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## Safeguarding Children Policy

(Including safeguarding children training)

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Type of document	Policy ☐
Target audience	All CWP Employees Including Volunteers ☐
Document purpose	Policy outlines duties and responsibilities of all employees of CWP to safeguard and promote the welfare of children and the actions to be taken where there are concerns about a child's safety or welfare. It also outlines the safeguarding children training arrangements. ☐

Approving meeting	Trustwide Safeguarding Sub Committee	22/05/2019
Implementation date	02/07/2019	

CWP documents to be read in conjunction with	
<a href="#">HR6</a>	Mandatory Employee Learning (MEL) policy
<a href="#">GR4</a>	Policy for the recording investigating and management of complaints concerns
<a href="#">HR3.8</a>	How to raise and escalate concern within work incorporating whistleblowing policy
<a href="#">HR3.3</a>	Trust disciplinary policy and procedure
<a href="#">CP3</a>	Health records policy
<a href="#">GR1</a>	Incident reporting and management policy
<a href="#">HR22</a>	Supervision policy
<a href="#">CP10</a>	Safeguarding adults policy
<a href="#">CP1</a>	Admission, Discharge and Transfer of Care Policy
<a href="#">CP49</a>	Admission of Children and Young People to AMH wards
<a href="#">CC10</a>	Promoting the health of children in care and care leavers

Document change history	
What is different?	<ul style="list-style-type: none"> <li>Updated throughout to be compliant with Working Together 2018.</li> <li>New sections on criminal exploitation, county lines and contextual safeguarding</li> <li>Strengthened sections on domestic abuse, female genital mutilation, Prevent and human trafficking.</li> <li>Change of terminology from children who 'did not attend' appointments to 'children were not brought'</li> <li>Strengthened section on 'Managing safeguarding children allegations against staff'</li> </ul>
Appendices / electronic forms	<ul style="list-style-type: none"> <li>Female Genital Mutilation reporting duties</li> <li>Prevent flowchart</li> <li>Tier 4 safeguarding Proforma for safeguarding children information.</li> <li>Section 85/86 Children Act (1989). 12 week admission flowchart.</li> <li>Changes to Safeguarding locality operational group and Safeguarding Committee terms of references.</li> </ul>
What is the impact of change?	Updated guidance to better support staff in safeguarding children.

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
Clinical Services	Consultation via Trustwide Safeguarding Sub Committee
Corporate services	Consultation via Trustwide Safeguarding Sub Committee
External agencies	N/A

Financial resource implications	None
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External references
<ol style="list-style-type: none"> <li>1. Care Quality Commission (May 2009) Review of the involvement and action taken by health bodies in relation to the case of baby P.</li> <li>2. Children Act 1989</li> <li>3. Adoption and Children Act 2002</li> <li>4. Children Act 2004</li> <li>5. Sexual Offences Act 2003</li> <li>6. NSPCC (2018) Gillick competency and Fraser guidelines</li> <li>7. Home Office (2011) Prevent Strategy <a href="https://www.gov.uk/government/publications/prevent-strategy-2011">https://www.gov.uk/government/publications/prevent-strategy-2011</a></li> <li>8. Home Office (2018) County Lines <a href="https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines">https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines</a></li> <li>9. Department of Education (2017) Child sexual exploitation: definition and guide for practitioners <a href="https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners">https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners</a></li> <li>10. Department of Health, (2008) National Service Framework for Children, Young People and Maternity Services.</li> <li>11. Department of Health (2009) Reference guide to consent for examination or treatment, 2nd edition. London HMSO</li> <li>12. H.M. Government (2018), Information Sharing: Guidance for practitioners and managers. DCSF Publication</li> <li>13. H.M. Government (2004) Statutory guidance on making arrangements to safe guard and promote the welfare of children under section 11 of the Children Act 2004. London HMSO</li> <li>14. H.M. Government (2015) Working Together to Safeguard Children. London HM Government</li> <li>15. H.M. Government (2015) What to do if you're worried a child is being abused. DCSF Publication</li> <li>16. H.M. Government (2018) Working Together to Safeguard Children. London HM Government</li> <li>17. HMSO, Lord Laming, 2009, The Protection of Children in England: A Progress Report.</li> <li>18. 1National Institute for Health and Clinical Excellence (2009) When to suspect child maltreatment NICE clinical guideline 89. London. Available at: <a href="http://www.nice.org.uk/CG89">www.nice.org.uk/CG89</a></li> <li>19. Cm 5730 (2003) The Victoria Climbié Inquiry Report. London. The Stationery Office</li> <li>20. HM Government (2014) The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage, Forced Marriage Unit: London</li> <li>21. Data Protection Act 2018</li> <li>22. Royal College of Nursing et al (2019) Safeguarding Children and Young People: Roles and Competencies for Health Care Staff. Intercollegiate Document supported by the Department of Health</li> <li>23. Promoting the Health and Wellbeing of Looked After Children DFE , DOH (2015)</li> </ol>

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this 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	

<b>Equality Impact Assessment (EIA) - Initial assessment</b>	<b>Yes/No</b>	<b>Comments</b>
- 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	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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## 1. Introduction

***“The support and protection of children cannot be achieved by a single agency...Every service has to play its part. All staff must have placed upon them the clear expectation that their primary responsibility is to the child and his or her family.”***

*(Lord Laming, 2003, Para. 17.92 – 17.93)*

Cheshire and Wirral Partnership NHS Foundation Trust, hereafter known as CWP, provides a range of services including integrated physical health, mental health and learning disability services. The Trust covers a large geographical area within Cheshire and Wirral, as well as services in Sefton Trafford as well as some regional services.

CWP has a statutory duty to safeguard and promote the welfare of children and young people (the Children Act, 2004). This Safeguarding Children Policy outlines corporate and individual responsibilities in accordance with legislation, guidance and standards.

Section 11 of the Children Act (2004) places a legal duty on all health organisations to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

CWP's duty under Section 11 is, therefore, wider than child protection. To be effective it requires staff members to acknowledge their individual responsibility for safeguarding and promoting the welfare of children as well as the commitment of Trust management to support them in this. The Trust will ensure that all staff have access to expert advice, support, safeguarding supervision and training in relation to safeguarding children.

It is the responsibility of NHS Trusts to make sure all staff are aware of their role in identifying children in need of protection and know how to act upon their concerns.

Safeguarding children and young people is a multiagency activity and is dependent upon partnership working with other statutory and non- statutory agencies. It is essential therefore that this policy is read in conjunction with the Local Safeguarding Children Board (LSCB) multi agency safeguarding procedures relevant to the individual child and their family. **All staff** are required to have electronic access to these LSCB procedures via their local LSCB website. The links to the various LSCB websites can be found in [appendix 2](#).

This policy outlines the roles and responsibilities of all employers and employees of CWP to safeguard and promote the welfare of children and the actions to be taken where there are concerns for a child's safety or welfare. This policy also applies to the management of concerns about an unborn child.

CWP is responsible for ensuring that their staff are competent and confident in carrying out their responsibilities. Staff have different training needs dependent on their degree of contact with children and/or adults and their level of responsibility to ensure that they achieve competencies and follow professional guidance appropriate to their role (Royal College of Nursing, 2019). Safeguarding Children. Training is available and mandatory for all staff including volunteers and is included in [HR6 Mandatory Employee Learning Policy](#).

## 2. Who Does This Policy Apply to?

This Policy applies to all staff working for CWP regardless of their role or place within the Trust. It also includes those in a voluntary role. The policy is also applicable to agency staff and bank staff. Staff need to be aware of where to access these policies and be familiar with them.

Safeguarding children is everyone's responsibility; for services to be effective each professional and organisation should play their full part (HM Government, 2018).

This Policy applies to all children from unborn up to 18 years of age whether the children are service users of CWP in their own right or children cared for by service users who are receiving services from CWP.

**It also applies to other children in the wider community that come to the attention of trust staff in the course of their work.**

### 3. Definitions

The terms used within this policy are defined within [appendix 1](#).

Safeguarding and promoting the welfare of children for the purpose of this policy “ 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 and taking action to enable all children to have the best outcomes.* (HM Government 2018).

#### 3.1 Definitions of categories of child abuse

There are 4 categories of child abuse:

- Physical
- Emotional
- Sexual
- Neglect

The definitions of the above four terms are found within [appendix 1](#) with some examples of abuse from within each category in the table below.

**Table 1:** Example of indicators of abuse (note examples are not exhaustive).

Category	Examples of Indicators
<b>Physical</b>	Bruising, especially on the trunk, face and ears. Bruises on upper arm, shoulders and neck consistent with gripping. Fingertip bruising / finger marks
	Burns or scalds especially cigarette burns or burns caused by lengthy exposure to heat
	Bite marks
	Any serious injury with no explanation / conflicting explanation / inconsistent accounts
	Fabricating and / or inducing illness in a child.
<b>Emotional</b>	Witnessing and / or hearing harm to others (for example: domestic abuse).
	Low self-esteem / confidence, high anxiety and fear levels,
	Constant criticism of a child
<b>Sexual</b>	Sexualised behaviour, Not age appropriate sexual behaviour
	Sexually transmitted disease
	Soreness of genital area, anus or mouth, Damage to genitals, anus or mouth
	Unexpected pregnancy
<b>Neglect</b>	Constant hunger, emaciation, pot belly, short stature, poor skin tone
	Poor personal hygiene, poor state of clothing
	Untreated medical problems, persistent failure to attend health appointments that has / may have a detrimental impact on the child’s health.

The NICE guidance ‘When to suspect maltreatment’ details when staff need to consider and suspect abuse. This can be accessed and downloaded via the following link:  
<http://pathways.nice.org.uk/pathways/when-to-suspect-child-maltreatment>  
<http://guidance.nice.org.uk/CG89>.

### 3.2 A child

In this document, as in the Children Acts, 1989 and 2004, a **'child'** is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his/her status or entitlement to services or protection under the Children's Act, 1989.

**Other forms of child abuse and child protection concerns with definitions include:**

### 3.3 Disabled Children

Disabled children are 3 times more likely to be abused. This is because they may:

- Have fewer contacts than other children;
- Receive intimate personal care from a number of carers;
- Have impaired capacity to resist or avoid abuse;
- Have communication difficulties;
- Be Inhibited of complaining for fear of losing services;
- More vulnerable to bullying and intimidation from their peers.

All staff working with disabled children and their families must therefore be mindful of the potential increased risk of abuse they face. Staff can contact the safeguarding children team on 01244 393330 for further support with this issue.

### 3.4 Looked after Children (can also be known as Children in Care)

The term *Looked after Children (Children in Care)* has a specific legal meaning based on the Children Act (1989). A child is looked after by a local authority if he or she has been provided with accommodation for a continuous period of more than 24 hours, in the circumstances set out in Sections 20 and 21 of the Children Act (1989) or is placed in the care of a local authority by virtue of an order made under part IV of the Act. These children are a vulnerable group of children having already experienced adverse and / or traumatic events which has resulted in them being in the care of the local authority.

It is important that staff who come across these children record details of the local authority, carer and social worker for these children. An alert must be placed on the child's record highlighting their 'looked after statuses'. For staff working within West Cheshire Local Authority staff must notify the Nurse Specialist Children in Care on Tel 01244 393338 of their involvement with these children.

Health visitors, School Health Advisors and Family Nurses Practitioners must also be familiar and follow [CC10 Promoting the health of children in care \(includes undertaking statutory assessments\)](#)

### 3.5 Young Carers

A young carer is a young person under the age of eighteen who has a responsibility for caring on a regular basis for a relative (or very occasionally a friend) who has an illness or disability. This can be primary or secondary caring and leads to a variety of losses for the young person.

All professionals in contact with young carers should consider if they are in need of support services in their own right.

The extent and effect of their caring responsibilities may satisfy the criteria for Children in Need or Early Help Services (particularly where a child is unlikely to achieve or maintain a reasonable standard of health or development because of their caring responsibilities).

Unless there is reason to believe that it would put the child at risk, young carers should be told if there is a need to make a referral, in order that their trust in a worker is retained. If possible, the young carers consent should be sought through a discussion of why the referral must be made and the possible outcomes.



### **3.6 Forced Marriage**

Forced marriage is a marriage conducted without the valid consent of one or both parties. The UK Government regard forced marriage as an abuse of human rights and a form of domestic abuse and, where it affects children and young people, child abuse (HM Government, 2014).

Forcing a child into marriage is a safeguarding children issue. Therefore if any child or young person under the age of 18 years attending CWP services discloses concerns that this is going to happen to them, urgent advice should be sought from Children's Social Care. The child should be spoken to ALONE and staff should NOT attempt to mediate with the parents / carers / siblings as this may increase the risks of threats to the child.

Each organisation has a named professional for Forced Marriage issues, for CWP this is the Named Nurse for Safeguarding. If a professional is concerned about a forced marriage issue then they should contact the Named Nurse on 01244 393330.

Further information can be sought from the Foreign and Commonwealth Office website, accessed via the following link: <https://www.cps.gov.uk/legal-guidance/honour-based-violence-and-forced-marriage>

### **3.7 Honour Violence**

This is a crime that is or has been justified or explained (or mitigated) by the perpetrator of that crime on the grounds that it was committed as a consequence of the need to defend or protect the honour of the family (European Parliamentary assembly, 2003).

Young people under the age of 18 years have been victims to such crimes. If a young person discloses or appears to be under the threat of honour violence, they are potentially at risk of serious and fatal harm even from their parents and close family members.

All cases must be referred to Children's Social Care and the Police. If a professional is concerned about an honour violence issue then they should contact the Children's Safeguarding team on 01244 393330. Staff must be aware that the risk may be posed by close family members including parents.

### **3.8 Safeguarding Children in Whom Illness is Fabricated or Induced (FII)**

Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer, exaggerates or deliberately causes symptoms of illness to a child.

Professionals should notify and seek advice from the CWP Safeguarding Children's Specialist Nurses on 01244 393330 regarding any concerns relating to fabricated and induced illness on a child but **should not** discuss their concerns, at the initial stage, with the child or the child's carers / parents as it may compromise the child's safety further. Each LSCB has their own procedures for managing FII, which the CWP safeguarding team can support staff with.

It is important to read the appropriate LSCB procedure as well as Safeguarding Children in Whom Illness is Fabricated or Induced (HM Government, 2008), which can be accessed via the attached link: <https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced>

### **3.9 Children at risk of or who have suffered from Female Genital Mutilation (FGM)**

Female Genital Mutilation (FGM) is defined by the World Health Organisation as: 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'. FGM is sometimes also known as female genital cutting or female circumcision.

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act, 2003 (as amended by the Serious Crime Act, 2015) which requires all regulated healthcare professionals to report FGM in a girl under 18, either through disclosure by the victim or relative and/or are visually

confirmed. This is no different from any other obligation on healthcare professionals to report abuse against children.

[Appendix 3](#) includes the FGM reporting duty flowchart and further information regarding FGM.

FGM comprises of all procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. There are four types of FGM, ranging from a symbolic prick to the vagina to the fairly extensive removal and narrowing of the vagina opening. In the UK all forms of FGM are prevalent. ([appendix 4](#) for further details). All health professionals must remain vigilant to this potential issue, if direct female adult members have been subject to these procedures the risk of children associated to them is significantly increased.

If a child is suspected to be at risk or has undergone FGM, professionals are required to discuss the case with the CWP Safeguarding Children team immediately on 01244 393330 or follow the 'what to do if you're worried a child is being abused' ([appendix 2](#)). Further information on FGM can be found on the following webpage: [www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation](http://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)

### 3.10 Sexually Active Children

A child **under the age of 13** is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching; Sexual activity in older children (i.e. from 13 to 18 years) needs to be considered in relation to both *the giving, and the getting of consent*, with the promotion of mutual negotiation as the norm being an important aspect of preventative activity (NSPCC, 2018). In cases of children aged 13 years or under who are sexually active these **must** be discussed with the CWP safeguarding children team.

Sexual activity with a child under 16 is an offence. Practitioners have a responsibility to undertake an assessment of young people aged 13 to 15 years who are engaged in sexual activity following Fraser competencies guidelines (NSPCC, 2018), to determine the risk of sexual and other forms of exploitation or coercion including trafficking. This assessment will inform the decision making process relating to the appropriateness of a referral to Children's Social Care and the Police. Risk assessment is a complex process and practitioners are encouraged to discuss concerns with a member of the Safeguarding Children Team whenever they are unsure about the appropriate course of action

Those children aged 16 and 17 years may be viewed by health professionals and others as being of 'the age of consent' in terms of the Sexual Offences Act (2003), but this age group are particularly vulnerable to Child Exploitation being missed precisely because of the legalities of sexual consent in this age group (NSPCC, 2018)

It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them.

Where sexual activity with a 16 or 17 year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered.

Non consensual sex is rape whatever the age of the victim.

If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed.

No individual, whatever their age, can give consent in a situation where there is intoxication, duress, violence, power imbalances and/or vulnerabilities through age differences, learning difficulties or mental health issues. A child under 18 years of age cannot consent to their own abuse through exploitation (NSPCC, 2018). Any concerns must be discussed with the safeguarding team on 01244 393330.

On occasion, staff maybe informed of an allegation of childhood historical sexual abuse. It needs to be acknowledged that it is very difficult for anyone to inform another person that they have been abused. However, it is important to establish if there are any current risks by who and to whom. Service users should be encouraged and supported to report the details of any historic abuse to the police. In all circumstance CWP safeguarding nurses should be informed as they would need to consider whether further action in the best interest of others safety needs to happen without the consent of the service user. These cases can be complex and it is important that advice and support is sought especially if it concerns a person in a position of trust.

Service users may need time to consider whether to report for various reasons, staff can revisit this at appropriate periods during therapy / interventions. Details of external agencies that specialise in supporting people who are victims of historical sexual abuse such as the Rape and Sexual Assault services (RASA) should be given. All decisions should be documented especially if the service user does not give any details of the alleged perpetrator as this may result in no referrals being made at that point in time.

### **3.11 Child Exploitation (CE)**

Children and young people may be vulnerable to neglect and abuse or exploitation from others outside of their family. These threats can take a variety of different forms, including: sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

Children who are exploited are often vulnerable because of chaotic or traumatic experiences in their lives, making them targets for perpetrators, gangs and networks. Some indicators of child exploitation include:

- Persistently going missing from school or home and / or being found out of area;
- Unexplained acquisition of money, clothes, or mobile phones;
- Excessive receipt of texts / phone calls;
- Relationships with controlling / older individuals or groups;
- Leaving home / care without explanation;
- Suspicion of physical assault / unexplained injuries;
- Carrying weapons
- Significant decline in school results / performance;
- Gang association or isolation from peers or social networks;
- Self-harm or significant changes in emotional well-being.

#### **3.11.1 Child Sexual Exploitation**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (DfE 2017).

In all cases where staff have concerns regarding a young person who may be suspected of being at risk of sexual exploitation the young person must be discussed with the CWP safeguarding children team. Each LSCB has its own CE protocol and risk assessment tool which staff should be aware of and where appropriate this should be used with the young person. These can be found on LSCB websites ([appendix 2](#)) or via the safeguarding team on 01244 393330.

#### **3.11.2 Child Criminal Exploitation**

Child Criminal Exploitation occurs where an individual or group takes advantage of a person under the age of 18 and may coerce, manipulate or deceive a child or young person under that age into any activity (a) In exchange for something the victim needs or wants, and/or (b) For the financial advantage or increased status of the perpetrator or facilitator and/or (c) Through violence

or the threat of violence. The victim may be exploited even if the activity appears consensual (i.e. moving drugs or the proceeds of drugs from one place to another). Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. (Home Office 2018)

In all cases where staff have concerns regarding a young person who may be suspected of being at risk of criminal exploitation the young person must be discussed with the CWP safeguarding children team. Each LSCB has its own CE protocol and risk assessment tool which staff should be aware of and where appropriate this should be used with the young person. These can be found on LSCB websites ([appendix 2](#)) or via the safeguarding team on 01244 393330.

### 3.11.3 County Lines

County lines (Home Office, 2018) is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

### 3.12 Children at risk of Radicalisation (PREVENT)

The Prevent Strategy (Home Office, 2011) defines the term 'radicalisation' as "the process by which a person comes to support terrorism and forms of extremism, leading to terrorism".

Prevent is aimed at front line staff and is designed to help make staff aware of their role in preventing vulnerable people being exploited for terrorist purposes.

The Counter Terrorism and Security Act (2015) places a duty on a range of organisations to have due regard to the need to prevent people of all ages being drawn into terrorism.

If a staff member has concerns that a child may have been radicalised or is at risk of radicalisation, staff must contact the CWP Safeguarding team on 01244 393330 where a Prevent referral can be advised and made to the channel panel meeting. CWP will attend and present appropriate information to Channel Panel. This will be attended by appropriately trained personnel within CWP. It is therefore vitally important that all cases are therefore discussed with CWP safeguarding team.

[Appendix 5](#) outlines the Prevent pathway that trust staff are required to follow.

The Prevent referral process can be described in three stages; notice, check and share.

- **Notice:** staff must be aware of an individual's vulnerability to radicalisation, changes in behaviour, ideology and other forms of extremism.
- **Check** out your concerns with the individual where possible, and where safe, with your line manager, colleagues and multi-disciplinary clinical meetings.
- **Checking out your concerns** with the CWP Safeguarding Team will help to ensure a proportionate response to the concerns.
- **Share** your concerns with partner agencies, and as far as possible be open and honest with the individual about the duty to share your concerns.
- Further information regarding the PREVENT Strategy and guidance can be found via the following links:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/97976/prevent-strategy-review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf)

<https://www.gov.uk/government/publications/prevent-duty-guidance>

### 3.13 Human Trafficking and Modern Slavery

Human trafficking involves men, women or children being brought into a situation of exploitation through the use of violence, deception or coercion and forced to work against their will. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, and forced criminality, domestic servitude, forced marriage, forced organ removal.

It is important to note that when children are trafficked, no violence, deception or coercion needs to be involved: simply bringing them into exploitative conditions constitutes trafficking.

Modern slavery, including child trafficking, is child abuse. If a staff member comes into contact with a child who may have been exploited or trafficked, they must contact the CWP Safeguarding team on 01244 393330 for further advice as Children's Social Care and the Police should be notified.

All children, irrespective of their immigration status, are entitled to safeguarding and protection under UK law.

When there is reason to believe a victim of trafficking or modern slavery could be a child, the individual must be given the benefit of the doubt and treated as a child until an assessment is carried out.

Further information can also be found following the links below:

<https://www.gov.uk/government/publications/identifying-and-supporting-victims-of-human-trafficking-guidance-for-health-staff>

### **3.14 Children Living with Domestic Abuse**

Domestic abuse can be a source of significant harm to children in the following way:

- Emotional harm through witnessing or hearing the abuse of another;
- Risk of physical harm if they intervene to protect a parent / carer or if a parent/carer is assaulted whilst holding the child;
- Children could be neglected due to impaired parenting capacity of the parent/carer due to domestic abuse issues.

Domestic abuse can include physical assault, sexual abuse, psychological abuse and financial exploitation. Anyone in society can suffer from this type of abuse, regardless of their age, gender sexual orientation, financial position, culture or beliefs. The abuse may be from someone they are currently in a relationship with or have previously had a relationship with. This includes abuse from family members (family members are defined as mother, father son, daughter, brother, sister and grandparents whether directly related, in-laws or step family) as well as opposite and same sex partners. Whatever form the abuse takes, it is rarely a one-off incident. It usually forms a pattern of coercive and controlling behaviour with which the abuser seeks power over the victim. Controlling or coercive behaviour in an intimate or family relationship is an offence (Section 76. Serious Crime Act 2015).

CWP staff are in a unique position in that they may be the only professional involved with a victim or child who is in a domestic abuse situation. During the care / treatment episode they should ensure they see the person at least once on their own for the individual to be asked about abuse and given the opportunity to discuss and/or to make a disclosure. Questions relating to abuse should never be asked in the presence of a potential perpetrator or in front of children aged 2 years plus. Further guidance on "How to ask the question" can be found in [appendix 17](#).

A Domestic Abuse Stalking and harassment Risk Indicator Checklist (RIC) will need to be completed to assess if the incident meets the requirements to be referred to Multi Agency Risk Assessment Conference (MARAC). The RIC can be accessed through CWP intranet Child and Adult Safeguarding pages and via the links found in [appendix 2](#). All clinical staff should be familiar with the RIC and have it readily available for its use especially when working in community settings.

Incidents of domestic abuse should be reported the same day to the Safeguarding Nurse Specialist and/or line manager. The incident may need to be referred to the Domestic Abuse Family Safety Unit/ Domestic Abuse Hub based within each local authority by the practitioner.

Where there are children involved, consideration should be given as to whether the incident also warrants a social care referral as the two processes should run concurrently if required. Further support can be provided by the safeguarding children team on 01244 393330.

As a minimum, staff who receive a disclosure should provide the victim / discloser with the National Domestic Abuse 24 hour Helpline Freephone number: **0808 808 4494**.

All domestic abuse incidents should be documented on the victim, children's and / or perpetrator's Clinical record and an alert added to ensure practitioners continue to monitor and assess ongoing risks. For staff working in mental health services the domestic abuse incident /concerns needs to be considered within the CARSO risk assessment ([CP5 Clinical Risk Assessment Policy](#)).

### **3.15 Private Fostering**

A private fostering arrangement is one that is made privately for the care of a child under the age of 16 (under 18 for a disabled child) by someone other than a parent or close relative for 28 days or more in the carers own home. Staff have a duty to inform the local authority social care if they become aware of a private fostering arrangement and are not satisfied the local authority is / or will otherwise be made aware. Staff must notify CWP Safeguarding Children on 01244 393330 if this occurs.

### **3.16 E-Safety**

CWP recognises that electronic communications - via mobile phones, internet resources such as social networking sites, and email - play a very significant role in the lives of children and young people. Their use, however, is not always safe; electronic media can be involved in the victimisation and abuse of children.

Practitioners should remain vigilant to the risks associated with E-safety and children and discuss any concerns that they feel puts the child at risk with either their manager or a member of the safeguarding children team. Further information around E-Safety can be found on the LSCBs website ([appendix 2](#)) or at <http://www.ceop.police.uk>

### **3.18 Contextual Safeguarding**

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered

Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to child. The CWP safeguarding children team on 01244 393330 can advise staff on how to manage these cases and escalate them accordingly.

## 4 Safeguarding Children Policy in Practice

### 4.1 Levels of Intervention

It is widely recognised that providing children with early help services is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse. (H M Government 2018)

Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency co-operation to improve the welfare of all children.

In many cases providing a child and their family with early help support will prevent a referral into the local authority. Early help support usually relies on the completion of a TAF/CAF or early help assessment. There is an expectation that CWP staff will be part of this assessment process. Each LSCB has a continuum of need that can be accessed in [appendix 2](#). These continuum's demonstrate examples of how levels of need & levels of intervention can be viewed. These can be different depending upon the local authority in which you work. It may be difficult with individual cases to decide where on the continuum the child's needs are, similarly the concept of "significant harm" can be difficult to confirm / assess, therefore if staff have any doubts then they should seek advice from the CWP safeguarding children team (01244 393330).

In some cases there will be concerns that a child may be at risk from significant harm and not just require early help services. This will **always** require a referral into the local authority's children's social care department.

There are 2 categories under which the local authority will manage cases. They are as follows:

1. A "child in need" (see [appendix 1](#) for definition).
2. A "child in need of protection" (see [appendix 1](#) for definition).

### 4.2 What to do if you are worried a child is being abused

Should any staff have concerns about a child being at risk of harm they should follow the CWP safeguarding children flowchart ([appendix 2](#)). Advice can be sought either from managers or the CWP safeguarding children team on 01244 393330.

#### 4.2.1 Referral to Local Authority Children's Social Care

- a) This section should be read in conjunction with '**What to do if you are worried a child is being abused**' CWP Flowchart ([appendix 2](#));
- b) Staff should initially discuss any concerns they have with their manager, or a member of the Safeguarding Children *Team*, to clarify their understanding of the child's circumstances. Within [appendix 6](#) there is an Aide Memoire for CWP staff to use and assist in facilitating their concerns and discussions. Staff can also have this discussion with children's social care. Staff should be clear about the next course of action and should clearly document discussions and actions within the child's record.
- c) Any telephone referral made by staff to Children's Social Care must be confirmed in writing by the referrer on a multi-agency referral form within 48 hours using the appropriate LSCB referral form ([appendix 2](#)). Staff should ensure they know the name of the social worker they have spoken to and record the date and time of the conversation. Where staff have completed a Common Assessment Framework (CAF)/ Team Around the Family (TAF) assessment previously on the child / family this

information should be shared with children's social care and should be included as part of the referral. (A CAF/ TAF however is not a pre-requisite for a referral); Where multiagency screening tools can be used to identify risks to the child or support a referral these must be used and included in the referral.

- d) A copy of the completed referral form **must** be filed in the health record and a copy must **ALWAYS** be forwarded to the CWP Safeguarding Children Team.
- e) Children's Social Care should acknowledge a written referral within one working day of receiving it. If the referrer has not received an acknowledgment within 3 working days the referrer should contact Children's Social Care again to clarify decision / action taken / to be taken. However it is advisable that ALL referrals are followed up within 24 hours by the referrer. (If the referrer is not going to be on duty then a well briefed colleague should follow this up).
- f) If staff have any concerns with regard to the outcome of a referral they must follow the Professional Disagreement/ Escalation Process tabulated below. If there is a difference of opinion between 2 health professionals within CWP for example a doctor and a nurse, it is important that they both record their opinions. The named doctor for safeguarding children / named nurse for safeguarding children must be consulted when this occurs to enable an agreed process forward and supervision will be required. This may require the involvement of the appropriate designated professionals.

#### **4.3 Professional Disagreement/ Escalation of Concern**

**What is an escalation/ professional disagreement?** If you feel that a practitioner or an agency is not acting in the best interests of the child, young person or family, you have a responsibility to respectfully challenge the practitioner or agency, and escalate your concerns.

**When would you escalate?** When working with practitioners from other agencies there may at times be differences in opinions or concerns about professional practice in relation to a child, young person or family.

Diagram 2 outlines the escalation process including timescales and the principles for resolution



## Diagram 2 – Professional Disagreement / Escalation Process

### Stage 1

Initial attempts should be made **between workers** to resolve the issue  
If resolution cannot be achieved, the CWP practitioner must ensure the agency there is a disagreement with, are aware the escalation process will be initiated.  
CWP practitioner to 'escalate to the safeguarding children's team' **within 24 hours of concern.**  
**The escalation should be recorded in all clinical records.**

### Stage 2

The Safeguarding Children Nurse Specialist (SCNS) to review the concerns with the CWP staff member

Where a professional disagreement is agreed and supported the SCNS should discuss the concerns/response with their opposite manager in the other agency and the child's local LSCB escalation policy should be followed ([appendix 2](#))

**This part of the escalation should be recorded in all clinical records along with the outcome of the discussion**

If resolution cannot be achieved, SCNS to 'escalate' their concerns to the Named Nurse for Safeguarding Children or Head of Safeguarding

### Stage 3

The Named Nurse for Safeguarding Children / Head of Safeguarding to review the concerns with the SCNS. Where a professional disagreement is agreed, the Named Nurse for Safeguarding Children / Head of Safeguarding should discuss the concerns/response with the senior manager in the other agency and the child's local LSCB escalation policy should continue to be followed ([appendix 2](#)).

**This part of the escalation should be recorded in all clinical records along with the outcome of the discussion**

If resolution cannot be achieved the Named Nurse for Safeguarding Children/Head of Safeguarding to 'escalate' their concerns to the Director of Nursing (Executive Board Lead for Safeguarding)

### Stage 4

The Director of Nursing to review the concerns with the Named Nurse/Head of Safeguarding.

The Director of Nursing (or an appropriate delegate) will escalate to the board representative in the opposite agency who will arrange a meeting to seek resolution. If agreement cannot be achieved, the matter should be brought to the attention of the LSCB Business Manager who will refer the matter to the LSCB Chair.

Note: This should be followed in accordance with the local LSCB procedures and all timescales kept as per LSCB procedure (see [appendix 2](#))

#### 4.4 Strategy Meetings

Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm there should be a strategy discussion involving local authority children's social care (including the residential or fostering service, if the child is looked-after), the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting. If CWP staff are invited to a strategy meeting they should prioritise their attendance. A strategy discussion can take place following a referral or at any other time, including during the

assessment process and when new information is received on an already open case. CWP staff can contact the CWP Safeguarding children team on 01244 393330 for further advice regarding this process.

#### **4.5 Child Protection Case Conferences and Core Groups**

The purpose of a child protection conference is to bring together and analyse information to make judgments about the likelihood of the child suffering harm and deciding what future actions is required to safeguard the child.

CWP staff will be invited to a case conference because they have a contribution to make, arising from professional expertise and knowledge of the family.

Professionals invited to attend should make it a priority to attend the conference and provide a written report ([appendix 2](#)). The content of the report should be shared with the parent and young person in advance of the conference. When staff are unable to attend staff should ensure a well briefed colleague can attend who can present the report. All staff should ensure they have accessed safeguarding supervision prior to attending a case conference (please see [safeguarding supervision](#) section) Services who are invited regularly to child protection conferences should ensure staff are accessing the appropriate LSCB training.

The child protection report to conference should include a chronology of significant events and the contact with the family the service has had. A copy of the child protection report must be filed within the service users electronic record and a copy should also be sent to the CWP safeguarding children team.

If staff have any concerns regarding the report then this should be discussed with their managers /supervisors or a member of the CWP Safeguarding Children team on 01244 393330.

Staff who have attended the case conference should have received a copy of the minutes within 5 working days. These must be filed within the electronic records along with any child protection plans. If they don't receive copies this needs to be raised with the safeguarding children's team. All minutes must be reviewed and CWP staff must agree with the minutes and note their roles in a child protection plan if appropriate.

If following the child protection conference staff become members of the core group, attendance at these meetings should be a priority. Good practice would be to complete a brief updated report for each core group. Staff can contact the Safeguarding Children Team on 01244 393330 for further support regarding the child protection process.

#### **4.6 Information Sharing for Safeguarding Children**

The purpose of this section is to assist practitioners in understanding when, why, and how, they should share information and should be read in conjunction with H M Government (2018) information sharing guidance that can be accessed via the following link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)

Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious case reviews (SCRs) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.

Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children's social care (e.g. they are being supported as a child in need or have a child protection plan). Practitioners should be alert to sharing important information about any adults with whom that child has contact, which may impact the child's safety or welfare.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern.

Practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe. If a practitioner has concerns about a child's welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share the information with relevant agencies.

Practitioners should aim to gain consent to share information, but should be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared **without** consent if a practitioner has reason to believe that there is good reason to do so. When decisions are made to withhold information, the rationale for this must be clearly documented. Such circumstances include:

- To prevent significant harm arising to children including through the prevention, detection and prosecution of serious crime likely to cause significant harm to a child or young person;
- If there is a justifiable cause to believe a health, social care, other professional or member of the public is at risk;
- If it would alert the perpetrator for example in cases of sexual abuse or fabricated and induced illness.

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). To share information effectively all practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'.

Practitioners who need to share special category personal data, should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

Staff must ensure that the reasons for decisions to share, or not share information are fully recorded in records. Record keeping must be in accordance with [CP3 Health Records Policy](#).

Decisions' regarding the sharing of information requires a professional and informed judgment. Therefore, if an individual is in doubt, this should be discussed with a member of the CWP Safeguarding Children team on 01244 393330, their line manager or CWP's Caldicot Guardian.

If after discharge, information comes to light about any patient /client that might impact on the safety of any child, then that information should be shared with any relevant professional as well as the GP involved in the care of the parent or child.

#### **4.7 Record Keeping**

CWP recognises the importance of keeping a good quality record about the work carried out with a child and their families in need. It is an important part of the accountability of all professionals to those who use their services. It is essential to effective working across agency and professional boundaries. All records must comply with [CP3 Health Records Policy](#).

Safeguarding and promoting the welfare of children requires information to be brought together from a number of sources. To this purpose staff should maintain clear records of their involvement. Clear records help with continuity of care when individual workers are unavailable or change and they provide an essential tool for managers to monitor work or for peer review.

At first point of contact in each service (as per recommendation 12 from Victoria Climbié Inquiry, 2003), basic details of children who live within families that they are involved with should be recorded this must include names, date of birth, primary carer, school and their GP. All teams must integrate this into their assessment and / or referral process and where available entered onto the safeguarding screening tool (available on electronic patient record only). The information must be regularly reviewed and updated.

Where there are concerns about a child's welfare, all concerns, discussions about the child, decisions made and the reasons for those decisions must be recorded in the records and where decisions have been taken jointly across agencies, or endorsed by a manager and / or CWP Safeguarding Children's Team, this should be made clear. In addition, all staff that have contact with families should obtain the details of any adult who is in regular contact with the child.

Child protection case conference written reports and copies of initial or review case conference reports should be filed chronologically in a designated section of the health record. **All minutes of meetings must be reviewed and agreed prior to filing them in the electronic records. Any actions highlighted for CWP staff in children's plans must be completed in a timely manner or staff must raise this in safeguarding supervision or with the safeguarding children's team if the action is not achievable.**

When there are safeguarding concerns relating to a child this should be clearly identified on **ELECTRONIC PATIENT RECORD** using 'Alerts' ([appendix 7](#)). For services that use **EMIS** an alert should be entered on to the system ([appendix 7](#)).

Where **ADULTS** are known to services who have children where there are identified safeguarding concerns a safeguarding screening tool should be completed and an appropriate alert added to the adults record.

#### **4.8 Children who are Not Brought for Appointments / No Access Visits**

The Confidential Enquiry into Maternal and Child Health, 'Why Children Die' (2008) and Serious Case Reviews found that a failure to follow up children who did not attend their appointments was associated in some cases with missed opportunities to prevent later death;

In the event that a child was not brought to an appointment or staff have no access visits please refer to [appendix 8](#) and [appendix 9](#) flowcharts for Was not Brought and no access visits;

It is often difficult to quantify the likely risk to the child who was not brought / no access visits. In view of this, if the likely risk to the child is unclear / uncertain, the practitioner to whom the referral has been made should discuss the risk with others agencies who can provide more information. Discussions with the referrer and other professionals with knowledge of the family should take place. This is to facilitate / enable a more holistic assessment of the possible impact on the child from not being brought / no-access; this discussion requires documentation in the clinical records

High risk cases will be all children / pregnant woman for whom it is thought require assessment / intervention to prevent permanent or serious deterioration of their condition, or for whom there is a risk of significant harm as a result of non-attendance / no access (CQC, 2009). It is essential to consider all children who are **known to Children's Social Care as high risk**. The referrer should be asked to provide this information to CWP services or if CWP services are referring to another service in the organisation then this information should be shared. The child's GP should be informed of not being brought / no access visit by the staff member;

- All staff must document that the child was not brought / no access visits and all discussions and planned actions including timescales in health records;
- For additional guidance see: NICE (2015) When to suspect child maltreatment, which can be accessed via the following link: <http://guidance.nice.org.uk/CG89>.

## **4.9 Safe Discharge from Services**

### **4.9.1 Adult services**

When there is consideration of discharging service users from services due to non-attendance, staff need to consider whether the service user has children that are involved with children's social care. In these circumstances the safeguarding children team should be contacted to discuss this decision.

If a decision is made to discharge the service user, the service should confirm the discharge at the next multi-agency meeting or in writing to the child's named social worker. This decision should be clearly recorded in care notes or EMIS.

### **4.9.2 Children's Health Services**

When children are under the care of children's social care and there is consideration of discharging children from services due to them not being brought or their therapeutic intervention is due to end, staff should prior to discharge contact, discuss and inform the social worker.

In some circumstances, discharge planning meetings need to be considered and the service should confirm the discharge in writing to the Social Worker, the GP and the referring service / agency.

The service should confirm the discharge at the next core group / child protection conference / child in need meeting/ looked after review. The Safeguarding Children Team should also be informed.

### **4.10 Children who may not be known to education services**

If CWP staff come across children who they suspect are not known to Education Services they must notify Education Welfare. Further advice can be sought from Safeguarding Children Team on 01244 393330.

### **4.11 Missing Children**

If CWP staff come across children and families who they suspect may be known to other areas due to concerns of the care of children, further advice should be sought from Safeguarding Children Team.

If a child is reported missing to a CWP staff member then the police should be immediately notified and a DATIX completed. The CWP safeguarding children team should also be notified on 01244 393330.

### **4.12 Preventing Harm to Children from Parents with Mental Health Needs**

Staff working with parents or guardians who have mental health needs, should be alert to any risk that they might pose to their children or any child in their network of family and friends. In particular parents or guardians who have delusions or suicide plans that might involve their or others children. This should be clearly considered and documented in terms of risk. The CWP safeguarding children team should be contacted. When a parent or guardian with mental health needs is admitted to hospital renewed contact with any children (child visiting, leave or discharge) should always be considered to ensure that such contact is safe and appropriate. All consideration of risk to children should be considered with input from as many sources of information as possible (other trust services including drug and alcohol, health visitors, school nurses, starting well practitioners, GPs or Children's Social Care etc) compliance with treatment should also be factored into any decision or plan.

For any child who is visiting an inpatient environment, staff should follow the child visiting flowchart ([Appendix 10](#)) A consultant psychiatrist should be directly involved in all decisions that relate to a person with delusions or suicide plans that involve their own or other people's children.

Safeguarding Children is everybody's business and all NHS mental health services have existing statutory responsibilities for child protection. While mental illness can be compatible with good

parenting, some parents with a severe mental illness are at risk of harming their children. Very serious risks may arise if their illness incorporates delusional beliefs about the child, and/or the potential for the parent to harm the child as part of a suicide plan. Staff in adult mental health services caring for a parent must always consider the child's needs and the potential for physical and psychological harm as primary task of the Care Programme Approach (CPA) and as part of multiagency risk assessment processes. Risks should also be considered for service users who are not parents but are in contact with children e.g. service users with child siblings or grandchildren. Concerns about patient confidentiality should never delay acting as soon as a problem, suspicion or concern about children becomes apparent. Any safeguarding concerns can be discussed with the CWP Safeguarding Children Team on 01244 393330.

Mental health organisations, supported by local safeguarding children boards (LSCBs), should ensure:

All assessment, CPA monitoring, review, and discharge planning documentation should prompt staff to consider if the service user is likely to have or resume contact with their own child or other children in their network of family and friends, even when the children are not living with the service user. If the service user has or may resume contact with children, this should trigger an assessment of whether there are any actual or potential risks to the children, including delusional beliefs involving them, and drawing on as many sources of information as possible, including compliance with treatment. If safeguarding concerns are highlighted these should be discussed with a member of the CWP Safeguarding children Team. A consultant psychiatrist must be directly involved in all clinical decision making for services users who may pose a risk to children.

Referrals should be made to children's social care under local LSCB procedures ([appendix 2](#)) as soon as a problem, suspicion or concern about a child becomes apparent, or if the child's own needs are not being met. A referral must be made:

- a) If service users express delusional beliefs involving their child and/or
- b) If service users might harm their child as part of a suicide plan.

## **5 Children who are admitted to hospital**

When it is necessary for children / young people to be admitted to and cared for in CWP Tier 4 CAMHS services, a number of safeguards need to be considered. All children / young people:

- Will have as part of the admission process a risk assessment to self, to others, from others; This should be in accordance with the [CP1 Admissions, Discharge and Transfer of Care Policy](#).
- CWP staff to complete the safeguarding proforma and send a copy to the Safeguarding Children's team ([appendix 11](#)). Staff need to inform a child's social worker and their GP of the admission. Information should also be copied to the health visitor/ starting well practitioner (this can be facilitated via the nurse specialist for paediatric liaison Tel: 01244 393330);
- Where children are in-patients in hospital (for greater than 12 weeks) Section 85 of the Children Act 1989, requires CWP to notify the child's Local Authority of residence (i.e. the local authority for the area where the child is ordinarily resident or where the child is accommodated if this is unclear), this should be completed by ward staff and a copy of the multi-agency referral form sent to the CWP safeguarding children team.. The CWP Section 85 flowchart should be followed ([appendix 13](#)). A copy of this notification should be sent to the Safeguarding Children team who subsequently will inform the Designated Nurse for the child's CCG. , If the child is known to Children's Social Care, on discharge staff must ensure that they notify the named social worker (and any other relevant professional) prior to the child's discharge. This notification must be clearly documented in the records.
- Discharge planning should be in line with [CP1 Admissions, Discharge and Transfer of Care Policy](#).

### **5.1 The Admission of Young People onto an Adult Mental Health Ward**

When it is necessary, young people occasionally will need to be admitted onto an adult ward. The policy [CP49 Admission of children and young people to adult mental health wards](#) should always be clearly followed. This policy needs to be followed when the child is subsequently discharged.

When the safeguarding team are informed of such an admission, the Safeguarding Children's nursing team should inform the Designated Nurse for the child's originating CCG.

## **6. Managing Safeguarding Children Allegations against Staff**

The framework for managing allegations against people in the Trust is set out in Working Together to Safeguard Children (2018). The framework applies to all staff who work with children and young people to ensure appropriate actions are taken to manage allegations, regardless of whether they are made in connection to duties within CWP or if they fall outside of this such as in their private life. An allegation may relate to a person who works with children who has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against, or related to, a child
- behaved in a way that indicates s/he is unsuitable to work with children

It is essential that any allegation of abuse made against a person is dealt with consistently, fairly, quickly and in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation. All safeguarding allegations or concerns about a member of staff or volunteer should be discussed timely with the Named Nurse for Safeguarding Children. A referral to the Named Nurse for safeguarding children should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with procedures is a potential disciplinary matter.

The named nurse will inform the Director of Nursing and Therapies of all CWP staff allegations.

It is the role of the Named Nurse for safeguarding children (or an appropriate deputy) in conjunction with the Human Resources Manager and the line manager of the person who the allegation is against to:

- Ensure that a child who has been harmed or who is at risk of harm has been reported in accordance with statutory safeguarding procedures. The Named Nurse for safeguarding children (or an appropriate deputy) will refer to the Local Authority Designated Officer (LADO). The LADO is responsible for the management and oversight of individual cases and must be informed of all allegations or concerns relating to staff or volunteers that fit the criteria above.
- Work in conjunction with the Human Resources Manager allocated to the case where investigation and/or potential disciplinary action is required, in accordance with [HR3.3 Trust disciplinary policy and procedure](#).
- Attend Strategy Meetings where required (or via a nominated representative).
- Ensure that risk assessments are undertaken where and when required.
- Oversee the gathering of any additional information which may have a bearing on the allegation, for instance previous concerns
- Co-ordinate the provision of reports and information as required.
- Ensures relevant support mechanisms are in place for employees against whom an allegation of abuse has been made, for example counselling & occupational health. In line with Human Resources policies
- Liaise with the Communication and Engagement team in the event/risk to manage potential media interest
- Establish whether there are any lessons to be learned arising from the allegation that may have wider implications for safeguarding procedures for all agencies concerned.
- Report to the Director of Nursing all LADO referrals and ensure a timely update is provided to them.

## **7. When a child dies**

In all circumstances the Child Death Nurse Specialist Nurse (01244 393330) must be informed directly or via the CWP Safeguarding Children's Team. On occasions, staff may be approached by the Child Death Nurse Specialist for information on either child or the adults involved with the child.

Further information can be obtained from the LSCB procedures ([appendix 2](#)). All nurses in the Starting Well Service must be familiar with the Sudden Unexpected Death in Infants / Children (SUDIC) Protocol.

Further information can be found in Working Together to Safeguard Children (2018) or via the LSCB websites ([appendix 2](#)).

## **8. Child Safeguarding Practice Reviews and Multiagency Reviews**

Sometimes a child suffers a serious injury or death as a result of child abuse or neglect. Understanding not only what happened but also why things happened as they did can help to improve our response in the future. Understanding the impact that the actions of different organisations and agencies had on the child's life, and on the lives of his or her family, and whether or not different approaches or actions may have resulted in a different outcome, is essential to improve our collective knowledge. It is in this way that we can make good judgments about what might need to change at a local or national level. In this case a child safeguarding practice review or a multiagency review maybe commissioned. CWP have developed an internal flowchart ([appendix 12](#)) which should be followed for all child safeguarding practice reviews or multiagency reviews.

All action plans that are produced following a Safeguarding Practice review or a Multiagency Review will be overseen by the Trustwide Safeguarding Sub-committee and implemented and monitored via the safeguarding locality group.

For both multiagency reviews and child safeguarding practice reviews CWP staff maybe involved in the process. They may be asked to complete chronologies or attend specific events arranged as part of the review. Staff will always be supported by a member of the safeguarding children's team. Lessons learned from these reviews will be shared and cascaded to all relevant services. Discussion of Child safeguarding practice reviews and multiagency reviews is a standing item on the Safeguarding Locality Group ([appendix 14](#)) and on the Trustwide Safeguarding Committee ([appendix 15](#)) For specific team/individuals involved feedback/ learning will be given by the Named Nurse / Doctor. Where appropriate a shared learning bulletin will be developed to highlight relevant learning from the review.

## **9 Incident Reporting**

There are a range of Safeguarding Children events that must be reported as an adverse incident using the Trust's electronic adverse incident reporting form (DATIX). Selecting 'safeguarding' as the 'cause group' on the electronic form enables staff to view the types of incident that should be reported).

The Incident Reporting and Management Policy (the Classification of Serious Incidents) identifies which incidents should be considered serious and graded accordingly. The final grading of any of the following incident types will be determined in discussion with the Head of Safeguarding and the Incidents Team, but the incident should initially be serious and reported within 24 hours:

- Any allegation of abuse of a child by a member of CWP staff
- Any admission of an under 18 year old to an adult ward
- Any failure by CWP staff to follow procedure or acceptable practice which may have resulted in significant harm to or the death of a child

Further detail on adverse incident reporting is available in [GP1 Incident Reporting and Management Policy](#).

You should also note that in an emergency where a child is at immediate risk of harm, you should report it to the Police (by ringing 999) and/or local Children's Social Services immediately.

## **10. Safeguarding Children Supervision**

It is recognised that working in the field of child protection entails making difficult and risky professional judgements. It is demanding work that can be distressing and stressful. There are multi-disciplinary aspects and often cross-cultural issues related to this work. Therefore all front



line practitioners should be well supported by effective Safeguarding Children Supervision. Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family" (Working Together 2015).

Good quality safeguarding supervision can help to:

- keep a focus on the child;
- avoid drift;
- maintain a degree of objectivity and challenge fixed views;
- test and assess the evidence base for assessment and decisions; and
- address the emotional impact of work

### **10.1 Safeguarding Case Supervision.**

It is mandatory that safeguarding supervision should be sought for all children subject to child protection plans and child in need and for those children who are looked after. For child protection cases, supervision should be at least every 3 months. Supervision must be arranged by the practitioner prior to all initial child protection case conferences. Where there are more than two or more CWP practitioners involved in the case, joint safeguarding supervision should be undertaken to embed the principle of "Think Family".

All Child in Need and Looked after Children cases should as a minimum to be reviewed within 3 months of the child becoming child in need / looked after and the frequency then set between the supervisor and supervisee. All cases should be reviewed as a minimum within 6 months of the last review.

Cases that are causing concern or where there is significant drift in a TAF/CAF case should also be brought to supervision.

All Safeguarding Supervision should be recorded on the appropriate documentation and recorded on EMIS and ELECTRONIC PATIENT RECORD by the supervisee.

### **10.2 Safeguarding Supervisors**

To ensure high quality of safeguarding supervision. All safeguarding supervisors should have undertaken an appropriate safeguarding supervision course (e.g. an accredited safeguarding supervision course or one approved by LSCB's) and are required to have regular safeguarding supervision from the Named Nurse (or an appropriate deputy)

**They should ensure:**

- Practitioners have carried out their responsibilities within the plan effectively and review and evaluate these.
- Practitioners complete the appropriate Safeguarding Supervision documentation

**The Supervisee will:**

- Ensure their case records are available
- Ensure care plans are agreed for every child who is; looked after, subject to a child protection/child in need plan or for children for whom they have safeguarding concerns (**or for the adult when in receipt of adult services**).
- Complete supervision and care plan using supervision documentation

Preparation and the decision making process should be supported by the use of assessment tools such as, the Graded Neglect Tool, Brook traffic light tool, home conditions tool, the Continuum of Need, and the Risk and Vulnerability Matrix. These tools can be found on the CWP safeguarding page and also on local authority LSCB websites ([appendix 2](#)).

### **10.3 Safeguarding supervision for Safeguarding supervisors**

All professionals who undertake safeguarding case supervision should receive supervision every 3 months as a minimum from the Named Nurse for safeguarding children...

The Named Nurse and the Named doctors should receive safeguarding supervision from the respective Designated Nurse or Designated Doctor.

#### **10.4 Compliance of Safeguarding Supervision**

It is important to monitor and assess the extent to which Safeguarding Children Supervision achieved its objectives in maintaining and developing high standards of care in Safeguarding Children practice. The responsibility for this lies with the Named Nurse and Name Doctor for Safeguarding Children through audit of:

- Supervision attendance
- Recognised or identified themes within practice
- Recognised or identified training needs

The Named Nurse will keep a central record of all staff within CWP who have undertaken specific Safeguarding Children Supervision.

#### **11 Safeguarding Children Training**

- Safeguarding children training provides an individual training pathway for all staff within CWP and links training with the role, responsibility, performance expectation and level of experience;
- All training activity should support the knowledge and skills framework and should follow a logical sequence of progression. Training provided is linked to increasing levels of specialism, complexity of task and level of contact with children, young people and their families;
- Information on courses is available through CWP Education. LSCB multiagency courses are available via the LSCB links ([appendix 2](#))
- If staff are unsure about the level of training they require, they can refer to the intercollegiate document (2019) which provides further guidance <https://www.rcn.org.uk/professional-development/publications/007-366>
- Some staff may require additional support / training dependent on their individual need. Individual staff may be required to attend specific sessions in relation to a specific incident, for instance where 'lessons to be learnt' have been identified or there has been significant change to policy and / or practice;

The following safeguarding training chart indicates the levels of training, frequency, target audience and knowledge:

<b>Safeguarding children training chart</b>			
<b>Course</b>	<b>Frequency and duration</b>	<b>Staff group</b>	<b>Knowledge</b>
<b>Level 1</b> includes Induction Programme  This is E-learning training	On commencement of employment Repeat every 3 years for non-clinical staff and volunteers	All clinical and non-clinical 3 yearly for non-clinical and volunteers	- Know about the range of child abuse - Know about local policies and procedures - Know what to do if they have concerns - Understand the importance of information sharing and dangers of not sharing information - Know who to contact if concerned about a child or young person. - Know how to access training and support.
<b>Level 2</b> <b>Safeguarding Family Training</b>	Minimum 3 yearly	All clinical staff and safeguarding administrative team.	As above and: - Understand which groups of children are at risk of harm or neglect - Know who to inform, seek advice from and how to contact them
<b>Level 3</b>	<b>6 hours every year</b>	Identified as per Training Needs Analysis	As level 2 and: - Aware of implications of recent legislation / national documents - Understand multi agency frameworks and assessment processes - Aware of the LSCB and its remit - Specialists topics - Current research findings and implications for practice.
<b>Level 4</b>	<b>24 hours over 3 years</b>	<b>Named nurse and Named Doctor FNP Supervisor</b>	As stipulated in the Intercollegiate document
<b>Level 6</b>		<b>Board members</b>	As stipulated in the Intercollegiate document

It is the responsibility of service managers that services maintain 90% safeguarding training compliance across all relevant levels.

### 11.1 Learning Framework

Following any safeguarding review or Safeguarding audit, it is imperative that learning is shared across the organisation.

The following framework will be used (multi-faceted approach);

- Finding and full report shared at Trustwide safeguarding subcommittee and the respective locality safeguarding groups

- Shared Learning Bulletin to be written and shared as per CWP learning framework
- Learning shared in the appropriate safeguarding training module
- Learning shared via safeguarding newsletter
- For those teams directly involved with the case the named nurse will directly cascade the relevant learning points.

## **11.2 Embedding practice**

Future audit programmes should be set having reviewed the previous 12 months of shared learning and recommendations to see if learning has embedded into practice.

## **12 Duties and responsibilities**

### **12.1 Chief Executive**

As the accountable officer, the Chief Executive must ensure that responsibility for Safeguarding Children is delegated to an appropriate executive lead, as outlined in the executive portfolios.

### **12.2 Director of Nursing, Therapies & Patient Participation**

As nominated executive lead, the Director of Nursing, Therapies and Patient Partnership must ensure that there are robust systems and processes in place regarding Safeguarding Children and attend and contribute to the work of constituent LSCBs at a strategic level.

### **12.3 Associate Director of Nursing & Therapies for Physical Health**

The Associate Director is responsible for supporting the Director of Nursing, Therapies & Patient Participation in the strategic contribution of CWP to the work of the LSCB. The Associate Director is also responsible for line management of the Head of Safeguarding. The Associate Director will chair the Trustwide Safeguarding Sub-Committee.

### **12.4 Head of Safeguarding**

The Head of Safeguarding is responsible for the CWP safeguarding service and line manages the Named Nurse for Safeguarding Children.

### **12.5 Heads of Operation and Heads of Clinical Service**

The Heads of Operations and the Heads of Clinical Service are responsible for:

- Ensuring staff can access safeguarding children procedures, policies and guidance.
- Ensuring staff are aware of their responsibilities under this policy, and that it is fully implemented within their area of responsibility.
- Ensuring that staff work effectively with professionals from other agencies and organisations.
- Ensuring operational implementation of this policy into practice and taking appropriate action should any breach of this policy take place.
- Ensuring that service plans / specifications / contracts include reference to the standards expected for safeguarding children.
- Ensuring that recruitment and selection process guidance is followed during recruitment of staff.
- Ensuring staff attend safeguarding children training in accordance with the CWP Education MEL and at the appropriate level according to their responsibilities to safeguard and promote the welfare of children.
- Ensuring that safeguarding children training is discussed with staff during annual Performance Development Reviews and included in individual staff development plans.
- Ensuring staff are released from their work area to attend single and inter-agency safeguarding children training according to staff roles and responsibilities.
- Heads of Operations are responsible for chairing and organising the relevant Safeguarding Locality Group ([appendix 14](#) for Terms of Reference).

## 12.6 Staff

### Staff are responsible for:

- Attending mandatory safeguarding children training dependent on the staff member's responsibility for safeguarding and promoting the welfare of children, as identified in the Learning and Development Training Needs Analysis and MEL.
- Knowing who to contact if they need to discuss or report concerns about a child's safety or welfare ([appendix 2](#)).
- Knowing how to access and to be familiar with CWP safeguarding children Policy and LSCB Procedures ([appendix 2](#)).
- Contributing when requested to do so, to the multi-agency meetings established to safeguard and protect children e.g. child protection conference, and making available relevant information about the child and family, including a written report for child protection conferences.
- Discussing with their line manager when they are aware of circumstances, difficulties or problems in their working life which may adversely affect their working relationships and ability to safeguard children. This should be discussed with their line manager so that appropriate support can be provided.
- Further details of specific staff roles in both adult and children services is detailed in Working Together (HM Government, 2015). Staff should refer to this and be familiar to their specific responsibilities.

## 12.7 Named Nurse and Named Doctor for Safeguarding

The Named Nurse & Doctor for Safeguarding Children has responsibility for:

- Promoting good professional practice within CWP providing advice and expertise for fellow professionals;
- Supporting CWP in its governance role, by ensuring safeguarding children audits are undertaken;
- Ensuring the provision of safeguarding children clinical supervision and advice is available;
- Ensuring a safeguarding children training strategy is in place and is delivered in order to provide access to safeguarding children training, in line with national legislation and guidance;
- Ensuring the Safeguarding Children Policy is in place and maintained.
- Coordinating CWPs response and representing CWP at Child Practice Reviews and multiagency reviews ensuring the resulting action plans are actioned within CWP.
- Participating in the various LSCB Sub-groups

## 12.8 Nurse Specialists for Safeguarding Children

The Nurse Specialists for Safeguarding Children are responsible for:

- Identifying additional safeguarding children training needs through the safeguarding children clinical supervision process and in conjunction with the Named Nurse for Safeguarding Children advice on how these needs can be met;
- Providing advice and support to all staff on safeguarding children issues and for providing safeguarding supervision;
- Delivery of safeguarding training.

## 12.9 Human Resource Department

The Human Resources are responsible for:

- Ensuring safeguarding children responsibilities that are relevant to the job role are reflected in all job descriptions;
- Ensuring the Recruitment and Selection Process Guidance for Managers is informed by safe recruitment practice, including National Health Service Litigation Authority recruitment and selection standards;
- Ensuring newly appointed staff attend corporate induction.
- Supporting the named nurse in the 'managing safeguarding children allegations against staff' process.

## **12.10 CWP Education**

The CWP Education Department are responsible for:

- Publicising single agency safeguarding children training opportunities for staff;
- Monitoring the safeguarding children training attendance for level 1, 2 and 3 sessions provided or facilitated by the Safeguarding Children Team;
- Informing Heads of Clinical Service and Managers of staff within their service who did not attend for any booked safeguarding children training session;
- Generating reports on attendance at level 1, 2 and 3 sessions arranged through the department as requested.

## Appendix 1 - Definitions of terms used throughout this policy

Term	Definition
Abuse and neglect	Abuse and neglect are forms of maltreatment of a child. Somebody may abuse neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those know to them or, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.
Child/Children	In this document as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18 <sup>th</sup> birthday. 'Children' therefore means 'children and young people' throughout
Child Death Overview Panel (CDOP)	A multi-agency meeting which reviews all child deaths as in Working Together 2015 (HM Government 2015).
Children in need	Children who are defined as being 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without the provision of services (section 17 (10) of the Children Act 1989), plus those who are disabled.
Emotional abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may also 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 include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional harm is involved in all types of maltreatment of a child, though it may occur alone. (H.M. Government, 2010).
Local Safeguarding Children Board (LSCB)	The LSCB represents a number of organisations within a local authority which provide services to children and families. The LSCB objective is to co-ordinate and ensures the effectiveness of work that is done in safeguarding and promoting the welfare of children and young people.
Named doctor and nurse for Safeguarding children	The Named Doctor and Nurse role is safeguarding children within their own organisation as directed in Working Together 2015 (HM Government, 2015).
Neglect	The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter; protect a child from physical and emotional harm and danger; ensure adequate supervision (including the use of inadequate care givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs (H.M. Government, 2010).
Physical abuse	May involve hitting, shaking, throwing, poisoning, burning or 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 (H.M.

Term	Definition
Safeguarding and promoting the welfare of children	Government, 2010). For the purpose of this policy '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 and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully (H M Government, 2010).
Child Safeguarding Practice Review (Formally known as Serious Care review SCR)	Undertaken by the LSCB where abuse or neglect of a child is known or suspected and either the child has died or the child has been seriously harmed and there is cause for concern as to the way in which LSCB partners or other relevant persons have worked together to safeguard the child.
Sexual abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (H.M. Government, 2010).
Significant harm	The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries under section 47 to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.



## Appendix 2 - What to do if you're Worried a Child is Being Abused

Please click on the icon below for the What to do if you're Worried a Child is Being Abused Flowchart



The link to CWP safeguarding page is below

<http://nww.cwp.nhs.uk/TeamCentre/Safeguarding/Pages/home.aspx>

### LINKS to LSCB Procedures

Local Authority	Link to LSCB Web Site	Link to LSCB Procedure	Local Link / Contact to the Referral Form
West Cheshire & Chester	<a href="https://www.cheshirewestlscb.org.uk/">https://www.cheshirewestlscb.org.uk/</a>	<a href="https://www.proceduresonline.com/pancheshire/cheshire_west/using_this_manual.html">https://www.proceduresonline.com/pancheshire/cheshire_west/using_this_manual.html</a>	<a href="https://qwest-self.achieveservice.com/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-353c8994-6428-4deb-b60b-4cd554cb0ee8/AF-Stage-d1ca89d7-3135-4568-9367-f34a431cd198/definition.json&amp;redirectlink=%2Fen&amp;cancelRedirectLink=%2Fen&amp;consentMessage=yes">https://qwest-self.achieveservice.com/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-353c8994-6428-4deb-b60b-4cd554cb0ee8/AF-Stage-d1ca89d7-3135-4568-9367-f34a431cd198/definition.json&amp;redirectlink=%2Fen&amp;cancelRedirectLink=%2Fen&amp;consentMessage=yes</a>
East Cheshire	<a href="http://www.cheshireeastlscb.org.uk/homepage.aspx">http://www.cheshireeastlscb.org.uk/homepage.aspx</a>	<a href="http://www.cheshireeastlscb.org.uk/professionals/procedures-and-guidance.aspx">http://www.cheshireeastlscb.org.uk/professionals/procedures-and-guidance.aspx</a>	<a href="http://www.cheshireeastlscb.org.uk/professionals/procedures-and-guidance.aspx">http://www.cheshireeastlscb.org.uk/professionals/procedures-and-guidance.aspx</a>
Wirral	<a href="https://www.wirralsafeguarding.co.uk/">https://www.wirralsafeguarding.co.uk/</a>	<a href="https://www.wirralsafeguarding.co.uk/procedures/">https://www.wirralsafeguarding.co.uk/procedures/</a>	<a href="https://www.wirralsafeguarding.co.uk/news/safe-families-for-children-new-e-referral-system/">https://www.wirralsafeguarding.co.uk/news/safe-families-for-children-new-e-referral-system/</a>
Trafford	<a href="http://www.tscb.co.uk/Home.aspx">http://www.tscb.co.uk/Home.aspx</a>	<a href="https://greatermanchesterscb.proceduresonline.com/chapters/contents.html">https://greatermanchesterscb.proceduresonline.com/chapters/contents.html</a>	<a href="http://www.tscb.co.uk/Search-results.aspx?search_keywords=Referral%20form">http://www.tscb.co.uk/Search-results.aspx?search_keywords=Referral%20form</a>
Warrington	<a href="https://warringtonlscb.org/professionals/inter-agency-training/">https://warringtonlscb.org/professionals/inter-agency-training/</a>	<a href="https://www.proceduresonline.com/pancheshire/warrington/contents.html">https://www.proceduresonline.com/pancheshire/warrington/contents.html</a>	<a href="https://www.warrington.gov.uk/info/201134/childrens-social-care-and-safeguarding/2478/warrington-safeguarding-partnership/2">https://www.warrington.gov.uk/info/201134/childrens-social-care-and-safeguarding/2478/warrington-safeguarding-partnership/2</a>
Bolton	<a href="http://boltonsafeguardingchildren.org.uk/">http://boltonsafeguardingchildren.org.uk/</a>	<a href="https://greatermanchesterscb.proceduresonline.com/chapters/contents.html">https://greatermanchesterscb.proceduresonline.com/chapters/contents.html</a>	<a href="https://greatermanchesterscb.proceduresonline.com/chapters/pr_contacts.html#ch_soc_care_team">https://greatermanchesterscb.proceduresonline.com/chapters/pr_contacts.html#ch_soc_care_team</a>
Halton	<a href="http://haltonsafeguarding.co.uk/">http://haltonsafeguarding.co.uk/</a>	<a href="https://children.haltonsafeguarding.co.uk/procedures-guidance/">https://children.haltonsafeguarding.co.uk/procedures-guidance/</a>	<a href="https://children.haltonsafeguarding.co.uk/contact-and-referral-team/">https://children.haltonsafeguarding.co.uk/contact-and-referral-team/</a>
Liverpool	<a href="https://liverpoolscb.org.uk/lscb">https://liverpoolscb.org.uk/lscb</a>	<a href="http://liverpoolscb.proceduresonline.com/index.htm">http://liverpoolscb.proceduresonline.com/index.htm</a>	<a href="https://liverpool.gov.uk/social-care/childrens-social-care/keeping-children-safe/children-at-risk/">https://liverpool.gov.uk/social-care/childrens-social-care/keeping-children-safe/children-at-risk/</a>

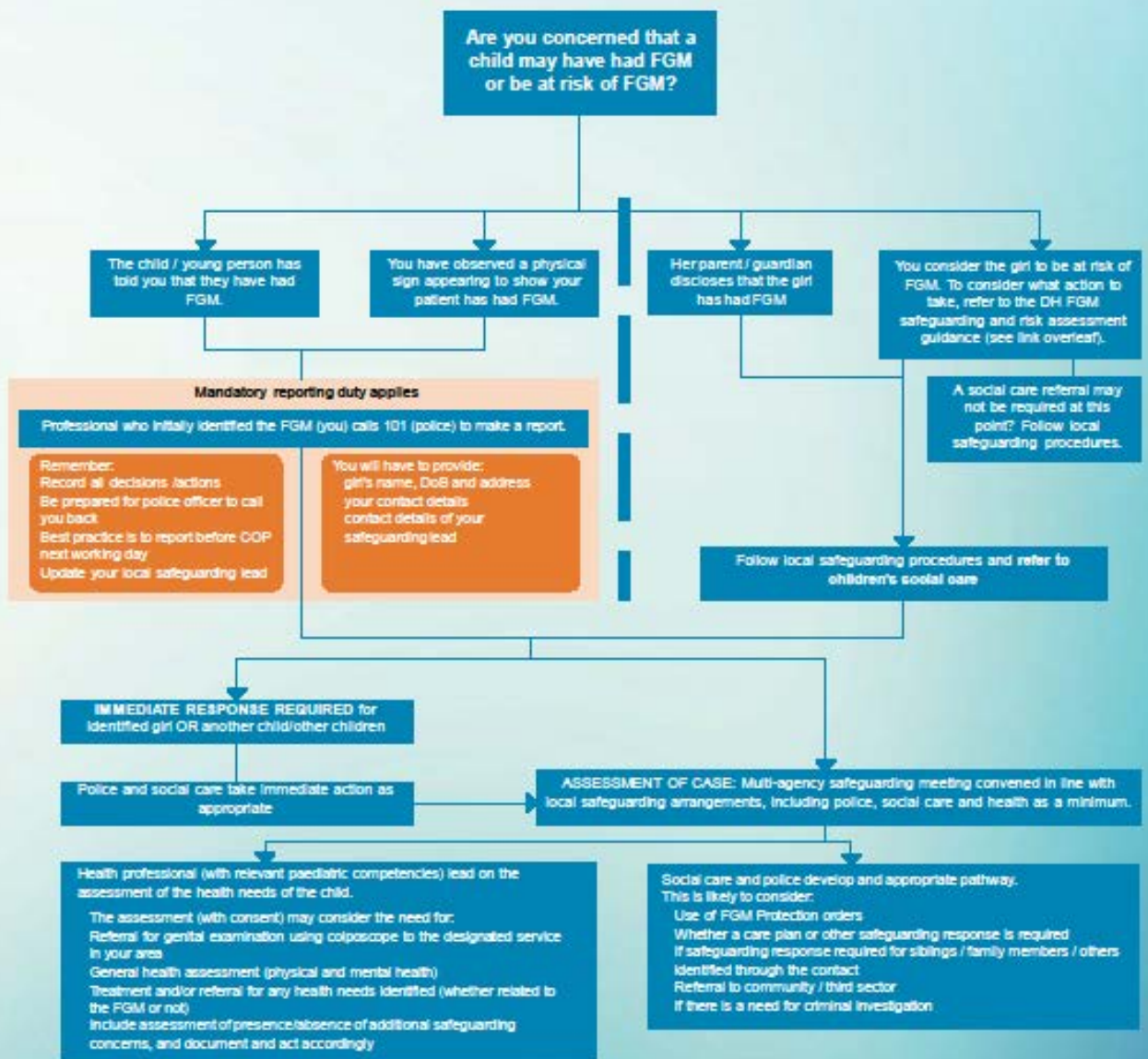


Department of Health



# Female Genital Mutilation (FGM)

## Mandatory reporting duty



If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

**REMEMBER:** Mandatory reporting is only one part of safeguarding against FGM and other abuse. Always contact Jill Cooper, Named Nurse for Safeguarding Children or a Safeguarding Nurse Specialist on 01244 393330

## **Appendix 4 - Heightened Risks and Female Genital Mutilation**

Specific factors that may heighten a girl's or woman's risk of being affected by FGM.

There are a number of factors in addition to a girl's or woman's community that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM;
- Any girl born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family;
- Any girl who has a sister who has already undergone FGM must be considered to be at risk, as must other female children in the extended family;
- Any girl withdrawn from personal, social and health education or personal;
- Social education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, during childhood or adolescence, at marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

### **Indications that FGM may have already taken place**

It is important that professionals look out for signs that FGM has already taken place so that:

- The girl or woman affected can be offered help to deal with the consequences of FGM;
- Enquiries can be made about other female family members who may need to be safeguarded from harm;
- Criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those breaking the law and to protect others from harm.

There are a number of indications that a girl or woman has already been subjected to FGM:

- A girl or woman may have difficulty walking, sitting or standing;
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating;
- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems;
- A girl or woman may have frequent urinary or menstrual problems; There may be prolonged or repeated absences from school or college;
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM;
- A girl or woman may be particularly reluctant to undergo normal medical examinations;
- A girl or woman may confide in a professional;
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.

**If staff have concerns they must contact CWP Safeguarding Children team, Children's Social and Police.**

## Appendix 5 – What To Do If You're Worried a Child is Being Abused

### Safeguarding Children Flowchart For Referral

**IF IT'S AN EMERGENCY  
Contact the Police on 999**

**Social Care**  
 Cheshire West & Cheste  
 0300 123 7047  
 Cheshire East 0300 123 5500  
 Wirral 0151 606 2008  
 Trafford 0161 912 5125  
 Warrington 01925 443 400  
 Sefton 0345 1400845  
 Bolton 01204 333 333  
 (to refer) 01204 331 500

### Emergency Duty Teams (Out of Hours)

**Cheshire West & Chester** 01244 977277  
**Cheshire East** 0300 123 5022  
**Wirral** 0151 677 6557  
**Trafford** 0161 912 2020  
**Warrington** 01925 444 400  
**Sefton** 0151 934 3555  
**Bolton** 01204 337777

**PRACTITIONER HAS CONCERNS ABOUT CHILD'S WELFARE**

Imminent concerns about a child's safety

Practitioner discusses with manager and/or other senior colleagues  
 Access safeguarding children team for further advice.

**Child at risk of significant harm**

Practitioner refers to children's social care via telephone and must complete a multiagency referral form and send in copies of completed assessment tool (where appropriate). Copy of referral uploaded onto child's / parents electronic record and a copy sent to CWP Safeguarding Children Team.

Practitioner must ensure they have an outcome of the referral within 2 working days. This outcome must be clearly documented in the electronic records and shared with the CWP safeguarding children team via email.

If practitioner disagrees with the outcome of the referral to contact CWP safeguarding children team and LSCB escalation procedure to be initiated.

**Child/ Family has identified needs.**  
 Consider using appropriate assessment tools to identify risks. Access CWP safeguarding children team for further advice.

Threshold has been met to refer to children's social care for early help / safeguarding

Threshold has not been met. Consider TAF/CAF. If concerns escalate contact CWP safeguarding children team for further advice.



**For safeguarding advice please call:**

**CWP Safeguarding Children Team**  
 (9-5 Monday – Friday)  
 Tel: 01244 393330

**Nurse Specialists Safeguarding Children**  
 Tel: 01244 393330  
**Safeguarding Children Mobile: 07770 970864**  
[cwp.safeguardingchildren@nhs.net](mailto:cwp.safeguardingchildren@nhs.net)

**Jill Cooper**  
**Named Nurse Safeguarding Children & Children in Care / CWP CSE Lead**  
 01244 393330

**Christine Dyson**  
**Interim Head of Safeguarding Lead for Adults**  
 01244 393330

**Gary Flockhart**  
**CWP Executive Board Lead for Safeguarding**

**SCP Links to access local multiagency referral forms, SCP assessment tools and procedures**

Cheshire West [www.cheshirewestscp.co.uk](http://www.cheshirewestscp.co.uk)  
 East Cheshire [www.cheshireeastlscb.org.uk](http://www.cheshireeastlscb.org.uk)  
 Wirral [www.wirralsafeguarding.co.uk](http://www.wirralsafeguarding.co.uk)  
 Trafford [www.traffordsafeguardingpartnership.org.uk](http://www.traffordsafeguardingpartnership.org.uk)  
 Bolton [www.boltonsafeguardingchildren.org.uk](http://www.boltonsafeguardingchildren.org.uk)

**Link to CWP Safeguarding Children Policy (CP40)**  
<http://www.cwp.nhs.uk/search/pages/Results.aspx?k=cp40&s=All%20Sites>

**During out of hours please contact the manager on call if support required.**

## **Appendix 6 - Aide Memoire to support efficient and appropriate telephone advice from Safeguarding children's team.**

### **Five Golden Rules**

#### **Situation**

I am the practitioner (give name) for (give your area). I am calling about ... (adult, child's name(s) and address).

I am calling because I would like some advice about .....

#### **Assessment and actions**

I have assessed the child personally and the specific concerns are ... (provide specific factual evidence, ensuring the points in above Section are covered).

Or: I fear for the child's safety because ... (provide specific facts – what you have seen, heard and/or been told and when you last saw the child and parents).

This is a change since I last saw him/her (give no. of) days/weeks/months ago.

The child is now ... (describe current condition and whereabouts).

I have not been able to assess the child but I am concerned because ...

I have ... (actions taken to make the child safe).

#### **Family factors**

Specific family factors making this child at risk of significant harm are ... (base on the Assessment of Need Framework and cover specific points in Section A).

Additional factors creating vulnerability are ...

Although not enough to make this child safe now, the protective factors in the family situation are ...

#### **Expected Advice**

In line with *Working together to safeguard children*, NICE guidance and Section 17 and/or Section 47 of the Children Act I would like advice about how to proceed with my concerns

Other recommendations.

**Ask:** Do you need me to do anything now?

#### **Recording**

Ensure that advice given is documented in care notes. The Safeguarding children team will keep a copy of their own records within the department. . Exchange names and contact details with the person you have spoken to.

## Appendix 7 - Alerts Notification - CWP Service User Electronic patient record

Diagram 1 Alerts Notification - CWP Service User Electronic patient record

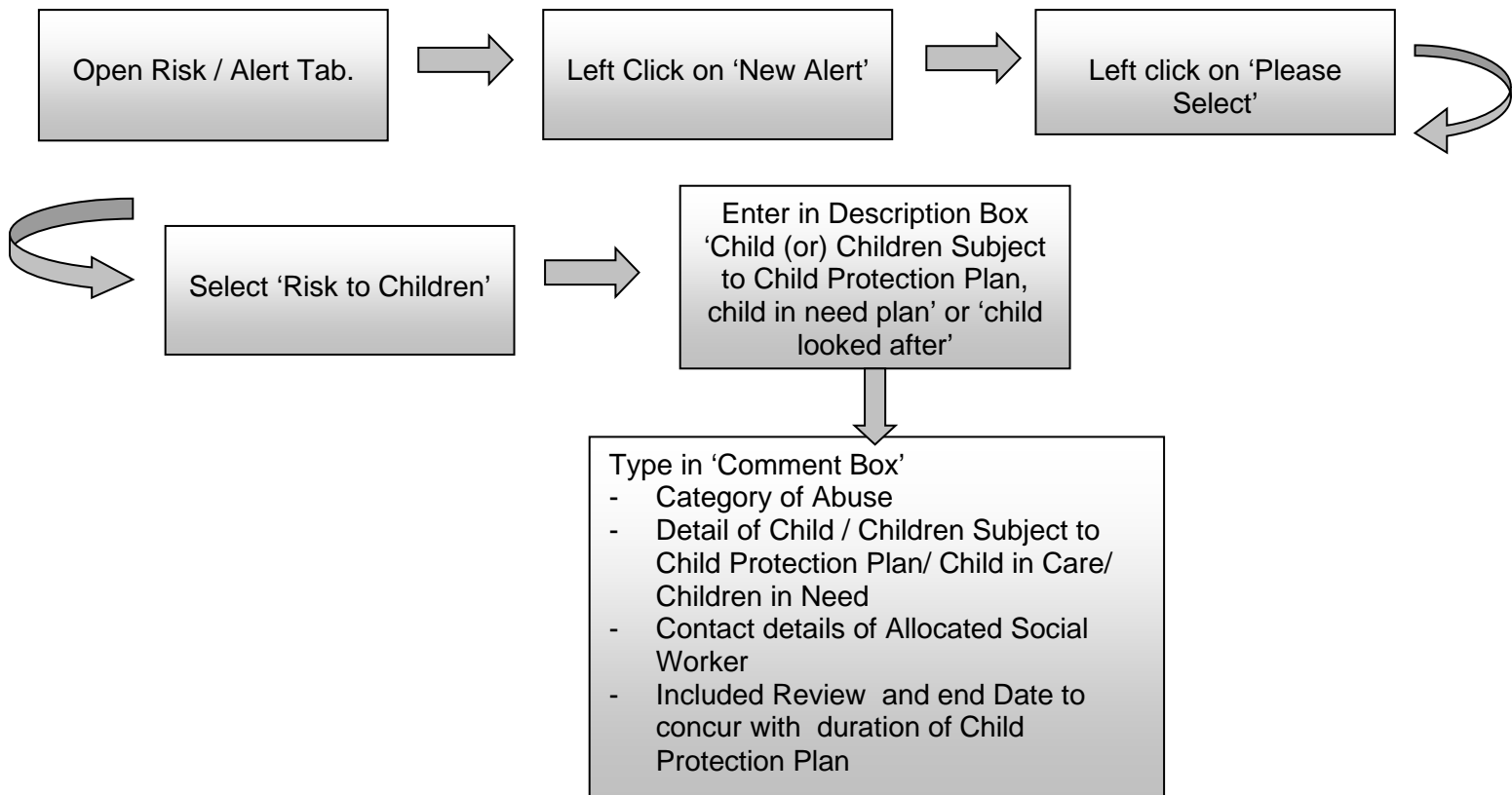
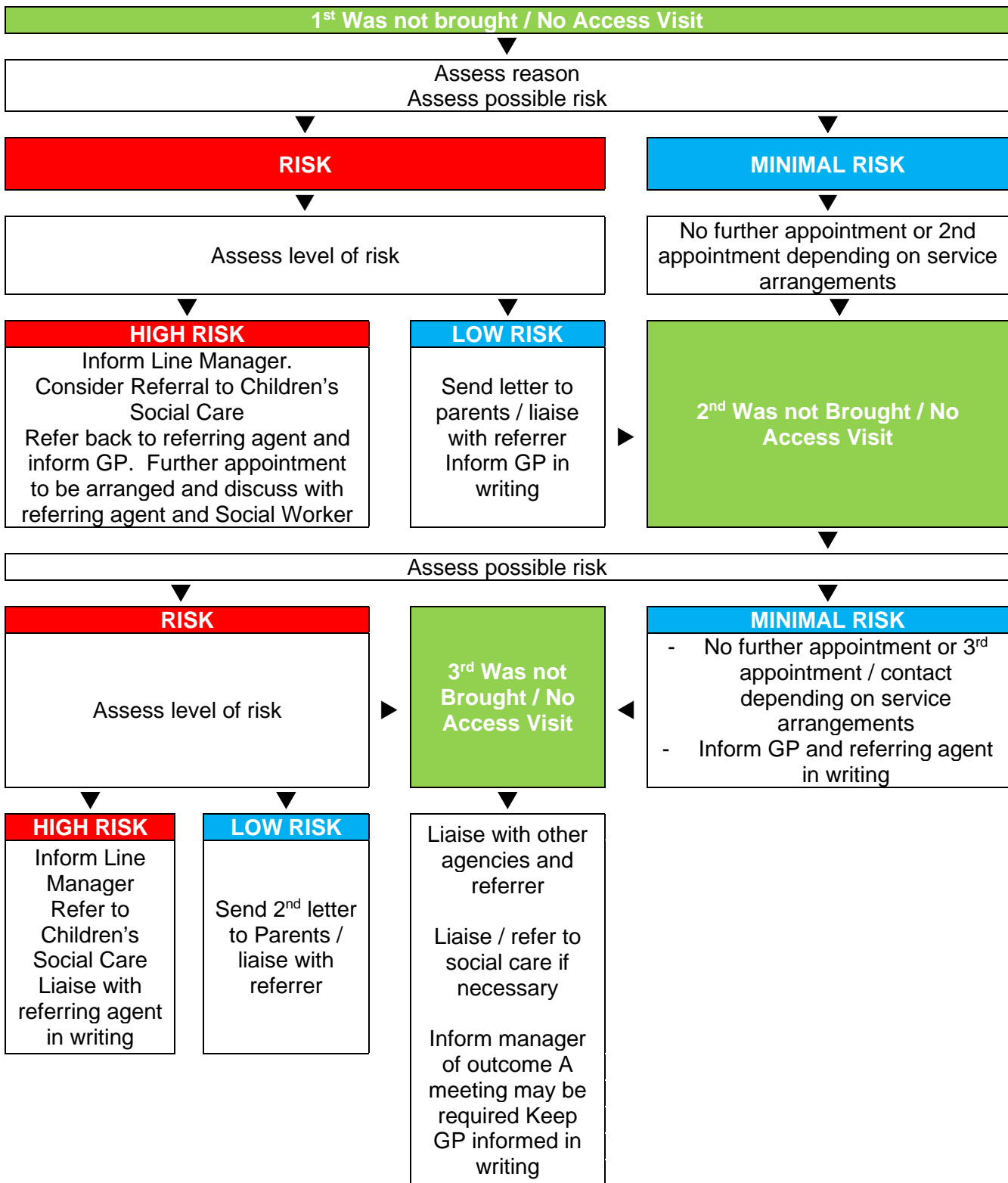


Diagram 2 Putting an Alert on EMIS

All staff are to adhere to EMIS Guide 35 when adding, removing safeguarding alerts on EMIS

## Appendix 8 - Flowchart for Was not Brought and No Access Visits



## **Appendix 9 - Prompts to consider when engaging with families with whom there are difficulties in accessing**

1. Is the address correct - confirm with GP, other involved agencies eg housing, school?
2. Has the family / child had any contact with another health agency including a hospital / GP?
3. Are there any known difficulties regarding literacy, language or communication?
4. Have opportunistic visits been considered?
5. Is there an Identified carer/ parent known to the service that the staff member might consider contacting (taking account of confidentiality issues)?
6. Do the family / patient understand the scope of the service provided by the practitioner?
7. Is the service accessible to the family/ patient e.g. at a time and place that is mutually convenient?
8. Is the environment where contacts are proposed acceptable to the family/ service user?
9. Has the family / service user been consulted about the service they would like?
10. Has the family/ service user been offered the services of an alternative team member?
11. Have cultural issues been considered?
12. Does the service user have hearing or mobility problems which mean that s/he may not be able to answer the door?



## Appendix 10 - The visiting of patients by children to inpatient areas

A request must be made to the ward via telephone / in person by a parent or guardian of the child/children prior to **the** visit taking place. This must be agreed by a qualified member of staff. Details of the visit should be documented in the ward diary

Details of the children visiting (Name, DOB and relationship to the patient) must be recorded in care notes.

A review of the patient's CARSO must be made prior to the visit. Any concerns relating to this which could put a child at risk must be discussed with the safeguarding children team. This review must be documented in care notes. If safeguarding children concerns are identified these must be discussed with the safeguarding children team prior to the visit or senior manager if out of hours.

### **Children should not be taken onto the ward**

Visits should take place in the designated 'family' area off the ward. It is the responsibility of the nurse in charge to ensure that these facilities are appropriate and adequate for children prior to the visit taking place.

Any concerns noted about any child or the patient's ability to safeguard the children during a visit should be discussed with the CWP safeguarding children team. During out of hours the 'what to do if you are concerned about a child' flowchart should be followed. All concerns and actions need to be clearly documented in the electronic patient record

Children should not visit the ward without prior arrangement. If this occurs, it is the responsibility of the nurse in charge to ensure that contact between the patient and the children is supervised by a qualified member of staff. Ideally an alternative visit should be arranged. The children's details (name, DOB and relationship to patient) should be clearly documented in the electronic patient record.

**Appendix 11 - Safeguarding Children Proforma Tier 4**

**Safeguarding Proforma for Children’s information**

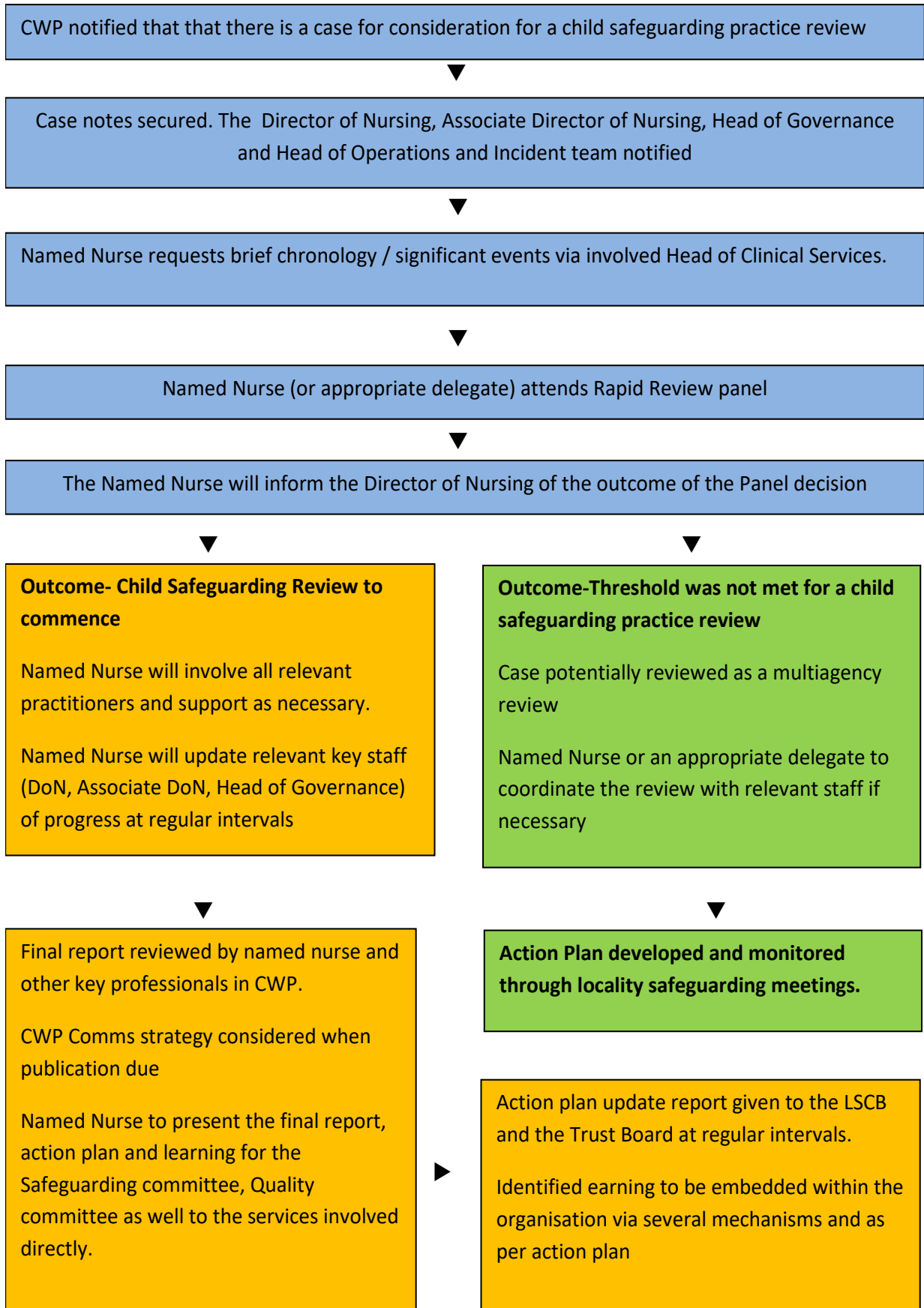
Please send this form via email to [cwp.safeguardingchildren@nhs.net](mailto:cwp.safeguardingchildren@nhs.net)

and mark as confidential.

**Please document on care notes that this form has been completed and attach a copy to docs in carenotes.**

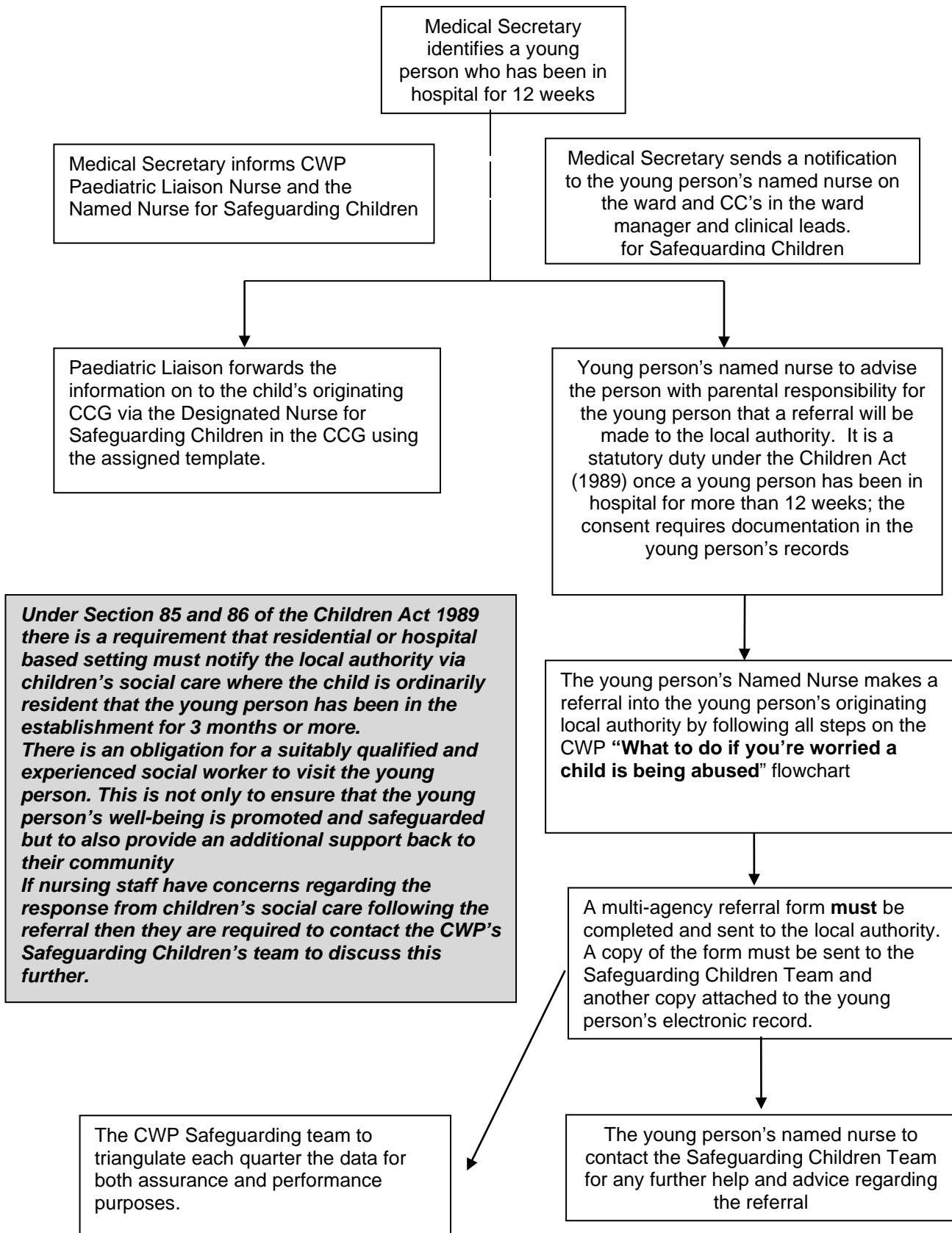
Child’s name	DOB	Child’s Address
Date of admission	Name of Social Worker and contact details	GP inc address (to identify the appropriate designated nurse)
Child open to Children’s Social Care		Reason for admission
	Local authority where child resides	Information relevant for the safeguarding team from admission information.
Form completed by Name Signature	Signature	
Designation Staff Nurse	Date	

**Appendix 12 – CWP Internal process response to child safeguarding practice reviews**



## Appendix 13 - Section 85 / 86 of the Children Act (1989)

### Children who have been admitted to hospital for 12 weeks and more



## Appendix 14 - Safeguarding Locality Operational Group Terms of Reference

### LOCALITY SAFEGUARDING OPERATIONAL GROUP TERMS OF REFERENCE

#### **Constitution:**

The Safeguarding Committee resolves to establish 3 working groups to be known as the Locality Safeguarding Operational Group (West, Central and Eastern and Wirral)

#### **Purpose:**

The Safeguarding Operational Groups are responsible for promoting awareness and understanding of safeguarding matters including Domestic Abuse and acting as a local source of knowledge to assist teams in meeting its roles and responsibilities in relation to Safeguarding Children, Looked After Children and Adults at Risk.

#### **Duties will include:**

1. Have processes and systems in place to manage the Safeguarding and Domestic Abuse Agenda.
2. Safeguarding and domestic abuse matters are effectively managed and escalated as necessary.
3. Lessons are learnt from safeguarding and domestic abuse investigations/ case reviews and through review of safeguarding processes and practice.
4. To receive assurance that the Trust's safeguarding training needs are identified, delivered upon and attainment of the required training standards are met.
5. Implements the safeguarding audit schedule and associated areas for improvement and sustainability.
6. Implement and oversee the respective Local Safeguarding Board/Domestic Abuse Partnership audits and associated areas for improvement plans.
7. Provide feedback from people who have been involved in safeguarding matters to ensure this helps shape and support services.

#### **Duties of the nominated members**

Nominated members are expected to maintain an interest and promote awareness of Safeguarding Children & Adults (including domestic abuse) through informal discussion and meetings within their teams as well as cascading information within their services/teams and across the Care Groups. They would be knowledgeable about policy, referral procedure, forms and local contacts etc. Individual staff still have professional accountability.

#### **Training**

Group members should be supported by their managers to access the training that has been identified for this role, and allow protected time to attend this group or relevant sub meetings or training events. The minimum standard for a group member is that the person will be a qualified member of staff with at least 2 years experience and will have attended the training identified for the role (as a minimum Level 2 Safeguarding Children training and Safeguarding Adults Training).

#### **Membership:**

Will include:

- Head of Operations, or Nominated Deputy
- Medical Representative
- Safeguarding Nurse Specialist/ Named Nurse
- Senior representation from, each Care Group within the locality

#### **Quorum**

A quorum shall be 75% attendance – Chair or deputy chair together with 1 representative from each Care Group. Nominated members must allocate a deputy to attend if they are unable to attend.

Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum.

### **Attendance by members**

Members will be required to attend a minimum of 80% of all meetings. An attendance record will be kept.

### **Frequency**

Meetings shall be held quarterly. Additional ad-hoc meetings may be constituted if a specific, more urgent consideration is required for an identified issue.

### **Authority**

The Locality Safeguarding Operational Group is authorised by the Safeguarding Committee.

### **Reporting**

The minutes of the locality safeguarding operational group will be formally recorded and submitted to the Safeguarding Committee, in a timely manner. These minutes will be submitted to the Quality Committee in line with governance, accountability and assurance processes.

The minutes will be distributed to group members, Head of Operations, Associate Director of Operations, Clinical Director and all relevant staff.

The Chair will feedback from the locality operation group at each Safeguarding meeting. This will include a training update of the number of staff trained and the planned training to meet the statutory training requirements for safeguarding children and adults.

These terms of reference will be reviewed at least annually by the Safeguarding Committee.

### **Monitoring effectiveness**

The Operational group will undertake an annual review of its performance against its duties in order to evaluate its achievements.

<b>Date reviewed by Safeguarding Committee</b>	07.02.2019
<b>Date approved by the Quality Committee</b>	
<b>Review date</b>	

## Appendix 15 - Terms of Reference for Trustwide Safeguarding Children Sub Committee

### SAFEGUARDING SUBCOMMITTEE TERMS OF RESFERENCE

#### **Constitution:**

The Quality Committee hereby resolves to establish a sub-committee known as Safeguarding Committee.

#### **Purpose**

The Safeguarding Committee is responsible for receiving assurance on safeguarding matters across the organisation and to provide strategic direction to meet the trusts safeguarding priorities. The safeguarding committee is responsible for assuring that the Trust meets all the regulations and legislation to safeguarding individuals and communities that the Trust serves. The committee will receive assurance from safeguarding locality groups and/representatives from care groups and provide assurance to Trust Board through direct reporting to the Quality Committee on all relevant aspects of the safeguarding agenda.

#### **Duties will include:**

The committee will assure that the organisation has:

1. A Safeguarding Strategy evidenced by a Safeguarding Quality Charter and Associated Improvement Programme.
2. A developed and implements a Safeguarding Audit Programme to identify areas of good practice and those for improvement.
3. Processes and systems in place to quality assure safeguarding practice.
4. Ensure that appropriate safeguarding policies, procedures and guidelines are in place and monitored in line with the safeguarding legislation and Care Quality Commission compliance.
5. To receive assurance that the organisation is represented at the Safeguarding Board and associated sub groups and appropriately acts upon outputs.
6. Developed and approves the safeguarding reports to Trust Board including the Annual Safeguarding Report.

The Committee will receive assurance from the Safeguarding Locality Groups and representatives from the Care Group that the Trust:

8. Has processes and systems in place to manage the Safeguarding Agenda.
9. Engages with patients to provide feedback from people who have been involved in safeguarding matters.
10. Safeguarding matters are effectively managed and escalated as necessary.
11. Lessons are learnt from safeguarding investigations and through review of safeguarding processes and practice.
12. To receive assurance that the Trust's safeguarding training needs are identified, delivered upon and attainment of the required training standards are met.
13. Implements the safeguarding audit schedule and associated areas for improvement and sustainability.

#### **Responsibility**

The risk areas that the Safeguarding Committee has responsibility for will be those that fall within the remit of safeguarding.

#### **Membership:**

Will include:

- Co-Chairs: Director of Nursing, Therapies and Patient Partnership and/or Associate Director of Nursing and Therapies
- Deputy Chair: Head of Safeguarding (or identified deputy)
- Named Nurse for Safeguarding Children (or identified deputy)
- Named Doctors for Safeguarding Children
- Chairs from each safeguarding locality group (or identified deputy)
- Head of Governance (or identified deputy)

The committee will need to ensure that each care group is represented and if required co-op additional members.

A quorum shall be 5 members to include representation from each locality (a deputy will attend if the Locality Chair is unavailable).

Attendance will be 80% aided by nominated deputies.

**Attendance**

The Co-Chairs will be the Director of Nursing, Therapies and Patient Partnership and the Associate Director of Nursing and Therapies.

**Frequency**

Meetings shall be quarterly. Additional ad-hoc meetings may be constituted if a specific, more urgent, consideration is required for an identified issue.

**Authority**

The Safeguarding Committee is compliant with the Quality Committee to ensure the Trust meets its statutory responsibilities for safeguarding issues.

**Reporting**

The Safeguarding Committee is accountable to the Quality Committee and will report directly by ensuring that the minutes are submitted to the Quality Committee and that minutes are distributed to group members.

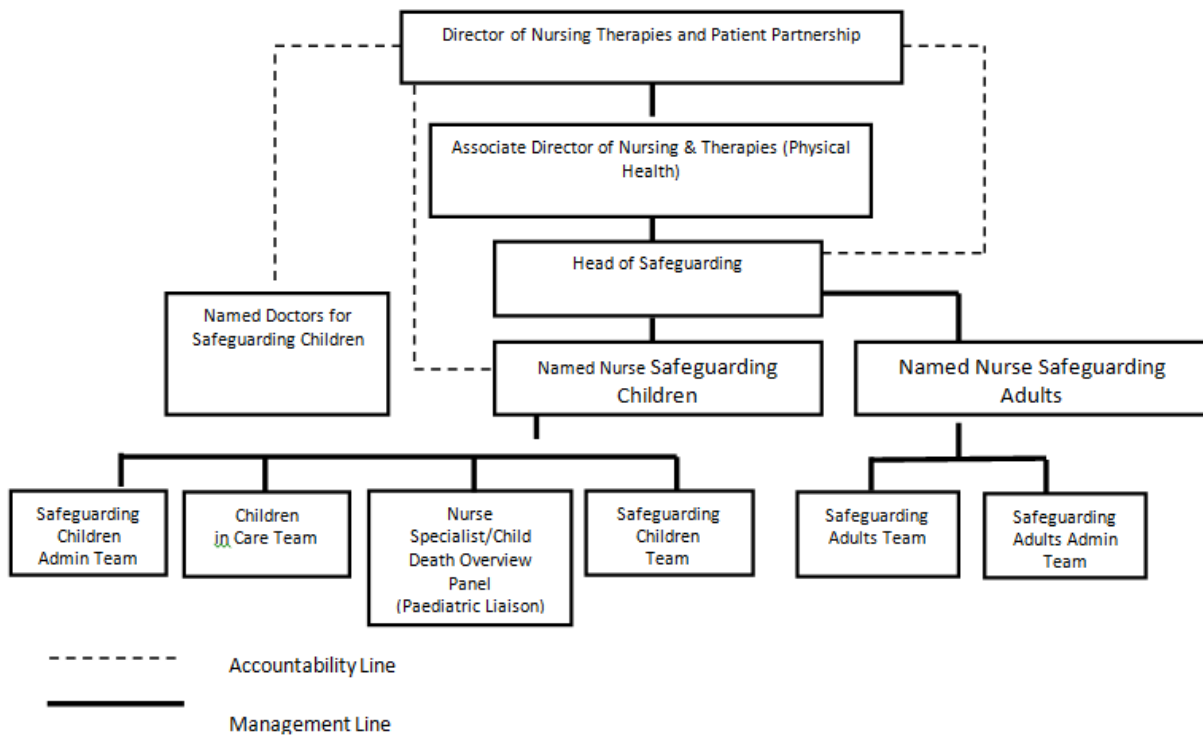
An annual report will be produced and presented to the Quality Committee. This will be linked to an annual business cycle.

<b>Date reviewed by Safeguarding sub-committee meeting</b>	5 <sup>th</sup> September 2018
<b>Date approved by the Quality Committee</b>	12 <sup>th</sup> September 2018
<b>Review date</b>	May 2019

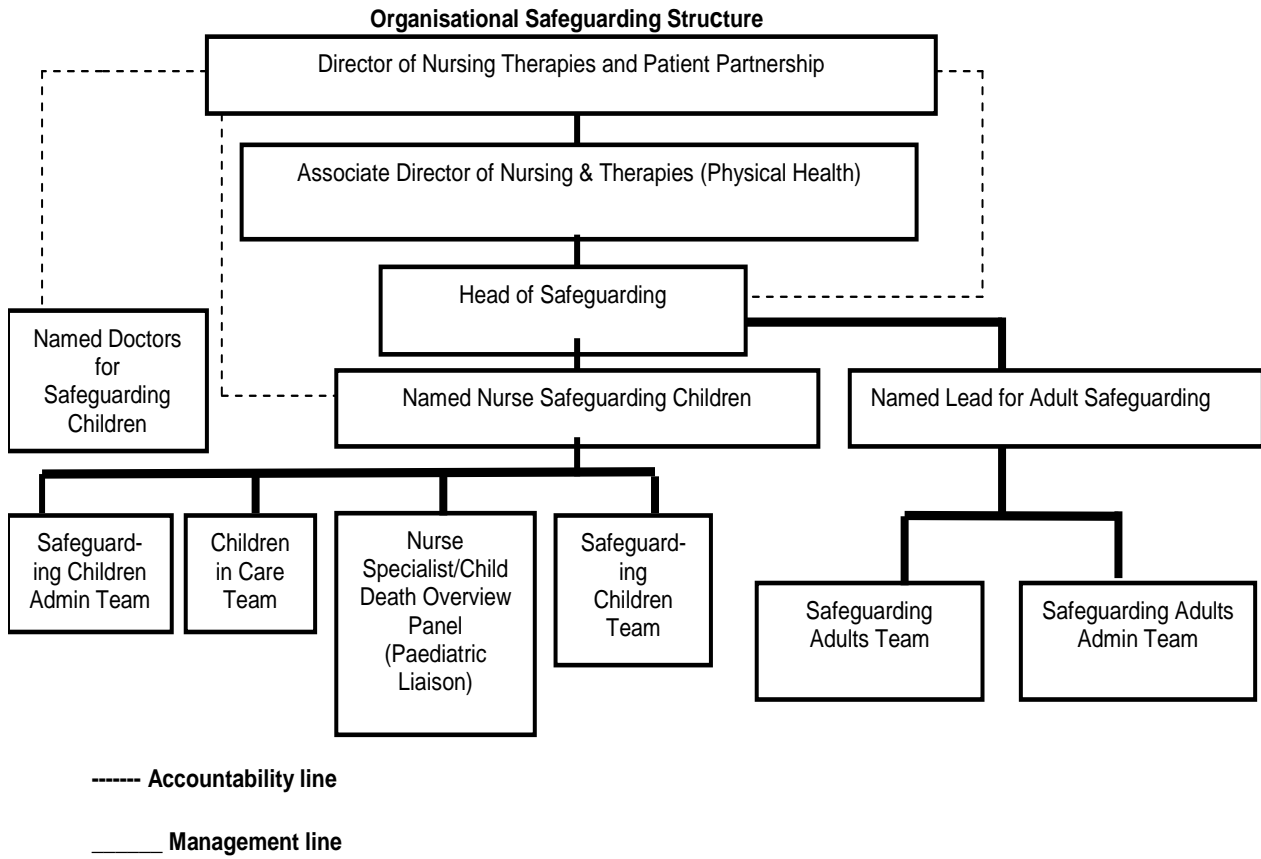
Updated: August 2018



## Appendix 16 - Organisation Safeguarding Structure



## Governance arrangements (accountability for safeguarding)



## Appendix 17 - “How to Ask the Question” Domestic Violence and Abuse

The following is guidance on “Asking the Question” taken from [www.gov.uk](http://www.gov.uk)

### Asking the question - A Guide

#### Ensure it is safe to ask

1. Consider the environment
  - Is it conducive to ask?
  - Is it safe to ask?
  - Never ask if in the presence of another family member, friend, or child over the age of 2 years (or any other persons including a partner)
2. Create the opportunity to ask the question
3. Use an appropriate professional interpreter (never a family member).

#### Ask

Frame the topic first then ask a direct question.

#### Framing:

“As violence and abuse in the home are so common we now ask contacts about it routinely.”

#### Direct Question:

“Are you in a relationship with someone who hurts, threatens or abuses you?” Did someone cause these injuries to you?”

#### Validate

Validate what’s happening to the individual and send important messages to the contact:

- “you are not alone”
- “You are not to blame for what is happening to you”
- “You do not deserve to be treated in this way”

#### Assess

Assess contact safety:

- “Is your partner here with you?”
- “Where are the children?”
- “Do you have any immediate concerns?”
- Do you have a place of safety?”

#### Action

Be aware of your local domestic violence agency, how to contact local independent domestic violence advisor (IDVA), offer leaflet and suggest referral. **Action any local safeguarding procedures.**

#### Document

Consider safety and confidentiality when recording information in patient notes. **Medical records can be used by survivors in future criminal justice proceedings.**