

**MANAGING HISTORIC ALLEGATIONS OF  
CHILD ABUSE AND NEGLECT POLICY**

**TO BE READ IN CONJUNCTION WITH THE SOMERSET PARTNERSHIP  
SAFEGUARDING AND PROTECTION OF CHILDREN POLICY**

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Relevant Staff Group/s:	All Trust Staff

**This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000**

## DOCUMENT CONTROL

<b>Reference</b> SA/Mar17/HACAN	<b>Version</b> 4	<b>Status</b> FINAL	<b>Author</b> Named Nurse Safeguarding Children
<b>Amendments</b>	General review and update, no changes in policy		
<p><b>Document objectives:</b> The aims of this document are:</p> <ul style="list-style-type: none"> <li>to ensure all staff within Somerset Partnership NHS Foundation Trust understand their responsibility in managing allegations of historic child abuse and neglect when such abuse is disclosed to them by patients/clients</li> <li>to make certain all ongoing concerns are reported appropriately to the correct agency/ies</li> <li>to ensure that any child/ren identifiable who are currently in contact with the alleged perpetrator/s are safeguarded</li> <li>to ensure that victims are given appropriate advice and support in order to be empowered to report their experiences to external agencies, namely the Police and Children's Social Care</li> <li>to ensure any identifiable actual or potential child victims are provided with suitable therapeutic services according to need, throughout any required safeguarding or child protection processes</li> <li>to safeguard adult victims of abuse if they are vulnerable following a disclosure</li> <li>to ensure adult victims are given appropriate therapeutic support before, during and after a disclosure.</li> </ul>			
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<b>Contact for review</b>	Named Nurse Safeguarding Children		
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## CONTRIBUTION LIST Key individuals involved in developing the document

Designation or Group
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Safeguarding Children Best Practice Group
Safeguarding Steering Group
Serious Incidents Requiring Investigation Group
Clinical Policy Review Group
Clinical Governance Group
Equality and Diversity Group
Talking Therapies Management Group

## CONTENTS

<b>Section</b>	<b>Summary of Section</b>	<b>Page</b>
Doc	Document Control	2
Cont	Contents	3
1	Introduction	4
2	Purpose and Scope	4
3	Duties and Responsibilities	4
4	Explanations of Terms Used	6
5	Initial Staff Response To New Historic Abuse Allegations	6
6	Supporting The Adult Victim	7
7	Adults Who Wish To Make A Formal Complaint To The Police	8
8	Adults Who Are Unwilling To Make A Formal Complaint To The Police	9
9	Historic Abuse Allegations That Have Been Previously Disclosed and/or Investigated By Police/Social Services Or Where The Alleged Perpetrator Is Thought To Be Deceased	9
10	Home Office Counting Rules for Recorded Crime	10
11	The Role Of Staff Engaged In Psychological Therapies With Adult Victims Of Abuse	10
12	Training Requirements	11
13	Monitoring Compliance and Effectiveness	11
14	References, Acknowledgements and Associated documents	12
15	Appendices	13
Appendix A	Somerset Direct Information	14
Appendix B	Safeguarding your child whilst you are in hospital information	16
Appendix C	Safeguarding Children Contact Details	18
Appendix D	Safeguarding Vulnerable Adults Contact Details	19
Appendix E	Clinical Audit Standards	20

## 1 INTRODUCTION

- 1.1 Somerset Partnership NHS Foundation Trust has a statutory responsibility to make arrangements to safeguard and promote the welfare of children and young people (as set out in Section 11 of the Children Act, 2004).
- 1.2 This responsibility includes a duty to report to Children's Social Care, (via Somerset Direct, see Appendix 1), any beliefs or suspicions that a child may be suffering, or is likely to suffer, significant harm, (Working Together, 2015,).
- 1.3 Somerset Partnership NHS Foundation Trust staff must also ensure that staff respond appropriately when adults disclose abuse that they experienced as a child because:
- there is a significant likelihood that a person who abused a child/ren in the past will have continued to do so, and thus, may still be, abusing children
  - a criminal prosecution may be possible if sufficient evidence can be obtained
- 1.4 This policy may also be used for other clients/patients who are not yet eighteen years old, and have made a disclosure of historic abuse in childhood.

## 2 PURPOSE AND SCOPE

- 2.1 Many child abuse allegations are not reported until years after the offences were committed. There are many valid reasons why late reporting is common. For example:
- Fear of not being believed
  - Ongoing contact with the perpetrator
  - Threats made by the perpetrator
  - Lack of understanding about the abuse they experienced
  - Inability to adequately communicate the abuse due to their developmental stage at the time of the abuse
  - Learning needs of disability which prevented earlier disclosure
  - Cultural or language barriers.
- 2.2 Before any therapeutic work is undertaken with adult clients/patients, staff members have a responsibility to advise the patient/client of certain disclosures which they may have a duty to report. This is part of their duty to safeguard children. This duty may include sharing confidential information without the adult's permission. Written information detailing staff's responsibilities to share confidential information can also be provided to the adult, (Appendix 2), or in the form of consent forms used for psychological therapies.

## 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 for Safeguarding** 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 Lead for Safeguarding Children within the Trust.
- 3.4 **The Director of Workforce and Organisational Development** 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, (DBS)
- 3.5 **The Named Nurse for Safeguarding Children** will be responsible for reviewing this policy at least every three years, and in response to any local or national changes in policy or practice.
- 3.6 **The Trust's Safeguarding Service** will provide staff and managers with support and advice regarding all child protection issues including the management of historic child abuse disclosures.
- 3.7 **All Trust employees** are accountable for their own practice and will need to be aware of their legal and professional responsibilities relating to their role, competence and work.
- 3.8 **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.
- 3.9 **All staff** within Somerset Partnership should be familiar with the procedures detailed in this document and of other related policies.
- 3.10 **All new staff to the Trust** will be informed as to how they can access this policy during their mandatory induction programme.
- 3.11 **All staff** will undertake mandatory safeguarding children 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 own and other professionals' and agencies' roles and responsibilities in relation to these children.
- 3.12 **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.
- 3.13 **All staff** who receive a disclosure from an adult or child regarding historic child abuse or neglect allegations must follow this policy and consider the current whereabouts of the alleged offender and their likely ongoing and current contact with children. Therapeutic support to the victim must also be offered.

- 3.14 **All staff** must always act in the best interests of the child whose welfare is paramount. If you have concerns about the safety or welfare of a child, you must always do something, even if that is sharing your concerns with a colleague/supervisor/manager with greater knowledge and experience in relation to child protection. **Doing nothing is NOT an option.**
- 3.15 **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.
- 3.16 **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 Somerset Partnership NHS Foundation Trust Safeguarding Children Team. In addition, advice can also be sought from:
- Head of Safeguarding
  - Designated Nurse for Safeguarding Children
  - Designated Doctor for Safeguarding Children
  - Safeguarding Adults Lead
  - GP and other members of Primary Health Care Team
  - Children's Social Care via Somerset Direct 0300 123 2224
  - Police in an emergency e.g. if the child is assessed to be at immediate risk of harm

#### **4. EXPLANATION OF TERMS USED**

- 4.1 All explanations of terms used are incorporated within the content of this document.

#### **5 INITIAL STAFF RESPONSE TO NEW HISTORIC ABUSE ALLEGATIONS**

- 5.1 As soon as it is apparent that an adult is revealing details of new allegations of childhood abuse, the member of staff must record what is said by the client/patient and the responses made by the staff member.
- 5.2 All records must be dated and signed in accordance with Somerset Partnership NHS Foundation Trust Record Keeping Standards and profession-specific guidance. It is not required or appropriate for staff to 'investigate' the allegations or ask probing questions prior to involving the Trust Safeguarding Children Team.
- 5.3 Any information recorded in the professional records may be used as Police/Court evidence.
- 5.4 Wherever possible full disclosures of historical abuse should only be recorded by the investigating agency, namely Police or Children's Social Care. A referral and possible investigation by the Local Authority Designated Officer (LADO) may be triggered should the alleged perpetrator/s work or have worked in a position of trust with children and young people. Similarly, an investigation by Adult Social Care may be triggered if the alleged perpetrator/s work or have worked in a position of trust with vulnerable adults.

- 5.5 The next stage, with the involvement of the Trust Safeguarding Children Team, is to establish if the adult is aware of the alleged perpetrator's recent or current whereabouts and if they have any contact with children. This will include gathering information such as the alleged perpetrator's full name, date of birth, place of work, current responsibility for children and whether the abuse had previously been investigated, and if so, by whom.
- 5.6 An adult client/patient must be asked whether s/he wants to make a formal complaint that may lead to a Police investigation and to a criminal prosecution. The Police are willing to undertake such work. This will also include adults who are vulnerable as a result of mental health issues or have learning difficulties, and also in cases where the alleged abuse occurred many years earlier. Consultation may also be required with the Trust Safeguarding Adults Team, if concerns are identified in relation to vulnerable adults.
- 5.7 Consideration must also be given to the therapeutic needs of the adult victim who should be reassured that all reasonable efforts will be made to investigate what they have reported, (see paragraph 6 below). All assessments should be documented in the professional record. Adults must also be made aware that insufficient disclosure of information may result in no action being taken against the perpetrator which could leave children at risk of harm. Staff members must ensure adult clients/patients are aware of their legal duty to safeguard children.

## **6 SUPPORTING THE ADULT VICTIM**

- 6.1 When information is obtained from a client that gives rise to a reasonable suspicion that a child or children are currently at risk of abuse and neglect, a member of staff has a duty to act by discussing the case with a member of the Safeguarding Children Team and/or Children's Social Care / the Police.
- 6.2 In these circumstances all efforts should be made to empower the client to be active in the disclosure, although there are circumstances when the member of staff will have to act even without the client's consent.
- 6.3 When it is doubtful as to whether any children are currently at risk or the identity of the alleged abuser(s) is unclear, the case must still be discussed with a member of the Safeguarding Children Team. In this situation it may be possible to work with the clients over a more extended period of time to empower them to reveal/remember more details and/or proceed with a formal disclosure/ complaint.
- 6.4 Staff should be aware that disclosure of historic abuse allegations to the Police or Children's Social Care and the subsequent actions taken may place the adult victim at significant risk of self-harm, retaliation, criticism and estrangement from her/his family. It may also seriously damage trust and engagement with mental health and social care services.
- 6.5 The need to safeguard the potential vulnerable adult, who is the adult victim, and protect her/his wish for confidentiality, should be weighed against the likelihood of preventing future harm to them and other children affected by the alleged perpetrator of abuse. These decisions are challenging and complex and should always be discussed with a member of the Trust Safeguarding

Children Team and/or Children's Social Care when there is any doubt as to how to proceed and the outcomes of any discussions must be recorded in the professional record, together with any resulting action plans.

- 6.6 In cases where further action needs to be taken, (usually a referral to Children's Social Care or the Police), despite risk to the adult victim, measures to protect her/him should be an integral part of the care planning process.

## **7 ADULTS WHO WISH TO MAKE A FORMAL COMPLAINT TO THE POLICE**

- 7.1 An adult may wish to make a formal complaint to the Police. These cases should always be discussed with the Trust Safeguarding Children Team.
- 7.2 The Police should be informed about allegations of crime at the earliest opportunity. Any reports of historic abuse made to Avon and Somerset Police must be via their non-emergency number - **101**.
- 7.3 Any police involvement in an investigation will depend on a number of factors, which will include the victim's wishes, the protection of the public and the quality of the information disclosed.
- 7.4 Staff may wish to help the victim facilitate this process supportively, by being present whilst an initial telephone call is made to the Police. Victims may identify a preferred supportive other for them when taking this action. Professionals are then required to corroborate this action has taken place, with the alleged victim first, in case of delay or anxiety. See Section 8 below for advice should the victim, albeit expressing willingness to make a formal complaint, be unable to do so within a reasonable space of time. This must not prevent any action to safeguard children who may be at risk or have been harmed.
- 7.5 Staff can contact the Police themselves to ask for advice on what action to take. The Police will provide guidance on what information is required in order for the complaint to be investigated. They may allocate a Sexual Offences Liaison Officer, (SOLO), to the client to assist them with the complaint and investigation process.
- 7.6 The Police will share the information with Children's Social Care in order to determine the next steps and to also establish if there is any information available regarding the alleged perpetrator, and the likely risk to children currently having contact with them. This discussion may result in a Strategy Discussion or Strategy Meeting. The case may also be taken to the Multi Agency Safeguarding Hub (MASH) daily strategy meeting.
- 7.7 The role of the Police is to investigate the alleged crime and recover evidence. The role of the Crown Prosecution Service is to decide if there is enough evidence to prove the abuse occurred "beyond reasonable doubt". An adult victim must be advised that even if there is little evidence a case may be taken to court if there is a concern for public safety. However an adult victim must also be advised that the Police will be unlikely to bring any prosecution if the victim is unwilling to speak to the Police or to make a formal complaint.
- 7.8 Please also see Section 10 below.



## **8 ADULTS WHO ARE UNWILLING TO MAKE A FORMAL COMPLAINT TO THE POLICE**

- 8.1 If the adult victim does not wish to make a formal complaint to the Police for investigation and possible prosecution, they should be advised instead to share their information with Children's Social Care to establish if there is any knowledge regarding the alleged perpetrator's current contact with children. (See point 4 above.). This referral does rely on the client having disclosed enough information about the alleged perpetrator to allow them to be identified.
- 8.2 If the adult is unwilling to take this course of action the member of staff should share the allegations with Children's Social Care via the Somerset Direct First Response call centre number – **0300 123 2224**, (Appendix 1), This number also provides an out of hours option for use when disclosures happen outside normal working hours, and a professional considers the need to share information is urgent.
- 8.3 Victims making referrals to Somerset Direct can do so in confidence if they wish. However, they should be made aware that it is still a possibility that the perpetrator will be able to identify who has made the complaint. **NB** Professionals making a referral on behalf of a client must always provide their full details.
- 8.4 Formal referrals to Children's Social Care should always be made in accordance with the Trust's *Safeguarding and Protection of Children Policy*. The appropriate referral documentation must be completed after any telephone referral. All referral forms must be reviewed by a member of the Trust Safeguarding Children Team for quality assurance before being sent to Children's Social Care. Guidance is available on the safeguarding pages of the Trust Intranet.
- 8.5 Please also see Section 10 below.

## **9. HISTORIC ABUSE ALLEGATIONS THAT HAVE BEEN PREVIOUSLY DISCLOSED AND/OR INVESTIGATED BY POLICE/SOCIAL SERVICES OR WHERE THE ALLEGED PERPETRATOR IS THOUGHT TO BE DECEASED**

- 9.1 Staff should not assume that abuse that has previously been disclosed and/or investigated automatically discounts the possibility of a child/children currently being at risk.
- 9.2 The nature of previous investigations/criminal proceedings should be discussed with the client/patient.
- 9.3 On receiving a disclosure of historic abuse the possibility that any children are currently at risk should be considered with the client/patient and the results of these discussions clearly documented.
- 9.4 In many circumstances where allegations have already been disclosed/ investigated and there is no evidence of any current risk to children, the need for further action should be discussed with the Trust Safeguarding Children Team, particularly if there is any doubt surrounding current safeguarding issues.

- 9.5 When the alleged perpetrator is deceased, staff should still consider whether any others involved in the alleged abuse may still present a safeguarding risk. The results of these considerations must be documented in the adult's professional record.

## **10 HOME OFFICE COUNTING RULES FOR RECORDED CRIME**

- 10.1 In April 2016 the Home Office published *Counting Rules for Recorded Crime (HOOCR)*, (Home Office: 2016), came into effect. The vision of this guidance was to ensure England and Wales “*have the best crime recording system in the world: one that is consistently applied; delivers accurate statistics that are trusted by the public and puts the needs of victims at its core*”.

- 10.2 The counting rules require that incidents reported by victims, witnesses or third parties, (defined as parents, carers and Professional “Third Party reporters), will, unless immediately recorded as a crime, result in the registration of an auditable incident report by the Police.

- 10.3 An incident will be recorded as a crime (a so-called “notifiable offence”) for victim-related offences if, on the balance of probability:

(a) the circumstances of the victim's report amount to a crime defined by law (the Police will determine this, based on their knowledge of the law and counting rules); and

(b) there is no credible evidence to the contrary immediately available.

A belief by the victim, (or person reasonably assumed to be acting on behalf of the victim e.g. a Trust professional), that a crime has occurred is usually sufficient to justify its recording.

- 10.4 Therefore, from a Trust perspective if a member of staff receives a disclosure of a crime, (including an historic child abuse disclosure), and the alleged perpetrator has been identified, this information must be shared with the Police, if not for investigation then for counting. This will be the case even if the client is clear they would not support a Police investigation and prosecution. In such cases the professional reporting the matter to the Police would state that the victim has “refused consent to be identified”. Crimes where the victim will support an investigation will be managed as at Section 7 of this policy.

- 10.5 All crimes where a perpetrator can be identified must be reported via the non-emergency Police 101 number, unless there are concerns of immediate harm to the Public, when 999 should be used.

## **11 THE ROLE OF STAFF ENGAGED IN PSYCHOLOGICAL THERAPIES WITH ADULT VICTIMS OF ABUSE**

- 11.1 Psychological therapists have the same duties to take action/involve the Trust Safeguarding Children Team, as other Trust staff, where current safeguarding issues are raised in psychological therapy.

- 11.2 In the case of clients who have a Care Co-ordinator in secondary care, the therapist must first consider discussing any safeguarding issues with that professional in collaboration with the Trust Safeguarding Children Team and/or Police or Children's Social Care.
- 11.3 Where a new disclosure is likely to lead to investigation and further action, the role of the psychological therapist is to maintain a therapeutic relationship with the client and to support her/him during the therapy sessions to encourage them to engage with the secondary care team/safeguarding team/other agencies in the ongoing process surrounding the disclosure.
- 11.4 In cases where no further investigation/action around historic abuse allegations is going ahead, the psychological therapist may consider it appropriate to discuss details of the abuse/neglect and its sequelae with the client as part of the therapeutic process. The nature and extent of this exploration will depend on the model of therapy being carried out and the therapeutic needs of the client. These issues may be considered further in psychological therapy supervision.

## **12. TRAINING REQUIREMENTS**

- 12.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff 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.
- 12.2 The information included in this policy will be included in the Trust Child Protection Training Programme at levels 1, 2 and 3 as per the Trust *Mandatory Training Matrix* and Trust *Child Protection Training Strategy*.

## **13. MONITORING COMPLIANCE AND EFFECTIVENESS**

- 13.1 The effectiveness of this policy and procedure is subject to scrutiny and review by the Somerset Safeguarding Children Board (SSCB) and the Trust's Safeguarding Steering Group.
- 13.2 The Trust regularly reviews its safeguarding children arrangements. The Director of Nursing and Patient Safety is accountable for ensuring Trust compliance against the South West Child Protection procedures.
- 13.3 The Named Nurse Safeguarding Children and Named Doctor Safeguarding Children are responsible for ensuring any recommended changes are implemented.
- 13.4 All Trust staff should be aware of this policy. It is referred to in every child protection training session at all levels. The Named Nurse Safeguarding Children will ensure the mandatory Trust Safeguarding Children Audit includes review of key elements of this policy 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.
- 13.5 Where there is evidence that a staff member has not followed this policy correctly, the named professionals will follow this up accordingly and where

appropriate use the DATIX incident reporting system. This will be reported to the Trust Safeguarding Steering Group where appropriate actions will be recommended and monitored. Any high scoring risks will placed on the appropriate Risk Register and monitored until the risk is reduced.

**13.6 Monitoring arrangements for compliance and effectiveness:**

- Trust Safeguarding Steering Group

**13.7 Responsibilities for conducting the monitoring arrangements:**

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

**13.8 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
- 

**13.9 Frequency of monitoring:**

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

**13.10 Process for reviewing results and ensuring improvements in performance occur:**

Audit results will be presented to the Trust Safeguarding Children Best Practice Group and 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.

The Trust's Safeguarding Intranet pages will contain up to date information on policies, best practice guidance and contact numbers for professionals and agencies relevant to safeguarding and child protection practices.

**14. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

**14.1 References**

This Policy must be read in conjunction with the Somerset Partnership NHS Foundation Trust Safeguarding and Protection of Children Policy  
All current policies and procedures are accessible to all staff on the Trust public website.

Crime Recording General Rules, (Home Office, April 2016)

## 14.2 **Cross reference to other procedural documents**

Confidentiality and Data Protection Policy  
Consent and Capacity to Consent to Examination and/or Treatment Policy  
Information Governance Policy  
Learning Development and Mandatory Training Policy  
Record Keeping and Records Management Policy  
Risk Management Policy and Procedure  
Safeguarding and Protection of Children Policy  
Staff Mandatory Training Matrix (Training Needs Analysis)  
Untoward Event Reporting Policy and procedure  
Serious Incidents Requiring Investigations 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.

## 15. **APPENDICES**

15.1 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. This should include any relevant Clinical Audit Standards.

15.2 The following appendices are attached to this policy:

- Appendix A Somerset Direct Information
- Appendix B Safeguarding your child whilst you are in hospital information
- Appendix C Safeguarding Children Contact Details
- Appendix D Safeguarding Vulnerable Adults Contact Details
- Appendix E Clinical Audit Standards



## ***Children & Young Peoples' Service***



Education and Children's Social Care

# **0300 123 2224**

**[www.somerset.gov.uk](http://www.somerset.gov.uk)**

**Email: [childrens@somerset.gov.uk](mailto:childrens@somerset.gov.uk)**

**Text Phone: 07781 482858**

## Who are we?

Somerset Direct Children & Young Peoples' Team is a new service from Somerset County Council. With one local call we can provide information about:

- **Children's Social Care (formerly Social Services)**
- **Early Years, Play and Childcare**
- **Pupil Services**
- **School Admissions**
- **Somerset Music**
- **Youth Service**
- **Fostering and Adoption**

## Children's Social Care

Any concerns? Need advice, information or social work support? Somerset Direct can help. Working closely with Social Workers who are part of our team, we can help find support if needed.

## How does it work?

Phone us: *8am to 6pm Mon – Fri and 9am to 4pm Sat.*

## What can I ask?

Anything! We hold all types of information and advice for young people and anyone involved in parenting or caring.

**Somerset Direct Children & Young Peoples' Service is provided by Somerset County Council.**

**Calls may be recorded for quality or training purposes and will be treated in the strictest confidence, except where there are concerns about a child's safety.**



This document is also available in Braille, large print, on tape and on disc and we can translate it into different languages.

We can provide a member of staff to discuss the details.

***Working together for equalities***

If you are unable to resolve your concerns or would like to take the matter further, please write to:

Complaints Manager  
Somerset Partnership NHS Foundation Trust  
2<sup>ND</sup> Floor, Mallard Court  
Express Park  
Bristol Road  
Bridgwater TA6 4RN

### Further information

A range of information about the needs of children and parenting can be accessed from:

Barnardos

[www.barnardos.org.uk](http://www.barnardos.org.uk)

NSPCC Child Protection

Helpline: 0800 8005000

[www.nspcc.org.uk](http://www.nspcc.org.uk)

Youngminds parents information service

Helpline: 0808 802 5544

[www.youngminds.org.uk](http://www.youngminds.org.uk)

Further safeguarding information is available on our website:

[www.sompar.nhs.uk](http://www.sompar.nhs.uk)



Children &  
Young People

### *Service contact details*

Safeguarding Team  
Holly Court, Preston Road  
Yeovil, Somerset  
BA20 2BN  
Tel: 0300 323 0035

This leaflet is available in other formats, including easy read summary versions and other languages upon request. If this would be helpful to you, please speak to a member of staff.

Impact Assessed:

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Web: [www.sompar.nhs.uk](http://www.sompar.nhs.uk)



Somerset  
Partnership



SAFEGUARDING  
ADULTS & CHILDREN



Children &  
Young People

## SAFEGUARDING YOUR CHILDREN WHEN YOU ARE IN HOSPITAL



**What to expect while you are in hospital if you are a parent, or have responsibility for caring for children**



## Introduction

This leaflet is for people that are admitted to any of our inpatient wards and who are parents or grandparents who have caring responsibilities for children. It explains how we will work with you to ensure your child or children remain safe.

## Assessment

As part of your assessment, staff will ask you about children in your household; how they are being cared for whilst you are in hospital and any needs that they have. This will include asking you details such as the child's name, date of birth, etc. Staff will also ask you about any other professionals or organisations that are involved with you and your family for example: schools, health visitor or social worker.

## Young Carers

Many children and young people act as young carers for their parents or other members of that family. If you are concerned that a child in your family takes on care responsibilities when you are unwell speak to a member of staff about support for the young person.

## Children Visiting

It is important to maintain family relationships whilst you are in hospital and you may wish to have visits for your child. Visits from children need to be planned and it is important that you discuss this with the staff looking after you.

On the day of a planned child visit, the person who is looking after the child must phone the ward to check with the nurse in charge that it is OK for the visit to go ahead. Visits can only take place when it is safe for the child.

### During the visit

During the visit the child must be accompanied at all times by the person who is caring for them while you are in hospital. Staff cannot take responsibility for looking after children during visits. Visits from children will take place in a safe environment.

It might be a good idea if your child brings a favourite toy to play with or book that you can read together during the visit.

It is sometimes necessary to refuse child visits, either in advance, or on the day of the visit because of safety issues for the child. If this is the case you will be fully informed and the

decision to refuse a visit will be kept under review.

## Confidentiality

Information that you share with Somerset Partnership NHS Foundation Trust staff is confidential and will only be shared with others looking after you. However, there are limits to confidentiality and one example of this is where it seems a child may be at risk in some way. Staff working for Somerset Partnership have a duty to ensure that children are safe. In some circumstances they may need to discuss a child's welfare with specialist staff within the Trust and in other agencies. If you are concerned about a child's welfare you can discuss this with the staff caring for you, they can support you to get help.

## Your opinion matters

Somerset Partnership NHS Foundation Trust is committed to providing the highest standards of care, so we welcome your views on the services we provide. If you would like to comment, make a suggestion or make a complaint, please speak to the person you normally see or ask to speak to the team manager.

You may also like to speak to our Patient Advice and Liaison Service (PALS) by ringing 01278 432022 or by e-mail: [pals@sompar.nhs.uk](mailto:pals@sompar.nhs.uk)

### Safeguarding Children Team Contact Numbers

<b>Designated Nurse</b>		01935 385266 07825 976730
<b>Designated Doctor</b>		01935 475122 07789 514987
<b>Named Nurse</b>		01935 847851 07979 850247
<b>Named Doctor</b>		01749 836561
<b>Locality Safeguarding Children Nurses</b>		
<b>South Somerset</b>		01935 886381 07979 850247
<b>Mendip, Chard, Crewkerne and Ilminster</b>		0300 323 0035 07799 348099
<b>Sedgemoor</b>		01935 846539 07918 375681
<b>Taunton and West Somerset</b>		0300 323 0035 07919 565111

### County Wide Useful Contacts

<b>Children's Social Care (Somerset Direct)</b>	0300 123 2224
<b>Hospitals</b>	
• Musgrove Park, Taunton	01823 333444
• Yeovil District Hospital	01935 475122
• Royal United Hospital, Bath	01225 428331
• Dorset County Hospital, Dorchester	01305 251150
<b>Police</b>	
• Police non urgent	101
• Yeovil (F District)	01935 402244
• Taunton (G District)	01823 363003
<b>NHS non-emergency</b>	111
<b>Useful Websites</b>	
South West Child Protection Procedures	<a href="http://www.swcpp.org.uk">www.swcpp.org.uk</a>
Local Safeguarding Children Board	<a href="https://slp.somerset.org.uk/sites/somersetlscb/SitePages/Home.aspx">https://slp.somerset.org.uk/sites/somersetlscb/SitePages/Home.aspx</a>



SAFEGUARDING  
ADULTS & CHILDREN

## **Safeguarding Adults Team**

**Safeguarding Adults Lead:** Julia Hendrie

**Joint Operation Leads for MARAC / MAPPA / PREVENT:** June Child's and Kate Graham

**Safeguarding Adults Professional:** Heather Sparks

**Safeguarding Team Number:** 0300 323 0035

**Team Email:** [safeguardingadultsteam@sompar.nhs.uk](mailto:safeguardingadultsteam@sompar.nhs.uk)

### **Named Doctor for Safeguarding Children**

Dr Ann Wolton  
The Priory Health Park, Wells  
01749 836561  
Mon, Wed & Fri

### **Named Doctor for Safeguarding Adults**

Dr Jason Hepple  
Summerlands site, Yeovil  
01935 428420  
Wed, Thurs, Fri

### **Link Staff for Women's Group**

Nicky Kilinski  
Glanville House, Bridgwater  
01278 720220  
One day per week each

## MANAGING HISTORIC ALLEGATIONS OF CHILD ABUSE AND NEGLECT POLICY CLINICAL AUDIT STANDARDS

06/12/2016

**Service area(s) to which standards apply:**

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

## MANAGING HISTORIC ALLEGATIONS OF CHILD ABUSE AND NEGLECT POLICY CLINICAL AUDIT STANDARDS

Standard	Policy/ document Reference	Compliance (%)	Exceptions	Definitions <i>(e.g. any interpretations, directions, or instructions on where/how to find information, plus relevant service where applicable)</i>
1 Before any therapeutic work is undertaken with adult service users staff members have a responsibility to advise the patient/client of certain disclosures which they may have to report.	<i>para 2.2</i>	100%	None	This is part of their duty to safeguard children. This duty may include sharing confidential information without the adult's permission. Written information detailing staff's responsibilities to share confidential information can also be provided to the adult and in the form of consent forms for psychological therapies.
2 As soon as it is apparent that an adult is revealing details of new childhood abuse allegations, the member of staff must record what is said by the service user and the response made by the staff member.	<i>para 5.1</i>	100%	None	All records must be dated and signed in accordance with Somerset Partnership NHS Foundation Trust Record Keeping Standards and profession-specific guidance.
3 All Trust staff (with the involvement of the Trust Safeguarding Children Team), who have received a disclosure of historic abuse must establish if the adult is aware of the alleged perpetrator's recent or current whereabouts and if they have any contact with children.	<i>para 3.13</i>	100%	None	This will include gathering information such as the alleged perpetrator's full name, date of birth, place of work, responsibility for children and whether the abuse had previously been investigated, and if so by whom.
4 When information is obtained that gives rise to a reasonable suspicion that a child or children are currently at risk of abuse and neglect, a member of staff must discuss the case with a member of the Trust Safeguarding Children Team or another relevant member of Trust staff.	<i>para 3.16</i>	100%	None	Concerns may be about a specific child or about children unknown to the discloser/reporter if they are managing an allegation of historical abuse.

**MANAGING HISTORIC ALLEGATIONS OF CHILD ABUSE AND NEGLECT POLICY  
CLINICAL AUDIT STANDARDS**

Standard		Policy/ document Reference	Compliance (%)	Exceptions	Definitions <i>(e.g. any interpretations, directions, or instructions on where/how to find information, plus relevant service where applicable)</i>
5	An adult service user must be asked whether s/he wants to make a complaint that may lead to a Police investigation and to a criminal prosecution.	<i>para 5.6</i>	100%	None	This will also include adults who are vulnerable as a result of mental health issues or have learning difficulties, and also in cases where the alleged abuse occurred many years earlier.
6	All crimes where a perpetrator can be identified must be reported via the 101 number unless there are concerns of immediate harm to the Public when 999 should be used.	<i>para 10.5</i>			As per Police and Home Office Crime Counting Rules
7	Staff must consider the therapeutic needs of the adult victim.	<i>para 5.7</i>	100%	None	Assessments for therapy services should be documented in the professional record.
8	The Police should be informed about allegations of crime at the earliest opportunity.	<i>para 7.2</i>	100%	None	Any reports of historic abuse made to Avon and Somerset Police must be via their non-emergency number - 101.
9	<i>An adult victim must be advised that even if there is little evidence a case may it may be taken to court if there is a concern for public safety. However an adult victim must also be advised that the Police will be unlikely to bring any prosecution if the victim is unwilling to speak to the Police or to make a formal complaint.</i>	<i>para 7.7</i>	100%	None	

**MANAGING HISTORIC ALLEGATIONS OF CHILD ABUSE AND NEGLECT POLICY  
CLINICAL AUDIT STANDARDS**

Standard		Policy/ document Reference	Compliance (%)	Exceptions	Definitions <i>(e.g. any interpretations, directions, or instructions on where/how to find information, plus relevant service where applicable)</i>
10	Adult victims who do not wish to make a formal complaint to the Police for investigation and possible prosecution should be informed that the member of staff may still need to share the information with Children's Social Care to establish if there is any knowledge regarding the alleged perpetrator's current contact with children.	<i>para 8.1</i>	100%	None	
11	Formal referrals to Children's Social Care should always be copied to the Trust's Safeguarding Children Team Mailbox – <a href="mailto:safeguardingchildrenteam@sompar.nhs.uk">safeguardingchildrenteam@sompar.nhs.uk</a>	<i>para 8.4</i>	100%	None	For RiO users, this should be uploaded onto RIO under the safeguarding document code
12	If a member of staff receives a disclosure of a crime, (including an historic child abuse disclosure), and the alleged perpetrator has been identified, this information must be shared with the Police, if not for investigation then for counting	<i>para 10.4</i>	100%	None	