Safeguarding Children/

Child Protection

Policy

East Coast Community Healthcare

Community Services Staff

Primary Care Trusts are under a duty to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

Reference: (Working Together to Safeguard Children DH 2010) and (Section 11 Children Act 2004)

DOCUMENT CONTROL SHEET

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Other relevant approved documents

Local documents/guidance

Norfolk Local Safeguarding Children Board (LSCB) Procedures, Guidance and Protocols – www.lscb@norfolk.gov.uk

Suffolk Safeguarding Children Board (SSCB) Procedures, Guidance and Protocols – www.suffolkscb.org.uk

Safeguarding Children Information for Staff leaflet, East Coast Community Healthcare

Safeguarding Children Supervision Policy (ECCH)

Safeguarding Children Training Strategy (ECCH)

Record Keeping Policy (ECCH)

Information Sharing Policy (ECCH)

Whistle Blowing Policy (ECCH)

Relevant Standards from *Standards for Better Health – DoH*

Safety - Core Standard - C2

Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations

Patient Focus - Core Standard – C13 (c)

Health care organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary

Purpose/Objective

East Coast Community Healthcare (CIC) (ECCH) is committed to promoting and safeguarding the welfare of children and young people who access services provided by ECCH.

ECCH will take all reasonable measures to ensure that the risk of harm to children is minimised. Where there are concerns about children and young people's welfare, staff within ECCH will take all appropriate actions to address these concerns.

This protocol details the roles and responsibilities of all health service staff in the management of cases where a child may be at risk of, or is suffering significant harm. The recommendations, contained within the appendices of the protocol, assist the practice of healthcare professionals in the decision making process in relation to child protection and the safeguarding of children in ECCH.

The aim is to outline principles and practice that are underpinned by legislation and both Suffolk and Norfolk LSCBs' interagency protocols and procedures, and to safeguard children, to promote their welfare and to reach decisions about the appropriate course of action for children of whom they may have concerns

'*Children*' includes unborn children and young persons up to the age of eighteen years.

Scope

All staff employed by East Coast Community Healthcare (ECCH).

Policy Statement

ECCH is committed to promoting and safeguarding the welfare of children and young people who use their school services in accordance with Working Together to Safeguard Children (HM Government 2006b), Norfolk and Suffolk's Local Safeguarding Children Boards (LSCBs) policies and protocols.

ECCH will take all reasonable measures to ensure that the risk of harm to children is minimised. Where there are concerns about a child or young person's welfare, **ALL** staff within ECCH will take all appropriate actions to address these concerns.

This Policy statement is mandatory and supports the ECCH "Child Protection/ Safeguarding Children Policy for ALL community services staff".

The following policy and guidance is based on a mix of national and local guidance in accordance with Working Together to Safeguard Children (HM Government 2006b) and Norfolk and Suffolk Local Safeguarding Children Boards' protocols.

It is underpinned throughout by the documents identified within the references.

National documents

Working Together to Safeguard Children 2006/2013, HMSO

What to do if you're worried a child is being abused, HM Gov, DfES 2006, London

Every Child Matters, 2003, London: The Stationery Office

Framework for the Assessment of Children in Need and Their Families, DoH, DfES, Home Office, 2000. London: The Stationery Office

Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies for Health Staff, September 2010/2014 available on www.rcpch.ac.uk

Children Act 1989 & 2004, HMSO

Local documents/guidance

Norfolk Local Safeguarding Children Board (LSCB) Procedures, Guidance and Protocols – www.lscb@norfolk.gov.uk

Suffolk Safeguarding Children Board (SSCB) Procedures, Guidance and Protocols – www.suffolkscb.org.uk

Safeguarding Children Information for Staff leaflet, ECCH.

Philosophy

The welfare of the child is paramount even when the child is not the prime focus of the work being undertaken within a family. All Health Service Professionals, whether they work with adults or children, have a duty to refer to Children's Services any child they believe to be at risk of significant harm (Children Act 2004).

ECCH aims to support, advise and supervise all staff in their work with families, recognising the complex issues that may arise when families are experiencing stress that could lead to a child suffering or being at risk of significant harm.

This will be achieved by:

1. Ensuring that all staff are aware of where and how to seek support and advice if they are worried a child is being abused.
2. Providing all staff that come into contact with children in the course of their work, either through direct work with children or their parents/carers, with training and supervision in the recognition and detection of child abuse and neglect.
3. Ensuring that staff are kept informed of changes in policies and procedures; guidance or legislation both at local and national level.
4. Providing advice and support through all stages of the legal process when children have been removed from the care of their parents.
5. Encouraging staff whenever possible to work in partnership with parents and carers and other agencies to safeguard the welfare of children.
6. Ensuring that every effort is made to identify abusers through the recruitment and selection of staff. All staff, prior to appointment, should have a current CRB check and be deemed as appropriate to work with children and young people through vetting and barring scheme.
7. Developing service standards which are then monitored and audited to ensure safe service delivery.
8. Facilitating staff to work together with other agencies in assessing, implementing and reviewing child protection plans.
9. Ensuring that all delivery staff working on schools or education projects employed by ECCH hold enhanced DBS checks
10. Ensuring that all staff attend mandatory safeguarding training provided by ECCH.

Introduction

All health service professionals, whether they work within Adult Services or Child Care Services, have a duty to co-operate with Local Authority Children's Services (hereafter Children's Services), under the Children Act 2004. Health professionals have a responsibility to refer to Children's Services; children who they believe are suffering or may be at risk of suffering significant harm.

This policy outlines the action that should be taken by staff at each stage of the process, and their responsibilities in the child protection process. The protocol should be read in conjunction with the Norfolk and Suffolk Local Safeguarding Children Boards' policies, procedures and protocols.

Training

ECCH has a commitment to training all community services staff in safeguarding children. The training will be in line with ECCH Safeguarding Children Training Strategy, which is informed by Working Together (HM Government 2006b) and the Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies for Health Staff, April 2006/2014 available on www.rcpch.ac.uk

Recruitment

ECCH is a committed employer and as standard when recruiting to new or existing departmental roles all persons must complete an enhanced DBS check before commencing their roles including ccomplete criminal history checks, containing all conviction information, spent and unspent, and any other non-conviction information considered to be relevant by the police or other Government bodies. This type of DBS checking is compulsory for all job roles or positions involving work with children and vulnerable adults within our ECCH physical activity service. Furthermore updated checks will be carried out every 3 years to comply with schools and education requirements and industry minimum operating standards.

Record Keeping

High quality record keeping in accordance to ECCH record keeping standards is essential in child protection work. Health practitioners must ensure that their actions, communications and information they give and receive are recorded contemporaneously in the correct documentation. Practitioners need to identify the correct place and method of documentation with their line manager to ensure an audit trail of decision-making in child protection cases.

Consultation

Both Suffolk and Norfolk have Designated Nurses and Doctors for child protection and safeguarding children. ECCH has a Named Nurse for safeguarding children. The Safeguarding Children Information for Staff leaflet (appendix 1) provides contact numbers for the Safeguarding Children Team for ECCH. Staff must use these professionals as well as their line manager for advice and consultation if they have concerns or are unsure what action they should take. "What to do if you are worried a child is being abused" (HM Government 2006a) provides guidance on consultation for staff. Decisions made during any consultation must be recorded in the appropriate health record.

Consultation contact numbers for Norfolk Children's Services

Customer services on 0344 800 8020 and request a consultation.

Contact numbers for Suffolk Children's and Young Peoples' Services

Lowestoft *01502 405097*

Suffolk does not offer a consultation line, however practitioners can have an informal discussion with the Duty Social Worker via their local Children Services office.

Within Norfolk all professional consultations will be by Multi-Agency Safeguarding Hub (MASH). MASH can be contacted by calling customer services on 0344 800 8020 and request a consultation.
Customer service will then put the call through directly to the MASH team

Referral to Children's Services

Any worker who believes that a child may be suffering or may be at risk of suffering significant harm, should always refer their concerns to the Local Authority Children's Services Department (HM Government 2006a)

Where appropriate, advice should be taken from the worker's line manager or supervisor and named professional within ECCH.

It is the responsibility of the professional identifying the concern to pass the information to Children's Services (Social Care)

Whilst if may be necessary to take advice or consult within the wider health child protection/safeguarding team, or as outlined in the above section, it is not appropriate to ask a third party to make the referral or to refer child protection issues to other health professionals.

The exception to this would be if, during advice or consultation, it was agreed that another party should make the referral, or, if another professional confirms the situation, that professional could or should follow the referral through.

Where appropriate the child's participation should be included within the referral. Referrals should be followed up in writing to Children's Services (Social Care) within 24/48 hours using the appropriate Referral/Assessment format for the locality.

Norfolk's LSCB1 referral form is available on www.lscb.norfolk.gov.uk

Suffolk's referral form is available on www.suffolk.gov.uk

Referral to Children's Services does not absolve the health professional of their continued duty of care.

Referral to Children's Services Norfolk

Via Norfolk County Council Care Connect Line on 0344 800 8014

Referral to Children's Services Suffolk

Via Customer First on 080 8800 4005 or out of hours 01473 299699

Practitioners are required to use their professional judgement and the systems in place for advice and consultation when making the decision to refer.

The criteria for making a referral to Children's Services will include:

a) Risk to unborn baby
b) A child's injuries reported to be non-accidental
c) Any injury to a pre-mobile child
d) A child's injuries are suspected or likely to be non-accidental
e) The injury is not consistent with the explanation given and non-accidental injury is suspected
f) Information regarding an adult with known parenting responsibility whose circumstances may suggest that they present a risk to a child, consider those risk factors which may impact and impair parenting, for example: learning disability, mental illness, substance abuse, domestic violence or other social circumstances.
g) A child, or adult accompanied by a child, attends for treatment/contact and their circumstances or/and behaviour or/and demeanour raise professional concerns.
h) A child (or children) from one family attends for regular treatment of accidents that cannot be explained by their age or developmental stage
i) Information received during any treatment which, for any reason, suggests a child may be or may be subject to a child protection investigation (Children Act 1989) or has a Child Protection Plan in place (Children Act 2004)
j) The handling of a child by an adult gives cause for concern
k) Sexual abuse is suspected either following a medical examination or as a result of what the child or adult reports, or where there is inappropriate or excessive or unusual sexual behaviour in a child.
l) If a practitioner becomes aware, through physical exam or disclosure, that a female of any age has undergone circumcision this must be referred to Children's Services/Adult Safeguarding.

This list is not exhaustive and should only act as a guide.

IT IS IMPORTANT THAT REFERRALS ARE NOT DELAYED IF IT IS FELT THE CHILD IS AT IMMEDIATE RISK OF SIGNIFICANT HARM

Informing Parents

"*Parents permission should be sought before discussing a referral about them with other agencies unless permission seeking may itself place a child at risk of significant harm."* (HM Government 2006b)

If, in the opinion of the health professional, a child has suffered or is likely to suffer significant harm it is not obligatory to gain parental permission to make a referral to Children's Services.

In most circumstances, parents would be informed a referral is to be made. If it is felt that informing the parents may put a professional at risk, further advice must be taken from the professional's line manager or child protection/safeguarding specialist within the ECCH.

Within the written referral, it should confirm whether or not the parents are aware that a referral has been made and why the decision was to not to inform parents.

If there is an allegation of serious harm or abuse by any person looking after children on ECCH premises we have a duty to refer to other statutory bodies.

Sharing Information

Professionals can only work together to safeguard children if there is an exchange of relevant information between them. However, any disclosure of personal information to others must always have regard to both common and statutory law. "What to do if you are worried a child is being abused" (HM Government 2006, appendix 1) gives guidance on sharing of information. This guidance needs to be taken into account when both giving and receiving information.

The Children Act 2004 places a responsibility on the Local Authority to make arrangements through which key agencies co-operate to improve the well-being of children and young people. It also places a responsibility for key agencies to have regard to the need to safeguard children, and promote their welfare whilst exercising their normal function. Children's Services (Social Care) have a responsibility to investigate if there is reasonable cause to suspect a child is suffering or is likely to suffer significant harm (Children Act 1989).

Health practitioners receiving a request for information must satisfy themselves that the request is for legitimate reasons before sharing information with another agency. 'What to do it you are worried a child is being abused' (HM Government 2006a) provides guidance on the principle of "proportionality" where professionals need to balance the sharing of information with the need to protect the child. Each case needs to be considered carefully on an individual basis, and practitioners will need to balance their duty to protect children from harm and their general duty towards their patient or service user. **If an enquiry is being made under Section 47 of the Children Act 1989, it is permissible to share information without parental consent**. It is important therefore that the health professionals need to ascertain that it is a Child Protection enquiry that is being made prior to sharing information (HM Government 2006a, appendix 1). This must recorded within the records.

If the enquiry is being made under Section 17 of the Children Act, parental consent must be sought before sharing information. Practitioners should, if necessary, take advice from a named professional within ECCH (HM Government 2006a and b). This must recorded within the records.

Strategy Discussion

Strategy discussions may take place by telephone or at a meeting. The discussion will involve Children's Services (Social Care), the Police and any other relevant agency. Health professionals who are involved with the family or who have made the referral should be invited to be involved in the Strategy discussion. When a health professional receives an invitation to attend a Strategy Meeting they should consult with their line manager or identified supervisor for safeguarding children to consider who would be appropriate to attend and the relevant information to be shared. The Health professional who attends a Strategy discussion should, if possible, take with them information from any health professionals who have involvement with the child or family. This must recorded within the records.

Child Protection Conference

A child protection conference is a formal meeting convened by the local authority children's social care. It is the principle forum for professionals and families to share information and concerns about a child considered to be at risk of significant harm.

As part of the process health representation at conferences is vital; it ensures that relevant details of the child's health, growth and development are communicated to involved professionals from other agencies. Health professionals will also be able to give an opinion about the current and past capacity of the parent/carer to promote the child's health and development and protect them from further harm. The conference will not be able to fully

assess the risk to the child, or make informed decisions and recommendations about their welfare, without a health professional present and/or their report.

The Child Protection Conference Process

To fulfil the statutory role of the child protection conference will:

- **Share relevant information about the child and family**
- **Assess the risk of significant harm to the child**
- **Decide whether the child is at continuing risk of significant harm**
- **Decide whether the actions required to safeguard and promote the welfare of the child need to be formulated within the framework of a child protection plan**
- **Appoint a key worker who must be a social worker**
- **Identify membership of the core group who will develop and implement the plan**
- **Ensure a contingency plan is in place if agreed actions are not completed and/or circumstances change**
- **Agree about if and when to reconvene and review**

Initial and Review Conferences

There are two types of child protection conference; initial and review. The initial child protection conference is convened following a child protection enquiry. The subsequent use of the word 'review' describes all the ensuing conferences. A child protection review conference is held within three months of the initial conference and further reviews are held at intervals not more than six months while the child remains the subject of a protection plan.

When there are concerns about the safety and welfare of an unborn child, a pre-birth child protection conference is held. The involvement of midwifery services is crucial in such cases. Such conferences have the same status and are conducted in the same manner as initial child protection conferences.

A child protection conference will be convened where concerns of significant harm are substantiated and the child is judged to be at continuing risk of harm.

The Health Visitor/School Nurse or appropriate Health Professional will attend an Initial Case Conference.

- If the Health Professional/Health Visitor/School Nurse is unable to attend he/she must identify a colleague to attend who is suitably prepared to attend.

- The Named Nurse **must** be informed if the above has not been achieved.

- Written report must be provided which should be shared with parents/carers prior to the conference (best practice).

- Written reports must be provided with centile chart (if appropriate) and attached which should be shared with parents/carers prior to the conference.

- If Health Professionals receive case conference invitations with only two days notice, they can attend conference with child records but they must submit a retrospective report within five days of attendance.

Supervision

Staff who work with children and their families are required to have Child Protection Supervision every three months which is a mandatory component of their role. This is given by the Children Safeguarding Team. This supervision comprises of four elements: case management detailed advice about practice derived from legislation, guidance and research, professional support and professional development.

It provides a framework for examining child protection work from different perspectives. Supervision will facilitate good quality, innovative and reflective practice in a safe environment. The process should be proactive and probing ensuring that actions agreed are child focused.

- Supervision is necessary for health workers and in particular those who have a clinical input into children and families.
- Supervision for other health workers can be formal and regular as well as when the needs arise and the individual worker/manager needs to contact the Named Nurses when supervision is required.
- ECCH Supervision Policy.

Staff are required to be aware that they are responsible for their individual practice with families which includes actions they took or did not take.

Escalation/Resolution

EECH is responsible for ensuring that our staff members are supported and competent in reporting professional differences which may be impacting on the welfare or safety of a child. ECCH will demonstrate commitment to resolving differences, promote a respectful acceptance of differing viewpoints and acknowledge the positive role that challenge can play in the safeguarding of children. Workers who challenge decisions or actions, or who present a differing professional view, should not be criticised or disregarded. For staff who become involved in cases where there is differing viewpoint between professional please refer to ECCH Escalation/Resolution Protocol.

Cultural Diversity

Practitioners should be aware that it is only appropriate to use official interpreters during consultations with non-English speaking service users.

Children Centres

There may be incidences when cameras are required to be used by staff/volunteers. Informed consent must always be sought and written permission gained as to why the picture is required to be taken.

If there is a computer provided for public access, these will be monitored by staff, to ensure they are used responsibly.

Animal Abuse

There is increasing research and clinical evidence which suggests that there are sometimes inter-relationships, commonly referred to as ‘links’, between the abuse of children, vulnerable adults and animals.

<u>For professionals working with children and families</u>

Incorporate questions and be observant about the care and treatment of family pets in assessments of children and their families. Research indicates that most agencies do not

routinely include cruelty to animals as part of their assessment. Such information may provide useful data about family functioning and/or violence within the household.

Incorporate questions about the behaviour of children or young people towards animals within assessments of children or young people who are harming others.

Safety planning with victims of domestic violence should include planning for the safety of any children and animals in the household.

Whilst not making any assumptions, consider the possibility that children who are repeatedly harming animals may have been abused themselves or may be living in a climate of violence.

Seek advice from the appropriate authorities if animal abuse is apparent within a household.

Raise awareness of this issue within local networks and projects as appropriate, for example, within Local Children Safeguarding Boards and Domestic Violence Forums – in order to consider the implications for policy and practice including information sharing.

Consider the potential therapeutic aspects of pet ownership/care for children who have experienced abuse of loss in their lives.

National Society of the Prevention of Cruelty to Children

References

1. Children Act 1989; London:HMSO

2. Children Act 2004; London: HMSO

3. DOH 2000; '*Framework for the Assessment of Children in Need and their Families'*, London: The Stationery Office

4. HM Government, 2006a; *'What to do if you are worried a child is being abused'*, Every Child Matters: Change for Children; Department for Education and Skills. Website – www.everychildmatters.gov.uk/safeguarding

5. HM Government 2006b; '*Working Together to Safeguard Children. Every Child Matters: Change for Children'*, London: The Stationery Office

6. Norfolk LSCBa 2006; *'Interim Procedures 01.10.06 –: A Guideline to Interagency Working to Safeguards and Promote the Welfare of Children';* www.lscb.norfolk.gov.uk

7. Norfolk LSCB b – Protocol 1, *'The Conduct of Child Protection Enquiries (Under Section 47 of the Children Act 1989)'*

8. www.lscb.norfolk.gov.uk

9. Norfolk LSCB c – Protocol 2, *'The Management and Conduct of Conferences'* www.lscb.norfolk.gov.uk

10. Norfolk LSCB d – Protocol 8, *'Sharing Information in Child Protection"* www.lscb.norfolk.gov.uk

11. Norfolk LSCB e - Protocol13, *'Involvement of Families and Children',* www.lscb.norfolk.gov.uk

12. Norfolk LSCB f – Protocol 23, *'Multi-Agency Pre-birth Protocol'*, www.lscb.norfolk.gov.uk

13. Norfolk LSCB 2007; *'Child Protection & Safeguarding Consultation Lines: Information for agencies/staff working with children and young people'*
Local Safeguarding Children board leaflet No. 5.
www.lscb.norfolk.gov.uk

14. Bell, L. (2001) 'Abusing Children – Abusing Animals', Journal of Social Work, 1(2)
pp. 223 – 234

15. Boat, W.B., (1999) 'Abuse of Children and Abuse of Animals: Using the links to inform child assessment and protection', in Ascione, F.R. and Arkow, P. (eds.) (1999) Child Abuse, Domestic Violence and Animal Abuse: Linking the Circles of Compassion for Prevention and Intervention, Indiana: Purdue University Press.

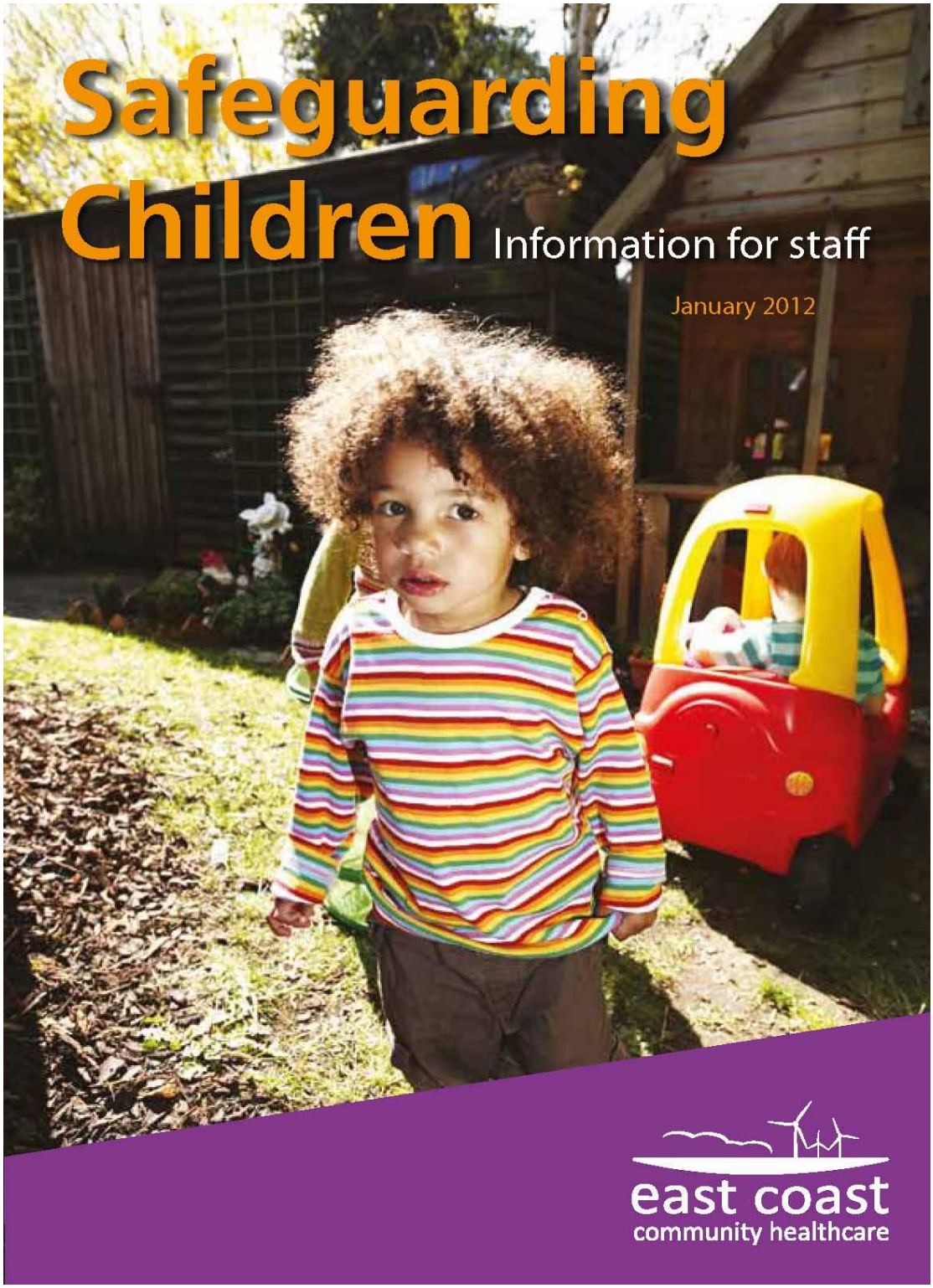
16. Bond, H. (2002) 'Pet projects' in Care and Health Magazine, December 11th, Issue 26, pp. 46 – 47.

National Society for the Prevention of Cruelty to Children

East Coast Community Healthcare (CIC) acknowledges the work of Norfolk Community Healthcare NHS Trust whose protocol assisted the writing of this policy.

Appendices

1. Safeguarding Children Information for Staff leaflet, ECCH
2. Referral flow chart – What to do if you are worried a child is being abused
3. Information Sharing flow chart – What to do if you are worried a child is being abused
4. Training Template
5. Protocol for non-mobile babies
6. Working with sexually active under 18's


Safeguarding
Children
Information for staff
January 2012
east coast
community healthcare

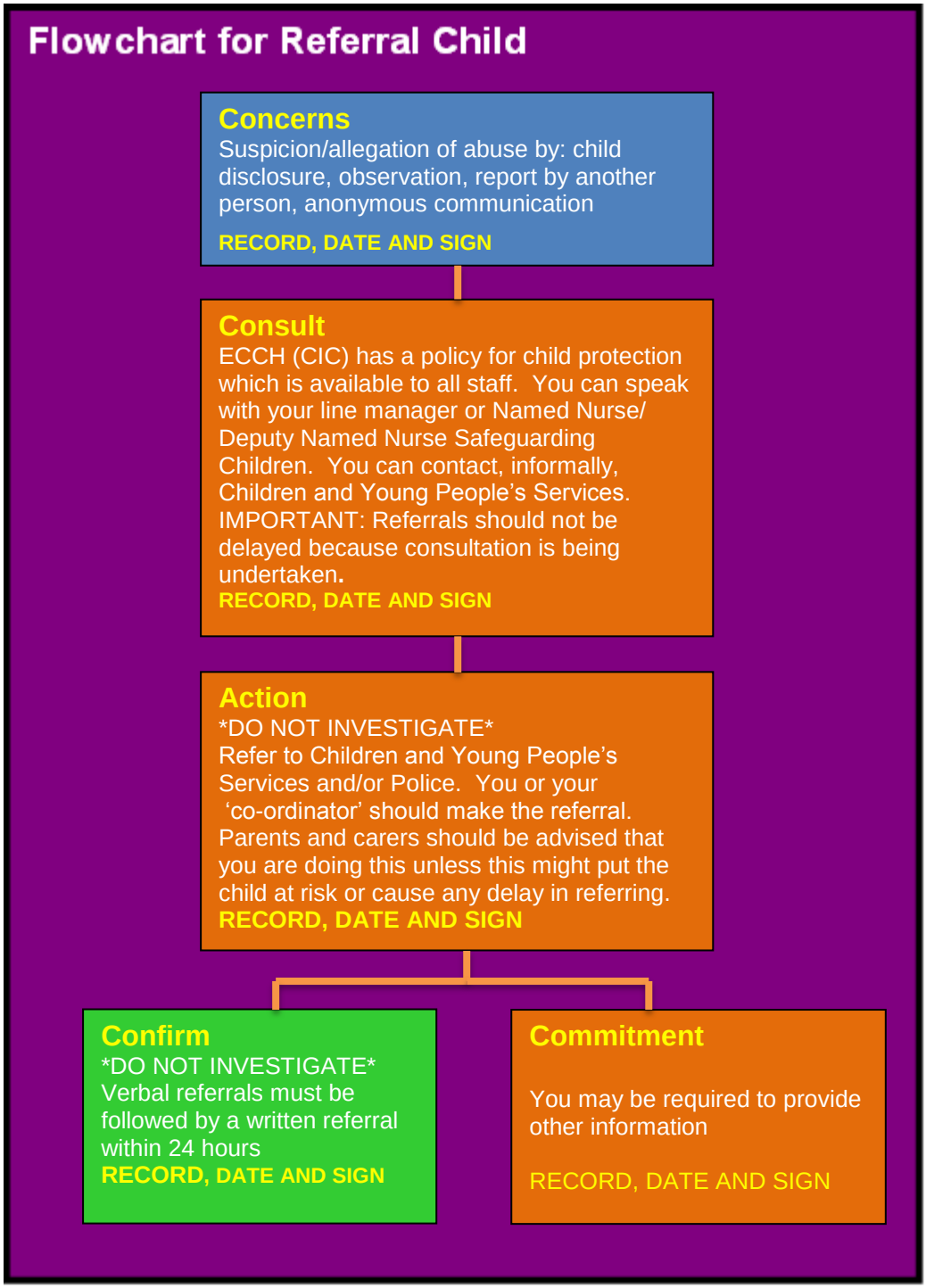
Child Abuse – What can YOU do?

Any child can be abused anywhere at any time. Children with disabilities and babies under one year are especially vulnerable. Children can be abused by anyone – adults or other children.

What is child abuse?

- **Physical abuse**
  When children are hurt or injured by others, for example by hitting, shaking or squeezing. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.
- **Sexual abuse**
  When children are used by others to meet their own sexual needs. This might include sexual activity involving the child or showing the children pornographic material on videos or the internet.
- **Emotional abuse**
  When children are persistently denied love and affection. Children will suffer if they are shouted at, made to feel stupid, rejected, used as scapegoats or live in a violent environment.
- **Neglect**
  Where no one meets children's basic needs for food, warmth, protection, education and care, including health care.

If you are worried a child is being abused discuss your concerns with:	• Line Manager/Named or Deputy Named Nurse Safeguarding Children • MASH (Norfolk or Suffolk) • The Police Child Protection Team
Record:	• Known information of the child • Date/Time/Event • Observations of the child (injuries, bruises etc) • Any discussions and outcomes and if appropriate record professional analysis
Training:	Child protection training is a core element of your Personal Development Plan. Please discuss with your line manager which level of training is applicable for your role.


Flowchart for Referral Child
Concerns
Suspicion/allegation of abuse by: child disclosure, observation, report by another person, anonymous communication
RECORD, DATE AND SIGN
Consult
ECCH (CIC) has a policy for child protection which is available to all staff. You can speak with your line manager or Named Nurse/ Deputy Named Nurse Safeguarding Children. You can contact, informally, Children and Young People's Services. IMPORTANT: Referrals should not be delayed because consultation is being undertaken.
RECORD, DATE AND SIGN
Action
DO NOT INVESTIGATE
Refer to Children and Young People's Services and/or Police. You or your 'co-ordinator' should make the referral. Parents and carers should be advised that you are doing this unless this might put the child at risk or cause any delay in referring.
RECORD, DATE AND SIGN
Confirm
DO NOT INVESTIGATE
Verbal referrals must be followed by a written referral within 24 hours
RECORD, DATE AND SIGN
Commitment
You may be required to provide other information
RECORD, DATE AND SIGN

Important contacts

Great Yarmouth

Named Nurse Safeguarding Children	07771 623 950
Deputy Named Nurse Safeguarding Children	07917 262 261
Designated Nurse for Norfolk	01603 257 164
Designated Doctor for Norfolk	01603 257 164
Police Contact Vulnerable People Directorate (incl Domestic Violence)	01603 276 154
Children's Services/Norfolk MASH and Consultation Lines www.lscb.norfolk.gov.uk	0344 800 8020 (24 hrs)

Lowestoft/Waveney

Named Nurse Safeguarding Children	07771 623 950
Deputy Named Nurse Safeguarding Children	07917 262 261
ECCH Headquarters	01502 718 600
Designated Nurse for Waveney	01603 257 164
Designated Doctor for Suffolk	07920 100 608
Suffolk Police Main Switchboard	01473 613 500
Police Child Abuse Investigation Unit	01986 835 006
Children's Services	0808 800 4005
Suffolk MASH	01473 263 640 (8.30 am – 5.30 pm)
www.suffolkscb.org.uk	0800 800 4005

REMEMBER

DO NOT DELAY – CHILDREN'S SERVICES AND POLICE ARE ALWAYS AVAILABLE

ADVICE FOR HEALTH PRACTIONERS CHILD PROT ECTION REFERRAL FLOWCHART

Practitioner makes a Referral to Children's Social Care via
Suffolk MASH – 01473 263640
Norfolk MASH – 0344 800 8020

↓

Follow up your Referral by completing form on –
Suffolk: www.suffolk.gov.uk
Norfolk: www.norfolk.gov.uk

↓

Inform Named Nurse/Deputy Named Nurse Safeguarding Children of referral via task to safeguarding team on SystmOne or contact the Safeguarding Office on 01502 719516/718665

↓

Document referral and actions on the child's record and also on Significant Event in SystmOne

↓

By law Children's Social Care must decide what to do about your concern(s) within one working day of receiving your Referral and let the Practitioner know

↓

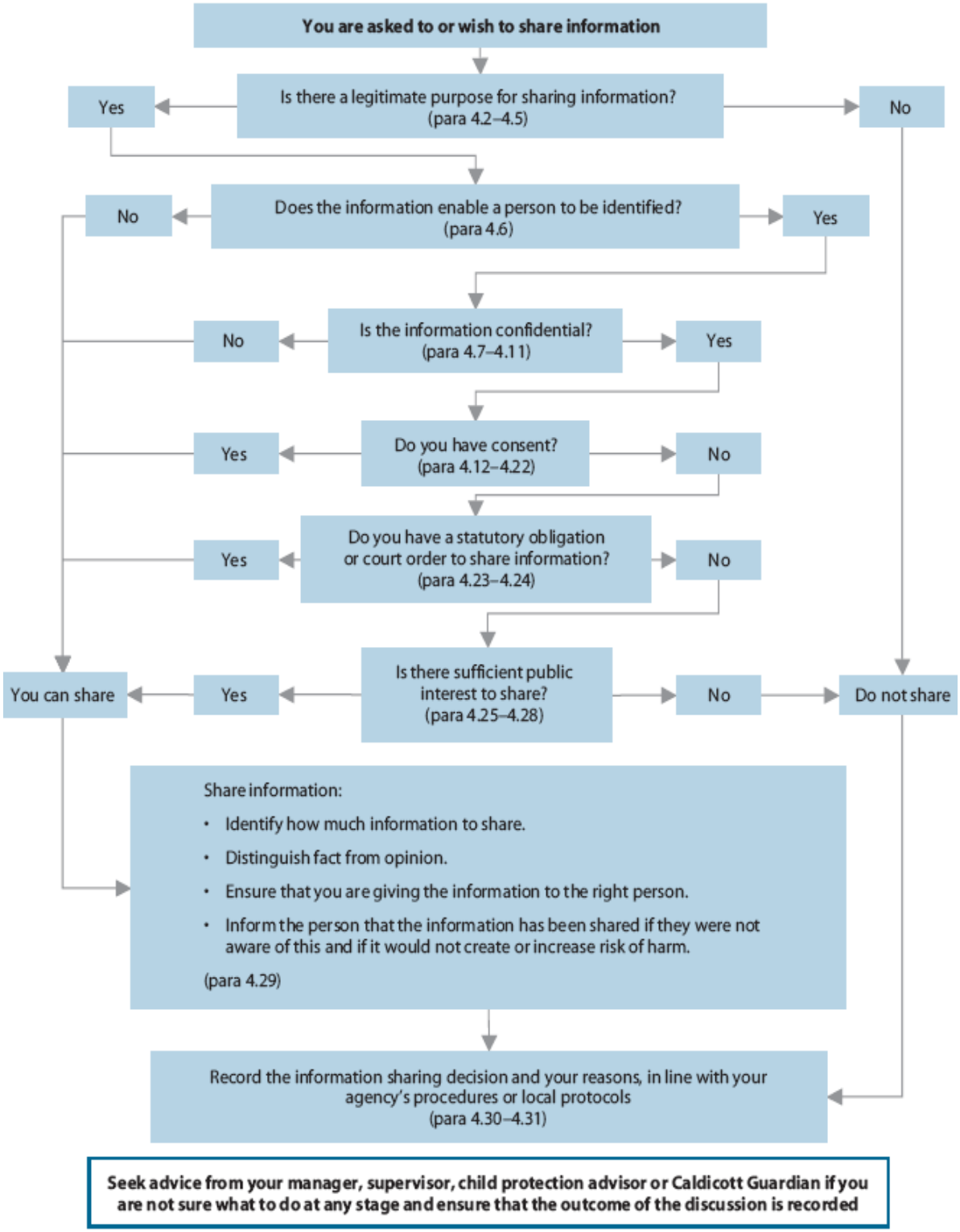
If you are not contacted by a Social Worker
DO NOT WAIT TO HEAR

↓

The Practitioner has a responsibility to follow up the progress of their Referral by contacting the Allocated Social Worker (if known) or the Duty Social Worker

Contact the Named Nurse Safeguarding Children 07771623950/01502 718665 if you need advice or support at any stage of this process

Flowchart of key principles for information sharing



Joint Children, Young People and Vulnerable Adults Safeguarding Training Requirements Template for all ECCH Staff

Statutory Guidance	Staff groups	Time in training per year	Training Content Single Agency
	All new employees	Induction	Induction Programme within 6 weeks of employment Face to Face
Intercollegiate competency **Levels 1** **Working Together Group 1** **National Competence Framework for Safeguarding Adults (NCFSA) – staff group A**	**Non – clinical** staff in health care setting Receptionists, administrative, catering, transport and maintenance staff, domestic and ancillary staff, volunteers, HR staff.	Mandatory Training Refresher – 3 yearly 2 hours	• What is child/VA abuse and neglect? • Signs and indicators of abuse and neglect • Normal child development/LAC • Maintaining a child focus. • Understand own role in safeguarding • What to do in response to concerns • Understanding importance of info sharing • Know how to do escalate a concern Face to Face
Level 2 (IC) Group 2 and 6,7 & 8 (WT) Staff Group B (NCF SA)	**Clinical** staff with regular contact or have a period of intense but irregular contact with child, YP or vulnerable adults/parents/carers Health care assistants, pharmacists, community dentists and dental care practitioners, community nurses working with adult/acute, practices nurses, AHPs and all adult orientated secondary care health	Mandatory Training Refresher: 3 yearly 3 hours	The above plus: • Understand the public health significance of child maltreatment • Understand the increased needs of Looked After Children and increased risk of further maltreatment • Awareness of the legal, professional, & ethical responsibilities around information sharing • Documentation & sharing of

	professionals, technicians. Mangers/Directors.		information regarding concerns, and understand data protection issues • Understanding of serious case reviews/case management reviews Face –to – Face

Safeguarding Children Training Requirements Template for Children & Families Health Staff				
Statutory Guidance	**Staff groups**	**Time in training per year**	**Training Delivery Method**	**Training Required**
Level 3 – Non specialist (IC) Groups 3, 7 & 8 (WT)	Clinical Staff working with children, young people and/or their parents/carers. Nursery Nurses. Speech and Language Therapists and assistants Senior managers responsible for strategic planning. NHS and LSCB Board members Urgent unscheduled staff, youth offending health staff, allied health professionals, sexual health staff,	2 hours per year	**Multi-Agency** Only those staff contributing to child protection conferences(including those only writing reports) to attend **Single Agency** Workshops Board Development Days E-learning packages SGC Newsletter Bulletin updates on LSCB's website	**Multi-Agency** Multi-Agency LSCB – 'Working Together' **Single Agency** Multi- disciplinary Personal reflection and scenario based discussion Clinical update. Clinical audit, reviews of significant events and peer discussions

Level 3 Specialist Group 3 (only those who reach the specialist knowledge criteria) Group 4	Senior Clinical Staff working with children, young people and/or their parents/carers Children Nurses, School Nurses, Health Visitors, Children's Learning Disability Nurses, Midwives	**4 hours per year**	**Multi-Agency** 'Working Together' **Full day session** Only those staff contributing to child protection conferences (including those only writing reports) to attend **Single Agency** Workshops	**Multi-Agency and multi-disciplinary** Case reviews and lessons learned from research and audit Personal reflection and scenario based discussion ,Clinical update. Clinical audit, reviews of significant events and peer discussions
			Board Development Days E-learning packages SGC Newsletter Bulletin updates on LSCB's website	
Level 4 Group 5	Named Health professionals Named Dr's, Nurses, Midwives, Named professional in ambulance organisations, Named GP's	8 hours per year **Single Agency/ Professional Development** **Multi – Agency** 'Understanding Risk with all families' **2 Full days**	**Single Agency/Professional Development** **Multi-disciplinary** **Multi-Agency**	Non – clinical knowledge acquisition such as management, appraisal and supervision training. Support groups or peer support network local and

				national level. Complete a management programme with leadership and change management within three years of undertaking post.
Level 5 Group 5	Designated health professional Designated Drs and Nurses	8 hours per year		Clinical knowledge acquisition such as management, appraisal and supervision training and the context of other professional's work. Participate in support groups or peer support network for specialists at local and national level. Executive Level

Level 6 Experts Group 4	Clinical experts, specialist skills and knowledge, Court appointed experts	8 hours per year		Specialist training for role of expert witness in Court

Injuries To Non- Mobile Infants
Advice For General Practitioners And Health Visitors

Other Health Professionals: please seek advice from a Named Nurse, Safeguarding Children prior to contacting a Paediatrician

ANY BRUISE OR UNEXPLAINED MARK ON A NON-MOBILE INFANT
DON'T DELAY IF YOU ARE CONCERNED

↓

Seek the advice of the on-call Consultant Paediatrician by telephone
This may be through the Specialist Registrar

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Give Paediatrician full details of the unexplained mark and any relevant background, and agree subsequent action

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DISCUSS: Outcome/Action:

- No referral to Paediatrician, no referral to Children and Young People's Services (CYPS)
- Refer for assessment, Paediatrician to make referral CYPS if necessary
- Immediate assessment by Paediatrician and referral to CYPS by referrer (GP/ Health Professional)

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If Paediatric assessment is required this will normally take place on the day of referral unless otherwise agreed

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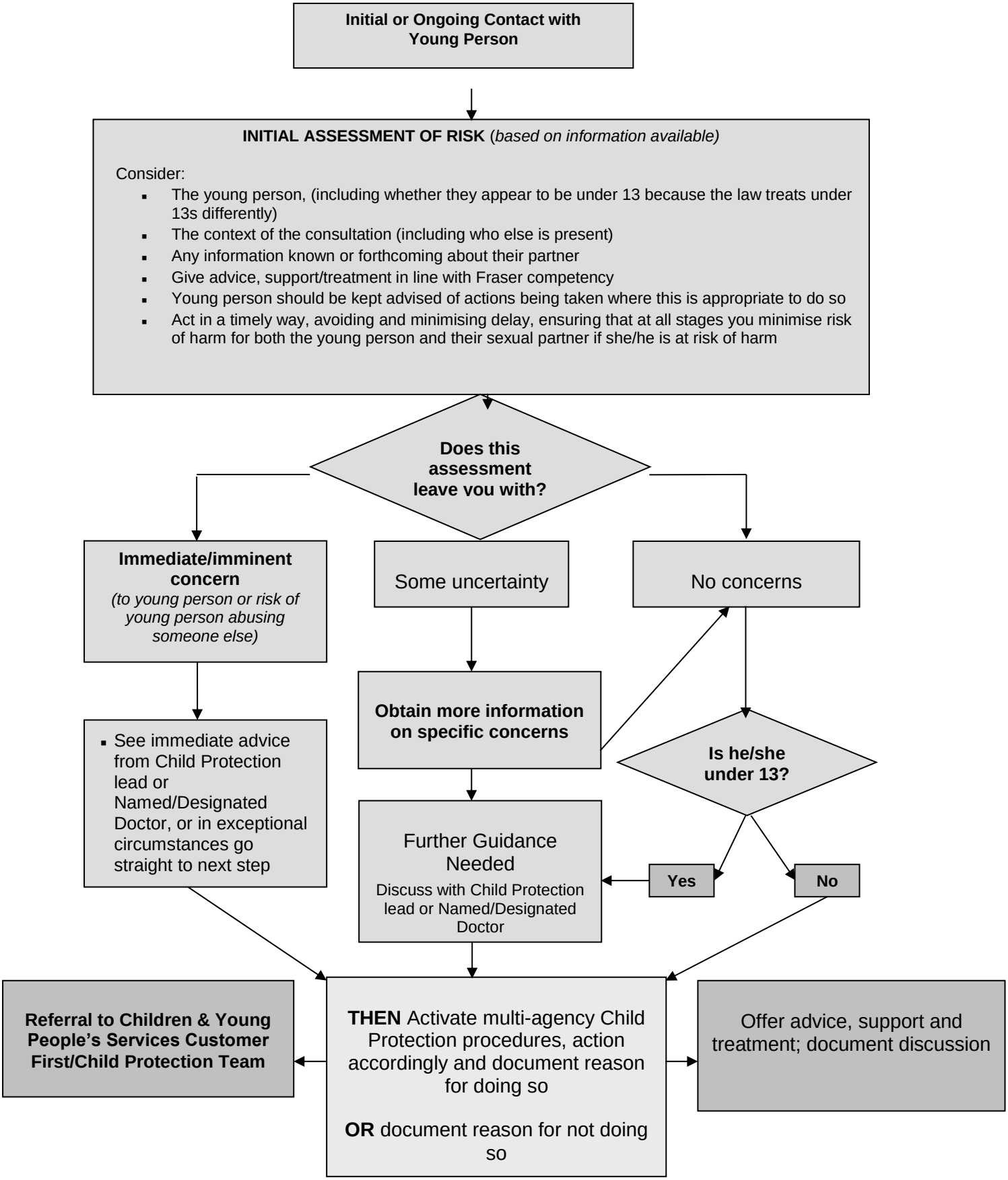
Inform those involved including the parents whether or not a paediatric opinion is needed

IF YOU ARE EXTREMELY CONCERNED ABOUT THE CONDITION OF THE BABY

OR THERE ARE IMMEDIATE SAFETY ISSUES……. DIAL 999

Flowchart for Professionals working with Sexually Active Under 18's



EQUALITY AND DIVERSITY IMPACT ASSESSMENT

For guidance on completion of this tool please refer to "*Equality and Diversity: Impact Assessment Framework – a guide for staff*" which can be found on Harbourlight (nww.harbourlight.nhs.uk).

Impact Assessments must be conducted for:

- ❑ All trust policies, procedures, protocols and guidelines (clinical and non-clinical)
- ❑ Service developments
- ❑ Estates and facilities developments

NAME OF POLICY / PROCEDURE / SERVICE	**SAFEGUARDING CHILDREN POLICY**
Manager Leading the Assessment	A. Jennings
Date of Assessment	27TH August 2014

STAGE ONE – INITIAL ASSESSMENT

Q1. IS THIS A NEW OR EXISTING POLICY / PROCEDURE / SERVICE? ☐ NEW X EXISTING
Q2. Who is the policy / procedure / service aimed at? ☐ Patients X Staff ☐ Visitors
Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely? ☐ Yes X No

STAGE TWO – FULL ASSESSMENT

This section only needs completing if the answer to Question 3 in Stage One was YES.

Stages of the Full Assessment

- ❑ Identify the aims of the policy / procedure / service
- ❑ Consider the available data / research that would demonstrate any likely impact
- ❑ Assess any likely impact
- ❑ Consider the alternatives
- ❑ Consult formally
- ❑ Decide whether to adopt the policy
- ❑ Make monitoring arrangements
- ❑ Publish assessment results (undertaken by the Head of Corporate Development)

PLEASE STATE BRIEFLY THE AIMS OF THE POLICY / PROCEDURE / SERVICE UNDER REVIEW:
Is there a known public concern regarding this policy / procedure/service? Describe how these concerns have been identified:
Describe how this policy / procedure / service is likely to affect any vulnerable groups:
Describe the information or data available to show the impact of this policy / procedure / service:

DESCRIBE THE RESULTS OF ANY INTERNAL CONSULTATION ON THIS ISSUE, INCLUDING DETAILS OF CONSULTATION MECHANISMS:
Describe how the views of any external consultative and community groups have been obtained (letters; meetings; interviews; focus groups; questionnaires; workshops; conferences; other):
Explain in detail the views of the relevant consultative and community groups:
Describe the result / outcome of any external consultation and the way in which the views expressed have influenced the development of the policy / procedure / service:

ANALYSIS AND DECISION-MAKING

Using all of the information recorded above, please show below those groups for whom an adverse impact has been identified:

- ❑ Age Yes / No*
- ❑ Disability Yes / No*
- ❑ Gender Yes / No*
- ❑ Race / Ethnic Origin Yes / No*
- ❑ Religion / Belief Yes / No*
- ❑ Sexual Orientation Yes / No*

* Delete as applicable and summarise the impact this policy / procedure / service has on the particular community minority group, considering the following points:

- ❑ Can this adverse impact be justified?
- ❑ Can the policy / procedure / service be changed to remove this impact?

IF YOUR ASSESSMENT IS LIKELY TO HAVE AN ADVERSE IMPACT, IS THERE AN ALTERNATIVE WAY OF ACHIEVING THE ORGANISATION'S AIM, OBJECTIVE OR OUTCOME?
What changes, if any, need to be made in order to minimise unjustifiable adverse impact?
Do you recommend that ECCH adopts this policy / procedure / service? ☐ YES ☐ NO