

SAFEGUARDING AND PROTECTION OF CHILDREN POLICY AND PROCEDURE

Linked to the following Somerset Partnership Policies:

Clinical Supervision in Child Protection Case Work
Managing Historic Allegations of Child Abuse and Neglect
Risk Management Policy and Procedure
Untoward Event Report Policy and Procedure

Linked to the following Somerset Local Safeguarding Children Board Policy:

Escalation Policy

Version:	6
Ratified by:	Trust Board
Date ratified:	August 2015
Title of originator/author:	Named Nurse Safeguarding Children
Title of responsible committee/group:	Clinical Governance Group
Date issued:	August 2015
Review date:	July 2018
Relevant Staff Group/s:	All staff

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DOCUMENT CONTROL

Reference SA/Aug15/SCP	Version 6	Status Final	Author Named Nurse Safeguarding Children Head of Safeguarding
Amendments: Reviewed following CQC Review of Safeguarding Children and Children Looked After in April 2015 to include: <ul style="list-style-type: none"> • <i>Think Family</i> philosophy • Child Sexual Exploitation • Professional curiosity • Update of Children's Social Care referral process • Update of RiO processes for RiO users • Addition of guidance regarding bruising to non-ambulant children 			
Document objectives: Sets out the Trust's responsibilities for safeguarding children and child protection arrangements as part of the South West Child Protection Procedures.			
Intended recipients: All Trust staff			
Committee/Group Consulted: Trust Executive Team			
Monitoring arrangements and indicators: Local Safeguarding Children Board (LSCB) and Trust Board			
Training/resource implications: This key Trust policy is referenced and discussed at every level of Child Protection training held within the Trust. LSCB training also raised awareness with staff regarding the need to consult their own Trust's Safeguarding Children Policy as well as multi-agency policies and procedures			
Approving body and date	Clinical Governance Group	Date: August 2015	
Formal Impact Assessment	Impact Part 1	Date: August 2012	
Clinical Audit Standards	Yes	Date: July 2015	
Ratification Body and date	Senior Managers Operational Group pending Trust Board	Date: August 2015	
Date of issue	August 2015		
Review date	July 2018		
Contact for review	Named Nurse Safeguarding Children		
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1. INTRODUCTION

1.1 The Children Act 2004, Section 11, places a legal duty on all health organisations to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

1.2 Somerset Partnership NHS Foundation Trust has, alongside other health and social care organisations across the South West signed up to the South West Child Protection Procedures, which are available at www.swcpp.org.uk. These Procedures have been drawn up in accordance with the *Working Together to Safeguard Children document*, DfES 2015. A link to this guidance is available on the Trust Intranet Safeguarding Children pages. There is also a range of additional local guidance which focuses on specific issues and this available on the website of the Somerset Local Safeguarding Children Board at <https://slp.somerset.org.uk/sites/somersetlscb/>

1.3 Safeguarding children has two elements:

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

Promoting welfare is a proactive responsibility, i.e.

- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and,
- creating opportunities to enable children to have optimum life chances such that they can enter adulthood successfully

1.4 The duty under Section 11 is, therefore, wider than child protection. To be effective it requires Trust staff to acknowledge their individual responsibility for safeguarding and promoting the welfare of children as well as the commitment of Trust Management to support them in this work. This includes ensuring that all Trust staff have access to appropriate training, advice, supervision and support in relation to this responsibility.

1.5 The responsibility for safeguarding and promoting the welfare of children in need, including those in need of protection, cannot fall entirely to one agency. Although Children's Social Care (CSC) is the lead agency for child protection, all professionals have a responsibility to support CSC in all the stages of the process as detailed below:

- identifying children in need of support or protection or families that are in need of extra help with parenting
- contributing to enquiries relating to a child and family
- assessing the specific needs of children, including the parental capacity to meet those needs
- planning and providing support to vulnerable children, especially those at risk of significant harm, and to their families
- participating in meetings regarding children, especially child protection case conferences and core group meetings

- 1.6 The Children Act 1989 places two specific duties on Health Authorities and NHS Trusts to co-operate with local authorities in the interests of vulnerable children. The first is Section 27 which relates to providing support for children in need and the second Section 47 which relates to making enquiries about children thought to be suffering or at risk of suffering significant harm. The subsequent Children Act 2004 clarifies roles and responsibilities, and these are reflected within this policy.
- 1.7 The Trust has an integrated Safeguarding Service that covers Safeguarding Children, Safeguarding Adults, MARAC (Multi- Agency Risk Assessment Conferences), MAPPA (Multi- Agency Public Protection Arrangements and PREVENT (Part of the Government's CONTEST counter-terrorism strategy). The aim of the service is to ensure a '*Think Child, Think Parent, Think Family*' model is embedded throughout the Trust.

2. PURPOSE & SCOPE

- 2.1 This policy is in place to ensure that all Somerset Partnership NHS Trust staff are clear about their duties and their responsibilities as employees to safeguard children from abuse and neglect. This policy provides detailed guidance on the process for both the identification and the reporting of safeguarding and child protection incidents together with robust signposting to the South West Child Protection procedures. The ultimate aim is to provide safer care for children through consistent processes and interventions by practitioners; which will also reduce any potential risk to the Trust.
- 2.2 This policy provides guidance on what to do if a Somerset Partnership staff member has concerns about a child's welfare, who they should contact for advice and support and how they make a referral to Children's Social Care.
- 2.3 This policy contains references to additional information and resources.
- 2.4 This policy details how the effectiveness of this safeguarding work will be demonstrated and monitored.
- 2.5 This policy is fully inclusive of all children, young people and their families who use Somerset Partnership services and/or come into contact with Somerset Partnership members of staff regardless of their protected characteristics defined by the Equality Act 2010. Safeguarding and children protection processes will be followed equally whatever section of the community the child or young person inhabits. All Trust staff must follow this policy as a statutory responsibility of their role as employees of Somerset Partnership.
- 2.6 Staff should ensure patients / clients are able to understand information given to them and are able to give their informed consent. This may necessitate the use of a professional interpreter and the translation of written information (see Professional Interpreting and Translation Services Policy). A capacity assessment should be considered for those patients who are unable to consent to the procedure and reference should be made to the relevant Trust policy.

- 2.7 The Trust acknowledges and respects the diverse needs of its patients and staff will respect these at all times when implementing this policy. Staff will at all times be mindful of the person's protected characteristics and cultural differences which will be taken fully into account when implementing this policy to ensure the described procedure is conducted in as sensitive manner as possible which respects their privacy and dignity.
- 2.8 Every member of staff has an individual responsibility for the protection and safeguarding of children. All levels of management must understand and implement the Trust Safeguarding and Protection of Children Policy and Procedure.
- 2.9 These procedures are for all staff working within Somerset Partnership NHS Foundation Trust. Staff seconded to Somerset Partnership NHS Foundation Trust, are similarly expected to follow these procedures.

3 DUTIES AND RESPONSIBILITIES

- 3.1 **The Trust Board** has a duty to ensure that it fulfils its statutory responsibilities to safeguard and promote the welfare of children.
- 3.2 **The Designated Non-Executive Director** supports the Executive Lead and the safeguarding team in all aspects of the Safeguarding Children agenda, monitors activity and outcomes and provides additional assurance to the Board in this area.
- 3.3 **The Director of Nursing and Patient Safety** is the Executive Director Lead for Safeguarding with the Trust.
- 3.4 **The Director of Workforce** will ensure that robust recruitment and vetting procedures are in place, including appropriate mechanisms for undertaking relevant criminal record review through the Disclosure and Barring Service.
- 3.5 **The Head of Safeguarding** is responsible for ensuring that the full range of safeguarding functions (outlined in 1.7) work effectively together to protect patients, families, carers, staff and the public.
- 3.6 **The Named Nurse for Safeguarding Children** will take the professional lead within the Trust on all safeguarding and child protection matters. They will have expertise on children's health and development, the nature of child maltreatment and local arrangements for safeguarding children and promoting their welfare. They will provide a source of advice and expertise to fellow professionals and other agencies. They will promote good professional practice within the Trust regarding safeguarding and child protection. They will be responsible for conducting the Trust's internal case reviews and any Serious Case Reviews. They will investigate and respond to safeguarding and child protection complaints on behalf of the Trust. They will raise the standard and quality of care to vulnerable children and their families within the Trust and within a multi-agency framework. They will assist the Trust to understand its safeguarding and child protection role and responsibilities. They will substantially contribute to the development of Trust and multi-agency policy and procedure practice guidelines.

They will ensure that appropriate safeguarding and child protection standards are adhered to. They will report to the Head of Safeguarding who in turn reports to the Director of Nursing and Patient Safety who is the Board Executive with responsibility for Safeguarding. The Named Nurse will be responsible for reviewing this policy at least every two years and following any change in local or national policy and procedure. The Named Nurse will be assisted in this role by the Trust Named Doctor for Safeguarding Children and the Locality Safeguarding Children Nurses.

- 3.7 **The Named Doctor for Safeguarding Children** is a member of the Trust Safeguarding Children Team and works with the Named Nurse to ensure that there are robust internal safeguarding systems and processes in place within the Trust to safeguard children. The Named Doctor will communicate local safeguarding knowledge, research and findings from audits to Trust staff. The Named Doctor will provide specialist advice to medical staff, including clarification of organisational policies, legal issues and the management of child protection cases. The Named Doctor will work with the Named Nurse to ensure that there is adequate training and Child Protection Clinical Supervision available for all Trust staff, commensurate with their role. The Named Doctor will have specific expertise in child health, development and maltreatment and in the local arrangements for safeguarding children.
- 3.8 **The Trust's Safeguarding Team** (see Appendix B) will provide staff and managers with support and advice regarding all safeguarding and child protection issues.
- 3.9 **Local Authorities** have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which make this clear. The following guidance sets out their specific duties in detail:
- <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- 3.10 **All Trust employees** are accountable for their own practice and must be aware of their legal and professional responsibilities relating to their role, competence and work.
- 3.11 **Line Managers** are responsible for ensuring all staff are conversant with this policy and other related policies and that all staff have undertaken the appropriate level of training for their role and are provided with appropriate clinical supervision in line with current Trust policy.
- 3.12 **All staff** within Somerset Partnership should be familiar with the procedures detailed in this document and of other related policies.
- 3.13 **All new staff to the Trust** will be informed as to how they can access this policy during their mandatory induction programme.
- 3.14 **All staff** will undertake mandatory training in order to assist them in recognising children who may be suffering, or at risk of suffering significant harm and to also

understand both their and other's roles and responsibilities in relation to these children.

- 3.15 **All staff** should be aware that the first signs of child abuse or neglect may not be the presence of an obvious physical injury. Indicators can present in various ways; by verbal disclosures by a child or adult; by changes in the child's usual behaviour or demeanour or by indications that the family is under extreme stress; by a series of events which, whilst not of extreme concern in themselves, are significant if viewed in their entirety.

4. EXPLANATIONS OF TERMS USED

- 4.1 **Child:** is anyone who has not yet reached his or her 18th birthday.
- 4.2 **Safeguarding Children:** Global term referring to systems in place to protect children from abuse. All agencies working with children, young people and their families take measures to ensure the risks of harm to a child's welfare are minimised and that appropriate steps are taken to address any concerns.
- 4.3 **Child Protection:** A term relating to activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm
- 4.4 **Child and Adolescent Mental Health Services (CAMHS):** specialist multi-disciplinary team to provide assessment and treatment for children and young people with emotional/mental health issues.
- 4.5 **Local Safeguarding Children Board (LSCB):** A multi-agency forum for developing, monitoring and reviewing local child protection policies and procedures and where necessary conducting Serious Case Reviews.
- 4.6 **Professional Curiosity:** (also described as "respectful uncertainty") is mentioned in both *Understanding Serious Case Reviews and their Impact A biennial analysis of serious case reviews 2005-2007* and *Building on the Learning from Serious Case Reviews: A two year analysis of child protection database 2007-9*. Lord Laming in his report into the death of Victoria Climbié stated that professionals should not be too trusting or over optimistic in their work with children and families. Staff should:
- Use all sources of information in relation to a child/family
 - Corroborate information shared by children/families with other involved professionals
 - Seek advice if unsure of the relevance / accuracy of information shared by children/families
 - Respectfully challenge information provided by parents / carers if necessary
 - Recognise the importance of information about the father and/or the male carer in the home, (or if absent), and record accordingly
 - Be aware of your own agency's historical information and seek historical information from other agencies
 - Review and act on families lack of engagement with appointments and services
 - Keep an "open mind" during assessment processes and always consider that people can and do tell lies.

5. STATEMENT OF POLICY

- 5.1 The purpose of this policy is to ensure that all Trust staff are made aware of the importance of safeguarding children, are knowledgeable about the procedures and processes required in this context, and know how to access them. It also details who to contact if in need of advice, support and/or information.

6. BACKGROUND AND GENERAL PRINCIPLES

- 6.1 This policy, the South West Child Protection Procedures and the Somerset Local Safeguarding Children Board (LSCB) guidance applies to all staff working within Somerset Partnership NHS Foundation Trust.
- 6.1.1 The 1989 Children Act defined children as being “in need” if their vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services. Some children are in need because they are suffering, or likely to suffer, significant harm. Significant harm is the threshold that justifies compulsory intervention in family life. The categories of child abuse and maltreatment are defined as physical abuse, emotional abuse, sexual abuse and neglect.
- 6.3 The Adoption and Children Act 2002 (implemented 2005) extends the meaning of “harm” as defined in the Children Act 1989 to include the harm that children suffer by “seeing or hearing the ill-treatment of another”, Staff therefore need to consider the impact of hearing or witnessing domestic abuse on a child’s emotional and psychological well-being. Where there is a child in a household, and regardless of whether or not s/he witnessed the incident, domestic abuse should be reported to Children’s Social Care.
- 6.4 The requirements to safeguard children are also integral to the CQC Standard 7: Safeguarding people who use services from abuse.

7. PROCEDURES

7.1 Initial Staff Response following identification of a Safeguarding or Child Protection Concern

- 7.1.1 **All staff** must always act in the best interests of the child whose welfare is paramount. If staff have concerns about the safety or welfare of a child, they must always do something, even if that is sharing their concerns with a colleague/supervisor/manager who has greater knowledge and experience in relation to child protection. **Doing nothing is NOT an option and may lead to disciplinary action being taken.**
- 7.1.2 **All staff** must take prompt action to help a child / family in trouble. Taking this course of action may prevent minor abuse escalating into something more serious.
- 7.1.3 **All staff** must exercise professional curiosity in relation to their work with children and families, (see also point 4.6 above).

7.1.4 **All Staff** must in the first instance seek advice or consultation to clarify and evaluate the nature of the concerns. Internally advice can be sought from the Trust Somerset Partnership NHS Foundation Trust Safeguarding Children Team as per details in Appendix B. Externally advice can also be sought from:

- Designated Nurse for Safeguarding Children
- Designated Doctor for Safeguarding Children
- GP and other members of Primary Health Care Team
- Children's Social Care via Somerset Direct 0300 123 2224
- Police via 999 in an emergency e.g. if the child is assessed to be at **immediate** risk of harm

Staff can seek further advice at:

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

7.1.5 **All staff** must clearly document all concerns about a child's welfare, all discussions and actions taken. Details of injuries should be documented using body maps. Staff identifying bruising in non-ambulant children must immediately report this to a member of the Trust Safeguarding Children team regardless of the explanation given for the bruising.

7.1.6 **All staff using the RiO system** are required to document their concerns regarding the child, any actions they have taken, highlight the Risk History, Risk Screen and Alerts, and the relevant progress notes for both the child and any relevant family members, (e.g. parents).

7.1.7 **Staff who do not have access to RiO** must document their concerns regarding the child and any actions they have taken in the relevant professional record. A local process for flagging the records of vulnerable children and any relevant family members must be put in place.

7.2 **Referral to Children's Social Care**

7.2.1 **Children's Social Care** has a duty to provide services for children in need and to undertake enquiries into situations where children are suffering or at risk of suffering serious harm (*Working Together to Safeguard Children*, DfE, 2015).

7.2.2 **All Staff** when making a referral **to Children's Social Care via Somerset Direct** must follow the referral process as detailed in Appendix E.

7.2.3 Any telephone referrals made to Children's Social Care must be followed up in writing using the "*Common Request for Involvement/Referral for Children and Young People's Services*" (CRIF). This form can be accessed via the Forms section of the Trust Intranet Safeguarding pages.

7.2.4 A copy of the completed CRIF must be sent to a member of the Trust Safeguarding Children team **before** it is returned to Somerset Direct, for quality assurance purposes. It should also be shared with the child's GP and / or Health Visitor / School Nurse.

- 7.2.5 Once reviewed by the Safeguarding Children Team the completed CRIF can be returned to Somerset Direct via email: childrens@somerset.gov.uk
- 7.2.6 A copy of the CRIF must also be retained in the health professional's record for the child and saved onto any related RiO record with a suitable document title which clearly illustrates the contents of the document
- 7.2.7 For staff using the RiO electronic record: When the decision is made to refer to Children's Social Care, an appropriate Alert should be noted on RiO, using the alert type "Safeguarding Children Concerns"
- 7.2.8 If the Safeguarding Children Team are consulted in any case for advice/guidance, this must be recorded in the professional record or via a Safeguarding RiO progress note.
- 7.2.9 All Children's Social Care referral information must be shared with the child's GP and the relevant Health Visitor, (for children aged under 5 years), or School Nurse, (for children aged 5 years and older).

7.3 Managing a Disclosure of Historic Child Abuse

- 7.3.1 **All staff** who receive a disclosure from an adult or child regarding historic child abuse or neglect allegations must follow the Trust *Managing Historic Allegations of Child Abuse and Neglect Policy*. Consideration must be given to the current whereabouts of the alleged offender and their likely contact with children. Therapeutic support to the victim must also be offered.

7.4 Escalation Process

- 7.4.1 **All Trust staff** who are not satisfied with the response to a referral or with any other stage of the child protection process must escalate their concerns using the Somerset Local Safeguarding Children Board *Escalation Policy* which is available by copying the following link into a web browser:

http://www.somersetsafeguardingchildrenboard.org.uk/do_download.asp?did=23321

In the first instance staff should discuss their concerns with a member of the Trust Safeguarding Children Team or with their line manager.

7.5 Use of DATIX reporting for Safeguarding and Child Protection incidents

- 7.5.1 **All staff** must consider whether identified concerns about a child's welfare should be reported via the Trust's DATIX incident reporting system. Guidance on this process can be found at Appendix C and also in the Trust Risk Management Policy and Procedure and Trust Untoward Event Reporting Policy and Procedure

7.6 Providing reports for Multi Agency Meetings including Child Protection Case Conferences

- 7.6.1 **All staff** should seek advice from a member of the Trust Safeguarding Children Team, when asked to provide a report for a case conference and must use the agreed report template which is available to the Safeguarding pages of the Trust intranet.
- 7.6.2 **All Trust staff** who are requested to attend a Child Protection Case Conference must provide a written report even if that report states that the professional concerned has not had any recent contact with the child and / or their family. All Case Conference reports must be submitted to the relevant Named or Locality Safeguarding Child Nurse a week before the Case Conference date to be reviewed and quality assured before submission to the Conference Administrator. Reports will be completed and submitted electronically to the relevant local Children's Social Care office. This address will be stipulated on the Case Conference Invitation.

7.7 Providing Reports and Statements to other Professionals and Agencies

- 7.7.1 Staff who are requested to provide verbal or written statements to the Police, solicitors or others, (e.g. CAFCASS officers in relation to child protection matters that have progressed to court proceedings), should seek advice prior to giving such statements from a member of the Trust Safeguarding Children Team as detailed at Appendix B. Further advice and information can be found in the Trust *Child Protection Legal Guidance Policy: Responding to Requests for Information Sharing, Reports, and Statements*
- 7.7.2 All reports and statements will be scrutinised by a member of the Trust Safeguarding Children Team before being returned. Complex cases, those where media attention is likely and those involving the reputation of the Trust will also be reviewed by the Trust Corporate Governance Team.
- 7.7.3 All reports and statements must be recorded in the relevant professional records, (see also points 7.1.5, 7.1.6 and 7.1.7 above).

7.8 Providing Evidence in Court

- 7.8.1 Staff who are required to give evidence in court will be given appropriate advice and support before, during and after the Court appearance from a member of the Trust Safeguarding Children Team and their manager.

7.9 Managing Domestic Abuse

- 7.9.1 Domestic abuse describes a continuum of behaviour ranging from verbal abuse, through threats and intimidation, manipulative behaviour, physical and sexual assault, to rape and domestic homicide.
- 7.9.2 The Trust has a *Domestic Abuse Policy* which can be found on the Trust Intranet Safeguarding pages. Please refer to this policy for actions to be taken.

7.10 Managing Fabricated or Induced Illness

- 7.10.1 Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child.
- 7.10.2 FII is also known as Munchausen's syndrome by proxy. Munchausen's syndrome, also known as factitious disorder, is a condition where a person pretends to be ill or causes illness or injury to themselves in order to obtain medical attention and other benefits such as funding.
- 7.10.3 Healthcare professionals in the UK prefer to use the term fabricated or induced illness, or factitious disorder imposed on another. This is because the term Munchausen's syndrome by proxy places the emphasis on the person carrying out the abuse, rather than the victim. However the term Munchausen's syndrome by proxy is still widely used in other countries.
- 7.10.4 FII requires a multi-agency approach; a *Joint Agency Protocol for the management of FII in children* is available on the Somerset Local Safeguarding Children Board website or by copying the following link into a web browser:

<https://slp.somerset.org.uk/sites/somersetlscb/LSCB Documents/Joint Agency Protocol for the Management of Suspected Fabricated and Induced Illness in Children.pdf>

7.11 Female Genital Mutilation

- 7.11.1 Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.
- 7.11.2 Trust staff who are concerned a young woman is at risk of FGM or has had FGM should contact either the Police or Children's Social Care.
- 7.11.3 Further information for staff can be found on the following link:
<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>

7.12 Child Sexual Exploitation

- 7.12.1 Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status.
- 7.12.2 Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online.
- 7.12.3 Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

7.12.4 Trust staff who are concerned that a child or young person may be at risk of sexual exploitation or who receive a disclosure of child sexual exploitation must refer to the screening and referral process as detailed on the Trust Intranet Safeguarding pages.

7.13 Managing Allegations against Staff

7.13.1 **All Trust staff** must be aware that children can be subject to abuse by those who work with them in any setting. All allegations of abuse or maltreatment of children by a professional, staff member or volunteer must be taken seriously and treated in accordance with the Trust's *Managing Allegations against Staff Policy*.

7.14 Information Sharing

7.14.1 **All Trust staff** must work within the Trust Information Sharing policies and guidance, (see the Information and IT Policies Section of the Trust intranet) and be aware that:

- Personal information relating to children and families held by health and social care professionals is subject to a duty of confidence and would not normally be disclosed without the consent of the subject. However, the law does allow the disclosure of confidential information when it is deemed necessary to safeguard the welfare of children
- While practitioners should, in general, seek to discuss any concerns with the family and, where possible, seek their agreement to make referrals to Children's Social Care, this should not be done if such a discussion places the child at increased risk of significant harm
- Guidance from the Nursing and Midwifery Council and the General Medical Council on confidentiality is clear that information may and should be disclosed to third parties, if necessary without consent, to assist in the prevention and detection of child abuse. This relates to both children who may be the subject of abuse, and adults who may pose a risk to children
- If staff have any concerns or doubts about sharing information with other agencies, they should discuss the matter with a member of the Trust's Safeguarding Team.

7.14.2 Further details relating to the safe sharing of information can be found at: <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

8. TRAINING REQUIREMENTS

8.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

8.2 The Trust has a separate Safeguarding Training Strategy which details the mandatory requirements for each staff group in relation to training regarding both child and adult safeguarding.

8.3 All Trust staff including students, volunteers and contractors are required to access a mandatory level of Safeguarding Children training commensurate with their role

9. EQUALITY IMPACT ASSESSMENT

9.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

10. MONITORING COMPLIANCE AND EFFECTIVENESS

10.1 The effectiveness of this policy and procedure is subject to scrutiny and review by the Local Safeguarding Children Board (LSCB) and the **Trust's Safeguarding Steering Group**.

10.2 The Trust regularly reviews its safeguarding and protection of children arrangements. The Director of Nursing and Patient Safety is accountable for ensuring Trust compliance against this policy and the South West Child Protection procedures.

10.3 The Named Nurses and Named Doctor are responsible for ensuring any recommended changes are implemented.

10.4 All Trust staff should be aware of this policy. It is referred to in every child protection training session at all levels. The Named Nurses will facilitate regular audits to ensure staff are aware and are following the policy and to assess whether there are any barriers in place which prevents or discourages staff from using it.

10.5 Where there is evidence that a staff member has not followed the correct child protection procedure properly, the named professionals will follow this up accordingly and where appropriate use the DATIX reporting system. This will be reported to the **Trust Safeguarding Steering Group** where as appropriate actions will be recommended and monitored. Any high scoring risks will be placed on the appropriate Risk Register and monitored until the risk is reduced.

10.6 Monitoring arrangements for compliance and effectiveness

- Trust Safeguarding Steering Group

10.7 Responsibilities for conducting the monitoring

- The Named Nurse will lead internal audit processes to ensure compliance with this policy and related guidance.

10.8 **Methodology to be used for monitoring**

- random sampling of staff and by questionnaire
- internal audits
- external auditor investigations and reports
- complaints monitoring
- DATIX incident reporting and monitoring
- clinical effectiveness monitoring

10.9 **Frequency of monitoring**

The Named Nurse will provide bi-annual update reports to the Trust Board to reflect progress on the above measures.

10.10 **Process for reviewing results and ensuring improvements in performance occur**

Audit results will be presented to the **Trust Safeguarding Steering Group** for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented and actions monitored.

Lessons learnt and internal audits will be forwarded to the Clinical Effectiveness Team who will highlight within SPICE newsletter to raise awareness.

The Trust's Safeguarding Intranet pages contain up to date information.

11. **COUNTER FRAUD**

The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

12. **RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

12.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

12.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18: Notification of other incidents

12.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

13. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

13.1 References

Adoption and Children Act, 2002
Children Act 1989
Children Act 2004, Section 11
Escalation Policy, (Somerset LSCB, 2013)
NICE CG89 – When to suspect Child Maltreatment
Safeguarding Children and Young People: roles and competences for health care staff. Intercollegiate document, September 2014
Working Together to Safeguard Children, 2015

13.2 Cross reference to other procedural documents

Clinical Supervision Policy
Clinical Supervision of Child Protection Case Work Policy
Confidentiality and Data Protection Policy
Domestic Abuse Policy
Information Governance Policy
Learning Development and Mandatory Training Policy
Managing Allegations against Staff Policy
Managing Historic Allegations of Child Abuse and Neglect Policy
Mandatory Training Matrix (Training Needs Analysis)
Record Keeping and Records Management Policy
Risk Management Policy and Procedure
Safeguarding Training Strategy
Safeguarding Vulnerable Adults Policy and Procedure
Staff Appraisal and Managerial Supervision Policy
Staff/Service User Relationship and prevention of abuse Policy
Untoward Event Reporting Policy and procedure
Whistle blowing Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

14. APPENDICES

14.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A Organisational Structure

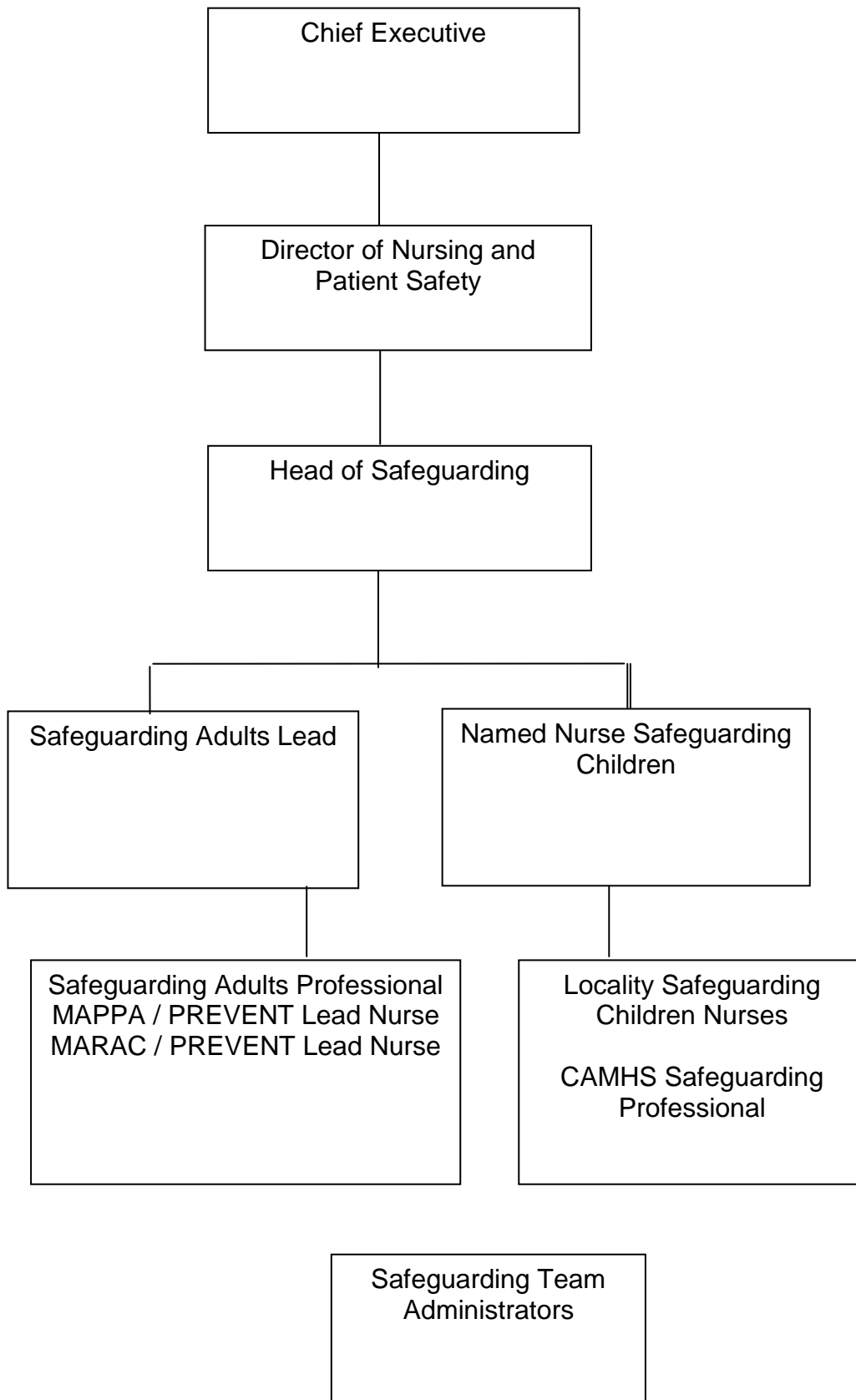
Appendix B Safeguarding Contacts List

Appendix C Reporting Safeguarding Children and Child Protection Incidents Guidance.

Appendix D Referral Flowchart

Appendix E Clinical Audit Standards

SAFEGUARDING CHILDREN – ORGANISATIONAL CHART



CONTACT DETAILS

Safeguarding Children Nurses		
Providing advice and support to all Trust staff in relation to safeguarding children issues		
Single point of access for all safeguarding concerns		0300 3230035
Named Nurse Safeguarding Children South Somerset	Sarah Ashe	01935 846381 07979 850247
Locality Safeguarding Children Nurse Taunton , West Somerset, Chard, Crewkerne and Ilminster	Judith Steele	07799 348099 01278 437298
Locality Safeguarding Children Nurse Sedgemoor	Elaine Moralee	07919 565111 01278 437298
Locality Safeguarding Children Nurse Mendip	Nicole Mitchell	07785 451646 01935 846539
CAMHS Safeguarding Professional	Gareth Rowlands	01935 846539
MARAC Co-ordinator/ Domestic Abuse Professional	June Childs	01935 846540
MAPPA/PREVENT Coordinator	Kate Graham	01278 644771 07799 348255
Safeguarding Team Administrator	Eileen McLaughlin	01935 846538
Additional Safeguarding Children Contacts		
Named Doctor for Safeguarding Children – Somerset Partnership	Dr Ann Wolton	01749 836561
Designated Nurse – Somerset NHS	Gill Munro	01935 385266 07825 976730
Designated Doctor – Somerset NHS	Dr Tamsyn Nicole	01935 475122

Useful Contacts		
Named Doctor for Safeguarding Adults	Dr Jason Hepple	01935 428420
Children's Social Care (Somerset Direct)		0300 123 2224
Hospitals		
Musgrove Park, Taunton		01823 333444
Yeovil District Hospital		01935 475122
Royal United Hospital, Bath		01225 428331
Dorset County Hospital, Dorchester		01305 251150
Police		
Yeovil (F District)		01935 402244
Taunton (G District)		01823 363003
Police Non Emergency		101
NHS Direct		111
Useful Websites		
South West Child Protection Procedures		www.swcpp.org.uk/
Local Safeguarding Children Board		www.slp.somerset.org.uk/sites.somersetlscb/

NB Please note these details were correct at time of policy ratification. For the most up-to-date version please see the Safeguarding pages of the Trust intranet.

REPORTING SAFEGUARDING CHILDREN AND CHILD PROTECTION INCIDENTS GUIDANCE

1. INTRODUCTION

Somerset Partnership NHS Foundation Trust staff identify, assess and manage safeguarding children and child protection situations on a daily basis. Somerset Partnership are responsible for employing, training and providing good quality clinical supervision to competent and suitably experienced staff to enable them to carry out this role responsibly, safely and successfully in line with the Trust's statutory responsibilities to safeguard and promote the welfare of children, (Children Act, 2004).

This guidance has been developed to complement the Somerset Partnership NHS Foundation Trust DATIX Adverse Events reporting process. Therefore, this document will be placed within the Policy framework which is covered within the Adverse Event Policy.

The guidance provides information to staff to ensure that relevant and significant safeguarding children and child protection adverse events are reported using the DATIX reporting processes

The guidance has been developed to ensure safeguarding children and child protection incidents are managed correctly and safely in line with statutory processes and are reported appropriately to identify and learn from data trends.

2. PURPOSE & SCOPE

The outcome expected in the application of this guidance on the reporting process is the production of relevant, timely and uniformly presented adverse event information from which lessons can be learned.

All services and staff groups using this guidance will be able to correctly report adverse events involving children, regardless of their role and responsibilities within the Trust.

3. DUTIES AND RESPONSIBILITIES

The Trust Safeguarding Children Team will refer all staff to the guidance as an event relevant to its use occurs. The guidance will be available on the Trust Intranet and will also be referred to during Child Protection Mandatory training.

All Trust staff are accountable to the organisation for their actions in helping to protect children and promote their welfare by reporting events affecting the well-being of children, as part of their role in safeguarding all children. This applies to any child seen on Trust property or in the community during the working hours of the employee.

All Trust Managers and Heads of Division are required to support the application of this guidance within their relevant services.

All Trust staff are accountable for the application of this guidance to their employment, whether or not they are providing services directly to children.

4. DEFINITIONS OF TERMS USED

A child is anyone aged between 0 and their eighteenth birthday. For the purposes of child protection this guidance also applies to unborn babies.

Advice needs to be sought where a young person is known to be eighteen or above but lacks capacity.

5. GUIDANCE

5.1 All Trust Staff will consider whether or not there is a need to use the DATIX system, based on the following points:

- Any circumstance or event arising during NHS care which could have, or did lead to, [intended], unintended, or unexpected harm, loss or damage (NSPA 2001)
- Scrutiny of the RAG rated *Report Ratings Prompt Lists*, (points 9, 10 and 11 below), indicating that a DATIX report is required
- Consideration of whether or not the circumstance or event, when not included in the prompt lists provided, indicate that a DATIX report is relevant
- Staff must always use clinical professional best practice judgement to make a final decision regarding which incidents are reported via DATIX and which are not. Staff need to be aware that such decisions may override this guidance in some situations

NB The prompt lists cannot be exhaustive to all potential circumstances or events, so may be amended at any time to reflect change or lessons learned.

5.2 The assessed risk of any particular circumstance or event may vary between staff groups and therefore this reporting guidance provides a comprehensive understanding of safeguarding children and child protection risk across all services.

5.3 Staff must be aware that professional assessment of safeguarding children and child protection incidents may escalate in seriousness as more information regarding the incident becomes known. Initial decisions **not** to report an incident via DATIX may need to be reviewed and revised as more information is known.

5.4 All staff are required to discuss a safeguarding or child protection circumstance or event with the Trust Named Nurse or with a Locality Safeguarding Children

Nurse, to determine whether or not it meets the criteria for a DATIX report to be completed.

- 5.5 The Named Nurse will receive and review notification of every DATIX report involving safeguarding children or child protection circumstances or events.
- 5.6 The Named Nurse will prepare a quarterly report on all DATIX incidents involving safeguarding children or child protection events to the Safeguarding Children Best Practice Group, Safeguarding Children Steering Group and to the Clinical Governance Group. The report will be shared within Children and Young People's Services through a range of meetings.
- 5.7 The Named Nurse and Locality Safeguarding Children Nurses will be available for advice, support or follow-up at all times regarding DATIX reporting processes of safeguarding and child protection adverse events.

6. TRAINING REQUIREMENTS

- 6.1 Child protection incident reporting processes will be included in the existing Trust mandatory Child Protection Training Programmes.

7. MONITORING COMPLIANCE AND EFFECTIVENESS

Regular audit and analysis of DATIX Incidents will inform the Safeguarding Children Team of event trends. The completion of action plans formulated as a result of DATIX reports will improve clinical practice in this high risk area. Audit and analysis of safeguarding children events will be included in risk management processes in the normal way agreed within the organisation.

7.1 Process for Monitoring Compliance

Any of the Trust Safeguarding Children Team who advise a member of staff to complete a DATIX form in response to a specific incident or event will document the advice that has been given.

In the first instance any concerns relating to compliance will result in a direct contact with the relevant staff member. Concerns about compliance will be taken to Child Protection Clinical Supervision meetings by the relevant Safeguarding Children Nurse. Continued non-compliance will lead to written request being made to the member of staff and this will be copied to the relevant line manager. Absolute non-compliance will be reported as a DATIX incident by the Safeguarding Children Team member and may lead to initiation of the performance management process.

Historic discovery of a failure to apply this guidance, after an incident or an event, will require an investigation by the relevant Safeguarding Children Nurse. The findings of the investigation will inform the relevant professional of the outcome and the recommendations.

Any lessons to be learnt and any required actions will be reported in the normal fashion, led by the Named Nurse. Significant learning may be shared across the

organisation from information taken to the Trust Board or cascaded via Team Meetings.

This process complies with the review/monitoring of all the minimum requirements within the NHSLA Risk Management Standards.

8. MONITORING COMPLIANCE AND EFFECTIVENESS

Regular audit and analysis of DATIX Incidents will inform the Safeguarding Children Team of event trends. The completion of action plans formulated as a result of DATIX reports will improve clinical practice in this high risk area.

Audit and analysis of safeguarding children events will be included in risk management processes in the normal way agreed within the organisation.

9. DEFINITIONS OF SAFEGUARDING CHILDREN AND CHILD PROTECTION ADVERSE EVENTS WHICH DO NOT REQUIRE DATIX REPORTING

9.1 All staff working directly with children, young people and families will recognise the following circumstances and events as part of everyday practice, which **do not** require reporting as adverse events, (but see point 9.6 below):

- Disclosure to a professional, by a child, young person or adult, of circumstances or events of child abuse or neglect
- Identification of the signs or symptoms of child abuse or neglect by any member of staff
- Identification of a pregnant child, young person or adult, whose behaviour or circumstances may put the unborn child at risk of harm
- Disclosure of self-harm behaviour previously known to current services without escalation or significant change in health of child or young person
- Information shared with an Adult Service which is found to be known to Children and Young People's Services. This may include reports of historical abuse or a child subject to a child protection plan

9.2 All staff working directly with children, young people and families, who meet the circumstances or events above, will follow Trust policies, local and national guidance and national statutory processes as detailed in Working Together to Safeguard Children, (DfE, 2013), to ensure the situations are managed safely and in line with best practice guidance.

9.3 Actions will include ensuring that the Named Nurse or Locality Safeguarding Children Nurse is informed, completing appropriate documentation and considering sharing the identified concern with other professionals and agencies to safeguard the child's welfare.

9.4 All staff **not** working directly with children, young people and families will document any circumstance or event as listed above, and contact the Named Nurse or Locality Safeguarding Children Nurse for further advice and support.

9.5 All staff will follow the Trust Safeguarding and Protection of Children Policy and Procedure at all times.

9.6 All staff will be aware that clinical professional best practice judgement may override point 9.1 above and indicate that a DATIX report **will** be required

10 DEFINITIONS OF SAFEGUARDING CHILDREN AND CHILD PROTECTION ADVERSE EVENTS WHICH MAY REQUIRE DATIX REPORTING

10.1 The following circumstances or events may be considered appropriate for reporting via the DATIX adverse event reporting system, (but see point 10.3 below):

- Three *No Access* visits or three missed health appointments in succession, particularly where there are pre-existing concerns about family functioning or safeguarding children issues
- Staff member required to call emergency services for any member of the family during regular discharge of their employment duties
- A family appears to be missing and there are pre-existing concerns and/or activities in relation to safeguarding children. This will include those families where parents and/or carers are in direct receipt of services
- Any incident involving threats of any kind to the member of staff during actual or attempted contact
- Information sharing between agencies and/or professionals indicates a risk of harm to any member of staff visiting a family owing to specific circumstances
- The presence of a perpetrator of violence discovered by any member of staff visiting the home of a client or family
- Recognition of or belief that confidential information has been disclosed to a child, young person or family
- Unresolved situations of complaint which are likely to be raised with the Trust
- Actual, or concern about possible misappropriation of information by any person, in any format
- Belief, or clear identification, that a professional's behaviour is putting a child or young person at risk of harm
- Escalation of concerns that agency thresholds are preventing a child or young person receiving services, in spite of escalation processes being implemented
- All instances where an appropriate referral to provide services to a child or young person has been declined
- Recognition that communication within the Trust or between agencies has not occurred and opportunities to intervene to protect a child or young person from harm have been missed

- Any instance where thresholds for agency or service provision prevents a child or young person receiving a service
- Procedures within the Trust, developed to protect a child or young person, have not been implemented
- Obstacles to appropriate communication with children, young people and families have not been overcome, (to include interpreters, equipment or other resource such as hearing loops)
- All incidents where staff become aware that an infant's birth has not been legally registered
- All incidents of surrogacy where Children's Social Care have not been referred to
- Escalation of self-harm behaviours in a child or young person in spite of appropriate service input
- Any incident of breach of rules and regulations for children and young people in Trust in-patient units
- Any suggestion that there may be an allegation made by a child or young person about professionals involved in their care
- Any incident of information shared with adult services which indicates it is new information about risk to a child or young person and is at a significant level for risk of harm

10.2 All staff will follow the Trust Safeguarding and Protection of Children Policy at all times.

10.3 All staff will contact the Named Nurse or Locality Safeguarding Children Nurse for further advice and support immediately they become aware of any of the incidents listed at 10.1.

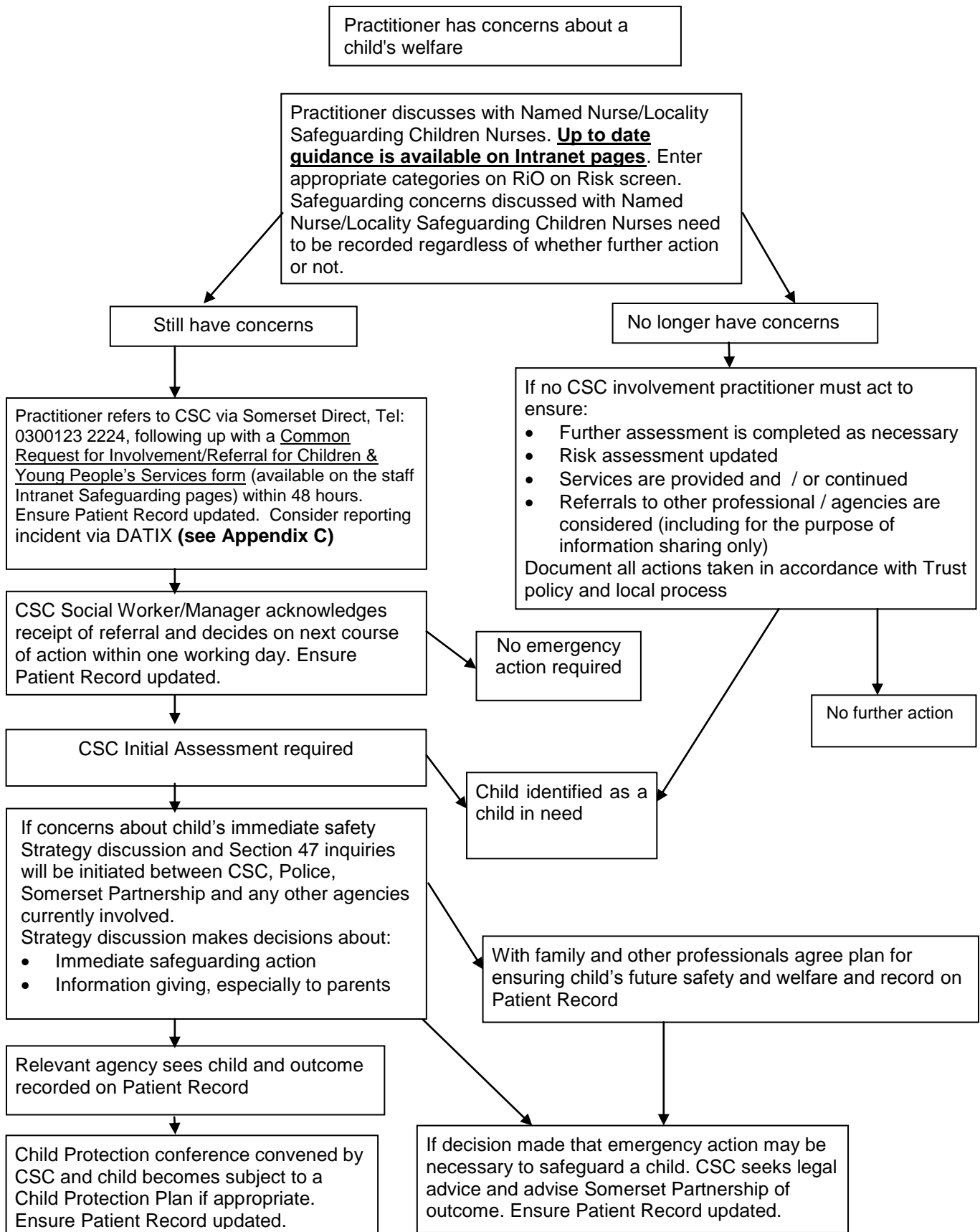
11 **DEFINITIONS OF SAFEGUARDING CHILDREN AND CHILD PROTECTION ADVERSE EVENTS WHICH REQUIRE IMMEDIATE DATIX REPORTING**

11.1 All staff are required to report incidents and events as listed below immediately they are identified: Staff should note that this list is not exhaustive and may be updated at any time.

- Unexplained or non-accidental injury to a child or young person, including admission of the child or young person to hospital for investigations in relation to a suspected non-accidental injury
- Any serious injury or death of a child, whether accidental, non accidental, explained or unexplained
- Sudden unexplained infant death (SUDI or SIDS), normally reported by the family's Named Health Visitor
- Any incident where an untoward event occurs, involving a child or young person, to include such events as abduction, hostage-taking, radicalisation, abandonment, or violence

- Any incident of child abuse or maltreatment which is recognised by or disclosed to a member of staff and which was not previously been acted on by another member of staff who held the information earlier
 - Any injury occurring to a child while on Trust premises, or caused by any property of the Trust, or by any member of staff.
 - Any incident of abuse affecting a member or group of staff in pursuit of their normal duties, during attempted or actual patient or client contact
 - Missing information or records, in any format
 - Any incident of breach of confidentiality involving a child or young person or their family
 - Any receipt of an allegation made against a Trust employee working with children, young people and their families
 - All incidents where a member of staff is unable to carry out priority child protection duties, such as attending a Child Protection Conference, owing to staffing pressures. These may be planned or unplanned duties
 - Any incident where a member of staff is threatened or harmed by a child or young person while in pursuit of their normal duties
 - Any incident where a child or young person in a residential unit acts in a way which puts themselves, others, staff or property at risk
 - Significant child protection events such as domestic homicide, cohorts of CSE victims identified or slavery
 - Situations which may lead to media interest and which may involve Trust staff or their family/families
- 11.2 All staff will follow the Trust Safeguarding and Protection of Children Policy at all times.
- 11.3 All staff will contact the Named Nurse or Locality Safeguarding Children Nurse for further advice and support immediately they become aware of any of the incidents listed at 11.1.

REFERRAL FLOWCHART



SAFEGUARDING CHILDREN POLICY AND PROCEDURE
CHILD PROTECTION POLICY
CLINICAL AUDIT STANDARDS

July 2015

Service area(s) to which standards apply:

✓	MH Inpatient (CAMHS)	✓	Community CAMHS	✓	CH Specialist Services
✓	MH Inpatient (Adult)	✓	C & YP Integrated Therapy	✓	MH Specialist Services
✓	MH Inpatient (Older)	✓	School Nursing	✓	MH Community Adult
✓	MH Rehab & Recovery	✓	Health Visitors	✓	MH Community Older
✓	Community Hospital	✓	CH Rehab	✓	Learning Disabilities
✓	MIU	✓	Musculo-Skeletal	✓	District Nurses

Disclosures from an adult or child regarding **historic** child abuse or neglect allegations must follow the Trust *Managing Historic Allegations of Child Abuse and Neglect Policy*.

STANDARD		REF: Trust Safeguarding Children/Child Protection Policy and Procedures	COMPLIANCE	EXCEPTIONS	DEFINITIONS/INSTRUCTIONS
1	All staff will undertake mandatory safeguarding training which is commensurate to their role as referenced in the Trust Mandatory Training Matrix and Trust Child Protection Training Strategy	<i>(Policy reference para 8.3)</i>	100%	None	This training will assist staff in recognising children who may be suffering, or at risk of suffering significant harm and to also understand both their and other's roles and responsibilities in relation to these children.
2	Staff who have concerns about the safety or welfare of a child, must always do something, even if that is to share the concerns with a colleague/supervisor/manager who has greater knowledge and experience in relation to child protection	<i>(Policy reference para 7.1.1)</i>	100%	None	All staff must always act in the best interests of the child whose welfare is paramount.
3	All staff must clearly document all concerns about a child's welfare, all discussions and actions taken	<i>(policy reference para 7.1.5)</i>	100%	None	Details of injuries should be documented using body maps. Documentation used will depend on the system currently in place within that service, either RiO, other electronic systems or paper records
4	A Common Request for Involvement/Referral for Children and Young People's Services form must be fully completed for each referral to Children's Social Care	<i>(policy reference para 7.2)</i>	100%	None	All such forms must be reviewed by a member of the Safeguarding Children's Team prior to being sent to Children's Social Care
5	Any telephone referrals made to Children's Social Care must be followed up in writing within 48 hours, using the "Common Request for Involvement/Referral for Children and Young People's Services" form	<i>(policy reference para 7.2)</i>	100%	None	

6	A copy of the completed form should be sent to either the Named Nurse or Locality Safeguarding Children Nurse or the Mental Health Lead Nurse for Safeguarding Children and to the child's GP and/or the Health Visitor/School Nurse.	<i>(policy reference para 7.2)</i>	100%	None	
7	Trust staff making a referral to Children's Social Care via Somerset Direct who have not received an acknowledgement within 48 hours, must follow the referral up with Children's Social Care to ensure that the concerns reported have been acted upon.	<i>(Policy reference para 7.2)</i>	100%	None	Children's Social Care should acknowledge a written referral within one working day of receiving it
8	For staff using RiO: When the decision is made to refer to Children's Social Care, an appropriate Alert should be noted on RiO, using the alert type "Safeguarding Children Concerns"	<i>(policy reference para 7.2.7)</i>	100%	None	Brief details should be entered in the Comments box of the alert, and cross referenced within progress notes. The alert should be removed if concerns prove to be unfounded or insignificant For those services not using RiO, an appropriate 'Safeguarding Flag' must be used.
9	If the Safeguarding Children Team are involved in any case for advice/guidance, this must be recorded in the professional record or via a Safeguarding RiO progress note	<i>(policy reference para 7.2.8)</i>	100%	None	In RiO the note type "Safeguarding" is selected for these progress notes to enable filtering and ease of identification
10	All Trust staff requested to attend a Child Protection Case Conference must provide a written report.	<i>(policy reference para 7.6.2)</i>	100%	Staff member is not providing an ongoing service with the child	All Case Conference reports must be submitted to the relevant Named or Locality Safeguarding Child Nurse a week before the Case Conference date, to be reviewed before submission to the Conference Staff should be using the Multi-agency Child Protection Conference Report template

11	Staff who need to make verbal or written statements to the Police, solicitors or others (e.g. CAFCASS officers in relation to child protection matters), must seek advice prior to giving such statements from the Named Nurse, Named Doctor, or other members of the Safeguarding Children Team	<i>(policy reference para 7.7)</i>	100%	None	All statements will be scrutinised by a member of the safeguarding children team. These statements will need to be recorded as appropriate in the relevant professional records.
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