Dorset HealthCare
University NHS Foundation Trust

SAFEGUARDING CHILDREN POLICY

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Contents

SAFEGUARDING CHILDREN POLICY

EXECUTIVE SUMMARY

This document sets out the Trust's responsibilities under Section 11 of the Children Act 2004, which requires health services to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions and Section 10 of the Children Act 2004, which requires health services to cooperate with local authorities, to promote the well-being of children in each local authority area.

The policy covers key areas:

- Legislation and statutory guidance
- Child abuse and neglect
- Response to safeguarding children
- Escalation of concerns
- Strategy Discussions
- Section 47 enquiries
- Child Protection Conferences
- Core Groups
- Child Protection Plans
- Child in Need Plans
- Information Sharing
- Record Keeping
- Legal Proceedings
- Serious Case Reviews
- Staff Training
- Staff Support & Safeguarding Children Supervision
- Safer recruitment
- Actions to be taken when concerns are identified regarding Trust staff

This policy is informed by national and local safeguarding children legislation and guidance. It is a regulatory requirement of the Care Quality Commission (CQC) and Local Safeguarding Children Boards.

This policy should be read in conjunction with Bournemouth, Dorset and Poole Multi-Agency Safeguarding Children Procedures
http://pandorsetscb.proceduresonline.com/index.htm

1.0 INTRODUCTION

Safeguarding Children Is Everybody's Business

1.1 Dorset Healthcare University NHS Foundation Trust, referred to hereafter as 'The Trust', provides a range of health services to children and their families and also to adult service users, who may have responsibility for caring for children, or have other contact with children.

1.2 This policy provides a framework for all Trust staff to enable them to fulfil their duties to safeguard and promote the welfare of children and young people.

1.3 Local Safeguarding Children Boards have an agreed mechanism for how local organisations should work together to safeguard and promote the welfare of children and young people. There are two Local Safeguarding Children Boards (LSCBs) in Dorset, one covering the geographical areas of Bournemouth and Poole collectively and the other covering the county of Dorset.

1.4 This policy is supplemental to and not a replacement for, the Pan-Dorset LSCB Multi-Agency Safeguarding Children Procedures, which provide detailed guidance on the management of safeguarding issues. This policy should be read in conjunction with the LSCB Safeguarding Children Procedures: http://pandorsetscb.proceduresonline.com/index.htm .

1.5 Working Together to Safeguarding Children (2015) states that professionals in health services are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer.
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

1.6 The NHS Commissioning Board accountability and assurance framework for safeguarding, Safeguarding Vulnerable People in the Reformed NHS (2013) outlined a series of principles and ways of working that are applicable to the safeguarding of children and young people.
www.england.nhs.uk/wp.../2013/.../safeguarding-vulnerable-people.pdf
Safeguarding in the NHS - Accountability and Assurance Framework; will update and replace this framework and consultation on the draft framework ended on 31 March 2015.

1.7 Under the Accountability and Assurance Framework, the Trust is required to demonstrate that they have safeguarding leadership and commitment at all levels of the organisation and that they are fully engaged and in support of local accountability and assurance structures, in particular via the Local Safeguarding Children's Boards, Safeguarding Adult Boards and their commissioners. Most importantly, The Trust must ensure that a culture exists where safeguarding is everybody's business and poor practice is identified and tackled.

2.0 PURPOSE AND SCOPE

2.1 The purpose of this policy is to ensure that **all Trust staff and volunteers** are aware of their overriding duty to safeguard and promote the welfare of children and the requirement to take appropriate action when they become aware of any risk of harm to children.

2.2 To define the local arrangements, roles and responsibilities and how the Trust works with collaborates with other agencies to safeguard children

2.3 To ensure compliance with national recommendations and requirements of Working Together to Safeguard Children (2015), which aims to improve the lives of children, young people and their families.

2.4 To signpost DHC staff to the procedures in place for safeguarding children and the roles and responsibilities of Named Professionals

2.5 This document has been developed in line with the Trust's Policy for Procedural Documents, which is compliant with NHS Litigation Authority standards on procedural documents. Standards in relation to the following areas are covered within the Trust wide Policy for Procedural Documents, which this document complies with:

- Consultation and communication with stakeholders
- Committees responsible for approval of procedural documents
- Procedural documents required style and format
- Development process for Trust wide procedural documents including prioritisation of work, identification of stakeholders, responsibility for document development
- Consultation, approval and ratification process
- Review and revision arrangements
- Document control including archiving arrangements

3.0 KEY DEFINITIONS

3.1

Term	Descriptor
A child	"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, does not change his/her status or entitlements to services or protection". Working Together to Safeguard Children (2015)
Safeguarding children	"Protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes, where there

	are welfare or safeguarding concerns for a child". Working Together to Safeguard Children (2015)
Child protection	"Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm". Working Together to Safeguard Children (2015)
Child abuse	Child abuse is defined in Working Together to Safeguard Children (2015) as: "A form of maltreatment of a child. Somebody may abuse or 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 known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children".
Child in Need	Section 17(10) of the children Act 1989 states that a child shall be taken to be in need if: (a) the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without (b) the child's health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or (c) the child is disabled.
Significant harm	The threshold that justifies compulsory intervention into family life in the best interest of the child. A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm

4.0 DUTIES

Trust Staff & Volunteers

4.1 All Trust staff and volunteers have a duty to be alert to the possibility of child abuse and neglect and be aware of local safeguarding policies and procedures, this entails being aware of both Trust policies and procedures and LSCB policies and procedures.

4.2 All Trust staff and volunteers have a duty to attend mandatory safeguarding children training, as appropriate to their role and responsibilities.

4.3 All Trust staff and volunteers have a duty to keep accurate records in respect of children and adult service users, appropriate to their role, when there are concerns regarding children's welfare.

4.4 All Trust staff and volunteers have a duty to report concerns regarding children who are suffering abuse, or who may be at risk of harm, to statutory agencies, ie Children's Social Care (CSC) or the Police, when appropriate to do so.

4.5 All Trust staff and volunteers have a duty to share relevant information with other professionals and other agencies regarding children who are suffering abuse, or who may be at risk of harm.

4.6 All Trust staff and volunteers have a duty to share relevant information with other professionals and other agencies, regarding adult service users who may pose a risk of harm to children, or whose capacity to provide safe and effective care to children may be compromised.

4.7 All Trust staff and volunteers have a duty to report concerns to senior management regarding any Trust staff or volunteers who may have harmed a child, who may pose a risk of harm to children, who may have committed an offence against a child, or who may be unsuitable to work with children.

4.8 All Trust staff and volunteers have a duty to seek and follow advice from the Trust safeguarding children team, when in doubt regarding any of the above duties.

Trust Chief Executive & Trust Board

4.9 The Trust Chief Executive and The Trust Board have a duty to ensure that a suitable infrastructure is in place to enable correct implementation of safeguarding children policies and procedures and to encourage a culture of openness, such that staff are required to report any concerns they identify about the performance or practice of Dorset HealthCare that may place patients/service users at risk of harm.

The Director of Nursing & Quality

4.10 The Director of Nursing and Quality is the Trust's Executive Lead for Safeguarding Children and has responsibility for meeting all statutory requirements, and for implementing statutory guidance in relation to safeguarding children.

The Named Nurse

4.11 The Named Nurse for Safeguarding Children has the responsibility to offer advice to the Trust Chief Executive and Senior Managers on safeguarding issues and acts on behalf of the Director of Nursing, to ensure that the Trust Board is assured that all necessary measures and arrangements are in place to safeguard children and young people.

4.12 The Named Nurse is also responsible for:

- Promoting good professional practice
- Ensuring that advice and support is available to all Trust staff in relation to safeguarding children issues
- Ensuring that audits on safeguarding children are undertaken
- Contributing to Serious Case Reviews

- Ensure that recommendations and action plans from Serious Case Reviews are carried out
- Ensuring that safeguarding children training is in place and implemented

The Named Doctor

4.12 The Named Doctor for Safeguarding Children works in conjunction with the Named Nurse to support the Trust with safeguarding matters, particularly in respect of medical staff.

The Safeguarding Children Team

4.13 Members of the Safeguarding Children Team have the responsibility to offer advice, support, supervision and training to all Trust staff on all aspects of safeguarding and promoting the welfare of children, including the identification of children who may be vulnerable, in need or in need of protection.

The Director of Human Resources

4.14 The Director of Human Resources has the responsibility to ensure that procedures are followed in respect of any Trust staff or volunteers who work with children and may have harmed a child, may pose a risk of harm to children, may have committed an offence against a child, or who may be unsuitable to work with children and are referred, as required, to the Designated Officer in the Local Authority.

Managers

4.15 All managers have a duty to ensure that their staff are aware of and comply with local safeguarding policies and procedures and fulfil their duties, as outlined above.

4.16 All managers have a duty to ensure that their staff attend safeguarding children training, as appropriate to their roles and responsibilities.

5.0 SAFEGUARDING CHILDREN

Legislation and Statutory Guidance

5.1 Section 11 of the Children Act 2004 requires health services to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

5.2 Section 10 of the Children Act 2004 requires health services to cooperate with local authorities to promote the well-being of children in each local authority area This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.

5.3 Working Together to Safeguard Children 2015, states that professionals in health services are responsible for ensuring that they fulfil their role and

responsibilities in a manner consistent with the statutory duties of their employer. https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Child Abuse And Neglect

5.4 Physical Abuse is defined in Working Together to Safeguard Children (2015) as: "A form of abuse which 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".

5.5 Emotional abuse is defined in Working Together to Safeguard Children (2015) as: "The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child 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 a 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 abuse is involved in all types of maltreatment of a child, though it may occur alone"

5.6 Sexual abuse is defined in Working Together to Safeguard Children (2015) as: "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 and 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"

5.7 Neglect is defined in Working Together to Safeguard Children (2015) as: 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 (including exclusion from home or abandonment);

- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

5.8 Child Sexual Exploitation (CSE) is a form of sexual abuse that involves the manipulation and/or coercion of young people under the age of 18 into sexual activity in exchange for things such as money, gifts, accommodation, affection or status. The manipulation or 'grooming' process involves befriending children, gaining their trust, and often feeding them drugs and alcohol, sometimes over a long period of time, before the abuse begins.

5.9 Female Genital Mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life.

Response to Safeguarding Children Concerns

5.10 Should Trust staff become aware of information indicating harm or risk of harm to a child, including when an adult or child discloses something of concern, they have a duty to take appropriate action without delay, as any delay could increase the risk of harm to the child.

5.10 Any information should be clearly documented by Trust staff and any disclosures should be documented in the individual's own words.

5.11 Trust staff should discuss the issue with a manager, or senior colleague, as appropriate.

5.12 When in doubt, Trust staff should seek advice from the Safeguarding Children Team and follow this advice without delay.

5.13 If appropriate, Trust staff should make a referral, or seek advice from CSC without delay. A referral should be made by telephone to the CSC local office, in the local authority area where the child lives and should be followed up in writing within 48 hours.

5.14 CSC should respond to the referrer within 1 working day, with the planned course of action, if this does not happen, staff should follow up the referral with CSC within 3 working days. Trust staff should not assume action has been taken, without confirmation.

5.15 Trust staff should document clearly all of their concerns, discussions, advice given and any action taken.

5.16 What to do if you're worried a child is being abused; Advice for practitioners. HM Government, March 2015, has been produced to help practitioners identify child abuse and neglect and take appropriate action in response: https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2

5.17 NICE guidelines [CG89], July 2009; When to suspect child maltreatment, provides a summary of clinical features associated with child maltreatment (alerting features) that may be observed when a child presents to healthcare professionals. Its purpose is to raise awareness and help healthcare professionals who are not specialists in child protection to identify children who may be being maltreated. https://www.nice.org.uk/guidance/cg89

5.18 In cases where physical injuries have been sustained by not independently mobile babies, Trust staff should refer to: The Pan-Dorset LSCB Bruising and Injuries in Non Mobile Children Protocol http://pandorsetscb.proceduresonline.com/chapters/pr_bruising_injuries.html

Escalation of Concerns

5.19 Any employee who has raised a concern about safeguarding and is worried that their concerns are not being addressed must use one of the following mechanisms:

- For concerns with staff working for another agency and there is professional disagreements in work relating to the safety of children, the LSCBs have produced an Escalation Protocol for practitioners, which identifies a non-exhaustive list of potential areas of disagreement, guidance on preventing disputes and procedures to be followed when disputes cannot be resolved through discussion and negotiation between practitioners at front line level. This guidance should be followed by Trust staff in cases where agreement cannot be reached with front-line practitioners from CSC and advice and support with this process should be sought from the safeguarding children team, as required. http://pandorsetscb.proceduresonline.com/chapters/p_escalation_pol.html

- For concerns involving Trust staff, or non-Trust staff within health, including poor professional practice, staff should seek support from line managers, or the safeguarding children team.

Strategy Discussions

5.20 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, the police, health and other bodies, such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process.

5.21 Strategy discussions with Dorset, Bournemouth and Poole local authorities and the police, are undertaken by the safeguarding children team in the Trust and agreements are reached regarding the next course of action. These discussions will be undertaken in the Multi-Agency Safeguarding Hub (MASH) at Poole police station when this is fully operational.

Section 47 Enquiries

5.22 Enquiries under Section 47 of the Children Act 1989 are initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child, who is suspected of, or likely to be, suffering significant harm, this is either a joint enquiry, conducted by CSC and the police, a or single agency enquiry by CSC.

5.23 Trust staff who are involved with the child or their family, are required to cooperate with and contribute to the assessment by CSC as required and provide information about the child and family to CSC upon request. Trust staff should also offer professional opinion in relation to the child's health and development and whether this is being impaired by abuse or neglect.

5.24 Any Trust staff working with adult service users are required to provide information regarding the health of parents and carers upon request from CSC and offer professional opinion in relation to any issues which may affect parental capacity to provide safe and effective care to children, including adult mental health problems, substance misuse, or learning disability.

5.25 Trust staff should seek support from the Safeguarding Children Team with Section 47 enquiries, as required.

Child Protection Conferences

5.26 Following section 47 enquiries, an initial child protection conference may be held and brings together family members (and the child where appropriate), with the supporters, advocates and professionals most involved with the child and family, to make decisions about the child's future safety, health and development. If concerns relate to an unborn child, consideration will be given as to whether to hold a child protection conference prior to the child's birth.

5.27 Trust staff are required to prioritise attendance at child protection conferences, when they are invited to do so by CSC. If Trust staff cannot attend a child protection conference, they should discuss this with their line manager and another representative should be sought.

5.28 It is expected that health visitors should always attend child protection conferences for children under 5 years and for unborn babies and it is expected that school nurses should always attend initial child protection conferences for children of school age and review conferences, as per Trust Practice Guidance For Health Visitor & School Nurse Teams; Child Protection Processes And Child Protection Plans; IN-380. NB The attendance by these

Trust staff does not remove the responsibility for attendance by other Trust staff

5.29 Where a number of Trust staff are working with the same family, a discussion may be held and an agreement reached between the practitioners regarding who should attend the conference and the completion of reports. In the case of dispute between Trust staff, support should be sought from the safeguarding children team.

5.30 All conference attendees are required to prepare a written report for the conference, which sets out and analyses what is known about the child and family. Conference reports should be submitted to the conference Chair prior to the conference.

5.31 All conference attendees are required to contribute to the discussion at the conference, taking account of the views of other professionals and to contribute to the analysis and risk assessment and give a professional view as to whether the child is suffering, or at risk of significant harm and whether a Child Protection Plan is required.

5.32 Support staff should not attend child protection conferences, without the support of a registered practitioner.

5.33 Support with the child protection conference process is available to Trust staff, as required, from the safeguarding children team.

Core Groups

5.34 The role of the Core Group is to develop the outline child protection plan, based on assessment findings, and set out what needs to change, by how much, and by when in order for the child to be safe and have their needs met. The Core Group will also to decide what steps need to be taken, and by whom, to complete the in- depth assessment to inform decisions about the child's safety and welfare and to implement the child protection plan and take joint responsibility for carrying out the agreed tasks, monitoring progress and outcomes, and refining the plan as needed.

5.35 Trust staff should join the Core Group for children who are subject of a child protection plan, as agreed at the initial child protection conference and should prioritise attendance at all Core Group meetings. If Trust staff cannot attend a Core Group meeting, they should discuss this with their line manager and another representative should be sought.

5.36 Support staff should not attend Core Group meetings, without the support of a registered practitioner.

Child Protection Plans

5.37 The aim of the Child Protection Plan is to ensure the child is safe from harm and prevent him or her from suffering further harm, also to promote the child's health and development and to support the family and wider family members

to safeguard and promote the welfare of their child, provided it is in the best interests of the child.

5.38 Trust staff who are working with a child who is subject of a child protection plan, or their family, should work together with other professionals and agencies to safeguard the child from harm, taking timely, effective action according to the plan agreed and agree a pattern of contact with the family, to assess the child's progress, or that of family members.

5.39 Trust staff should inform the allocated Social Worker of any lack of engagement, failure to attend appointments, failure to access the family home, or any other identified concerns regarding a child who is subject of a child protection plan, or their family.

5.39 Any attendance at urgent care settings by a child, who is subject of a child protection plan, should be reported to CSC without delay and any safeguarding concerns identified.

Child in Need Plans

5.40 Children whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, are defined as Children in Need (CiN). Local authorities have a duty to safeguard and promote the welfare of children in need under Section 17 of the Children Act (1989)

5.41 In cases identified as Child in Need (CiN), a multi-agency CiN plan will be developed and Trust staff who are working with the child, or their family, should contribute to the development of the plan and follow the plan, in conjunction with other professionals and agencies.

5.42 Trust staff who are working with the child, or their family, should attend all CiN meetings and contribute to the discussion and decision making at the meetings.

Information Sharing

5.43 Information sharing is vital to safeguarding and promoting the welfare of children and young people. A key factor identified in many Serious Case Reviews (SCRs) has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

5.44 Trust staff are required to cooperate with requests from CSC or the police to share information regarding children and their families, when there are concerns about a child's welfare.

5.45 In abusive or seriously harmful sexual activity, or sexual exploitation, Trust staff must protect young people by informing CSC, or the police and also in respect of cases of sexual activity in children under 13, who are considered in law to be unable to consent.

5.46 Trust staff providing services for adults may be aware that problems faced by their clients can impact on their capacity to parent effectively and are required to share this information, without delay, with CSC and with other professionals and agencies working with the child and the family, to ensure that opportunities are not missed to put preventative support in place. Information, however small, could help CSC and other professionals to gain greater clarity about a family's circumstances, to keep children safe and to offer additional help.

5.47 When in doubt, Trust staff should contact the safeguarding children team for support.

5.48 Further guidance can be found in: Information Sharing Advice For Practitioners Providing Safeguarding Services To Children, Young People, Parents And Carers; HM Government (2015). Https://www.gov.uk/government/publications/safeguarding-practitioners information-sharing-advice

Record Keeping

5.49 Good record keeping is an integral part of health care practice, and is essential to the provision of safe and effective care. Records should be factual, accurate, clear, concise and contemporaneous, they should differentiate between fact, observation and opinion and any third party information should be correctly attributed. Unnecessary abbreviations, jargon and meaningless phrases eg 'happy baby' should be avoided.

5.50 All concerns, discussions, advice given and any action taken in respect of concerns regarding a child's welfare should be clearly documented. All referrals and correspondence should be saved in the child's records, or adult's records, for staff working with adult service users.

5.51 The outcome of all child protection meetings should be documented in the child's records, or adult's records, for staff working with adult service users and a flag should be applied to the records of any child who is subject of a child protection plan, or child in need plan.

5.52 All minutes from child protection conferences, or CiN meetings should be stored in the child's records and in the records of any adult service user involved in the case.

Legal Proceedings

5.53 There are a number of legal proceedings in respect of children, including Care proceedings, instigated by the local authority, residence and contact proceedings, instigated by parents and also criminal proceedings.

5.54 Trust staff may be approached by local authorities, private solicitors, or the police for copies of children's records, court reports, or witness statements. In all such cases, Trust staff **must** inform their line manager and contact the safeguarding children team, who will provide support and guidance with the

process. In some instances a court order will be required for the release of records, or for the provision of court reports.

5.55 Trust staff may be approached by the police for police interviews in respect of legal proceedings involving children, in all such circumstances, Trust staff **must** inform their line manager and contact the safeguarding children team, who will provide support and guidance with the process.

5.56 Trust staff may be approached for information by the Child and Family Court Advisory Services (CAFCASS), or Children's Guardian, in these circumstances, staff should contact the safeguarding children team, who will provide support and guidance with the process.

5.57 Trust staff may be approached to appear in court in respect of legal proceedings involving children. In all such cases, Trust staff must inform their line manager and contact the safeguarding children team, who will provide support and guidance with the process.

Serious Case Reviews

5.58 Serious Case Reviews are required to be undertaken by LSCBs when a child has died, or has been seriously harmed and abuse or neglect of the child is known or suspected and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

5.56 Other review processes may be undertaken by LSCBs, including Case Audits, when there is concern regarding the management of a case, by one or more partner agencies, or there is concern regarding how agencies have worked together to keep a child safe.

5.57 The overriding principle of all case reviews, is for the LSCB to identify and share learning, as part of a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works and promote good practice.

5.58 The Trust is required to participate fully in all LSCB case review processes and will be called upon to submit reports and chronologies for children and families.

5.59 LSCBs must ensure that professionals are involved fully in reviews and invited to contribute their perspectives, without fear of being blamed for actions they took in good faith. Trust staff and their managers may be required to participate in review processes and will be fully supported throughout the process by the safeguarding children team.

Staff Training

5.60 Safeguarding children training is mandatory for all Trust staff and is governed by the 2014 Intercollegiate Document framework, which identifies five levels of competence, and gives examples of groups that fall within each of these.

www.rcn.org.uk/ .../Safeguarding_Children_-_Roles_and_Competences_for_Healthcare_Staff_02_0....pdf

5.61 The training levels are as follows:

- Level 1: All staff including non-clinical managers and staff working in health care settings
- Level 2: Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers
- Level 3: Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns
- Level 4: Named professionals
- Level 5: Designated professionals

5.62 Trust staff are required to update safeguarding children training every three years, as a minimum, as per the Intercollegiate Document guidance.

Staff Support & Supervision

5.63 The Trust recognises that involvement and managing safeguarding issues can have an impact on staff. All Trust staff are given the opportunity for appropriate safeguarding supervision and debriefing. Staff should refer to the Trust Safeguarding Supervision Policy IN-326 http://intranet.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare-Intranet/Downloads/Policies-and-Forms/Integrated%20Policies/Clinical%20and%20Operational/Safeguarding%20Children%20Supervision%20Policy%20IN-326.pdf

5.63 Safeguarding children supervision is mandatory for all health visitors, school nurses, and CAMHS clinicians working in the Trust and these groups of staff are required to attend a supervision session at least quarterly. The supervision is delivered by the safeguarding children team. Records are kept of attendance at the sessions and these are shared with managers, whose responsibility it is to ensure appropriate attendance.

5.64 Safeguarding children supervision is provided for all Community Nursery Nurses and supervision sessions are provided to this group of staff quarterly.

5.66 Safeguarding children supervision is available to any member of Trust staff on request from the safeguarding children team.

Incident Reporting

5.67 Any serious incidents which involve safeguarding children issues should be reported directly to the Named Nurse/safeguarding children team and should be recorded using the Ulysses incident reporting system.

5.68 Reported incidents are escalated by the Named Nurse/safeguarding children team to the Director of Nursing and Quality, or other senior manager, as appropriate.

5.69 It is the role of the Named Nurse to ensure that serious incidents related to safeguarding children are identified, thoroughly investigated and lessons learned Trust-wide.

Safer recruitment

5.70 The Trust has a Recruitment and Selection Policy: https://intranet.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare-Intranet/Downloads/Policies-and-Forms/Integrated%20Policies/Human%20Resources/Recruitment%20and%20Selection%20Policy%20IN-163.pdf
This policy reflects and takes into account the Safer Recruitment Policy of the Local Safeguarding Children's Boards inter-agency procedures when employing staff. This includes directly employed staff, commissioned and contracted services, and volunteers.
http://pandorsetscb.proceduresonline.com/index.htm

5.71 All staff who work with children and families will be subject to the Disclosure and Barring Scheme (DBS) checks upon commencement of employment.

Actions to be taken when concerns are identified regarding Trust staff

5.72 The Trust has a guidance document on Managing Allegations Against People Who Work With Children, http://intranet.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare-Intranet/Downloads/Policies-and-Forms/Guidance-Documents/Clinical-and-Operational/MANAGING_ALLEGATIONS_AGAINST_PEOPLE_WHO_WORK_WITH_CHILDREN_IN-037.pdf which reflects the LSCB procedure: Allegations Against Staff and Volunteers, http://pandorsetscb.proceduresonline.com/index.htm which provides information about dealing with allegations against staff and volunteers who have contact with children and young people in their work or activities. http://pandorsetscb.proceduresonline.com/index.htm

5.73 The LSCB procedure is addressed to employers and organisations responsible for providing services to children, young people and adults who are parents or carers. It also takes into account the requirements laid out in the Safeguarding Vulnerable Groups Act 2006 http://www.legislation.gov.uk/ukpga/2006/47/contents and the Protection of Freedoms Act 2012 http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted The implementation of the Protection of Freedoms Act 2012 led to the establishment of the Disclosure and Barring Service (DBS).

5.74 The LSCB procedure should be applied when there is an allegation or concern that a person who works with children, has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm if they work regularly or closely with children.

5.75 The Trust has a Whistleblowing Policy, IN-031, which may be used for any other concerns regarding the practice or behaviour of staff: https://intranet.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare-Intranet/Downloads/Policies-and-Forms/Integrated%20Policies/Human%20Resources/Whistleblowing%20Policy%20IN-031.pdf

6.0 DISSEMINATION AND IMPLEMENTATION

6.1 This policy will be disseminated to all Trust staff via the Trust Weekly Roundup and will be available on the Trust intranet.

7.0 MONITORING COMPLIANCE

7.1 Compliance with this policy will be monitored through annual audit.

8.0 REFERENCES

8.1 References are indicated within the Procedural Document.

9.0 ASSOCIATED DOCUMENTS

9.1 This Procedural Document should be read in conjunction with:

- Practice Guidance For Health Visitor & School Nurse Teams; Child Protection Processes And Child Protection Plans; IN-380 http://intranet.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare-Intranet/Downloads/Policies-and-Forms/Guidance-Documents/Clinical-and-Operational/Children-Protection-Processes-and-Plans-for-Health-Visitors-and-School-Nurse-Teams-IN-380.pdf
- Referrals to Children's Social Care Guidance, IN-357 http://intranet.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare-Intranet/Downloads/Policies-and-Forms/Guidance-Documents/Clinical-and-Operational/Referrals%20to%20Childrens%20Social%20Care%20Guidance%20IN-357.pdf
- Managing Allegations Practice Guidance, IN-037 http://intranet.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare-Intranet/Downloads/Policies-and-Forms/Guidance-Documents/Clinical-and-

Operational/MANAGING_ALLEGATIONS_AGAINST_PEOPLE_WHO_WORK_WITH_CHILDREN_IN-037.pdf

- Safeguarding Supervision Policy IN-326
  http://intranet.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare-Intranet/Downloads/Policies-and-Forms/Integrated%20Policies/Clinical%20and%20Operational/Safeguarding%20Children%20Supervision%20Policy%20IN-326.pdf

- Trust Policy for Mandatory Training IN–045
  http://intranet.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare-Intranet/Downloads/Policies-and-Forms/Integrated%20Policies/Human%20Resources/Mandatory%20Training%20Policy%20IN-045.pdf

- Recruitment and Selection Policy, IN-163
  https://intranet.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare-Intranet/Downloads/Policies-and-Forms/Integrated%20Policies/Human%20Resources/Recruitment%20and%20Selection%20Policy%20IN-163.pdf

Dorset HealthCare University NHS Foundation Trust

APPENDIX a

EQUALITY ANALYSIS

1. Policy/Practice/Service development	Directorate	New or existing?	Date of Assessment
Safeguarding Children Policy	Nursing & Quality	Existing	5.6.2015

2. Briefly provide an overview of the policy/practice/service development and describe the aims, objectives and purpose of the Policy/Service:

Update of existing policy document

3. Who will be affected? E.g. staff, patients, service users etc

Staff and service users

3. Please demonstrate below the potential impacts on people or equality groups with protected characteristics. List the main sources of data, research and other sources of evidence reviewed to determine the impact or potential impact on each equality group (protected characteristic)

Equality target group (protected characteristic)	Is the policy/ practice/ service development relevant to this equality area? Yes/No. If No what evidence did you rely on to reach this conclusion.	Assessment of Potential Impact: High/ Medium/ Low/ Not Known		Required Actions or Action Plans	
		Positive (+)	Negative (-)		
Gender reassignment	No				
Race	No				
Sex	No				

Disability	**No**				
Age	**No**				
Religion or Belief	**No**				
Sexual orientation	**No**				
Marriage and Civil Partnership	**No**				
Pregnancy and Maternity	**No**				

4. Engagement and Involvement. How have you engaged stakeholders in gathering evidence, testing the available evidence and what stakeholders/groups both internal and external were consulted and when? What was the outcome of that engagement and involvement?

Not required

5. Summary of Analysis: In considering the evidence and engagement activity listed above, summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether this is adverse or positive and for which groups. Detail how any negative impacts will be mitigated. Are there any alternative measures that could be taken which could achieve the desired aim without the adverse impact identified? Can the adverse impact or indirect discrimination be objectively justified? Specify how certain protected groups will be included in services or how their participation in public life will be expanded.

6. Consider and detail below how the proposals impact on and have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity between people who share a protected characteristic and those who do not and foster good relations between people who share a protected characteristic and those who do not**.**

6.1 Eliminate discrimination, harassment and victimisation. Where there is evidence address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, marriage and civil partnership).

6.2 Advance equality of opportunity. Where there is evidence address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

6.3 Promote good relations between groups. Where there is evidence address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).
7. What is the overall impact? Consider whether there are different levels of access experienced, needs or experiences, whether there are any barriers to engagement and what is the combined impact?
8. Addressing the impact on equalities. Provide an outline of what broad action should be considered by you or any other body to address any inequalities identified through the evidence and consultation. Outline what changes will be made to the policy, practice or service as a result, when and by whom.
9. Action planning for improvement and implementation. Provide an outline of the key actions based on any gaps, challenges and opportunities identified. Actions to improve the policy, practice or service development need to be summarised including any general action to address specific equality issues and data gaps that need to be addressed through further research or consultation. Use the attached Action Improvement Plan.
10. Monitoring and review. Detail the processes for monitoring, how this will be measured and when and how the policy, practice, service development will be reviewed.
11. Publication. Outline how and where this assessment will be published

Review Date	**May 2019**		
Name of responsible Director	**Fiona Haughey, Director of Nursing & Quality**		
Assessment Completed By	**Liz Balfe**	**Date signed 5.6.2015**	