

SAFEGUARDING CHILDREN POLICY

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POLICY SUMMARY
<p>This policy sets out the roles and responsibilities of Trust staff in working together with other professionals and agencies in promoting children's welfare and safeguarding them from abuse and neglect. This policy complies with the Care Quality Commission requirements and reflects the HM Government: <i>Working Together to Safeguard Children 2018</i> Document the Local Safeguarding Children Board Guidance for Bedfordshire, Suffolk, Southend, Essex, Thurrock, and Pan London, and the principles of the Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework 2015</p>
The Trust monitors the implementation of and compliance with this policy in the following ways;
<p>Monitoring of implementation and compliance with this policy and associated procedural guideline will be undertaken by the Trust Safeguarding teams and the Mental Health Act and Safeguarding Sub-Committee.</p>

Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this policy is
The Executive Nurse**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

POLICY ON SAFEGUARDING CHILDREN

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POLICY ON SAFEGUARDING CHILDREN

1.0 INTRODUCTION

- 1.1 The Trust believes that the welfare of children and young people is paramount and at all times and in all situations a child or young person has the right to feel safe and protected from any situation or practice that results in them being harmed or at risk of harm.
- 1.2 This policy sets out the principles of Safeguarding Children and gives guidance to staff on what to do if concerned for the welfare and protection of a child/ren.
- 1.3 This policy applies to those working in mental health and community health settings and contains a number of appendices which staff should read in conjunction with Local Safeguarding Partnership guidance from;
- Bedfordshire <http://bedfordscb.proceduresonline.com/index.htm>
 - Luton www.lutonlscb.org
 - Southend, Essex & Thurrock (SET) www.escb.org.uk.
 - Suffolk www.suffolkscb.org.uk
 - Pan London www.londoncp.co.uk
- 1.4 All National, Local and EPUT policies, guidance and protocols are available on the trust Safeguarding Intranet site.
- 1.5 This policy has been developed in line with the Trust principles of Equality and Diversity and is underpinned by the following standards:
- The child's needs come first regardless of who is the primary Trust client;
 - The child's welfare and safety is everyone's responsibility;
 - Staff must work together, understand and appreciate other professionals roles and responsibilities;
 - No one must be discriminated against on the grounds of age, ethnicity, religion, culture, class, sexual orientation, gender or disability.
- 1.6 Where English may not be the first language the Trust interpreter services, or those services to meet a child or parent's communication needs must be accessed and details recorded in case notes.

2.0 SCOPE

- 2.1 This policy applies to all employees (permanent or temporarily) and volunteers of the Trust and those people that perform work on behalf of the Trust.
- 2.2 This policy complements all professional or ethical rules, guidelines and codes of professional conduct on child protection. (E.g. Nursing & Midwifery Code of Professional Conduct, General Social Care Council, and General Medical Council).

3.0 LEGAL FRAMEWORK

- 3.1 The Government document, *Working Together to Safeguard Children 2018* refers to a child or young person as a person up to their 18th birthday.
- 3.2 The Children Act (1989/2004) makes it clear that Safeguarding Children is **everyone's** responsibility. It imposes a duty on the Trust to ensure that its functions are discharged with regard to the need to safeguard and promote the welfare of children as per Section 11 of the Children Act 2004 and to assist Local Authorities in carrying out enquiries into whether or not a child is at risk of significant harm (Section 47). It also requires the Trust to take part in Local area Safeguarding Partnership Arrangement functions and duties.
- 3.3 Working Together to Safeguard Children (2018) states that;
- Everyone who works with children has a responsibility for keeping them safe
 - Health Professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support.
 - Effective Safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their part, working together to meet the needs of our most vulnerable children.
 - For services to be effective they should be based on a clear understanding of the needs and views of children
- 3.4 Staff are required to co-operate with police and the Local Authority when approached for a formal statement or a request to attend court as a witness. In these circumstances staff must inform the relevant Safeguarding Team and their line manager. Appendix 10 of the Procedures gives further advice, guidance and support for Trust staff.

4.0 DEFINITIONS

- 4.1 The DoH Working Together to Safeguard Children 2018 defines safeguarding children as;
- 'protecting children from maltreatment, preventing impairment of 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 achieve their best outcomes'*
- 4.2 **Child Protection**
Child Protection refers to the activity that is undertaken to protect children where there is reasonable cause to suspect a child/ren is suffering or is likely to suffer significant harm.
- 4.3 **Significant Harm**
The Children Act 1989 (Section 47) introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the child and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard and promote the welfare of a child suffering or likely to

suffer significant harm. In addition harm is defined as the ill treatment or impairment of health and development.

4.3.1 Significant harm relates to four categories of abuse. These are physical, emotional, sexual abuse and neglect.

4.3.2 Working Together to Safeguard Children further describes exploitation by criminal gangs, organised crime groups, trafficking, online abuse, sexual exploitation, and the influences of extremism leading to radicalisation.

4.3.3 Where Trust staff are aware that a child has suffered or is at risk of suffering significant harm, a referral to Children's Social Care **must** be made.

4.3.4 The referral is an outcome of staff concerns for a child/ren and as such an incident should be also be raised via the Trust DATIX system for risk management purposes with the referral attached within the Datix form.

4.4 Contextual Safeguarding

4.4.1 Contextual Safeguarding is an approach to understanding and responding to young people's experiences outside of their families. It acknowledges the relationships that young people can form in school, online and in their community and how these can feature violence and abuse. Their parents and carers can have little influence over these context and young people's experiences of inter-familiar abuse can undermine the parent-child relationship. Contextual Safeguarding therefore widens the child protection system to include the recognition that young people may be vulnerable to abuse in a range of social contexts.

4.5 Children in Need

4.5.1 Local Authorities have a duty to safeguard and promote the welfare of children in need

4.5.2 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 without the provision of services. This includes those children who are disabled and have specific additional needs.

4.6 Early Help

4.6.1 Providing early help 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. Practitioners should be alert to the potential need for early help for a child who:

- Has special education needs regardless of a Statutory Education Health Care Plan.
- Is disabled and has specific additional needs
- Is a young carer

- Is showing signs of anti-social or criminal behaviour
- Is frequently missing from care/home
- Is at risk of modern slavery, trafficking or exploitation
- At risk of being radicalised
- Are misusing drugs or alcohol
- Are within family circumstances facing challenges such as drug and alcohol misuse, parental mental health issues and domestic abuse
- Is a privately fostered child or returned home from care
- Has returned home to their family from care
- Is showing early signs of abuse or neglect

4.6.2. Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help;
- Undertake an assessment of the need for early help by the Lead Practitioner; and
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

4.7 Looked After Children

4.7.1 The term Looked After Child (LAC) was introduced by the Children Act 1989 and refers to children who are subject to care orders or voluntary accommodated. The Local Authority has responsibility for Looked After Children.

4.7.2 Looked After Children have often experienced abuse or neglect and will have additional health care needs. The Local Authority has a statutory responsibility to ensure the health care needs of children and young people are being assessed. Community Health Services work closely with the Local Authority to ensure that health care plans set out how identified health needs will be addressed.

4.7.3 For detailed information on LAC procedures, staff should refer to the specific protocol in their area and refer to the Local Safeguarding partnership arrangement guidance accordingly.

5.0 PARENTS AND CHILDREN WHO ARE BOTH SERVICE USERS

5.1 It is important that consideration be given to a co-ordinated 'Think Family' approach and partnership working, where it is identified that both a parent and their child/ren are service users.

5.2 Staff who work directly with children should ensure that safeguarding and promoting their welfare forms an integral part of all stages of care and services offered. Staff who come into contact with children, parents and carers in the course of their work need to be aware of their safeguarding responsibilities and be able provide preventative support through proactive work.

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- 5.3 Where a child and parent are both known to be receiving a service from the Trust, staff including doctors from both adult and child services should discuss cases and consider a joint assessment and support plan where appropriate.

6.0 TRAINING

- 6.1 All safeguarding and looked after children training will comply with the standards and requirements set by the:
- DoH Intercollegiate Document *Safeguarding Children and Young People: Roles & Competencies for Health Care Staff (2019)* and *Working Together (2018)*.
 - Local Safeguarding Partnership arrangements for Children's Training strategies. Further details are contained within the accompanying Procedures (Appendix 1).
- 6.2 The Trust Safeguarding Training Strategy outlines the requirement that **all** Trust staff must receive Safeguarding Adult and Children Training every three years. Level of training required is dependent on Trust staff role, specialism and contact with service user. Staff must access training within 3 months of starting their post.
- 6.3 Compliance for all safeguarding training is set at 95% of the total of staff. Compliance is discussed at all senior management meetings and the Trust Safeguarding Meeting each month.
- 6.4 Some staff working directly with children will also require supplementary Looked after Children training relevant to their role. The training is competency based and is mapped against the Intercollegiate Framework for Looked after Children (2015).

7.0 SUPERVISION

- 7.1 All clinical staff must attend supervision in accordance with the Trust Supervision and Appraisal Policy (HR48) and further details for Safeguarding Children Supervision are detailed within the procedural guidelines (Appendix 2)
- 7.2 Specific Safeguarding Supervision is available from members of the Safeguarding Team in accordance to local protocols.
- 7.3 A record of supervision attendance should be maintained by staff and made available for audit purposes.

8.0 CONSENT, CONFIDENTIALITY & INFORMATION SHARING

- 8.1 The Department for Children, Schools and Families (DCSF) and the DoH guidance on the duties of doctors and other health professional's states.

'When investigating allegations of child abuse or assessing injuries or symptoms which may arise from child abuse, professionals first duty should be owed to the child They should not be distracted from that duty by a parallel duty to anyone else including the parents or carers' (2007)

- 8.2 The welfare of the child is paramount and staff have a duty to pass on information relating to (Sec 47 Children Act 1989) suspected child abuse to Children's Social

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Care. Staff should clarify with Social Care if consent from the parent or child (where appropriate) has been obtained in order to share information. Staff should also clarify with Social Care the exact nature of the information required.

8.3 Consent from a parent or child is **not** required where;

- Seeking permission is likely to increase risk to children;
- Place an adult at risk of serious harm
- Permission has been refused but sufficient professional concern remains to justify disclosure;
- Seeking permission is likely to impede a criminal investigation.

8.4 Guidance is similar for Trust Doctors and Consultants. The General Medical Council (GMC) guidance on '*Confidentiality Protecting and Providing Information*' (2009) is clear that information may be released without consent to 3rd parties e.g. Children's Social Care, Police in circumstances where:

- Failure to disclose information may expose the patient or others to risk of death or serious harm;
- 3rd parties may have direct relevance to child protection e.g. adults who may pose a risk to children;
- A child/ren who may be the subject of abuse.

8.5 Staff should consult their Line Manager, or a member of the Safeguarding Team for advice.

9.0 RECRUITMENT

9.1 The Trust is required to comply with the Disclosure and Baring Service (DBS) which aims to ensure that unsuitable people do not work with children on a paid or voluntary basis.

9.2 All Trust staff working with children and adults will undergo a DBS check. Procedures are contained within the Human Resources Policy (HR28). The Executive Director of People and Culture is responsible for ensuring compliance.

9.3 All job descriptions for new staff contain a statement regarding staff responsibility for adhering to Trust policies on Safeguarding children and adults.

10.0 CARE QUALITY COMMISSION (CQC)

10.1 Any Child Safeguarding Practice review, formally known as a Serious Case Review, agreed by the Local Safeguarding Partnership arrangements which involves a child or family known to the Trust will be reported to the Designated Nurse for Safeguarding Children in the appropriate CCG. The CCG will inform NHS England Midlands & East or who will inform the CQC within one month of notification

11.0 RESPONSIBILITIES

- 11.1 **Chief Executive Officer** - To raise the profile, support the policy, and promote the development of initiatives to ensure the protection of children.
- 11.2 **Executive Nurse** – Is the Trust Board Executive Lead for Safeguarding children and adults and takes responsibility for governance systems and the organisational focus on safeguarding. The Executive Director represents the Trust at Local Safeguarding Partnership arrangements and is the Chair of the Trust Mental Health Act and Safeguarding Sub-committee.
- 11.4 **Executive Medical Director** – Is the Trust Named Senior Officer for managing allegations against staff.
- 11.3 **Trust's Named Professionals (Doctor, Nurse, Specialist Practitioner)**
- 11.3.1 Named professionals have a key role in promoting good professional practice and providing advice and expertise for staff. They support the Clinical Governance role within the Trust by ensuring audits and training is undertaken and Safeguarding issues are integrated into Clinical Governance Systems.
- 11.3.2 Named Professionals will provide regular reports to the Trust Committees.
- 11.3.3 Named Professionals and relevant senior staff are responsible for linking with the Local Safeguarding Partnership arrangements to share information and provide specialist advice to those networks in respect of services or information provided by the Trust.
- 11.4 **Managers**
- 11.4.1 Managers will be responsible for ensuring that staff are equipped and supported in dealing with Safeguarding concerns.
- 11.4.2 Managers are responsible for ensuring staff attend the correct level of Safeguarding training and supervision according to role and with the appropriate, signed study leave form completed in accordance with the Training Strategy.
- 11.4.3 Managers should support those staff working with families where there are Safeguarding concerns and following a child safeguarding practice review regarding decision making and monitoring of actions.
- 11.4.4 Managers should ensure Safeguarding issues are routinely addressed during supervision and ensure that actions are carried through.
- 11.4.5 Managers should discuss staff safeguarding competencies during annual appraisal with staff and identify any training or development needs required.

11.5 All staff

All staff must be aware of and follow the legislation, and guidance regarding Child Protection and Safeguarding Children as stated in these and the Local Safeguarding Partnership arrangements. This includes accessing training and updates of Safeguarding matters.

12.0 IMPLEMENTATION

- 12.1 The Executive Directors, Clinical Directors and Service Directors are responsible for implementing this policy and the associated procedural guidelines.
- 12.2 All clinical areas will have access to these policies, procedural guidance and the Local Safeguarding Partnership arrangement Procedures via Trust Intranet Safeguarding site.

13.0 MONITORING & REVIEW

- 13.1 The Executive Nurse will be responsible for the overall monitoring and review of this policy.
- 13.2 This policy will be reviewed every three years.
- 13.3 An audit of key parts of this policy will be undertaken every three years with a rotating theme, for example; recommendations from Local Child Safeguarding Practice Reviews formally known as Serious Case Reviews, Referral process to Social Care, training uptake.

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