

WHAT TO DO IF YOU HAVE CONCERNS ABOUT SUSPECTED OR ACTUAL CHILD ABUSE

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Burton Hospitals NHS Foundation Trust

POLICY INDEX SHEET

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3	Review	July 2011	Update to reflect national guidance
4	Update	July 2014	Update to reflect national guidance
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6	Update	February 2017	Trust update; change in Named Professional
7	Update	April 2017	Update to contact numbers

What to do if you have Concerns about Suspected or Actual Child Abuse

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Burton Hospitals NHS Foundation Trust

WHAT TO DO IF YOU HAVE CONCERNS ABOUT SUSPECTED OR ACTUAL CHILD ABUSE POLICY

1. INTRODUCTION

This procedure applies to all staff working within the Trust and complements the Trust Safeguarding Children Policy. It must be read and applied in conjunction with the Staffordshire Safeguarding Children Board's Inter-Agency Procedures for Safeguarding Children and Promoting their Welfare. It should be applied in all situations where there is a suspicion or allegation that a child is likely to suffer significant harm, abuse or neglect.

All staff have a duty to safeguard children (Working Together 2015). It is not your responsibility to prove or disprove any allegations or suspicions. However, you do have a duty to inform Social Care when there are concerns (Information Sharing, 2015).

Remember that allegations of child abuse or neglect may lead to a criminal investigation. Do not do anything that may jeopardise a police investigation such as asking a child leading questions.

2. WHAT IS CHILD ABUSE?

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 a stranger, by other children and young people or as a result of their own behaviour such as involvement in sexual exploitation, radicalisation or substance misuse, including alcohol abuse. The Child Protection procedures apply in all these circumstances.

Harm means ill treatment (including physical, sexual, emotional and neglect) or the impairment of health (physical and mental) or development (physical, intellectual, emotional, social and behavioural).

3. EXAMPLES OF WHAT MAY CAUSE YOU TO BE CONCERNED

- A member of staff directly witnessing abuse of a child.
- A member of staff may receive information regarding the suspected abuse of a child.
- A member of staff may identify signs and symptoms suggestive of abuse.
- A member of staff may identify injuries and indicators that do not match the history given.
- A child may disclose information regarding them self.
- A child who is not brought to their hospital appointments.

4. IDENTIFICATION OF CHILDREN AT RISK

Serious case reviews and other child death enquiries over many years have identified a range of risk factors which should alert professionals to the possibility that a child may be at risk. The most significant are:

- Parents where previous children may have been removed from their care (Including Residence Orders made to family members).
- Parents who have offended against children or otherwise felt to be a “Risk to Children”.
- Parents / carers who themselves have experienced being in care as a child.
- Domestic Violence (See Staffordshire Safeguarding Children Board Policy and Procedures).
- Substance misusers not co-operating with treatment (See Staffordshire Safeguarding Children Board Policy and Procedures).
- A Child/Sibling under the care of Children Social Care.
- Homelessness.
- Children that go missing from home.
- Children who disengage with education.
- Parents with learning or mental health difficulties with limited parenting capacity, particularly where there is inadequate family support.
- Poor or lack of parenting skills.
- Suspicion of non-accidental injury (See local guidelines on Child Protection and sexual abuse available on the Paediatric intranet site).
- A child who self harms.
- Parents / carers who experience mental ill health, domestic abuse and / or substance and alcohol misuse where there are children living in this environment.

This list is not exhaustive and should not discourage taking action where concerns not listed are identified.

If you are unsure about the suitability of making a referral, this must be discussed with a senior colleague, Manager or Named Doctor/Named Professional for Safeguarding Children.

More than one risk factor should, or course, heighten concerns.

5. INFORMING THE PARENTS AND CHILD OF A REFERRAL

The parent(s) or carers with parental responsibility should be informed of your concerns and the referral to gain informed consent, unless this action itself may place the child at increased risk of harm. The reasons for not informing the parents must be documented and shared with the professional receiving the referral.

It is best practice to discuss your concerns with the child in a way appropriate to their age, understanding and preference. The nature of this communication will depend on the substance and seriousness of the concerns and you may require advice from Social Care or the police to ensure that neither the safety of the child nor any subsequent investigation is jeopardised. Where concerns arise as the result of information given by the child it is important to reassure the child but not to promise confidentiality.

6. REFERRAL PROCESS (SEE FLOW CHART AT APPENDIX 1)

1. Make an immediate referral to Children's Social Care.

Children's Social Care need detailed information to assist in understanding and prioritising the concerns referred to them. The person receiving the referral will ask for the following details:

- The referrers name, contact details and relationship to the child
- Child/ren's Name(s), including aliases if known
- The details of your concerns
- You must clearly identify if you consider there are any immediate threats to the Child's safety
- Parents' names and dates of birth
- Child's date of birth
- Address/addresses, including previous addresses if known
- Names of any previous children / siblings and dates of birth
- Details of any other family members or significant people connected to the household
- Whether the family is aware that the referral is being made
- Details of any other professionals involved who may have relevant information about the concerns
- If you are concerned about any threat to a professional's safety then you must bring this to the attention of Social Services

Where possible there should be a degree of negotiation between the caller and the member of staff taking the call about what is likely to happen as a result of the call, including likely timescales.

Telephone Referrals should be followed up in writing within 24 hours using the appropriate Staffordshire / Derbyshire / Leicestershire / Warwickshire multi agency referral form (MARF) depending on the child's place of residence. If the child's place of residence is unknown eg; member of

public; referral must be made to Staffordshire Children's Services First Response Team Tel: 0800 131 3126.

2. File a copy in the child's records ensuring complete documentation, recording the name of the person receiving the referral, date and time, name, signature and role of staff member making the referral.

3. Forward a copy to the:

Matron Safeguarding Children

7. CONTACT NUMBERS FOR SOCIAL SERVICES

- **Social Care Contact Numbers:**

Staffordshire:

First Response Team **0800 1313126**
(Mon-Thurs 8.30am-17.00pm) (Fri 8.30am-16.30pm)
Out of Hours: **0845 6042886**

Derbyshire:

(Mon-Fri 8am-5pm) **01629 533190**
Out of Hours: **01629 532600**

Leicestershire:

(Mon-Thurs 8.30am-17.00pm) **0116 3050005**
Out of Hour **0116 3050005**

Warwickshire:

(Mon-Fri 8.00am-20.00pm) (Sat 9.00am-16.00pm) **01926 410410**
Out of Hours: **01926 886922**

8. STEPS FOLLOWING YOUR REFERRAL

Your referral will be assessed in the Multi Agency Safeguarding Hub (MASH). The speed of the response will be determined by individual referral circumstances.

- In all cases you should receive a letter of acknowledgement within 3 working days of receipt of referral by Social Care.
- You are responsible for ensuring that your referral has been actioned and for contacting Children's Social Care if there is a delay in responding.

9. PROFESSIONAL DISAGREEMENTS

Where members of staff feel concerns regarding an unborn baby or child are not being addressed it is expected that the escalation process should be used until a satisfactory conclusion is reached.

Staff are directed to Staffordshire Safeguarding Children Board (SSCB) procedures, **Section 7B, Escalation Procedure**, which can be accessed via www.staffsscb.org.uk or access via the Trust Safeguarding Department site available via the Trust intranet. Good practice includes the expectation that constructive challenge provides a healthy approach to safeguarding and better outcomes for children.

10. DOCUMENTATION

It is an individual's professional responsibility to accurately and objectively record all concerns, discussions, decisions and actions agreed at the time in the clinical record, dating and signing all entries.

Appendix 1

What to do if you are concerned about Child Abuse Flowchart

All Staff have a duty to safeguard children. It is not your responsibility to prove or disprove any allegations. However, you do have a duty to inform Children's Social Care where there is a concern.

