

## Safeguarding Children Policy and Procedures (Replaces Policy No. 193.Clinical)

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### EXECUTIVE SUMMARY:

SUMMARY OR KEY ISSUES, SERVICES/STAFF GROUP POLICIES APPLY TO

**If you require this document in another format such as large print, audio or other community language please contact the Corporate Governance Team on: 0300 304 1195 or email: [policies@sussexpartnership.nhs.uk](mailto:policies@sussexpartnership.nhs.uk)**

Did you print this document yourself?

Please be advised that the Trust discourages the printing and retention of hard copies of policies and can guarantee that the policy on the Trust website is the most up-to-date version.

As a contingency a full set of up-to-date Trust policies are held by the Corporate Governance Team based at Trust HQ, Swandean

Current status for policies not yet ratified (This to be removed when policy ratified)

Status	Version number	Date	Author	Consultation
Draft	Version 01	Date	Name	Forum

# CONTENTS

	PAGE
<b>1.0 Introduction</b> 1.1 Purpose of policy 1.2 Definitions 1.3 Scope of policy 1.4 Principles	
<b>2.0 Policy Statement</b>	
<b>3.0 Duties</b>	
<b>4.0 Procedure</b>	
<b>5.0 Development, consultation and ratification</b>	
<b>6.0 Equality and Human Rights Impact Assessment (EHRIA)</b>	
<b>7.0 Monitoring Compliance</b>	
<b>8.0 Dissemination and Implementation of policy</b>	
<b>9.0 Document Control including Archive Arrangements</b>	
<b>10.0 Reference documents</b>	
<b>11.0 Cross reference</b>	
<b>12.0 Appendices</b>	

## 1.0 Introduction

As part of its work in safeguarding and promoting the welfare of children, Sussex Partnership NHS Foundation Trust has a statutory duty under Section 11 of the Children's Act (2004) to protect children from harm.

Safeguarding children and adults and the promotion of the welfare of children is everyone's responsibility. This applies to all staff at Sussex Partnership NHS Foundation Trust (SPFT) who come into contact with either children, young people or adults who have contact with children.

Safeguarding and promoting the welfare of children is defined in Working Together to Safeguarding Children (HM Gov 2018) guidance as:

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

Additional to this, the Trust will fulfil its responsibilities to safeguard and promote the welfare of children by;

- Senior management commitment
- Clear lines of accountability and structure
- Promote a positive culture that enables the raising of safeguarding concerns and the promotion of children's welfare to be addressed
- Paying due regard to issues of equality and diversity
- All staff receive the appropriate training to enable them to actively safeguard children within their work
- Utilising effective reporting systems promote accurate record keeping with regards to safeguarding actions

This policy incorporates the statutory government guidance in Working Together to Safeguard Children 2018 (HM Gov, 2018) which can be [found here](#).

The Trust is a partner agency within the Local Children Safeguarding Boards (LSCB) and therefore this policy should be read in conjunction with the Pan Sussex Child Protection and Safeguarding Children Procedures.

<https://sussexchildprotection.procedures.org.uk/>

## 1.1 Purpose of policy

The Trust provides mental health and learning disability services across Sussex. These services are organised into care groups; Working Age Adults, Older People, Child and Adolescent, Secure and Forensics, Assessment and Treatment, Learning Disabilities and Prison Healthcare. In Hampshire we provide Child and Adolescent Mental Health services only. All of the care groups have a responsibility to safeguard and promote the welfare of children and this policy is applicable to all staff working across the organisation.

The purpose of this policy is to provide clear and consistent guidelines and policy directives when safeguarding children and young people.

- **The Children's Act (1989)** introduced the framework of significant harm which requires the compulsory intervention into family life in order to safeguard children. The Local Authority has a duty to investigate where there is reason to suspect that a child is suffering or likely to suffer significant harm.
- **The Children's Act (2004)** states the requirement of each Local Authority, health provider and partner agency to make arrangements to promote co-operation between the authorities. Section 11 (Children's Act 2004) places a range of duties on organisations and individuals to ensure their functions are discharged with regard for the need to safeguard and promote the welfare of children.
- **The Equality Act 2010** places a responsibility on public authorities to have due regard for the need to eliminate discrimination and promote the equality of opportunity. This applies to the identification and risk faced by individual children and states that no child or group of children should be treated any less favourably than other in being able to access effective services to meet their specific needs.

This policy is a live document and therefore subject to change in line with local and national guidance. Please ensure that you are accessing the latest version of this document via the Sussex Partnership intranet.

This policy is developed in conjunction with the Pan Sussex Child Protection and Safeguarding Children Procedures and the Hampshire Safeguarding Children procedures.

Pan Sussex: <https://sussexchildprotection.procedures.org.uk>

Hampshire: <http://4lscb.proceduresonline.com>

## 1.2 Definitions

### 1.2.1 Definition of a child (Children's Act 1989)

A child is defined as anyone who has not yet reached their 18<sup>th</sup> birthday. The factors below do **not** change the definition of a child if they are:

- Living independently
- In further education
- A member of the armed forces
- In hospital
- In custody
- In secure accommodation for children and young people

These children and young people are entitled to services or protection under the Children's Act 1989. Safeguarding concerns should also be factored in when considering the needs of any unborn child.

### 1.2.2 Definitions of categories of abuse

Working together to Safeguard Children (2018) define the following categories of abuse (HM Gov, 2018)

*“A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.”*  
(pg. 103 Working together to safeguard children, HM Gov 2018).

### **1.2.3 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.

### **1.2.4 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); or
- ensure access to appropriate medical care or treatment

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

### **1.2.5 Emotional Abuse**

Is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **1.2.6 Sexual Abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### **1.2.7 Child Sexual Exploitation**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Sussex Partnership has a specific policy relating to the sexual exploitation of children which can be found on the staff Intranet.

### **1.2.8 Child Criminal Exploitation**

Child Criminal Exploitation is common in county lines (see 1.2.12) and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.

### **1.2.9 Female Genital Mutilation (FGM)**

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

The Trust has a specific policy related to Female Genital Mutilation which can be found on the staff Intranet.

### **1.2.10 Online Abuse**

Social networking sites and online gaming can be used by perpetrators as an easy way to access children and young people for sexual abuse, including sexual exploitation, or to attract children and young people into extremist ideology.

Perpetrators use a number of grooming techniques including building a relationship of trust with a child, the use of enticements, or coercion and / or blackmail. Perpetrators may create different online personas to draw the child in. This can be followed by the perpetrator encouraging the child to meet with them, encouraging them to undertake harmful actions, or engaging the child in more intimate forms of communication, for example through the use of images and webcams.

### **1.2.11 Harmful Practices**

An example of harmful practice is breast ironing also known as “breast flattening” is the process whereby young pubescent girls breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act,

young girls will be protected from harassment, rape, abduction and early forced marriage and therefore be kept in education.

There is no specific law within the UK around breast flattening, however it is a form of physical abuse should be treated as such. (Pan Sussex Child Protection and Safeguarding Procedures Manual 2018).

### **1.2.12 Gangs**

A gang is defined as a “relatively durable group who have a collective identity and meet frequently. They are predominantly street-based groups of young people who see themselves (and are seen by others) as a discernible groups for whom crime and violence is integral to the groups’ identity” (Pan Sussex Child Protection and Safeguarding Procedures Manual 2018)

### **1.2.13 County Lines**

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

### **1.2.14 Modern Slavery**

Modern slavery is when a person(s) hold another person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of modern slavery within your own country. Children are trafficked either being moved internationally or domestically so they can be exploited. This exploitation can include sexual or criminal exploitation, forced labour and debt bondage

It is possible to be a victim even if consent has been given to be moved. Children cannot give consent to being exploited therefore the element of coercion or reception does not need to be present to prove an offence. The National Referral Mechanism is a framework for identifying victims of human trafficking or modern slavery which can be found in the references section.

### **1.2.15 Trafficking**

A person is trafficked by the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force. A person can be coerced, abducted or by the abuse of power/position of vulnerability. Trafficking achieves a person having control over another person, for the purpose of exploitation.

Exploitation can include the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

Any child transported for exploitative reasons is considered to be a trafficking victim, whether or not they have been forced or deceived. This is partly because it is not considered possible for children in this situation to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adults. It is important that these children are protected also. (Pan Sussex Child Protection and Safeguarding Procedures Manual 2018)

The National Referral Mechanism is a framework for identifying victims of human trafficking or modern slavery which can be found in the references section.

#### **1.2.16 Forced marriage**

A forced marriage is when one or both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.

#### **1.2.17 Non Recent Abuse**

Non-recent abuse (also known as historical abuse) is an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old. Often childhood experiences of abuse are not reported until years after the offence. There may be a multitude of reasons for this, which is often complex and multifactorial:

- Fear of repercussions from said disclosure
- Perpetrator may be a close family member
- Lack of clarity / recall around alleged abuse incident and fear of not being believed
- Cultural or language barriers
- Poor understanding of the abuse experience impacted by developmental age at the time of offence
- All disclosures of non-recent abuse should be treated with the same level of curiosity and concern as a recent allegation.

#### **1.2.18 Looked after Child (LAC)**

A child is looked after by an authority if he or she is in their care or if he or she is provided with accommodation for a continuous period of more than 24 hours by the authority in the exercise of its social services function. Children are taken into care for a variety of reasons, the most common being to protect a child from abuse or neglect. In other cases their parents could be absent or may be unable to cope due to disability or illness.

#### **1.2.19 Child in Need/Section 17 (Children's Act 1989)**

Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare.

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Children in need may be assessed under section 17 of the Children Act 1989 by a social worker.

#### **1.2.20 Section 47 (Children's Act 1989)**

Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm, it has a duty to make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse, neglect. This includes female genital mutilation and other honour-based violence, and extra-familial threats including radicalisation and sexual or criminal exploitation.

### **1.2.21 Local Authority Designated Officer (LADO)**

The Local Authority Designated Officer (LADO) has overall responsibility for the management of allegations of abuse against adults who work with children. The LADO provides advice and guidance, liaises with the police, social care teams, regulatory bodies such as Ofsted and other organisations as needed and ensures a consistent, fair and thorough process for both child and adult. It is imperative that allegations against staff who work with children are discussed with the LADO for your geographical area and the Associate Director for Safeguarding within 24 hours of the allegation being raised.

### **1.2.22 Corporate Parent**

Some children as a result of their experiences of, for example; abuse or neglect will be removed from the family home and will become Looked after Children, also referred to as children looked after. In these instances the Local Authority has a duty under Section 22 (3) (a) of the Children's Act (1989) to safeguard and promote the welfare of the children they look after.

This translates to the Local Authority becoming the "Corporate Parent" for the child or young person.

Children Looked After includes

- Unaccompanied Asylum Seekers
- Children who are accommodated under voluntary agreement
- Children subject to a care order
- Children subject to emergency orders for their protection
- Children who are compulsorily accommodated

It is widely recognised that looked after children and young people frequently have significant health, mental health and psychological needs, many of these children will access our services as young people or when they reach adulthood. Please remember to understand the status of the individual, who is involved in care and treatment and any particular arrangements and special considerations and responsibilities in regards to the Corporate Parenting role.

### **1.2.23 Private fostering**

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

### **1.2.24 Young Carers**

Children and young people under the age of 18 who provide intentional or unintentional care, assistance or support to another family member/ They carry out a range of caring tasks and assume a role of responsibility that would be associated with an adult. This care may be carried out for a family member who has a need for care, support and/or supervision.

### **1.2.25 Child Not Brought (DNA)**

Child not brought' refers to the non-attendance of health based appointments by a child or young person. The expectation is that a parent or carer has a responsibility to ensure a child's needs are met and that there is adequate consideration given to the significance of withdrawing or refusing health based services and the impact this may

have on the welfare of the child. SPFT have an escalation process (appendix 2). You may need to consider discussing the case with the Safeguarding Team and use time allocated for a missed appointment to ensure the child or young person is safeguarded.

### **1.2.26 Sexually active children**

Under the Sexual Offences Act 2003, penetrative sex with a child under 13 years old is classed as statutory rape. Where the allegation concerns penetrative sex, or other intimate sexual activity occurs or it is alleged that one of the specific offences in relation to a child aged under 13 has occurred, there would always be reasonable cause to suspect that a child, whether girl or boy, is suffering, or is likely to suffer, significant harm.

Sexual activity with a child under 16 is also an offence. Where it is consensual it may be less serious than if the child were under 13, but may nevertheless have serious consequences for the welfare of the young person. Consideration should be given in every case of sexual activity involving a child aged 13-15 as to whether there should be a discussion with other agencies and whether a referral should be made to Children Services. The professional should make this assessment using the considerations below. Within this age range, the younger the child, the stronger the presumption must be that sexual activity will be a matter of concern. Cases of concern can be discussed with the Named professionals for safeguarding and with other agencies if required.

### **1.2.27 Toxic Trio – Parental mental ill-health, substance abuse and domestic abuse**

The term 'Toxic Trio' has been used to describe the issues of domestic violence, mental ill Health and substance misuse (drugs and/or alcohol) which have been identified as common features in families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people. Parental mental ill-health, Substance Abuse and Domestic Abuse can have a serious impact on a child's development and emotional well-being and lead to anxiety and stress.

Where professionals become aware that the indicators of the 'toxic trio' are present within the family home, either as a combination of all or a singular indicator, a referral to Children's Services must be considered. Professionals are encouraged to discuss cases where there are concerns about with the named professionals for safeguarding and/or the MASH teams.

### **1.2.28 Children from abroad**

Children can arrive into this country from overseas every day some of these children will be seeking asylum. These circumstances for these children may include:

- In the care of adults who have no parental responsibility (PR) for them;
- In the care of adults who have no documents to demonstrate a relationship with the child;
- Alone;
- In the care of agents

## **1.3 Scope of policy**

All persons working within the Trust have a responsibility to safeguard and promote the welfare of children. Child safeguarding concerns all staff who come into contact with children, young people and their families. This policy sets out the action to take if you have concerns about a child/young person during the course of your work. The policy is applicable to all employees of the Trust, including volunteers, and any staff working within the Trust on a service level agreement / honorary contract.

## 1.4 Principles

Health professionals and the Trust have a key role to play in the safeguarding and protection of children. The purpose of this policy is to fulfil the following principles;

- To help staff protect and safeguard children at risk of abuse or neglect. This includes the protection of the unborn child.
- To define the organisational structures and responsibilities in relation to safeguarding children.
- To ensure that staff in the course of their work are aware of their safeguarding responsibilities and understand that safeguarding is everyone's responsibility.
- To ensure that children and young people receive appropriate and timely preventative and therapeutic interventions and that safeguarding and promoting their welfare is an integral part of all stages of care.
- To clarify the roles and responsibilities of staff and to ensure that staff have adequate training and support to fulfil their safeguarding responsibilities.
- To ensure that all staff can recognise risk factors and can contribute to reviews, enquiries and child protection plans alongside providing promotional and preventative support through proactive work.

## 2.0 Policy Statement

This policy focuses on the core organisational and individual responsibilities, making it clear what individuals, organisations and agencies must and should do to keep children safe. The emphasis being that effective safeguarding is achieved by putting children at the centre of the system and by every individual and agency playing their full part. This policy applies to children who are receiving care from Sussex Partnership NHS Foundation Trust but also those children who are associated to Sussex Partnership NHS Foundation Trust services by the nature of their family or carer network.

## 3.0 Duties

### Duties within the organisation

#### 3.1 Organisational arrangements

**Chief Executive** – The Chief Executive holds overall responsibility for the trust wide legislative compliance and management of risk in relation to safeguarding children.

**Chief Nurse** – The Chief Nurse has trust board responsibility for all aspects of safeguarding children and has delegated responsibility for ensuring that the board are fully informed of risk or serious incidents related to child safeguarding.

**Director of Human Resources** – Responsible for ensuring that safer recruitment standards are maintained. This includes ensuring that systems are in place for conducting criminal records check (DBS) for all staff who will be working with or have access to the records of children or vulnerable people. To ensure that the Trust has adequate policies and procedures in place to manage the allegation of abuse against staff or volunteers and that appropriate whistle blowing procedures are in place.

**Associate Director of Safeguarding** – The Associate Director for Safeguarding holds responsibility for the development, management and implementation of the safeguarding duties within the organisation. This includes Section 11 compliance, quality assurance frameworks and to ensure there are reporting systems in place to work in partnership with Local Safeguarding Children's Boards. Reporting to both the Trust Board and Local Safeguarding Children's Boards to provide assurance of the organisation's ability to meet its safeguarding responsibilities. This also includes

providing management of the Named Nurses and support for the Named Doctors for Safeguarding Children. The Associate Director also supports on allegations made against SPFT staff who have access to children and young people.

**Named Nurses and Named Doctors** – The Trust’s named nurses and named doctors for safeguarding children are responsible for the co-ordination, management, development and implementation of safeguarding practice within the organisation. This includes providing specialist advice, training and supervision to support staff in the discharge of their safeguarding children responsibilities. It also includes partner agency liaison to ensure compliance with Section 11 duties.

**All Sussex Partnership NHS Foundation Trust staff irrespective of grade, discipline or role**, whether substantive, temporary, contracted or honorary have a duty to ensure that children are safeguarded from harm and are aware of and understand their responsibilities.

All staff will undertake mandatory Level 1 safeguarding training and should be able to recognise concerns and have an understanding of how to report concerns and seek additional guidance and support. All staff should be aware that the needs of the child are paramount and the child’s needs should always be prioritised.

#### **All clinical staff**

All clinical staff must ensure they have undertaken the appropriate level of mandatory training appropriate to their role.

Staff should be aware of their local procedures for reporting concerns about children and how to seek additional support and guidance from their named professional.

Staff should utilise clinical supervision to discuss children’s safeguarding cases and reflect on actions, complexity and any other factors.

#### **4.0 Procedure**

The Trust has a dedicated safeguarding team with named nurse provision across the Trust please see Appendix 1 for your local arrangements.

The Trust’s safeguarding team are available to offer consultation, review of complex cases, and offer training across the organisation. The Team are also members of the Local Safeguarding Children Boards (LSCB) and sub-groups.

Consideration must always be given to the safety of other children within the home and action must always be taken to ensure the immediate safety of a child. Therefore children must be identified on the adult inpatient acute care screening tool. At the point of initial service contact practitioners should seek to gain an understanding and document on Carenotes any children who may be associated to the home.

Staff should consider safeguarding in their observations of a child, parent or carer, and information relating to the relationship with a child and information obtained through third party sources (e.g. other healthcare providers). Staff will use their knowledge of the signs and indicators of abuse and their clinical assessment to be able to identify concerns of potential or actual abuse. Staff should utilise their clinical supervision, advice from safeguarding team and reflection to ensure every measure has been taken to safeguard those within our care.

#### **Universal Services**

Children have their needs met by their parents and family members, where they are protected and growing up healthy. Children and families can access services and early support through universal services; a midwife, health visitor, school nurse, children's centre, GP and schools are all available within the local community and support is available on-line.

Each local authority provides a Threshold Document which details the appropriate level of intervention for a range of services from universal services to child protection. These broadly follow a continuum of need with specific locality differences which are available on each partner LSCB website.

### **Early Help**

Early help means providing support as soon as a problem emerges. An Early Help Assessment (EHA) should be undertaken by a lead professional within children's social care who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services.

Any frontline practitioner working with children, young people and families, including the voluntary and community sector, can undertake an Early Help Assessment. Early Help Hubs have been developed to ensure that a co-ordinated response to the family's needs is achieved and the Named Professionals within the Trust may be asked to help to determine which avenue for assessment will meet the needs of the child and family best. Early Help requires consent from the person with Parental Responsibility (PR) before information can be shared with external agencies.

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

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

### **Assessment and Children with acute need including child protection**

Where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm the Local Authority shall make enquiries as considered necessary to enable them to decide whether they should take action to safeguard or promote a child's welfare (Working Together 2018).

Agencies are required in both circumstances to contact the Local Authority Children's Social Care to discuss their concerns and for Local Authority Children's Social Care Agency to decide upon the right pathway to support for the child and their family. If a decision is made that confirms suspicion of, or actual significant harm a social work will be initiated. A strategy meeting with Police, Health and Education and any other agency required may also be held to consider what needs to happen next to address risk and harm and will consider the need for Section 47 (CA 1989) enquiries to be made. The Section 47 enquiry must consider the need for an Initial Child Protection Conference to be convened.

## **Referrals**

If staff are aware of or suspect that a child may be experiencing abuse or likely to suffer harm they should refer into their locality local authority children's social care agency.

All referrals will be triaged and assessed as to what the required local authority response should be. It should never be assumed that the process of referral has been undertaken by another professional or agency working with the child or family. The practitioner remains responsible for the referral and appropriate follow up of the outcome.

**Children living in Hampshire - Hampshire Children's Services 0300 555 1384**  
**[csprofessional@hants.gov.uk](mailto:csprofessional@hants.gov.uk)**

**Children living in East Sussex - Single Point of Advice - 01323 464222**  
**[0-19.SPOA@eastsussex.gcsx.gov.uk](mailto:0-19.SPOA@eastsussex.gcsx.gov.uk)**

**Children Living in West Sussex – MASH (Multi Agency Safeguarding Hub) 01403 229900 email [mash@westsussex.gcsx.gov.uk](mailto:mash@westsussex.gcsx.gov.uk)**

**Children living in Brighton and Hove – Front Door for Families (01273) 290400**  
**E-mail: [FrontDoorForFamilies@brighton-hove.gcsx.gov.uk](mailto:FrontDoorForFamilies@brighton-hove.gcsx.gov.uk)**

**All referrals should be documented in writing within 48hours. All referrals should be copied to the safeguarding team for internal monitoring.**

**Please copy the SPFT Safeguarding Team**  
**[safeguardingadults@sussexpartnership.nhs.uk](mailto:safeguardingadults@sussexpartnership.nhs.uk) on any referral you make.**

While professionals should seek to discuss any concerns with the child and family and their agreement to making referrals to Children's Services, this should only be done where such discussion and agreement seeking will not place a child at increased risk of suffering significant harm. **If you believe a child to be suffering harm or likely to suffer harm referrals can be made without parental consent.**

When raising and discussing child protection concerns with parents and relatives it is important to be as open and honest as possible ensuring that parents are made aware of each stage of the process and provided with reasons for decisions reached. Language used should not be confrontational or challenging and parents need to be offered as much positive comment as possible.

Care should be taken in informing parents of suspicions regarding sexual abuse and advice should be sought from named professionals for safeguarding children. If involvement of children's services or the police is already underway, raising the issue of abuse with the parents/carers must be in conjunction with these professionals. When concerns are related to fabricated or induced illness the guidance on the pan Sussex or Hampshire child protection and safeguarding children should be followed in terms of discussion and documentation.

## **Multi Agency working and Information Sharing**

Safeguarding is the responsibility of everyone who may come into any contact with children and their families or carers. Section 11 of the Children Act 2004 places a duty on key persons and bodies, such as the Trust, to make arrangements to ensure that in

discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

All practitioners who are involved with the child and family have a vital part to play – not just in information gathering, but also in contributing to the child protection or child in need plan. Practitioners should make every effort to attend child protection conferences and their presence should be facilitated as far as possible with negotiation and adequate notice.

With regards to information sharing practitioners should refer to the non-statutory guidance relating to information sharing ‘Advice for practitioners providing safeguarding services to children, young people, parents and carers’ (HM Gov, 2018)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)

The overriding principles being;

- The most important consideration is whether sharing information is likely to support the safeguarding and protection of a child.
- Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes ‘safeguarding of children and individuals at risk’ as a condition that allows practitioners to share information without consent
- Information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- Relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

### Escalation protocols

If there is a difference of opinion between professionals from partner agencies this needs to be documented within the child/young person’s records and must include any actions taken in an attempt to reach an agreement. If this has not been achieved then both viewpoints need to be documented within the child/young person’s record.

If agreement cannot be achieved on the management of a case, staff should professionally challenge this. Discuss in the first instance with your manager then escalate to the Named Nurse or Doctor and/or the General Manager.

Each locality safeguarding children board has a formal escalation policy which can be utilised in the event of an unresolved professional disagreement.

### Safeguarding Training

Level 1 Children safeguarding training	Mandatory for all staff.
Level 3 Face To Face (FTF) / online	For all clinical staff and we strongly advocate for FTF training in teams and care groups.
Level 3 Specialist	CHyPS / CAMHS / Perinatal / EI and Link practitioners
PREVENT	Mandatory and is currently available FTF / online

The Trust safeguarding team will run bespoke learning events / conferences and will advertise these on SUSI and Mylearning.

All partner LSCB's offer an extensive range of training and we strongly support attendance.

### **5.0 Development, consultation and ratification**

This policy has been developed by the Sussex Partnership Safeguarding Team in conjunction with the localised procedures detailed in the Pan Sussex and Hampshire child protection and safeguarding procedures

The Policy is ratified by the Sussex Partnership NHS Foundation Trust Professional Policy Forum.

### **6.0 Equality and Human Rights Impact Analysis (EHRIA)**

An Equality and Human Rights Impact Assessment has been completed.

### **7.0 Monitoring Compliance**

Monitoring of this policy will be conducted on a bi-annual basis undertaken by the Named professionals for safeguarding in collaboration with the trust audit department.

It is notable that this is a live document which may be subject to change outside of this timeframe in relation to local and national policy and procedural change. All updates will be implemented by the safeguarding team and disseminated widely across the organisation.

### **8.0 Dissemination and Implementation of policy**

This policy will be circulated widely through the organisation via internal communications. The named professionals for each locality have responsibility for promotion of the policy and ensuring correct use of procedures.

The dissemination and implementation of the policy will be covered in all levels of mandatory safeguarding training. Training data will identify any clinical areas where there has been a notable reduction in compliance rates.

Regular use of audit both internally and within the partner agency cycle will be used to identify the effectiveness of the implementation and allow for action plans to be placed if risks are identified.

### **9.0 Document Control including Archive Arrangements**

The Governance Support Team are responsible for ensuring the trust procedural documents database is maintained. The Governance Support Team are responsible for ensuring procedural documents are uploaded to the trust website.

The onus for accuracy will be on the document's Sponsor not the Governance Support Team nor on the person maintaining the website. The Governance Support Team are responsible for notifying the sponsor when procedural documents are due for review.

### **10.0 Reference documents**

- The Children Act 1989/2004 - [The Children Act 1989](#)
- Working Together to Safeguard Children (HM Government, 2018) – <https://www.gov.uk/government/publications/working-together-to-safeguard-children->

- What to do if you are worried a child is being abused (practitioners guide) (H M Government, 2015) - [What to do if you are worried a child is being abused](#)
- NICE clinical guidelines – When to suspect child maltreatment (2009) - [NICE - When to suspect child maltreatment](#)
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government, 2018) - <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- Safeguarding Children and Young People from Sexual Exploitation (HM Government, 2009) - [Safeguarding Children for Sexual Exploitation 2009](#)
- Pan Sussex Child Protection and Safeguarding Procedures Manual <https://sussexchildprotection.procedures.org.uk/>
- Hampshire Safeguarding Children Procedures <https://www.hampshiresafeguardingchildrenboard.org.uk/procedures/4lscb-procedures/>
- Criminal Exploitation of children and vulnerable adults: County Lines guidance (Home Office 2018) [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/741194/HOCountyLinesGuidanceSept2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741194/HOCountyLinesGuidanceSept2018.pdf)
- The National Referral Mechanism is a framework for identifying victims of human trafficking or modern slavery. (<http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism>)
- Safeguarding children and young people: role and competences for health care staff. Intercollegiate Document, Third edition: March 2014 [https://www.rcpch.ac.uk/sites/default/files/Safeguarding\\_Children\\_-\\_Roles\\_and\\_Competerences\\_for\\_Healthcare\\_Staff.\\_Third\\_Edition\\_March\\_2014.pdf](https://www.rcpch.ac.uk/sites/default/files/Safeguarding_Children_-_Roles_and_Competerences_for_Healthcare_Staff._Third_Edition_March_2014.pdf)

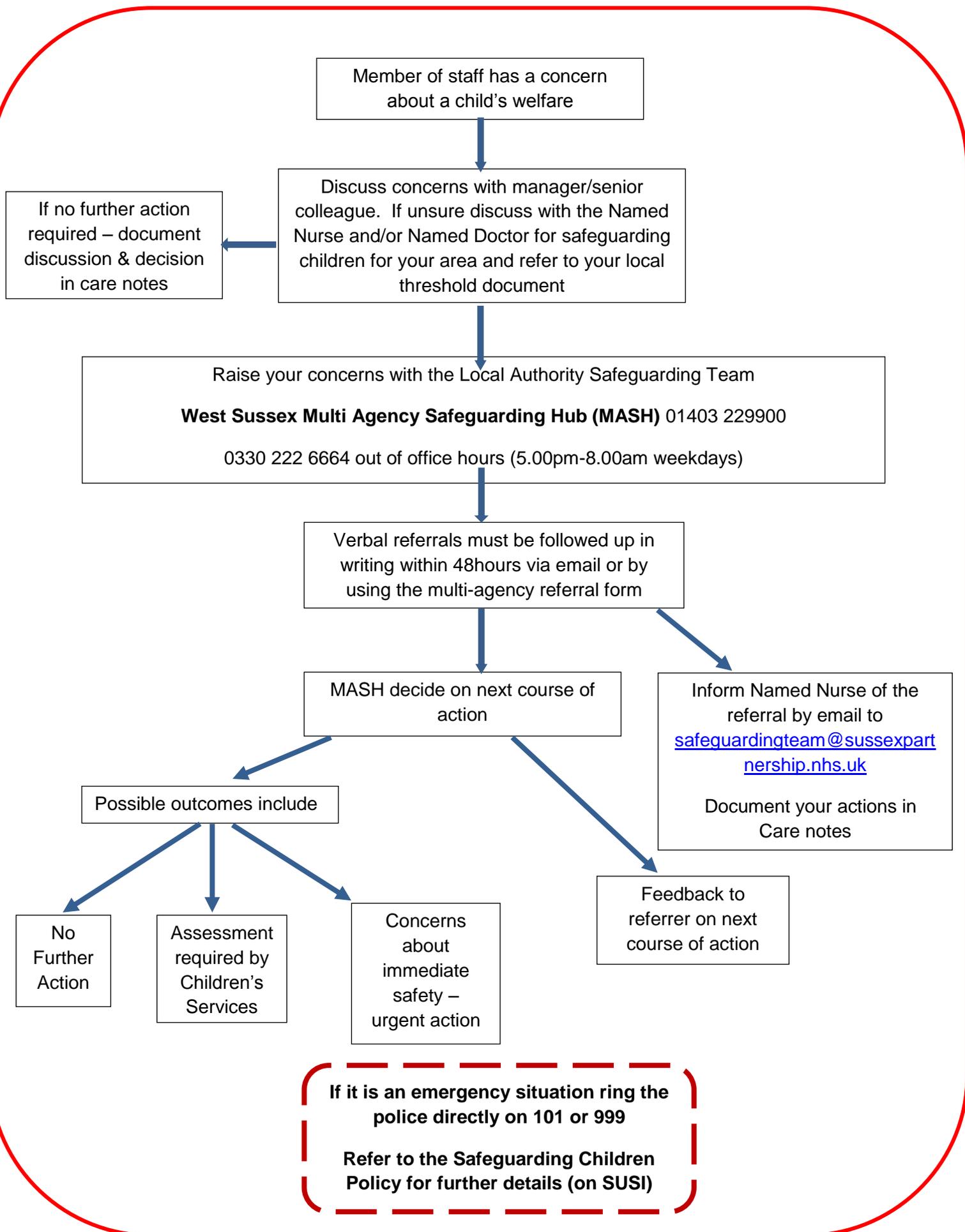
## **11.0 Cross reference**

1. E-Safety Policy
2. Safeguarding Strategy
3. Child Visiting Policy
4. Safeguarding Adults at Risk Policy
5. Managing Allegations against Staff Policy and Procedure
6. CSE policy
7. FGM policy
8. PREVENT policy

## **12.0 Appendices**

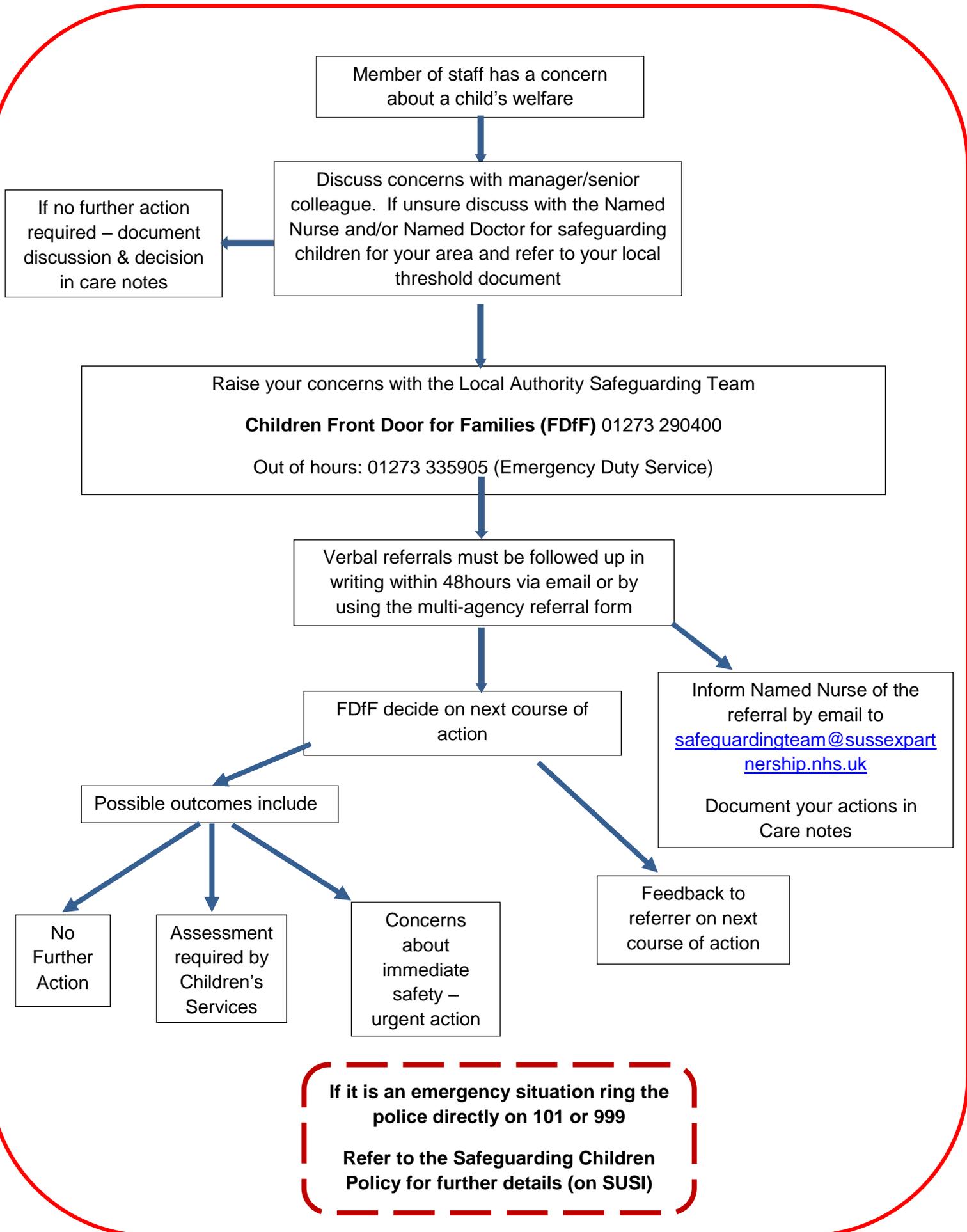
## West Sussex

### Safeguarding Children – What to do if you are worried in flow chart



# Brighton & Hove

## Safeguarding Children – What to do if you are worried in flow chart

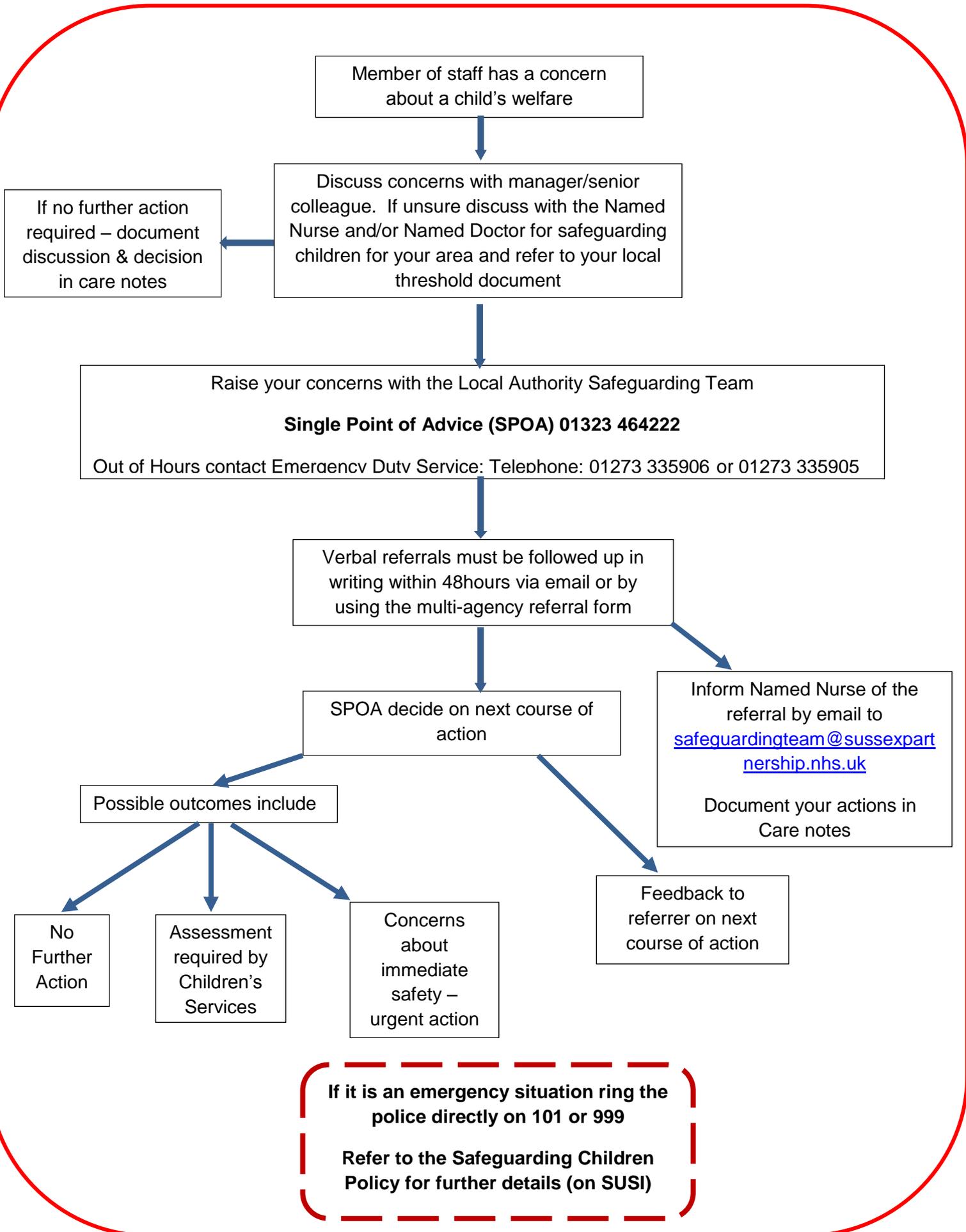


**If it is an emergency situation ring the police directly on 101 or 999**

**Refer to the Safeguarding Children Policy for further details (on SUSI)**

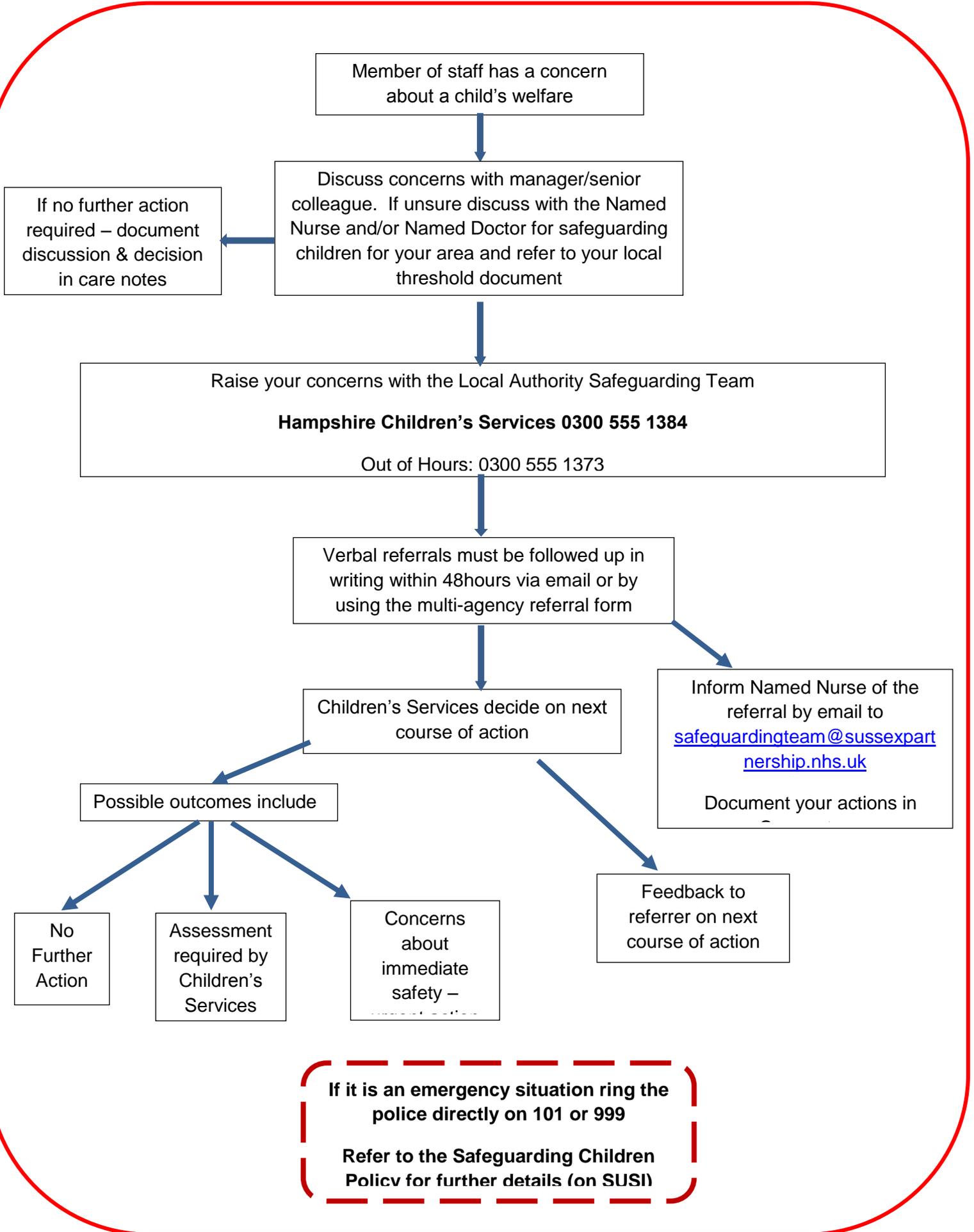
# East Sussex

## Safeguarding Children – What to do if you are worried in flow chart



# Hampshire

## Safeguarding Children – What to do if you are worried in flow chart



## Appendix 2 – Sussex Partnership NHS Foundation Trust Child not brought procedure for Child and Adolescent Mental Health Teams

### What to do when a child is not brought or misses an appointment

Always think about the impact on the child of missing an appointment			
Level of Concern	Low	Medium	High
	<ul style="list-style-type: none"> <li>No safeguarding concerns</li> <li>Low levels of professional concern regarding emotional well-being/developmental assessment</li> <li>No other medical issues</li> </ul>	<ul style="list-style-type: none"> <li>Early Help Cases</li> <li>Children with disability with no safeguarding concerns</li> <li>2 previous missed appointments but no other concerns</li> <li>Children with emotional difficulties considered to be medium risk</li> </ul>	<ul style="list-style-type: none"> <li>Children in Care</li> <li>Children Subject to CP Plan</li> <li>Children Subject to CIN Plan</li> <li>High level of concern regarding emotional well being</li> <li>Children with disability and safeguarding concerns</li> <li>Children with parents who are known to have mental health issues, domestic abuse, substance misuse</li> <li>Disguised compliance cases</li> </ul>
Think	<ul style="list-style-type: none"> <li>What is the impact of the child missing an appointment?</li> </ul>	<ul style="list-style-type: none"> <li>Discuss case with Team Manager/Safeguarding Lead</li> <li>If open to early help contact support worker as they may be able to support attendance (check consent)</li> </ul>	<ul style="list-style-type: none"> <li>Discuss with Safeguarding</li> <li><b>If case is open to a Social worker inform SW as they may be able to support attendance</b></li> </ul>
Action	<ul style="list-style-type: none"> <li>Contact family by phone to follow up</li> <li><b>Check demographics</b> consider change in details</li> <li>Send another appointment with child not brought leaflet- <b>c.c not brought letter to GP</b></li> <li>Not brought letter to provide details of previous appt/s offered</li> <li>Consider liaison with referrer to check appointment still required</li> </ul>	<ul style="list-style-type: none"> <li>Contact family by phone to follow up</li> <li><b>Check demographics</b> consider change in details</li> <li>Send another appointment with child not brought leaflet</li> <li>Not brought letter to provide details of previous appt/s offered- <b>cc.not brought letter to GP</b></li> <li><b>Consider liaison with other professionals GP, School, school nursing, HVs</b></li> </ul>	<ul style="list-style-type: none"> <li>Contact family by phone to follow up</li> <li><b>Check demographics</b> consider change in details</li> <li>Send another appointment with child not brought leaflet</li> <li>Not brought letter to provide details of previous appt/s offered- <b>cc. not brought letter to GP and SW if Child protection</b></li> <li><b>Consider liaison with other professionals GP, School, school nursing, HVs etc</b></li> </ul>
2 Missed Appts.	<ul style="list-style-type: none"> <li><b>Speak to GP-agree plan</b></li> <li><b>Send escalation letter</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Discuss with team manager/ safeguarding</b></li> </ul>	<ul style="list-style-type: none"> <li><b>May require multiagency discussion- liaise with network</b></li> </ul>
Must Do	<p><b>High risk cases</b>-discuss with Team Manager/safeguarding.</p> <ul style="list-style-type: none"> <li><b>Any</b> child with 2 consecutive missed appointments <b>must</b> be discussed with safeguarding.</li> <li>Any cases with patterns of one or two attendances followed by cancellations and regular rearranging of the appointments has to be considered as a case of <b>potential disguised compliance</b> especially if there are other risk factors and should be discussed with safeguarding.</li> </ul> <p><b>Multi agency discussion/ planning maybe required.</b></p>		
Outcome	Plan communicated with GP, family and any other professionals the family have given consent to share information	Family receive support to continue engagement with Health. Plan communicated to relevant professionals and family	Family receive support to continue engagement with Health. Plan communicated to professionals involved. If family are refusing to engage this information is known by professionals involved in care.