

Freedom of Information Request

Reference Number: [EPUT.FOI.19.1112](#)

Date Received: [12th June 2019](#)

Information Requested:

I am writing as the Chair of the Loudoun Trust which is a charitable organisation, the majority of whose members are professionals within mental health.

The purpose of the organisation is to gather together a body of knowledge on the nature of the perpetrators of child sex abuse, the legal aspects and the opportunities for the timely treatment of the offenders. Our overall assumption is that treatment of perpetrators or potential perpetrators is the best way of protecting children.

Of central importance to the patient and to the treating professional is the policy on confidentiality and particular (the matter of reporting when an individual makes a disclosure of abuse. We assume that all mental health trusts will have a policy, but are aware that this may vary between trusts and it is not entirely clear what central guidance is used to construct such a policy document.

We are therefore asking all mental health Trusts to provide us with their policy document and inform us of the central guidance on what this is based.

Response:

Please find enclosed copy of the Safeguarding Children Policy as requested. The central guidance regarding this matter is the home office however; the policy document is based on various other legal frameworks and also SET guidelines.

Publication Scheme:

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT's Publication Scheme is located on its Website at the following link <https://eput.nhs.uk/>

SAFEGUARDING CHILDREN POLICY

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| POLICY NUMBER | CLP37 |
| VERSION NUMBER | 1 |
| REPLACES SEPT DOCUMENT | SEPTCLP37 |
| REPLACES NEP DOCUMENT | CP8/SafeguardChild/09/16 |
| KEY CHANGES FROM PREVIOUS VERSION | Not applicable |
| AUTHOR | Associate Director Safeguarding |
| CONSULTATION GROUPS | Trust Safeguarding Group Mental Health and Safeguarding Committee |
| IMPLEMENTATION DATE | April 2017 |
| AMENDMENT DATE(S) | Not applicable |
| LAST REVIEW DATE | Not applicable |
| NEXT REVIEW DATE | April 2020 |
| APPROVAL BY | Interim Board of Directors |
| RATIFIED BY | Not applicable |
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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 2015</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 Group and the Mental Health and Safeguarding 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****CONTENTS**

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| ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST |
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| POLICY ON SAFEGUARDING CHILDREN |
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| 1.0 INTRODUCTION |
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- 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 Children Board (LSCB) 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.

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| 2.0 SCOPE |
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- 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 2015* 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 Safeguarding Children Boards (LSCB) functions and duties (Sec 13).
- 3.3 *Working Together to Safeguard Children (2015)* 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
- 3.3 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 11 of the Procedures gives further advice, guidance and support for Trust staff.

4.0 DEFINITION

- 4.1 The DoH *Working Together to Safeguard Children 2015* 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.

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

4.3.2 Where 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.

4.3.3 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 Children in Need

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

4.4.2 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.

4.5 Early Help

4.5.1 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.

4.5.2. 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; 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.

4.6 Looked After Children

4.6.1 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.

4.6.2 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.

4.6.3 For detailed information on LAC procedures, staff should refer to the specific protocol in their area and refer to the LSCB 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.
- 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 2015 *Safeguarding Children and Young People: Roles & Competencies for Health Care Staff and Working Together 2015*
 - Local Safeguarding Children Boards 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 90% 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.

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 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;
 - 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 Barring 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 Human Resources 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 Serious Case Review agreed by the LSCB 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 who will inform the CQC within one month of notification

11.0 RESPONSIBILITY

- 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 Director for Clinical Governance & Quality and 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 LSCB Boards and is the Chair of the Trust Safeguarding Group and the 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 Children Board 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 serious case 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 LSCB Procedures. This includes accessing training and updates of Safeguarding matters.

12.0 IMPLEMENTATION

12.1 The Executive Medical Director, 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 LSCB Procedures via Trust Intranet Safeguarding site.

13.0 MONITORING & REVIEW

13.1 The Executive Director of Clinical Governance & Quality and 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 Serious Case Reviews, Referral process to Social Care, training uptake.

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