

CHILD PROTECTION AND SAFEGUARDING POLICY

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HISTORY:

Revisions: (Enter details of revisions below)		
Date:	Author:	Description:
October 2013	Liz Clarke/Francesca Haydon	Review and update of policy
February 2014	Liz Clarke	Update of policy to ensure contractual compliance

1 Statement of Intent

Outlook South West endorses the legislation and principles of the Children Act 1989 and 2004 and has a shared commitment with all professionals and agencies involved in the reporting, investigation and management of cases where child abuse is suspected and in meeting the needs of the child and their family.

As from 1st July 2012, the Child Safeguarding Lead is Liz Clarke.
The Lead partner in Child Safeguarding is Caroline Yates.

Named professionals and safeguarding leads have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. The Safeguarding Lead should work closely with designated professionals and the LSCB

2 Who this document is relevant to:

This policy applies to all staff in all areas of Outlook South West.

3 Related Policies

Confidentiality and Security policy	Health and Safety policy
Untoward incident policy	

4 Related legislation and national guidance

Children Act 1989 and 2004	CIOS Safeguarding Children Board www.safechildren-cios.co.uk
Working Together to Safeguard Children, 2013	Southwest Child Protection Procedures (www.swcpp.org.uk)
CIOS KCCG Child Protection Policies	Care Quality Commission (CQC) Standard 7
	Think child Think parent Think family A guide to parental Mental Health and Child Welfare http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf

5 Equality Impact Screen / Assessment

Completed on 11.03.15

6 Communication and Training

Communication Method	Applicable to this document/policy	Frequency
CONNECT E BULLETIN <ul style="list-style-type: none">- Document attached or hyperlinked- Highlighting core responsibilities and / or how any changes affect them directly.	Essential	Minimum yearly

COPIES - Requests for hard copies (or electronic copies) of any policy can be made via the head office.	Essential	n/a
UPDATE DAYS - Consolidate this information by reminders/presentations at update day.	Desirable	n/a
OPERATIONAL MANAGEMENT MEETINGS - Consolidate this information by reminders/presentations at Operational managers meetings and supervision.	Essential	Minimum yearly
INTRANET - Updated / new policies and documents uploaded to intranet.	Essential	With every new version
STAFF INDUCTION -	Essential	As required
OSW WEBSITE - Policies will be disseminated (when appropriate) to clients, health professionals and the general public via the Outlook South West website policies page www.outlooksw.co.uk .	Not Applicable	n/a
DISSEMINATION CONFIRMATION - The Safeguarding Team will continually review employee practice, in particular in regard to incidents and consider any further need for dissemination.	Essential	Mandatory Policy; 1 month from dissemination
STAFF FORUM / DOCUMENT OWNER - Any comments, queries or suggestions for new policies or for amendments to existing policies can be made via the Staff Forum.	Essential	As required

Training

Staff are required to attain the skills and competencies described with the intercollegiate Document 'Safeguarding children and Young people: Role and Responsibilities for health staff'

Level 1 Child Protection training – all OSW staff must complete this training within 1 month of joining the organisation. This can be achieved through E learning. This training needs to be updated every 3 years

Level 2 Child Protection training – On completion of level 1 training staff need to obtain Level 2 training within 6 months of joining the organisation. This can be achieved through E learning or face to face. This training needs to be updated over a 3 year period, the requirement being to obtain between 4 and 6 hours of learning every 3 years.

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The Safeguarding Lead, Post Natal Depression therapists and supervisor will undertake Level 3 Child Protection Training that will be updated 3 yearly.

For further information, please see section 6.

7 Evidence

All employees will sign the [Policy and Guidance Acceptance](#) document to confirm they have read and understood all policies and guidelines.

8 Reporting, Monitoring, Reviewing and Audits

Reporting, Monitoring and Review

The Child Safeguarding Lead will ensure that staff are aware of the processes of reporting any Child Protection issues.

Monitoring and review of the Child Safeguarding Policy will be carried out by the Child Safeguarding Lead.

Progressive improvement can only be achieved through the constant development of policies, approaches to implementation and techniques of risk control.

Internal Audit

The Child Safeguarding Lead shall audit the overall performance of the policy and procedure as it stands. Reported cases/incidents will be collated by the Child Safeguarding Lead. Results of this audit shall be made available to the Partners and the Clinical Governance and Policy team.

External Audit

Other organisations/authorities may also audit the Outlook South West's management of Child Protection. These include:

- 1) Police
- 2) Adult or Children Social Services
- 3) Local safeguarding Children's Board
- 4) Cornwall and Isles of Scilly KCCG

9 Related Documents

The document titles below have been set up as 'hyperlinks' which should enable to you click on them to access the document. If you are having trouble with this, please contact the document owner who will be able to forward the document to you.

DOCUMENT NAME	OWNER
Key Points if you are concerned that a child is at risk of	Dr Caroline Yates

harm	
Information Sharing Guidance	Dr Caroline Yates
Flow chart of key questions for information sharing	Dr Caroline Yates
Incident report form (Word)	Becky Biddick
Incident report form (PDF)	
Untoward Incident Policy	Becky Biddick

Print: DR CAROLINE YATES Position held: PARTNER



Signed..... . Date: 11.03.15

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Appendix 1 - Key points if You are Concerned That a Child is at Risk of Harm

Appendix 2 - <R:\Child Safeguarding and Protection\Information Sharing Guide.pdf>

Appendix 3 – Flow chart of key questions for information sharing

1 Introduction

Outlook South West endorses the principles and statutory requirements of the Children Act 1989 and 2004 and has a shared commitment with all professionals and agencies involved in the reporting, investigation and management of cases where child abuse is suspected and in meeting the needs of the child and their family.

Safeguarding and promoting the welfare of children is defined by Working Together to Safeguard Children 2013 as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring children are growing up in circumstances consistent with the provision of safe and effective care and
- taking action to enable all children to have the best outcomes.

Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

Outlook South West recognises that, under the Children Act 1989 and 2004, it has a statutory duty to make arrangements to ensure all its functions are discharged having regard to safeguarding and promoting the welfare of children– this includes all services directly provided and those commissioned by other bodies.

As from 1st July 2012, the Child Safeguarding Lead is Liz Clarke.
The Lead partner in Child Safeguarding is Caroline Yates.

2 Aim

The aim of this document is to provide clarity to all clinical staff of Outlook South West on how to identify risk, safeguarding and promoting the welfare of children and young people, and be aware of statutory and voluntary support services that are available to be included in such a process.

3 Definitions

OSW Outlook South West

Child Any one who has not yet reached their 18th birthday.

Significant harm Is a concept introduced by the Children Act 1989 (The Children Act 2004 further clarifies this) as the threshold, which justifies compulsory intervention in family life in the best interests of the children. There are no absolute criteria to define significant harm; it may be a single traumatic event or more commonly a compilation of significant events. Consideration should be given to the severity of ill treatment, duration and frequency of abuse or neglect, extent of premeditation, and the presence of threat, coercion, sadism, and bizarre or unusual elements.

Children in Need Children defined under section 17 of the Children Act 1989, as those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development or their health or development will be significantly impaired, without the provision of services. It includes children who are disabled.

Child abuse 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 (e.g. via the internet). They may be abused by an adult or adults, or another child or children

4 Types of Abuse

As a guide to aid therapists in identifying abuse, below are some examples of abuse (the lists are not exhaustive).

Physical abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, 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.

Emotional abuse

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 a child 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 a 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.

'Children may be greatly distressed by witnessing the physical and emotional suffering of a parent. Both the physical assaults and psychological abuse suffered by adult victims who experience domestic violence can have a negative impact on their ability to look after their children. The negative of domestic violence is exacerbated when the violence is combined with drug or drink misuse; children witness the violence; children are drawn into the violence or are pressurised into concealing the assaults. Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress'.

(Working Together 2010)

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Neglect and acts of omission

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 and 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 meet a child's basic physical and/or psychological needs:

- Provide adequate food and clothing, shelter including exclusion from home or abandonment
- Protect a child from physical and emotional harm or danger
- Ensure access to appropriate medical care or treatment
- Ensure adequate supervision including the use of inadequate care-takers
- Respond to a child's basic emotional needs

Young Carers

Are children and young persons under 18 who provide or intend to provide care assistance or support to another family member. They carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care support or supervision.

Discriminatory abuse

Including racist, sexist, that based on a person's disability and other forms of harassment, slurs or similar treatment.

5 Accountability and responsibility

"All those who come into contact with children and families in their everyday work, including people who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children."

(What To Do If You're Worried A Child Is Being Abused. 2006)

To fulfil their commitment to safeguard and promote the welfare of children, all organisations that provide services for, or work with, children must have:

- Clear priorities for safeguarding and promoting the welfare of children, explicitly stated in strategic policy documents
- A clear commitment by senior management to the importance of safeguarding and promoting children's welfare
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- Recruitment and human resources management procedures that take account of the need to safeguard and promote the welfare of children and young people, including arrangements for appropriate checks on new staff and volunteers
- Procedures for dealing with allegations of abuse against members of staff and Volunteers.

Working Together to Safeguard Children 2013 also identifies all providers of NHS funded health services including NHS Trusts, NHS Foundation Trusts and public, voluntary sector,

independent sector and social enterprises should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding. In the case of NHS Direct, ambulance trusts and independent providers, this should be a named professional. GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs.

Outlook South West Partners are:

- Ultimately responsible for child protection and safeguarding children arrangements within the organisation.
- Responsible for the carrying out of safeguarding arrangements as described in “Working Together to Safeguard Children, 2013 and the South West Child Protection Procedures”.
- Responsible for ensuring there is one partner in place who takes strategic and operational responsibility for safeguarding arrangements within OSW. This includes strategic responsibility for safer recruitment, ongoing safer employment, including training and the management of allegations, the monitoring of safeguarding arrangements and the management and support of other named staff who have safeguarding roles and who are trained and able to provide advice on procedure in relation to appropriately passing on concerns relating to children and young people.
- Responsible for ensuring that every member of staff knows how to seek advice and report any concern about a child or young person. Individual responsibilities for safeguarding and promoting the welfare of children and young people will be encompassed within relevant job descriptions and procedures.
- To ensure that staff are made aware of the potential risk of harm to children and the action to take if child abuse is suspected.

Outlook South West Child Safeguarding Lead is responsible for:

- Promoting and maintaining Child Safeguarding & Protection links and initiatives within Outlook South West, as well as developing links with external organisations
- Developing specialist knowledge of pathways and procedures in cases of suspected/ reported child protection issues
- Attending Child Protection and Safeguarding Children training provided by the ‘Local Safeguarding Children Board (LSCB)’
- Ensuring all staff are provided with training to the appropriate level (Level 1,2 or 3 depending on role)
- Monitoring training and ensuring annual and other training updates are provided as necessary
- Maintaining up to date awareness of legislation and local policy and procedures
- Undertaking regular supervision with the Lead Partner
- Undertaking regular supervision with the Named Nurse for CP at least twice yearly and on an as needed basis
- Acting as a consultative lead for employees, responding to queries via email, phone or face to face as quickly as possible, providing safeguarding support and guidance to therapists who may be seeing clients where it is suspected that there may be safeguarding or protection issues.

- Acting as consultative clinical lead for any employee queries relating to safeguarding or protection issues. This may involve providing guidance regarding risk assessment, reporting concerns, child protection referrals, case conferences, liaison with other agencies, report writing, issues of confidentiality.
- Developing and maintaining a directory of contact resources with other relevant agencies and support groups who we can signpost to if appropriate
- Developing and maintaining the safeguarding children section on the company intranet
- Developing and reviewing policies and procedures relating to child protection by interfacing with the Outlook South West Consultation Team and keeping up to date with Child Protection Legislation and National Guidance.
- Taking a key role in the investigation of serious incidents, Serious Case Review and learning from experience procedures where there have been any occurrences involving safeguarding/protection issues
- Representing Outlook South West on any wider health initiatives or meetings relating to child protection
- Liaising with external agencies and through Service Update Days and Focus Training Groups, disseminate information to employees
- Raising awareness of child protection issues, highlighting common risk indicators
- Providing regular updates for Locality Managers
- Maintaining liaison with the Outlook South West Lead for Vulnerable Adults
- Raising awareness to the wider public to assist individuals, who otherwise may not come into contact with Mental Health Services, in seeking help.

Line Managers and Supervisors should provide guidance and support role for the therapist if a situation arises. It would be common practice for the Line Manager/Supervisor to take any case to a partner of OSW to discuss further. This means:

- Taking responsibility for monitoring the actions of staff to safeguard and promote the welfare of children and young people
- Ensuring that children and young people are listened to appropriately, and taking appropriate action regarding any concerns expressed about their welfare
- All members of staff and volunteers who are employed by or on behalf of the authority, and who have contact with children, young people, vulnerable adults and their families or carers, will have a clear understanding of Outlook South West's responsibilities for safeguarding.
- A statement of Outlook Southwest's responsibilities towards children, young people and vulnerable adults will be available to all staff; this will include effective systems to ensure that complaints about non-compliance with safeguarding procedures and policies can be made by children, young people, vulnerable adults, staff and other people - and that they receive an appropriate response.

The **Personnel** department will be responsible for keeping records of all training certificates and attendance at training sessions.

The **Quality and Governance Officer** will maintain records of all referrals to the MARU and all Child Protection queries.

All **Clinical Staff** should ensure that:

- Safeguarding and promoting the welfare of any child that comes into contact with Outlook South West forms an integral part of all stages of the care that they offer.
- If it becomes necessary (in order to protect a child) that they need to break patient's confidence, they always attempt to inform the patient first.
- They discuss any questions or concerns relating to Child Protection with their supervisor/manager/a partner/Child Safeguarding Lead and to act upon their advice.

*It is important to remember that within Outlook South West it will be common for the therapist to NOT be working directly with a child, but may be seeing their parent, carer or other significant adult. Therapists have a responsibility and duty of care to act if they receive information which can lead to action being taken to prevent or stop the abuse of child/children. Therapists should also consider the impact their clients' mental health may have on the child/ren and have an understanding of the family dynamics to assess the risk to the child/ren (see Think Child Think Parent Think Family).

Outlook South West acknowledged that if a therapist is involved with a Child Protection issue, it can be a very stressful time for them, it is key that any concerns are shared with the Child Safeguarding Lead (or Supervisor/partner), so that appropriate support can be offered to the therapist.

8 Staff Training

After training, staff should be able to confidently and appropriately:

- Respond to disclosures.
- Understand the risk factors and recognise children in need of support and/or safeguarding;
- Recognise the needs of parents who may need extra help in bringing up their children, and know where to refer for help;
- Recognise the risks of abuse to an unborn child;
- Contribute to enquiries from other professionals about children and their family or carers;
- Liaise closely with other agencies, including other professionals (including health professionals). For example within Cornwall, Gweres Kernow**, police, social services, GP).
- As part of generally safeguarding children and young people, provide ongoing promotional and preventative support through proactive work with children, families and expectant parents; and
- Contribute to serious incidents and serious case reviews and monitor the implementation of any service recommendations
- Update patient records (GP notes and IAPTus accordingly and appropriately).
- Keep both their supervisor and a partner up to date with the case and any discussions with other parties/actions that are taking place.

** (The Gweres Kernow Team assesses and supports children and young people who have sexually harmed others, or have been convicted of a crime under the Sexual Offences Act (2003))

If staff are survivors of abuse themselves, if required, they can confidentially access the Employee Assistance Programme, so they can receive the support they may require.

7 Child in need of protection – What should you as an Outlook South West employee do?

In all instances, the safety of the child will be paramount.

Any member of staff who suspects that a child is at risk must respond immediately by informing the Outlook South West Child Safeguarding Lead, or their Line Manager or Supervisor. Additional guidance and advice can be sought from a partner of OSW if required.

Health Professionals and other agencies (including Children Social Care and the Police will be involved at the earliest opportunity. The therapist who initially reported the concern should work with all agencies involved as required. This may mean attending meetings. The therapists, Child Safeguarding Lead, Line Manager, Supervisor or a company Partner will accompany the therapist to all meetings for additional support and guidance.

The partner involved in each individual case will ensure that staff are supported during and following any investigation for suspected child abuse.

SUSPECTED ABUSE OF A CHILD MUST BE REPORTED IMMEDIATELY. IT IS THE RESPONSIBILITY OF ALL STAFF TO INITIATE THE PROCESS.

Appendix 1

Key points if You are Concerned That a Child is at Risk of Harm

To decide what to do next, you should talk to the designated person with child protection responsibility within Outlook South West. Share your concerns and discuss any differences of opinion. (If you are not sure of the designated person, you can find out who currently holds this position by contacting the main office on 01208 871414).

How to do it

It may help to look at the supplementary guidance contained in these procedures, as well as being aware that there are further suggestions contained in Southwest Child Protection Procedure www.swcpp.org.uk

The following questions will help you and your manager decide what to do next:

- What is your concern?
- How long have you been concerned?
- Who else has concerns?
- What do you think could be happening to the child or other children?
- List a range of possible things that could be happening, rather than jumping to one conclusion. How could you find out whether each of these possibilities is true?
- What information do you have already?
- What further information do you need to know?
- Does the client's employment bring them in contact with children?
- What have you already done to address your concerns?
- Have you discussed your concerns with the parents and the child or young person?
- If yes, what did they say?
- If no, why not?
- What would be the possible impact on the child?
- Your manager should question you about the reasons for your concerns.

If you still have concerns but are not sure what action to take, you (or your manager) could contact someone in another agency/other health professionals and discuss the situation (without mentioning the child's name). This may help you decide what to do next.

Five key points about information sharing

1. Explain to people openly and honestly what information you will share, with whom and why. **The only time that you should not do this is if by letting them know you have reason to believe this may leave someone at risk of significant harm.**
2. You should respect the wishes of family members if they do not want information shared **unless** someone will be placed at risk of significant harm if you don't share the information.
3. If in doubt speak to your child safeguarding lead, manager or have a general discussion with children's Social Care Multi Agency Referral Unit (MARU) 0300 123 1116services, Make sure that the information that you are sharing is accurate, up to date, necessary for the purpose for which you are sharing it and only shared with those who need to know it. The information should also be shared securely. Having decided to share information you need not tell everyone everything.
4. You should always record the reason for your decision; whether you shared the information or not.

Further information to inform decision making

1. If you are asked, or wish, to share information, you must use your professional judgement to decide whether to share or not and what information it is appropriate to share, unless there is a statutory duty or a court order to share.
2. To inform your decision making this section sets out further information in the form of seven key questions about information sharing:
 - A. Is there a clear and legitimate purpose for you or Outlook South West to share the information?
 - B. Does the information enable a living person to be identified?
 - C. Is the information confidential?
 - D. If the information is confidential, do you have consent to share?
 - E. If consent is refused, or there are good reasons not to seek consent to share confidential information, is there a sufficient public interest to share the information?
 - F. If the decision is to share, are you sharing information appropriately and securely?
 - G. Have you properly recorded your information sharing decision

Appendix 2 – Information Sharing

<R:\Child Safeguarding and Protection\Information Sharing Guide.pdf>

Flowchart of key questions for information sharing

