ST CATHERINE'S HOSPICE

Safeguarding and Promoting the Welfare of Children Policy

Document Control Table

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Amendment History

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POL 02 v1 (June 2015)	July 2016	Amanda Gregory	Annual review, minor changes to text with no implication for essence of policy or procedure
POL 02 v2 (July 2016)	July 2017	Amanda Gregory	Scheduled review. Updates: • Manager responsibilities • Reporting
POL 02 v3 (July 2017)	October 2017	Amanda Gregory	Update to deputy safeguarding lead Change of nomenclature from named doctor to safeguarding lead
POL 02 v3.1 (October 2017)	February 2018	Amanda Gregory	Website addresses for Surrey and East Sussex updated

Associated Documents

Raising Concerns at Work Policy
DBS and Criminal Records Checks Policy
Policy for dealing with child safeguarding allegations against staff/volunteers
Information Governance Policy
IT policy
Social Media Policy
Adult Safeguarding Policy
Incident Reporting Policy
Missing Children and Young People Procedure
Human Rights Act 1998

References

1. Safeguarding children and young people: roles and competencies for healthcare staff. Intercollegiate document. Third edition: March 2014. Published by the Royal College of Paediatrics and Child Health 2014 on behalf of the contributing organisations. http://www.rcn.org.uk/__data/assets/pdf_file/0008/474587/Safeguarding_Children_-_Roles_and_Competences_for_Healthcare_Staff_02_0....pdf (accessed 18/7/17)

2. Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. March 2015 (updated 2017). HM Government. https://www.gov.uk/government/publications/working-together-to-safeguard-children--2 (accessed 18/7/17)

3. UN Convention on the Rights of the Child http://www.unicef.org.uk/UNICEFs-Work/UN-Convention/ (accessed 29/06/17)

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13. Female Genital Mutilation Act 2003. HM Government. http://www.legislation.gov.uk/ukpga/2003/31/contents (accessed 18/7/17)

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Contents

1. Purpose

Children and young people are defined as all those who have not reached their 18th birthday. Throughout this policy the term children is used to mean children and young people.

The UN Convention on the Rights of the Child requires that children live in a safe environment and be protected from harm[3]. StCH has a statutory duty to comply with legislation laid out in the Children Act 2004[4] and the Children Act 1989[5], specifically sections 11 and 13 of the former and sections 27 and 47 of the latter.

The key principles of a child centred and coordinated approach to safeguarding are[2]:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

2. Scope of policy

StCH recognises the importance of safeguarding and promoting the welfare of children. As an organisation it is committed to ensuring a culture within which staff and volunteers are competent to recognise and respond promptly to concerns relating to the welfare of children. This includes all staff and volunteers feeling confident to share their concerns within a culture that promotes openness and transparency.

Although the service StCH provides is predominantly to adults, adults under the care of StCH may have dependent children who may be at risk due to the health or behaviour of their parent/carer, or for other reasons. Some children may be acting as young carers, or need additional support in terms of early help, and in our dealings with their parents, we will undertake to remember at all times children's vulnerability, and seek to work with parents, schools and other agencies where appropriate to safeguard them and promote their welfare. StCH also recruits volunteers under the age of 18 to whom this policy would apply.

This policy draws on two documents:

- *'Safeguarding Children and Young people: roles and competences for health care staff'* Intercollegiate Document April 2014 (Next revision 2017)[1]
- '*Working together to safeguard children' March 2015*[2] HM Government updated 16th February 2017

The policy and associated training is also aligned with the Pan Sussex Child Protection and Safeguarding Procedures and guidance[10].

3. Definitions

StCH - St Catherine's Hospice
LSCB - Local Safeguarding Child Board
SCR - Serious Case Review
SMT - Senior Management Team
DBS - Disclosure and Barring Service
GMC - General Medical Council
NMC - Nursing and Midwifery Council
CQC - Care Quality Commission

CCG - Clinical Commissioning Group
IPU - Inpatient Unit
LA - Local Authority

4. Policy statement & aims

This policy outlines how StCH meets its duties under legislation to safeguard and promote the welfare of children and reflects the importance StCH places on this. It supports an organisational culture of listening to children and taking account of their wishes and feelings, both at an individual level and when developing services.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

5. Accountability and responsibility

Safeguarding children is everyone's responsibility and no one should assume someone else will pass on information. All staff and volunteers who come in to contact with children MUST know what to do if they have concerns about the welfare of a child and MUST know that these concerns, no matter how small, should be discussed with the safeguarding lead or their deputy.

All Staff/Volunteers must

- be aware of their individual role in safeguarding children and the role of other professionals
- understand and follow this guidance and related StCH policies and procedures
- demonstrate competency in recognising maltreatment of children and the ability to take action as appropriate to role and maintain these competencies through attending and engaging in compulsory training, reflecting on cases and engaging in CPD and the appraisal process
- be responsible for safeguarding and promoting the welfare of children they come into contact with
- be responsible for identifying and responding to concerns about child safeguarding
- know what to do if they have concerns about the welfare of a child. This includes who to obtain advice from within StCH and how to refer to the appropriate agency
- be aware that in the unlikely situation that the safeguarding lead or their deputy do not agree that a referral needs to be made to social care in the case of suspected abuse, but the member of staff remains concerned, they may make a referral directly themselves
- cooperate with other agencies to protect individual children and young people from harm
- share information about concerns with agencies who need to know, involving parents and children appropriately

In addition, staff and volunteers who hold positions listed below have the following responsibilities:

Safeguarding Lead for Safeguarding Children and Young People must (with support from their Deputy) ensure concerns raised about the welfare of a child are acted on appropriately. If a child safeguarding concern is identified, they must be notified.

They will consult with those raising concerns and the decision will be made by the Safeguarding Lead for Safeguarding Children and Young People or deputy as to the action to be taken. The named doctor/deputy are responsible for making referrals to the local authority, they may, however, delegate this responsibility to the person raising the concern (but are still responsible for ensuring it happens). If there is immediate risk of harm to the child and/or delay in being able to contact the Safeguarding Lead /deputy when action needs to be taken promptly, the concerned staff member/volunteer is responsible for making an urgent referral to the police and/or local authority (see appendices 1 and 2) in conjunction with their line manager.

NB when the Safeguarding Lead /deputy are not available, eg out of hours, their responsibility for ensuring concerns raised about the welfare of a child are acted on appropriately are delegated to the SMT, consultant and senior nurse on call.

In addition they must;

- support all activities necessary to ensure that StCH meets its responsibilities to safeguard/protect children and young people.
- be responsible to and accountable within the StCH managerial framework and contribute to planning and strategy in relation to safeguarding/child protection
- support and advise the board and SMT about safeguarding/child protection by working closely with the SMT safeguarding/child protection lead
- provide advice and supervision to all staff and volunteers within StCH regarding safeguarding/child protection (both in terms of education and responding to concerns)
- make themselves available and approachable to hear and discuss all concerns relating to children, no matter how small
- ensure concerns raised by a member of staff or volunteer working within StCH are acted upon promptly and appropriately, and that appropriate feedback is given as to the outcome
- ensure clear local arrangements for collaboration with other professionals and agencies (this includes procedure for sharing information)
- liaise with external professionals in relation to safeguarding/child protection as necessary
- circulate a written update annually to all staff/volunteers about safeguarding/child protection. This will include updates to this policy, any changes in legislation, summary of concerns raised and outcomes, outcomes from reviews and risks associated with internet/social networking.
- report quarterly (at a minimum) to SMT on outcomes or concerns raised to contribute to staff learning and development, encouraging case discussion and reflective practice.
- ensure this policy is kept current and be responsible for its dissemination and implementation.
- report annually to the Board with regard to safeguarding/child protection
- contribute to the delivery of training and ensure the training takes place and is in line with the intercollegiate framework and the requirements of StCH.
- oversee a robust system to monitor the management of concerns raised and hence the quality and effectiveness of this policy and associated training.

Managers, Supervisors* and Senior Clinicians must:

- be responsible for ensuring that child safeguarding concerns raised by their staff, or staff they are responsible for as the senior person on duty, are acted upon appropriately and promptly. If the safeguarding lead/deputy is unavailable, they are responsible for deciding with those raising concerns the action to be taken (with support from SMT and/or medical consultant)*.*
- ensure staff understand their contractual obligations with regard to child safeguarding

and know what to do when they encounter or suspect a child is at risk of harm or has been harmed
- ensure staff are aware what to do when they encounter or suspect abuse or neglect.
- take any allegation about a member of staff seriously
- be responsible for ensuring high standards of practice among their staff and that their staff have the necessary resources and support to comply with child safeguarding procedures.
- be responsible for ensuring that their staff undertake child safeguarding training as required, ensure the competencies of their staff are maintained through the appraisal process and facilitate access to regular supervision, training, support, advice and supervision

**supervisor = those staff who are responsible for supervising a member of staff in clinical practice (eg doctors in training or nursing students)*

SMT must
- give the safeguarding lead and deputy authority to carry out their responsibilities as above
- ensure all staff and volunteers have access to appropriate training, learning opportunities and support with regard to safeguarding and promoting the welfare of children in order to be assured they have the knowledge, skills and competence to undertake their roles. This includes being assured that staff/volunteers know how to respond to a concern and where to go for advice and assistance
- ensure conditions of appointment, job descriptions and employment contracts outline individual responsibilities in relation to child safeguarding
- ensure staff and volunteers are recruited safely by ensuring robust employment practices are in place, including, but not confined to checking references and ensuring up to date DBS checks.
- ensure appropriate systems and processes are in place to embed a culture of safeguarding within the organisation
- ensure appropriate use of risk assessment and registers, incident reporting processes and user experience/feedback to review and improve safeguarding systems and processes.
- hold managers accountable for ensuring their staff undertake child safeguarding training as required.
- ensure disciplinary procedures are compatible with the responsibility of StCH to safeguard and protect the welfare of children
- be responsible for taking action in relation to an employee/volunteer if allegations of abuse or neglect are made against them.
- monitor the effectiveness of this framework through regular feedback to them via the StCH governance structure. This will include number of child safeguarding concerns or incidents raised and related outcomes.
- appoint a member of SMT to take leadership responsibility for the organisation's safeguarding responsibilities

SMT Lead for Safeguarding (Director of Care Services) must
- provide leadership in strategic planning in relation to safeguarding/child protection and sure it is part of core business
- oversee the assurance of safeguarding/child protection arrangements at StCH
- ensure there is a programme of training
- ensure serious incidents related to safeguarding/child protection are reported immediately
- support the safeguarding lead and deputy to implement safeguarding arrangements

Chief Executive must

- have overall responsibility for safeguarding and child protection policy thus ensuring good safeguarding/child protection practice throughout the organisation
- ensure arrangements are in place at StCH to reflect the importance of safeguarding and to promote the welfare of children who come into contact with StCH
- ensure all staff are able to protect individual children from harm
- be accountable for ensuring that StCH has a robust framework in place to support child safeguarding procedures. This includes ensuring necessary policies and procedures are in place, there are appropriate resources available and training and supervision is delivered.

The Board must

- ensure scrutiny of StCH's performance with regard to safeguarding
- require assurance of StCH's performance with regard to safeguarding

The Local Authority must

- provide advice and guidance to StCH in situations where a member of staff or volunteer has had an allegation made against them about harm or potential harm to children through the designated officer for the management and oversight of allegations against people who work with children

6. Procedure

StCH will seek to safeguard and promote the welfare of children by valuing them, listening to them and respecting them.

What is abuse and neglect?

Abuse and neglect are forms of maltreatment - a person 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.

The following definitions of abuse are used nationally

Physical Abuse	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.
Emotional Abuse	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 children 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 the 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 cyberbullying), 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.
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. 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.
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 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.

More detailed information including risk indicators and how to recognise abuse of neglect is available in the Pan Sussex Child Protection and Safeguarding Procedures Manual[10]. and NICE Quick Reference Guide - when to suspect child maltreatment. 2009[11].

Female Genital Mutilation (FGM)

This 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. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of child abuse and violence against women and girls, and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the *Female Genital Mutilation Act 2003*[13]. Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under18s which they identify in the course of their professional work to the police. **The duty came into force on 31 October 2015**[14]**.**

What to do if you suspect abuse or neglect

Any employee or volunteer working for or within StCH who is concerned about the welfare of a child is responsible for following the guidance laid out in the flow charts in appendices 1 and 2.

Young Carers[10]

Adults under the care of StCH may have a young carer. A young carer is defined as ".. a young person under 18 who has a responsibility for caring on a regular basis for a relative.... who has an illness or disability..."[10]. Being a young carer can lead to losses for the child and many experience a low level of school attendance, some educational difficulties, social isolation and conflict between loyalty to family and their wish to have their own needs met. These children are entitled to assessment and support, and we should assist their parents to request this from the local authority, in collaboration with their school where appropriate.

If a member of staff or volunteer has concerns that a young carer is at risk of neglect, abuse or harm a referral must be made to the local authority as for any child for whom there are welfare concerns (see appendices 1 and 2). The same guidance also applies with regard to information sharing and confidentiality as laid out in appendix 4.

No one should assume someone else will pass on information. If you are concerned it is your responsibility to share that information. It is not our responsibility to decide whether a child has been abused or not.

Training

All staff and volunteers recruited by StCH will receive training to enable them to effectively safeguard, protect and promote the welfare of children and young people[1] appropriate to their role. In addition, staff are expected to follow their relevant professional guidance (eg GMC, NMC).

StCH must be assured that any externally contracted provider of safeguarding education and training explicitly states how any course or learning opportunity meets the required intercollegiate framework[1] level (whether face to face or e learning).

As part of the induction process, all new staff and volunteers must attend a compulsory session of 30 minutes as either part of the general induction session or within 6 weeks of starting their role. The session on safeguarding adults and children will include key safeguarding/child protection information, including vulnerable groups, different forms of child maltreatment and appropriate action to be taken if there are concerns. The framework for ongoing staff training is outlined in appendix 3.

Visitors

All visitors to StCH (any site) other than friends and family members visiting patients must be accompanied by a member of staff at all times

Visitors in this context includes the following groups:

- people being shown around the hospice by members of staff
- official visitors/celebrities

It does not include staff on clinical placements who follow a clear procedure including StCH being assured of a valid and appropriate DBS check as part of being accepted on placement. Friends and family members visiting patients will sign a register to confirm who they are visiting.

Concern, allegation or incident of abuse or neglect involving a member of staff or volunteer of StCH

- It is the responsibility of StCH to act immediately upon a concern/allegation/incident and protect the child(ren) from harm. An investigation must be instigated and evidence collected. The registered manager, safeguarding lead and HR will decide who should lead the investigation within StCH, following consultation with the designated officer/team for the management and oversight of allegations against people who work with children from the Local Authority.

- Any allegation against a member of staff or volunteer should be reported immediately to a senior manager who should seek immediate advice from SMT, the safeguarding lead and HR. The Local Authority Officer/team should be informed within 1 working day of all allegations brought to employers attention or made directly to police (this should be done by the named doctor, senior manager or senior HR team member).
- The local authority, CQC and CCG must be informed of incidents or allegations originating from StCH and/or its staff or volunteers.
    - The local authority which needs to be informed will depend on where the allegation took place - if it is in the relation to the IPU it will be West Sussex, if in the community, West Sussex, Surrey or East Sussex. The CCG needs to be informed if they are commissioning the StCH service within which the allegation/incident took place.
- The Local Authority Officer/team will provide advice and guidance to StCH. They are available to provide advice or support in any allegations process, including advising whether or not immediate suspension of the person concerned should be initiated.
- A StCH employee against whom a complaint or allegation of abuse or neglect has been made should be made aware of their rights under employment legislation and internal disciplinary procedures. Codes of professional conduct and/or employment contracts should be followed and should determine the action that can be taken including the need to report the employee to statutory and other bodies responsible for professional regulation eg NMC/GMC.
- If a member of staff is removed from their role providing a regulatory activity following a safeguarding incident, StCH has a legal duty to refer them to the DBS. This legal duty also applies if the employee is dismissed, redeployed to a non regulated activity or leaves their role to avoid a disciplinary hearing (if the organisation feels they would have dismissed based on information they hold) following a safeguarding incident.
- If criminal procedures are concluded without action being taken, this does not mean that regulatory or disciplinary procedures should cease or not be considered.

Documentation of Safeguarding Concerns

All safeguarding concerns must be recorded clearly and accurately as outlined below:

- The following details should be documented in the child's electronic notes using the significant new events box and the decisions and capacity window to guide decision making if there are concerns about mental capacity:
    - what the concerns are and when they were identified
    - whether the child(ren) and parent/carer involved have given their consent to reporting concerns and their involvement in decision making about action to be taken including their wishes. If consent has not been gained to share concerns, the reason why must be clearly stated. *See appendix 3 on sharing information about what needs to be included.*
    - what has been done to minimise risk/harm and to protect the child(ren) involved
    - to whom the concerns have been reported and when
    - date/time concerns reported to local authority and by whom.
    - further action required by StCH pending local authority response.
    - If the concerns relate to a child related to an adult under the care of StCH, that a concern has been raised should be flagged in the adult's electronic notes
- All documentation must be factual, objective and not include opinion or assumption. Current law and guidance on confidentiality and information sharing must be considered as outlined below.
- The safeguarding lead will collaborate with the local authority if further action or information is required from StCH following a safeguarding concern being raised in relation to a child(ren).
- All information (including outcomes) will be collated to report to SMT

- The collated information will be stored securely by the safeguarding lead in accordance with prevailing guidance and legislation.

The safeguarding lead /deputy will maintain a log of all safeguarding concerns raised. This log is only accessible to them and to the Medical Director and Director of Care Services. Concerns raised that, on discussion, are not referred through safeguarding procedures will be logged as well as those referred.

Safeguarding concerns are not required to be logged on Datix. However, if in investigating an incident or complaint/concern, the investigator identifies safeguarding concerns, this must be indicated on the Datix form and managed as per this policy. There are circumstances where an event will be both an incident or complaint/concern and safeguarding concern. In these situations, a Datix form should be completed and the safeguarding lead /deputy involved in managing the investigation.

Procedures for information sharing
Any sensitive and/or confidential information must be shared in accordance with prevailing law and guidance including but not exclusive to the Data Protection Act 1998[6]. Information must be shared using secure means such as nhs email or equivalent. Appendix 4 outlines key principles and questions to guide decision making about the appropriateness of sharing information. If you are not sure whether it is appropriate to share information, the named doctor or deputy, or the Caldicott Guardian or their deputy can provide guidance.

7. Dissemination

This policy will be disseminated to all staff by the author. The reason for the policy and any major changes will be highlighted in the issuing email. Managers will be contacted by the author reiterating the purpose of the policy and any significant changes and to remind them of their responsibility in ensuring their staff are aware of the policy and where to find it. Staff will also be advised of any newly issued or updated policies through Headlines and Clinical News.

8. Monitoring and review

The safeguarding lead for Safeguarding Children will circulate a written update annually to all staff/volunteers about safeguarding/child protection. This will include updates to this policy, any changes in legislation, summary of concerns raised and outcomes, outcomes from reviews and risks associated with internet/social networking.
This policy will be reviewed on an annual basis or earlier if there are changes in the legislation or associated guidance.

Equality Impact Assessment

The equality impact assessment is used to ensure we do not inadvertently discriminate as a service provider or as an employer.

To be completed and attached to all policies when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy affect one group more or less favourably than another on the basis of:	**No**	
	Race	**No**	
	Ethnic origins (including gypsies and travellers)	**No**	
	Nationality	**No**	
	Gender	**No**	
	Culture	**No**	
	Religion or belief	**No**	
	Sexual orientation including lesbian, gay and bisexual people	**No**	
	Age	**No**	
	Disability (e.g. physical, sensory or learning)	**No**	
	Mental Health	**No**	
2.	Is there any evidence that some groups are affected differently?	**No**	
3.	If potential discrimination has been highlighted, are any exceptions valid, legal and/or justifiable?	**N/A**	
4.	Is the impact of the policy likely to be negative?	**No**	
5.	If so, can the impact be avoided?	**N/A**	
6.	What alternatives are there to achieving the aims of the policy without the impact?	**N/A**	
7.	Can we reduce the impact by taking different action?	**N/A**	

If you have identified a potential discriminatory impact of this policy, please refer it to the Information Governance Group, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact any one of the following:

Caldicott Guardian (StCH Medical Director) or **Deputy Caldicott Guardian** (StCH Medical Consultant)
A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. Organisations that access patient records are required to have a Caldicott Guardian. Acting as the 'conscience' of an organisation, the Guardian actively supports work to enable information sharing where it is appropriate to share, and advises on options for lawful and ethical processing of information.

Data Protection Officer (StCH Head of Human Resources)
A Data Protection Officer takes the lead in ensuring the promotion of data protection compliance and best practice in an organisation. This involves setting and maintaining standards, and establishing appropriate procedures across all departments and functions.

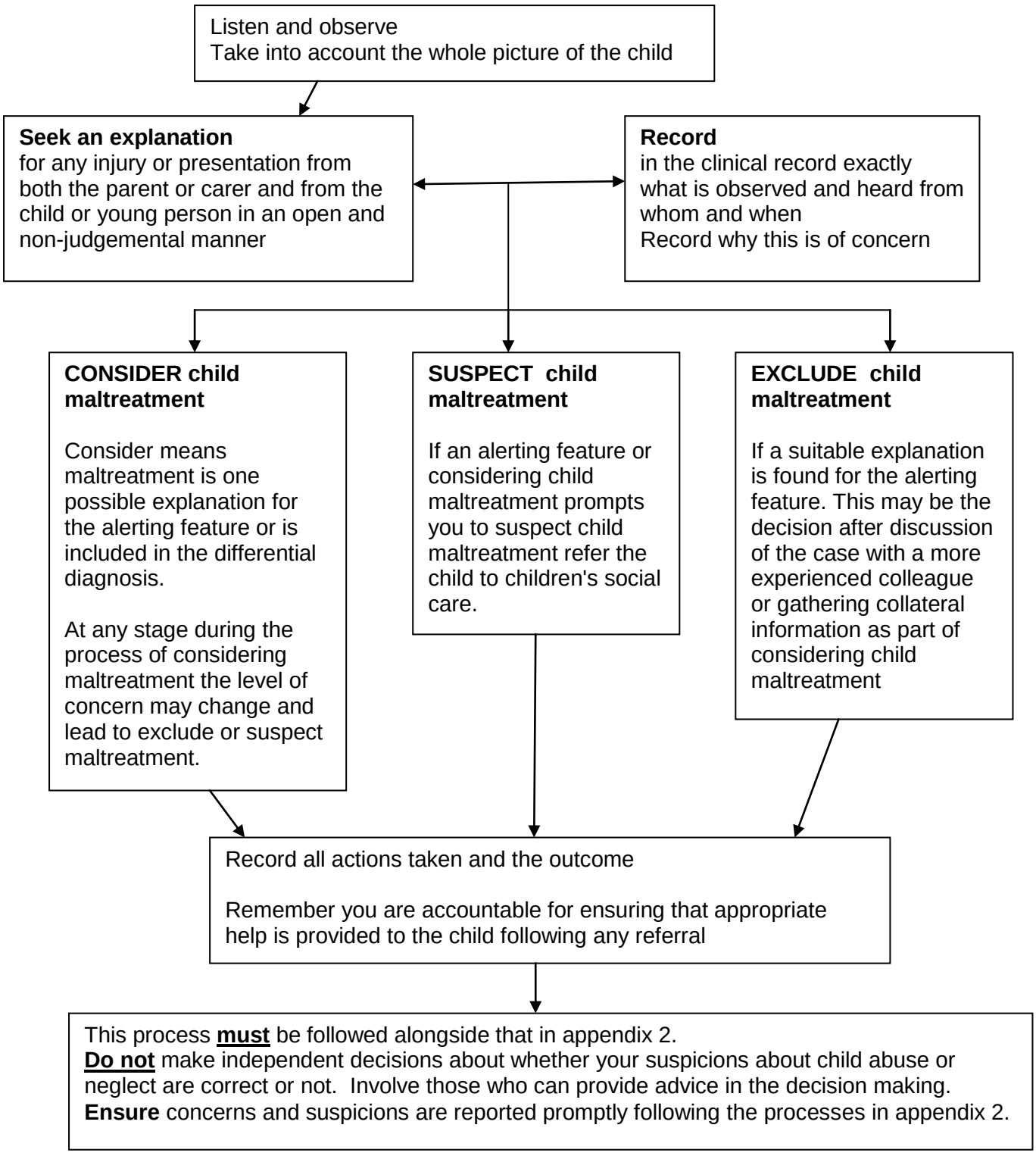
Senior Information Risk Owner (StCH Finance & Site Services Director)
A SIRO is a senior person responsible for ensuring the organisation's information risk is identified and managed, and that appropriate assurance mechanisms exist.

- End -
Appendices follow

Appendices

Appendix 1[9]

If you consider or suspect child abuse or neglect, follow the process below, discussing your concern at the earliest opportunity with the named doctor or her deputy



Appendix 2

Child safeguarding or welfare concern identified (see appendix 1)
If there is concern about immediate danger to the child(ren) the police should be contacted by dialling 999

Immediately escalate to line manager (or most senior person available in their absence) and share information about concerns.
Line manager or senior person is responsible for ensuring that the concerns are responded to promptly and for deciding if and what action is required.

Following discussion, there are still concerns about the child's welfare requiring referral to local authority.

Following discussion, immediate referral to local authority not required

Refer to the relevant local authority (within one working day of recognition of risk).
If concerns relate to the inpatient environment this will be West Sussex.
For concerns raised in the community setting, the local authority will depend on where the child(ren) lives.
Phone referrals must be followed up in writing within 24h.
Points to consider - consent, guidance on information sharing, confidentiality.
Any information sent by email, must be done using a secure email such as nhs.net

Advice should be sought from the following sources. The safeguarding lead /deputy **must** be involved in decision making in hours.

Monday - Friday 0900 - 1700
Safeguarding Lead - Dr Amanda Gregory ex 331 or mobile
Deputy - Cathy Sosoli (Lead for Patient and Family Support Services) ext 327
Out of Hours
Consultant on Call
Senior nurse on call
SMT member on call

Need to consider whether action required to ensure services provided eg in discussion with parents, support through school or access to early help.

West Sussex
In hours 01403 229900, out of hours 0330 222 6664 and/or
Complete form on mailmerge "Form Child Safeguarding Concerns" and email to MASH@westsussex.gcsx.gov.uk (using nhs.net email)
http://www.westsussexscb.org.uk/professionals/contacts-for-referral/

Surrey
In hours 0300 470 9100 Out of Hours 01483 517898
https://www.surreycc.gov.uk/social-care-and-health/childrens-social-care/contact-childrens-services
The local area team for StCH is South East Area

East Sussex
In hours 01323 464222 Out of Hours 01273 335905/01273 335906.
https://www.eastsussex.gov.uk/childrenandfamilies/worried-about-a-child/

If an allegation is made about a member of staff or volunteer with regard to child safeguarding, the Local Authority Officer/Team must be informed within 1 working day. This should be done by the safeguarding lead, senior manager or senior HR team member.

If a concern about child safeguarding or welfare is raised, the Safeguarding Lead **must** be notified by email. If the named doctor is absent, cover arrangements will be circulated.

The local authority will acknowledge receipt of referral and decide on course of action within one working day (action will be taken sooner in urgent cases). They will feed back to referrer on next course of action. If there is no acknowledgement within 24h of referral, the referrer should contact the local authority.

Appendix 3

Who at StCH	What this means
All staff	All staff to attend a face to face session within 6 weeks of starting their role as part of their induction. Face to face session to be led by named doctor or deputy. Meeting with Caldicott Guardian as part of induction Complete e learning** on Virtual College once every 3 years. Over the three year cycle all staff are expected to demonstrate a minimum 2 hours training over 3 years. For clinicians this is 4 hours. For the Named Doctor/Deputy, SMT safeguarding lead, PFST staff and volunteers with direct child contact this is 6 hours. Supplement e learning by discussion of cases, internal/external education and reading policy when circulated yearly. Participation in these learning opportunities to be documented by individual staff members to contribute to their portfolio and appraisal discussion and to demonstrate their ability to recognise and respond to safeguarding concerns and to keep people safe Supervision and reflective practice around safeguarding procedures (preventing, recognising, reporting) is incorporated into team meetings, incident/complaint management and PDPs – including feedback from incidents/complaints
Volunteers	All volunteersto attend a face to face session within 6 weeks of starting their role as part of their induction. Face to face session to be led by named doctor or deputy. All patient facing volunteers will attend an annual face to face session. All non – patient facing volunteers will attend a face to face session 3-5 yearly Information for shop volunteers on identifying and reporting concerns will be available in each shop.
Trustees	All trustees to attend a face to face session within 6 weeks of starting their role as part of their induction. Face to face session to be led by named doctor or deputy. Complete e learning* on Virtual College once every 3 years

All staff and volunteers need to be level 1 trained and all clinicians level 2 trained. The training outlined above meets these criteria for all groups.

** Staff who can demonstrate evidence of Level 1 and Level 2 training (that is in date) when they start their role at StCH to not need to complete the e learning programme until their next 3 year cycle. They are however, required to attend the face to face session as part of compulsory training.

Appendix 4

Information Sharing

In general, because the Articles 2 and 3 of the Human Rights Act 1989[12], right to life and right to protection from torture, are absolute rights, they always supersede the qualifiable right in Article 8 to respect for private and family life. That means that where a concern about possible abuse or neglect of a child has been raised with the designated person, and it is agreed that discussion with their parent could put the child in danger, a referral should be made to social care without the parent's consent.

In general, it is better to share where abuse is suspected, than not to share, and recording what is shared with whom and for what reason will normally provide a defence to a complaint.

The more detailed guidance below outlines when and how to share information in relation to safeguarding/child protection concerns. The guidance draws strongly on the document What to do if you're worried a child is being abused[7] which draws on the information in Information Sharing: guidance for practitioners and managers[8]. A flow chart summarising the guidance can be found at the end of the appendix.

There are six key points to follow when considering sharing information.

- You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might lead to interference with any potential investigation.
- You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration.
- You should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information. You may still share information, if in your judgment on the facts of the case, there is sufficient need in the public interest to override that lack of consent.
- You should seek advice where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.
- You should ensure that the information you share is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely.
- You should always record the reasons for your decision – whether it is to share information or not.

The following eight key questions should be used to support your decision making (this is also summarised in the flow chart in appendix 4)

1. Is there a legitimate purpose for you or your agency to share information?

- There needs to be good reason or legitimate purpose to share information
- The sharing of information must comply with the law relating to confidentiality, data protection and human rights. Establishing a legitimate purpose for sharing information is an important part of meeting these requirements

2. Does the information enable a person to be identified?

- If the information is anonymised, it can be lawfully shared as long as the purpose for sharing is legitimate
- If the information allows a person to be identified, subject to data protection law, you must be open about what information you might need to share and why.

3. Is the information confidential?

- Confidential information - information of some sensitivity, not already lawfully in the public domain or readily available from another public source and which has been shared in a relationship where the person giving the information understood it would not be shared with others.
- Confidence is breached if the sharing of confidential information is not authorised by the person who provided it or to who it relates
- Confidential information comes in different forms, e.g.
    - where a formal relationship exists (eg doctor/patient) all information shared is confidential
    - in an informal relationship a person may ask for specific information to be treated as confidential (eg pupil/teacher)
    - others may assume information will be kept confidential - it is important to check what is and isn't and what may be shared.
    - public bodies who hold sensitive information for the purpose of carrying out function have duty of confidentiality (all patient, carer and staff information held by StCH meets this criteria)

4. Do you have consent to share?

- Consent to share information must be informed (why, who, purpose, implications) and may be implicit or explicit
- The approach for securing consent should be transparent and respect the individual
- The consent of the person to whom the information relates or who has provided the information on the basis it is kept confidential should be sought. A young person who is 16 or 17 or child under 16 who has capacity to understand and make their own decisions may give consent to sharing information.
- To help establish a young person's or child's understanding to consent ask:
    - Can they understand the question being asked of them?
    - Do they have a reasonable understanding of what information might be shared, the main reason or reasons for sharing information, the implications of sharing information and of not sharing it?
    - Can they appreciate and consider the alternative courses of action open to them, weigh up one aspect of the situation against another, express a clear personal view on the matter, as distinct from repeating what someone else thinks they should do, be reasonably consistent in their view on the matter, or are they constantly changing their mind?

- Where consent cannot be gained from the child, usually the person with parental responsibility should give consent on behalf of the child. Consent of one such person with parental responsibility is sufficient
- You must always act in accordance with your own professional code of practice and in the best interests of child
- Consent should not be sought when to do so would, place a child at increased risk of significant harm, place an adult at increased risk of serious harm, prejudice the prevention or detection of a serious crime and or lead to unjustified delay in making enquiries about allegations of significant harm

5. Is there a statutory duty or court order to share information?

- Where the person has a specific disease or a court makes an order for information it must share even if confidential and consent has not been given.

6. Is there sufficient public interest to share information?

- In deciding whether public interest justifies disclosing confidential information without consent, advice can be sought from your line manger, named doctor, Caldicott guardian or professional body.
- If you decide to share information without consent, explain to affected person that you intend to share the information and why unless one or more of the reasons why consent should not be sought is met.
- The key factor in deciding whether or not to share confidential information is proportionality, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question. In making the decision you must weigh up what might happen if the information is shared against what might happen if it is not, and make a decision based on a reasonable judgement.

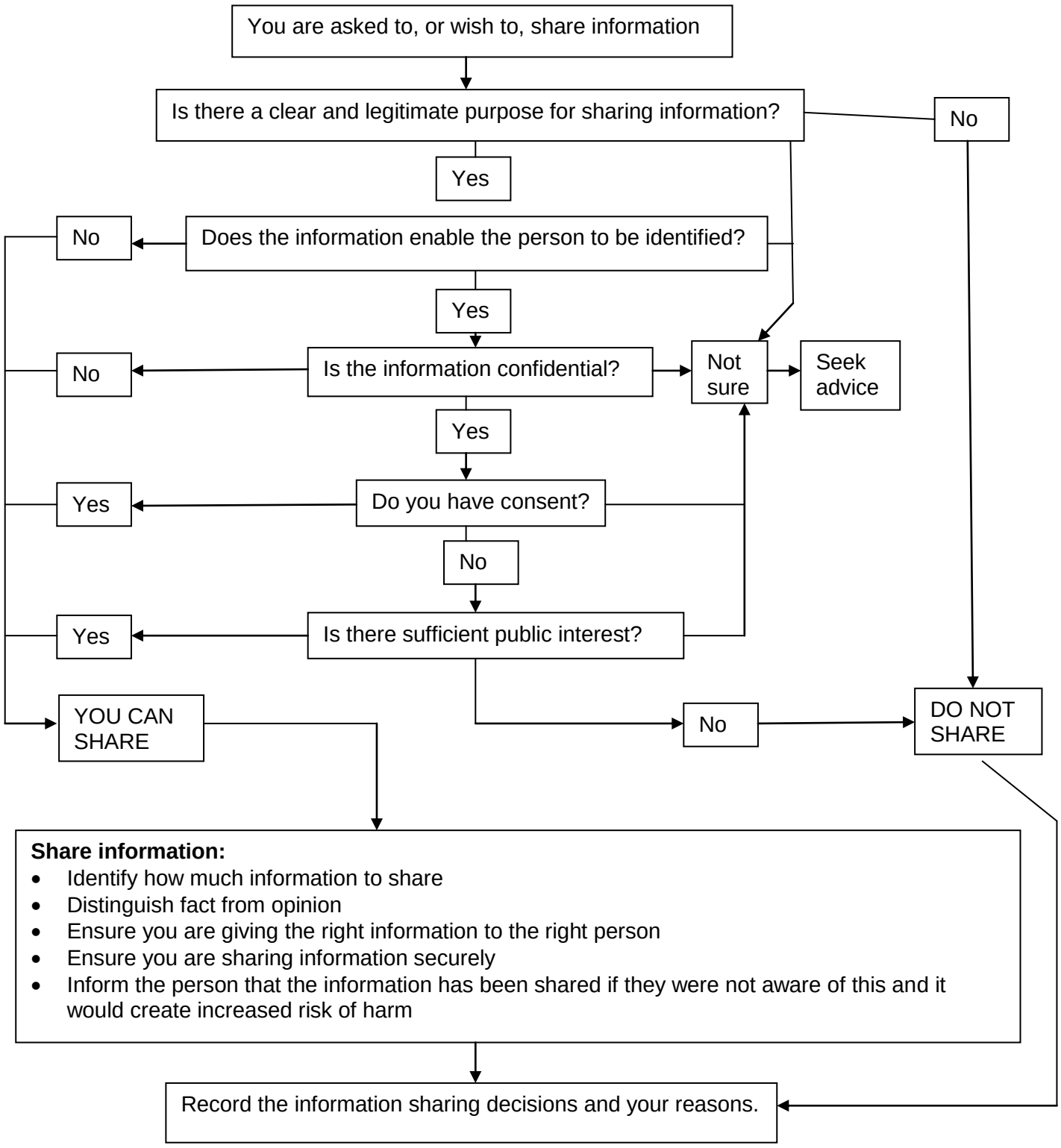
7. If the decision is to share, are you sharing the proper information in the proper way?

- Share the information which is necessary for the purpose for which it is shared
- Share the information with the person/people who need to know,
- Check the information is accurate and up to date
- Share it in a secure way
- Establish whether recipient intends to pass on to others
- Inform the person to whom the information relates

8. Have you properly recorded your decision?

- Record decision and reasons for whether or not you decide to share information
- If information is shared record what was shared and with whom
- Work within organisations arrangements for sharing information which must be in accordance with DPA 1998

Flow Chart Summarising Information Sharing Guidance



If there are concerns that a child may be at risk of significant harm or an adult may be at risk or serious harm, then follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.