The Queen Elizabeth Hospital
King's Lynn
NHS Foundation Trust

Safeguarding children

- Your Responsibilities
- Categories of Abuse
- When to suspect child maltreatment
- Assessment of Need/Management of Risk
- Vulnerable Children Groups
- Domestic Abuse Pathway
- Information Sharing/Consent
- Think Family
- PREVENT
- LSCB Arrangements
- Early Help
- Resources

Your Responsibilities

Safeguarding children

All staff within health services have a key role to play in safeguarding and promoting the welfare of unborn babies, children and young people.

Children are defined as those under the age of 18 years. (Working Together to Safeguarding Children 2010).

Children have a "Right" (under the UN Convention on the Rights of the Child - 1989) to have their best interests as the primary concern when decisions are made about them (Article 3).

They also have the right under the UN Convention to:

- Life and healthy development (Article 6)
- Be protected from hurt and mistreatment, physically or mentally (Article 19)
- Be properly cared for and protected from violence, abuse and neglect by their parents and anyone else who looks after them (Article 19)
- Be protected from activity which takes advantage of them and could harm their welfare and development, including sexual exploitation, sale and trafficking. (Article 36)

All staff who come into contact with children and their families have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about a child. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carer health or behaviours.

All health staff who come into contact with children and their families have a minimum responsibility to:

- Have the competences to recognise and understand what constitutes child maltreatment
- Recognise the potential impact of parent/carers physical and mental health on the well-being of the child
- Act as an effective advocate for the child.
- Be clear about own and other colleague's roles and responsibilities and professional boundaries.
- Be aware of your Local Safeguarding Children's Board Policy and Procedures
- Know where to seek expert advice and support by knowing the contact details of your local/organisations Named and Designated Professionals
- Know when and how to make a referral to your local Children's Social Care Service
- Know when and how to share Information about child welfare concerns
- Know how to record details of any concerns and any actions you take including reasons for no action
- You must be trained to the appropriate level in line with Safeguarding Children and Young people: Roles and Competences for Health Staff (Intercollegiate Document 2010)

Categories of abuse

Categories of Abuse (The following definition is taken from Working Together to Safeguard Children 2010, paragraphs 5.12 and 5.17.).

Physical Abuse:

- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or young person
- Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child

Neglect:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development

Neglect can occur during pregnancy as a result of maternal substance misuse.

Once the child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, 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.

Emotional Abuse

It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond the child's developmental capacity, 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 the child to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment to a child, though it may occur alone.

Sexual Abuse:

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

It may involve:

- physical contact, including assault by penetration (rape or oral sex), or
- non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing

Categories of Abuse

- non-contact activities such as involving children looking at, or in the production of, sexual images
- watching sexual activities

or

- 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.

Cyber/Internet Abuse:

Cyber-bullying involves the use of information and communication technologies to support deliberate, repeated, and hostile behavior by an individual or group that is intended to harm others.

New technologies have become central to modern life. They make it possible for people across the world to have instant communication with one another. They allow for the rapid retrieval and collation of information from a wide range of sources, and provide a powerful stimulus for creativity. People may discuss sensitive topics which, face to face, they might find difficult. However, these technologies are also potentially damaging. They can enable children and young people to access harmful and inappropriate materials. Those they engage with may not be directly known to them and because of the anonymity offered by the internet children and young people may be harmed or exploited.

It is important to familiarise yourself with local E-safety processes:

- Policies, procedures and practices
- Education, training and information

Peer Abuse:

Peer Abuse can be defined as one who brings mistreatment, insult or deception in excessive amounts to another individual of the same peer group. This is done physically, mentally, emotionally or sexually.

Vulnerable Parents:

Many families can suffer challenges in bringing up their children in warm, loving and supportive environments. Parenting capacity can be compromised through parental mental illness, learning disability, substance misuse and domestic violence. Sometimes practitioners may have limited or no contact with children. In these circumstances practitioners need to maintain a Child-Focused Approach and keep a strong focus on the outcomes intended for children and young people, which is central to delivering a child focused approach.

Whistle Blowing:

If in doubt contact your nominated safeguarding children lead or your Named/Designated Nurse for Safeguarding.

Categories of Abuse

Managing Allegations:

Despite all efforts to recruit safely there will be occasions when allegations of abuse against children are raised. The allegations may relate to the person's behaviour at work, at home or in another setting. All allegations of abuse of children by those who work with children must be taken seriously. Allegations against people, who work with children, whether in a paid or unpaid capacity, cover a wide range of circumstances.

If you are aware of a person who works with children and 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 or
- Behaved towards a child in a way that indicates he/she is unsuitable to work with children

All such allegations made against adults working with children must be referred to the Local Authority Designated Officer (LADO) who provides advice and guidance to employers and voluntary organisations, liaises with the police and other agencies and monitors the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

Local Safeguarding Children Boards (LSCBs) will have arrangements in place for monitoring and evaluating their effectiveness of the above.

When to suspect child maltreatment

If you consider or suspect child maltreatment it is good practice to follow the process outlined below – A Quick Reference Guide

Listen and observe...

Take into account the whole picture of the child or young person. Sources of information that help to do this include:

Seek an explanation...
for any injury or presentation from both the parent or carer and the child or young person in an open and non-judgemental manner.

Record...
in the child or young person's clinical record exactly what is observed and heard from whom and when.

Record why this is of concern.

CONSIDER child maltreatment...

CONSIDER means maltreatment is one possible explanation for the alerting feature or is included in the differential diagnosis.

At any stage during the process of considering maltreatment the level of concern may change and lead to exclude or suspect maltreatment.

SUSPECT Child maltreatment...

if an alerting feature or considering child maltreatment prompts you to suspect child maltreatment refer the child or young person to children's social care, following Local Safeguarding Children Board procedures.

EXCLUDE child maltreatment...

if a suitable explanation is found for the alerting feature. This may be the decision after discussion of the case with a more experienced colleague or gathering collateral information as part of considering child maltreatment.

RECORD...
all actions taken and the outcome.

Remember you are accountable for ensuring that appropriate help is provided to the child following any referral.

Ref: Nice Guidance 2008

Assessment of Need/Management of Risk

Preventing of harm to children and young people is the purpose of child protection work. To determine if children or young people are at risk or likely risk of harm requires the systematic collection of information to inform a balanced risk assessment in regard to the needs of children and young people.

Sound risk assessment assists practitioners to explore more explicitly with children and families what needs to change, especially in regard to the safety and welfare of a child. In the identification of both 'need' and 'risk' staff should build upon family strengths whilst keeping the needs of the child central.

The Common Assessment Framework (CAF) offers a basis for early identification of children's additional needs, the sharing of information between agencies and the coordination of service provision.

The Framework for the Assessment of Children in Need and their Families (2000) provides a systematic basis for collecting and analysing information to support professional judgments about how to support children and families in the best interests of the child.

The above will then inform a balanced risk assessment in regard to what is known is regard to determining the presence of safety or danger in a family and thus informing a plan of intervention.

Children Act 1989 - Section 17 (10):

A child shall be taken to be in need if:

- He is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by the local authority under this part
- His health or development is likely to be significantly impaired, or further impaired, without the provision of such services
- He is disabled

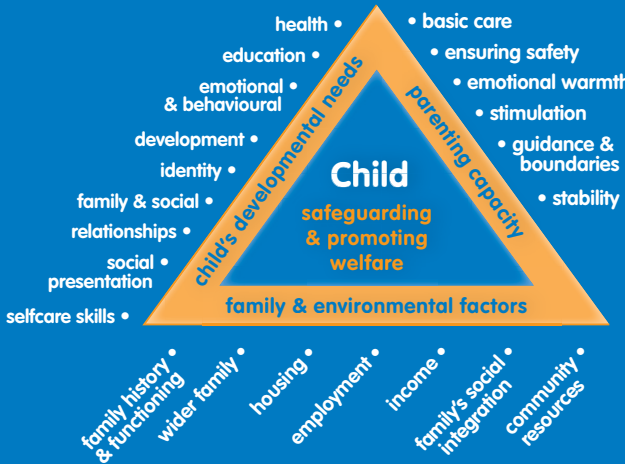
Children Act 1989 - Section 47:

The Children Act 1989 introduces the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

The local authority is under a duty to make enquires to decide whether they should take action to safeguard or promote the welfare of a child who is at risk of significant harm.

Assessment of Need/Management of Risk

Assessment Framework Triangle



Vulnerable Children Groups

Looked After Children

Children looked after are by definition children that are cared for by the local authority. The term 'looked after children and young people' refers to children and young people who may be accommodated under a voluntary agreement with their parents or their own, under section 20 (2) (l) of the Children Act (1989) or an Emergency Protection Order under Section 44 of the Children Act (1989).

If new information is received about a child who is looked after where there are concerns or he/she is likely to be suffering from significant harm a decision should be made in consultation with children's social care about whether a strategy discussion is held.

Children with Disabilities

The available UK evidence suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. Disabled children may be especially vulnerable to abuse for a number of reasons:

- Increased risk of being socially isolated with fewer outside contacts than non-disabled children
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist or avoid abuse

Safeguards for disabled children are essentially the same as for non disabled children.

Children who go missing from Home/Care

The terms 'young runaway' and 'missing' in this context refer to children and young people up to the age of 18 years who have run away from their home or care placement, have been forced to leave, or whose whereabouts are unknown.

Children who decide to run away are unhappy, vulnerable and in danger. As well as short term risks to their immediate safety there are longer term implications as well with children and young people who run away being less likely to fulfil their potential and live happy, healthy and economically productive lives as adults.

Children at risk of Sexual Exploitation

Children and young people who are sexually exploited are the victims of child sexual abuse, and their needs require careful assessment. This group may include children who have been sexually abused through the misuse of technology, coerced into sexual activity by criminal gangs or the victim of trafficking.

The strong links that have been identified between different forms of

sexual exploitation, running away from home, gang activity, child trafficking and substance misuse should be borne in mind in the development of procedures.

Unaccompanied Asylum Seeking Children (UASC)

These are "children who are under 18 years of age who have been separated from their parents and who are not being cared for by an adult who by law or custom has the responsibility to do so" (UNHCR, 1994). In June 2003 guidance was issued that stated where children seeking asylum are alone the 'presumption should be that they fall into Section 20 of the Children Act' (DH, 2003).

Where there are safeguarding concerns relating to the care and welfare of any UASC then these must be investigated in line with LSCB procedures in the area in which they are living, in the same way as any looked after child.

Domestic Abuse Pathway

Disclosure of Abuse or **Potential Indicators of Abuse**

Ask the Question

Document when you ask the domestic abuse question and the response

Disclosure of Domestic Abuse and/or sexual violence

Explain the limits to confidentiality of the disclosure and what actions you may have to take

Contact Adult Safeguarding Team and consider a referral to the Independent Domestic Violence Advocate

Are there any children? Consider concerns about a child's safety, including unborn baby

Information Sharing

Follow your organisation and LSCB guidelines

Discuss with Child Protection Advisor/manager/colleague

Inform parent/carer of the need to refer to social care (if appropriate and safe) Consider MARAC referral

Give information safely

Women's Aid
National 24 hour helpline:
0808 2000 247
Local Helpline Number:
999 in emergency
Local Domestic Abuse
Explore options

Best Practice

Always talk to the woman alone

- Never pressure a woman to leave partner
- Discuss and ensure a safety plan is in place
- Reinforce options
- Explain the role of expert agencies
- Always use a professional interpreter. Never use family members or a client's friend if English is not his/her first language.
- Always ensure complex Domestic Abuse cases are brought to supervision for discussion
- Document all contacts, when asking 'the question', disclosures, actions, observations etc

Information Sharing

It is important that people remain confident that their personal information is kept safe and secure and that practitioners maintain the privacy rights of the individual, whilst sharing information to deliver better services.

You must use your professional judgement to decide whether to share information or not, and what information is appropriate to share.

There are seven golden rules for information sharing:

1. Remember that the Data protection Act 1998 is not a barrier to sharing information
2. Be open and honest with the person (and/or their family where appropriate) at the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in public interest. You will need to base your judgement on the facts of the case
5. Consider safety and well being of the person and others who may be affected by their actions
6. Necessary, proportionate, relevant, accurate, timely and secure
7. Keep a record of your decision and the reasons for it. Record what you have shared, with whom and for what purpose

Fraser Guidelines

When working with young people practitioners should use the Fraser Guidelines. These are in place to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent if given, can be properly and fairly described as true consent.

Think family

Families have a range of needs and from time to time will require support or services to help meet them.

Difficulties that impact on one family member will inevitably have a knock on effect on other family members. For this reason all practitioners should 'Think Family'.

In a system that 'thinks family' both adults and children's services should:

- Have no 'wrong door'
- Look at the whole family
- Build on family strengths
- Provide support tailored to need

Individual practitioners working with either children or adults or both should:

- Ensure you know who has parental responsibility
- Who is living with the child/children
- Consider the involvement, potential contribution and (when appropriate) the risks associated with all the adults who have a significant influence on a family, even if they are not living in the same house, or are not formally a family member
- Have ready access to information to enable practitioners to consider impact of parents/carers condition, behaviour, family functioning and parenting capacity
- Identify and provide responsive services for families that are family focussed

Always prioritise the safety and welfare of children within a family.

PREVENT

The Government's counter terrorism strategy is known as CONTEST. Prevent is part of CONTEST and its aim is to stop people becoming terrorists or supporting terrorism.

CONTEST has four key principles:

- Pursue – stop terrorist attacks
- Prevent – to stop people becoming terrorists or supporting terrorism
- Prepare – where we cannot stop an attack, mitigate its impact
- Protect – strengthen overall protection against terrorism attack

The Health Service is a key partner in Prevent and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients.

Three national objectives have been identified for the Prevent strategy:

Objective 1: Respond to the ideological challenge of terrorism and the threat we face from those who promote it.

Objective 2: Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.

Objective 3: Work with sectors and institutions where there are risks of radicalisation which we need to address.

Prevent focusses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorism related activity. What is important, if you are concerned that a vulnerable individual is being exploited in this way you, can raise these concerns in accordance with your organisation's policies and procedures.

Contracts of employment and professional codes of conduct require all healthcare staff to exercise a duty of care to patients and, where necessary, take action for safeguarding and crime prevention.

If you have a concern, discuss it with your Safeguarding Lead and they will advise and identify local referral pathways.

LSCB Arrangements

The Local Safeguarding Children Board (LSCB) is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do.

The core functions of an LSCB are;

- Developing policies & procedures
- Communication & raising awareness
- Monitoring & evaluation
- Participation in planning & commissioning
- Reviewing the deaths of all children in their area
- Undertaking Serious Case Reviews (SCRs)

Child Death Review Process (CDOP):-

Each death of a child is a tragedy for his or her family (including any siblings), and subsequent enquiries/ investigations should keep an appropriate balance between forensic and medical requirements and the family's need for support. There are 2 interrelated processes for reviewing child deaths (either of which can trigger a Serious Case Review (SCR).

1. Rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child.

2. An overview of all child deaths up to the age of 18 years (excluding both those babies who are still born and planned terminations of pregnancy carried out within the law) in the LSCB area, undertaken by a panel.

Serious Case Reviews (SCR):

When a child dies or is seriously harmed, and abuse or neglect is known or suspected to be a factor, the first priority of local organisations should be to consider immediately whether there are other children who are suffering or likely to suffer, significant harm and who require safeguarding.

The purposes of a Serious Case Review (SCR) are to:

- Establish what lessons are to be learned about the way in which local professionals and organisations work both individually and collectively to safeguard and promote the welfare of children
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result
- Improve inter and intra agency working and better safeguard and promote the welfare of children

Not all serious incidents meet the criteria for a SCR. However, learning still needs to take place and an LSCB will have other mechanisms to achieve this - for example Serious Incident Learning Review/Process.

Parallel Processes

Serious Incidents (SIs):

Serious incidents in healthcare are uncommon but when they occur the NHS has a responsibility to ensure there are systematic measures in place for safeguarding people, property, NHS resources and reputation. A national framework for reporting and the management of serious incidents for investigations (previously known as Serious Untoward Incidents/SUIs) occurring in the NHS and those parts of the independent sector that provides NHS services in England.

Domestic Homicide Reviews (DHR):

A 'Domestic Homicide Review' is a review of circumstances in which the death of a person aged 16 years or over has, or appears to have resulted from violence, abuse or neglect by:

- A person to whom he/she was related or with whom he/she was or had been in an intimate personal relationship or
- A member of the same household as themselves

The purpose of DHR:

- Establish what lessons are to be learned from the DHR
- Apply these lessons to service responses including changes to policies and procedures as appropriate
- Prevent domestic violent homicide and improve service responses
- Not to apportion 'blame' to organisations/agencies

What you need to know:

Sometimes deprivation of liberty (DoL) is required to provide care/ treatment and protect people from harm, BUT every effort should be made to prevent DoL by making provision to avoid placing restrictions. if DoL cannot be avoided it should be for no longer than is necessary.

There is a legal duty on the hospital or care home, if the Safeguards apply, to request the PCT or local authority to authorise to deprive someone of their liberty for a limited period of time.

A major part of preventing DoL is minimising any restraint. Restraint must be appropriate, proportionate and in the patient's best interests.

What to do:

If you are worried about a patient in your care who you think might be being deprived of their liberty, consider ways in which you can minimise restrictions. Please refer to your local DoLS procedures.

Discuss the case with your Adult Safeguarding Lead.

In a community setting you can contact your Local Authority DoLS team who will be able to assist.

It is important to act quickly to comply with legislation.

Early Help

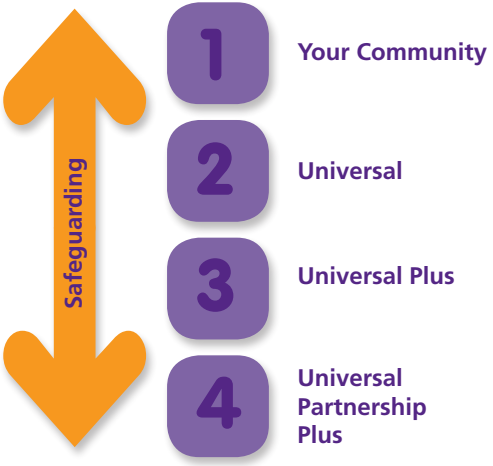
Health Visitors, School Nurses, Midwives and GPs are a key part of ensuring children, young people and families get extra help and support when they need it.

They will offer 'early help' through providing care and/or by referral or signposting to other services. Early help can prevent problems developing or worsening.

'The Health Visitor Implementation Plan 2011-15' and 'Getting it right for Children, Young People and Families', set out an ambitious plan that will implement a new framework, promote innovation and disseminate the good practice that exists in many services across the country.

They will ensure that children and young people everywhere receive high quality services which improve health and reduce health inequalities. They detail the service that families and young people can expect from their Health Visiting and School Nursing service.

This service is based on the four elements shown below.



Resources & further reading

- Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children (2010)
- Children Act 1989 (2004)
- Information sharing: Guidance for practitioners and managers (2008)
- Framework for Assessment of Children in Need (2000)
- If you consider or suspect child maltreatment (NICE Guidance 2008)
- Building Partnerships, Staying safe – The health sector contribution to HM Governments Prevent strategy (2011)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004
- Child Care Act 2006
- The Munro Reviews of Child Protection 2011/2012
- Safeguarding Children and Young People: Roles and Competence for Health Care Staff (Intercollegiate document 2010)
- UN Convention on the Rights of the Child (1989)
- Health Visitor Implementation Plan (2011)
- Getting it Right for Children, Young people and Families, maximising the contribution of the school nursing team: Vision and Call for Action (2012)
- Statutory Guidance on promoting the Health and Wellbeing of Looked After Children (2009)

These prompt cards are inspired by the Adult Safeguarding Prompt Cards and have been developed by NHS East Midlands Safeguarding Children Network with a contribution from Health Visitors and School Nurses.

Lead Nurse for Safeguarding Children
Telephone: 01553 613564
Mobile: 07879 856269

Lead Midwives for Safeguarding
Mobile: 07826 869054 or
07899 062329

East Midlands Safeguarding Children Network

NHS
Midlands and East