Royal United Hospitals Bath
NHS Foundation Trust

Safeguarding Children & Young People Policy

Reference Number:	7036
Author & Title:	Mike Menzies Named Nurse Safeguarding Children & Young People
Responsible Director:	Chief Nurse
Review Date:	1st August 2026
Ratified by:	Vulnerable People's Assurance Committee
Date Ratified:	1st August 2023
Version:	2.0

Related Policies and Guidelines

- Data Protection Policy
- Disclosure and Barring Service Policy and Procedure
- Domestic Abuse Policy
- Health Records Management Policy
- Interpreting and Translation Policy
- Managing Allegations Against Staff & Volunteers Who Work With Children Policy
- Maternity Booking & Antenatal Care Policy
- Mental Capacity Act – Incorporating Deprivation of Liberty Safeguards Policy
- Records Management Policy
- Recruitment and Selection Policy
- Safeguarding Adults Policy

- Safeguarding Children - Bruising in Children Policy
- Safeguarding Children Escalation Policy
- Section 85 Children's Act Policy
- Unborn Baby Protocol
- Whistle Blowing Policy

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Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.0	Final	January 2016	Safeguarding Children Policy replaces Child Protection Policy	Helen Blanchard
1.1	Final	28th January 2016	Proforma added to Appendix 11	Helen Blanchard
1.2	Final	5th February 2016	Section 3.7 definition changed from 'Child in Care' to 'Looked After Child' Section 4.2 heading changed from 'Role of the Trust Board' to 'Board of Directors' Section 5 amended to include staff and volunteers require DBS check Section 9.18 added Human Trafficking section Appendix 12 the word 'Paediatric' added to heading Section 3.17 Paediatric DNA Process revised – reference to template letter removed. DNA Algorithm altered to include Trust Safeguarding Children's Team to be informed when child protection concerns Appendix 14 added	Helen Blanchard
1.3	Final	25 April 2016	Change made to email address in appendices concerning Children's Social Care Referral contact numbers	Helen Blanchard

Issue	Status	Date	Reason for Change	Authorised
1.4	Final	28th July 2016	Change made to Section 9.5 guidance and link to WSCB initial screening tool added	Helen Blanchard
1.5	Final	17th November 2016	Section on Early Help added at paragraph 9.4 and links to local authority early help guidance	Helen Blanchard
1.6	Final	27th July 2017	Clarification to section 9.11 re supervised contact	Helen Blanchard.
1.7	Final	19th March 2018	Update to section 9.3 Child sexual exploitation and “county lines”	Helen Blanchard
1.8	Final	25th October 2018	Update of Was Not brought to DNA process	Lisa Cheek
1.9	Final	14th October 2019	Update from Working together 2018/Intercollegiate Document 2019	Lisa Cheek
2.0	Final	August 2023	Update of current policy: CPIS processes, change in Governance processes, team structures	Antonia Lynch

1. Policy Summary

This policy sets out Royal United Hospital Bath NHS Trust systems for safeguarding children and young people. It provides a robust framework to ensure a consistent approach across the whole organisation and supports our legal and statutory duties as set out in:

- Section 11 Children Act (2004);
- Working Together to Safeguard Children (2018);
- Intercollegiate Document Guidance Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2019);
- Care Quality Commission Fundamental Standards Outcome 13 (2015).

This is a revised policy replacing the Child Protection Policy.

2. Policy Statements

This policy is intended for use by all staff employed by the Trust regardless of their role and volunteers. The aim is to give staff and volunteers a clear understanding of their roles and responsibilities for safeguarding children and young people as defined in Working Together to Safeguard Children 2018.

This policy must be read in conjunction with other safeguarding children policies and supplementary guidance on the Safeguarding Children webpage on the Trust intranet site http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/index.asp?menu_id=17 and South West Safeguarding and Child Protection Procedures https://www.proceduresonline.com/swcpp/

3. Definition of Terms Used

3.1. Child

A child is anyone who has not yet reached his or her 18th Birthday, Children Act (1989).

3.2. Safeguarding and Promoting the Welfare of Children and Young People

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health and development;

- ensuring that they are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best life chances.

3.3. 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.

3.4. Significant Harm

It is the threshold that justifies Local Authority compulsory intervention in family life in the best interests of the child, Children Act (2004).

3.5. 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.

3.6. Children in Need

Children in need are children defined under Section 17 of the Children Act 1989, as those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development or their health or development will be significantly impaired, without the provision of services. It includes children who are disabled.

3.7. Looked After Child (LAC)

Looked After Child is the term used to describe a child who is in the care of the local authority.

Different circumstances will apply to each child regarding their care order which will be relevant when obtaining consent for treatment, as the local authority will have an element of parental responsibility for the child. To clarify who has parental/all the responsibility for a child, the child's social worker should be contacted.

3.8. Early Help to Safeguard Children

Early Help means providing effective support to children and young people as soon as needs start to be identified and bring about change to prevent these from escalating and leading to poor outcomes. Early help may occur at any point when needs arise, from pregnancy through to the teenage years and any stage in adulthood.

4. Duties and Responsibilities

4.1 Local Partnership Arrangements (previously known as Local Safeguarding Children's Boards)

Safeguarding and promoting the welfare of children requires effective co-ordination in every local area. Local Partnership Arrangements were implemented in September 2019, in BaNES this is known as Bath Community Safety and Safeguarding Partnership. (BCSSP), In Wiltshire this is now known as the Safeguarding Vulnerable People Partnership (SVPP). The new Partnership Arrangements are the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.

4.2 Board of Directors

The Board of Directors is statutorily responsible for safeguarding and promoting the welfare of children in its care, and is committed to meeting these obligations. Implementation of the Board of Directors strategies for the purpose is delegated to the Chief Executive Officer, who has designated the Chief Nurse as the Executive Lead for safeguarding. (Safeguarding Children Organisation Leads, Appendix 1)

Board of Directors responsibilities to ensure:

- representation at strategic level on the Local Safeguarding Children Boards (LSCBs);
- work with partner agencies to develop joint strategies and integrated services relating to safeguarding children and young people;
- clear priorities for safeguarding and promoting the welfare of children are explicitly stated in key policy documents and strategies;

- a clear commitment by senior management to the importance of safeguarding and promoting children's welfare through the provision of services;
- a culture of listening to and engaging in dialogue with children – seeking their views in ways appropriate to their age and understanding, and taking account of those both in individual decisions and the establishment or development and improvement of services;
- a clear line of accountability and governance within and across the organisation for the provision of services designed to safeguard and promote the welfare of children and young people;
- recruitment and human resources management procedures are in place, including contractual arrangements that take account of the need to safeguard and promote the welfare of children and young people, and also including arrangements for appropriate checks on new staff and volunteers and adoption of best practice in the recruitment of new staff and volunteers;
- a clear understanding of how to work together to help keep children and young people safe online by being adequately equipped to understand, identify and mitigate the risks of new technology;
- procedures for dealing with allegations of abuse against members of staff and volunteers who work with children are in place;
- arrangements to ensure that all staff undertake appropriate training to equip themselves to carry out their responsibilities effectively;
- ensure staff are made aware of both the organisations arrangements and their responsibilities for safeguarding and promoting the welfare of children;
- policies for safeguarding and promoting the welfare of children are in place and accessible to staff and volunteers;
- arrangements to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information;
- appropriate whistle blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

4.3 Vulnerable Peoples Assurance Committee (VPAC)

The Committee provides assurance to the Board that the Trust has a robust framework in place for providing an environment, working practice and suitable skilled workforce that will be safe for children and young people; and procedures in place that will ensure that appropriate actions are taken if any member of staff has concerns about the welfare of a child or young person.

4.4 Named Professionals

Named professionals provide expert advice, training and support to all staff working within the Trust on issues relating to the protection of children and safeguarding of children and young people (Safeguarding Children Team Contact Details, Appendix 2).

- Offering advice, supervision and support to staff on all aspects of safeguarding children and young people.
- Identifying safeguarding training needs according to agreed training requirements and facilitating the delivery of the training.
- Conducting the Trust internal management reviews for Serious Practice Reviews unless they themselves have been substantially involved in the case.
- Maintaining the quality of the safeguarding children service in conjunction with Trust managers via the quality assurance process.
- Advising the Trust Board of Directors and senior managers of safeguarding children matters as required.
- Ensuring that the Trust has up-to-date Safeguarding Children Policy in place that is compliant with Section 11 standards and working Together to Safeguard children (2018).

4.5 Role of Consultant Paediatricians

Consultant Paediatricians are responsible for providing 24 hour support for staff that have safeguarding children concerns.

4.6 Human Resources/Directorate for People and Culture

Have a responsibility to ensure:

- safe recruitment practices that take into account the need to safeguard and promote the welfare of children and young people are in place;
- arrangements for appropriate DBS checks are in place;
- procedures for dealing with allegations of abuse against members of staff and volunteers are in place;
- arrangements for induction and mandatory training are in place.

4.7 Allegations Officer

The Allegations Officer is responsible for managing and overseeing individual allegations against staff.

The Deputy Director of People and Culture (previously Human resources) is the Trust Allegations Officer. In the absence of the Allegations Officer, the Director of People and Culture acts as allegations officer.

4.8 Managers

Managers throughout the Trust have a responsibility to ensure that:

- all staff attend staff induction;
- policies and procedures of the Trust for safeguarding and promoting the welfare of children in their care are understood and implemented in their own areas of responsibility;
- all staff are aware of their role in safeguarding children and promoting their welfare, and know how to act upon any concern relating to the welfare of a child;
- staff access safeguarding children training appropriate to their role within the Trust;
- services are provided in a way that ensures a safe environment for children and young people and minimises any risks;
- staff work effectively and share relevant information with professionals from other organisations to safeguard children;
- safeguarding responsibilities are reflected in job descriptions;
- staff are supported to access safeguarding children supervision;
- recruitment practices are in line with ‘Safer Recruitment’ guidance.

4.9 Staff

All staff must be aware of their responsibility to safeguard and promote the welfare of children and young people; this includes staff who do not work directly with children, but may be caring for their parent, carer or other significant adult:

- all staff are aware of their responsibilities to safeguard children and promote their welfare, and know how to act upon any concern relating to the welfare of a child;
- know who to contact within the Trust if they have a concern about a child or young person;
- understand the risk factors and recognise children in need of support and/or safeguarding;
- recognise the needs of parents who may need extra help in bringing up their children and know where to refer for help;
- access safeguarding training and supervision commensurate with their role;
- contribute to enquiries from other professionals about children and their family or carers.

5. Safe Recruitment, Pre and Post-Employment Checks

The Disclosure and Barring Service (DBS) is an executive agency of the Home Office and provides access to information about criminal convictions and other police records to help employers make an informed decision when recruiting staff.

The Trust Disclosure and Barring Service Policy and Procedure sets out the requirements of the Trust on checks of criminal records obtained through the Disclosure and Barring Service.

The eligibility to undertake a DBS check will be determined at the recruitment stage based on the requirements of the post as outlined within the job description and mandated guidance available from the DBS and NHS Employers Employment Standards.

All staff and volunteers working with children will be required to have a DBS check, to confirm the type of DBS check required, managers and staff should refer to the DBS Policy.
http://webserver/staff_resources/governance/policies/documents/non_clinical_policies/black_hr/HR_176_DBS.pdf

Specific staff who work with children will be required to have their DBS checked every 3 years in accordance with the Local Safeguarding Children Board requirements.

The recruitment process will follow LSCB safer recruitment principles. All staff involved in recruitment and selection should be trained in fair and objective recruitment and selection techniques and understand the impact of the Equality Act on recruitment processes and practices. Panels will comprise no less than two members, one being the line manager for the job function.

All Trust job descriptions will include the following statement:

> **SAFEGUARDING ADULTS AND CHILDREN**
>
> 'All Trust staff have a responsibility to safeguard adults and children which includes an understanding of the relevant Trust, and Local Safeguarding Adults and Children's Board Policies'.

6. Training

Health organisations are responsible for ensuring that their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting the welfare of children. The minimum requirements for training for all staff are set out in the Intercollegiate Document Guidance Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2019). http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/documents/Intercollegiate_document.pdf

This guidance outlines that different groups of staff will have different training needs to fulfil their duties, depending on their degree of contact with children and young people and their level of responsibility. Staff can confirm the level of training they require by reviewing their individual training profile on the Learning Together platform available on the Trust Intranet LearnTogether: Log in to the site (ruh.nhs.uk).

All staff are required to update their training every 3 years as a minimum.

Managers are responsible for ensuring all their staff receive the type of initial and refresher training that is commensurate with their role(s). The Mandatory Training Policy identifies how training non-attendance will be followed up and managed and is available on the intranet. Training statistics for mandatory training subjects are collated by the Learning and Development team, and are reported to the Strategic Workforce Committee.

Staff must keep a record of all training in their portfolio.

All staff and managers can access their mandatory training compliance records via the Trust's mandatory reporting tool (STAR) available on the intranet.

All clinical staff new to the Trust undertake mandatory Safeguarding Children training.

Face to face training at Level 1 and Level 2 safeguarding children training is available alongside the option of specific e-learning modules.

6.1 Levels of Training

- Level 1: All non-clinical staff working in health care settings.
- Level 2: All clinical staff who have any contact with children, young people and/or parents/carers.
- Level 3: All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.
- Level 3 additional competencies required for specific professional roles at level 3. For the Trust this includes Paediatricians, children's Nurses, Midwives, Urgent care staff and Obstetricians.

Intercollegiate Document Guidance Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2019)

7. Safeguarding Children Supervision

Safeguarding children supervision ensures that staff receive advice and support when dealing with safeguarding/child protection cases. If a member of staff has a concern about a child they can contact the Safeguarding Children Team for advice and support. Out of hours staff can contact the on call paediatric team for advice and support.

Specific staff who work within:

- Maternity services
- paediatric services
- Integrated sexual Health services
- Emergency Department
- Bath Centre for Pain Services
- Chronic Fatigue Services

are required to access safeguarding group supervision or 1-1 safeguarding children supervision depending on their role and level of responsibility; details of

safeguarding supervision requirements can be found in the Safeguarding Children Supervision Policy.
http://webserver/staff_resources/governance/policies/documents/clinical_policies/blue_clinical/Blue_720_Safeguarding_Children_Supervision.pdf

8. Information Sharing

Effective information sharing underpins integrated working and is a vital element of safeguarding children. Timely sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum sharing information is essential to putting in place child protection services.

Fears about sharing information cannot be allowed to stand in the way of the need to promote and protect the safety of children. No member of staff should assume someone else will pass on information which they think may be important in keeping a child safe. Staff are professionally accountable for sharing information, this includes third party information.

General Data Protection Regulation (GDPR) and Data Protection Act 2018

General Data Protection Regulation (GDPR) came into force on 25th May 2018. It replaces the Data Protection Act 1998. There is greater focus on evidence-based compliance with specified requirements for openness and transparency, greater rights for data subjects and harsher penalties for non-compliance.

The Data Protection Act 2018 is the UK's implementation of the GDPR. It states that professionals can share confidential information without consent if one of the 3 conditions applies:

- there is a statutory obligation;
- a court orders it;
- the child's or public interest overrides that of the individual.

Links to GDPR information:http://webserver.ruh-bath.nhs.uk/staff_resources/governance/information_governance/gdpr.asp?menu_id=3

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018) supports staff working in both child and adults' services make decisions about sharing personal information.
https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

The guidance includes the seven golden rules for sharing information effectively (Appendix 3) and flow chart of when and how to share information (Appendix4).

9. Child Protection Protocol (Appendix 5)

9.1 How Do I Find Out if the Child/Unborn Baby has a Social Worker?

If you are concerned about a child/unborn baby and believe the child/unborn baby already has a social worker you can contact Children and Young People's Social Care in the area the child/family lives and speak to the team administrator.

The administrator will confirm if the case is 'open' to social services, this means the child/unborn has an allocated social worker. They will provide you with the contact details of the social worker. If you are unable to contact the child's social worker and feel the child is at risk of significant harm an urgent verbal referral should be made.

9.2 Child Protection Information System (CP-IS)

This is a national system that identifies any children or unborn babies currently on Child Protection plans or Looked After Children that access unscheduled care (unbooked). This ensures that social workers/local authorities are identified and any relevant information on the presentation can be shared with the local authority where the child lives. Please see link *(scroll down to General Documents)* to CP-IS guide for further information https://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/documents.asp?menu_id=5

9.3 Referral to Children and Young People's Social Care

The safety of children is paramount in all decisions relating to their welfare. Any action taken by staff should ensure that no child is left in immediate danger.

Child protection referrals should be made to Children and Young People's Social Care in line with the relevant local authority/Safeguarding Partnership child protection procedures.

Referrals to children and young people's social care can be made 24 hours a day. Each local authority has an emergency duty team that can be contacted by phone out of hours (Local Children and Young People's Social Care Contact Details, Appendix 6).

If you have concerns about a child's welfare you should discuss your concerns with a senior colleague, named professional or on call paediatric registrar on bleep 7205.

Following discussions if there are still concerns about the welfare of a child, a referral should be made to the children and young people's social care in the area the child lives.

Copies of local children and young people's social care referral forms can be found on the safeguarding children web page on the Trust intranet. http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/referral_and_access_teams.asp?menu_id=4#3

If the referral is urgent a verbal referral should be made by telephone. All verbal referrals should be followed up in writing within 48 hours. When making a referral it must be made clear exactly what your concerns are and you must be sure that the social worker has correctly understood your concerns.

A copy of the referral form should be filed in the child's hospital record and scanned onto the child's Millennium record.

A copy of the referral form must also be sent to the Safeguarding Children Team ruh-tr.RUHSafeguardingChildren@nhs.net

Document clearly, accurately and contemporaneously the history, events, contacts, communications and actions taken within the child's healthcare records. Comments from the child/parents/others must be clearly stated as quotations and opinions should be stated as such.

9.4 Emergency Department Referral to Children and Young People's Social Care

Staff working within the Emergency Department (ED) should follow the child protection procedure as above, but complete the ED child protection referral forms:

- Emergency Department Child Protection Referral Form - Child (Appendix 7);
- Emergency Department Child Protection Referral Form – Adult (Appendix 8).

Staff are not required to copy the referral form to the safeguarding children team as the team already have access to this information.

For children in care, children in need and children on a child protection plan who attend the emergency department for treatment and there are no safeguarding children concerns, the Emergency Department social care notification form (Appendix 9) should be completed so the child's social worker is informed of attendance.

9.5 Early Help

Working Together to Safeguard Children (2018) emphasises that effective early help relies upon agencies working together to:

- Identify children and families that would benefit from Early Help.
- Undertake an assessment of need for Early Help. The Early Help Assessment Form (EHAF) is the assessment tool of choice in our local authority providers.
- Provide targeted Early Help services to address the assessed needs of the child and their family in order to improve outcomes for them. The local authority have a responsibility to promote interagency co-operation to improve the welfare of children.

Early Help is provided by a broad range of agencies, when a multi-agency response is required including: Health, Education, Housing, Drug and Alcohol services, Mental Health services, children's centres, the local authority and the voluntary sector.

Professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
- has returned home to their family from care; and/or
- is showing early signs of abuse and/or neglect.

Link to BaNES Thresholds http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/documents/threshold_guidance/BANES_threshold_for_assessment.pdf

Link to Somerset Thresholds http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/documents/threshold_guidance/Somerset_Threshold_Guidance.pdf

Link to Wiltshire Multi-Agency Thresholds http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/documents/threshold_guidance/Wiltshire_Threshold_Guidance.pdf

9.6 Bruising to a Child

Bruising is the commonest presenting feature of physical abuse in children. A multi-agency pan BaNES, Swindon and Wiltshire protocol has been developed for frontline workers and managers, for the management of suspected bruising in children who are not independently mobile and the process by which such children should be referred to children and young people's social care for further assessment and investigation. The Trust internal policy reflects this guidance.
Link to Bruising in Children Policy *(click on link and scroll down to Safeguarding Children Policies)* https://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/documents.asp?menu_id=5

Link to the one minute guide for bruising and injuries in non mobile babies and children http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/documents/1-minute-guides/ED_Management_of_injuries_in_non-mobile_baby.pdf

9.7 Child Sexual Exploitation/Criminal Exploitation/ County Lines

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people receive something (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts and 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 example, being persuaded to post sexual images on the internet/mobile phone.

In all cases, those exploiting the child/young person will have power over them by virtue of age and gender. Not all victims are girls and not all perpetrators are men.

Abuse, coercion and intimidation are common; involvement in the 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.

Staff should be aware of the key indicators of children being sexually exploited which can include:

- going missing for periods of time;
- regularly missing school or education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- presenting with a sexually transmitted infection or pregnant;
- drug and alcohol misuse;
- displaying inappropriate sexualised behaviour; and
- County Lines and gang association (see below).

Staff should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as being abused.

Staff should be alert to the new threats of 'county lines 'drug supply, violence and exploitation. County lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or 'deal lines'. It involves criminal exploitation as gangs use children and vulnerable adults to move drugs and money. Gangs establish a base in the rural location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'.

Although Class A drugs are the main driver of this criminality, sexual exploitation is a significant risk factor associated with 'county lines'. All staff should be aware of the risks of grooming into group and gang association and the increased risk of sexual exploitation for young people involved in County Lines. The signs are similar to above for CSE and also include:

- relationships with controlling/older individuals or men;
- suspicions of physical assault/unexplained injuries;
- gang association;
- carrying weapons.

If any practitioner becomes concerned about a young person being involved in county lines seek advice from the safeguarding team and

refer to children's social care in the area the child lives. If we have immediate concerns then consider calling the police.

Links to county lines guidance http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_adults/documents/factsheets/HO_County_Lines_Guidance.pdf

If staff become concerned at any time about child under 18 being sexually exploited then they must consider completing a referral to children's social care in the area the child lives. If it is appropriate then staff must consider completing the SERAF tool outlined below, to assist their analysis, however, the sending of any referral is not dependant on the SERAF being completed. For further advice follow the safeguarding protocol.

Staff should be alert to the possibility that a child/young person may be being sexually exploited. Staff should complete a Sexual Exploitation Risk Assessment Form (SERAF) to consider risk and discuss their concerns with a member of the safeguarding children team. Link to SERAF form http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/child_sexual_exploitation.asp?menu_id=8

Following discussion and completion of the SERAF if concerns remain, a referral should be made to children and young people's social care.

If the young person lives in Wiltshire the following screening tool can be used to assess the level of risk posed to the child/young person and assist with the decision making and support (if required) a referral to Children's Social Care or the CSE team. Refer to Annex 1 in the tool below and the Wiltshire CSE guidebook on the Safeguarding Children web page for further guidance.

http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/documents/cse/WSCB_CSE_Initial_Screening_Tool.pdf

For further guidance relating to Child Sexual Exploitation

(link to pathway)
http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/documents/cse/WSCB_CSE_Handbook_2015.pdf

9.8 Human Trafficking

Modern slavery – encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use

whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

United Nations Office on Drugs and Crime describes Trafficking in Persons (Human Trafficking) as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

Links to modern slavery signs http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_adults/documents/factsheets/signs_of_modern_slavery.pdf

If you suspect someone is the victim of modern slavery you should seek advice from the safeguarding team who will make a referral to the local authority team who are 'first responders' for referrals to the National Referral Mechanism (NRM)

9.9 Agreement to Making a Referral

In accordance with multi agency procedures and as a matter of good practice, staff should seek to discuss any concerns with the parent/carer of the child.

Concerns should be discussed with the child (as appropriate to his/her age and understanding). Ideally their agreement sought prior to making a referral, unless you consider such a discussion would place the child at increased risk of harm, place an adult at risk of harm, prejudice the prevention or detection of crime, or lead to an unjustified delay.

If agreement to referral is refused, you will need to decide whether the risk to the child should override the child/parent/carer's wishes.

The law recognises that disclosure of confidential information without consent or a court order may be justified in the best interest of the child or public interest to prevent harm to others (Flowchart of When and How to Share Information, Appendix 4).

9.10 Named Nurse Notification Form

For all children admitted to the paediatric ward where there are any safeguarding concerns, staff should complete the named nurse notification form (Appendix 10), so the safeguarding children team are aware the child has been admitted to the ward. A copy of the named nurse form should be sent to the Named Nurse and a copy filed in the child's hospital record.

9.11 Private Fostering

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'.

This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

There is a requirement on the part of parents and prospective carers entering into private fostering arrangements to notify their local authority. This is in order to safeguard and protect the child's welfare as well as ensuring the child, carer and parent are receiving appropriate support and help.

If a member of staff identifies a child that is being privately fostered then a referral should be made to children and young people's social care.

Local authorities have a legal duty to safeguard the well-being of privately fostered children. Once notified children and young people's social care will visit the child and carer, and undertake an assessment of the placement and offer support as appropriate.

9.12 Using an Interpreter

A family member, child, friend or partner must not be used as an interpreter in a situation where there are child protection concerns as this could increase the risk to the child, adult, parent or carer. If interpreting services are required follow the link below regarding guidance in the Trust's Interpreting and Translation Policy and Procedure.
http://webserver/staff_resources/governance/policies/documents/clinical_policies/blue_clinical/Blue_7013.pdf

9.13 Supervised Contact

If a child/baby is admitted to either: the Paediatric ward, Neonatal Intensive Care Unit (NICU) or Maternity post-natal ward and Children's Social Care specify that contact between a child and their parent/carer needs to be supervised, then it is the responsibility of Children's social care to provide a suitably qualified member of staff to supervise the contact. It is not the ward staff's responsibility to supervise contact, and any requests to do so should be escalated appropriately to the Safeguarding Children/Maternity Team or senior managers in the department, and followed up with children's social care for further discussion.

9.14 Section 85 Children Act 1989

If a child is accommodated (inpatient) by the Trust, for a period of at least 3 months a referral to social care should be made so that the Local Authority are informed and an assessment of the child's needs considered.

Link to S 85 policy http://webserver.ruh-bath.nhs.uk/staff_resources/governance/policies/documents/clinical_policies/blue_clinical/Blue_7006.pdf

9.15 Safeguarding Children Escalation Process

Occasionally situations arise when a practitioner in one agency may feel that the decision made by a worker from another agency on a child protection or child in need case is not a safe decision. Disagreements could arise in a number of areas, but are most likely to arise around:

- levels of need;
- roles and responsibilities;
- the need for action;
- communication.

The safety of the child is the paramount consideration in any professional disagreement and any unresolved issues should be addressed with due consideration to the risks that might exist for the child. Staff should feel able to challenge decision-making and to see this as their right and responsibility.

Details of Safeguarding Children Escalation Process Flowchart (Appendix 11) and link to Safeguarding Children Escalation Policy http://webserver/staff_resources/governance/policies/documents/clinical_policies/blue_clinical/Blue_7033.pdf

This is known as the case resolution protocol in Wiltshire and resolving professional differences policy in both BaNES and Somerset

9.16 Allegations Against Staff and Volunteers who Work with Children: Managing Conduct Policy

Children and young people can be subjected to abuse by those who work with them.

All allegations of abuse of children and young people by someone who works with children and young people are taken seriously and managed in accordance with the organisation's Managing Conduct policy (see link below).

If staff are concerned about a colleague's conduct/behaviour towards a child, staff should discuss their concerns immediately with their line manager, or nurse in charge. They will support further immediate discussions with a senior member of the People and Culture Team and /or the Trust Allegations Officer; the Allegations Officer is the Deputy Director of the People and Culture Team. In the absence of the Allegations Officer the Director of People and Culture acts as Allegations Officer. If the staff member/s' concern relates to their line manager then they should discuss immediately with a senior member of the People and Culture Team. When a case involves allegations of abuse against children the Named Nurse for Safeguarding Children should be informed and they will support any referrals to Children's social care or the Local Authority Designated Officer (LADO) as per the Managing Conduct Policy. The LADO is responsible for the independent investigation of any person in a position of trust who is alleged to have harmed / abused a child.

Link to Managing Conduct policy http://webserver.ruh-bath.nhs.uk/staff_resources/governance/policies/documents/non_clinical_policies/black_hr/HR_101_Managing_Conduct.pdf

9.17 Children with Disabilities

Research studies into prevalence and risk of violence against disabled children found that disabled children are 3 to 4 times more likely to be victims of violence than their non-disabled peers. Furthermore, support for disabled children is often focused on meeting the needs relating to the child's disability rather than looking at the child's wider needs, including safeguarding.

There are a number of factors which make disabled children more vulnerable to abuse:

- many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;
- their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
- they may have an impaired capacity to resist or avoid abuse;
- they may have speech, language and communication needs which may make it difficult to tell others what is happening;
- looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency.

It is essential that assessments of the needs of disabled children are child focused, and identify and include needs relating to safeguarding and protection.

9.18 Domestic Abuse

The Domestic Abuse Act 2021 redefines domestic abuse as:

> Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if—
>
> (a) A and B are each aged 16 or over and are personally connected to each other, and
>
> (b) the behaviour is abusive.
>
> Behaviour is "abusive" if it consists of any of the following —
>
> (a) physical or sexual abuse;
>
> (b) violent or threatening behaviour;
>
> (c) controlling or coercive behaviour;
>
> (d) economic abuse (see subsection (4));
>
> (e) psychological, emotional or other abuse;
>
> and it does not matter whether the behaviour consists of a single incident or a course of conduct.

When working with patients who are experiencing domestic abuse, staff should support patients in making choices about their safety. Staff can

contact the Safeguarding Adult/Children Team for advice and support until an Independent Domestic Violence Advisor is recruited at the RUH (Appendix 1). Staff should consider the safety of any children or adults at risk.

Children can be significantly harmed when they witness or hear abuse or when they may be caught up in physical violence. If children are living in a family where there is domestic abuse a referral should be made to children and young people's social care. Refer to actions to be taken by staff with regards to domestic abuse. Link to Domestic Abuse Policy http://webserver/staff_resources/governance/policies/documents/clinical_policies/blue_clinical/Blue_780.pdf

9.19 Fabricated or Induced Illnesses/Perplexing Presentations

Fabricated or induced illness (FII) is a form of child abuse. It occurs when a parent/carer exaggerates or deliberately causes symptoms of illness in the child.

There are 3 main ways the parent/carer can fabricate or induce illness in a child:

- Fabrication of signs and symptoms. This may include fabrication of past medical history.
- Fabrication of signs and symptoms, falsification of hospital charts and records, and specimen bodily fluids.
- Induction of illness by a variety of means.

If FII is suspected:

- recognise that it is your responsibility to safeguard and promote the welfare of the child;
- do not share your concerns with the parent or carer;
- contact a named professional to discuss concerns.

Following discussion if fabricated illness is suspected a referral should be made to the children and young people's social care. All decisions about what the parents will be told by whom and when will be taken jointly following a strategy meeting.

9.20 Paediatric Was Not Brought (WNB)/Did Not Attend (DNA) Process

Recent analysis of Child Safeguarding Practice Reviews (CSPRs) states that health practitioners and services should be persistent in pursuing non engagement where there are concerns about vulnerable families and children. Non-compliance may be a parent's choice, but it is not the child's. Repeated cancellations and rescheduling should be treated with the same degree of concern as non-engagement. The shift from 'DNA (Did Not Attend)' to 'Was Not Brought (WNB)' will help maintain the focus on the child's ongoing vulnerabilities and dependence, and the carer's responsibility to prioritise the child's needs.
(Research in practice 2016)

When any child that Was Not Brought (WNB) or Does Not Attend (DNA) a clinic appointment or the clinic appointment has been cancelled for no good reason the consultant or senior doctor in clinic should decide whether there may be safeguarding concerns in relation to the child. There are 3 categories of concern:

- **Green** - there are no known safeguarding children concerns about the child and the medical condition is not thought to be serious enough to cause harm.
- **Amber** - would apply to a child where it is thought that the child's health might suffer if a consultation did not go ahead, but the risks are not thought to be immediate. If a child was a looked after child and the problem was not serious then it would also fall into the amber category.
- **Red** - there are known safeguarding concerns e.g. known to be a Child in Need or on a Child Protection plan, or the child has a serious medical condition that has major consequences for health, even if one appointment was missed. A child might move from amber to red if repeated appointments were missed or cancelled e.g. child with diabetes.

The recommended actions would be as follows:

- The clinician will complete the Paediatric Was Not Brought/Did Not Attend (WNB/DNA) form (Appendix 13). Once completed this will be attached to the front of the child's health care records. The secretaries at the time of typing the letter will be in a position to check that the appropriate correspondence is generated. The Paediatric WNB/DNA Form will also be attached to the notes when an appointment has been cancelled. See WNB/DNA Flow Chart (Appendix 12).
- **Green** – a letter from the clinician to the GP with a copy to the parents, explaining that they were sorry the child was not seen in clinic stating that another appointment will be sent or it might be quite reasonable for the doctor to note that the child was not

seen in the clinic and give the parents the option of contacting reception for a further appointment if either they or the GP thought this was necessary. A copy of the letter would be retained in the health care record and used for audit purposes.

- **Amber** – this applies to children in whom there is a definite need for them to be seen in outpatients, but in whom there are no obvious safeguarding issues, although repeated non-attendance may put that child into the red category. A letter from the clinician to the GP with a copy to the parents, explaining that they were sorry the child was not seen in clinic stating that another appointment will be sent. This will also be copied to the Named Nurse safeguarding in the community where the child lives and the Trust safeguarding team (Appendix 14), but not to children and young people's social care unless child is already known to them. A copy of this letter will be retained in the health care record to be used for audit purposes. Clinicians may also consider direct contact with the family.
- **Red** - the following actions should be followed:
    - when there is an obvious safeguarding concern the social worker should be informed by telephone and this should be followed up in writing with a letter to the child's social worker, the GP, the parents and the safeguarding team in the Trust who will ensure this is forwarded on to the safeguarding team in the area the child lives. (Appendix 14).
    - When there is a serious medical condition e.g. new referral for something regarded as serious, clinicians should consider the following: a telephone call to the parents, GP or health visitor to attempt to arrange to see the child as soon as possible, but not children and young people's social care; although a repeated non-attendance may require contact with children and young people's social care.
    - The actions taken will also need to be recorded in a letter that goes to the child's GP, the child's parents and the Named Doctor as well as the safeguarding team in the Trust. This will be forwarded on to the community safeguarding team in the area the child lives.

For children not brought for surgery or other procedures, the Clinician will need to make an appropriate judgement as to the action taken and contact the safeguarding team in line with the Was Not Brought Algorithm (Appendix 12).

9.21 Female Genital Mutilation (FGM)

FGM is illegal in England and Wales under the Female Genital Mutilation Act 2003. It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGM has no health benefits and harms girls and women in many ways.

Safeguarding girls at risk of harm of FGM poses specific challenges because the families involved may give no other cause for concern, for example with regard to their parenting responsibilities or relationships with their children.

Staff must make a referral to children and young people's social care if a child or young person is discovered to have had FGM or is at risk of FGM.

Reporting FGM to the Police

As of the 31st October 2015 new mandatory reporting for FGM has been introduced under the Serious Crime Act 2015.

The legislation requires regulated health professionals to make a report to the police where in the course of their professional duties they are either:

- informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18.

For the purposes of duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

The duty is a **personal duty** which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. Link to mandatory FGM reporting duty for professionals' flowchart http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/documents/FGM_Reporting_Flowchart.pdf

10. Child Safeguarding Practice Reviews (previously Serious Case Reviews)

Working together 2018 has changed the structure around Serious Case Reviews seeking to improve or change learning at a local and national level and these are now known as Child Safeguarding Practice Reviews. The purpose of reviews of serious child safeguarding cases, at both local and national level, is to identify improvements to be made to safeguard and promote the welfare of children.

The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel (the Panel) and at local level with the safeguarding partners.

Serious child safeguarding cases are those in which:

- abuse or neglect of a child is known or suspected, **and**
- the child has died or been seriously harmed.

Serious harm includes (but is not limited to) serious **and/or** long-term impairment of a child's mental health or intellectual, emotional, social or behavioural development. It should also cover impairment of physical health 75. This is not an exhaustive list. When making decisions, judgment should be exercised in cases where impairment is likely to be long-term, even if this is not immediately certain. Even if a child recovers, including from a one-off incident, serious harm may still have occurred.

16C(1) of the Children Act 2004 (as amended by the Children and Social Work Act 2017) states:

> 'Where a local authority in England knows or suspects that a child has been abused or neglected, the local authority must notify the Child Safeguarding Practice Review Panel if –
>
> (a) the child dies or is seriously harmed in the local authority's area, or
>
> (b) while normally resident in the local authority's area, the child dies or is seriously harmed outside England.'

Link to Child Safeguarding Practice Reviews as stated in *Working Together to Safeguard Children* (2018) http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/documents/Working_Together_to_Safeguard_Children.pdf

Monitoring Compliance

This policy and its implementation will be monitored through the VPAC. This Committee is chaired by the Chief Nurse or nominated deputy in line with the Committee's terms of reference.

The VPAC will report any key issues, actual or potential by quarterly report through the RUH governance structure.

The VPAC will provide the Trust Board with an annual report, detailing key actions that have been taken to meet the requirements of safeguarding children and young people.

All line managers have a responsibility to ensure the Safeguarding Children and Young People Policy is followed by staff that they directly manage. The VPAC will undertake case reviews to ensure consistency of compliance with the policy and reporting procedures. Where non-compliance is identified, support and advice will be provided to improve practice.

11. Review

11.1 Process for Reviewing the Policy

The policy will be reviewed every 3 years. The author will be sent a reminder by the Head of Corporate Governance or Deputy 4 months before the due review date.

The reviewed policy will be approved by the VPAC. The author must update the Document Control Report each time the policy is reviewed. Details of what has changed between versions should be recorded in the Document Control Report.

12. References

Children Act (1989)

Data Protection Act (2018)

Female Genital Mutilation Act 2003

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)

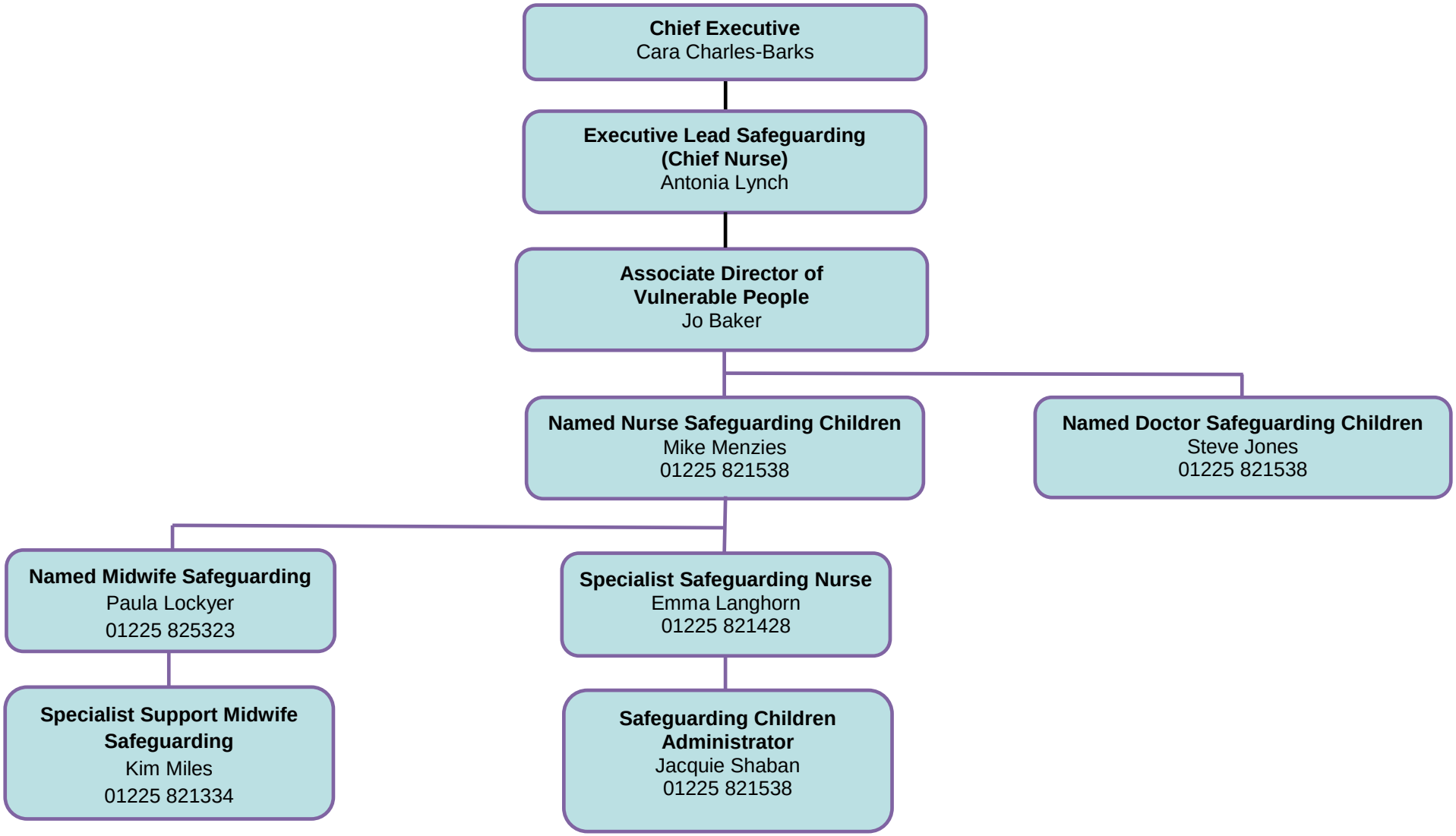
Intercollegiate Document Guidance Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2019)

NICE Domestic Abuse (PH50) Guidance (2014)

Serious Crime Act 2015

Working together to Safeguard Children, London, DfE, (2018)

Appendix 1: Safeguarding Children Organisation Leads



Appendix 2 Safeguarding Children Team Contact Details

Named Professional	Role	Contact Details
Mike Menzies	Named Nurse	Dir Line: 01225 826137 Mobile: 07557325586 Email: mike.menzies@nhs.net
Steve Jones	Named Doctor	Dir Line: 01225 821751 Secretary: 5405
Paula Lockyer	Named Midwife	Dir Line: 01225 825323 Mobile: 07872696166 Email: paula.lockyer@nhs.net
Kim Miles	Specialist Support Midwife	Dir Line: 01225 821334 Mobile: 07872696163 Email: kim.miles3@nhs.net
Emma Langhorn	Specialist Support Nurse	Dir Line: 01225 824246 Email: emmalanghorn@nhs.net
Jacquie Shaban	Administrator	Dir Line: 01225 821538 Email: jacqueline.shaban@nhs.net

Appendix 3 The Seven Golden Rules to Sharing Information

The Seven Golden Rules to Sharing Information

1. Remember that the Data Protection Act 2018, General Data Protection Regulation, and Human Rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

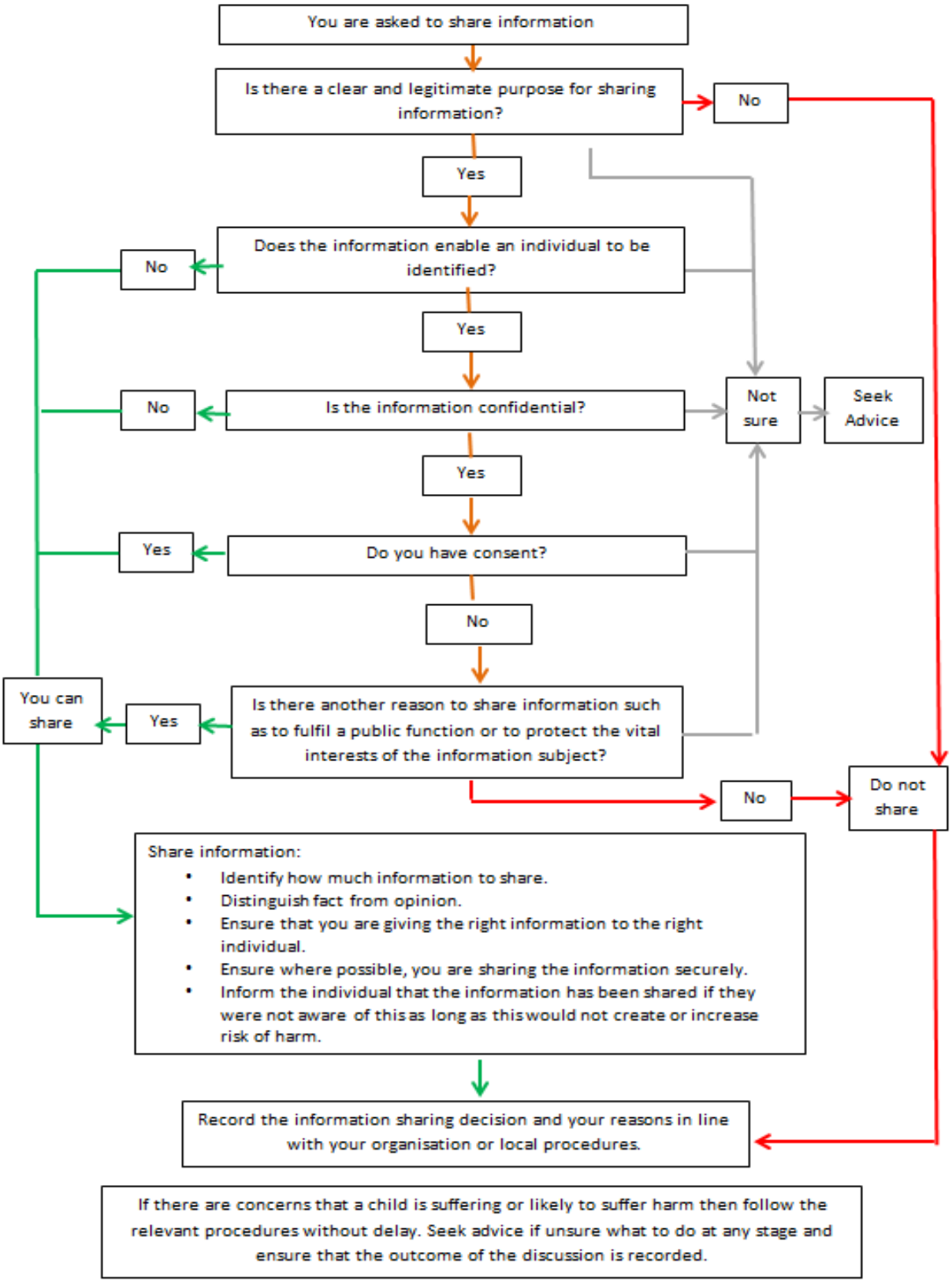
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).

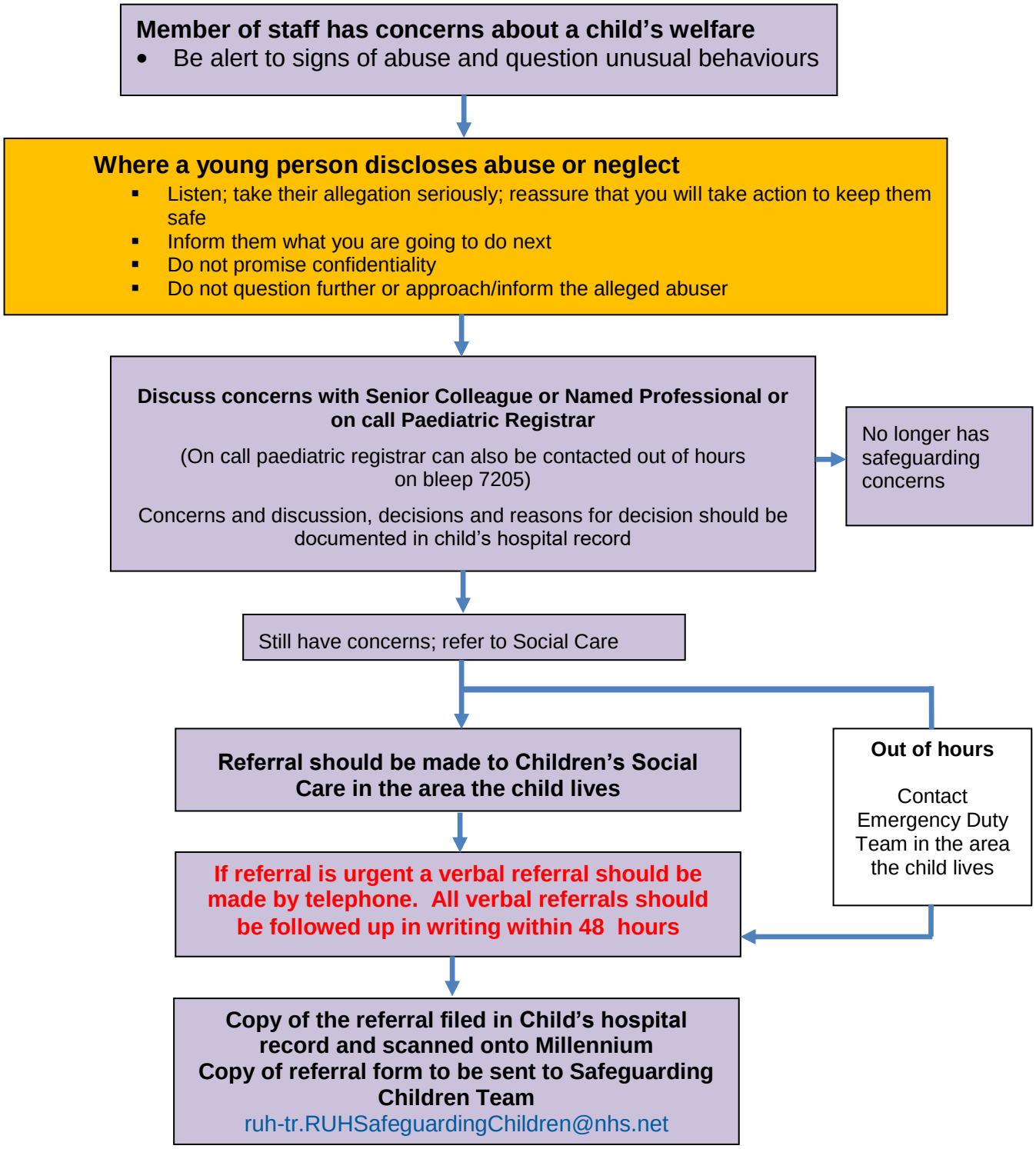
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Appendix 4 Flow Chart of When and How to Share Information



Appendix 5 Child Protection Protocol

What to do if you are worried a child is being abused or neglected



- **For any advice/support on making a referral to Children's Social Care contact the Safeguarding Children Team on 01225 821538**
- **Children's Social Care Referral forms can be found on the safeguarding children web page on the Trust intranet http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/documents.asp?menu_id=5**

- **Contact numbers for all local children social care teams can be found on the safeguarding children web page on the Trust intranet http://webserver.ruh-bath.nhs.uk/clinical_directory/safeguarding_children/referral_and_access_teams.asp?menu_id=4**

Appendix 6 Local Children and Young People's Social Care Contact Details

BANES Local Authority	**Telephone:** 01225 396312/3 **Out Of Hours:** 01454 615165 **Secure Email:** ChildCare_Duty@banes.gov.uk
Wiltshire Local Authority (Wiltshire Mash)	**Telephone:** 0300 4560108 **Out of Hours:** 0300 456 0100 **Secure Email:** mash@wiltshire.gov.uk
Somerset Local Authority (Somerset Direct)	**Telephone:** 0300 123 2224 **Out of Hours:** 0300 123 2327 **Secure Email:** SDInputters@somerset.gov.uk
North Somerset Local Authority (North Somerset Care Connect)	**Telephone:** 01275 888 808 **Out of Hours:** 01454 615 165 **Secure Email:** duty.intake@n-somerset.gov.uk
South Gloucestershire Local Authority	**Telephone:** 01454 866000 **Out of Hours:** 01454 615165 **Secure Email:** AccessandResponse@southglos.gov.uk
Gloucestershire Local Authority	**Telephone:** 01452 426565 **Out of Hours:** 01452 614758 **Secure Email:** childrenshelpdesk@gloucestershire.gov.uk
Swindon Local Authority	**Telephone:** 01793 466903 **Out of Hours:** 01793 436699 **Secure Email:** swindonmash@swindon.gov.uk
Bristol Local Authority	**Telephone:** 0117 9036444 **Out of Hours:** 01454 615 165 **Secure Email:** first.response@bristol.gov.uk

Appendix 7 Emergency Department Child Protection Referral Form - Child

Emergency Department Child Protection Referral Form

Referral form for a child

Hospital No	
NHS Number	
Form to be completed:	

Attendance date at ED:	
Date form completed:	
Child's Name:	
Child's DoB:	
Child's Gender:	
Child's Address:	
Child's GP:	
Child's School:	
Family's Telephone Number:	
Are there other children in family:	
Details of other children (if known):	
Who attended the Emergency Department with the child?	
Relationship of who attended the Emergency Department with the child?	
Reason the child attended the Emergency Department:	
Reason you are making the referral, what are your child protection concerns about the child:	
What do you feel are the risks to the child?	
Any previous concerns or relevant background information?	
Previous concerns or relevant background information:	
Discharge Plan for Child:	
Informing Social Care – has the parent been made aware?	
If not, please explain why?	

Informing Social Care – has the child been made aware?	
If not, please explain why?	
Referrer's Full Name:	
Referrer's Job Role:	

Note for Social Care Teams

Should you need to contact the Emergency Department once this form is received please call one of the following.

For **urgent enquiries** contact: Emergency Department Secretary on 01225 824002 who will help with your enquiry.

For non-urgent enquiries contact: Emergency Department Child Protection Lead Nurses via email ruh-tr.edchildprotection@nhs.net who will respond to your enquiry.

Appendix 8 Emergency Department Child Protection Referral Form – Adult

Emergency Department Child Protection Referral Form

Referral relates to concerns about an adult patient who is a parent/carer

Hospital No	
NHS Number	
Form to be completed:	

Attendance date at ED:	
Date of Referral:	
Adult Patient Name:	
Adult Patient DoB:	
Adult Patient Gender:	
Adult Patient Address:	
Adult Patient GP:	
Reason Adult Patient attended the ED:	
Reason you are making referral, what are the child protection concerns?	
What do you feel are the risks to the children?	
What is the adult patient relationship to the child?	
Does the child live at the same address as the adult?	
Children's Names and DoBs:	
Children's Address:	
Children's School:	
Who do the children normally live with, relationship to children?	
Do you know current whereabouts of the children?	
If yes, where:	
Name of adult currently caring for the children:	

Address of adult currently caring for the children:	
Contact number of adult currently caring for the children:	
Discharge plan for adult:	
Inform Social Care: Has the adult been made aware?	
If not, please explain why?	
Referrer's Name:	
Referrer's Job Role:	

Note for Social Care Teams

Should you need to contact the Emergency Department once this form is received please call one of the following.

For **urgent enquiries** contact: Emergency Department Secretary on 01225 824002 who will help with your enquiry.

For non-urgent enquiries contact: Emergency Department Child Protection Lead Nurses via email ruh-tr.edchildprotection@nhs.net who will respond to your enquiry.

Appendix 9 Emergency Department Social Care Notification Form

Attendance date at ED:		**Date form completed:**	
Professional completing the form:			
Professional completing the form Job Role:			
Name:			
DoB:			
Hospital No:			
NHS No:			
Address:			
Reason for attendance in ED:			
Reason for notification:			

Note for Social Care Teams

Should you need to contact the Emergency Department once this form is received please call one of the following.

For **urgent enquiries** contact: Emergency Department Secretary on 01225 824002 who will help with your enquiry.

For non-urgent enquiries contact: Emergency Department Child Protection Lead Nurses via email ruh-tr.edchildprotection@nhs.net who will respond to your enquiry.

Appendix 10 Named Nurse Child Protection Notification Form

NAMED NURSE CHILD PROTECTION NOTIFICATION FORM

Please return form to Trust Child Protection Named Nurse when you have a patient undergoing child protection concerns / investigations

PAEDIATRIC WARD	
MRN No: …….....	Date of Admission:
Name: …….	Child admitted to ward from: *ED / Home / Other
DOB: ……...	*If other* ……...
Address: …….	……
……...	Reason child admitted to ward: ……...
……...	……
……	……

SECTION 1

Is Child:

- on a Child Protection Plan: *Yes / No
- a Child in Need *Yes / No
- a Looked After Child *Yes / No

If yes:

Name of Social Worker: …… Contact No: ……..

Has social worker been informed of admission: *Yes / No Date: ……..

If no, why not: ……...

Has Health Visitor been informed of admission: *Yes / No Date: ……..

If no, why not: …….

SECTION 2 - Was child admitted to the ward *because of child protection concerns (this includes children and Young people admitted because of deliberate self harm or overdose):*

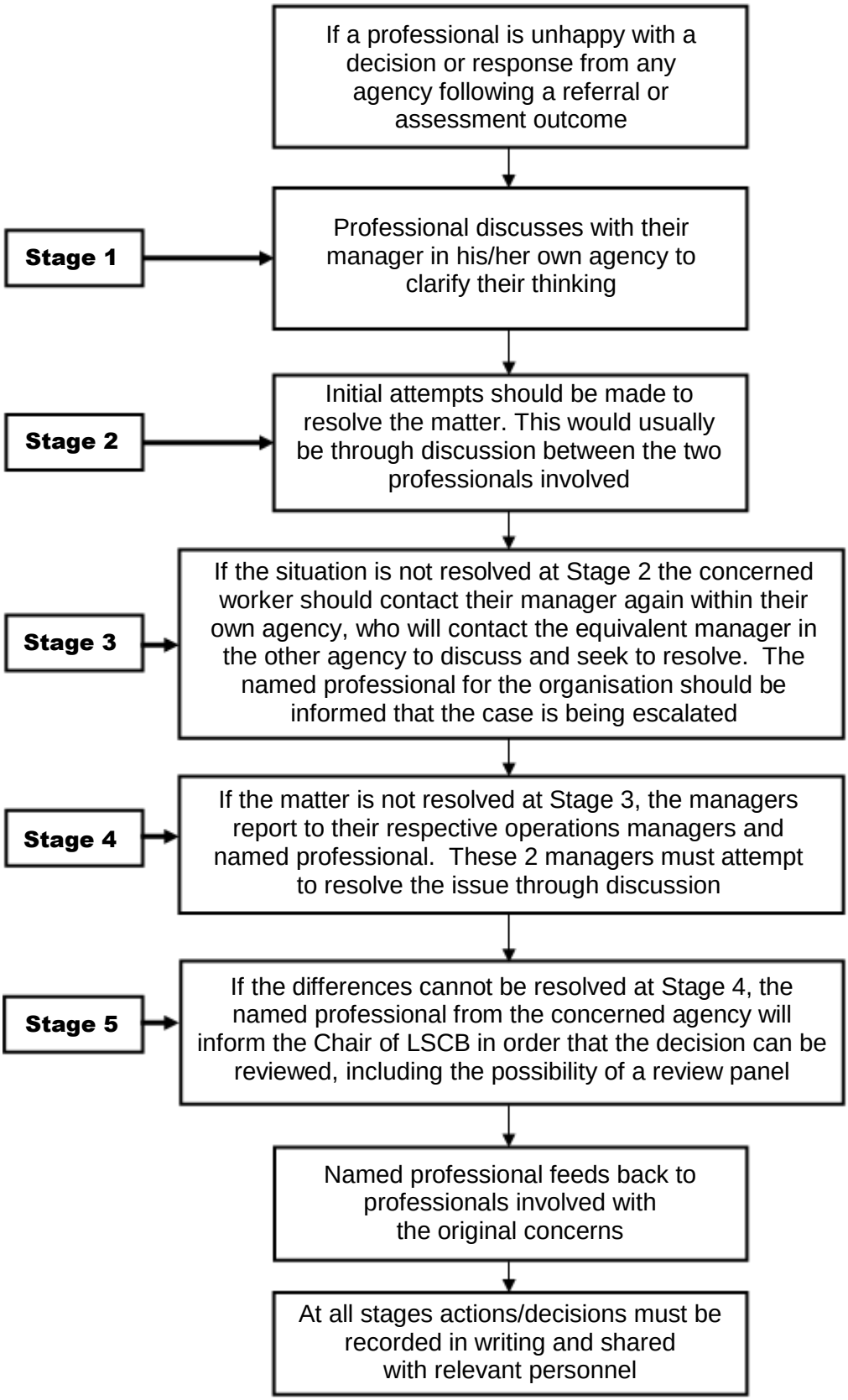
***Yes / No**

If no, do not complete section below - go to Section 3

Has referral been made to Children's Social Care: *Yes / No Referral made by ED staff / ward staff: * Yes / No Name of professional who made referral: …….. Brief details of child protection concern: …… …… …… …… …… Copy of referral in medical record: *Yes / No Has parent / carer been informed referral made: *Yes / No **If not, why:** ……..
SECTION 3 - Was Child admitted to ward and then a child protection concern identified (this includes children with 3 or more admissions during previous 6 months): *Yes / No ***If Section 2 completed, no need to complete this section***
Is child already known to social services: *Yes / No Has referral been made to Children's Social Care: *Yes / No Name of professional who made referral: ……... Details of child protection concerns identified during admission: …… …….. …….. …….. …….. …….. ……..
SECTION 4
*Has/is a *strategy meeting/discussion *been/being arranged: *Yes / No/ Don't know If yes, date and time of *strategy meeting / discussion: …… Name of professional *attending / who attended: …….. Are community paediatricians involved: *Yes / No Outcome of strategy *meeting / discussion, was decision to initiate Section 47 investigations: *Yes / No Has a child protection medical been requested: *Yes / No

SECTION 5	
Any additional comments you want to add: …… …….. …….. ……..	
Signed: ……..	Date: ……..
SECTION 6 ***(to be completed by Named Nurse)***	
Action taken by Named Nurse: …… …….. …….. Medical Notes Requested: *Yes / No No further action taken: *Yes / No	
Signed: ……..	Date: ……

Appendix 11 Safeguarding Children Escalation Stages Flowchart



Appendix 11 (cont'd) Local Safeguarding Children Partnership Escalation Policy Notification Form

Local Safeguarding Children Partnership Escalation Policy Notification Form

Once form completed, send a copy of completed form to the Local Safeguarding Children Partnership Business Manager; a copy of the form should also be sent to the:

Safeguarding Children Team ruh-tr.RUHSafeguardingChildren@nhs.net
Wiltshire LSCB SVPP@wiltshire.gov.uk.
BaNES LSCB Baneslscb@bathnes.gov.uk
Somerset LSCB lscb@somerset.gov.uk

Case Details:	**Date of Original Escalation:**
Child's Name:	D.O.B:
Address:	

Agencies/Workers Involved			
Names	**Designation**	**Agency**	**Contact Details**

Nature of Professional Disagreement:

Attempts to Resolve Issue:

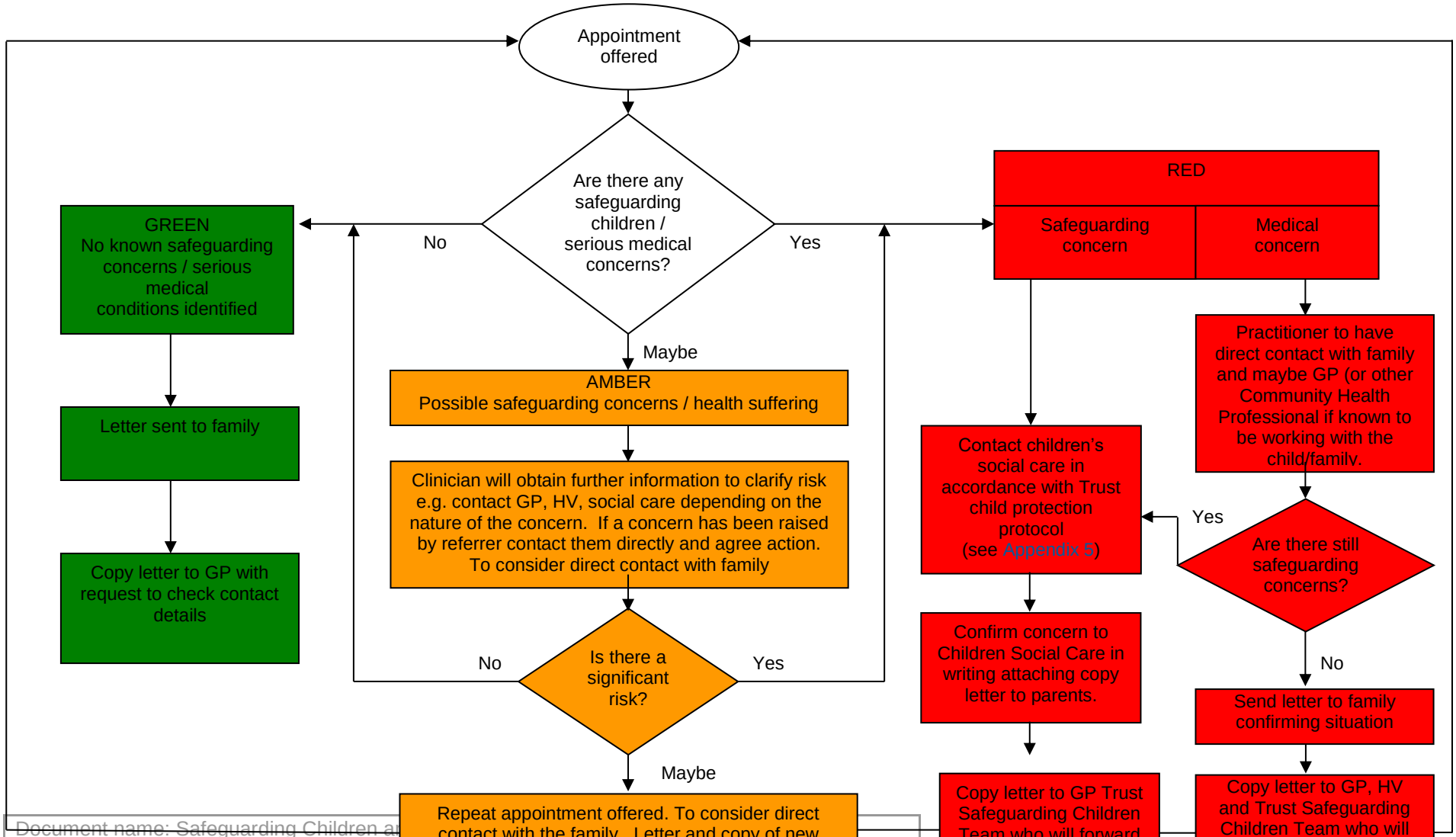
Dates:

Outcome:

Unresolved Dispute and Referral to LSCB Chair
Date of Referral:
Chair's Decision to Convene a Resolution Panel: Yes or No

Outcome of LSCB Resolution Panel:

Appendix 12 Paediatric Was Not Brought (WNB)/Did Not Attend (DNA) Flow Chart



Appendix 13 Paediatric Was Not Brought (WNB)/ Did Not Attend (DNA) Outcome Form

Paediatric Was Not Brought (WNB) /Did Not Attend (DNA) Outcome Form

Affix patient ID label here Patient name: Patient DOB: Address:	Clinic date		Time of app
	Consultant name		
	Cons. (tick)	Reg. (tick)	

The patient Was not brought (WNB)/ did not attend the appointment (DNA)		
WNB/DNA: Green – *No known safeguarding concerns, medical condition not serious to cause concern*		
WNB/DNA: Amber – *Child's health might suffer if a consultation did not go ahead, risk not immediate. If child already known to be in care and the problem is not serious*		
WNB/DNA: Red – *Known safeguarding concern or serious medical condition severely affected by missed appointment. Child may move from Amber to Red if repeated appointments are missed*		

What happens next?	**Clinician tick**
Discharge the patient	
Follow up appointment required: ..…… weeks **or** ..…… months **or** ....…….. years	
WNB/DNA – Awaiting decision on rebooking	

COMMENTS (please include specifics, i.e. clinic type, date, time for appointments and any additional requirements):	**IS F/UP DATE <u>PRIORITY/ESSENTIAL</u>** (i.e. child protection, clinical requirement**): CLINICIAN TICK IF REQUIRED**

Appendix 14 Community Providers Named Nurse Safeguarding Children Contact Details

Named Professional/ Role	Organisation	Contact Details
Karen Moore Named Nurse for Safeguarding Children (BaNES locality)	HCRG care group BaNES Midford House Kemthorpe Lane Bath BA2 5RP	Secure team email: vcl.bathnessafe@nhs.net
Beverley Miller Named Nurse Safeguarding Children (Wiltshire locality)	HCRG Care Group Derby Court Epsom Square Trowbridge Wilts BA14 0XG	Secure team email: Vcl.safeguardingteam-wilts@nhs.net
Anne Fry Named Nurse Child Protection	North Bristol NHS Trust Beaufort House Southmead Hospital Bristol BS10 5NB	Dir Line: 0117 4149050 Mobile: 07795101319
Liz Wheatley Named Nurse Safeguarding Children	Somerset Partnership NHS Foundation Trust Holly Court Summerlands Hospital Yeovil Somerset BA20 2BX	Dir Line: 0300 124 5225 Email: PHNSafeguarding@sompar.nhs.uk
Jill Chart Named Nurse Safeguarding Children	Sirona Care and Health Corum 1 Corum Office Park Crown Way Warmley Bristol BS30 8FJ	Dir line 01225 831439 Mob 07515191912 Email: jill.chart @sirona-cic.org.uk