Policy Number:CLIN 08

Acacium Group

Policy Name	**ACACIUM GROUP SAFEGUARDING AND PROTECTING CHILDREN POLICY (ENGLAND, WALES and NORTHERN IRELAND)**
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Equality Impact Assessment (EIA) Form	EIA completed by the author of this Policy and attached as Appendix A
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix B
Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix C

Document History			
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1. Policy Standards

1.1 Every child and young person has the right to be protected from potential or significant harm through the principles of safeguarding, effective communication, multi-agency partnership information sharing and supporting parents and carers. 'The Laming Report 2003' (Every Child Matters).

1.2 Acacium Group workers are committed to the principles of safeguarding and promoting the welfare of children and young people. To work with statutory partner Organisations to enable them to meet national policy requirements placed upon them and comply with timescales where possible.

1.3 Acacium Group is committed to providing a child-centred and coordinated approach to safeguarding ensuring that the key principles are adhered to:

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

2. Definitions

Term	Explanation
Safeguarding	Is defined as protecting children and young people from maltreatment, preventing impairment of their health and development and ensuring that children / young people are growing up in circumstances consistent with the provision of safe and effective care.
DBS	The Disclosure and Barring Service was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).
Access NI	**AccessNI** is the system for the disclosure of an individual's criminal history to help organisations make safer recruitment decisions. It was established in April 2008 by the **Northern Ireland** Office as a result of the introduction in **Northern Ireland** of Part V of the Police Act 1997.
Child Maltreatment	Physical, sexual or emotional abuse and neglect.
Advocate	The advocate's role is widely described as 'protecting the rights of children', 'speaking up' on behalf of children, enabling them to 'have a voice' or out their views, or gain access to much needed services.
Parent	A generic term used to include birth parents, step parents and carers.
Child / Young Person	Applies to those under the age of 18 years.
Physical Abuse	Physical abuse may involve hitting, assault, shaking, throwing, slapping, poisoning, burning or scalding, drowning, restraint, suffocating, misuse of medication or other cause of physical harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child or young person.

Emotional abuse	Is the persistent emotional maltreatment of a child or young person which leads to severe and persistent adverse effects on their emotional development. It may: • involve telling them that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person • feature age or developmentally inappropriate expectations being imposed on them. This includes interactions that are beyond their developmental capability, overprotection and limitation of exploration or learning • involve preventing them from participating in normal social interaction • involve serious bullying causing individuals to feel frightened or in danger • be the exploitation or corruption of children / young people. • at risk of exploitation through internet and social media bullying. Some level of emotional abuse is involved in all types of mal-treatment, though it may occur alone.
Sexual abuse	Involves forcing or enticing a child / young person to take part in sexual activities, including prostitution, whether or not the person is aware of what is happening. The activities may involve physical contact, including penetrative i.e. rape, buggery or oral sex, indecent exposure, inappropriate looking or touching, sexual teasing or innuendos, sexual photography, subjection to pornography or witnessing sexual acts, or non-penetrative acts. This may include: • non-contact activities such as involving children or young people in: • looking at pornographic materials or watching sexual activities • in the production of, pornographic materials or watching pornography. • encouraging children or young people to behave in sexually inappropriate ways.
Honour Based Abuse	Honour based abuse includes forced marriage and FGM. It can be described as a collection of practices used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and / or honour.
Neglect	Neglect is the persistent failure to meet a child's or young person's basic physical and / or psychological needs, which is likely to result in the serious impairment of the individual's health or development. Neglect may involve a parent or carer in failure to: • provide adequate food, clothing or shelter including exclusion from home or abandonment • protect a child or young person from physical and emotional harm, or danger • ensure adequate supervision including the use of inadequate caretakers • ensure access to appropriate medical care or treatment. • a child who is at risk of involvement or involved in child trafficking • a child who is at risk of or has experienced female genital mutilation (FGM) • a child who is at risk of involvement or involved in radicalisation • a child who is at risk of or has experienced sexual exploitation It may also include neglect of, or unresponsiveness to, a person's basic emotional needs.
Faltering Growth	In relation to infants and children whose weight gain occurs more slowly than expected for their age and sex.

Child Trafficking	Recruiting and transporting children / young people for the purposes of exploitation, for example, sexual exploitation, forced labour or services, benefit fraud, domestic servitude or the removal of organs, movement, harbouring, or receiving of, children, through the use of force, coercion, abuse of vulnerability, deception, or other means for the purpose of exploitation.
Radicalisation	The process by which a person comes to support terrorism and forms of extremism leading to terrorism.
Extremism	The vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths or beliefs.
Female Genital Mutilation (FGM)	FGM involves procedures that include partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons.
Sexual Exploitation	Sexual exploitation of children and young people is a form of sexual abuse.
Sexting	Sexting generally refers to the sending of sexually explicit images via text, email, MSN or through social networking sites.
Criminal Exploitation and Gangs	Criminal exploitation is where children/young people are coerced or manipulated into committing crimes – this could be gang related
Domestic Abuse	Is any type of controlling/bullying/threatening or violence between people in a relationship. Children/young people can be seriously harmed witnessing domestic abuse.
Grooming	Grooming is when someone builds a relationship trust and emotional connection with a child/young person, so they are able to manipulate, exploit and abuse them/.
Bullying and Cyber Bullying	Bullying is behaviour that hurts someone else it can include physical, verbal, non-verbal and emotional abuse. Cyber-bullying takes place online via social media, gaming or text messages
LADO / DO (Local Authority Designated Officer)	The local authority designated officer works within children services to help safeguard children in accordance with statutory guidance.
Corporate Parenting	The formal partnership needed between all local authority departments, services and associated agencies which are responsible for working together to meet the needs of looked after children / young people.
Special Guardian	This is a person who has been granted a special guardianship order (SGO), a private law which grants someone parental responsibility when an SGO is granted, the special guardian has the exclusive right to exercise it, and make important decisions about the child or young person.
Forced Marriage	A marriage in which one or both partners have not consented (or cannot consent because of a learning disability) to be married and pressure or abuse has been used.

3. Roles and Responsibilities

3.1 The overall organisational roles and responsibilities are set out in the policy document, Policy for Drafting, Approval and Review of Policies and SOPs. The key responsibilities relevant to this Policy, belong to the individual Acacium Group workers who must:

- be familiar with Acacium Group policies, procedures, and guidance, for safeguarding children and young people
- ensure that they report any concerns regarding the welfare of children or young people, immediately to their Line Manager / appropriate other
- document reasons for their concerns and actions taken
- work closely with professionals from other agencies to promote the welfare of all children and young people
- promote confidentiality of identifiable information given by children and young people whilst supporting the need for information sharing, where appropriate
- take part in training, including attending updates, so that they maintain their skills and are familiar with procedures
- access regular supervision and support in line with local procedures
- maintain accurate, comprehensive and legible records. Records must be being stored securely in line with Acacium Group CLIN 14 Health Records Management Policy.

3.2 Roles and responsibilities of external Welsh bodies

Roles	Responsibilities
Welsh Assembly Government	Have a role in children's safeguards. Statutory organisations can also support services run by members of the community, by offering access to advice and training on child protection, and on safeguarding and promoting the welfare of children.
Care Inspectorate Wales (CIW)	Have a role in children's safeguards. Statutory organisations can also support services run by members of the community, by offering access to advice and training on child protection, and on safeguarding and promoting the welfare of children.
Local Safeguarding Children Boards (LSCB)	The LSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area will cooperate to safeguard and promote the welfare of children in that local authority area, and for ensuring the effectiveness of what they do.

4. Supporting National Policies, Guidance and Legislation

4.1 All legislation appropriate to this policy can be found in Appendix C.

5. Safeguarding and Protecting Children and Young People: Prevention and Recognition of Abuse

5.1 **Prevention**

5.1.1 Assessment of risk and planning are integral to protecting children and young people, and Acacium Group workers are expected to contribute to these processes.

5.1.2 Assessing a child / young person's risks of becoming vulnerable to abuse or neglect, impaired health or delayed development is a continuous process. This is because the circumstances within which a child / young person lives may undergo subtle or evident changes that may directly affect the impact on their physical or mental health. Observations of a child / young person's health must be documented in their records.

5.2 **Recognition**

5.2.1 It is not always easy to recognise when abuse has taken place or when a situation is developing that may become abusive. Acacium Group workers are not expected to be experts at recognising such situations. However, below are some indicators of abuse:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated in a part of the body not normally prone to such injuries. Bruises that reflect hand marks or fingertips could indicate pinching or slapping. Cigarette burns and scalds would also be a concern
- An injury for which the explanation seems inconsistent
- The child or young person describes what appears to be an abusive act involving him / her
- Unexplained reaction to a particular individual or setting
- Frequent visits to a GP or hospital
- Frequent or irrational refusal of treatment/care
- Inconsistency of explanations
- Someone else expresses concern about the welfare of the child or young person
- Unexplained changes in behaviour i.e. becoming very quiet, withdrawn or having severe temper outbursts or becoming aggressive
- Extreme distress
- Markedly oppositional behaviour
- Becoming withdrawn
- Fearful/low self esteem
- Engaging in sexually explicit behaviour
- Discomfort when walking or sitting down
- Distrust of others, particularly those with whom a close relationship would normally be expected
- Has difficulty making friends
- Is prevented from socialising with other people
- Displays variations in eating patterns including overeating and loss of appetite
- Loss of weight for no apparent reason
- Becomes increasingly dirty and unkempt
- Recurrent nightmares containing similar themes
- Habitual body rocking
- Indiscriminate contact or seeking affection
- Over-friendliness to strangers
- Demonstrating excessively ‘good’ behaviour to prevent parental/carer disapproval
- Frequent rages at minor provocation
- Oral-genital contact with another child or doll
- Requesting to be touched in the genital area
- Inserting or attempting to insert an object, finger or penis into another child’s vagina or anus
- Faltering growth
- Dislike or lack of co-operation
- Lack of interest/low responsiveness
- Poor standard of hygiene

NB: This list is not exhaustive and the presence of one or more of the indicators is not proof that abuse is actually taking place or has taken place.

5.2.2 The NICE Guidance on Child Abuse and Neglect (2017) contains guidelines for after care of a child and their family/carer involved in abuse, these are split to:

- Under 5
- 12 and under
- 17 and under

5.2.3 When working with parents and carers: Aim to build good working relationships with parents and carers to encourage their engagement and continued participation. This should involve:

- Actively listening to them, and helping them to deal with any emotional impact of your involvement with their family
- Being open and honest
- Seeking to empower them and engaging them in finding solutions
- Avoid blame, even if they may be responsible for the child abuse or neglect
- Inviting, recognising and discussing worries they have about specific interventions they will be offered
- Identifying what they are currently doing well, and building on this
- Making adjustments for any factors which may make it harder for them to get support such as refugee status, long-term illness, neurodevelopmental disorders, mental health problems, disability or learning disability
- Being sensitive to religious or cultural beliefs
- Working in a way that enables trust to develop while maintaining professional boundaries
- Maintaining professional curiosity and questioning while building good relationships

5.3 **Abuse and children / young people with a disability**

5.3.1 Children and young people with a disability are at an increased risk of abuse and those with multiple disabilities are at even greater significant risk of abuse and neglect. Parents of children and young people with a disability may experience multiple stresses. This group of children and young people may be particularly vulnerable to abuse for a number of reasons including:

- Having fewer social contacts than other children / young people
- Receiving intimate personal care from a larger number of carers
- Having an impaired capacity to challenge abuse
- Having communication difficulties resulting in difficulty telling people what is happening
- Being reluctant to complain for fear of losing services
- Being particularly vulnerable to bullying or intimidation
- Being more vulnerable to abuse by peers than other children and young people

5.4 **Bullying**

5.4.1 In some cases of abuse it may not always be an adult abusing a child. In the case of bullying, the abuser may be another child or young person. Bullying is deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those being bullied to defend themselves. Anyone can be a target for bullying, sometimes victims are singled out for being overweight, physically small, having a disability, being shy and or sensitive, or belonging to a different race, faith or culture. Bullying can and does occur anywhere there is inadequate supervision.

Bullying may be:

- Physical including hitting, kicking and theft
- Verbal including name calling, teasing, racist or homophobic taunts, threats and graffiti
- Emotional including tormenting, ridiculing, humiliating and ignoring
- Sexual including unwanted physical contact or abusive comments
- Cyberbullying i.e. email, text messaging etc.

5.4.2 Bullying can cause a considerable amount of stress to children / young people. It can affect their health and development and, in extreme cases, it can cause them significant harm including self-harm. Indicators that a child or young person is being bullied could include:

- Behavioural changes including reduced concentration, becoming withdrawn, clingy, depressed, tearful, mood swings, and reluctance to go to training, events or sports clubs
- A drop in performance at training, events, rehearsals etc.
- Physical signs such as stomach aches, headaches, scratching, bruising and damaged clothes
- A shortage of money or frequent loss of possessions.

5.4.3 Action if bullying is suspected:

- All signs of bullying should be taken seriously
- All children and young people should be encouraged to share their concerns
- Acacium Group workers should reassure the child or young person that they can be trusted and will help them, but must not promise not to tell anyone else
- Records must be kept of everything that is said.

5.4.4 Cyber Bullying is bullying that takes place online, this could be via social media, gaming sites or text messages. It can include:

- Sending threatening or abusive text messages
- Creating and sharing embarrassing images and video's
- Trolling – sending menacing messages
- Excluding people from online games, activities or friendship groups
- Shaming someone on an online forum
- Setting up hate sites
- Encouraging people to self-harm
- Creating fake accounts, stealing online identities with the aim to embarrass a young person
- Sending explicit messages
- Pressuring children into sending images or engaging in sexual conversations

5.5 **Child trafficking:**

5.5.1 Human trafficking is the recruitment, movement, harbouring, or receiving, of children, women and men, through the use of force, coercion, abuse of vulnerability, deception, or other means for the purpose of exploitation.

5.5.2 Children are trafficked for a wide range of reasons including:

- Sexual exploitation
- Domestic servitude
- Forced labour
- Criminal activity
- Organ harvesting.

5.5.3 If an Acacium Group worker suspects a child to be the victim of human trafficking they should take the following action:

- Follow child protection guidelines and inform the Clinical Director who will make the decision to contact the local Children's Social Services or the police
- When contacting social services or police it is important to specifically highlight **'your concern for child trafficking'.**

5.6 **Female Genital Mutilation (FGM)**

5.6.1 FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons.

5.6.2 The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time and later in life.

5.6.3 The World Health Organisation classified FGM into four types:

- Type one Clitoridectomy: partial or total removal of the clitoris
- Type two - Excision: partial or total removal of the clitoris and the labia minora with or without excision of the labia majora
- Type three - Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer labia with or without removal of the clitoris
- Type four - Other: all other harmful procedures to the female genitalia for non-medical purposes (this includes piercings).

5.6.4 Girls between the age of 5 - 8 are at the highest risk of FGM. FGM is illegal in England, Wales and Northern Ireland under the Female Genital Mutilation Act 2003.

5.6.5 There are a number of factors in addition to a girl's community that could increase the risk of FGM:

- The position of the family and the level of integration within UK society – it is believed that families with less integration are more likely to perform FGM
- Any girl born to a woman who has been subjected to FGM
- Any girl who has a sister who has already undergone FGM
- Any girl withdrawn from personal, social and health education.

5.6.6 Healthcare professionals have a responsibility to ensure that families know FGM is illegal and should ensure families are aware that the authorities are actively tackling the issue.

5.6.7 From October 2015, individual doctors in England and Wales have a legal obligation to report known cases of FGM in children to the police, under the Serious Crime Act 2015.

5.7 **Exploitation by radicalisers**

5.7.1 Radicalism is the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

5.7.2 Extremism is the vocal or active opposition to fundamental British values including democracy, the role of law, individual liberty and mutual respect, and tolerance of different faiths or beliefs.

5.7.3 It is our duty as healthcare professionals to safeguard children who might be susceptible to radicalisation, we should work with other should work with other agencies to:

- Prevent children from becoming terrorists or supporting terrorism
- Identify and provide support to children who are at risk of being drawn into extremism or terrorist related activity.

5.7.4 There is no single profile of a terrorist or violent extremist. Factors which may make children more vulnerable are:

- Substance or alcohol abuse
- Peer pressure
- Influence from older people or via the internet
- Bullying
- Crime and anti-social behaviour
- Domestic violence
- Family tensions
- Race / hate crime
- Mental health issues
- Lack of self-esteem or identity
- Grievances (personal and political)
- Migration

5.8 **Sexual exploitation**

5.8.1 Sexual exploitation of children and young people is a form of sexual abuse.

5.8.2 Sexual exploitation can take many forms from the seemingly 'consensual' relationship where sex is exchanged for attention, affection, accommodation or gifts, through to serious organised crime and child trafficking.

5.8.3 Sexual exploitation can involve varying degrees of coercion intimidation or entailment including peer pressure, sexual bullying (including cyberbullying) and grooming for sexual activity.

5.8.4 What defines exploitation is an imbalance of power within the relationship, the perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

5.9 **The impact of domestic violence**

5.9.1 The issue of children living with domestic violence is now recognise as a matter for concern it its own right by both government and key children's services agencies.

5.9.2 The link between child physical abuse and domestic violence is high, with estimates ranging from 30 - 66% of cases, depending on the study. It is also estimated nearly three quarters of children subject to a child protection plan live in households where domestic violence occurs

5.10 **Risks associated with the internet and online social networking**

5.10.1 The use of social networking sites introduces a range of potential safeguarding risks to children and young people.

5.10.2 There is the potential for misuse, risks associated with user interactive services include; cyberbullying, grooming and potential abuse by online predators, identify theft and exposure to inappropriate content including self-harm, racist and adult pornography.

5.10.3 'Gaming' also poses risks to the child / young person – the games often involve many other players, meaning the child / young person could be interacting with strangers in an environment they feel completely comfortable and at ease in.

5.11 **Sexting**

5.11.1 Sexting generally refers to the sending of sexually explicit images via text, email, MSN or social networking sites.

5.11.2 Sending sexually explicit messages or pictures carries its own problems. Consequences can be increased if the content is shared with others, either by people forwarding it on using messages or emails, or by uploading it onto social networking websites.

5.12 **Grooming**

5.12.1 Grooming is when someone builds a relationship, trust and emotional connection with a child/young person, so they are able to manipulate, exploit and abuse them. Grooming can take the forms of sexual abuse, exploitation and trafficking

5.12.2 Signs that a child may be being groomed include:

- Being secretive about how they are spending their time, including online activity
- Having an older partner
- Having money or possessions that they can't explain where they got it from
- Underage drinking/drug taking
- Spending more or less time online
- Being upset, distressed or withdrawing
- Sexualised behaviour that is not age appropriate.

5.13 **Barriers to children and young people reporting abuse**

5.13.1 There are a number of barriers that exist which prevent a child or young person from telling others about abuse, some of the main barriers are that they may:

- Be scared because they may have been threatened
- Think they will be taken away from home
- Believe that they are to blame, or they may feel guilty
- Think it happens to others
- Feel embarrassed
- Not want their abuser to get in trouble
- Have communication or learning difficulties

- Not have the vocabulary to describe what has happened
- Be afraid that they won't be believed
- Think they have already told someone by 'dropping hints'
- Have told someone before and weren't believed, so feel there is no point in trying again

5.14 **Actions to take when a child / young person discloses abuse**

5.14.1 Set out in Table 1 are the responses that should be made and those to be avoided in the event of a child or a young person disclosing abuse.

5.14.2 If the child / young person is in immediate danger, urgent action should be taken to ensure their safety including calling the appropriate emergency services provider. If the alleged abuser is also a client then an Acacium Group worker will need to be allocated to attend to their needs and ensure they do not pose a risk to other children, or young people.

Table 1 Summary of what to do and not to do in response to suspected or actual abuse of a child, or young person.

Dos	**Don'ts**
Stay calm.	Do not appear shocked, horrified, disgusted or angry.
Remember the role of the alerter is to pass on information.	Do not stop the child / young person from talking.
Listen carefully to anything that is said and be sensitive and empathetic	Do not press the child / young person for details.
Listen actively and use open questions	Do not stop the child/young person from talking
Explain confidentiality and when you might need to share specific information and with whom	Do not assure the child/young person that the information they are sharing will go no further
Believe the child / young person and take them seriously and check your understanding of what the child has told you	Do not ask leading questions as this is not a formal interview. If leading questions are asked it may affect any later proceedings.
Reassure the child / young person that they are not to blame.	Do not make comments or judgements other than to show concern.
Reassure the child / young person that they are doing the right thing by telling you, if a disclosure is being made.	Do not offer the victim of sexual and / or physical assault a bath, food or drink until after a medical examination.
Explain what will happen next and when	Do not promise to keep secrets.
Give them the opportunity to stop the conversation or leave the room if needed	Do not pursue any line of questioning if the child wishes to end the conversation
Call the police if it is an emergency or if a crime has been committed.	Do not contact, question, confront or alert the abuser to the situation.
Report to your Line Manager / appropriate other.	Do not share information with colleagues until the event has been discussed with the Line Manager / appropriate other and he / she is involved in the process.
Write a factual account immediately of what you have seen or been told.	Do not undertake the investigation.

5.14.3 If there is reason to believe a crime has been committed, the police must be called immediately. In cases involving physical or sexual abuse, care must be taken to preserve evidence i.e. do not offer the child / young person a bath, food or drink until after a medical examination. Do not contaminate or remove possible forensic evidence. See Table 2: Protection or preservation of evidence

5.14.4 When to seek medical attention before contacting the Line Manager / appropriate other:

- Obvious recent injury which is of a serious nature
- Injuries that are life-threatening
- Injuries where the child / young person appears to be in great pain. If these injuries are to the genital or rectal area, then the police should be contacted immediately so they may advise on the need for medical attention as this may be required as evidence in criminal proceedings

5.14.5 Inform the child / young person that they require urgent medical attention and that you will arrange this. Call 999. Consent is not required due to the serious nature of the situation.

Table 2: Protection or preservation of evidence

The first concern is for the immediate wellbeing of the alleged victim, but if there is a criminal case to answer, efforts to preserve evidence will be vital.

It may not be clear that there is a criminal case so it is important that Acacium Group workers assume that it might be, until advised otherwise. The following list of actions will help to preserve the evidence if it is needed:

- do **not** wash or bath the alleged victim
- make sure that only a trained forensic surgeon examines both the alleged victim and abuser, unless the police have arranged for a GP to do so
- do **not** hug the alleged victim. If appropriate, explain that it is possible for hairs from your clothing to contaminate evidence. Touch them on the arm or hand
- make a record of the state of the clothing of both the alleged victim and the alleged abuser
- all of the above are particularly important in the case of suspected sexual abuse
- preserve bedding and clothing in separate bags
- use disposable gloves
- do **not** touch what you do not have to touch
- do **not** clean up!

5.15 **Safeguarding Children Partnership Board (SCPB) / Child Protection Committees**

5.15.1 The Safeguarding Children Partnership Board is a team of key professionals from three sectors, the local authority, the clinical commissioning group and the chief officer of police. The aim of the SCPB is to work collaboratively to strengthen the child protection and safeguarding system. Acacium Group will make contact with each local contact to obtain information about local procedures and guidelines. Where possible, copies of these will be available in the Acacium Group location and will be provided to all members of staff.

5.15.2 In the instance of a safeguarding incident the safeguarding children partnership board / child protection committee will be contacted by the Group Clinical Director to instigate local procedures.

5.15.3 Each Acacium Group office has an escalation procedure specific to that location which includes the contact details of those in the local area reporting structure, such as those within the organisation as well as external bodies, including the police and the local safeguarding adults board / adult protection committee (see Appendix D).

5.16 **Police involvement**

5.16.1 When to contact the local police before your Line Manager / appropriate other:

- When the assault is still occurring
- Where sexual assault has occurred
- When serious physical assault has occurred
- Where individual strategies have been identified that indicate police involvement
- Where a less serious assault has occurred, but the child / young person wishes to contact the police (in this situation you may support the child / young person in contacting the police).

6. Safeguarding and Protecting Children and Young People: Reporting and Recording Abuse

6.1 **Reporting concerns**

6.1.1 False allegations of abuse do sometimes occur. However, where an Acacium Group worker is concerned about the welfare of a child or young person, they must immediately inform their Line Manager / appropriate other. This will also be reported via the incident reporting system. The Line Manager / appropriate other must support the Acacium Group worker and seek guidance from the Clinical Director. If a referral is to be made to the Local Children's and Family Social Care Services at the local council the Clinical Director must be informed. There is always a facility to report concerns including out of hours. For the temporary worker's framework for reporting suspected child abuse see Appendix D.

6.1.2 A referral must initially be made through a telephone call and followed up within 48 hours by a faxed or written referral. It is important when the telephone call is made to make a note of the name and job title of the person you have spoken to at social services. The relevant children's services department should decide on the next course of action within 24 hours. They will also provide the reporter with the form relevant to their procedures.

6.1.3 Acacium Group will fully support and assist the investigation which the NHS / local authority safeguarding team will be responsible for.

6.1.4 Acacium Group senior management will support the Acacium Group worker if a false allegation has been made. It is better to have made a false allegation than to miss a case of abuse and Acacium Group workers will be supported if this should happen.

6.1.5 A report will need to be written by the person who identified the abuse. Important points to include within the report:

- Clarify what is fact, and what is your judgement of the situation
- What interventions or referrals were made and their outcomes
- Identify family strengths and weaknesses
- Analyse the information presented
- List significant events in chronological order

6.2 **In case of emergency**

6.2.1 There may be rare occasions where abuse has led to the need for emergency help. In this case, ring 999 without delay in order to obtain rapid medical help. It is ideal if the parent gives consent but if this is not given and the child is at risk of significant harm then the Acacium Group worker should call 999 without their consent.

6.3 **Sharing concerns with parents**

6.3.1 Acacium Group is committed to working in partnership with parents or carers where there are concerns about a child or young person. In most situations, it is important to talk to parents and carers to help clarify any initial concerns. The appropriate Acacium Group worker i.e. an Acacium Group community nurse should liaise with the parents or carers. There are some circumstances in which a person may be placed at even greater risk if concerns are shared i.e. where a parent or carer is responsible for the abuse or not able to respond to the situation appropriately. If in doubt, speak to your Line Manager / appropriate other who will liaise with the Clinical Director.

6.4 **Child protection conference attendance**

6.4.1 Acacium Group workers who are invited to attend a child protection conference due to their professional involvement with the child / young person must make attending the conference a priority. Advice and support will be provided by the Clinical Director**.**

6.4.2 A written report regarding the Acacium Group worker's involvement with, and knowledge of, the family, including identification of risk factors must be prepared for the conference. The report must identify the current health status and any outstanding needs of the child / young person. Support in writing the report will be provided by the Clinical Director. It is good practice to share reports with the family in advance of the conference. At all times, the Acacium Group worker must be aware that support may be obtained from the designated safeguarding children's professionals within local authorities.

6.5 **Attendance at court**

6.5.1 If summoned, an Acacium Group worker would never be expected to go to court to give evidence without the support of the Clinical Director or his / her representative.

6.6 **Information sharing**

6.6.1 In the best interests of protecting children and young people Acacium Group will comply with any valid request to share information in regard to the safety and protection of a particular child or young person. That is as long as the request complies with information governance and sharing policies Agreement must also have been provided by the Acacium Group Information Management Lead. Information will only be shared on a need to know basis.

6.6.2 There may be occasions when information is shared in the best interests of the child / young person or members of the public, without the consent of the parents, child / young person or health professionals. This is permitted when there:

- Are reasonable concerns that a child's or young person's health or development will be impaired without the provision of services
- Is evidence or reasonable cause to believe that a child or young person is suffering or is at risk of suffering significant harm
- Is a need to prevent significant harm arising to children / young people or serious harm to children / young people, through the prevention, detection and prosecution of serious crime.

6.7 **If an Acacium Group worker is accused of abuse**

6.7.1 Any concerns about the welfare of a child or young person arising from alleged abuse or harassment by an Acacium Group worker must be reported immediately. It can often be difficult to report a fellow worker, but Acacium Group assures all workers that it will fully support and protect anyone who, without malicious intent, reports their concerns about a colleague's practice, or the possibility that a child or young person may be being abused, or harassed. The Acacium Group Whistleblowing Policy, enables and encourages Acacium Group workers to raise any concerns that they have about malpractice, abuse, or wrongdoing, at an early stage and in the right way, without fear of victimisation, subsequent discrimination, or disadvantage. As detailed in the Whistleblowing Policy, if the matter has been reported to the Line Manager / appropriate other, and the concern has not been resolved satisfactorily then it should be raised again but this time in writing to the Clinical Director.

6.7.2 Acacium Group workers must act in a professional way at all times to minimise being accused of abuse and maintain high standards of documentation. If an Acacium Group worker suspects that the relationship between them and the parents is breaking down for any reason, they should discuss these issues with their Line Manager / appropriate other.

6.7.3 Acacium Group workers must be aware that if they are accused of abuse that they will be suspended from duty whilst an investigation is underway. This is as much to protect the Acacium Group worker as it is the family.

6.7.4 Any allegations related to safeguarding will be investigated as part of the Acacium Group Incident Reporting Policy. If the allegations against an Acacium Group worker are deemed to be founded the usual disciplinary procedures will be followed, up to and including dismissal where appropriate.

6.7.5 Where dismissal takes place, Acacium Group will make a referral to the relevant bodies as necessary, including professional regulatory bodies, barring lists and the Police.

6.8 **Handling difficult situations**

6.8.1 There may be situations when individuals pose an immediate risk to others, property or themselves. Where dialogue and diversion tactics fail there are two types of simple control methods that can be used:

- Simple physical presence as control, which involves no contact i.e. standing in front of an exit
- Holding or touching to persuade a child or young person to comply with verbal requests i.e. holding a person's hand or using the shoulders to steer a person away from a situation

6.8.2 If a situation is approaching the point where these methods will not or do not work, or if the person is threatening or using violence, then the police should be contacted immediately.

After the incident the Line Manager / appropriate other must be informed and the incident reported via the incident reporting mechanism.

6.9 **Record keeping**

6.9.1 All records must be kept in accordance with national requirements such as the Data Protection Act 2018 and the Acacium Group information governance and records management policies.

6.9.2 Recording in the clinical care records must be according to Acacium Group best practice. See the Acacium Group Reporting and Managing Incidents Policy.

6.9.3 Care packages: All records remain the property of the commissioner of the care package. The commissioner is responsible for the storage and retention of the records in line with the Care Quality Commission Standards 2010. See the Acacium Group Records Management Policy.

7. Training

7.1 **Staff training and continuing professional development**

7.1.1 Acacium Group will enable workers to participate in voluntary training and continuing professional development in Safeguarding Children at Risk and where appropriate this will be included in local induction programmes. The training will be proportionate and relevant to the roles and responsibilities of each Acacium Group worker.

7.1.2 There are different levels of training required which is dependent on their role. The table below illustrates the levels, staff types and duration of training required. Acacium Group workers are required to receive refresher training every three years.

Level	Staff type	Duration
Level 1	All staff working in healthcare settings.	Minimum of 2 hours over 3 years.
Level 2	All non-clinical and clinical staff who have any contact with children, young people and / or parents / carers.	Minimum of 3-4 hours over 3 years.
Level 3 Core	All clinical staff working with children, young people and / or their parents / carers, who could potentially contribute to assessing, planning, intervening, and evaluating, the needs of a child or young person, and parenting capacity, where there are safeguarding / child protection concerns.	Minimum of 6 hours over 3 years.
Level 3 Specialist	RSCN's, Child and Adolescent RMN's, children LD, midwives, school nurses, health visitors.	Minimum of 12 - 16 hours over 3 years.
Level 4	Specialist roles – named professionals.	Minimum of 24 hours of education training and learning over 3 years.
Level 5	Specialist roles – designated professionals.	Minimum of 24 hours of education training and learning over 3 years.

7.1.3 All Acacium Group workers providing direct care to, or are in contact with, children and young people will be expected to undertake voluntary training that consists of awareness raising about the general signs of abuse, types of abuse, and the management of reporting and recording abuse. It is beneficial to Acacium Group workers to have a basic understanding of mental health, domestic violence, and drug and alcohol awareness. This training will take place within three months of starting with the organisation. This can be evidenced through certification or voluntary training is available to ensure compliance.

7.1.4 Team leaders and community nurses must be trained in fabricated illness. This training must be within three months of starting with the organisation and be repeated annually.

7.1.5 Team leaders and community nurses must be trained in 'Safeguarding Children Level 4.'

7.2 **Supervision and support**

7.2.1 Acacium Group recognises the importance of providing supervision and support to all workers.

8. Implementation

8.1 For consultation, ratification and dissemination of this policy see the Policy for Drafting, Approval and Review of Policies and SOPs.

8.2 **Audit and monitoring**

8.2.1 Acacium Group supports the use of a thorough, open and multi-disciplinary approach to investigating abuse, where improvements to local practice can be discussed identified and disseminated.

8.2.2 Any incident of abuse must be reported through the Acacium Group incident reporting system. See the Acacium Group Reporting and Managing Incidents Policy.

8.2.3 The Clinical Director must be made aware of any incident of abuse and report it to the CQC, the RQIA and SCSWIS

8.2.4 All lessons learnt from any incident of abuse are reviewed by the Governance Committee and disseminated across the organisation.

8.3 **Serious case reviews**

8.3.1 Any outcomes from where it was demonstrated that Acacium Group could have performed better, are taken very seriously. Acacium Group will set up its own internal review process and implement the necessary policy changes.

8.4 **Processes for monitoring the effectiveness of the policy include:**

- Assessment of the management of safeguarding alerts and their outcomes
- Evidence of learning across the organisation
- Incident reporting procedure
- Annual report to the Governance Committee
- Appraisal and Personal Development Plan (PDP).

9. Policy Replaces

9.1 This Policy replaces all other 'safeguarding children' policies within Acacium Group.

10. Associated Policies / SOP

Policy

CLIN 06 Consent Policy
CLIN 14 Health Records Management Policy
CORP10 Policy on Policies Policy
CORP14 Complaints Policy
CORP03 Whistleblowing for Internal Employees Policy
CORP04 Whistleblowing for Associate Workers and External Parties Policy
CORP07 Equality, Diversity and Human Rights Policy
ORG 04 Incident Reporting Policy
ORG 06 Communication Policy

11. References

- Children Act 2004. London: The Stationery Office.
- HM Government, 2006. Working Together to Safeguard Children. London: The Stationery Office.
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- Department of Health, 2002. Framework for the Assessment of Children in Need and their Families. DH.
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- Scottish Government, June 2010. A Guide to Implementing. Getting it right for every child: Messages from pathfinders and learning partners.
- Department for Education, 2003. The Laming Report. Report from 'Every Child Matters'. London: The Stationery Office.
- HM Government, 2007. Statutory guidance on making arrangements to safeguard and promote the welfare of children. London: The Stationery Office.
- Children Act (Northern Ireland) 2004
- The Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003
- Department of Health, Social Services and Public Safety, 2003. Cooperating to Safeguard Children and Young People in Northern Ireland, HSSPS.
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/189392/DCSF-00064-2010.pdf.pdf
- https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/
- https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/gangs-criminal-exploitation/
- https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/domestic-abuse/
- https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/grooming/
- https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/bullying-and-cyberbullying/

- https://www.nice.org.uk/guidance/ng76

Appendix A: Equality Impact Assessment

Additional paper to be completed as part of the ratification process: Equality Impact Assessment (EIA) checklist for the Safeguarding and Protecting Children Policy. To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the procedural document affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability -– learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and / or justifiable?	No	
4.	Is the impact of the procedural document likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the procedural document without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document or need advice please refer it to the Clinical Director, together with any suggestions as to the action required to avoid / reduce this impact.

Appendix B: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

Pathology Group

With experience of filling niche vacancies within Pathology, our clients' services have been allowed to return to full capacity and ensure candidates are placed into the right role.

General Medicine Group

With the largest network of medicine doctors in the UK, we are able to offer our candidates the most up to date vacancies and a steady stream of the high calibre Doctors to the NHS.

Surgical People

Dedicated to the supply of high quality Doctors to the NHS and private healthcare providers across several Surgery sub-specialties.

A&E Agency

A&E Agency is a leading recruitment agency for placing specialist doctors in temporary and permanent roles throughout the UK. We supply highly experienced doctors across a range of acute and general medical specialties, including but not limited to, A&E, anaesthetics, obs & gynae, paediatrics, radiology and surgery.

GP World

As a leading provider of locum and permanent General Practitioners & primary care clinicians including nurses to the NHS and private sector, we play an important role as a staffing and career partner to our clients.

Pulse Staffing Limited (Pulse)

Pulse recruits health and social care professionals for temporary and permanent jobs in the UK, and abroad. Pulse is the UK's leading independent provider of staff bank management services and provides specialist care packages to individuals in their own home or community setting.

As an approved supplier to the NHS, Pulse holds contracts with NHS trusts, private organisations and local authorities nationwide. Pulse also works with hospitals globally, specifically within Australia, New Zealand, North America, the Middle East and across Europe.

Pulse places candidates - medical, scientific and nursing staff, allied healthcare professionals, social workers, support workers and carers - in posts appropriate for their training and experience.

Pulse Staffing consists of a number of Pulse brands delivering staffing solutions and health and social care services globally, with a UK branch network and overseas offices, key brands include;

- **Pulse Nursing at Home** – management of packages of care to support/ enable individuals to live independently
- **Pulse Nursing & Care**, **Pulse Critical Care**, **Pulse Specialist Nursing**, **Pulse Theatres** – provision of all categories and grade of nursing & midwifery staff
- **Pulse Doctors** – provision of all specialty and grade of doctor including Psychiatry, Acute and GP
- **Pulse Allied Health & Health Science Services** – provision of all categories and grade of AHP & HSS staff (including Physiotherapy, Radiography, Speech and Language Therapy and Pharmacy)
- **Pulse Staffing Partners** – incorporating end-to-end management of complete staff banks
- **Pulse Social Care** – provision of all categories of unqualified social care staff
- **Pulse Social Work** – provision of all specialty of qualified social work staff.

Frontline Staffing (FL)

FL is a dedicated division of Pulse, committed to managing short-notice and hard-to-fill vacancies on both a temporary, and permanent, basis across the spectrum of health and social care categories of staff.

frontline STAFFING
Part of Acacium Group

Thornbury Nursing Services (TNS)

Established in 1983, TNS is one of the UK's leading independent nursing agencies, providing skilled nurses on a temporary or permanent basis to NHS trusts, and private sector clients, throughout England and Wales.

Thornbury Nursing Services
Part of Acacium Group

The TNS mission is simple: "To provide the best professional solution to meet the requirements of each of our clients whilst recognising and rewarding the exceptional skills and efforts of our nurses."

TNS delivers an exceptional service to both patients and clients by ensuring every nurse represented meets the most rigorous professional standards.

TNS' team of specially trained recruiters (themselves qualified nurses) personally interview and select nurses across the country using a strict method of competence-based assessment, ensuring that every nurse meets the highest expectations – in terms of professional accreditation, competency, attitude and personality.

Scottish Nursing Guild (SNG)

Established in 1995, SNG, as part of Acacium Group, is one of Scotland's leading independent nursing agencies, providing skilled nurses on a temporary basis to major NHS trusts, and private sector clients, throughout Scotland, Northern Ireland and Republic of Ireland.

SNG' ability to respond promptly to staffing needs makes the service an invaluable resource in maintaining effective nursing coverage, with unparalleled commitment to providing nurses who meet the highest professional standards.

SNG provides appropriately skilled healthcare assistants, operating department practitioners and qualified nursing staff to cover staffing shortages – both short-term and ongoing. SNG provides temporary nursing staff to both NHS trusts and private sector clients throughout Scotland. SNG' procedures and standards fully conform to, or exceed, the regulatory requirements in each territory.

Thornbury Community Services (TCS)

At Thornbury Community Services (TCS), high quality care is our number one priority. With a team of exceptional and conscientious nurses and care staff, we're able to deliver the best complex care at home or in the community, 24/7 or whenever you need it. With compassion, integrity and dedication, we help empower individuals to achieve personal aspirations, as well as providing care tailored to their needs. Making a positive difference to our client's lives is our passion and it's this that sets us apart.

Hobson Prior

Hobson Prior International is an award winning provider of staffing services for the medical device, drug discovery and clinical development community in Europe. Since 2002, we have been working exclusively within the life sciences industry, supporting organisations seeking to engage with exceptional professionals within the functional disciplines of clinical operations, medical affairs, pharmacovigilance, quality assurance and regulatory affairs. All our consultants specialise in a specific life sciences discipline and combine in-depth industry knowledge with an ethical and proactive sourcing approach to deliver the right solution for each client.

Maxxima

Maxxima is an established recruitment agency operating under two successful brand names; Labmed Recruitment and Swim Recruitment. Maxxima operates predominantly within the healthcare and social services sectors.

As well as offering traditional recruitment solutions to their clients, Maxxima runs a number of successful master vendor contracts. It provides the NHS with a robust vendor managed solution, capable of making large scale cost savings whilst still retaining the expert knowledge and attention to detail associated with more specialist agencies in the market.

Xyla Health and Wellbeing

Xyla Health and Wellbeing is one of a few organisations in the UK offering a fully integrated health and wellbeing service that can be tailored to suit the needs of individuals and local communities.

We have extensive experience of providing large-scale health improvement services for public and private sector organisations. By creating an approach that incorporates innovative technology, strong operational management and effective engagement, we use our expertise and wide range of skills, to provide a high quality and efficient solution for commissioners and long-term health benefits for individuals.

Commissioners can choose to work with us across all, or a selection of, our four core elements:

1. Health and wellbeing hub and interventions
2. Community outreach
3. Training
4. Social marketing campaigns

Liquid Personnel

Liquid Personnel provide temporary and permanent jobs to qualified social work professionals in a wide range of local authorities, NHS Trusts, fostering agencies, charities and other private sector organisations throughout the UK. We are trusted by over 150 organisations in England, Scotland and Wales to provide exceptional agency staff.

Xyla Health and Social Services

Xyla Health and Social Services is one of the largest commissioned providers of managed social work services in the UK. We work in partnership with local authorities and health trusts, and have 200 qualified staff delivering assessment and review.

Our high-quality statutory services within adults and children's services covers DoLS, Care Reviews and CIN, CP & LAC cases across 30+ organisations.

Xyla Diagnostics

Xyla Diagnostics is a leading specialist in the provision of echocardiography and cardiac rhythm analysis services. Every aspect of our pioneering clinical support service is designed to increase capacity, efficiency and quality across the cardiac diagnostics industry. Our partnerships with healthcare technology providers enable us to provide our customers with access to our specialist clinical network through a range of innovative onsite and remote diagnostic services.

Xyla Digital Therapies

Xyla Digital Therapies is a pioneering new service improving the accessibility, affordability and effectiveness of psychological therapies within IAPT. Through our extensive network of qualified therapists, we provide a broad range of digitally-enabled brief therapies at both step 2 and step 3 that can be accessed securely from a computer, tablet or smartphone anywhere, at any time of the day.

Xyla Elective Care

Xyla Elective Care provides best in class waiting list management solutions to NHS Trusts. Our elective care services are aimed at helping trusts to recover their RTT position so that they can improve aggregate and specialty level performance. In addition to RTT recovery solutions, we also provide ongoing elective and diagnostic capacity as well as 2-week suspected cancer outpatient capacity.

ProClinical

ProClinical has one aim: to support life science companies in the many challenges they face while combating unmet medical need worldwide. ProClinical's mission is to support their work by connecting life science companies with the highly skilled professionals they need to continue innovating. Whatever the hiring need, ProClinical will provide a bespoke staffing

CHS Healthcare

We partner with the NHS and social care systems to deliver innovative patient flow, pathway solutions, and continuing healthcare services. As patient flow experts, we deliver innovative processes and systems which mean that we are able to support the NHS reset and recovery across the entire health and care pathway. Our purpose is to help everyone to live their lives as fully as possible.

Appendix C: Legislation

Act, national policy, guidance	Explanation
United Nations Convention on the Rights of the Child 1989 (UNCRC)	In 1989, governments worldwide promised all children the same rights by adopting the UN Convention on the Rights of the Child
The Laming Report 2003	Every Child Matters (2003) highlights the importance of safeguarding all children by effective communication, multi-agency partnership information sharing, and supporting parents and carers.
Children Act 1989 – updated 2004	Places a duty on health organisations to make arrangements to ensure that they have regard for the need to safeguard and promote the welfare of children / young people.
Care Act 2014	The Act ensures that health and social services work together, helping people make informed choices about health and social care.
Social Services and Well Being (Wales) Act 2014	Regulations under' Section 134' specify the areas in Wales where there are to be safeguarding children boards and safeguarding adults boards ("safeguarding board areas"). These Boards (collectively referred to as "safeguarding boards") will have those partners set out in section 134(2), all of whom have an interest in safeguarding children.
The Sexual Offenders Act (2003)	• child sex offences • abuse of position of trust • familial child sex offences • indecent photographs of children • abuse of children through prostitution and pornography.
When to suspect child maltreatment (NICE 2013)	A process from NICE guiding the healthcare professionals through the reporting of potential maltreatment of a child.
Child Abuse and Neglect (NICE October 2017)	The guidance was published in October 2017 and provides recommendations based on how to recognise and respond to child abuse and neglect.
Identifying and supporting victims of human trafficking April 2013 (www.gov.uk)	Identifying and supporting victims of human trafficking for healthcare workers.
Working together to Safeguard Children (SCPB) (March 2021, Department for Education)	This is statutory guidance that covers: • the legislative requirements and expectations on individual services to safeguard and promote the welfare of children • a clear framework for Safeguarding Children Partnership Board (SCPB) to monitor the effectiveness of local services.
What to do if you're worried a child is being abused (March 2015, HM Government)	A document produced to assist practitioners in identifying child abuse and neglect in order to take appropriate action in response.
Safeguarding Vulnerable Groups Act 2006 (England, Wales and Ireland)	This Act describes activities, establishments and positions, that are 'regulated', the barred lists, and prohibits those who are barred from carrying out illicit activities.
Section 47 of the Children Act 2004	Places a duty on health services to work with local authorities in their enquiries in cases where there are reasonable causes

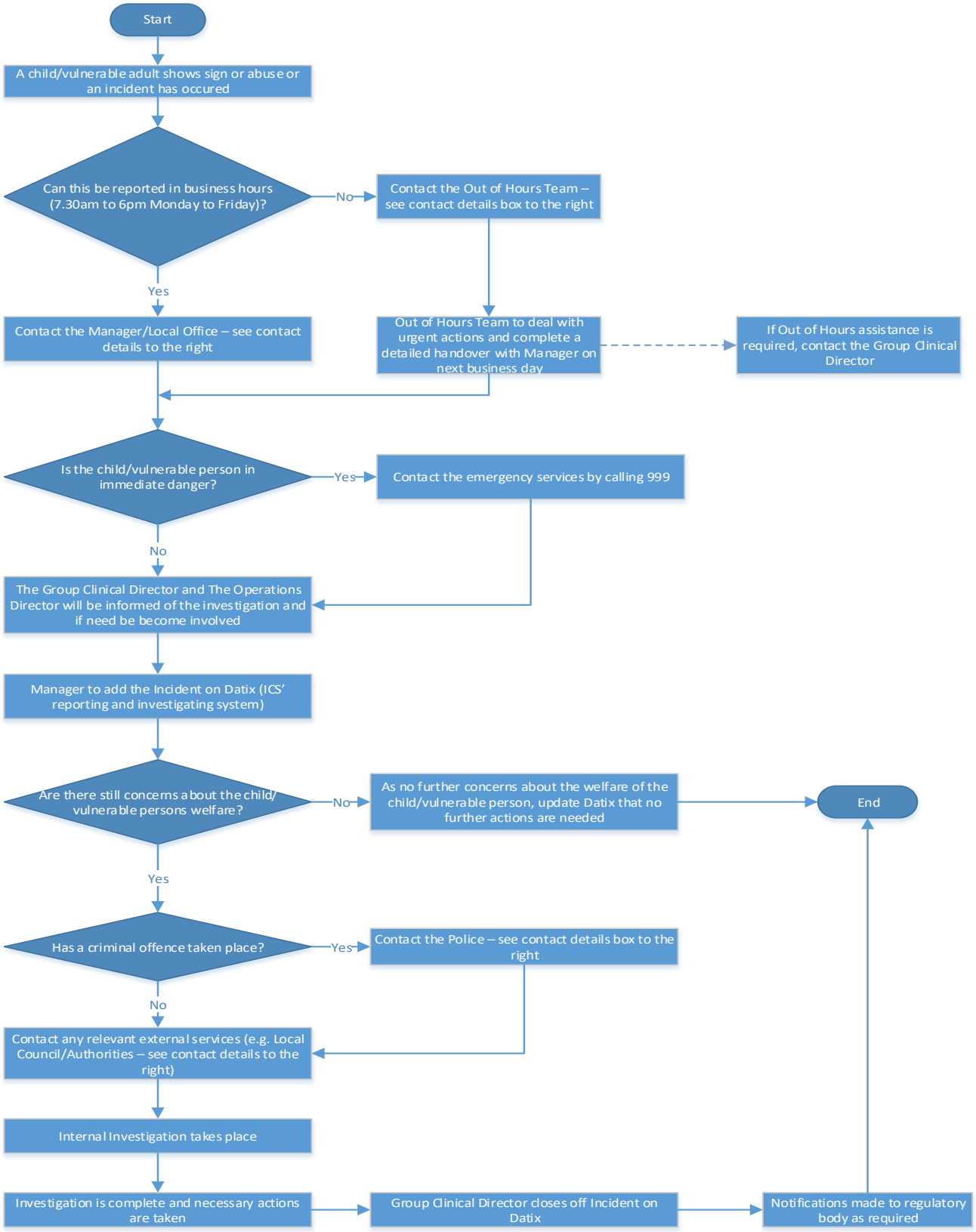
	for concern that a child is suffering or is likely to suffer significant harm.
Health and Social Care Act 2008 – revised 2012	The relevant part of this Act to the Policy is the introduction of the Care Quality Commission which is an integrated regulator for health and adult social care bringing together existing health and social care regulators under one regulatory body. The CQC has new powers to ensure safe and high-quality services.
The Female Genital Mutilation Act 2003 (England Wales and Northern Ireland)	The Act details offences of people who conduct FGM, (with the exception of medical practitioners completing operations for physical or mental health or connected to the childbirth process. It is also an offence to perform FGM outside the UK on a UK resident.
Multi-Agency Practice Guidelines: Female Genital Mutilation (2011) HM GOV	The document provides advice to frontline professionals who have responsibilities to safeguard children and adults from the abuses associated with FGM.
Channel: Protecting vulnerable people from being drawn into Terrorism (Oct 2012) HM GOV	Channel is a key element of the Prevent Duty. If is a multi-agency approach to protect people from radicalisation.
Children and Young Persons Act 2008	An Act to make provision about the delivery of local authority social work services for children and young persons.
Children and Families Act 2014	Enacts the government's commitment to improve services for vulnerable children and reforming services given to every child.
Borders, Citizenship and Immigration Act 2009	Section 55: to make arrangements to take account of the need to safeguard and promote welfare of children in discharging functions relating to immigration and asylum
Serious Crime Act 2015 (England and Wales)	The Serious Crime Act 2015 received royal assent on 3 March. The 2015 Act gives effect to a number of legislative proposals set out in the Serious and Organised Crime Strategy, published in October 2013. In doing so, it will ensure that the National Crime Agency, the police and other law enforcement agencies have the powers they need to pursue, disrupt, and bring to justice, those engaged in serious and organised crime. The 2015 Act also introduces measures to enhance the protection of vulnerable children and others, including by strengthening the law to tackle female genital mutilation ("FGM") and domestic abuse.
Protection of Children Act 1999	Creates a system for identifying persons considered to be unsuitable to work with children.
Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff January 2019	This guidance sets out indicative minimum training requirements and is not intended to replace contractual arrangements between commissioners and providers
Safeguarding Children and Young People who may be affected by gang activity	Guidance on how to recognise if children/young people are in gangs and how to support them.

1. **Equality and Diversity**

1.1 Under the Race Relations (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess, and consult, on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EIA must be completed by the author of this Policy using the checklist provided in Appendix A. See also the Acacium Group Equality and Diversity Policy.

Appendix D: Local Procedure Document

Action to be taken when concerned about a child's welfare



Appendix E: Safeguarding Roles: Children's Nurse, Child & Adolescent Mental Health Nurse, Forensic Nurses, Midwife, School Nurse & Health Visitor

Safeguarding role: Children's nurse, child and adolescent mental health nurse, forensic nurses, midwife, school nurse and health visitor.

Knowledge:

- Aware of the implications of legislation, inter-agency policy and national guidance.
- Understood the importance of children's rights in the safeguarding / child protection context and related legislation.
- Understand information, sharing, confidentiality, and consent, related to children and young people.
- Aware of the role and remit of the SCPB / the Safeguarding Board for NI and the safeguarding panel of the health and social care trust / child protection committee.
- Understand inter-agency frameworks and child protection assessment processes, including the use of relevant assessment frameworks.
- Understand the processes and legislation for Looked After Children, including after-care services.
- Have core knowledge (as appropriate to one's role) of court and criminal justice systems, the role of different courts, the burden of proof, and the role of a professional witness in the stages of the court process.

Clinical knowledge:

- Understand what constitutes as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements.
- Understand the effects of parental behaviour on children / young people and the interagency response.
- Know the issues surrounding misdiagnosis in safeguarding / child protection and the effective management of diagnostic uncertainty, and risk
- Have an understanding of fabricated or induced illness
- Know when to liaise with expert colleagues about the assessment and management of children / young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16 - 18 year olds and the transition between child and adult legal frameworks, and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- Understand the impact of a family's cultural and religious background when assessing risk to a child or young person, and managing concerns
- Know about models of effective clinical supervision and peer support
- Understanding processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies

- Aware of resources and services that may be available within health and other agencies, including the voluntary, sector to support families
- Know what to do when there is an insufficient response from organisations or agencies
- Know the long-term effects of maltreatment and how these can be detected and prevented
- Know the range and efficacy of interventions for child maltreatment
- Understood procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatients appointments
- Have an understanding of the management of the death of a child or young person in the safeguarding context (including where appropriate structures and processes, such as rapid response teams and 'Child Death Overview' panels)
- Understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding / child protection, including audits against national guidelines
- Understand relevant national and international policies, and the implications for practice
- Understand how to manage allegations of child abuse by professionals.

Attitudes and values

- Understands the importance and benefits of working in an environment that supports professionals
- Understands the potential personal impact of safeguarding / child protection work on professionals
- Recognises when additional support is needed in managing presentations of suspected child maltreatment, including support with all legal and court activities (such as writing statements, preparing for attending court) and the need to debrief in relation to a case or other experience
- Recognises the impact of a family's cultural and religious background when assessing risk to a child or young person, and managing concerns
- Recognises ethical considerations in assessing and managing children / young people.

Appendix F: Safeguarding Roles: Emergency and Unscheduled Care (Medical & Registered Nursing Staff)

Safeguarding roles: Emergency and unscheduled care (medical and registered nursing staff)

Knowledge:

- Aware of the implications of legislation, interagency policy and national guidance
- Understand the importance of children's rights in the safeguarding / child protection context and legislation
- Understand information sharing, confidentiality and consent related to children / young people
- Aware of the role and remit of the SCPB / the Safeguarding Board for Northern Ireland and the safeguarding panel of the relevant health and social care trust / child protection committee
- Understand inter-agency frameworks and child protection assessment processes including the use of relevant assessment frameworks
- Understand the processes and legislation for 'Looked After Children' including after-care services

Clinical knowledge:

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children / young people, and the interagency response
- Know the issues surrounding misdiagnosis in safeguarding / child protection and the effective management of diagnostic uncertainty, or risk
- Have an understanding of fabricated or induced illness
- Know when to liaise with expert colleagues about the assessment and management of children / young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16 - 18 year olds and the transition between child and adult legal frameworks, and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- Understand the impact of a family's cultural and religious background when assessing risk to a child / young person, and managing concerns
- Know about models of effective clinical supervision and peer support
- Understand processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Know what to do when there is an insufficient response from organisations or agencies
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments

- Have an understanding of the management of the death of a child or young person in the safeguarding context (including where appropriate structures and processes, such as rapid response teams and 'Child Death Overview' panels)

Attitude and values

- Understand the importance and benefits of working in an environment that supports professionals
- Understands the potential personal impact of safeguarding / child protection work on professionals
- Recognises when additional support is needed in managing presentations of suspected child maltreatment, including support with all legal and court activities (such as writing statements preparing for court) and the need to debrief in relation to a case or other experiences
- Recognises the impact of a family's cultural and religious background when assessing risk to a child / young person and managing concerns.

Appendix G: Safeguarding Roles: Sexual Health (Medical & Registered Nursing Staff)

Knowledge:

- Aware of the implications of legislation, interagency policy and national guidance
- Understand the importance of children's rights in the safeguarding / child protection context, and related legislation
- Understand information sharing, confidentiality and consent related to children / young people
- Aware of the role and remit of the SCPB / the Safeguarding Board for Northern Ireland and the safeguarding panel of the relevant health and social care trust / child protection committee
- Understand interagency frameworks and child protection assessment processes, including the use of relevant assessment frameworks
- Understand the processes and legislation for 'Looked After Children' including after-care services.

Clinical knowledge:

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children / young people, and the interagency response
- Know the issues surrounding misdiagnosis in safeguarding / child protection and the effective management of diagnostic uncertainty, or risk
- Have an understanding of fabricated or induced illness
- Know when to liaise with expert colleagues about the assessment and management of children / young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16 - 18 year olds and the transition between child / adult legal frameworks, and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- Understand the impact of a family's cultural and religious background when assessing risk to a child / young person, and managing concerns
- Know about models of effective clinical supervision and peer support
- Understands processes for identifying whether a child or young person is known to professionals in Children's Social Care and other agencies
- Understand procedures for proactively following up children and young people who miss outpatients appointments or parents under the care of adult mental health services who miss outpatient appointments.

Attitudes and values:

- Understands the importance and benefits of working in an environment that supports professionals
- Understands the potential personal impact of safeguarding / child protection work on professionals
- Recognises when additional support is needed in managing presentations of suspected child maltreatment, including support with all legal and court activities (such as writing statement preparing for attending court) and the need to debrief in relation to a case or other experience
- Competence should be reviewed annually as part of staff appraisal in conjunction with individual learning and a development plan.

Appendix H: Safeguarding Roles: Paediatric Allied Health Professionals

Knowledge:

- Aware of the implications of legislation, interagency policy and national guidance
- Understand the importance of children's rights in the safeguarding / child protection context, and related legislation
- Understand information sharing, confidentiality and consent related to children / young people
- Aware of the role and remit of the SCPB / the safeguarding board for Northern Ireland and the safeguarding panel of the relevant health and social care trust / child protection committee
- Understand inter-agency frameworks and child protection assessment processes, including the use of relevant assessment frameworks
- Understand the processes and legislation for 'Looked After Children', including after-care services.

Clinical knowledge:

- Understand what constitutes as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children / young people, and the inter-agency response
- Know the issues surrounding misdiagnosis in safeguarding / child protection and the effective management of diagnostic uncertainty, or risk
- Have an understanding of fabricated and induced illness
- Know when to liaise with expert colleagues about the assessment and management of children / young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16 - 18 year olds and the transition between child / adult legal frameworks and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- Understand the impact of a family's cultural and religious background when assessing risk to a child / young person, and managing concerns
- Know about models of effective clinical supervision and peer support
- Understand procedures for proactively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments.

Attitudes and values:

- Understand the importance and benefits of working in an environment that supports professionals
- Understands the potential personal impact of safeguarding / child protection work on professionals
- Recognises when additional support is needed in managing presentations of suspected child maltreatment, including support with all legal and court activities (such as writing statements, preparing for attending court) and the need to de-brief in relation to a case or other experience.

Appendix I: Safeguarding Roles: Adult Psychiatrists

Knowledge:

- Aware of the implications of legislation, interagency policy and national guidance
- Understand the importance of children's rights in the safeguarding / child protection context and related legislation
- Understand information sharing, confidentiality and consent related to children / young people
- Aware of the role and remit of the SCPB / the Safeguarding Board of Northern Ireland and the safeguarding panel of the relevant health and social care trust / child protection committee
- Understand inter agency frameworks and child protection assessment processes, including the use of relevant assessment frameworks
- Understand the processes and legislation for 'Looked After Children', including after-care services.

Clinical knowledge:

- Understand what constitutes, as appropriate to role, forensic procedures and practice required in child maltreatment, and how these relate to clinical and legal requirements
- Understand the assessment of risk and harm
- Understand the effects of parental behaviour on children / young people, and the interagency response
- Know the issues surrounding misdiagnosis in safeguarding / child protection and the effective management of diagnostic uncertainty, or risk
- Have an understanding of fabricated and induced illness know when to liaise with expert colleagues about the assessment and management of children / young people where there are concerns about maltreatment
- Understand the needs and legal position of young people, particularly 16 - 18 year olds, and the transition between child / adult legal frameworks, and service provision
- Know how to share information appropriately, taking into consideration confidentiality and data-protection issues
- Understand the impact of a family's cultural and religious background when assessing risk to a child / young person, and managing concerns
- Know about models of effective clinical supervision and peer support
- Understand processes for identifying whether a child / young person is known to professionals in Children's Social Care and other agencies
- Understand procedures for pro-actively following up children and young people who miss outpatient appointments or parents under the care of adult mental health services who miss outpatient appointments

Attitudes and values:

- Understands the importance and benefits of working in an environment that supports professionals
- Understands the potential personal impact of safeguarding / child protection work on professionals
- Recognises when additional support is needed in managing presentations of suspected child maltreatment, including support with all legal and court activities (such as writing statements, preparing for attending court) and the need to debrief in relation to a case or other experience.