

Safeguarding Children and Young People Policy

Policy Folder & Policy Number	Patient Safety
Version:	V.2
Ratified by:	Governing Bodies
Date ratified:	April/May 2019
Name of originator/author:	Designated Nurses for Safeguarding Children
Name of responsible committee/individual:	Quality & Safety Committee
Date approved by Committee/individual	March 2019
Date issued:	10 th May 2019
Review date:	March 2021
Date of first issue	2013
Target audience:	All Staff & Contractors

CONSULTATION SCHEDULE

Name and Title of Individual	Groups consulted	Date Consulted
Safeguarding Group		February 2019

RATIFICATION SCHEDULE

Name of Committee approving Policy	Date
Quality & Safety Committees in common	14 th March 2019
Governing Bodies	April/May 2019

VERSION CONTROL

Version	Version/Description of amendments	Date	Author/amended by
1	New	2013	
2	Includes all 6 CCGs Updated to reflect best Practice	Feb 2019	Stephanie Lowe
3			
4			

Impact Assessments – available on request

	Stage	Complete	Comments
Equality Impact Assessment	1	August 2016	
Quality Impact Assessment			
Privacy Impact Assessment			

SUMMARY

This document defines the Safeguarding Children Policy for Cannock Chase, East Staffordshire, North Staffordshire, South East Staffordshire & Seisdon Peninsula, Stafford & Surrounds and Stoke-on-Trent Clinical Commissioning Groups, hereafter referred to as the CCG's.

- This policy applies to all staff working within the CCG's, lay members and independent Contractors (including those GPs who are not directly employed by the CCGs). The key principles are also applicable to all services commissioned by the CCG's.
- The Executive Director of Nursing and Quality is accountable for the safeguarding children aspects of the CCG's role and the Designated Nurses for Safeguarding Children are the Leads for all six CCG's.
- This policy illustrates the requirements and compliance with legislative duties to safeguard children, in particular the Children Act 1989 / 2004.
- Safeguarding is the early identification of children and young people who are vulnerable and at risk or potential risk of significant harm. This includes unborn children. Vulnerable groups include those with disabilities, subject to domestic abuse, subject to all forms of exploitation, parental mental ill health, substance misuse, missing children and those seeking asylum.
- Categories of abuse include physical, emotional, sexual abuse and neglect.
- Staff are responsible for escalating concerns to the Designated Nurses and / or make a child protection referral to Staffordshire Children's Social Care Service or the Stoke- On- Trent Children's Social Care Team.

Contents

	Page
1 Introduction	4
2 Scope of Policy	5
3 Policy Statement	5
4 Objectives of policy	5-6
5 Definition of harm or significant risk of harm	6
6 Information sharing	6
7 Roles and Responsibilities	7-8
8 Board Responsibilities	8
9 Recruitment and Personnel Processes	8
10 Child Safeguarding Practice Reviews	8-9
11 Referrals to children's social care	9-10
12 Training	10
13 Safeguarding children supervision	10-11
14 Review and Maintenance of Policy	11
15 References and Bibliography	11

Appendices

Appendix 1: Legislative framework	12
Appendix 2: What to do if you are worried about a child	13
Appendix 3: Safeguarding team contact details	14
Appendix 4: Staffordshire Safeguarding Children Board (SSCB) and Stoke-on-Trent Safeguarding Children Board (SCB) Referral Form	15-21
Appendix 5: Summary of Key Safeguarding Roles and Responsibilities	22
Appendix 6: Definition of harm or significant risk of harm/definition or abuse	23-24
Appendix 7: Glossary of Terms	24-25
Appendix 8: Accountability structure for safeguarding within the CCGs	26

1.0 Introduction

1.1 This document defines the Safeguarding Children Policy for Cannock Chase, East Staffordshire, North Staffordshire, South East Staffordshire & Seisdon Peninsula, Stafford & Surrounds and Stoke-on-Trent Clinical Commissioning Groups, hereafter referred to as the CCG's.

This policy illustrates the requirements and compliance with legislative duties to safeguard children. It is applicable to all CCG staff and all independent contracted staff.

All provider health organisations should have their own policies for safeguarding children in accordance with their own statutory responsibilities.

Safeguarding is ensuring that everyone, irrespective of age, is treated with dignity and respect and does not suffer abuse. This includes unborn children. This is particularly important for those who are unable to protect themselves from harm and abuse, possibly because of their age or a disability.

1.2 This document should be read in conjunction with national and local guidance including:

- Working Together to Safeguard Children, DfE, (2018).
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004.
- Staffordshire Safeguarding Children Board (SSCB) and Stoke-on-Trent Safeguarding Board (SCB) Inter Agency Child Protection Procedures for Safeguarding Children.
- The organisation's policy: Allegations that a CCG employee may be harming a child/young person: *Managing Safeguarding Allegations Against Staff Policy*.
- The organisation's policy: *Safeguarding Children Supervision Policy*.
- Safeguarding children and young people: roles and competencies for health care staff: Intercollegiate Document (2019).
- NICE Clinical Guideline (CG89) When to Suspect Child Maltreatment (2009).
- Promoting the Health and Wellbeing of Looked after Children (2015).
- The Protection of Children in England: A Progress Report. Lord Laming (2009).

Relevant Legislation;

- The Children Acts (1989 and 2004).
- The Children and Social Work Act (2017).
- The Children and Families Act (2014) , Children and young people with special educational needs or a disability.
- Sexual Offences Act (2003).
- United Nations Convention on the Rights of the Child (ratified by UK in 1991).

1.3 This policy outlines responsibilities for safeguarding children in keeping with statutory guidance at both strategic and operational level, and supports the ethos that '*Safeguarding Children is Everybody's Business*'.

1.4 The CCG's are aware that any revised guidance will require this policy document to be reviewed and, where necessary revised, following the formal publication of any such guidance.

1.5 The Executive Director of Nursing and Quality is accountable for the safeguarding children aspects of the CCG's role, for overseeing the work of the Designated professionals, and representing the CCG's on the Local Safeguarding Children Board or equivalent Board.

2.0 Scope of the Policy

- 2.1 This policy applies to all staff working within the CCG's, lay members and independent contractors. The key principles are also applicable to all services commissioned by the CCG's.
- 2.2 All employees of the CCG's have an individual responsibility for the protection and safeguarding of children and young people. This is outlined in all job descriptions.
- 2.3 All managers must ensure their staff are aware of, able to access this policy, and ensure its implementation in their line of responsibility and accountability.
- 2.4 The CCG's are committed to all processes that safeguard children and young people and promote their welfare and aims to commission safeguarding services that will ensure equal access to all children and young people, regardless of:
- Race, religion, first language or ethnicity
 - Gender or sexuality
 - Age
 - Health status or disability
 - Political or immigration status

3.0 Policy Statement

- 3.1 The CCG's will fulfil their statutory duties relating to the safety and welfare of children through the demonstration of:
- Compliance with all statutory guidance on safeguarding children including the Children Act 2004 section 11.
 - Active partnership and co-operation with Staffordshire Safeguarding Children Board (SSCB) and Stoke-on-Trent Safeguarding Children Board (SCB) or equivalents.
- 3.2 Ensuring that children and young people are valued and their safety and welfare is considered at all stages of commissioning, including contracting arrangements and performance management frameworks. This will be best achieved through partnership processes across the SSCB/SCB area.

4.0 Objectives of the Policy

- 4.1 In developing this policy, the CCGs recognise that safeguarding children and young people at risk is a shared responsibility, with the need for effective joint working between agencies and professionals that have different roles and expertise. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and evidenced by:
- Clear lines of accountability within the organisation for work on safeguarding.
 - All employees job descriptions will include the fact that safeguarding is everyone's responsibility.
 - Staff training and continuing professional development so that staff are competent to undertake their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children and adults at risk.
 - Safe working practices including recruitment, vetting and barring procedures and supervision for Designated Professionals and clinical staff.
 - Effective interagency working, including effective information sharing.
 - Designated Professionals and Named GP's, as clinical experts and strategic leaders, are a source of advice to the CCG's.

5.0 Definition of harm or significant risk of harm

- 5.1 Legislation describes the definition of harm and significant risk for children, young people and adults at risk.

5.2 Somebody may abuse or neglect a child by inflicting harm, or 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, by a stranger.

5.3 Appendix 6 sets out the definitions of harm and risk of significant harm for children at risk.

6.0 Information Sharing

6.1 It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently.

6.2 The information sharing guidance outlines seven golden rules:-

- The Data Protection Act 1998 is not a barrier to sharing information.
- Be open and honest with the person (and/or their family where appropriate) at the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice if you are in doubt, without disclosing the identity of the person where possible
- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in public interest. You will need to base your judgement on the facts of the case.
- Consider safety and well-being of the person and others who may be affected by their actions.
- The sharing of information should be necessary, proportionate, relevant, accurate, timely and secure.
- Keep a record of your decision and the reason for it. Record what you have shared, with whom and for what purpose.

6.3 Record keeping need to be contemporaneous.

7.0 Roles and Responsibilities

The roles and responsibilities of all organisations and staff groups regarding safeguarding children are outlined in '*Working Together to Safeguard Children*' 2018. All staff and managers should be aware of those responsibilities.

7.1 The CCG's Accountable Officer has the responsibility for ensuring the contribution by health services to safeguarding and promoting the welfare of children and that this is discharged effectively across the whole health economy. Within the CCG's this role is supported by the Executive Director of Nursing and Quality, who holds delegated responsibility.

7.2 The CCG's have a duty under Section 11 of the Children Act (2004) to ensure that:

(a) their functions are discharged having regard to the need to safeguard and promote the welfare of children; and

(b) any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need.

(HM Government, 2004)

It is the responsibility of the CCG's to ensure that both a Senior Doctor and Nurse are contracted to fulfil the functions of Designated Professionals in accordance with *Working Together to Safeguard Children (2018)*.

- 7.3 In order to support the functions of independent practitioners in delivering safeguarding services, the CCG's will commission services to provide support, advice and guidance through the Named GP(s) Safeguarding Children role (See appendix 5).
- 7.4 The CCG's have a responsibility to ensure that all organisations with whom they have a contract (including independent contractors) are carrying out their roles and responsibilities through contracting quality arrangements. This is achieved by negotiating the contract, ensuring the quality schedule and exception reports reflect information that the CCG's require to monitor the provider against their responsibilities. This information is triangulated with the outcomes of the quality visits and any areas of improvement are escalated using the contractual mechanisms and then reported into the CCG's internal governance systems, showing action taken and outcomes.
- 7.5 The CCG's are further required to ensure that it clearly identifies the standards expected from its staff members and lay members with regard to ensuring the safety and welfare of children is promoted.
- Staff members employed or contracted who do **not** directly deliver services to individuals, in circumstances where they identify a concern around the safety and welfare of a child or young person, are expected to ensure that they act in accordance with the SSCB/SCB Procedures and national guidance (*What to do if you are worried a child is being abused 2015*).
- 7.6 Appendix 2 identifies the specific actions required by individual staff members who have a concern about a child's safety and welfare.
- 7.7 Any independent contractors who deliver services directly to children, young people and their families should ensure that they:
- Access safeguarding children training in accordance with national and local guidance and competency frameworks.
 - Act in accordance with the Staffordshire Safeguarding Children Board's and Stoke-on-Trent Safeguarding Children Board's procedures.
- 7.8 The CCG's Quality and Safety Committee in common will meet monthly and will receive quarterly written and verbal reports in respect of key safeguarding activity to ensure that the organisation and its contracted services are compliant with their statutory duties, and to review any areas of concern.
- 8.0 Safeguarding Board Responsibilities**
- 8.1 The Executive Director of Nursing and Quality of the CCG's has overall responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the CCGs' commissioning arrangements. Within the CCG's this role is supported through the Designated Nurses, who hold delegated responsibility.
- 9.0 Recruitment and Personnel Processes**
- 9.1 The CCG's have a duty to ensure that safe recruitment processes are complied with and will act in accordance with the NHS employer's regulations, the local HR recruitment policies and the Disclosure and Barring Service (DBS). Further guidance can be found; *section 2c / section B03 Safer Recruitment and Selection Procedures for all Adults who Work with Children and Young People* (SSCB & SCB).
- 10.0 Child Safeguarding Practice Reviews (previously known as Serious Case Review)**
- 10.1 The CCG's have a statutory duty to work in partnership with the Staffordshire Safeguarding Children Board, Stoke-on-Trent Safeguarding Children Board and/or any

other Safeguarding Children Board, in conducting Child Safeguarding Practice Reviews in accordance with Chapter 4 – *Working Together to Safeguard Children (2018)*.

- 10.2 The Designated Safeguarding Professionals will inform the CCGs/NHS England Area Team (Staffordshire and Stoke- On- Trent) when a Child Safeguarding Practice Review is commissioned.
- 10.3 Where relevant, the CCG's will support the rapid review response and / or the Independent Management Review (IMR) health overview reports or other reviews of services, for example the Social Care Institute for Excellence (SCIE), by any services that are commissioned by the CCG's or services delivered through independent contractors for the CCG's.
- 10.4 All reports commissioned across Primary Care will be submitted to the Designated Professionals. It is expected that each provider organisation will have a robust sign off process by their own board level lead and that reports received will have been subject to this scrutiny process.
- 10.5 The CCG's will ensure that Designated and Named GP professionals are given sufficient time and the necessary support to complete Individual Management Reviews, chronologies and health overview reports when required.
- 10.6 The CCG's must ensure that the review, and all actions following the review, are carried out according to the timescale set out by the LSCB or equivalent partnership during the scoping and terms of reference process.
- 10.7 The Safeguarding Forum and the Quality and Safety Committee in common will monitor the progress of identified recommendations and supporting action plans for issues relating to the CCG's.

11.0 Referrals to Children's Social Care

11.1 In all cases where there is knowledge or suspicion that a child or children are suffering from or at risk of suffering significant harm, then an immediate referral should be made to Staffordshire Children's Social Care Service (Families First) via the First Response Team or Stoke-on-Trent Safeguarding Advice and Referral Team. The First Response Team and Advice and Referral Team are the first point of contact for all referrals to Children's Social Care (CSC) Services.

11.2 The contact details are:

- Staffordshire County Council's First Response Service: **0800 1313 126**
- (Monday-Thursday 8.30am - 5pm and Friday 8.30am – 4.30pm)
- E-mail: firstr@staffordshire.gov.uk
- Emergency Duty Service: (Out of Hours Service): 0845 604 2886

- Stoke-on-Trent's Advice and Referral Team: **01782 235100**
- (Monday-Friday 8.30am – 5pm)
- Emergency Duty Service (Out of Hours Service): 01782 234234

- Staffordshire and Stoke-on-Trent Police: 101 and ask for MASH. Outside of MASH hours, report to the Area Communications Room.

In an emergency always call 999

It is important that as much information as possible is shared by the referrer. All telephone referrals must be followed up, in writing, within 48 hours using a Multi-agency referral form (MARF) (Appendix 4). This document will assist you in collecting the appropriate information when making a referral.

Information to include:

- Family name (s).
- Address (es).
- Date of birth.
- Details of family members / significant others – consider siblings / partners.
- Basis of concerns – is this significant harm or likely significant harm?
- Other relevant information (historical and current).
- Are family individuals aware of the referral?
- Does the referral increase the potential risks of harm to the child or to others?
- How may the victim(s) be best contacted without compromising safety?
- Has consent been obtained and if not why not?

11.3 All referrers should receive written acknowledgment of their referral including where relevant detail about intended actions and reference details to assist subsequent actions and communication. It is the referrers responsibility to follow up all referrals made.

11.4. The referrer must ensure that they maintain appropriate and relevant records in accordance with their individual agency's policies and procedures.

12.0 Training

12.1 The CCG's are committed to have arrangements in place to ensure effective training of all staff. The level of training will be determined by the responsibilities set out in job descriptions/role functions and can be described as levels 1, 2, 3, 4 and 5. All healthcare staff employed by the CCG should be compliant with level 1 training as a minimum requirement. Designated professionals are required to be trained at level 5.

12.2 Support, supervision and mentorship will be provided for safeguarding leads within the CCG's as appropriate and identified through personal development needs. Safeguarding leads will agree the level of safeguarding training required for each employee depending on their role and responsibilities, this will include lay members. Further guidance regarding levels of safeguarding training for professionals can be accessed via the *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff: Intercollegiate Document (2019)*.

12.3 Health Education England (HEE) working in conjunction with its Local Education and Training Boards (LETBs) has responsibility for all professional education and training. HEE provides strategic leadership and workforce intelligence in support of the CCG's delivery of the mandate.

13.0 Safeguarding Children Supervision

13.1 Section 11 of the Children Act 2004 stipulates that employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.

The specific objectives of safeguarding supervision are:

- To enable and empower practitioners to develop knowledge and competence.
- To provide a safe and structured environment for practitioners to reflect on, plan, review and account for their safeguarding children work.
- To ensure that local and national policies and procedures are adhered to.
- To provide support and recognition of the stress and uncertainties which safeguarding work may cause.

All staff dealing with safeguarding children issues must access safeguarding supervision and adequate protected time should be allocated for this purpose. Staff who provide safeguarding supervision should attend safeguarding supervision training as well as having experience and relevant training in safeguarding issues. All Named and Designated Professionals are required to receive safeguarding supervision. Please refer to the CCG's *Safeguarding Children Supervision Policy*.

14.0 Review and Maintenance of Policy

14.1 This policy will be subject to a routine bi-annual review and will also be subject to alteration if required through the creation of additional national policy, legislation or guidance and / or local guidance.

If revised, all stakeholders will be alerted to the new version. The review will be conducted by the Safeguarding Children Team.

14.2 The quality of the Equality Impact Assessments will be assessed by the Equality and Human Rights Advisors.

15.0 References and Bibliography

- *Managing Safeguarding Allegations Against Staff*. Staffordshire and Stoke-On-Trent CCG's (2019)
- *Safeguarding Children and Young People, Roles and Competencies for Health Care Staff: Intercollegiate Document*. RCPCH (2019)
- *Safeguarding Children Supervision Policy*. Staffordshire and Stoke-On-Trent CCG's (2019)
- *Safer recruitment and selection procedures for all adults who work with children and young people*. Staffordshire Safeguarding Children Board, section 2c and Stoke-On-Trent Safeguarding Children Board, section B03. SSCB (2016).
- *Statutory Guidance under S.11 of the Children Act*. TSO London, HM Government (2007).
- *The Children Act*. HM Government (1989)
- *The Children Act*. HM Government (2004)
- *What to do if you are worried a child is being abused*. HM Government (2015)
- *Working Together to Safeguard Children*. Department for Education, London (2018)

Appendix 1- Legislative framework

1.0 Statutory Guidance on making arrangements to Safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government 2007) states the responsibilities of NHS organisations as:

1.1 *"The Health and Social Care (Community Health and Standards Act) 2003 places a duty on each NHS body 'to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for that body' and gives the Secretary of State the power to set out standards to be taken into account by every English NHS body in discharging that duty"*

1.2 As commissioning organisations the CCG's are also required to ensure that all health providers from which it commissions services (both public and independent sector) have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and young people from abuse or risk of abuse; that health providers are linked into the Local Safeguarding Children Board, or equivalent and that health workers contribute to multi-agency working.

Working Together to Safeguard Children: A guide to inter-agency working to Safeguard and promote the welfare of children. DfE (2018).

This guidance covers:

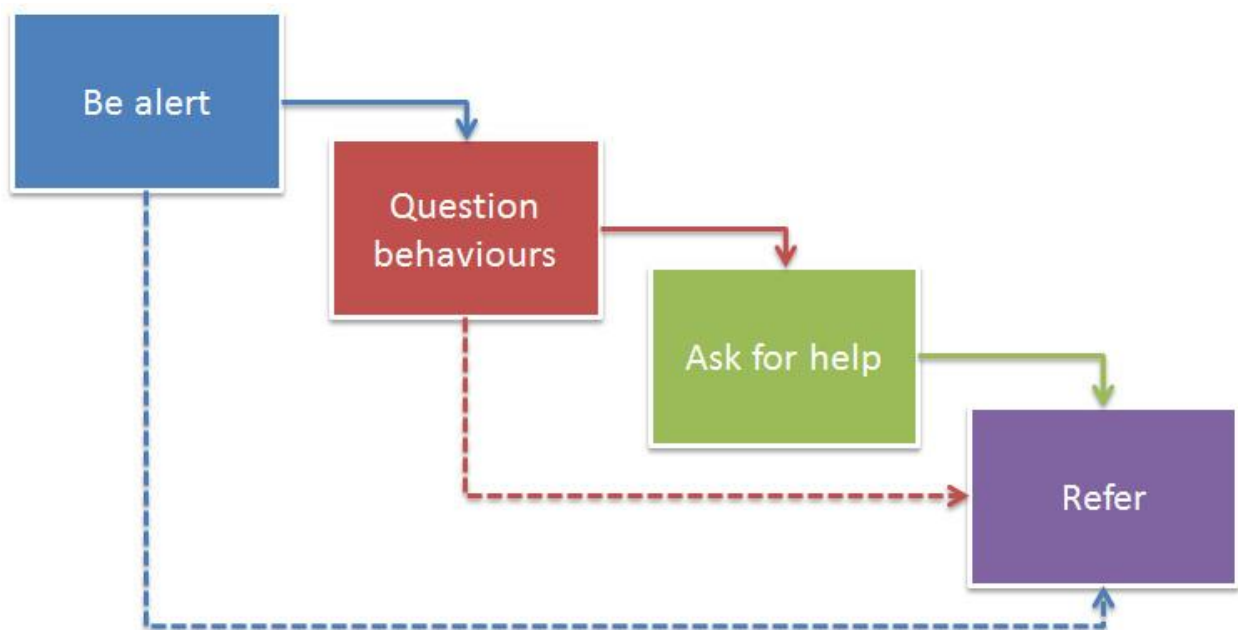
- The legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and
- A clear framework for safeguarding partners to monitor the effectiveness of local services. It is issued under:
 - Section 11(4) of the Children Act 2004 which requires each person or body to which the section 11 duty applies to have regard to any guidance given to them by the Secretary of State; and
 - Section 16 of the Children Act 2004 which states that local authorities and each of the statutory partners must, in exercising their functions, have regard to any guidance given to them by the Secretary of State.
- The guidance sets out key roles for individual organisations and key elements of effective local arrangements for safeguarding. It is very important these arrangements are strongly led and promoted at local level

2.0 PREVENT Strategy (HM Government 2011) sets out the government's commitment to understand factors which encourage people to support terrorism and then to engage in terrorism-related activity. Evidence suggests that radicalisation is driven by an ideology which sanctions the use of violence; by propagandists for that ideology here and overseas; and by personal vulnerabilities and specific local factors which, for a range of reasons, make that ideology seem both attractive and compelling. Prevent is part of the country's counter-terrorism strategy, CONTEST. Its aim is to stop people becoming terrorists or supporting terrorism.

2.1 The Office for Security and Counter Terrorism in the Home Office is responsible for providing strategic direction and governance on CONTEST (violent extremism).

2.2 As part of CONTEST, the aim of PREVENT is to stop people from becoming terrorists or supporting terrorism. The health sector has a non-enforcement approach to prevent and focuses on support for vulnerable individuals and health care organisations. The PREVENT agenda requires healthcare organisations to work with partner organisations to contribute to prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

There are four key steps to follow to help you to identify and respond appropriately to possible abuse and/or neglect.



It may not always be appropriate to go through all four stages sequentially. If a child is in immediate danger or is at risk of harm, you should refer to children’s social care and/or the police. Before doing so, you should try to establish the basic facts. However, it will be the role of social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation. You should record, in writing, all concerns and discussions about a child’s welfare, the decisions made and the reasons for those decisions.

Referring to children’s social care

If, at any time, you believe that a child may be a child in need, or that a child is being harmed or is likely to be, you should refer immediately to local authority children’s social care. This referral can be made by any practitioner. If you see further signs of potential abuse and neglect, report and refer again.

Appendix 3 – Safeguarding Children team contact details

Name	Role	Contact details

Jane Mullock	Safeguarding Support Officer	Tel: 01782 401010 Email: jane.mullock@northstaffscg.nhs.uk Secure: SASCCG.safeguardingchildren@nhs.net Safeguarding.lookedafterchildren@nhs.net
Stephanie Lowe	Designated Nurse for Safeguarding Children	Tel: 01785 854241 Mobile: 07976 584377 Email: stephanie.lowe@northstaffs.nhs.uk Secure: stephanie.lowe@nhs.net
Paula Carr	Designated Nurse for Safeguarding Children	Tel: 01782 401004 Mobile: 07715 807135 Email: paula.carr@stoke.nhs.uk Secure: paula.carr@nhs.net
Hazel Edwards	Designated Nurse for Looked After Children	Tel: 01785 854003 Mobile: 07738 117917 Secure: SASCCG.safeguardingchildren@nhs.net
Dr Ros Negrycz	Designated Doctor for Safeguarding Children	Tel: 01782 679802 Roslyn.Negrycz@uhn.nhs.uk
Dr Hassan Zoaka	Designated Doctor Safeguarding Children	Tel: 01283 505160 Mobile: 07954 996317 Email: Hassan.Zoaka@mpft.nhs.uk
Dr Janey Merron Dr Gulshan Kaul Dr Ulka Choudhary Dr Lorna MacColl	Named GP's	Tel: 01785 401010 c/o Jane Mullock Tel: 07976 584377 c/o Stephanie Lowe
Staffordshire Children's Social Care	First Response Team	Mon – Fri 8.30am-5pm Tel: 0800 1313 126 Out of Hours including weekends and Bank Holidays: 0345 604 2886 Email: frist@staffordshire.gov.uk Fax: 01785 854223
Stoke-on-Trent Children's Social Care	Advice and Referral Team	Monday-Friday 8/30am-5pm Tel: 01782 235100 Out of Hours including weekends and Bank Holidays: 01782 234234
Staffordshire and Stoke-on-Trent	Police	Non-urgent: 101 Urgent: 999

STRICTLY CONFIDENTIAL

Appendix 4 – Staffordshire Safeguarding Children Board (SSCB) Referral Form



www.staffsscb.org.uk

SECTION Staffordshire 3B / SOT C09

Multi-Agency Confirmation of Referral to

Stoke-on-Trent Children's Social Care

and Staffordshire Children and Families First Response Service

This form should always be completed when making a referral to Stoke-on-Trent Children's Social Care / Staffordshire Children and Families First Response Service in the MASH. This is to allow the sharing of information with other agencies. All urgent child protection referrals should initially be made by telephone and then confirmed in writing as soon as possible, **ideally within 24 hours but within a maximum timescale of 48 hours** using this form.

Concerns should be discussed with the child's parents, making them aware that a referral to Stoke-on-Trent Children's Social Care / Staffordshire Children and Families First Response Service has been made, **unless to do so would place the child at risk of significant harm, or any other individual at risk of serious harm, or lead to interference with any potential investigation. The child's safety and well-being must be the overriding consideration in making any such decisions.**

STRICTLY CONFIDENTIAL

Referrer Details				
Referred by:				
Designation:		Agency:		
Referrer's Address:		Post Code:		
Tel. no		Mobile no.		
E-mail				
Date of Referral:		Time:		
Name of person receiving the referral:				
Is the parent/carer aware of the referral? Please tick appropriate box	Yes		No	
Is child/young person aware of referral? Please tick appropriate box	Yes		No	
Child/Young Person's Details				
Name of the child / young person:		Known As / Aliases:		
DOB (or expected date of delivery):		Gender	Male	
			Female	
			Unborn	
Home Address (Inc. postcode):				
Tel No (including mobile numbers):				
Any other known addresses (Inc. postcode):				
Child / young person's ethnicity:				
Child / young person's first language:				
Child / young person's religion				

STRICTLY CONFIDENTIAL

Parent / carer's first language:	
Does the child / young person have a disability?	
Is an interpreter / signer required?	
Additional Information:	
Is the child / or has the child / young person been the subject of a child protection plan? Y/N	
If yes, please state in which local authority and provide further details if known:	
Is the child or has the child / young person been a looked after child? Y/N	
If yes, please state in which local authority and provide further details if known:	
Reason for Referral <i>(Please include as much information as possible. Remember that the assessment of the level of intervention required will be based upon the information that you provide. You will need to consider the child's developmental needs; parenting and / or carer capacity to meet the child's needs; and family and environmental factors).</i>	

STRICTLY CONFIDENTIAL

--

Known risks within this household? (E.g. violent/aggressive individuals, drug use/dealing, weapons etc.)

Details of Child/Young Person's Principal Carers			
Name	D.O.B	Relationship to child/young person	Parental Responsibility (PR)? Y/N

Other people living in the child / young person's household				
Name (including any known aliases)	D.O.B	M / F	Relationship to child / young person	Also Referred? Y / N

Significant others who are not members of child / young person's household						
Name	P.R? Y/N	D.O.B	M / F	Relationship to child / young person	Current Address	Tel. No.

STRICTLY CONFIDENTIAL

Key Agencies *(please provide the information below)*

Agency	Name	Tel. No./Contact details
G.P		
Midwife		
Health Visitor		
School Nurse		
Children's Centre		
Nursery		
School		
School Nurse		
Education Welfare Officer		
Youth Offending Service		
Police		
Probation Service		
Paediatrician		
CAMHS		
Other <i>(please state)</i>		

Early Help Assessments (EHA) Details

Has a EH assessment been	Yes <i>(please attach to referral)</i>	No	Date EH assessment completed	
--------------------------	--	-----------	------------------------------	--

STRICTLY CONFIDENTIAL

completed?			EHA unique ref. number(s)	
Name of Lead Worker			Agency	
Address			Contact details (Tel. no./ e-mail)	
Has consent for a EH assessment ever been refused?	Yes	<i>If yes please state the date of when it was refused</i>		No
Authorisation				
Have you discussed this referral with your line manager? Y/N				
Details of Manager/Supervisor:				
Name:			Designation:	
Tel no.			E-mail	
Referrer's Signature:			Date:	
Once you have completed this form please send it to:				
STAFFORDSHIRE REFERRALS:			STOKE-ON-TRENT REFERRALS:	
Staffordshire County Council's First Response Service: 0800 1313 126 (Monday-Thursday 8:30am - 5:00pm and Friday 08:30am - 4:30pm) *E-mail: first@staffordshire.gov.uk / Fax no: 01785 854223 Emergency Duty Service (Outside office hours): 0845 6042886			Stoke-on-Trent's Safeguarding Referral Team (SRT): 01782 235100 (People Directorate 8.30am – 5pm) *E-mail: SRT@stoke.gcsx.gov.uk Emergency Duty Team - 01782 234234 (Outside office hours) 5pm – 8.30am	
*Please note that any information sharing needs to be in accordance with your agency's information governance processes. If you are unsure please check with your agency's designated safeguarding lead.				

STRICTLY CONFIDENTIAL

If you require this form in any other format or language, please contact your relevant Local Safeguarding Board using the contact details below. Do NOT use the numbers / email addresses below to make a referral

Staffordshire LSCB

Tel: 01785 277151

E-mail: sscb.admin@staffordshire.gov.uk

Website: www.staffsscb.org.uk

Stoke-on-Trent LSCB

Tel: 01782 235863

Website: www.safeguardingchildren.stoke.gov.uk

Appendix 5 – Summary of Key Safeguarding Roles and Responsibilities

Organisation/Role	Key safeguarding functions
ALL CCGs	<p>Have a duty to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.</p> <p>Work with Local Authority (ies) to commission and provide integrated services for children, young people and families. Ensure that commissioning arrangements effectively incorporate safety and welfare issues across the health economy.</p> <p>Should ensure they commission the services of a senior Doctor and Nurse to undertake the functions of Designated Professionals.</p>
Provider Organisations	<p>Co-operate with arrangements to safeguard children, share the responsibility for effective safeguarding arrangements. Ensure that they identify appropriate staff to undertake the functions of Named Professionals.</p>
Designated Professionals	<p>Provide:</p> <ul style="list-style-type: none"> ○ Strategic professional lead on all aspects of health service contribution to safeguarding children across the CCG area. ○ Provision of advice and support to named professionals in each provider organisation. ○ Professional advice to the CCG Board to ensure the organisation discharges its responsibilities effectively and appropriately. ○ Co-ordination of the health elements of Serious Case Review process.
Named Professionals	<p>Will focus upon safeguarding arrangements within their own organisation by:</p> <ul style="list-style-type: none"> ○ Providing support and advice to staff in the day-to-day management of safeguarding practice. ○ Promoting good practice in safeguarding work ○ Providing advice to support their own organisations governance arrangements for safeguarding children. ○ Developing a safeguarding children training strategy. ○ Developing the safeguarding children training programme and ensuring its delivery meets the required standards.

Appendix 6 – Definition of Abuse/Definition of harm or significant risk of harm

The legislation previously listed within this policy sets out the definition of harm and significant risk for children, young people at risk of harm or abuse.

Physical 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.

Emotional Abuse

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 feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development 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 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.

Sexual Abuse

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 or non-penetrative acts. They may include non-contact activities, such as involving children in the looking at, or in the production of, sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

(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).

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in 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.

Vulnerable Groups:

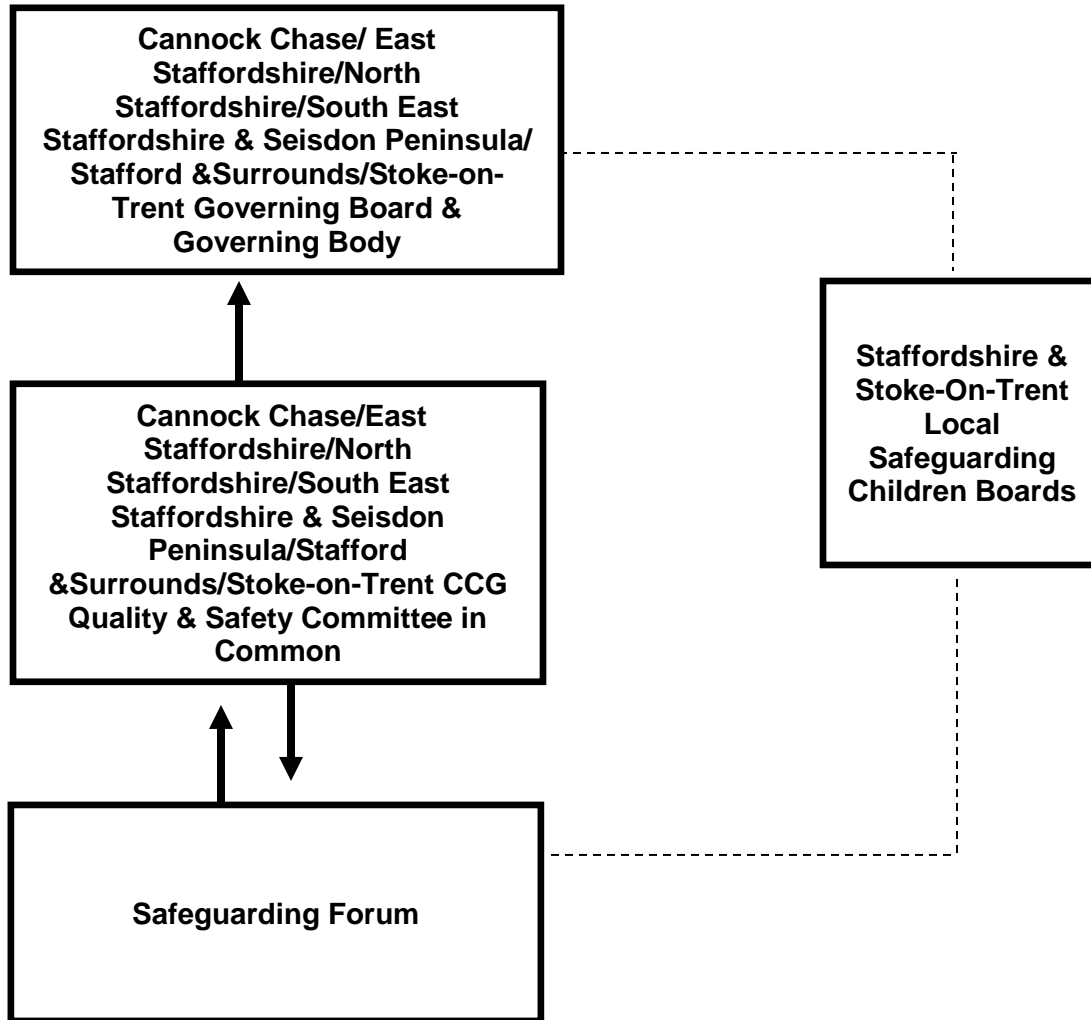
- Children with disabilities.
- Children living away from home.
- Asylum seekers and those children who are unaccompanied.
- Children and young people in hospital.
- Children in contact with the youth justice system.
- Victims and children experiencing domestic abuse.
- Victims and children experiencing Female Genital Mutilation.
- Victims of Forced Marriage and those vulnerable due to religion, ethnicity etc.
- Children who may be exposed to violent extremism and therefore victim of radicalisation.
- Children who are trafficked and moved for the purpose of exploitation. This is also referred to as Modern Day Slavery. During the process of trafficking, children suffer from neglect, emotional abuse and physical and sexual abuse.
- Children at risk of criminal exploitation due to gangs and county lines.

Appendix 7 - Glossary of Terms

Care Leaver		The Children (Leaving Care) Act, 2000 states that a Care Leaver is someone who has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday.
Children		Anyone who has not yet reached their 18 th birthday. The fact that a child has reached 16yrs of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his or her entitlements to services or protection.
Corporate Parenting		This refers to the collective responsibility of the local authority to provide the best possible care and protection for looked after children and to act in the same way as a birth parent would.
CQC	Care Quality Commission	CQC make sure hospitals, care homes, dental and GP surgeries and all other care services in England provide people with safe, effective, compassionate and high-quality care, and encourage them to make improvements.
CSPR	Child Safeguarding Practice Review (previously referred to as Serious Case Review).	Locally, safeguarding partners must make arrangements to identify and review serious child safeguarding cases which, in their view, raise issues of importance in relation to their area. Serious child safeguarding cases are those in which: <ul style="list-style-type: none"> • abuse or neglect of a child is known or suspected and • the child has died or been seriously harmed.
Designated Doctor/Nurse		This denotes professionals with specific roles and responsibilities for safeguarding and looked after children, including the provision of strategic advice and guidance to service planners and commissioning organisations.
FGM	Female Genital Mutilation	Female genital mutilation is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or non-therapeutic reasons.
GP	General Practitioner	For the purpose of this policy, GPs who support and facilitate the commissioning of services to the CCG's and who are either independent contractors or non-employed by the CCGs will be included as CCG staff members.
LAC	Looked After Children	This term applies to children currently being looked after and /or accommodated by local

		authorities/Health and Social Care, including unaccompanied asylum seeking children and those children where the agency has authority to place the child for adoption.
LADO	Local Authority Designated Officer	<p>The LADO is involved in the management and oversight of individual cases for dealing with allegations against people who work with children.</p> <p>The LADO provides advice and guidance to employers and voluntary organisations, liaising with police and other agencies and monitoring the progress of cases to ensure they are dealt with as quickly as possible, consistent and fair process.</p>
NHSE	National Health Service England	The main aim of NHS England is to improve the health outcomes for people in England
PR	Parental Responsibility	Parental responsibility is the term used to describe the legal duty that a parent has to their child.
SSCB / SCB	Staffordshire Safeguarding Children Board / Stoke-on-Trent Safeguarding Board	Local Safeguarding Children Boards are "the key statutory mechanism for agreeing how the relevant organisations...will cooperate to safeguard and promote the welfare of children...and ensuring the effectiveness of what they do."

Appendix 8 - Accountability structure for safeguarding within the CCGs



All Members of the Safeguarding forum are directed to co-operate with any request made by the Quality Committee/Group.

The role of the Safeguarding forum is to assist and advise the CCGs to exercise their statutory function.

