



Safeguarding Children Policy	
Author	Deborah Reilly Head of Service – Safeguarding Designated Nurse – Looked After Children and Care Leavers (Original Author: Maureen Kelly – Senior Designated Nurse for Safeguarding)
Corporate Lead	Leeds Community Healthcare NHS Trust Marcia Perry Executive Director of Nursing Quality and Professional Development
Document Version	2
Document Status	Final
Date approved by Clinical and Corporate Policies Group (CCP)	November 2016
Date ratified by Senior Management Team	December 2016
Date issued	January 2017
Review date	December 2018
Policy Number	PL365 (Previously PL295)

Executive summary

This policy applies to Leeds Community Healthcare NHS Trust (LCH) and outlines how LCH will fulfil our statutory duty to safeguard children and young people, incorporating legislation and best practice guidance, Children Act 1989 and 2004, Working Together to Safeguard Children (2015).

This policy describes how LCH will discharge our duties to safeguard children and young people; it complements the Leeds Safeguarding Children Board Procedures and the West Yorkshire Consortium Procedures.

This policy must be read in conjunction with the Leeds Health Child Protection Manual: <http://nww.lhp.leeds> and the West Yorkshire Consortium Procedure www.leedslscb.org.uk

Note: If you are using a printed copy of this document, be aware that it may not be the latest version.

All policies remain valid until notification of an amended policy is placed on the intranet

Changes made to this version:

Section	Detail of each change made
	<ul style="list-style-type: none">Several sections renumbered to fall into line with the document flow set down in the authors pack
	<ul style="list-style-type: none">Minor grammatical changes throughout the document
	<ul style="list-style-type: none">Contents – updated to reflect document changes
	<ul style="list-style-type: none">References updated throughout the document; most notably to reflect practice in line with Working Together to Safeguard Children (2015)
Section 1	<ul style="list-style-type: none">Removed several paragraphs relating to historic cases and referring to elements and definitions of safeguarding covered elsewhere in the document
Section 3	<ul style="list-style-type: none">Removed definitions of various types of abuse from the main body of the document to update and expand on them in Appendix 1
Section 7	<ul style="list-style-type: none">Renamed: Child Death Reviews rather than Responsibilities under Chapter 5 of Working Together (2013)
Section 10	<ul style="list-style-type: none">Renamed: Allegations Against Persons who Work with Children rather than Allegations of Abuse against staff and minor changes to wording within this section
Section 21	<ul style="list-style-type: none">List of associated documents added
Section 23	<ul style="list-style-type: none">Appendices: new glossary added; outdated flowchart removed and replaced with embedded documents (appendices 2,3 and 4)

Equality Analysis

Leeds Community Healthcare NHS Trust's vision is to provide the best possible care to every community. In support of the vision, with due regard to the Equality Act 2010 General Duty aims, Equality Analysis has been undertaken on this policy and any outcomes have been considered in the development of this policy

Contents

Section		Page
1	Introduction	5
2	Aims and Objectives	5
3	Definitions	6
4	Responsibilities	7
5	Brief Overview of what to do if you suspect a child is at risk	10
6	Suspected Fabricated or induced Illness	10
7	Child Death Reviews	10
8	Sharing Information	10
9	Management of Safeguarding Children-Related Serious Incidents	11
10	Allegations of Abuse against Staff	11
11	Child Protection Supervision	11
12	Risk Assessments	11
13	Mental Capacity Act (MCA 2005 Code of Practice)	12
14	Deprivation of Liberty Safeguards (DoLS)	12
15	Safeguarding	12
16	Training Needs	13
17	Monitoring Compliance and Effectiveness	14
18	Approval and Ratification process	15
19	Dissemination and implementation	15
20	Review arrangements	15
21	Associated documents	15
22	References and Bibliography	15
23	Appendices	17
	Appendix 1: Glossary	
	Appendix 2: Right conversation, Right people, Right time	

Section		Page
	Appendix 3: Think Family, Work Family – practice guidance Appendix 4: Record of Contact Form	

1 Introduction

This policy describes the roles and responsibilities of LCH in relation to the safeguarding of children. As an NHS provider organisation commissioned by the Leeds NHS Clinical Commissioning Groups (CCG's) we have a responsibility to ensure we meet the agreed standards for Section 11 of the Children Act 2004, and comply with statutory guidance outlined in Working Together to Safeguard Children 2015.

We are expected to follow the multi-agency procedures, comply with this policy and assist in taking the necessary action to safeguard children experiencing or at risk of abuse.

LCH must maintain robust safeguarding systems and safe practice within agreed local multi-agency procedures.

The Children Acts of 1989 and 2004 and the statutory guidance Working Together to Safeguard Children (2015) have set out the principles for safeguarding and promoting the welfare of children.

Working Together to Safeguard Children (March 2015) defines safeguarding and promoting the welfare of children as:

- 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

The Children Act 2004 emphasises that we all share a responsibility to safeguard children and young people and provide for their welfare and that all members of the community can help to do this.

Safeguarding children includes any work which aims to prevent abuse or to protect those who may be already experiencing abuse. Effective safeguarding depends on a culture of zero tolerance of abuse, where concerns can be raised with confidence that action will be timely, effective, proportionate and sensitive to the needs of those involved.

Public awareness continues to improve and there is an increasing expectation that service providers have systems in place to identify early indicators of abuse, prevent abuse and act quickly and effectively in partnership with other relevant agencies to safeguard children when it is discovered that they are experiencing abuse.

2 Aims and Objectives

The aim of this policy is to make clear the LCH duties, responsibilities and arrangements, which are in place to safeguard and promote the welfare of children in Leeds.

To ensure all staff, including contracted staff, voluntary staff, students, locums and agency staff are aware of their roles and responsibilities for safeguarding children.

This policy supports single-agency and multi-agency policies and procedures and compliments Leeds Safeguarding Children Board (LSCB) Multi-agency Procedures which can be accessed at <http://www.leedslscb.org.uk/#>

Safeguarding Children Policy

3 Definitions

Child or Children: 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.

This is important because young people aged 16 and 17 years with safeguarding needs may be accessing adult services in provider organisations.

Whilst unborn children are not included in the legal definition of children, intervention to ensure their future well-being is encompassed within safeguarding children practice, such as pre-birth planning meetings when there are existing concerns around the welfare of the unborn child.

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.

Abuse: 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.

Forms of abuse experienced by a child may include:

- Physical
- Emotional
- Sexual; or
- Neglect

For further expansion on definitions of abuse see Appendix 1

Children may be trafficked (see Appendix 1) for the **purposes** of abuse or exploitation; child trafficking is an offense which can be prosecuted even if no exploitation or abuse occurs as a result of the trafficking.

Significant harm: was introduced in The Children Act (1989) as the threshold which justifies compulsory intervention in family life in the best interests of the child.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, the presence or degree of threat, coercion, sadism, bizarre or unusual elements a violent assault, suffocation, or poisoning.

More often significant harm is a compilation of events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected; for them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case it is necessary to consider any maltreatment alongside the family's strengths and supports.

Concerns: refer to any suspicion, allegation, or other apprehension relating to the safety or wellbeing of a child or young person who may be experiencing or at risk of abuse.

Safeguarding Children Policy

Individuals do not need proof in order to raise concerns under safeguarding children procedures.

Parent: refers to the person with legal Parental Responsibility (See Appendix 1) for the child. Parental responsibility continues until the child reaches 18 years of age.

Multi-Agency procedures: are the locally agreed West Yorkshire Consortium Child Protection Procedures which can be accessed via:

<http://westyorkscb.proceduresonline.com/>

4 Responsibilities

All staff employed by Leeds Community Healthcare NHS Trust must work in concordance with the Leeds Safeguarding Multi-agency Policies and Procedures and local guidelines in relation to any safeguarding concerns they have for service users and the public with whom they are in contact.

Executive Lead Director with responsibility for Safeguarding

The Executive Lead Director with responsibility for Safeguarding must ensure LCH is compliant with the Safeguarding Children Service Specification and that processes are in place to monitor service standards as required by the specification. LCH is required to respond to and comply with all statutory and mandatory guidance around safeguarding including adopting a zero tolerance approach to child abuse. We have a responsibility to contribute to Serious Case Review (SCR) processes and implement resulting recommendations.

Ensuring LCH has arrangements in place that reflect the importance of safeguarding and promoting the welfare of children, including:

- A clear line of accountability for the provision of services designed to safeguard and promote the welfare of children;
- A senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
- A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- Clear whistleblowing procedures, which reflect the principles in Sir Robert Francis's Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;
- Arrangements which set out clearly the processes for sharing information, with other professionals and with the LSCB;
- Ensuring named professionals for safeguarding are appointed; their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children and policies on when to obtain a criminal record check;
- Appropriate supervision and support for all staff working in healthcare settings, including those who predominantly treat adults;
 - Ensuring staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;

Safeguarding Children Policy

- Providing a mandatory induction which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
- All professionals should have regular reviews of their own practice to ensure they improve over time.
- Ensuring policies are place in line with those from the LSCB for dealing with allegations against people who work with children. An allegation may relate to a person who works with children who 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 or children in a way that indicates they may pose a risk of harm to children.

(Working Together to Safeguard Children, HM Government, 2015)

- The provision of safeguarding training which should ensure staff attain the competences appropriate to their role and follow relevant professional guidance

(Safeguarding children and young people: roles and competences for health care staff, Intercollegiate Document, March 2014)

Ensuring LCH actively contributes to the work of the LSCB and its sub-groups

Ensuring LCH has a named doctor and a named nurse for safeguarding children. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and the LSCB.

Named Professionals' Responsibilities include:

- Providing professional leadership in all aspects of safeguarding children for their LCH.
- Ensuring support and supervision to promote good professional practice for all Trust staff.
- Undertaking the delivery and development of the organisation's Safeguarding Children's Training programme as indicated
- Contributing to the delivery of the Leeds Safeguarding Children Board's training programme. A copy of the programme is available on the LSCB website.
www.leedslscb.org.uk
- Ensuring safe and effective practice with partner agencies.
- As members of the Trust Safeguarding Team they will conduct Serious Case Reviews as required and with the support of the Designated Professionals ensure action plans are implemented and monitored.

Director of Workforce with Human Resources Responsibilities:

- Ensuring that employment policies incorporate the requirements of 'Safer Recruitment', including Disclosure and Barring Service (2012) Review cycles (carried out at the employer's discretion).
- Ensuring that all relevant policies are inclusive of volunteers, students, agency and locum staff.
- Ensuring that policies incorporate key information around the statutory requirement to manage allegations of abuse against a person who works with children in line with LSCB procedures.

Safeguarding Children Policy

Responsibility of Heads of Service and Line Managers:

- Ensuring staff have received mandatory child protection training in accordance their role and responsibilities
- Ensuring all staff have access to Leeds Child Protection Manual Policy and Procedures and the West Yorkshire Consortium Procedures Manual
- Ensuring all staff know who and how to contact key safeguarding professionals for advice and support around safeguarding children issues.
- Ensuring relevant staff access regular child protection supervision and that all staff (whether or not child protection is a normal part of their role) are offered supervision should the need arise.

Responsibility of all Staff:

It is the responsibility of all staff including volunteers, students, agency and locum staff working in LCH to:

- Know how to contact the key safeguarding professionals in their organisation to seek advice around safeguarding children issues.
- Attend mandatory safeguarding children training in accordance with their role and responsibilities
- Access child protection supervision as per the LCH Supervision Policy.
- Ensure that they are familiar with their responsibilities under this policy.
- Ensure they are familiar with the Leeds Health Child Protection Manual Policies and Procedures
- Ensure they are familiar with the West Yorkshire Consortium Safeguarding Children Procedures.
- Consider the welfare and needs of children when providing care for adults with childcare responsibilities.
- Make referrals to Children Social Work Services in accordance with the West Yorkshire Consortium Safeguarding Children Procedures when they believe a child is in need of safeguarding or protection and follow up any such referrals. The Request for Service and Referral Form Pathways Process Flowchart and forms can be accessed via: <http://www.leedsinitiative.org/children/page>
- Share information with other agencies in accordance with the West Yorkshire Consortium Safeguarding Children Procedures and the Joint Agency Information Sharing Protocol.
- Participate, where invited and appropriate, in an initial child protection case conference or review case conference by attending and taking an equal part in the decision making.
- Provide or contribute to a written report where required for the purpose of an initial child protection case conference and or review conference
- Bring to the attention of the Named Doctor and/or Named Nurse for Safeguarding Children cases where there is a difference of opinion in relation to the diagnosis, safety or welfare of a child.
- Send a representative, in the rare event that staff are unable to attend a case or review conference. A written report must be submitted.
- Ensure staff responsible for the care of adults routinely ask patients whether they have any caring responsibilities for children, so that the impact on the child of any carer ill health can be assessed.

5 Brief Overview of What To Do If You Suspect A Child Is At Risk

Safeguarding Children Policy

All staff should know what to do if they suspect a child is at risk of harm or is being abused, in Leeds we operate within the multi-agency frameworks of “*Right conversations, right people, right time*” (Appendix 2) and “*Think Family, Work Family*” (Appendix 3). The following steps must be followed:

- Discuss with your line manager, a child protection supervisor, the named nurse or a member of the safeguarding team as soon as possible
- Record your observations, analysis, discussions and action plan in the electronic patient record in accordance with record keeping policy and practice guidance.
- You may decide or be asked to make a referral to Children’s Social Work Services. This must be first completed via telephoning the **Duty and Advice Team on 0113 3760336** and followed up within 24 hours using the Record of Contact Form, ensuring a copy is kept in the child’s records and one is forwarded to the named nurse.
- You may be asked by children social work services to participate in further discussions in order to assess the risks and to protect the child. It is important that you participate and contribute to the safeguarding process in order to protect the child.

6 Suspected Fabricated or Induced Illness; or Perplexing Presentation

If any health professional dealing with a perplexing presentation has concerns that a child may be at risk of fabricated or induced illness, they must record their concerns and speak to a named or designated professional. Further information with regard to this issue can be found in the LSCB procedures and Safeguarding Children in Whom Illness is Fabricated or Induced (Department for Children, Schools and Families 2008).

7 Child Death Reviews

Chapter 5 of Working Together to Safeguard Children (2015) outlines the statutory requirements of organisations to contribute to the Sudden Unexpected Death in Childhood (SUDIC) and Child Death Overview Panel (CDOP) processes. LCH must:

- Be aware of SUDIC and CDOP arrangements
- Assist and co-operate with the procedures for the investigation of sudden and unexpected death in childhood
- Provide information for the Child Death Overview Panel in line with local procedures and timescales
- Ensure attendance of Trust representatives at the CDOP
- Implement the learning and recommendations arising from the death review processes

8 Sharing Information

LCH staff must share information with other agencies, in a safe and timely manner, where this is necessary for the purposes of safeguarding children and young people in accordance with the law and multi-agency procedures. This may include personal and sensitive information about:

- the child or young person(s) at risk of or experiencing abuse
- family members
- staff
- members of the public

LCH is also required to share anonymised and aggregated data where requested, for the purposes of monitoring and developing safeguarding practice.

Safeguarding Children Policy

9 Management of Safeguarding Children-Related Serious Incidents

All serious incidents (SIs) involving children must be reported in accordance with the Incident and Serious Incident Management Policy.

10 Allegations Against Persons who Work with Children

A designated senior manager and deputy must be identified to have overall responsibility for ensuring LCH operates in accordance with Chapter 2.6 of the West Yorkshire Consortium Procedures: *Allegations Against Persons who Work with Children*.

All allegations of abuse by staff, including where there is clear evidence that they are false or malicious, will be recorded and monitored using the DATIX incident management process.

Allegations that a member of staff has caused or been complicit in the abuse or neglect of a child and where there is no immediate evidence that it is false must be reported to the Local Authority Designated Officer (LADO) on 0113 2478652 and managed according to West Yorkshire Consortium Procedures.

The member of staff's line manager must consider the need for temporary exclusion or redeployment under the disciplinary policy based on potential risks to the alleged victim or others whilst investigation takes place.

Any safeguarding concerns arising from disclosures made during the course of an investigation or other human resources process must be managed in accordance with the West Yorkshire Consortium Procedures.

11 Child Protection Supervision

The Child Protection Supervision Policy has been developed to ensure that child protection supervision meets the requirements of staff within LCH.

Child protection supervision is the provision of protected time for professional support, learning and reflection which enables practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance the safety and protection of children in complex clinical situations. Child protection supervision is therefore a structured and negotiated process involving one or more practitioners with a suitability experienced supervisor.

To support staff, the Named and Designated Safeguarding Children professionals are available Monday-Friday during working hours offer advice and support with all aspects of care relating to Safeguarding practice. Should staff require support out of hours this can be accessed by contacting the appropriate Social Work Services out of hour's service on 0113 3760469 (re children) or 07712 106378(re adults).

In addition, to supervision, staff can access Occupational Health and the counselling services offered by LCH if required.

12 Risk Assessments

Non-compliance with the policy could result in risk to children and risk to the organisation. Effective dissemination and implementation of the policy can reduce this risk. This policy will be disseminated by Heads of Service / Line Managers and will be available via the

Safeguarding Children Policy

Leeds Health Pathways and ELSIE. All staff must be aware of their responsibilities for safeguarding – this will be measured by monitoring levels of compliance with training.

13 Mental Capacity Act (MCA 2005 Code of Practice)

This Act applies to all persons over the age of 16 who are assessed to lack capacity to consent or withhold consent to treatment or care. Under the MCA there are occasions when anyone lacking capacity should, or may require an Independent Mental Capacity Advocate, where treatment or residence decisions have a significant impact on an individual's life and rights.

For further information ask ELSIE.

14 Deprivation of Liberty Safeguards (DoLS)

In March 2014 it was ruled that a person without capacity is deprived of their liberty if they are both subject to continuous supervision and control and unable to leave.

Any deprivation of liberty of a person who lacks capacity has to be carried out in accordance with law. If a LCH staff member is aware of anyone they believe is or is likely to be deprived of their liberty, they must act in accordance with the MCA policy and DoLS guidance or they must discuss their concerns with a member of the Adult Safeguarding Team.

For further information on the MCA 2005 or on Deprivation of Liberty 'Ask ELSIE' or speak to the Named Nurse MCA/DoLS, Dementia or one of the MCA Champions.

15 Safeguarding

This policy describes the roles and responsibilities of LCH in relation to the safeguarding of children. As an NHS provider organisation commissioned by the Leeds NHS Clinical Commissioning Groups (CCG's) we have a responsibility to ensure we meet the agreed standards for Section 11 of the Children Act 2004, and comply with statutory guidance outlined in Working Together to Safeguard Children 2015.

We are expected to follow the multi-agency procedures, comply with this policy and assist in taking the necessary action to safeguard children experiencing or at risk of abuse.

LCH must maintain robust safeguarding systems and safe practice within agreed local multi-agency procedures.

The Children Acts of 1989 and 2004 and the statutory guidance Working Together to Safeguard Children (2015) have set out the principles for safeguarding and promoting the welfare of children.

Working Together to Safeguard Children (March 2015) defines safeguarding and promoting the welfare of children as:

- 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

Safeguarding Children Policy

The Children Act 2004 emphasises that we all share a responsibility to safeguard children and young people and provide for their welfare and that all members of the community can help to do this.

16 Training Needs

Refer to the Statutory and Mandatory Training Policy including Training Needs Analysis. Up to date information is available on the Intranet for course details.

The protection of children remains the responsibility of ALL staff whatever role they are employed in. In order to safeguard children with whom they have contact there is a need for all employees to understand some of the basic concepts of Child Protection and to be able to recognise the need to undertake the appropriate action when required.

All staff must be aware of the level of training and competence they need to attain and maintain relevant to their role. Refer to the Statutory and Mandatory Training Policy for more details, available on the intranet.

LCH must have a safeguarding children training plan in place, which reflects the requirements of the Intercollegiate Document – *Safeguarding children and young people: roles and competences for health care staff (2014)* and *Working Together to Safeguard Children (2015)*.

In addition, Leeds Local Safeguarding Children Board (LSCB) training is available along with specific training for staff in specialist areas. The LSCB brochure of training is available via the LSCB website www.leedslscb.org.uk.

17 Monitoring Compliance and Effectiveness

Explain how you will monitor compliance with, and effectiveness of, the policy, this may include auditing. Give clarity on who is leading with what and how actions will be implemented.

Minimum requirement to be monitored / audited	Process for monitoring / audit	Lead for the monitoring/audit process	Frequency of monitoring / auditing	Lead for reviewing results	Lead for developing / reviewing action plan	Lead for monitoring action plan
Policy reviews	Section 11	Safeguarding (SG)Team	Annually	LSCB	Safeguarding Operational Group	Safeguarding Committee
Training	ESR and Care Quality Commission (CQC) LCH submissions	SG Team	Monthly	Safeguarding Operational Group	Safeguarding Operational Group	Safeguarding Committee
Child Protection Supervision	CQC LCH submissions and Audit	SG Team	Annually	Safeguarding Operational Group	Safeguarding Operational Group	Safeguarding Committee
Reporting and recording safeguarding	Documentation audit	Audit Team	Annually	Safeguarding Group	Safeguarding Operational Group	Safeguarding Committee
Attendance at case conferences	SystmOne	SG Team	Monthly	HCP Service Leads	HCP	HCP
Attendance at LSCB and subgroups	Minutes of meetings	HOS	Annually	SG team	Safeguarding Operational Group	SG committee
Implementation of recommendations from SCR, LLR and SUDIC	Action Plans	Health Advisory Group	Quarterly	CCGs	LSCB	LSCB

18 Approval and Ratification process

The policy has been approved by the Clinical and Corporate Policies Group and ratified by the Quality Committee on behalf of the Board.

19 Dissemination and Implementation

Dissemination of this policy will be via the Clinical and Corporate Policy Group to services and made available to staff via the intranet.

Implementation will require:

- Operational Directors/ Heads of Service/General Managers/Children's Safeguarding Operational Group Members to ensure staff have access to this policy and understand their responsibilities for implementing it into practice
- The Quality and Professional Development Department will provide appropriate support and advice to staff on the implementation of this policy
- This policy will be linked through to Leeds Health Pathways

20 Review arrangements

This policy will be reviewed in two years following ratification by the author or sooner if there is a local or national requirement.

21 Associated documents

GL040: The Deprivation of Liberty Safeguards

LSCB: Information Sharing Protocol

[online]<http://www.leedslscb.org.uk/Practitioners/Information-sharing-protocol> [Accessed 30th November 2016]

LCH: Whistle Blowing (formerly known as Hearing Concerns of Workers Policy)

NSPCC: Whistle Blowing [online] <https://www.nspcc.org.uk/fighting-for-childhood/news-opinion/new-whistleblowing-advice-line-professionals/> [Accessed 30th November 2016]

PL291: Child Protection Supervision Policy

PL292: Criminal and Legal Proceedings Policy for Staff Assisting Police with Enquiries/Providing Evidence for Legal Proceedings

PL317: Information Governance Policy

PL325: Records Management Policy including Health Record Keeping Standards Guidance

22 References and Bibliography

Bailey, s. Belderson, P. Brandon, M. Dodsworth, J. Garstang, J. Harrison, E. Retzer, A. Sidebotham, P. and Sorensen, P. 2016. *Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014* London: Department for Education

Care Quality Commission, 2016. *Not See, Not Heard: A review of the arrangements for child safeguarding and health care for looked after children in England* Newcastle-upon-Tyne: CQC

Children Act 1989. London, HMSO.

Children Act 2004. London, HMSO.

Safeguarding Children Policy

Children's Society 2016 *Seen and Heard: A training package for healthcare professional to recognise the signs of abuse* [Online] <http://seenandheard.org.uk/> [Accessed 24th August 2016]

Data Protection Act 1998. London, HMSO.
<http://www.opsi.gov.uk/ACTS/acts1998/19980029.htm>

HM Government, 2015. *Working together to safeguard children: A guide to interagency working to safeguard and promote the welfare of children* London: Department for Education

Leeds Safeguarding Children Board 2015 *Record of Contact Form* [Online]
<http://www.leedslscb.org.uk/Practitioners/Local-protocols/Practitioners-Guidance/Contacting-Duty-and-Advice> [Accessed 5th September 2016]

Leeds Safeguarding Children Board 2014 *Right conversation, Right people, Right time* [online] <http://www.leedslscb.org.uk/LSCB/media/Images/pdfs/Right-conversations,-Right-people,-Right-time-Guidance.pdf> [Accessed 2nd September 2016]

Leeds Safeguarding Children Board 2014
<http://www.leedslscb.org.uk/LSCB/media/Images/pdfs/Think-Family-Practice-Guidance.pdf> [Accessed 5th September 2016]

Leeds Safeguarding Children Board 2016 *West Yorkshire Consortium Procedures Manual* [online] <http://westyorkscb.proceduresonline.com/index.htm> [Accessed 2nd September 2016]

Royal College of Paediatrics and Child Health 2014 *Intercollegiate Document (Third Edition: March 2014) Safeguarding children and young people: roles and competences for health care staff* London: Royal College of Paediatrics and Child Health

UNICEF *Note on the Definition of Child Trafficking* [online]
https://www.unicef.org/southafrica/SAF_pressrelease_notetrafficking.pdf [Accessed 30th November 2016]

Safeguarding Children Policy

23 Appendices

Appendix 1: Glossary

<p>Physical abuse</p>	<p>May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical abuse can take place within the context of wide range of relationships including parent to child, domestic violence or peer to peer relationships.</p> <p>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child; or when an adult enables, facilitates or undertakes female genital mutilation on a child.</p>
<p>Emotional abuse</p>	<p>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.</p>
<p>Sexual abuse</p>	<p>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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.</p> <p>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.</p> <p>Female genital mutilation is a form of sexual abuse.</p>
<p>Child Sexual Exploitation</p>	<p>Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child’s immediate recognition; for</p>

Safeguarding Children Policy

	<p>example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.</p>
<p>Neglect</p>	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>
<p>Child Trafficking</p>	<p>Under international law, child trafficking is a crime involving the movement of children for the purpose of their exploitation. A child has been trafficked if he or she has been moved within a country, or across borders, whether by force or not, with the purpose of exploiting the child. (UNICEF 2007)</p>
<p>Parental Responsibility</p>	<ul style="list-style-type: none"> • For children whose births were registered from 15 April 2002 in Northern Ireland, from 1 December 2003 in England and Wales and from 4 May 2006 in Scotland, parental responsibility rests with both parents, provided they are named on the birth certificate, regardless of whether they are married or not. • For children whose births are registered prior to these dates, the father would only automatically have parental responsibility if he was married to the mother. Otherwise, he could acquire parental responsibility through a Parental Responsibility Agreement with the mother or a Parental Responsibility Order through the courts. A married step parent or civil partner may also obtain parental responsibility in this way. • If the parents are divorced, both parents retain parental responsibility for the child. • The situation is more difficult if the child was conceived by assisted reproduction. Legal parentage in these circumstances is addressed by the Human Fertilisation and Embryology Act 2008. Specific advice should be sought for individual cases. • If the child is the subject of a Care Order, the Local Authority has parental responsibility which is shared with the parents. • If the child is in care voluntarily, parental responsibility remains with the parents. • Others can be granted parental responsibility, such as anyone granted a Residence Order or Special Guardianship Order.

Safeguarding Children Policy

	<ul style="list-style-type: none">• The Local Authority may rely on an Emergency Protection Order (EPO) or an Interim Care Order (ICO) to acquire parental responsibility temporarily; or Care Order (CO) to share parental responsibility until the child reaches the age of 18 years unless an application is made to the Courts for discharge of the Order prior to the child reaching 18 years of age.• Parental responsibility is lost by those giving the child up for adoption and parental responsibility is granted to the agency whilst placement is sought. When the child has been formally adopted, the adoptive parents hold parental responsibility.
--	--

**NB: These documents are embedded here for information only.
Always access the most recent version available via the LSCB website**

Appendix 2: Right conversations, Right people, Right time



Right-conversations,
-Right-people,-Right-

Appendix 3: Think Family, Work Family – practice guidance



Think-Family-Practice
-Guidance.pdf

Appendix 4: Record of Contact Form



Record-of-Contact-F
orm.docx

Policy Consultation Responses

Complete this template when receiving comments at various draft stages of the Policy.

Responder (including job titles and organisation)	Version, Comment and Date	Response from Author
Rachel Stanton Head of Service (Interim) – Safeguarding, LTHT	Revision (draft 1) 12.09.16. <ul style="list-style-type: none"> Requested we develop a single document for LCH and LTHT use 	LCH to retain as much similarity as possible while holding separate documents as there has been confusion previously with regard to the ownership and version control with the combined approach
Shelagh Davenport Lead Professional SUDIC LCH	Revision (draft 1) <ul style="list-style-type: none"> Minor grammatical changes Pg. 7 final bullet point – queried measurability 	Retained as was included as an assurance point in the original document and would be measured through compliance with training, supervision and appraisal
Vikki Auld Specialist Nurse – Safeguarding Children LCH	Revision (draft 1) <ul style="list-style-type: none"> Pg. 5 Suggested using only the four main categories of abuse in the body of the document with expansion in the definition section to allude to domestic violence, cyber-bullying, CSE and grooming Pg. 5 Expanded to the definition and origin of “significant harm” Pg. 9 Suggested a link to seven golden rules of information sharing or adding same to appendices 	Accepted Accepted Added to the list of associated documents

Policy Consultation Process

<p>Title of Document</p>	<p>Safeguarding Children Policy</p>
<p>Author (s)</p>	<p>Deborah Reilly Head of Service – Safeguarding Designated Nurse – Looked After Children and Care Leavers (Original Author: Maureen Kelly – Senior Designated Nurse for Safeguarding)</p>
<p>New / Revised Document</p>	<p>Revised</p>
<p>Lists of persons involved in developing the policy</p>	<p>Gill Marchant, Designated Nurse Safeguarding Children, NHS Leeds South and East CCG</p>
<p>List of persons involved in the consultation process</p>	<p>Tracy Taylor, Named Nurse Safeguarding Children Wendy Brown, Named Nurse Safeguarding Children Shelagh Davenport, Lead Professional SUDIC (response received) Pat Draper, Specialist Nurse, Safeguarding Children Nurse Vikki Auld, Specialist Nurse, Safeguarding Children Nurse (response received) Jackie Moore, Specialist Nurse, Front Door Safeguarding Hub Lynne Chambers, Named Nurse, Safeguarding Adults Su McAlpin, Named Nurse, MCA, DoLS and Dementia Dr Alison Share, Designated Doctor, Children Looked After Dr Dipti Subrahmanian, Named Doctor, Safeguarding Children Dr Amanda Thomas, Executive Medical Director, Designated Doctor Safeguarding</p>

	<p>Children</p> <p>Marcia Perry, Executive Director of Nursing</p> <p>Caroline McNamara, Clinical Lead, Adult Business Unit</p> <p>Karen Worton, Clinical Lead, Children's Business Unit</p> <p>Samantha Childs, Head of Service, Healthy Child Pathway</p> <p>Janet Addison, Head of Service, CAMHS, SaLT</p> <p>Benita Powrie, Head of Service, I-CAN</p> <p>Helen Rowland, QPD Lead, Children's Business Unit</p> <p>Rachel Stanton, Head of Service (Interim) Safeguarding, LTHT</p>
--	--