



Safeguarding Children Policy

2019

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1.0 Introduction

1.1 Values and principles

Everyone has the right to live a life free from harm and abuse. The purpose of this policy is to develop and embed a safeguarding ethos and inform of North Hertfordshire District Council's commitment to ensure North Hertfordshire is a safe place for *all* children to live in.

1.2 Policy and partnership

North Hertfordshire District Council (NHDC) is an extended partner of the Hertfordshire Safeguarding Children Partnership (HSCP), a multi-agency partnership led by Hertfordshire County Council (the local authority), the East and North Herts and Herts Valleys Clinical Commissioning Groups and Hertfordshire Constabulary.

NHDC share HSCP's vision that multi-agency arrangements to safeguard children in Hertfordshire must be:

- of the highest quality;
- keep the child at their heart;
- continuously improve; and
- evolve to reflect changing needs and circumstances.

NHDC's Safeguarding Children Policy has been developed in line with the HSCP county wide guidance, *Hertfordshire Safeguarding Children Partnership Procedures Manual June 2019* (see references for URL).

It must be followed by all NHDC staff, volunteers and Councillors working with children.

1.3 Aims of child safeguarding

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- Upholding childrens' rights as set out in the United Nations Convention for the Rights of the Child; and
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

1.4 Policy Duration and Amendments

1.4.1 This Policy will take effect from November 2019 and will be kept under review and amended as and when necessary to reflect changes in legislation, case law, statutory guidance and best practice.

2.0 The law protecting children

2.1 The Children Act 1989

The Children Act 1989 introduced the concept of 'Significant Harm' as the threshold which justifies compulsory intervention in family life in the best interests of children. Under Section 31(9) of the Children Act 1989, as amended by the Adoption and Children Act 2002:

'Harm' means ill-treatment or the impairment of health or development, including for example impairment suffered from seeing or hearing the ill-treatment of another;

'Development' means physical, intellectual, emotional, social or behavioural development;

'Health' means physical or mental health; and

'Ill-treatment' includes sexual abuse and forms of ill-treatment that are not physical.

There are no absolute criteria on which to rely when judging what constitutes 'Significant Harm'. Consideration of the severity of ill-treatment may, for example, include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, the degree of threat, coercion, sadism, and the occurrence of bizarre or unusual elements in child sexual abuse.

Sometimes a single traumatic event may constitute 'Significant Harm', for example, a violent assault, suffocation or poisoning. More often, 'Significant Harm' is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For these children, it is the corrosiveness of long term emotional, physical or sexual abuse that causes impairment to the extent of constituting 'Significant Harm'. In each case, it is necessary to consider any ill-treatment alongside the family's strengths and support network.

In accordance with the Children Act 2004, a child is anyone under the age of eighteen years old.

3.0 What is abuse?

Abuse and neglect are forms of maltreatment of a child. They can be caused by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or much more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

3.1 Categories of abuse

The following definitions have been taken from '*Working Together to Safeguarding Children 2018*' (see reference section for URL):

3.1.1 Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

3.1.2 Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development capability, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another.

It may involve serious bullying causing children to feel frightened or in danger or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of children, though it may occur in isolation.

3.1.3 Sexual Abuse

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

The activities may involve physical contact, including penetrative (i.e. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

3.1.4 Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health and development. Neglect may occur during pregnancy as a result of maternal substance misuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food and clothing, shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);and
- ensure access to appropriate medical care or treatment.

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

Staff, volunteers and Councillors also need to be alert for the following types of abuse:

3.1.5 Modern Slavery

There are a number of different types of exploitation that victims of modern slavery may be subjected to, and victims may experience more than one type of exploitation at the same time. The most common forms of exploitation are:

- Sexual exploitation
- Labour exploitation
- Forced Criminality
- Organ Harvesting
- Domestic Servitude

Other forms of exploitation include:

- Forced Marriage
- Financial Exploitation

Victims of modern slavery have often been promised a better life or legitimate job before they are exploited, and by the time they find out the job doesn't exist they are already enslaved.

Some victims might not see they have been exploited or feel that the life they are living is better than the one they might have lived at home. Others might be too scared to seek help due to fear, involvement in criminal activity, immigration status, or due to loyalty to the perpetrators.

The victims may have been given a prepared story by the traffickers/modern slavery facilitators to use when talking to the authorities. They may also be aggressive or hostile to the authorities or have difficulties in recalling what they've experienced as a result of trauma. They may be threatened with or have experienced violence, may be controlled through debt, or have been groomed.

Perpetrators of modern slavery can be serious and organised crime groups, but may also be an individual close to the victim, such as family members, friends, individual employers or partners.

3.1.6 County Lines and Gangs

County Lines is the name given to describe drug dealing by criminal gangs from urban areas expanding their activities into smaller towns and rural areas.

It often involves the exploitation of children, as gangs use young people and those with mental health or addiction problems to transport drugs and money. These gangs establish a base in the location they are targeting, often taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'.

Dealers typically use a single phone line to facilitate the supply of Class A drugs to customers. The phone line is highly valuable and is protected through violence and intimidation.

Signs to look out for in your local community

- Lone children from outside the area
- Individuals with multiple mobile phones or 'SIM cards'
- Unknown or suspicious looking characters coming and going from a neighbour's house
- Young people with more money, expensive clothing, or accessories they can't account for
- Suspicious smells coming from the property
- Windows covered or curtains closed all of the time
- Cars pulling up to or near to the house for a short period of time
- An increase in anti-social behaviour around the property

3.1.7 Radicalisation

Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

Extremism is defined as the holding of extreme political or religious views. There are a number of behaviours which may indicate an individual is at risk of being radicalised or exposed to extreme views. These include;

- Spending increasing time in the company of other suspected extremists.
- Changing their style of dress or personal appearance to accord with the group.
- Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause.
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.

- Possession of materials or symbols associated with an extremist cause.
- Attempts to recruit others to the group/cause.
- Communications with others that suggests identification with a group, cause or ideology.
- Using insulting to derogatory names for another group.
- Increase in prejudice-related incidents committed by that person including; physical or verbal assault, provocative behaviour, damage to property, derogatory name calling, possession of prejudice-related materials, prejudice related ridicule or name calling, inappropriate forms of address, refusal to co-operate, attempts to recruit to prejudice-related organisations and condoning or supporting violence towards others.

3.1.8 Domestic Abuse

Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

If children are involved in the household where domestic abuse is taking place, a safeguarding children referral must be made.

Further signs and symptoms and guidance on referral pathways can be found in appendices A and B.

4.0 How does NHDC safeguard children?

4.1 Named Safeguarding Officer

The Named Safeguarding Officer (NSO) is the designated lead for overseeing all safeguarding activity within NHDC. The NSO sits within the senior management team and ensures safeguarding concerns are recognised, recorded and referred. The NSO is responsible for not only embedding safeguarding practice but also evolving this practice in line with local and national developments. At NHDC, the Named Safeguarding Officer is the Service Director - Legal and Community.

4.2 The Community Protection Team

Operational support for safeguarding is provided by the Community Protection Team who fulfil the following functions:

- Managing the corporate safeguarding inbox into which copies of all incidents and referrals are sent;
- Maintaining the central database of all incidents and referrals;
- Responding to safeguarding freedom of information requests, section 17, 47 and 42 enquiries;

- Organising all corporate safeguarding training;
- Completion of the Annual Safeguarding Review and presentation at the Overview and Scrutiny Committee;
- Ensuring senior managers and members of the Executive are kept up to date about any safeguarding developments; and
- Coordinating new campaigns about prevalent issues.

4.3 Designated Safeguarding Officers (DSOs) and Corporate Safeguarding Group

There are Designated Safeguarding Officers (DSOs) across NHDC who support staff with their concerns and assist them in deciding whether or not a referral is to be made. An up to date list of these staff can be found on the NHDC Intranet under 'Designated Safeguarding Officers'.

DSOs are responsible for working with staff to consider the options available to safeguard the child's wellbeing depending on the nature of the concern.

DSOs and the Named Safeguarding Officer form the Corporate Safeguarding Group and meet twice a year to discuss issues being cascaded from the Herts Safeguarding Children Partnership and procedural issues concerning all departments.

4.4 Elected Members

Members are involved in reviewing and approving policy. NHDC's safeguarding function currently sits with an Executive Member who is regularly briefed on developments within safeguarding.

In addition, Members can review and scrutinise the decisions and functions of the Council and the Cabinet and can produce reports or recommendations on matters affecting the authority's area and residents.

An annual report on safeguarding developments and actions is circulated to Members.

4.5 Training

All staff must be trained appropriately according to their level of contact with children to recognise signs of abuse and neglect, as well as how to raise concerns using the internal reporting procedures. This is identified for every post using a corporate learning needs analysis.

There are three different levels of safeguarding children awareness training:

- Basic e-learning - to accommodate staff with no external contact;
- Level 1 - to accommodate staff who have reduced contact (refreshed every three years); and

- Level 2 – for those staff members who have regular or intensive contact (refreshed every two years).

All new staff receive a safeguarding briefing document to discuss with their manager during their first day welcome and a safeguarding presentation is delivered as part of the corporate induction day.

4.6 Record keeping

It is vital that any incident that causes concern is written up within 24 hours using the NHDC's child safeguarding incident form (available on the Intranet). This record provides a detailed history of the interaction between the individual and staff member, action taken to make referrals if concerns meet threshold or help and guidance provided when concerns do not reach the level required for a referral. All incident forms are sent to safeguarding@north-herts.gov.uk along with copies of referral forms to external agencies.

All incidents and referrals sent to the safeguarding inbox will be recorded centrally on NHDC's secure database so they can be monitored and updated when actions are taken.

4.7 Information sharing

Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR, 2018). There are local agreements in place setting out the principles for sharing information between organisations.

Staff dealing with concerns must never promise confidentiality and always report safeguarding concerns in line with NHDC's procedures.

Whilst consent is not required to make a safeguarding child referral, it is good practice to notify the family of the decision to share information as long as it does not increase the risk to the child, alert a potential perpetrator or lead to the destruction of evidence. The family should not be informed when the concern relates to sexual abuse due to the possibility of evidence destruction.

4.8 Whistleblowing

NHDC's whistleblowing policy can be used to support safeguarding when:

- A staff member believes a manager or DSO has not responded appropriately to a safeguarding concern e.g not supported a referral.
- A staff member is suspected to be the perpetrator of abuse.

NHDC's Whistleblowing policy can be found on the intranet.

4.9 Managing allegations against staff

Where a member of staff is accused of being the perpetrator of abuse, NHDC's Managing Allegations procedure (available on the intranet) should be followed and contact made with the Hertfordshire Local Authority Designated Officer (LADO).

4.10 Recruitment procedures and DBS checks

NHDC is committed to safer recruitment and will take reasonable steps to ensure that staff working with children are safe to do so. Posts will be appropriately assessed to determine their level of contact with children. Where required NHDC will vet potential employees using the Disclosure and Barring Service (DBS) to support safer recruitment decisions and prevent unsuitable people from working with at risk groups.

All disclosures for unsupervised work with children that meet the definition of regulated work will be at an enhanced level. Additionally, all individuals recruited to NHDC undergo pre-employment referencing covering a three year period.

Existing employees in receipt of a new DBS check will be encouraged to sign up to the DBS Update Service.

Further information on the Recruitment Process and pre-employment checks can be found in the Recruitment and Selection policy and DBS Employment Checks policy on the intranet.

4.11 Contracted Services

In line with the core standards set out by the HSCP, NHDC has a responsibility to ensure that safeguarding children standards are in place in any services it commissions.

When commissioning services where safeguarding children is a relevant issue, potential contractors are required to evidence a safeguarding children policy that meets the requirement of the HSCP, as well as procedures for undertaking relevant DBS checks.

NHDC continually monitors the ability of the successful contractor to meet these standards through the contract compliance monitoring process. This includes ensuring that:

- Commissioned services know about and adhere to relevant safeguarding children at risk guidance;
- Senior managers of commissioned services are aware of their leadership role in ensuring the quality of the service provided, appropriate supervision and support of staff and responding to concerns about a child; and
- Services are providing service users and carers with relevant safeguarding information.

4.12 Official visitors and VIPs

NHDC also has a duty to protect children when organising visits from official visitors, VIPs and celebrities. All official visits shall be pre-arranged and overseen by a member of staff at all times. Staff or members arranging and supervising official visits should follow guidance in *Appendix C: Safeguarding guidance for managing official visits, VIP's and celebrities*.

References:

- **Working together to safeguard children: Statutory guidance on inter-agency working to safeguard and promote the welfare of children (Department for Education, 2019)**

<https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>

- **Children Act 1989 (last updated September 2019)**

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

- **Children Act 2004 (last updated September 2019)**

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

- **Hertfordshire Safeguarding Children Partnership Procedures Manual June 2019**

<https://hertsscb.proceduresonline.com/index.htm>

Appendix A: Signs and symptoms of abuse in children

Recognising Physical Abuse

Whilst some injuries may appear insignificant in themselves, repeated minor injuries, especially in very young children may be symptomatic of physical abuse. It can sometimes be difficult to recognise whether an injury has been caused accidentally or non-accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental and that referrals are made so that expert medical advice can be used to determine the cause of an injury. The following may be signs of physical abuse:

- Bruising
- Fractures
- Injuries to joints
- Mouth injuries
- Internal injuries
- Poisoning
- Bite marks
- Burns and scalds
- Scars

Recognising emotional abuse

Emotional abuse may be hard to recognise as the signs are often behavioural rather than physical. The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;
- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- A child scapegoated within the family;
- Frozen watchfulness, particularly in pre-school children;
- Low self esteem and lack of confidence;
- Withdrawn or seen as a 'loner' - difficulty relating to others.

Recognising Sexual Abuse

The most common presentation of child sexual abuse is with a statement by the child that (s)he has been victimised. Such a statement is usually made to a friend or an adult in the first instance before any professional involvement occurs. The child's statement may be supported by the occurrence of certain behavioural symptoms and/or medical findings. Only very rarely is the abuse witnessed by a third party.

In a sizeable minority of sexually abused children there are no overt behavioural changes. Furthermore, most sexually abused children show no physical evidence of

their victimisation. Hence, for the majority of sexually abused children, recognition is dependent on the child's account alone.

Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Possible causes of concern and behavioural/physical indicators are:

- Something the child says;
- Something that the adults say about the child;
- The child's behaviour - which may cause suspicion either because of its sudden change because of its type, e.g. sexualised behaviour;
- The child's physical condition may create suspicion e.g. genital warts, scratches or other injuries, sexually transmitted infections or pregnancy.
- Inappropriate sexualised conduct;
- Sexual knowledge inappropriate for the child's age;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self mutilation and suicide attempts;
- Running away from home;
- Poor concentration and learning problems;
- Loss of self-esteem;
- Involvement in prostitution or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties);
- Pain or itching of genital area;
- Recurrent pain on passing urine or faeces;
- Blood on underclothes;
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father;
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted infections, presence of semen on vagina, anus, external genitalia or clothing.

Recognising neglect

The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement and stimulation.

Child neglect is recognised through:

- History - preferably from more than one source;
- Direct observations of the neglect of the child; and
- Observations of the effects of neglect on the child's development.

The following are examples of how child neglect might be evidenced, although each of these may have other causes besides neglect:

- Failure to thrive or, in older children, short stature;
- Severe nappy rash;
- Dirty, unkempt condition;
- Inadequately clothed;
- Frequent infections/ recurrent diarrhoea;
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold;
- Swollen limbs with sores that are slow to heal, usually associated with cold injury;
- Abnormal voracious appetite at school or nursery;
- Dry, sparse hair;
- General delay, especially speech and language delay;
- Inadequate social skills and poor socialisation;
- Attachment disorders;
- Absence of normal social responsiveness;
- Indiscriminate behaviour in relationships with adults;
- Emotionally needy;
- Aggressive and impulsive behaviour;
- Disturbed peer relationships;
- Self harming behaviour.

Appendix B: Safeguarding Children Referral Pathway for staff, volunteers and Councillors:

Staff, volunteers and Councillors with a concern about a child should visit the 'Safeguarding Children' page on the intranet and use the referral procedure in 'Guidance on how to refer concerns about a child 2019'. This procedure provides a referral pathway for children at risk from physical, emotional and sexual abuse and neglect. It must also be used if children are present in a household where domestic abuse is thought or known to be taking place EVEN if the child has not been witness to the abuse.

Alternative referral pathways are available for the following situations:

- If you believe the child is showing signs of radicalisation, search for "Guidance on how to refer concerns about radicalisation."
- If you believe the child could be a victim of modern slavery, search for "Guidance on how to refer modern slavery."
- If you believe the child could be involved in county lines or gangs, search for 'County Lines' and follow the guidance provided.

As and when changes are made to the referral processes at NHDC, in Hertfordshire or nationally these page and procedures are updated.

Appendix C: Safeguarding guidance for managing official visits, VIPs and celebrities

All officers and members are responsible for implementing this guidance and managing visitors to services operated by NHDC. All officers and members have a responsibility to ensure that visitors are welcomed and managed safely. The guidance applies to all visitors equally.

1.0 Guidance objectives

- Ensure there is no risk to the safety of adults and children at risk arising from visits by approved or invited visitors such as VIPs, celebrities or media representatives;
- Ensure staff and visitors are aware of their responsibilities;
- Ensure systems are in place to effectively manage risks and to ensure that any issues arising are learnt from;
- Ensure the council or hosting organisation meets its safeguarding responsibilities.

2.0 Types of visitor

There are a number of different types of legitimate visitors to services operated by NHDC.

- Employees of partner organisations such as funders including the lottery, Sport England etc;
- Visitors in connection with the building, grounds or equipment i.e. builders, contractors, maintenance contractors;
- Staff working for the local media including journalists or photographers;
- VIPs – Very Important People including celebrities.

3.0 Procedures for ALL visitors

- Wherever possible visits should be pre-arranged.
- All visitors must report to reception or a main entrance first or where visits involve an outdoor space, a meeting point should be agreed.
- All visitors should explain the purpose of their visit and who has invited them.
- All visitors should be ready to produce formal identification.
- All visitors will be asked to sign the visitors' record book where available.
- All visitors should be accompanied by a member of staff at all times. Visitors should not be alone with children / adults at risk.
- On departing, visitors should leave via reception, sign out and return their visitors badge where applicable and be seen to leave the premises / site.

4.0 VIPs

A VIP is usually an external visitor of importance or influence who commands special treatment, including:

- Royalty and Royal Representatives
- Government (Members of Parliament, including government ministers and politicians)
- Diplomats and Senior Public Servants
- Chairpersons/ Chief Executives Officers of major companies and organisations

- Senior Officers from Charitable Trusts
- Religious leaders
- Civic and local community leaders
- Notable academics, Olympians, Authors, high profile prize winners and those with celebrity status in particular fields such as sport, music, the arts, media including celebrities and who are likely to inspire others.

5.0 Important considerations for VIP visits

An invitation to a VIP should be made in advance with sufficient time to enable appropriate planning for a safe and successful visit recognising how the visit will be hosted and importantly who will be escorting and supervising the visitor at all times.

In general terms VIPs should be treated in a very similar way to any other visitor but a degree of common sense should prevail e.g it is unlikely that the Queen or another senior member of the Royal Family would be expected to show or wear ID. Members of their entourage though should be expected to follow normal procedures.

All VIPs and any entourage should be accompanied at all times by a member of staff.

All visits by media, VIPs, celebrities or other high profile partners must involve the communications team and the Chief Executive because of the high profile they can attract. Any requests for celebrity or VIP visits must be referred to the Communications team. Discussions as to the appropriateness of the visits to certain locations should then take place with the Named Safeguarding Officer, the Chief Executive and approval sought. Visit supervision may be delegated to service teams, if appropriate.