranged from their family |

[4] See Gathering evidence of the sexual exploitation of children and young people: a scoping exercise (openrepository.com)

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| | • Receipt of gifts from unknown sources<br>• Recruiting others into exploitative situations<br>• Poor mental health<br>• Self-harm<br>• Thoughts of suicidal ideation) or attempts at suicide<br><br>HLP Staff must always be mindful of the above when seeing and/or assessing children and their family in the course of their delivery activities and act accordingly.<br><br>Staff must remember that CSE is sexual abuse, and every possible action must be taken to **safeguard the child or young person first** including referring on to appropriate agencies.<br><br>**All CSE cases or probable CSE must be referred to the Local Authority, following the Local Authority's threshold, by using appropriate referral form**. See ESCB - Concerns about the welfare of a child or Report a concern about a child \| Essex County Council<br><br>In Essex ECC999 form must be used. This referral must be made regardless any other immediate actions have been taken to reduce harm to a child or a young person. |
| **Online Safety (Information & Communication Technology)** | Although communication via internet has many positive outcomes however, it poses huge amount of risk of abuse to the children. Children are at risk of physical, sexual and emotional abuse; radicalisation; and bullying via mobile telephones or online (internet) with verbal and visual messages.<br><br>Bullying is the most common form of behaviour that children and young people complain about online abuse. HLP staff must raise this awareness amongst the children, parents and carers.<br><br>The impact on a child of internet-based sexual abuse is similar to that for all sexually abused children However, it has an additional dimension of there being a visual record of the abuse. Internet based sexual abuse of a child constitutes significant harm through sexual and emotional abuse.<br><br>Concept of significant harm, as a situation where a child is suffering; or is likely to suffer a degree of physical; sexual; and/or emotional harm, through abuse or neglect; which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family (SET Procedure 2015).<br><br>All HLP Staff working with children, adults and families should be alert to the possibility that:<br><br>• A child may already have been/is being, abused and the images distributed on the internet or by mobile telephone.<br>• An adult or older child may be grooming a child for sexual abuse, including for involvement in making abusive images. |

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| | This process can involve the child being shown abusive images<br>• An adult or older child may be viewing and downloading child sexual abuse images.<br><br>Where the concerns involve a particular child/ren, professionals considering/ making a referral to local authority children's social care should do so in line with the reporting guidelines below<br><br>All staff should be aware that the child may not want to acknowledge their involvement or admit its abusive nature, and may resist efforts to offer protection. This should not be a deterrent and the HLP Safeguarding advisor and or local safeguarding team should be contacted for support and advice<br><br>All provide staff must follow the organisations email (IPOL48) and Internet (IPOL49) Policies at all time |
| **Fabricated Illness** | For those children who have had illness fabricated or induced are likely to require co-ordinated help from all agencies. Joint working is essential to safeguard the child and where necessary take action within the criminal justice system thus all professionals must be:<br><br>**Alert to potential indicators of abuse**<br><br>• Be alert to the risk of harm which individual abusers or potential abusers may pose to children in whom illness is being fabricated or induced<br>• Share and help analyse information so that an informed assessment can be made of the child's needs and circumstances<br>• Contribute to whatever actions (including the cessation of unnecessary medical intervention) and services to safeguard and promote the child's welfare<br>• Assist in providing relevant evidence in any criminal or civil proceedings, should this course of action be deemed necessary.<br><br>Identifying Fabricated or Induced Illness is neither a swift nor easy process. Identifying the carer's patterns of behaviour will take a multi-agency approach, expertise and observation. There are three main ways a carer fabricates or induces illness in a child, they are not mutually inclusive but include**:**<br><br>• Fabrication of signs and symptoms, including giving a grossly exaggerated or false past medical history<br>• Falsification of test results and records, this includes altering charts and records and substituting specimens of body fluids<br>• Induction of illness by a variety of means<br><br>Concerns may be raised when it is considered that the health or development of a child is likely to be significantly impaired or further impaired by a parent or care giver who has fabricated or induced |

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| | illness these concerns may arise when one or the more factors are encountered:<br><br>• Reported symptoms and signs found on examination are not fully explained by any medical condition from which the child is suffering<br>• Physical examination and results of medical investigations do not explain the reported symptoms and signs or there is an inexplicably poor response to prescribed medication and other treatment<br>• New symptoms are reported on resolution of previous ones<br>• Reported symptoms and found signs are not seen in the absence of the carer or<br>• Over time the child is repeatedly presented with a range of signs and symptoms; or<br>• The child's normal daily life activities are being curtailed beyond that which might be expected for any medical disorder from which the child is known to suffer.<br><br>There may be a number of explanations for these circumstances, and each requires careful consideration and review.<br><br>A developmental history and developmental assessment should be undertaken by appropriately trained and qualified specialist clinical staff such as Community Paediatricians, or Safeguarding specialist Nursing or other appropriate staffing groups.<br><br>Consultation with professional peers, the HLP Safeguarding advisor, Local safeguarding system named or designated professionals or colleagues in other agencies will be an important part of the process of making sense of the underlying reason for the signs and symptoms.<br><br>**This is not currently an area of activity that HLP is conceivably involved in, but it is essential that HLP staff are aware of the wider system response in support of the Children's safeguarding agenda.**<br><br>The characteristics of fabricated or induced illness are that there is a lack of the usual corroboration of findings with signs and symptoms, or, in circumstances of proven organic illness, lack of usual response to proven effective treatments. It is this puzzling discrepancy that normally alerts the clinician to possible harm being suffered by the child.<br><br>The following features can be associated with this form of abuse, though none is indicative in itself:<br><br>• The child's medical, especially hospital treatment begins at an early stage of their 'illness'.<br>• They attend for treatment at various hospitals and other healthcare settings in different geographical areas.<br>• They may develop a feeding disorder as a result of unpleasant feeding interactions. |

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| | • Non-organic failure to thrive.<br>• The child develops an abnormal attitude to his/her own health.<br>• Poor school attendance and under achievement.<br>• Incongruity between the seriousness of the story and the actions of the parents.<br>• The child may already have suffered other forms of abuse.<br>• Erroneous or misleading information provided by the carer.<br>• History of unexplained death, illness, or multiple surgery in parents and/or siblings.<br>• Carer history of childhood abuse, false allegations of physical or sexual assault, self-harm or psychiatric disorder (especially personality disorder or psychotic illness).<br>• Carer over-involvement in medical tests, taking temperatures or measuring bodily fluids.<br>• Carers observed to be intensely involved with the child, e.g., not allowing anyone else to undertake their child's care.<br>• Carers may appear unusually concerned about the results of investigations that may indicate physical illness in the child, although conversely, they may not appear at all concerned<br>• Health professionals who have concerns or a suspicion that fabricated or induced Illness is being presented must consult with their Named/Designated Doctor and/or Named/Designated Nurse.<br>• There may be a number of explanations for these circumstances. Careful consideration and review of information should be undertaken in consultation with peers and colleagues both within their own and other agencies, including the Designated Doctor / Designated Nurse Safeguarding Children<br>• A medical opinion should be sought through a Consultant Paediatrician. Symptoms and signs require careful evaluation alongside results of tests and observations.<br>• A chronology of health involvement, including access to all health services should be prepared to provide comprehensive information.<br>• Any relevant information relating to the parents or siblings' medical history should be shared appropriately with other health professionals. Practitioners should seek advice about sharing this information without consent, but lack of consent must not hinder the process When no explanation can be found for the condition this should be recorded in the child's records and the Paediatrician informs the carers that there is no explanation and records the carer's response.<br>• A future plan as to further tests, investigations or assessments, which maybe in a specialist setting, should be shared with the carers. Carers whilst being kept informed should "at no time have the concerns about the reasons for the child's signs and symptoms shared with them, if information would jeopardise the child's safety".<br>• Health records should be kept secure to prevent tampering and all entries legible, signed and dated. All records and referral letters should be completed and maintained in |

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| | chronological order. If a health professional considers their concerns are not being responded to appropriately, the concerns should be discussed with the Designated Doctor / Nurse Safeguarding Children.<br>• Following medical investigation, consultation and review being undertaken in consultation with the Named or Designated Doctor Safeguarding Children, and there is a possible explanation that the child's signs and symptoms may be fabricated or induced illness, a referral to Children's Social care should be made.<br>• In general, a referral would normally be undertaken with the permission of the parent/carers however this should only be done where informing the parent/carer will not place the child at increased risk of significant harm.<br>• Children's Social Care will have lead responsibility for actions to safeguard the child: the Paediatric Consultant will continue to hold the responsibility for the child's health and decisions pertaining to it. All three agencies should work closely together making joint decisions, especially about sharing information with the carers.<br>• All information and information sharing should be documented clearly. Promoting children's well-being and safeguarding them from harm depends crucially on effective information sharing, collaboration and understanding between agencies and professionals. In cases where there is concern that illnesses are being fabricated/induced, there may be a difference of opinion about how to best safeguard a child's welfare |

## 6.0 Understanding and Raising Safeguarding Concerns

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All Staff have a key role to play in actively promoting the health and wellbeing of children. Section 11 of the Children Act 2004 places a duty on all providers of NHS services in so much that they have regard to the need to safeguard and promote the welfare of children.

All health professionals who work with children and families should be able to:

- Understand the risk factors and recognise children in need of support and/or safeguarding
- Recognise the needs of parents who may need extra help in bringing up their children and know where to refer for help
- Recognise the risks of abuse to an unborn child
- Contribute to enquiries from other professionals about children and their family or carers
- Liaise closely with other agencies, including other health professionals
- Assess the needs of children and the capacity of parents/carers to meet their children's needs, including the needs of children who display sexually harmful behaviour
- Plan and respond to the needs of children and their families, particularly those who are vulnerable

- Contribute to child protection conferences, family group conferences and strategy discussions
- Contribute to planning support for children at risk of significant harm, e.g., children living in households with domestic violence or parental substance misuse
- Help ensure that children who have been abused and parents under stress (e.g., those who have mental health problems) have access to services to support them
- Play an active part, through the child protection plan, in safeguarding children from significant harm
- As part of generally safeguarding children and young people, providing ongoing promotional and preventative support, through proactive work with children families and expectant parents
- Contribute to serious case reviews (SCRs) and their implementation

## 7.0 Raising Concerns and Making Referrals

Evidence suggests that Children and their families who receive coordinated early help are less likely to develop difficulties that require intervention through a statutory assessment under the Children Act 1989.

Children, young people and families experience a range of needs at different times in their lives. The common assessment framework (CAF), proposed by Every Child Matter and ESCB's threshold and windscreen, is a way of working out what extra support a child may need and how best to provide it. See Resources for practitioners: Effective support resources | Essex County Council for additional updated resources including Early Help and assessment procedures.

Confidentiality and Data protection must be taken seriously while sharing information and making referrals. However, this should not be a barrier to safeguard a child or a young person.

## 8.0 Immediate Referrals to Children's Social Care

Where there are significant concerns about the safety of a child or children, professionals should contact the **Family Operation HUB** on 0845 603 7627 (Mon to Thurs 08:45-17:30; Friday 08:45-16:30) Out of Hours 0845 606 1212.

Secure email: FOH@essex.gcsx.gov.uk

This may result in making a written referral by completing and submitting ECC999 form.

Any discussion, referral and advice from the Family Operation Hub must be recorded appropriately in clinical records.

When making a referral staffs must ensure to:

- inform the social services whether just requesting advice or making a referral.
- Confirm that speaking to an appropriate person who is in a position to take the referral, record their name and position.
- must have the appropriate facts to hand in order to make a clear referral statement.

Referrals are made in accordance with the instructions on the referral form by first telephoning Children's Social Care with all relevant details before emailing the completed form through to them.

**Completed referral forms should only be sent to and from secure email (that is nhs.net accounts to cjsm/ gcsx).**

**If there is an alleged crime of abuse towards a child, staff may need to refer directly to the police (and/or social care).**

## 9.0 Section 47 and Section 17 enquiries

Section 47 of the Children Act 1989 gives the local authority a statutory duty to make enquiries when it has reasonable cause that a child is suffering or likely to suffer significant harm. Section 47 therefore empowers local authorities to call upon other professionals and agencies to assist them.

When carrying out Section 47 enquiries the local authority has a statutory duty to obtain access to the child's health information and therefore this duty is not subject to permission by those with parental responsibility.

***Staff should act promptly to support local authority when section 47 requests are received by providing accurate up to date information.***

**Section 17** of the Children Act 1989 places a general duty with social care to safeguard and promote the welfare of children in their area who are in need, as with Section 47 they can call upon other professionals and agencies to assist them.

The assessment uses a systematic approach to assessing a child in need.

**Staff must provide specific information to the local authority as quickly as possible when information is requested under section 17.**

## 10.0 Case Conferences and involvement with wider system processes

There are 4 types of child protection conferences:

- Initial conferences;
- Pre-birth conferences;
- Transfer in conferences;
- Review conferences.

All child protection conferences should include not only the child subject of the specific concerns but must also include consideration of the needs of all other children in the household.

An initial child protection conference must be convened when the outcome of the Section 47 enquiry confirms that the child is suffering, or is likely to suffer, significant harm. The local authority children's social care manager is responsible for making the decision on the completion of the Section 47 enquiry (SET 2015).

Every review should consider explicitly whether the child is suffering, or is likely to suffer, significant harm and hence continues to require safeguarding from harm through adherence to a formal child protection plan. If the child is considered to be suffering significant harm, the local authority should consider whether to initiate family court proceedings. If not, then the child should no longer be the subject of a child protection plan and the conference should consider what continuing support services may benefit the child and family and make recommendations accordingly (SET 2015).

If HLP staff receives a request to attend a case conference then the conference should be attended by an appropriate health professional supported by the HLP Safeguarding Advisor senior team member/line manager if necessary. A report should be prepared and submitted

within the time line given by the local authority. The attendee must have relevant information and history of the child and family and also have adequate clinical/professional knowledge and skill to represent the child and professionally challenge any disagreement. If there is disagreement about the decision during the conference between agencies, the conflict resolution procedures should be applied.

In a situation where an HLP staff member or contractor thinks there are other Health Professionals more appropriate to attend the Case Conference (e.g. the child is under the care of another clinical service area) they should discuss this with the HLP Safeguarding advisor and if agreed ensure that they forward all information to the relevant Health Professional without any delay.

This is to ensure that the attending Health Professional has got more current, relevant and greater information about the child and the family. The HLP staff member must give support to the attending Health Professional to write a report and attend Case Conferences if requested to do so.

In a case where there is a disagreement around who attends the Case Conference this should be immediately escalated to the HLP Safeguarding advisor and HLP Chair. All staff must be aware that any confusion and escalation must not be a barrier or reason not to attend a Case Conference.

## 11.00 Child Protection Plan/Child in Need

If a child has been put on child protection plan or child in need plan, appropriate health professionals involved in the clinical or social care of the child or young person must take applicable actions and support the child or children and family to meet their needs.

They must continue to work closely with the child/ren, family and other partners to ensure all allocated action plans are met to keep the child/children or young person safe.

They must remain vigilant and carry out continuous risk assessment to ensure safety.

As soon as an universal health professional (such as a School nurse and health visitor) is informed that a child is either on child protection plan or a child in need, appropriate flag must be activated on relevant systems – such as System One or a GP System of Choice via a Primary Care Network or similar access mode - by them. HLP staff will not ordinarily have access to this information, and not ordinarily be leading on data updates of this nature but may become aware of individual status due to involvement in services or care delivery.

De-escalating the flag remains the responsibility of the lead universal health professionals. Unless any other health professional become aware of this before a school nurse or a health visitor then it becomes other health professional's responsibility to pass on this information or if they have appropriate access to core clinical or social care records to ensure this is updated by them.

## 12.00 Professional Disagreement & Conflict Resolution

Concern or disagreement may arise over another professional's decisions, actions or lack of actions, in relation to a referral, an assessment or an enquiry. Overwhelmingly these will involve the lead agencies and universal healthcare providers from acute or community

settings, and the role of HLP is likely to be that of providing supportive input rather than initiating and or convening its own multiagency processes or initiating and coordinating actions such as Section 47 enquiries where legislative and guidance points to other elements of the multi-agency environment for the key responsibilities.

It is important to note and adhere to the following principles that inform the wider system responses and the issues that may occur in the multi-agency environment: where HLP may have a role:

- The safety of individual child/ren and focus on child/ren are the paramount considerations in any professional disagreement and any unresolved issues should be escalated.
- Avoid professional disputes that put children at risk or obscure the focus of the child
- Resolve difficulties (within and) between agencies quickly and openly
- Identify problem areas in working together where there is a lack of clarity and to promote resolution via amendment to protocols and procedures.

Disagreement may also arise regarding response to a referral made to Social Care, e.g. whether eligibility criteria are met

- whether concerns justify a Section 47 enquiry
- whether to convene an initial case conference - **NB invitation to participate in one should never be a source of disagreement – if an invitation is offered it must be accepted by HLP**

Dissent can also arise regarding decisions made at case conferences or subsequently regarding implementation of a Child Protection Plan. If a local resolution cannot be agreed then this must be escalated to more senior staff with wider experience of safeguarding concerns. In the context of HLP this is unlikely to arise as the flat structure of the organisation and direct involvement in safeguarding discussions of the HLP Safeguarding Advisor will provide appropriate seniority and experience for HLP to engage with any escalation of concerns that may occur.

## 13.0 Allegations against HLP Staff

HLP will make every effort to ensure safe recruitment of all staff. However, in an unfortunate event where there is an accusation of abuse against an HLP Employee or subcontractor the Chair and the Safeguarding Advisor must be notified. The HLP employment processes – including 'Disciplinary Procedure' and any contractual requirements flowing from commissioned works must be followed.

Crucially, appropriate referrals to Children's Social Care will be enacted within the timeframes stipulated and Local Authority & Designated Officer will be informed.

This can apply when a member of staff has:

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

If the Employee or subcontractor has allegedly committed a criminal offence:

- The Chair and Safeguarding Advisor must be contacted without delay and if necessary the local Police must be contacted.

- If the allegation is against the Chair and Safeguarding Advisor, then the local safeguarding system leads ( Assistant Director and Safeguarding Team) must be notified.
- Where any concerns regarding an employee's suitability to work with children or vulnerable adults is identified, the employer must refer the case to the DBS and any relevant professional body.

HLP will work together with local authority children's social care and/or other partners to protect the child/ren and family. HLP must consider the impact on the child concerned and provide support as appropriate. Liaison between the agencies should take place in order to ensure that the child's needs are addressed.

If HLP staff or subcontractors becomes aware of any information regarding another member of HLP staff or contractors which identifies that a child/ren may be at risk of harm or has been harmed (including the member of staff's own child/children), they must immediately report this information to their line manager and make referral to the social services/police if necessary.

The information must also be shared with the HLP Safeguarding Advisor for who will be responsible for sharing appropriately within HLP as well as notifying Social Care and LADO and or Police as appropriate. As with all investigations, a police / criminal line of enquiry will take precedence above all others.

## 14.0 Training & Supervision

All staff that work with children should ensure that they have the skills and knowledge as set out in 'Intercollegiate Document as described in section 3 above.

Safeguarding Children awareness must be covered within the HLP induction for all new staff, and sub-contractors and new staff should also receive additional local introductory training in safeguarding children from their supervisor/ line manager. At Induction Training all HLP staff must be informed of the Safeguarding Children Policy and Guidelines.

All HLP staff must receive training and regular updates at the appropriate level for their role. It is mandatory for all staff working with children, families, and parents/carers of children to attend training updates.

All staff must ensure that they are aware of their responsibility to attend safeguarding children training in accordance with local training Policy and familiarise themselves with the HLP training arrangements.

Any member of staff unsure of their training needs should contact the HLP Safeguarding Advisor to discuss their requirements.

**A note on supervision:**

Child Protection/Safeguarding Children supervision is mandatory for all health professionals working with children and their families. Currently HLP staff do not deliver work of the nature and the following is a suggested text should HLP ever require that supervision structures are established to support safeguarding works not currently delivered.

In general a proactive approach to supervision is required to ensure that all staff are supported and continue to develop their skills and knowledge in recognising and acting on

concerns regarding the safeguarding of children and responding to the needs of vulnerable children.

- Operational Service Delivery Leads must ensure that protected time is available to enable staff to receive supervision in accordance with the guidelines.
- Child protection/safeguarding children support, and supervision will be provided in addition to clinical supervision and management supervision.
- The HLP Safeguarding Advisor can provide supervision – but not clinical supervision - to encourage reflection, development and support for HLP staff.
- Supervision arrangements will be reviewed in line with the consideration of contracted and commissioned services as set out above in section 1.00 and 6.00 above.

## 15.0 References


**HM Gov 2021**

**Children Act 1989. London:HMSO**

**Children Act 2004. London:HMSO**

**Common Core of Skills and Knowledge for the Children's Workforce. London. HM Government 2005.**

**CQC Essential: Standards of Quality and Safety 2010**

**Jago, S. & Pearce, J.: Gathering evidence of the sexual exploitation of children and young people: a scoping exercise Luton: University of Bedfordshire 2008.**

**Intercollegiate Document Safeguarding Children Roles and Competencies for Health Care Staff RCN 2019**

**Safeguarding Children & Young people from Sexual Exploitation DH 2009**

**Sexual Offence ACT 2003**

**Southend Essex Thurrock (SET) Child Protection Procedures 2015**

**Working Together to Safeguard Children a guide to inter-agency working to safeguard and promote the welfare of children. HM Government (2015**

**Essex Safeguarding Board Children's Safeguarding Policy and Resources Suite ESCB - Safeguarding Policies & Procedures**