North Staffordshire Combined Healthcare NHS Trust

Document level: Trustwide
Code: 4.01
Issue number: 2

Safeguarding Children and Young People Policy

Lead executive	Executive Director of Nursing and Quality
Authors details	Head of Safeguarding

Type of document	Policy
Target audience	All individuals employed by the Trust including contractors, voluntary workers, students, locums, agency and bank staff.
Document purpose	To ensure safe working systems are in place to protect patients, relatives, staff and the public.

Approving meeting	Quality Committee Trust Board	Meeting date	15th January 2020 16th January 2020
Implementation date	16th January 2020	Review date	31st January 2023

Trust documents to be read in conjunction with	
1.70	Managing Safeguarding Allegations Against Staff
4.22	Children Visiting Mental Health & Learning Disabilities Hospitals
1.75	Domestic Abuse Policy
1.89	Safeguarding Adults at Risk
1.87	Sexual Safety and Responding to Sexual Violence
4.26	Listening and Responding PALS and Complaints Policy
5.01	Incident Reporting Policy

Document change history		Version	Date
What is different?	Updated document to reflect Working Together 2018 and the Stoke on Trent and Staffordshire Threshold of Need. Change of title and enhanced content to reflect this document being utilised as an operational policy within the Trust and the merging of Safeguarding Children Policy Statement (4.01) and Preventing Harm (4.01a).	V2	
Appendices / electronic forms			
What is the impact of change?	This has joined together two separate policies and has additional content added to enhance ease of access to support and operational guidance for staff.		

Training requirements	Safeguarding Children & Adults Level 1 & 2 is mandatory training for all staff. Face to face Level 3 Child Safeguarding training is mandatory for all professionally qualified staff. Awareness of this policy and the roles and responsibilities of individual staff groups

	is made explicit during this training.
Document consultation	
Directorates	
Corporate services	
External agencies	
Financial resource implications	

External references
1. The Children Act. (1989, 2004). http://www.legislation.gov.uk/ukpga/1989/41/contents 2. Working Together to Safeguard Children. Statutory Guidance on Inter-Agency Working to Safeguard and Promote the Welfare of Children.(2018). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf 3. Universal Declaration of Human Rights. (1948). https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf 4. The United Nations Convention on the Rights of the Child. (1990). https://www.unicef.org.uk/what-we-do/un-convention-child-rights/ 5. Framework for the Assessment of Children in Need and their Families. (2000) Department of Health, Department for Education and Employment and the Home Office. The Stationery Office. London. 6. Counter Extremism Strategy. (2015). https://www.gov.uk/government/publications/counter-extremism-strategy 7. Think Child, Think Parent, Think Family: A Guide to Parental Mental Health and Child Welfare. (2011). Social Care Institute for Excellence. London.

Monitoring compliance with the processes outlined within this document	This will be monitored via the Safeguarding Group, Clinical Safety Improvement Group and the Weekly Incident Group.

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Less favourable / More favourable / Mixed impact
Does this document affect one or more group(s) less or more favourably than another (see list)?		
– **Age** (e.g. consider impact on younger people/ older people)	No	
– **Disability** (remember to consider physical, mental and sensory impairments)	No	
– **Sex/Gender** (any particular M/F gender impact; also consider impact on those responsible for childcare)	No	
– **Gender identity and gender reassignment** (i.e. impact on people who identify as trans, non-binary or gender fluid)	No	
– **Race / ethnicity / ethnic communities / cultural groups** (include those with foreign language needs, including European countries, Roma/travelling communities)	No	
– **Pregnancy and maternity, including adoption** (i.e. impact during pregnancy and the 12 months after; including for both heterosexual and same sex couples)	No	
– **Sexual Orientation** (impact on people who identify as lesbian, gay or bi – whether stated as 'out' or not)	No	
– **Marriage and/or Civil Partnership** (including heterosexual and same sex marriage)	No	
– **Religion and/or Belief** (includes those with religion and /or belief and those with none)		
– **Other equality groups?** (may include groups like those living in poverty, sex workers, asylum seekers, people with substance misuse issues, prison and (ex) offending population, Roma/travelling communities, and any other groups who may be disadvantaged in some way, who may or may not be part of the groups above equality groups)	No	
If you answered yes to any of the above, please provide details below, including evidence supporting differential experience or impact.		
Whilst the policy does not discriminate against any particular group additional consideration has been given to the additional complexities faced by individuals from some minority groups and increased complications for an individual when a disclosure of abuse or neglect also means a disclosure of sexual orientation, gender identity or gender reassignment or any other protected characteristic. However the compassionate response, support and signposting to specialist services provided by all employees of the Trust should be of the same standard regardless of the aforementioned issues.		
If you have identified potential negative impact: - Can this impact be avoided? - What alternatives are there to achieving the document without the impact? Can the impact be reduced by taking different action?		

As above	
Do any differences identified above amount to discrimination and the potential for adverse impact in this policy?	No
If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason	N/A
N/A	
Where an adverse, negative or potentially discriminatory impact on one or more equality groups has been identified above, a full EIA should be undertaken. Please refer this to the Diversity and Inclusion Lead, together with any suggestions as to the action required to avoid or reduce this impact. For advice in relation to any aspect of completing the EIA assessment, please contact the Diversity and Inclusion Lead at Diversity@northstaffs.nhs.uk	
Was a full impact assessment required?	No
What is the level of impact?	Low

CONTENTS

1. Introduction/Background

North Staffordshire Combined Healthcare NHS Trust is committed to safeguarding and promoting the welfare of children. This policy applies to all children who come into contact with our services, whether as patients, the children of patients, the children of relatives or other close contacts of patients. Working Together to Safeguard Children (2018) identifies that NHS Trusts have an important role in safeguarding children, stating that "Health Professionals have a critical role to play in safeguarding and promoting the welfare of children".

Everyone who works with children, including those who work with parents or carers have a responsibility for keeping children safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. All staff should consider the needs of adult patients as parents or carers and work proactively to provide additional support to families to achieve their right to family life (Article 16 United Nations Convention on Human Rights). However the welfare of children will be paramount (Children Act 1989, 2004) and appropriate referrals to Children's Social Care must be made where concerns are raised.

Parents with mental health problems, a learning disability or problematic substance misuse and their children are a group who may have complex needs. Not all parents and children will need the support of health and social care services but those that do can find it difficult to get support that is acceptable, accessible and effective for the whole family. Parents with mental health problems need support and recognition of their responsibilities as parents and their children's needs must also be addressed.

This Safeguarding Children and Young People policy provides an internal framework for the identification and response to concerns regarding children and young people and provides guidance for the implementation of inter-agency procedures for the protection of children. It is supplementary to the Stoke on Trent and Staffordshire Safeguarding Children Board multi-agency procedures and should be used in conjunction with these.

This policy is not a replacement for one to one discussion, support or supervision with the practitioners' line manager, clinical supervisor, Head of Safeguarding, Named Doctor or Senior Safeguarding Nurse where concerns exist about the welfare of a child and additional support and advice should be sought wherever possible.

2. Policy Synopsis

The purpose of this policy is to:

- Inform staff of best practice when responding to concerns or disclosures of child safeguarding.
- Reduce the risk of harm and improve outcomes for children and young people by recognising child safeguarding as a serious issue which has an adverse impact upon the health and wellbeing of individuals, families and communities.
- Increase awareness and understanding of child safeguarding across the Trust.
- Ensure that all departments are clear regarding their legal and professional duty in tackling and responding to issues surrounding child safeguarding.

- Promoting inter-agency working.
- Provide support for our staff that may be experiencing child safeguarding concerns in the personal life.
- To ensure that processes are in place to support patients following a concern being raised or a disclosure being made.
- Ensure that standards are met in line with monitoring requirements.

2.1 Monitoring Requirements

The Trust's arrangements for safeguarding children are monitored via numerous external organisations, including the Care Quality Commission (CQC), Clinical Commissioning Groups (CCG) and the Stoke on Trent and Staffordshire Safeguarding Children Board (SSSCB). **This does not absolve individual practitioners of their professional accountability and duties.**

These may include but are not limited to:

- CQC inspections, Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014) sets out in legislation responsibilities to safeguard those who use services from suffering any form of abuse or improper treatment whilst receiving care and treatment. This means that all providers must have robust procedures and processes, which are implemented, to make sure that children are protected. Staff must also receive safeguarding training that is relevant and at a suitable level for their role. Training should be updated at appropriate intervals and should keep staff up to date and enable them to recognise different types of abuse and the ways they can report concerns. Safeguarding must have the right level of scrutiny and oversight, with overall responsibility held at board level.

- Section 11 of the Children Act (1989, 2004) places a duty on key persons and bodies, including NHS Trusts, to make arrangements to ensure that, firstly, their functions are discharged having regard to the need to safeguard and promote the welfare of children, and secondly, that the services they contract out to others that are provided have regard to that need. Arrangements made under section 11 should also take account of the Care Quality Commission (CQC) inspection framework which requires services to be safe; "by safe, we mean that people are protected from abuse and avoidable harm".

- Children Looked After and Safeguarding Inspections (CLAS), under Section 48 of the Health and Social Care Act, the CQC may also carry out special reviews of child safeguarding. This consists of an in-depth review of child safeguarding and looked after children services provided by primary medical health services, acute hospitals, mental health trusts (including child and adolescent mental health services), and community services (to include health visiting, school nursing, child and adolescent sexual health and substance misuse services). This includes risk of harm from radicalisation, female genital mutilation and child sexual exploitation. Recommendations for improvement are made and an action plan developed by all health services is inspected. Information from these reports is then added into intelligence processes and shared with external bodies such as Public Health England, Healthwatch and NHS England as well as partner inspectorates.

- Joint Targeted Area Inspections (JTAI), are inspections carried out by the Care Quality Commission (CQC), Ofsted, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), and Her Majesty's Inspectorate of Probation (HMIP). These thematic inspections look at how well local agencies work together to protect children. Inspections will focus on different 'deep dive' themes, providing an in-depth look at a particular issue. Further information is available on the link below:

  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832023/Joint_targeted_area_inspections_framework__2_.pdf

3. Definitions of Child Safeguarding

A child is defined as anyone who has not yet reached their eighteenth birthday. The fact that a child who has reached 16 years of age and is living independently (or in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people) does not change his or her status or entitlement to services or protection, (Working Together to Safeguard Children 2018). The word "child" therefore includes "children and young people" under the age of 18 years.

Safeguarding and promoting the welfare of children is defined as:

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

(Working Together to Safeguard Children 2018).

4. Categories of Abuse

Child abuse is the maltreatment of a child by another person – either adults or other children. A child may be abused or neglected by inflicting harm, or by individuals failing to act to prevent harm. Children may be abused in a family or in an institutional, educational or community setting by those known to them or by persons unknown to them e.g. via the internet. Abuse can take place wholly online, or technology may be used to facilitate offline abuse.

Child abuse and neglect can and does happen to children from any background, culture, class, ethnicity or faith and can be physical, sexual or emotional.

4.1 Physical Abuse

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

4.2 Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation (CSE) is also a form of child sexual abuse. CSE 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 in exchange for something the victim needs or wants, and/or 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.

4.3 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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meets 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 also occur alone.

4.4 Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment.

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

4.5 Extremism (Prevent)

Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding children from other forms of exploitation.

Extremism goes beyond terrorism and includes people who target the vulnerable – including children – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter Extremism Strategy (2015) as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. Practices such as Female Genital Mutilation, Forced Marriage and so-called Honour-Based Violence are also recognised as forms of extremism in the Counter Extremism Strategy as are calls for the death of members of our armed forces.

Children may be exposed to extremism in many ways and this could be through direct face to face contact, or indirectly through the internet, social networking or other media.

4.6 Child Exploitation

Child Exploitation is a term used to describe the risk of harm young people experience beyond their families and recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.

Exploitation can include; robbery on public transport, sexual violence in parks and gang-related violence on streets, child sexual exploitation, missing children, county lines activity, through to online bullying and harassment from school-based peers and abuse within their intimate relationships.

Young people who are going missing from home or have siblings who have already been exposed to child exploitation are at heightened risk. Children exposed to these types of risks are at serious risk of criminalisation, sexual exploitation and exposure to violence. Criminal and sexual exploitation, like other forms of abuse and exploitation, is a safeguarding concern and constitutes abuse even if the young person appears to have readily become involved.

5. Levels of Need

5.1 Early Help

Early help means providing support as soon as a problem emerges, at any point in a child's life from the foundation years through to the teenage years. Providing early help is proven to be more effective in promoting the welfare of children than reacting later on when issues can often be more entrenched.

Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse. It is

recognised there is a continuum of Early Help from preventing issues from occurring, to proactively identifying and responding to low level signs of unmet need through to more complex needs that require a more coordinated response.

5.2 Child in Need

This applies to children who are defined as being in need under Section 17 of the Children Act (1989 and 2004). These children are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without the provision of services, Child in Need also applies to those children who are disabled.

5.3 Significant Harm (Child Protection Procedures)

This is a statutory part of safeguarding children and promoting their welfare. Child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. This concept was introduced by the Children Act (1989) and is the threshold that justifies compulsory intervention in family life in the best interests of children and gives the Local Authority a duty to make enquiries (Section 47 of the Children Act) to decide whether they should take action to safeguard and promote the welfare of a child who is suffering or likely to suffer significant harm. It may be a single traumatic event, or a number of significant events, which interrupt, change or damage the child's physical or psychological development.

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. The Framework for Assessing Children in Need and their Families (2000), see link below, is a useful multi-agency assessment tool which provides a common language to understand what is happening to a child, this should be used in conjunction with Threshold of Need models as used by the appropriate Local Authority to inform decision making regarding the correct level of need. The local threshold of need document is available on Combined Access Tool (CAT). http://cat.combined.nhs.uk/nursing-quality/safeguarding/.

6. Children and Parents with Mental Health Needs, Learning Disability or Substance Misuse.

All staff, when assessing a patient, MUST consider the safety and wellbeing of all children that the patient comes into contact with and any potential harm to the child/children from the patient. When a patient is being either admitted to a service, having their care reviewed or being discharged from a service consideration must be given to the impact of their health on parenting and their parenting on their health. These areas must be acknowledged appropriately in the care plan and risk assessments.

If a patient has parenting responsibilities these must be acknowledged within any risk assessments and care plans, including contingency planning for if the patient becomes so unwell it is impacting on their parenting capacity. Consideration should be given to the parent, the child and the family as a whole when assessing the needs of and planning care packages for patients with parenting responsibilities.

Details of children living with a patient or children they have regular contact with, must be

recorded within the patient's electronic care records. All referral, assessment, monitoring, review, and discharge planning must consider if the patient is likely to have or resume contact with their own child or other children in their network of family and friends, even when the children are not living with the patient.

If the patient has or may resume contact with children, consideration must be given as part of the risk assessment of whether there are any actual or potential risks of harm to the children.

A family focus alone may not be enough to address the problems faced by some parents nor will it necessarily prevent a child from suffering harm. The adults' problems need to be addressed through specific clinical expertise and services, just as children's problems need to be, or those requiring a whole family approach. Factors to consider include:

- Does/did this adult have delusional beliefs that involve children?
- Does/did this adult have suicidal plans that involve children?
- What are the protective factors in relation to this child/ children?
- What are the views/opinions/involvement of other agencies in relation to the children in this family?
- Is this adult compliant with medication and actively engaged with services?

Very serious risks to a child's safety and wellbeing may arise if an adult's mental illness incorporates delusional beliefs about them or children in general, or there is the potential for an adult to harm a child as a result of a suicide plan. Emotional harm results from the involvement of a child in an adult's suicide plan even if the child's life is not threatened directly. An urgent referral must be made to Children's Social Care:

- If patients express delusional beliefs involving a child and/or
- If patients might harm a child as part of a suicide plan.

7. Procedure for Reporting Child Safeguarding Concerns

Any child safeguarding incident which occurs on Trust premises should be reported to the Nurse in Charge/Ward Manager, who must inform the Senior Manager immediately in order for appropriate steps to be taken to safeguard patients, staff and visitors where necessary.

For all safeguarding concerns a referral should be made verbally to the appropriate Children's Social Care in line with local multi-agency safeguarding procedures, this should be the Local Authority where the child usually resides, and locally this is usually either Safeguarding Referral Team (Stoke) or First Response (Staffordshire). Concerns should be shared in a clear and concise manner whilst ensuring you give a comprehensive overview of your reasons for concern. The Stoke on Trent and Staffordshire Safeguarding Children Board Threshold Document (http://cat.combined.nhs.uk/nursing-quality/safeguarding/) provides guidance on understanding risk in relation to levels of need.

Remember for all referrals except child protection (Sec 47) parental consent is required. Consent should always be gained as best practice unless this places the child at increased risk, specific examples of known increased risk are where there is a suspected risk of

fabricated illness, female genital mutilation and forced marriage, in these cases consent should not be sought and a child protection referral should always be made.

Safeguarding incidents must also be reported on the Trust electronic incident reporting system and must be submitted as soon as practicable; when assessing the level of severity consideration must be given to the psychological impact of the incident on the victim alongside any physical injuries.

As part of the electronic incident reporting process a child safeguarding referral should also be completed by selecting yes to the radio button asking “is this a child protection concern” within the reporting form. You will be asked to complete a Child Safeguarding Questionnaire at the end of the form.

Child safeguarding procedures should not be invoked as a means to escalate or resolve professional disagreements or interpersonal issues unless a risk to the child is clearly indicated.

8. Safeguarding Adults

If as part of a disclosure concerns regarding potential or actual abuse, neglect or exploitation are raised regarding an adult with care and support needs, then an adult safeguarding referral should be considered in line with the Trust Adult Safeguarding Policy (1.12a).

9. Child Safeguarding Practice Reviews

The overall purpose of a Child Safeguarding Practice Review is to identify learning, improve practice and promote the welfare of children. Reviews should seek to prevent or reduce the risk of recurrence of similar incident and are not to re-investigate or to apportion blame. There are other processes for that purpose, such as disciplinary procedures, professional regulation and, in exceptional cases, criminal proceedings.

The objectives of a Child Safeguarding Practice Review include establishing;

- Lessons that can be learnt from how professionals and their agencies work together.
- How effective the local safeguarding procedures are.
- Both learning and good practice.
- How to improve local inter-agency working.
- Service improvements or development needs for one or more service or agency.

Reviews look in detail at the care provided to the child/children and other identified family members or significant others across all agencies, a chronology and independent management review or summary report will usually be submitted and clinical staff who have worked with the person (or identified significant others in the case) may be invited to attend review panels.

If staff are involved in a Child Safeguarding Practice Review, support and supervision should be sought from your line manager and the Safeguarding Team.

10. Requests for Statements of Evidence

All evidence and assessments on which the local authority intends to rely in support of court applications must be prepared in advance. This includes any statements of evidence requested from healthcare professionals. If a request for a statement of evidence is received verbally from either the Local Authority or their legal representative it should be requested formally in writing. Upon receipt of a formal written request the staff member should contact the Safeguarding Team who will log the request and inform the Trust Legal Team. The member of staff receiving the request should then complete a summary of involvement and forward to the Safeguarding Team within agreed timescales so that the report may be reviewed by the Safeguarding and Legal Teams and further advice given if necessary (see Appendix 2: Statement of Evidence Flowchart).

11. Supporting Staff with Child Safeguarding Concerns

The Trust aims to respond sympathetically, effectively and confidentially to any member of staff who discloses child safeguarding concerns outside of their professional role and is committed to supporting our staff. The Trust will work with the member of staff, and where agreed other agencies, to identify what actions can be taken to support them throughout the safeguarding process.

Members of staff who are experiencing child safeguarding concerns in their personal lives may choose to disclose, report to or seek support from a staff side representative, a manager, or colleague. Members of staff who receive information from staff regarding child safeguarding will not counsel victims, but can offer a listening ear, information, workplace support, and signpost to other organisations that may provide help and support.

Both the Named Doctor and Named Nurse for Safeguarding are also available to provide support for members of staff. They can also provide safeguarding guidance for managers and staff side representatives.

Employee's right to confidentiality and discretion around personal details of employees will be respected. However, in cases where there are believed to be safeguarding concerns either relating to children or adults with care and support needs there is a statutory obligation upon the Trust to share this information with certain other statutory agencies such as the police and adult or children's social care and confidentiality cannot be guaranteed.

12. Advice and Supervision

The Trust Safeguarding Team is available to provide support and advice to staff and volunteers on safeguarding children (including advice on specific cases). Details on how to contact the Safeguarding Team are available on CAT.

Child safeguarding can be a rare occurrence for some staff and some staff will work with complex caseloads where there may be a number of safeguarding cases at various levels of need and complexity. Working with children at risk can be emotionally demanding and it is important that staff access the relevant support.

Safeguarding supervision is available to all staff and can be:

- Telephone advice re individual cases.
- 1:1 supervision.
- Team supervision.

Child safeguarding issues should also be routinely discussed as part of the supervision arrangements for all practitioners as set out in the Trust Supervision Policy (1.14a). The outcomes from supervision should, in individual cases, be recorded in the relevant electronic care record.

All safeguarding concerns including those discussed in supervision must be recorded within electronic patient records, except for specific cases where recording information would increase risks to the child.

13. Duties and Responsibilities

13.1 Chief Executive and Other Executive Directors

It is the responsibility of the Executive Directors to ensure that this policy is enforced. The Executive Director of Nursing and Quality has Board level responsibility for safeguarding children.

13.2 Line Managers, Senior Medical Staff, Senior Nursing Staff, Senior Managers

It is the responsibility of senior members of staff to ensure that the policy is implemented.

13.3 Safeguarding Team

The Safeguarding Team will provide assurance to the Trust board that all necessary measures are taken to safeguard children and provide advice, training, information and support to clinical staff regarding child safeguarding concerns.

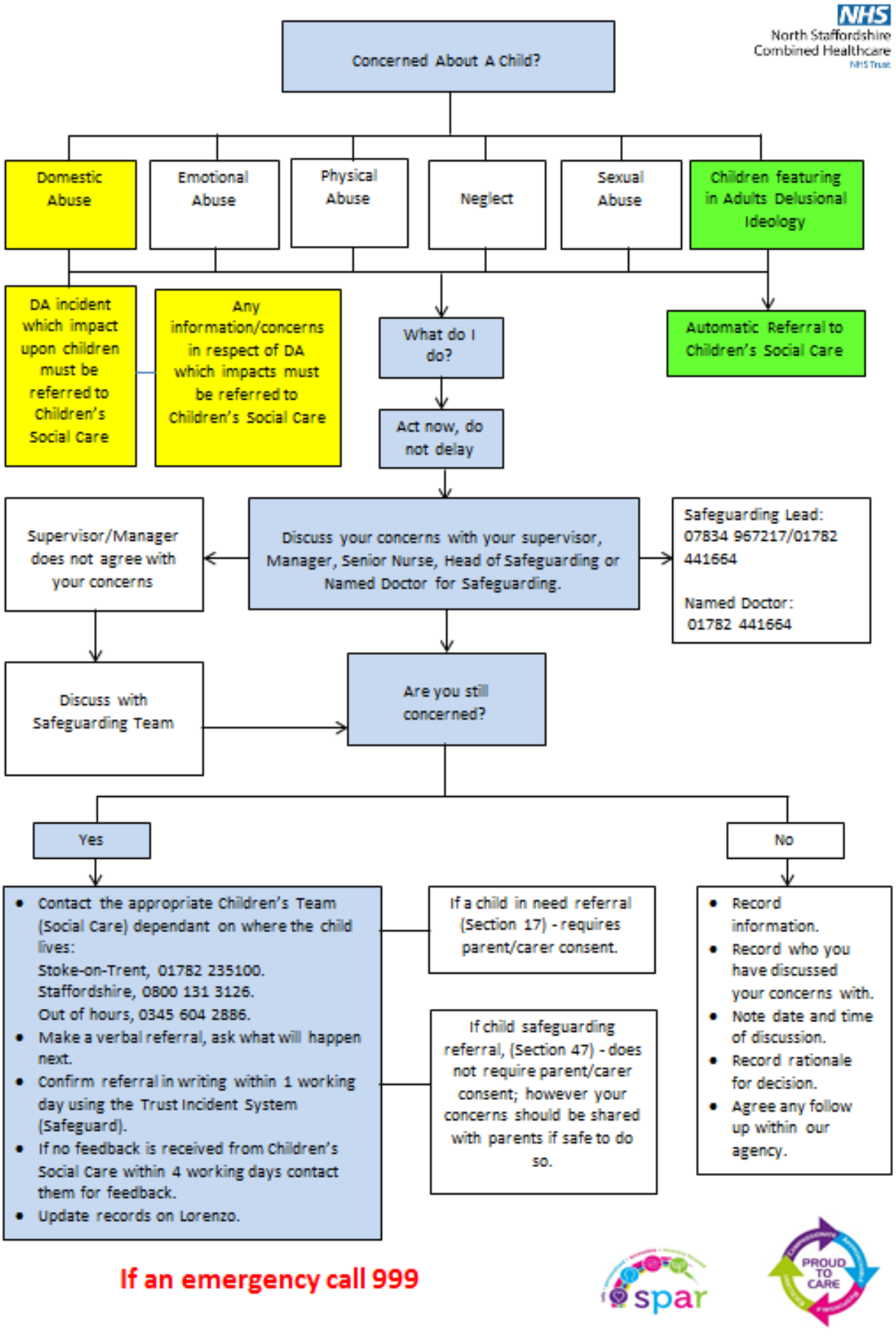
13.4 Professional Registered Clinical Staff

All professionally registered clinical staff have a responsibility to ensure they access training and support and are compliant with the Intercollegiate Document and their professional Code of Conduct in relation to maintaining competencies to allow them to identify and respond to child safeguarding concerns appropriately and in line with Trust policy.

13.5 All Members of Staff

All members of staff have a duty to respond appropriately to child safeguarding concerns and should access available training and support as appropriate to their role in line with the requirements outlined in the Intercollegiate Document.

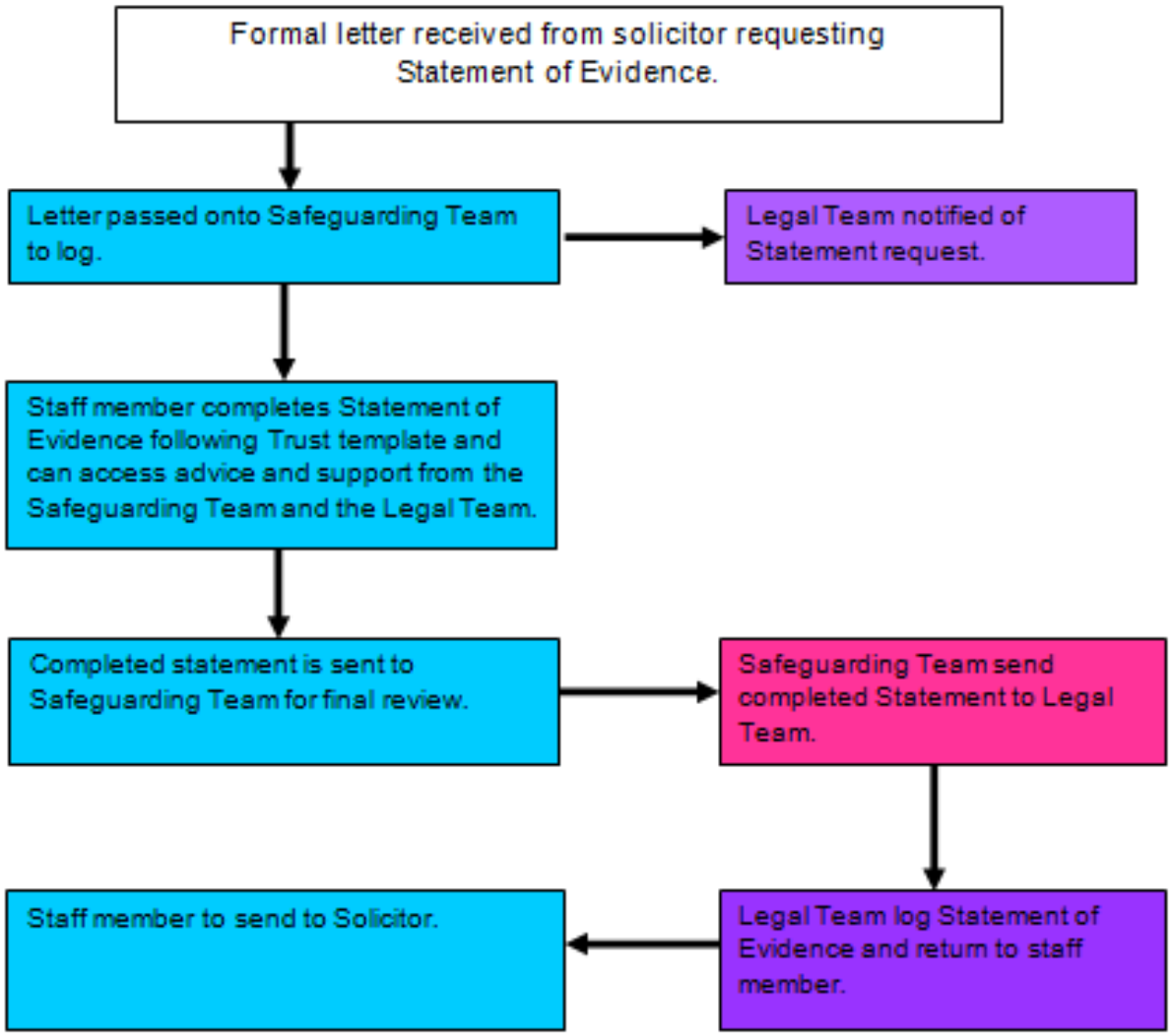
14. Appendix 1: Child Safeguarding Referral Process



15. Appendix 2: Statement of Evidence Flowchart

SAFEGUARDING CHILDREN STATEMENT OF EVIDENCE FLOWCHART

The following procedure is to be followed regarding legal requirements in matters where the Trust is party:



Please contact the Safeguarding Team for advice on 01782 441664.

16. Appendix 3: Training Needs Analysis

Training Needs Analysis for the policy for the development and management of Trust wide procedural/approved documents

There **is no** specific training requirements- awareness for relevant staff required, disseminated via appropriate channels (Do not continue to complete this form-no formal training needs analysis required)	
There **is** specific training requirements for staff groups (Please complete the remainder of the form-formal training needs analysis required-link with learning and development department.	✓

Staff Group	**✓ if appropriate**	**Frequency**	**Suggested Delivery Method (traditional/ face to face / e-learning/handout)**	**Is this included in Trust wide learning programme for this staff group (✓ if yes)**
Career Grade Doctor	✓	3 yearly	eLearning/Face to face	✓
Training Grade Doctor	✓	3 yearly	eLearning/Face to face	✓
Locum medical staff	✓	3 yearly	eLearning/Face to face	✓
Inpatient Registered Nurse	✓	3 yearly	eLearning/Face to face	✓
Inpatient Non-registered Nurse	✓	3 yearly	eLearning/Face to face	✓
Community Registered Nurse	✓	3 yearly	eLearning/Face to face	✓
Community Non Registered Nurse / Care Assistant	✓	3 yearly	eLearning/Face to face	✓
Psychologist / Pharmacist	✓	3 yearly	eLearning/Face to face	✓
Therapist	✓	3 yearly	eLearning/Face to face	✓
Clinical bank staff regular worker	✓	3 yearly	eLearning/Face to face	✓
Clinical bank staff infrequent worker	✓	3 yearly	eLearning/Face to face	✓
Non-clinical patient contact	✓	3 yearly	eLearning	✓
Non-clinical non patient contact				

Please give any additional information impacting on identified staff group training needs (if applicable)
All front line clinical staff will be required to complete child safeguarding level 1 and 2 eLearning. All professionally qualified staff are required to complete face to face Level 3 training in addition to eLearning. The Training Department will maintain records of training and report on levels of compliance. Additional subject specific Level 3 multi-agency training is available through the Stoke on Trent and Staffordshire Safeguarding Children Board.

Please give the source that has informed the training requirement outlined within the policy i.e. National Confidential Inquiry/NICE guidance etc.

Any other additional information

Completed by	Amy Davidson, Head of Safeguarding	Date	19/12/2019