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<table>
<thead>
<tr>
<th>Safeguarding Children and Young People (Guidance for Allied Health Professionals (AHPs))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference Number:</td>
</tr>
</tbody>
</table>
| Target audience: | This policy is directed to AHPs, their Technical Instructors and Assistants in the following professions:  
  - Physiotherapy  
  - Occupational Therapy  
  - Speech & Language Therapy  
  - Nutrition & Dietetics  
  - Podiatry  
  - Orthoptics  
  - Radiography |
| Sources of advice in relation to this document: | Lynn Ashcroft, Speech and Language Therapy  
Adare Brady, Physiotherapy  
Sandra Allen, Occupational Therapy  
Pat Cusick, Dietetics  
Tim Johnston, Podiatry  
Pat Johnston, Radiography  
Joy Peters, Orthoptics  
Elizabeth Barry, Social Work |
| Replaces (if appropriate): | N/A |
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| Date Issued by Policy Unit: | 22 December 2011 |
| NHSC mission statement: | To provide for all the quality of services we would expect for our families and ourselves |
SAFEGUARDING CHILDREN AND YOUNG PEOPLE

GUIDANCE FOR Allied Health Professionals (AHPs)
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1. Introduction

Context
Given the multi-disciplinary nature of safeguarding children, the involvement of health professionals is crucial to good child care practice. AHPs and their support staff have an important role to play in relation to providing services to families and children where there are concerns about children’s health and development. They can provide crucial information about particular aspects of:

- children’s conditions,
- injuries,
- behaviour,
- needs,
- communication requirements and skills,
- nutrition and physical ability.

These staff, through regular contact with and in-depth knowledge of children, have a vital role to play in the identification of concerns about possible abuse.

This policy is directed to AHPs, their Technical Instructors and Assistants in the following professions:
1. Physiotherapy
2. Occupational Therapy
3. Speech & Language Therapy
4. Nutrition & Dietetics
5. Podiatry
6. Orthoptics
7. Radiography

There is AHP representation on the NHSCT Child protection Panel.

Purpose
The purpose of the Safeguarding guidance for AHP’s is to protect vulnerable children and young people, by ensuring that all staff who are not covered by service specific policies, employed in the NHSCT, have guidance on the detection and multi-disciplinary management of situations where abuse or neglect is evident or suspected. This guidance has been developed to be used alongside ACPC Regional Policies and Procedures.

2. Duty of Care
There is an established structure of agencies who work together to protect children and young people. The statements of principle and procedures outlined in this guidance document provide the conceptual framework that underpins the practices within each allied health profession. This ethos should be reflected in all actions and decisions taken by employees and will comply with ACPC Regional Policy and Procedures.
3. Principles
Strategies, policies, procedures and services to safeguard children should be based on the following principles:

- The child’s welfare must always be paramount and this overrides all other considerations;

- A proper balance must be struck between protecting children and respecting the rights and needs of families; but where there is conflict, the child’s interests are paramount;

- Children have a right to be heard, to be listened to and to be taken seriously. Taking account of their age and understanding they should be consulted and involved in all matters and decisions which may affect their lives;

- Parents/carers have a right to respect and should be consulted and involved in matters which concern their families;

- Children and families have equal access to services across the Trust;

- Actions taken to protect a child, including investigation, should not cause the child unnecessary distress or add to any damage already suffered;

- The child must be considered in a family setting, with the impact of concerns also informing an assessment of the needs of other children within the family;

- Actions taken by agencies must be considered and well informed so that they are sensitive to and take account of the child’s age, gender, stage of development, physical or mental disability, religion, culture, language, race and, in relation to adolescents, sexual orientation;

- All agencies concerned with the protection of children must work together on an inter-agency basis in the best interests of children and their families;

- Each agency must have an understanding of each other’s professional values and accept their respective roles, powers and responsibilities.

4. A Shared Responsibility and Partnership
The primary responsibility for safeguarding children rests with their parents, who should ensure that children are safe from danger in the home and free from risk from others. Some parents cannot always ensure this degree of safety and it may be necessary for statutory agencies to intervene to ensure the child is adequately protected.
Safeguarding children depends upon effective information sharing, collaboration and understanding between families, agencies and professionals through working in partnership. For those children who are suffering, or at risk of suffering significant harm, multi-disciplinary/agency working is essential to safeguard them. The staff of all agencies should:

- Be alert to potential indicators of abuse, neglect or failure to thrive
- Be alert to the risks which individual abusers, or potential abusers, may pose to children
- Share, and help to analyse information so that informed assessments can be made of each child’s needs and circumstances
- Contribute to appropriate actions are required to safeguard the individual child and promote his welfare
- Regularly review the outcomes for the child against specific shared objectives, and
- Work in co-operation with parents, unless this is inconsistent with safeguarding the child.

5. Definition of a Child
For the purpose of this guidance a child is a person under the age of 18 years as defined in the Children (NI) Order 1995. (It should be noted that in the case of a young person with special educational needs this would be up to the age of 19 years).

Throughout this guidance the term he, him should be construed as also meaning she, her etc.

6. Definition of Abuse (ACPC Regional Policy and Procedures)
Child abuse occurs when a child is neglected, harmed or not provided with proper care. Children may be abused in many settings, in a family, in an institution or community setting, by those known to them, or more rarely, by a stranger. There are different types of abuse and a child may suffer more than one of them. The procedures outlined in this guidance are intended to safeguard children who are at risk of significant harm because of abuse or neglect by parents, carers or others with a duty of care to the child.

Types of abuse:

Physical abuse is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose children to emotional abuse.

**Sexual abuse** involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

(Sexual activity involving a child who is capable of giving consent on the matter, **while illegal**, may not necessarily constitute child abuse as defined for the purposes of this guidance. One example, which would fall into this category, is a sexual relationship between a 15 year old girl and her 18 year old boyfriend. The decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. The criminal aspects of the case will, of course, be dealt with by the police.)

**Neglect** is the persistent failure to meet a child’s physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate foods, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. In relation to therapy, this may include non-utilisation of equipment recommended by the professional, e.g. hearing aids/glasses, standing frames, specialist seating. Neglect may also include non-organic failure to thrive.

**Fabricated or Induced Illness by carers (FII)** – this involves a well child being presented by a carer as ill or disabled, or an ill or disabled child being presented with a more significant problem than he or she has in reality, and suffering harm as a consequence. A carer may actively promote the sick role by exaggeration, fabrication (lying) or falsification of signs and/or actually inducing illness e.g. requesting/obtaining equipment for children which is not required.

**Young Person whose Behaviour places him* at Risk of Significant Harm** - a child whose own behaviours, such as alcohol consumption or consumption of illegal drugs, whilst placing the child at risk of significant harm, may not necessarily constitute abuse as defined for the purpose of this document. If the child has achieved sufficient understanding and intelligence to be capable of making up his own mind then the decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. The criminal aspects of the case will be dealt with by the Police.
A child may suffer or be at risk of suffering from one or more types of abuse and abuse may take place on a single occasion or may occur repeatedly over time.

7. Maintenance of records
Good record keeping is an essential part of a professional’s responsibility and is vital to good practice in safeguarding children. It helps to focus this work and is important to working across agency and professional boundaries. It is recommended that a recording system is established and maintained by the professional staff, thereby creating named safeguarding files/ closed sections that are kept confidentially and secured in a locked filing cabinet. This will include a record in the child’s treatment notes of attendance at Case Conference, Strategy discussions, LAC meetings and Core Group meetings. All records must be kept in line with the Trust policy on Record Management (NHSCT/08/08) and with ACPC Regional Policy and Procedures and HPC Guidance on Record Keeping.

8. Confidentiality (NHSCT Agreed Standards and Criteria for Information/Sharing)
Personal information about children and families held by professionals is subject to a duty of confidence and should not be disclosed without consent of the subject. This duty arises when a person shares information with another in circumstances where it is reasonable to expect that the information will be kept confidential.

The law however, permits the disclosure of confidential information necessary to safeguard a child. In all stages of child protection work professionals must be prepared to pass on information necessary to keep a child safe from harm. **No promise of confidentiality can or should ever be made to a child or anyone else giving information about possible abuse.**

Children and young people have the right to be heard and their views considered. This involves treating interactions and conversations with young people with mutual respect and confidentiality. However, if a young person transmits information, comments and/or behaviours that would give cause for the young person’s physical, sexual and/or emotional safety and well-being, staff are legally required to breach confidentiality.

9. Staff Code of Conduct (HPC Standards of Conduct, Performance and Ethics)
Staff must ensure all actions relating to children and young people are carried out with the best interests of the child as the primary consideration. Staff should always be mindful of the fact that they hold a position of trust and that their behaviour towards children and young people, who are considered to be a vulnerable group, must be above reproach.

This AHP guidance for safeguarding children is intended to assist staff to be aware of acceptable and unacceptable behaviour in a variety of scenarios, which may create vulnerable and/or abusive situations to young people or staff, or both.
Staff Must:

Implement ACPC Regional Policy and Procedures at all times whilst carrying out work-related activities and tasks.

Provide appropriate handling of children and young people which may be profession specific, taking into consideration risk assessment and any professional guidance.

Ensure, where possible, that when working alone with children they can be clearly observed or seen by other adults or children. (Staff should recognise that they may find themselves in vulnerable situations. A member of staff’s decision to place themselves in such situations should be influenced only by what is in the best interest of the child.)

Following any incident where a member of staff feels that his/her actions have been, or may be misconstrued, a written report of the incident must be immediately submitted to the head of department.

10. Action to be followed by AHP in cases of suspected physical/sexual/emotional abuse/neglect (ACPC Regional Policy and Procedures):

Allied Health Professional Staff working in Hospital and Community Settings *(see Appendix 1 and 2)*

1. Record immediately and precisely
   - observations made
   - exactly what the child has communicated through speech or an alternative communication system

2. Discuss concerns with Line Manager to ascertain next steps to be taken (and in hospital settings the doctor responsible for the patient’s care and the hospital social worker). If the Line Manager is not available, consult with another senior member of staff. This must not delay any urgent referral to Gateway Team.

3. If, after this consultation concern remains, the concern should be discussed with the Gateway Team. Make a referral to Gateway Team, as appropriate using UNOCINI documentation, (and in hospital settings notify the doctor and nurse in charge, responsible for the patient’s care and the hospital social worker). A verbal referral must be followed up within **24 hours** with a written referral by email or fax.

4. The AHP must make a record of all discussions held, actions taken and advice given within **24 hours**.
5. The AHP should provide a written report using UNOCINI documentation and attend any Case Conference to which invited.

Allied Health Professionals Working in Educational Establishments

(see Appendix 3)

1. Record immediately and precisely
   - observations made
   - exactly what the child has communicated through speech or an alternative/augmentative communication system

2. Consult with the Line Manager without delay to ascertain next steps to be taken. If the Line Manager is not available, consult with another senior member of staff.

3. The AHP should inform the Designated Teacher and/or Deputy Designated Teacher for Child Protection of this concern.

4. If, after consultation with the above the concern remains, the AHP should discuss the concern further with Social Services and Line Manager.

5. Make a referral to Social Services as appropriate, using UNOCINI documentation. Verbal referral must be followed up immediately with a written referral within 24 hours.

6. The Professional must make a record of all discussions held, actions taken and advice given within 24 hours.

7. The AHP should provide a written report using UNOCINI documentation and attend any Case Conference to which he is invited.

NB Staff will provide a report for Case Conference, following NHSCT Child Protection Case Conference Report Guidance.

11. Staff Support and Supervision

Induction of New Staff
Within the services, AHPs avail of NHSCT corporate induction. Following an RQIA inspection in 2009, the content of this induction programme has been reviewed to include safeguarding children awareness for all staff new to the Trust.

Departmental induction is provided by the line manager and new staff have access to the NICE Quick Reference Guide - When to Suspect Child Maltreatment 2009 - and will be made aware of the mandatory training requirement.
Support and Supervision
Supervision within child protection is essential, as it is integral to good practice and this can be built into profession-specific support and supervision procedures. Staff will be advised to identify and discuss those children on their caseload who are considered to be vulnerable (Co-operating to Safeguard 2003).
They will have an opportunity to discuss their safeguarding practice with their line managers, as issues arise. The line manager will undertake annual appraisal, where safeguarding issues may be raised and learning and development may be addressed.

12. Training
Mandatory training courses for staff have been identified which meet both the safeguarding needs of staff and the needs of the service. This training will be made available to all staff, as required.

Any of the remaining ACPC levels of training may be appropriate for the service and are, therefore, not specifically detailed. These additional courses are available to AHP staff on an identified needs basis and in agreement with line managers.

Identified safeguarding learning and development needs should inform the annual ACPC Training Needs Analysis.

### Mandatory Safeguarding Children Induction and Training Programmes for AHPs working predominantly with Children, Young People & Parents

<table>
<thead>
<tr>
<th>Provider</th>
<th>Course Details</th>
<th>Time</th>
<th>Time Framework within Commencement of Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line Manager</td>
<td>Departmental induction by Line Manager</td>
<td>1-2 hours or as required</td>
<td>Within first week of taking up post</td>
</tr>
<tr>
<td>NHSCT</td>
<td>Induction for all staff</td>
<td>2 days</td>
<td>Within 6 months of taking up post</td>
</tr>
<tr>
<td>ACPC</td>
<td>Corporate Safeguarding Induction for Professional Staff working in Adult &amp; Children’s Services</td>
<td>1 day</td>
<td>Within 6 months of taking up post</td>
</tr>
<tr>
<td>ACPC Level 1</td>
<td>Recognising and Responding to Child Abuse and Neglect</td>
<td>2 days</td>
<td>All Staff - Within 1 year of taking up post</td>
</tr>
<tr>
<td>SSTU/ACPC Level 1</td>
<td>An introduction to using UNOCINI Assessment Framework Module 1</td>
<td>1 day</td>
<td>All qualified staff - Within 1 year of taking up post</td>
</tr>
<tr>
<td>ACPC Level 1</td>
<td>Domestic Violence - The Impact on Children and Families</td>
<td>1 day</td>
<td>All qualified staff - Within 3 years of taking up post</td>
</tr>
</tbody>
</table>
### Mandatory Safeguarding Children Induction and Training Programmes for AHPs working predominantly with Adults

<table>
<thead>
<tr>
<th>Provider</th>
<th>Course Details</th>
<th>Time</th>
<th>Time Framework within Commencement of Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line Manager</td>
<td>Departmental induction by Line Manager</td>
<td>1-2 hours or as required</td>
<td>Within first week of taking up post</td>
</tr>
<tr>
<td>NHSCT</td>
<td>Induction for all staff</td>
<td>2 days</td>
<td>Within 6 months of taking up post</td>
</tr>
<tr>
<td>ACPC</td>
<td>Corporate Safeguarding Induction for Professional Staff working in Adult &amp; Children’s Services</td>
<td>1 day</td>
<td>Within 6 months of taking up post</td>
</tr>
<tr>
<td>ACPC Level 1</td>
<td>Recognising and Responding to Child Abuse and Neglect</td>
<td>2 days</td>
<td>One key person per team, or as identified by Head of Service</td>
</tr>
</tbody>
</table>


### 13. Relevant Legislation and Policies:

- Children (NI) Order 1995
- Co-operating to Safeguard Children 2003
- Regional ACPC Intimate Care Policy & Guidelines regarding Children
- Education & Library Boards Child Protection Guidance & Procedures 2005
- HPC Standards of Conduct, Performance and Ethics July 2008
- Individual Professions Standards
- UNOCINI 2007
- NHSCT Agreed Standards and Criteria for Information/Sharing Policy 2010
- Trust Policy on Record Management (NHSCT 08/08) June 2008
- NHSCT Policy & Procedure for Supervision for each AHP profession
- NHSCT Policy on Use of Restrictive Physical Interventions (2008)
- NHSCT Child Protection Case Conference Report Guidance
- NHSCT Admissions, Care and Discharge (Acute Services) of Children and Young People (0-18 yrs) where there are safeguarding concerns (2011).
Equality, Human Rights and DDA

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories and no significant differential impacts were identified, therefore, an Equality Impact Assessment is not required.

Alternative formats

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

Sources of Advice in relation to this document

The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.
SAFEGUARDING CHILD AND YOUNG PEOPLE,
AHP PATHWAY WITHIN HOSPITAL

AHP Concern

Record immediately and precisely

Discuss with line manager/senior member of staff

Discuss with named consultant, nurse in charge and hospital social worker (Gateway function)

Provide written UNOCINI within 24 hours

No referral, discussion recorded in case file

Record all discussions, actions taken and advice given

Attend Case Conference, other meetings, as required
SAFEGUARDING CHILDREN AND YOUNG PEOPLE,
AHP PATHWAY WITHIN COMMUNITY

AHP Concern

Record immediately and precisely

Discuss with line manager/senior member of staff

Make referral to Gateway and provide written UNOCINI within 24 hours

No referral, discussion recorded in case file

Record all discussions, actions taken and advice given

Attend Case Conference, other meetings, as required
SAFEGUARDING CHILDREN AND YOUNG PEOPLE, AHP PATHWAY WITHIN EDUCATION ESTABLISHMENTS

AHP Concern

Record immediately and precisely

Consult with line manager/senior member of staff. Inform Designated/Deputy Designated Teacher

Make referral to Gateway and provide written UNOCINI within 24 hours

No referral, discussion recorded in case file

Record all discussions, actions taken and advice given

Attend Case Conference, other meetings, as required
# NORTHERN HEALTH & SOCIAL CARE TRUST
## GATEWAY TEAMS

<table>
<thead>
<tr>
<th>Gateway Team</th>
<th>Address &amp; Phone Number</th>
<th>Covering area:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Gateway Team</td>
<td>Unit 5A Toome Business Park Hillhead Road Toomebridge BT41 3SF&lt;br&gt;Tel: 028 7965 1020&lt;br&gt;Fax: 028 7965 1036</td>
<td>Ballymena Cookstown Magherafelt</td>
</tr>
<tr>
<td>South Eastern Gateway Team</td>
<td>The Beeches 76 Avondale Avenue Ballyclare BT39 9DB&lt;br&gt;Tel: 028 9334 0165&lt;br&gt;Fax: 028 9334 2531</td>
<td>Antrim Carrickfergus Newtownabbey Larne</td>
</tr>
<tr>
<td>Northern Gateway Team</td>
<td>Coleraine Child Care 7A Castlerock Road Coleraine BT51 3HP&lt;br&gt;Tel: 028 7032 5462&lt;br&gt;Fax: 028 7035 7614</td>
<td>Ballycastle Ballymoney Portrush Coleraine</td>
</tr>
<tr>
<td>Out of Hours</td>
<td>Tel: 028 9446 8833&lt;br&gt;After 5pm each evening&lt;br&gt;All day weekends and Bank holidays</td>
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</table>