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NHS
Gloucestershire Health and Care
NHS Foundation Trust

Safeguarding Children Policy

Policy Number	CLP071
Version:	Version 1 (combined policy)
Purpose:	This Policy provides guidance and direction for Trust staff on the subject of safeguarding children in line with local lead agency policies and procedures
Consultation:	Each policy will be sent to the Trusts Clinical policy consultation group, Locality and Clinical Directors for consultation.
Approved by:	Director of Nursing, Therapies and Quality
Date approved:	September 2019
Author:	Alison Feher (in consultation with 2g and GCS colleagues)
Date issued:	01/10/2019
Review date:	The policy will be reviewed every 3 years to ensure that it is contemporaneous to modern practice and research. All policies are subject to earlier review if significant changes in legislation or national best practice indicates **September 2022**
Audience:	All staff within the Trust in Gloucestershire & Herefordshire
Dissemination:	This policy is available on the Trust intranet under Clinical Policies. The Trust intranet indicates to staff that a policy has been reviewed and uploaded
Impact Assessments	This policy has been subjected to an Equality Impact Review. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust.

Version	Date	Reason for Change
1	Sept 2019	Policy development for GHC Trust

SUMMARY
The Department of Health (July 2018) guidance "Working Together to Safeguard Children", clearly states that everyone who comes into contact with children and families has a role to play in safeguarding children and protecting them from harm.

1. INTRODUCTION

The aim of this policy is to direct staff on how the Trust meets its statutory safeguarding responsibilities, follows guidance and promotes best practice. This policy defines the local arrangements, roles and responsibilities and how as a Trust staff work together with partner agencies to safeguard children.

Section 11 of the Children Act 2004 places a duty on key people and bodies (including NHS Foundation Trusts) to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. Section 16 of the

Children Act 2004 states that 'regard must be given to the new working guidance 'Working Together to Safeguard Children, A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children' (July 2018).

A child is defined as anyone who has not yet reached their 18th birthday; children means children and young people. This extends to the unborn child.

2. PURPOSE

This Policy provides guidance and direction for Trust staff on the subject of safeguarding children in line with local lead agency policies and procedures

3. SCOPE

This policy applies to all Trust staff, who have a duty to abide by and promote the use of this policy. Chapter 2 of *'Working Together to Safeguard Children'* (HMGov2018) sets out the roles and responsibilities of all organisations with regard to safeguarding children. At Trust level the ultimate responsibility for safeguarding children arrangements lies with the Chief Executive Officer of the Trust

4. DUTIES

Responsibility for the development, maintenance, review and ratification of this document lies with Director of Quality. This board level responsibility may be delegated. The Trust Committee will be notified of its approval.

5. DOCUMENT DETAIL

The statutory guidance set out in 'Working Together to Safeguard Children' (July 2018) is a document that will be complied with 'unless exceptional circumstances arise'.

The two key principles outlined: that safeguarding is everyone's responsibility and for a child-centred approach, is stressed as essential for effective safeguarding.

Clear local arrangements for collaboration between professionals and agencies to improve multi agency working and to ensure effective safeguarding systems are child centred should be in place. "Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children" (July 2018).

It is essential that all staff understand what they need to do, and what they can expect of one another, to safeguard children. Within this 'Safeguarding Children Policy', information is drawn from Gloucestershire and Herefordshire Locality Safeguarding Boards and associated Policies and Procedures. This in turn is based on the South West Child Protection Procedures for Gloucestershire and the West Mercia Child Protection Procedures for Herefordshire and the 'Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children (July 2018)

Safeguarding Children Lead Director responsibilities: the Trust has an identified lead Executive Director for safeguarding children at board level. This is the Trust's Director of Nursing, Therapies and Quality;

- who will keep the board fully informed of their accountability to the Gloucestershire Safeguarding Children's Executive (GSCE) and Herefordshire Safeguarding Partners Board (HSPB)

- who is responsible for the appointment of the Trust named professionals
- who will support and ensure the named professionals fulfil their responsibilities who will ensure an annual safeguarding children report is presented to the Trust Board and that other executive and non-executive directors are briefed appropriately
- who will ensure that safeguarding children is an integral aspect of the Trust's governance arrangements; that there is organisational compliance with clinical standards and requirements for child protection; that these issues are always considered when monitoring or planning new services.
- who will ensure that the Trust works effectively with other relevant organisations to identify, assess and manage children and young people in need of protection
- who will have explicit working links with the named professionals in the Trust and ensure that the named professionals are appropriately line managed.
- who will ensure clinical records, both electronic and hard copy, meet the required standards.
- who will ensure that staff in all areas respond positively and sensitively to the needs of individual children and young people; environments in which children and young people are cared for are safe and appropriate.

Management Responsibilities: The manager for each locality will ensure that

- all staff have access to and know how to seek specialist safeguarding children advice
- all staff have a DBS check, to the appropriate level, as part of the recruitment process; this includes bank staff, agency staff, students and volunteers
- all staff have undertaken child protection training at the right level for their role, and they have updates at the appropriate time interval
- all staff have access to the GSCB and HSCB Child Protection Procedures www.gscb.org.uk and http://hscb.herefordshire.gov.uk/
- there is a regular audit of child protection practice, to include audit of child protection record keeping
- staff are supported to participate in individual management reviews and serious case reviews, as appropriate.

Named Professional Responsibilities: '*Working Together to Safeguard Children' (HMGov 2018),* states that each NHS Trust must identify a named nurse and a named doctor for safeguarding children. Named professionals have a key role in promoting good professional practice within the Trust, and provide advice and expertise for fellow professionals and will:

- support the Trust in its clinical governance role, by ensuring that audits on safeguarding are undertaken and that safeguarding issues are part of the trust's clinical governance system
- attend and provide a quarterly report to the Trust Governance Committee
- take responsibility for conducting the Trust's Internal Management Reviews (IMRs) for Serious Case Reviews and other learning models except where there has been personal involvement in the case
- have a key role in ensuring a safeguarding training strategy is in place and working with the designated professionals and other named professionals to develop and deliver in-house safeguarding children training within the Trust.
- support and advise other professionals on the management of more complex cases of child abuse
- participate in GSCB / HSCB activities in agreement with and shared with other

named and designated professionals
- promote good practice and effective communication within and between trusts and all agencies on all matters relating to the protection of children working closely with the designated and other named professionals
- ensure that safeguarding is an integral part of the Trust's risk management strategy ensure that GSCB/ HSCB Child Protection policies and procedures are accessible to and understood by Trust staff
- attend relevant local, regional and national forums and maintain up-to-date skills and competencies

This document requires approval from the Governance Committee.
Individual Responsibilities of staff:

- All staff should actively safeguard and promote the welfare of children

- Concerns that children are at risk of, or suffering from, child abuse or neglect should always be shared with a senior member of staff. Reasons for the concern and actions taken must be documented in the health and social care notes (please refer to agency guidance)
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http://2gethernet.glos.nhs.uk/Interact/Pages/Content/Document.aspx?id=2671
http://2gethernet.glos.nhs.uk/Interact/Pages/Content/Document.aspx?id=1476
Band 5 staff and below, should always discuss with a senior member of staff prior to making a referral.

- Help and advice can be sought from the Safeguarding Team, the Named Nurse or Doctor, Safeguarding Children Service with the Local Authorities or Emergency Duty Teams (out of hours) .

- If a decision is made that a child may be at risk of significant harm a referral must be made to the Multi Agency Safeguarding Hub (MASH) of the Local Authority. A referral phone call may be made in the first instance to:-
- **Gloucestershire** - 01452 426565
- **Herefordshire** - 01432 260800

This must be followed up in **writing** using the referral form (Multi Agency Referral Form – MARF) and **emailed securely** to the MASH within 48 hours. This can be found on the Trust website and the Gloucestershire or Herefordshire Children's Safeguarding Boards websites: www.gscb.org.uk and http://hscb.herefordshire.gov.uk/

- Gloucestershire Secure Email: **Childrenshelpdesk-gcsx@gloucestershire.gcsx.gov.uk**
- Herefordshire Secure Email: **cypd@herefordshire.gcsx.gov.uk**

Out of hours contact the Emergency Duty Team:

Gloucestershire - 01452 614194 (Gloucestershire) or Police Control Room 101

Herefordshire - 01432 260000 or Police Control Room 101

- The reasons for the referral will normally be discussed with the parents and the child if age appropriate and consent given, unless such a discussion would place an adult (including staff) or the child (or other children) at increased risk. If sexual abuse is suspected, the family should not be informed.

- It is the responsibility of the person who identifies the concern to make the referral. Staff should be mindful that Health is not an 'investigating agency' (unlike the police and Children's Social Care) but does have a 'duty to inform' where there are issues concerning the welfare of children and young people. Please refer to the relevant 'Levels of Intervention Guidance found at:

- https://herefordshiresafeguardingboards.org.uk/herefordshire-safeguarding-children-board/for-professionals/

- https://www.gscb.org.uk/media/1517680/gloucestershire-revised-loi-guidance-version-30-final-300118.pdf

- If staff disagree with the action from the referral, then the '**Escalation Process'** should be implemented. This is found on the GSCB and HSCB website and also on the Trust intranet. This policy should be employed at any time , if there is a disagreement with a plan of action relating to the protection of a child or young person. Please see below links for further guidance.

  https://www.gscb.org.uk/media/2088611/escalation-of-professional-concerns-guidance-feb-2019-amended.pdf

  http://westmidlands.procedures.org.uk/local-content/4gjN/escalation-policy-resolution-of-professional-disagreements/?b=Herefordshire

All staff have a duty to follow the policy and procedures laid down by the Locality Safeguarding Children Board.

Young Carers: There may be situations where children and young people are providing care for their parents or taking on responsibilities greater than you would normally expect for their age. While this is not abusive it may have negative effects on them both in practical terms and emotionally.

If you are concerned that a child is providing an inappropriate level of care to a Parent, which may be the case when a Service User becomes unwell, a referral to Children's Social Care may be appropriate.
Young Carers may be able to offer advice and support:

http://www.glosyoungcarers.org.uk/ / 01452 733060.
www.herefordshirecarerssupport.org / 01432 356068

Child Sexual Exploitation (CSE): Child sexual exploitation is a child protection issue for all children under the age of 18.

Definition: Sexual exploitation of children and young people under 18 years involves the

exploitative situations, contexts and relationships where young people receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities.

What to do if you suspect a child is being sexually exploited

- If in immediate danger – contact the Police – 999
- Discuss with your manager and include consideration to:
- a child under 13 is not legally capable of consenting to sex
- sexual activity with a child under 16 is an offence
- it is an offence to have a sexual relationship with a 16 or 17 year old if in a 'position of trust' to that young person

If concerns remain, commence Safeguarding Procedures and refer to Local Authority Children's Social Care at the Multi Agency Safeguarding Hub (MASH).

Gloucestershire – 01452 42656
The Gloucestershire Safeguarding Children's Board (GSCB) Website can be found at: http://www.gscb.org.uk
Complete CSE Screening Tool Refer to 'Multi Agency Protocol for Safeguarding Children who are at risk of abuse through child sexual exploitation
Out of hours – Emergency Duty Team (EDT) 01452 614 194

Herefordshire – 01432 26080
The Herefordshire Safeguarding Children's Board (HSCB) Website can be found at: http://hscb.herefordshire.gov.uk
Out of hours – Emergency Duty Team (EDT) 01905 768 000

Safeguarding Children Supervision: All Trust staff will have access to child protection support and supervision through the Named Doctor, Named Nurse and safeguarding team, either formally (multi-disciplinary group supervision) or informally (by discussion when needed). It should also be incorporated into operational and professional supervision for all staff. Please refer to agency Supervision Policy for further information.

All staff working directly with children should attend three (2g) or four (GCS) formal 'Reflective Safeguarding Supervision' sessions per year. (This will be reviewed over the next year).

Statutory Safeguarding Responsibilities:

Allegations management: If a member of staff has a concern about another member of staff or a volunteer where they have:

- behaved inappropriately in a way that has harmed or may have harmed a child or
- possibly committed a criminal offence against or related to a child or
- behaved towards a child in a way that indicates s/he is unsuitable to work with children (within work or outside of work time).

They must consult with a Manager /HR and refer to Deputy Director of Nursing who is the Allegations Manager for the Trust and must be included in any decisions made and actions taken. Any allegations made against a member of staff must be reported to the Local Authority Designated Officer (LADO) by the Deputy Director of Nursing or the Named Nurse

and the Trust will cooperate fully with any subsequent investigation or recommendations made. Staff can be confident that allegations will be dealt with fairly and in line with the GSCB/HSCB and national guidance. For more information:

https://www.gscb.org.uk/i-work-with-children-young-people-and-parents/the-role-of-the-lado-and-the-allegations-management-process/

and http://hscb.herefordshire.gov.uk

The Disclosure and Barring Service (DBS)
The core purpose is to prevent unsuitable people from working or volunteering with children and vulnerable adults. Employers retain their responsibilities for ensuring safe recruitment and employment practices.

The Safeguarding Vulnerable Groups Act 2006 sets out the scope of the scheme for England, Wales & Northern Ireland.

A regulated activity (work that a barred person must not do) in relation to children is:

(i) Unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice/guidance on well-being, or drive a vehicle only for children;
(ii) Work for a limited range of establishments (specified place) with opportunity for contact e.g. schools, children's home, child care premises. Not work by supervised volunteers.

Work under (i) or (ii) is regulated activity only if done regularly (see Department of Education Regulated Activity in Relation to Children: Scope).
Further information can be found at:
www.gov.uk/government/organisations/disclosure-and-barring-service

Multi- agency working: the Trust must demonstrate that it works effectively with its partner agencies.

Information Sharing: - the Trust must ensure that there are robust mechanisms in place for sharing information with partner agencies in order that:

- information on vulnerable children and young people is passed efficiently between agencies and
- each child or young person receives a service that meets their needs.

Health professionals have a key role to play in actively promoting the health and well-being of children. There is a growing recognition of the importance of the mental health of parents and how they might impact on children. Lessons learned nationally from Serious Case Reviews highlights the importance of interagency working in the field of safeguarding.
Close collaboration and liaison between services involved with a family and provided by the Trust and Children's Social Care are essential. This may require the sharing of information to safeguard and promote the welfare of children or protect a child from significant harm.

For advice if you are unsure about what information to share with whom (after having discussed with line management or the Trust Safeguarding team), contact:

Information Governance Manager

Caldicott Guardian - Dr Amjad Uppal

Remember that the Data protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately

Information Sharing: Guidance for practitioners and managers. (HM Gov, 2008)

Collaboration: the Trust promotes a culture of multi-agency collaboration and any issues or disputes will be dealt with promptly and at the appropriate level in order to demonstrate effective conflict resolution. See GSCB and HSCB websites and the Trust intranet for Escalation Policy.

Child Death Reviews: - *Working Together to Safeguard Children (2018)* requires that child death review partners must make arrangements to review all deaths of children normally resident in the local area. The Named Doctor and Named Nurse for Safeguarding is a partner on this panel.
Guidance is provided within 'Working Together' (Chapter 5) and the Trust Intranet.

Safeguarding Practice Reviews (Serious Case Reviews):
Duty on local authorities to notify incidents to the Child Safeguarding Practice Review Panel 16C(1) of the Children Act 2004 (as amended by the Children and Social Work Act 2017) states;
Where a local authority in England knows or suspects that a child has been abused or neglected, the local authority must notify the Child Safeguarding Review Panel if-

(a) The child dies or is seriously harmed in the local authority's area, or
(b) While normally resident in the local authority's area, the child dies or is seriously harmed outside England.

A rapid review of the incident must be arranged.
The purpose of the Practice Review (PR) is:

- To establish whether there are lessons to be learned about the way in which local professionals and organisations work together to safeguard and promote the welfare of children
- To identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result; and
- As a consequence, to improve inter-agency working and better safeguard and promote the welfare of children *(Working Together to Safeguard Children (2018).*

The Serious Case Review is undertaken by all agencies involved in the case each agency produces an Internal Management Review (IMR) which examines their involvement with the child and any relevant adults. All the IMRs are then collated to produce an Overview Report with recommendations.
Executive Summaries of all SCRs undertaken in Gloucestershire can be found at www.gscb.org.uk
and in Herefordshire at
https://herefordshiresafeguardingboards.org.uk/hscb

6. DEFINITIONS

Safeguarding: Safeguarding and promoting the welfare of children is defined for the purpose of statutory guidance under the Children Acts 1989 and 2004 respectively as:

- Protecting children from maltreatment
- Preventing impairment of the child's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

To undertake that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Child in Need: Under Section 17 of the Children Act 1989/04, children in need are those whose 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. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989/04 are what will happen to a child's health and development without services, and the likely effect the services will have on the child's standard of health and development.

Children with a new or an enduring significant disability are by definition 'children in need' under Section 17, as are children who have been in-patients in hospital for more than 3 months.

Child Protection: Some children are in need of protection because they have suffered or are likely to suffer significant harm. Section 47 of the Children Act 1989/04 gives the local authority Children's Social Care the duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or is likely to suffer significant harm.
It identifies significant harm as the threshold that justifies compulsory intervention in family life in the best interest of the child. A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

It is essential that all Trust staff are able to recognise any concerns or risks relating to safeguarding children and to take the appropriate action in response to this concern or risk.

Abuse and Neglect: are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, or those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

Types of Abuse:

- Physical abuse ~ may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- Sexual abuse ~ involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg rape, vaginal, anal or oral sex) or non – penetrative acts. They may involve non-

contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

- Neglect ~ is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
- provide adequate food, clothing and shelter (including exclusion from home or abandonment
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

- Emotional abuse ~ is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children to be frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Fabricated & Induced Illness – (Factitious Illness)

Concerns may be raised when it is considered that the health or development of a child is likely to be significantly or further impaired by a parent or caregiver who has fabricated or induced illness by the:

- fabrication of signs and symptoms- this may include fabrication of past medical history
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids- this may also include falsification of letters and document
- induction of illness by a variety of means.

These are not mutually exclusive.

Alerting features that should prompt you to **consider** fabricated or induced illness:-

- A child's history, physical or psychological presentation, or findings of assessments, examinations or investigations, leads to a discrepancy with a recognised clinical picture,
- even if the child has a past or concurrent physical or psychological condition.
- Alerting factors that should prompt you to suspect fabricated or induced illness:
- A child's history, physical or psychological presentation, or findings of assessments, examinations or investigations leads to a discrepancy with a recognised clinical picture plus one or more of the following, even if the child has a past or concurrent

physical or psychological condition;
- reported symptoms and signs are only observed by, or appear in the presence of, the parent or carer
- an inexplicably poor response to prescribed medication or other treatment
- new symptoms are reported as soon as previous symptoms stop
- biologically unlikely history of events
- despite a definitive clinical opinion being reached, multiple opinions from both primary and secondary care are sought and disputed by the parent or carer and the child continues to be presented for investigation and treatment with a range of signs and symptom child's normal daily activities (for example, school attendance) are limited, or they are using aids to daily living (for example, wheelchairs) more than expected from any medical condition that the child has.

Mental Health and Safeguarding

The majority of parents who suffer mental ill-health are able to care for and safeguard their children and/or unborn child. Some parents, however, will be unable to meet the needs and ensure the safety of their children and at the most extreme, parental mental ill-health has been identified as a clear factor in a significant number of child deaths. The welfare of the child must be paramount.

Where professionals suspect a child and/or unborn child has suffered or is at risk of suffering significant harm as a result of commission or omission on the part of the parent/carer, the referral process must be followed.

A referral to Children's Social Care **must** always be made where there is evidence of any of the following high risk indicators:-

- psychotic beliefs particularly if focussed on or involving the child e.g. command led hallucinations suggesting harm to the child.
- persistent negative views expressed about a child, including rejection
- ongoing emotional unavailability, unresponsiveness and neglect, including lack of praise and encouragement, lack of comfort and love and lack of age-appropriate stimulation
- inability to recognise a child's needs and to maintain appropriate parent-child boundaries
- ongoing use of a child to meet a parent's own need
- suicide plans which include the child
- distorted, confusing or misleading communications with a child including involvement of the child in the parent's symptoms or abnormal thinking. For example, delusions targeting the child, incorporation into a parent's obsessional cleaning/contamination rituals, or a child kept at home due to excessive parental anxiety or agoraphobia
- ongoing hostility, irritability and criticism of the child or young person, inconsistent and/or inappropriate expectations of child
- serious neglect of the child.

The following are other negative indicators which, if present, increase the risk of abuse: combination of depression, substance misuse and personality disorders at various points in time are the most frequently reported psychiatric conditions affecting parents who abuse their children

- mental illness combined with a background of domestic abuse
- both parents have a mental disorder or a lone parent with limited support has a

mental disorder
- poor compliance with treatment
- lack of insight into the disorder and its likely impact on the child
- self-harming behaviour and suicide attempts
- parental learning difficulties and mental illness

It is also important to consider the nature of the illness:

- **Pattern:** frequency of episodes, length of episodes. In general, an illness that has longer and more frequent episodes will have a greater impact than illnesses of short duration
- **Severity:** the impact of an illness will not be directly related to its severity, e.g. a parent with a short severe illness may be hospitalised and substitute care provided for the child with little impact on parenting.
- **Chronicity:** a less severe illness that is chronic may lead to substandard care or neglect of the child, if long term medication or the illness itself lead to cognitive and/or personality changes
- **Specificity:** what are the symptoms of the illness and their likely impact?

The following are positive indicators/protectors which may reduce the risk of significant harm:

- older age of the child at the onset of their parent's illness (less exposure to difficulties and a greater range of potential coping resources)
- the more sociable child who is able to form positive relationships
- a more able child
- a parent who has discrete episodes of mental illness with a good return of parenting skills and abilities between episodes
- alternative support from adults with whom the child has positive, trusting relationship
- success outside of the home e.g. at school or in sport

Professionals can improve children's chances of avoiding significant harm by strengthening these protectors.

Substance Misuse and Safeguarding Children

Substance misuse by parents does not, by itself, necessarily lead to concerns about parenting, child abuse and neglect. However, children are more at risk of harm and neglect if parents misuse drugs or alcohol. The category of neglect now includes the impact on the unborn child as a result of maternal substance abuse. Please see the Safeguarding Board websites for further guidance

Impact on Children:

- Serious effect on unborn child due to poor nutrition and lifestyle
- Lack of basic care and poor school attendance
- Child taking on caring role of siblings or parents
- Exposure to criminal or other inappropriate behaviour

Impact on Parent/s:

Can affect - parent's caring skills

- perception and judgement
- attention to basic physical needs
- control of emotion
- attachment to child

The risk is greater where the substance misuse is chaotic and out of control and where both parents are misusing.

Parent's needs may be prioritised above their children's needs and there may be less money available.

There is a risk of physical harm if drugs and paraphernalia or alcohol are not kept safely out of a child's reach.

Children may also be at risk from adults who are visiting the house when parents are not in a position to protect them.

Safeguarding Children Risk Assessment Substance Misuse:
To be completed if the service user is a parent; has regular contact with children or lives in a household where there are children (i.e. the partner of someone who has children).

Domestic Abuse
The cross-government definition of domestic violence and abuse is:
any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

(Home Office, November 2013)

There is a strong link between domestic violence and child protection.
Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development and emotional wellbeing:

- Physical assaults to pregnant women cause risk to both the foetus and mother
- Older children may suffer physical blows during episodes of violence
- Children may be greatly distressed by witnessing physical and emotional abuse
- There may be a negative impact on their ability to look after children by adults suffering physical and psychological abuse.
- Children may be drawn into the violence or emotional abuse or may be pressurised into concealing the abuse
- Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress.
- The risks increase when violence is combined with drink or drug misuse.

Where professionals are aware of domestic abuse, and there are children living in the house, a referral should be made to Social Care.

Please refer to the **Domestic Abuse Policy** for further guidance.

Recognised Risk Factors:

- **History**

Previous domestic assault is the simplest, most robust risk marker of subsequent domestic assault.

- **Escalation**

Minor violence is a predictor of escalation to major violence.

- **Separation**

Victims are at greatest risk of homicide at the point of separation or after leaving a violent partner.

The Role of Health Professionals:

Evidence shows that men and women find it difficult to raise the subject of domestic abuse themselves and that direct questions get more positive results than vague queries. Health professionals should be prepared to take a proactive approach.

- Never ask about domestic abuse when someone else is present. Find a way of seeing the victim alone.
- Ensure privacy and no interruptions. Consider that they might want to talk to someone else i.e. different gender, race.
- Be patient and understand that the they may also have time pressures
- Aim to have a supportive conversation and avoid pushing the person into revealing domestic abuse
- Never accept culture as an excuse for domestic abuse
- Might children be involved? Consider the link between domestic abuse and child abuse.

If a man or woman discloses Domestic Abuse:

- Focus on safety and that of children, if there are any;
- Give information and refer to relevant agencies;
- Make it easy for the victim to talk about the experience;
- Support and reassure;
- Be non-judgemental and
- Look after yourself

Jointly complete the 'DASH' (Domestic Abuse, Stalking & Harassment) form to assist with assessment of risk. This can be found on the Safeguarding Board website, and intranet Safeguarding site and in the appendices of the **Domestic Abuse Policy**.

Further information and training: (refer to the **Domestic Abuse Policy)**

Gloucestershire Domestic Abuse Support Services (GDASS) 0845 6029035

This service is for agencies and individuals (men and women) seeking support with domestic abuse in Gloucestershire

- Cases will be risk assessed, and all very high-risk cases will be referred into the Multi Agency Risk Assessment Conference (MARAC)
- Individuals will be supported through a Safety Plan

West Mercia Women's Aid: 0800 783 1359. This service is for agencies and individuals seeking support with domestic abuse in Herefordshire and includes support to male victims

Freephone 24-hour National Domestic Violence Helpline: 0808 2000 247

6. PROCESS FOR MONITORING COMPLIANCE

The Trust participates in any monitoring undertaken, e.g. monitoring the implementation of recommendations from Serious Case Reviews through Governance Committee.

Commissioning Services Standards for Safeguarding Children: All employees of a service commissioned by NHS Gloucestershire and NHS Herefordshire have a statutory responsibility to safeguard and promote the welfare of children under section 11 of the Children Act 2004.

Incident Reporting: The Trust uses the Serious Incident (SI) Reporting Process to ensure that any incidents relating to safeguarding issues within the Trust are fully investigated and the lessons learned are cascaded to practitioners. This should also be linked to the Child Death Review Process and Serious Case Reviews

Care Quality Commission: Essential Standards of Quality and Safety Outcome 7 is safeguarding people who use service from abuse in line with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Audit: The Named Professionals are responsible for the review of health service specifications and standards for child protection practice and for the development and maintenance of child protection audit systems to monitor the application of child protection standards within the Trust. The audit programme for child protection will include audit of child protection records.
The work is reported to the Quality and Risk Committee and Governance Committee to ensure that the effectiveness of safeguarding work is continuously being monitored.

7. TRAINING

The Trust is committed to the adoption of the Gloucestershire and Herefordshire Safeguarding Children Boards Child Protection Training Strategies; *Safeguarding Children and Young People: Roles and Competences for Healthcare staff (4th Ed. January 2019); Working Together to Safeguard Children (HMG July 2018)* and Section 11 of *The Children Act (DOH 2004).*

Following every Serious Case Review of child abuse or neglect there is considerable consternation that greater progress has not been made to prevent such occurrences. Reviews and enquiries across the UK, over the last three decades, often identify the same issues – among them, poor communication and information sharing between professional and agencies, inadequate training and support for staff, and a failure to listen to children.

The intercollegiate document Fourth Edition: (January 2019) outlines the five levels of training/competency which are categorised as follows:

<u>Level 1: (Universal)</u> All staff including non-clinical managers and staff working in health care settings.

All staff will attend a face to face presentation on Safeguarding Children and Adults as part of the Corporate Induction programme.

<u>Level 2</u>: (Targeted) Minimum level required for non-clinical staff who have some degree of contact with children and young people and/or their parents/carers.

All clinical staff working within the Trust, irrespective of grade, should complete this level 2 Mandatory Training. Consideration should also be given to administrative and other staff attending these sessions if they have significant contact with service users and their families either in person or on the telephone. All staff as identified above must attend an update session every three years. This training is provided within the 'Think Family' training day and should be repeated every 3 years as a refresher. This includes administrators for safeguarding teams, nurses working in adult acute/community services, allied health care practitioners and all other adult orientated secondary care health care professionals.

Level 3 - Multi Agency Training (Specialist)
Following Level 2 training, all Clinical Staff working with children and young people (band 6 and above in other service areas) should attend one of the multi-agency Safeguarding Children courses. Details of these are available on the Board websites. (**This is currently being reviewed)**
Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.
This includes GPs, forensic nurses, urgent and unscheduled care staff, all mental health staff (adult and CAMHS - all psychiatrists providing care to adults with a history of substance misuse or sever mental illness and often there are dependent children), child psychologists, child psychotherapists, adult learning disability staff, learning disability nurses, specialist nurses for safeguarding health professionals working in substance misuse services all children's nurses.
In effect, most Band 6 staff (and above) working with adults in mental health, and staff working directly with children require level 3 multi agency training for safeguarding children.
Over a three-year period, professionals should evidence learning equivalent to a **minimum** of 6 hours (for those at Level 3 core this equates to a **minimum** of 2 hours per annum) and a **minimum** of 12-16 hours (for those at Level 3 requiring specialist knowledge and skill). Training at Level 3 will include the training required at Level 1 and 2 and will negate the need to undertake refresher training at Level 1 and 2 in addition to Level 3.
A refresher session should be undertaken every 3 years.. This will negate the need to repeat the 'Think Family' Level 2 day.

Level 4: Named Professionals (Specialists). This includes named doctors; named nurses…Named professionals should attend a **minimum** of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, and supervision training. Named professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and National level, according to professional guidelines (attendance should be recorded). Training at level 4 will include the training required at levels 1-3 and will negate the need to undertake refresher training at levels 1-3 in addition to level 4. This refers to Named Doctors and Named Nurses for safeguarding.

Level 5: Designated professionals. This applies to designated doctors and nurses, consultant/lead nurses for Safeguarding (Strategic).
To complete training as above. The child protection system in the UK is the responsibility of the government of each of the UK's four Nations. Each government is responsible for passing legislation, publishing guidance and establishing policy frameworks. There may be

specific duties relating to the Designated/ consultant/lead nurses, in each nation. It is the joint responsibility of both Managers and individual Clinicians to ensure they have adequate Child Protection Training.

8. REFERENCES

Children Act 1989. London: HMSO

Children Act 2004. London: HMSO

Department for Education and Skills (2004) Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004

Department for Education and Skills (2004) Every Child Matters – Change for Children

Department for Education and Skills (2006b) The Children Act 1989 Report 2004 and 2005.

Department for Children, Schools and Families (2008) Safeguarding children in whom illness is fabricated or induced. Supplementary guidance to Working Together to Safeguard Children HM Government 2008

HM Government (July 2018) Working Together to Safeguard Children.

Human Rights Act (1998) London: HMSO

National Health Service Executive (1999) Safety, Privacy and Dignity in Mental Health Units.

Royal College of Nursing. (4th ed. January 2019) Safeguarding children and young people: roles and competencies for health care staff.

9. ASSOCIATED DOCUMENTS

- Mental Capacity Act and the Deprivation of Liberty Safeguards
- Prevent Policy
- Child Death Review Process
- Allegations Management
- Visiting of Patients by Children Policy
- Health and Social Care Records Policy and Procedures
- Operational Policy for Young People Receiving Care and Treatment in Adult
- Working with Mothers and Their Unborn Babies where there are Concerns for the Welfare of the Unborn Child /Perinatal Mental Health Policy
- Commissioning Services Standards for Safeguarding Children
- Safeguarding Training Policy
- Resolution of Professional disagreements in work relating to the safety of children - Escalation Policy