POLICY DOCUMENT

Burton Hospitals
NHS Foundation Trust

SAFEGUARDING CHILDREN POLICY

Approved by:	**Board of Directors**
On:	**6 April 2017**
Review Date:	**January 2019**
Corporate / Directorate	**Corporate**
Clinical / Non Clinical	**Non Clinical**
Department Responsible for Review:	**Division of Surgery**
Distribution:	
• Essential Reading for:	**Board of Directors** **Executive Management Board** **Associate Directors** **Associate Clinical Directors** **Head Nurses** **Matrons** **Supervisors of Midwives** **Paediatric staff** **Midwives** **Emergency department medical staff/nursing staff**
• Information for:	**All Staff**
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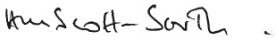
Signature:	 **Chief Executive**
Date :	**6 April 2017**

Burton Hospitals NHS Foundation Trust
INDEX SHEET

Title:	**Safeguarding Children Policy**
Original Issue Date:	**September 2006**
Date of Last Review:	**May 2015**
Reason for amendment:	**Updating**
Responsibility:	Matron Safeguarding Children, Named Doctor, Head Nurse Surgery
Stored:	**Intranet**
Linked Trust Policies:	• **What to do if you have Concerns about Suspected or Actual Child Abuse** • **Safeguarding Children in whom illness is Fabricated or Induced** • **Child Sexual Abuse** • **Supporting Safer Sleeping Practices in Babies and Infants** • **Safeguarding Children Missing, Absconded or Abducted** • **Management of Children and Young People who do not attend planned appointments** • **Discharge Policy** • **Disciplinary Policy and Procedure** • **Chaperoning Policy and Procedure** • **Whistleblowing Policy** • **Recruitment and Selection Policy** • **Managing Allegations of Abuse Against Staff who work with children** **Link to Staffordshire Safeguarding Children's Board procedures**
E & D Impact assessed	**EIA 166**
Consulted	**Chief Nurse** **Chief Operating Officer** **Medical Director** **Named Professionals Child Protection** **Adult Safeguarding Lead Nurse** **Consultant Paediatricians / Matrons** **Director of Governance** **Directors Medical Directors** **Clinical Directors** **Head of Governance & Risk** **Head of Midwifery** **Clinical Governance Midwife** **Director HR**

REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
3	Review	15.03.12	Updated in line with "Working Together to Safeguard Children" (2010).
4	Annual Review	13.06.13	Annual review and updated in line with revised "Working Together to Safeguard Children" (2013). Addition of definition re young carers.
5	Annual review	14.08.14	Update of policy – name change Enhanced Background Identified Matron for Safeguarding Children Other areas of concern included Making a Child Protection Referral Enhanced reference List
6	Review	19.05.15	Updated in line with revised "Working together to safeguard children" (2015), "What to do if you're worried a child is being abused" (2015) and "Information sharing" (2015) national guidance. Safeguarding Children Pathway. Safeguarding Children visiting Trust sites.
7	Update	30/01/2017	Introduce definition of Breast Ironing, Sexting. Early Help Assessment process. Child Sexual exploitation and Consent – SSCB 2017. Harmful Sexual Behaviour – NICE guidelines 2016.
8	Update	24.4.17	Changed name of safeguarding lead on page 21

SAFEGUARDING CHILDREN POLICY

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Safeguarding Children Policy

1. BACKGROUND / INTRODUCTION

The duty to safeguard and promote the safety and welfare of children and young people has been part of the legal framework governing child protection practice since the Children Act 1989. Following the death of Victoria Climbie and criticism of many public services by Lord Laming in 2003, the government launched a comprehensive programme of reform. The Children Act 2004 provided the legal underpinning for the "Every Child Matters" programme which set out 5 outcomes that are key to children and young people, enabling them to achieve their full potential, these being:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing

The 2004 Children Act also placed a legal duty on all organisations that provide services for children and families to work together and one such provision is defined in Section 11 of the Children Act (2004), which places a duty on NHS Trusts to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

In response to the death of baby Peter Connelly, Professor Eileen Munro conducted an independent review of child protection in England. In the final report of her review 'A child centred system' Professor Munro concluded that the focus on the needs and experience of individual children had been lost within a child protection system that was overly concentrated on compliance and procedures. Following a Government consultation process, the revised version of **'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children'** was produced in **March 2013 and has recently been revised in March 2015** (hereafter referred to as WT 2015). This document includes what we must do individually and collectively to safeguard children in need under section 17 of the Children Act 1989, as well as those in need of protection under section 47 of the Children Act 1989. There are accompanying guidance for practitioners to access alongside 'Working Together' be aware of, **'What to do if you're worried a child is being abused' (March 2015) and Information sharing advice for practitioners providing services to children, young people, parents and carers (March 2015).**

Working Together (2015) states that every local area should be underpinned by two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and

- A child-centred approach; for services to be effective they should be based on a clear understanding of the needs and views of the child.

2. STATEMENT OF INTENT

The Trust is committed to ensuring there is an effective framework in place to meet its statutory duties to safeguard and promote the welfare of children. To this end the Trust has robust systems and effective policies and procedures in place. This will include having clear structures including the appointment of Named Professionals for Child Protection, local guidance and procedures, a training strategy and a Trust steering group for Safeguarding Children.

It further commits to working in partnership and sharing information with other agencies in the fulfilment of its statutory duties, including membership of the Staffordshire Safeguarding Children Board (SSCB), Health Partnership group and other groups as nominated, working closely with the Designated Professionals for Child Protection.

3. SCOPE

This policy applies to all staff including volunteers across the Trust including community hospitals.

Although the Safeguarding Team have specific responsibilities in relation to the arrangements for safeguarding children, it is clear that all staff that may come into contact with children have a duty to comply with this policy in ensuring the safety of children.

4. AIMS AND OBJECTIVES

The aim of this policy is to ensure that the Trust meets its statutory obligation related to safeguarding children who are in need or at risk from significant harm which includes, physical abuse, emotional abuse, sexual abuse and neglect (see Section 7 for definitions).

For staff to recognize their key roles and safeguarding responsibilities across the Trust, the role of those groups responsible for coordinating and monitoring activities relating to Safeguarding Children and the documents (guidelines, procedures and protocols) that support this policy.

5. DUTIES AND RESPONSIBILITIES

5.1 Chief Executive

The Chief Executive Officer (CEO) of the Trust as the Accountable Officer has responsibility for quality under duty of care and thus takes ultimate responsibility for the safeguarding of children within the Trust.

5.2 Executive Lead for safeguarding children

The Chief Nurse / Chief Operating Officer has executive responsibility for arrangements for safeguarding children and for providing assurance to the Executive Board.

The Executive lead will represent the Trust as a member of Staffordshire Safeguarding Children Board

5.3 The Named Professionals for Child Protection

The Trust Named Doctor, Matron for Safeguarding Children and Named Midwife for Safeguarding Children and Vulnerable Women will provide leadership, offer advice and support on child protection and safeguarding children issues within the Trust.

Named Professionals for Safeguarding Children have a key role in promoting good professional practice through:

- Reinforcing the message that safeguarding and promoting the welfare of children is an integral part of their roles and working practice.
- Liaising with the Executive Lead for Child protection.
- Close liaison and joint working with the Designated Doctor and Designated Nurse for Child Protection within South Staffordshire.
- The development of policies, procedures and protocols that support the safeguarding of children and facilitating the implementation into clinical practice.
- Provision of advice and expertise for fellow professionals within the Trust.
- Supporting the Trust in its clinical governance role by ensuring audits on safeguarding practice and processes are undertaken and that safeguarding issues are part of the Trust's clinical governance system.
- Contribute to Serious Case Reviews (SCR) and review of incidents that fall below the threshold for SCR.
- Provision of a Safeguarding Training Strategy and training delivered within the organization.
- Provision of Safeguarding Children Supervision to staff having direct contact with children and / or their families.
- Multiagency working with all relevant agencies including Police, Children's Social Care and other agencies on health matters with regarding safeguarding children in the community/hospital.
- Representing the Trust on the South Staffordshire Health Partnership group.

- Receipt of Children's social service alerts into the Trust and their appropriate dissemination to staff.

5.4 Managers / Matrons

Managers / Matrons will ensure that safeguarding practice in their local area is in accordance with this policy and safeguarding developmental needs are incorporated into the individual staff annual review process.

Managers / Matrons are responsible for themselves and their staff to attend Safeguarding Children training relevant to their role and responsibility.

Managers / Matrons to ensure safeguarding children is an agenda item for departmental meetings.

5.5 All Trust Staff in Contact with or Providing Care for Children

The role of all Trust health professionals who work with children and families is to ensure compliance with this policy and the local Staffordshire Safeguarding Children Board (SSCB) procedures, having a clear understanding of their own safeguarding responsibilities, enabling recognition of a child in need or at risk / likely risk of significant harm. It is the expectation of all Trust staff to act upon their concerns by completing lateral checks and making appropriate referrals to the appropriate Children's Social Care Local Authority and / or the police if considered to be a child at risk of immediate harm.

All staff have a responsibility to attend Safeguarding Children training relevant to their staff group as identified in the mandatory training profiles and also Safeguarding Children supervision sessions.

Access to guidelines and the training will enable individual staff to meet their responsibilities to safeguard children through:

- Understanding of risk factors and recognition of children in need of support and/or safeguarding through robust health and social assessment and professional curiosity.

- A culture of listening to and engaging with all children.

- Recognizing the holistic needs of children and their families in order to provide the 'right' level of support at the 'right' time, enabling 'early help' required and adhering to *Staffordshire Windscreen Threshold of Need Model* (Appendix 1). Guidance accompanying this model can be accessed: : http://www.staffsscb.org.uk/Professionals/Procedures/Section-One/Section-One-Docs/Section-1E-SSCB-Thresholds-for-Intervention-Guidance.pdf

- Contributing to enquiries from other professionals about a child and their family or carers, adhering to safe and effective sharing of information guidelines.

- Inter and Intra agency liaison and effective joint working in order to safeguard.
- Assessment of the needs of children and the capacity of parents/carers to meet their children's needs including the needs of children who display sexually harmful behaviors.

- Use of professional judgment, being aware this is an effective measure and should be based on sound assessment of the child's needs, parenting capacity and the wider family circumstances.

- Contributing to child protection conferences, family group conferences and strategy discussions in the form of active participation and report preparation in order to safeguard children.

- Confident and effective working together and care planning with all key agencies as part of the Child Protection/ Child in Need plan.

- Helping children who have been abused and parents who are under stress (e.g. who have mental health problems) gain access to services to support them.

- Providing ongoing promotional and preventative support through proactive, educational work with children, families and expectant parents according to the public health agenda. This requires the Early Help Assessment approach, recognizing the significance of early intervention as a means of preventing children from becoming at risk of significant harm.

- Contributing to serious case reviews and peer reviews.

- Respectfully challenging safeguarding practice and initiating the escalation process if a child is believed to be at risk of further harm should this be a factor.

- Detailed and contemporaneous documentation within the nursing and medical records.

- Taking ownership of child protection referrals recognizing their duty to follow up referrals and documenting the outcome.

5.6 Paediatricians / Emergency Department (ED) Medical Staff / Medical Staff

Paediatricians / ED staff will ensure compliance with this policy and the local Staffordshire Safeguarding Children Board (SSCB) procedures including making appropriate referrals and acting upon child protection concerns.

Paediatricians / ED medical staff will come into contact with child abuse in the course of their work. This requires all paediatricians / ED medical staff to maintain their skills in the recognition of abuse, and be familiar with the procedures to be followed if abuse and neglect is suspected.

Consultant Paediatricians / ED Consultants in particular may be involved in difficult diagnostic situations, differentiating between abnormalities which may have been caused by abuse and those which have a medical cause. In their contacts with children and families they should be sensitive to clues suggesting the need for additional support or enquiries.
Paediatricians / ED Consultants will sometimes be required to provide reports for child protection investigations, civil and criminal proceedings and to appear as witnesses to give oral evidence. They must always act in accordance with guidance from the General Medical Council and professional bodies, ensuring their evidence is accurate.

Where medical staff in other areas of the Trust who in the course of their duties suspect child neglect or abuse, consultation should be made without delay with Paediatric colleagues or a member of the Trust Safeguarding team and appropriate referrals made in line with guidance.

6. COMMUNICATION OF THE SAFEGUARDING POLICY

This policy will be made available to all Trust staff on the Trust Intranet site and all updates alerted via the Trust newsletter.

7. DEFINITIONS OF TERMS WITHIN THE POLICY

7. 1 'Child'

A child is anyone who has not yet reached their 18th birthday.

7. 2 Safeguarding and Promoting the Welfare Of Children

Safeguarding and promoting the welfare of children depends on effective joint working between agencies and professionals that have different roles and expertise.

Safeguarding and promoting the welfare of children means:

- 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;
- Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Child protection remains a critical aspect of safeguarding and promoting welfare and refers specifically to children who are suffering or at risk of suffering significant harm. However all professionals should proactively aim to safeguard

and promote the welfare of children so that the need to take action to protect children from harm is reduced.

7.3 Children in Need

Children are defined as being in need under Section 17 of the Children Act 1989 when their 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.

The critical factor to be taken into account is what will happen to a child's health or development without services and the likely effect services will have on the child's standard of health and development.

A disabled child is identified as a 'Child in Need' according to the Children Act and therefore is eligible for enhanced support in order to meet their needs.

7.4 Significant Harm

Significant harm is the threshold, which justifies compulsory intervention in family life in the best interests of children, and gives Local Authorities a duty to make enquiries 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 is established by the Courts and advice is obtainable from Local Authorities Legal Departments.

Under Section 31(9) of the Children Act 1989:

a) "Harm" means ill-treatment or the impairment of health or development; including for example, impairment suffered from seeing or hearing the ill-treatment of another.

b) "Development" means physical, intellectual, emotional, social or behavioural development.

c) "Health" means physical or mental health.

d) "Ill-treatment" includes sexual abuse and forms of ill-treatment which are not physical.

Under section 31(10) of the Act:

"Where the question of whether harm suffered by a child is significant in terms of the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child".

7.5 Categories of Abuse

7.5.1 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 they are looking after." (HM Government, 2015). Cultural practices such as Female Genital Mutilation (FGM) and Breast Ironing are also considered to be physical abuse.

7.5.2 Emotional Abuse

"Emotional abuse is the *persistent* emotional ill-treatment 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 in so far 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 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, eg; domestic abuse.

It may involve serious bullying (including cyberbullying), 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 ill-treatment of a child, though it may occur alone." (HM Government, 2015).

7.5.3 Sexual abuse

"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 of not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of pornographic material or watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child (child sexual exploitation) in preparation for abuse (including via the internet), or sexting. Sexting is defined as images of videos generated by children under the age of 18; or of children under the age of 18 that are of a sexual nature or are indecent. Sexting is a relatively recent phenomenon; however, with the growth of mobile phone ownership among young people (41% of 12-15 year olds have a smartphone) there has been an increase in the number of young people sharing and receiving images. Sexual abuse is not only perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children." (HM Government, 2015).

7.5.4 Neglect

"Neglect is the *persistent* failure to meet a child's 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, including exclusion from home or abandonment, failing to protect a child from physical harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs."(HM Government, 2015).

8. SAFEGUARDING SEXUALLY ACTIVE CHILDREN AND YOUNG PEOPLE

Refer to;- www.staffsscb.org.uk/professionals/procedures/
Section 4, Procedure 4 / I & J

Services to meet the needs of sexually active children require practitioners to be alert to the possibility of the child being in an abusive relationship and to act appropriately to safeguard the child/young person.

The legal age of consent for sexual activity is 16years. However Government guidance states that the law is not intended to prosecute mutually agreed sexual activity between two young people (13-16 years) of a similar age unless elements of abuse or exploitation are involved (Sexual Offences Act 2003). It is considered good practice for practitioners to follow the Fraser guidelines competencies when discussing personal or sexual matters with a young person under 16 years. Cases of underage sexually activity which present cause for concern are likely to raise difficult issues and should be handled sensitively.

The Matron for Safeguarding Children should be informed regarding all children under 13 years and as appropriate for children under 16 years. She will advise and support staff in their decision making. It is the responsibility of all staff to discuss matters of child abuse concerns with their nursing or medical senior member of staff.

8.1 Children under the age of 13 years

Any child under the age of 13 years by law is not able to consent to sexual activity (The Sexual Offences Act 2003) Sexual activity is therefore not consensual and constitutes statutory rape. Any sexual activity with a child under 13 years (male or female) raises concerns that a child is suffering or likely to suffer significant harm.

All children under the age of 13 years who are subject to sexual activity are to be referred to Children's Social Care.

8.2 Children 13-16years

Sexual activity with a child under 16 years is an offence. However, it is not the intention of the law to prosecute young people under the age of consent (and over the age of 13 years) engaging in mutually consensual sexual activity.

Young people below the age of consent have a right to access to sexual health services and to have their rights to confidentiality respected.

Each case should be discussed with the senior Nurse and / or Doctor involved in the child's care and consideration given to the need to refer to Children's Social Care or the appropriateness of an EHA (Early Help Assessment). If further advice required staff should contact the Matron for Safeguarding Children.

Decision making in all cases should be reflected in the documentation.

8.3 Children 16 and 17 years

Young people aged 16-17 years are legally able to consent to sexual activity. Practitioners however should be mindful that sexual activity involving this age group may present a risk of harm/actual harm to the young person. The fact that a young person is 16 or 17 years old and has reached the legal age of consent should not be taken to mean that they are no longer at risk of sexual exploitation.

It is an offence for a person to have a sexual relationship with a young person if they hold a position of trust or authority in relation to the young person.

Where a member of staff identifies a young person at risk of abuse the Matron for Safeguarding Children should be contacted for advice and a referral made to Children's Social Care as appropriate.

All cases should have full and careful documentation/record keeping.

8.4 Pregnancy and children under 16 years

All young people under 16 years with a confirmed pregnancy will be referred to the Children's Social Care relevant to their area of residence to enable an assessment of the unborn child's needs and any potential risk of harm posed by the mother's needs and circumstances.

8.5 Child Sexual Exploitation and Consent

Child Sexual Exploitation (CSE) is a type of sexual abuse in which a person exploits, coerces and / or manipulates a child or young person into engaging in some form of sexual activity and faces significant risks to their physical, emotional and psychological health and wellbeing. Consent is agreeing by choice and having the freedom and capacity to make that choice (Sexual Offences Order, 2008). Consent for any sexual activity is therefore a voluntary positive agreement between participants to engage in this activity. Consent should not be presumed in the absence of clear positive agreement and must be clear and unambiguous. When a child / young person is subject to CSE, they often do not recognise the coercive nature of the relationship, however coercion and exploitation prevents anyone from giving consent in this regard (SSCB, 2017).

8.6 **Harmful Sexual Behaviour Among Children & Young People**

Persons under 18, or under 25 who has special educational needs or a disability, who displays inappropriate sexualised behaviour is often an expression of a range of problems or underlying vulnerabilities. A multi-agency approach is essential and staff are required to consider the need for Early Help Assessment and liaison with multi-agencies in order to meet the child's unmet needs (NICE, 2016).

9. UNEXPECTED DEATH OF A CHILD

Refer to Staffordshire Safeguarding Children Board procedures www.staffsscb.org.uk/professionals/procedures/ Section 10.

Inform the CDOP Nurse Practitioner and Matron for Safeguarding Children.

10. CHILDREN IN SPECIAL CIRCUMSTANCES

10.1 Disabled Children

Refer to www.staffsscb.org.uk/professionals/procedures/ Section 4S

Children with disabilities are statistically at increased risk of abuse and exploitation. Their vulnerability is affected by having to rely upon intimate personal care from a range of different formal and informal carers. They may have communication difficulties which may make it difficult to convey to others what is happening to them.

Safeguarding for disabled children are the same for non-disabled children, and the same thresholds apply, requiring effective interagency collaboration.

Staff need to be aware of the potential increased number of professionals involved in a disabled child's care and therefore need to be considered as part of the multi agency assessment and planning process.

10.2 Young Carers

Young carers are children who assume important caring responsibilities for parents and siblings who are disabled, have physical or mental health problems or misuse drugs and / or alcohol. Consideration needs to be given to young carers and the appropriateness of their role. Concerns about any child or young person needs to be acted upon immediately in line with the safeguarding policy and procedures.

11. OTHER AREAS OF CONCERN

11.1 Fabricated or induced illness

Circumstances in which concerns are raised about a child suffering or been likely to suffer significant harm as a result of a parent/carer who have fabricated or induced Illness are particularly complex and require robust interagency consideration and review.

The Named Doctor and Matron for Safeguarding Children for Safeguarding Children should be informed of any suspicions about Fabricated or Induced illness.

Refer to www.staffsscb.org.uk/professionals/procedures/ Section 4R

11.2 Female Genital Mutilation

Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non- medical reasons (WHO 2013). It is illegal in the UK.

FGM is known by a number of names including 'female genital cutting', 'female circumcision' or 'initiation'. The term female circumcision suggests that the practice is similar to male circumcision but it bears no resemblance to male circumcision, has serious health consequences and no medical benefits.

FGM is also linked to domestic abuse, particularly in relation to honour based Violence and forced marriage. There are a large number of adverse effects and implications and is a physically abusive act upon a child. All cases of concern or suspicion should be discussed with the Matron for Safeguarding Children. An immediate referral should be made to the appropriate Children's Social Care and the Police if FGM has been identified.

Maternity staff that have identified a patient that has experienced FGM should alert the patient's consultant as appropriate and consider the potential risk to the female baby. This information needs to be shared with community staff caring for the patient including the Midwife, GP and Health Visitor.
Refer to: www.staffsscb.org.uk/professionals/procedures/ Section 4M

11.3 Breast Ironing

Breast ironing is the intentional flattening of female breast tissue through the use of heated rocks, hammers and spatulas. This is a cultural practice, originating from Africa in order to make girls less sexually attractive and therefore less likely to become assaulted or pregnant, preventing them bringing shame onto their families. The impact on the child is physical and psychological and can have long term repercussions for the individual's health and wellbeing. This is currently not an illegal practice, however the physical abuse of a child is a criminal offence and therefore staff are to follow the Trust's child protection procedures.

11.4 Forced Marriage

Forced marriage is a marriage without the full and free consent of both parties. It is a form of domestic violence and an abuse of human rights. One or both spouses do not (or, in the case of some disabled young people and some vulnerable adults, cannot) consent to the marriage[4] and some element of duress is involved. Duress can include physical, psychological, sexual, financial and emotional pressure. Forced marriage can happen to both men and women although most cases involve young women and girls aged between 15 and 30.

If staff have concerns about a young person facing this issue they should refer to the Staffordshire Safeguarding Children Board guidelines. They can also discuss concerns with the Matron for Safeguarding Children.

Refer to: www.staffsscb.org.uk/professionals/procedures/ Section 4L

11.5 Domestic Abuse

Domestic Abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial and emotional. This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group. There is also strong evidence of repeat victimisation and research indicates that there is a significant risk of ever-increasing harm to children's physical, emotional and social development.

In all cases where there is knowledge or suspicion that a child or children are suffering from or at risk of suffering significant harm as a result of domestic violence and abuse, then an immediate referral should be made to the appropriate Children's Social Care Service.

Refer to www.staffsscb.org.uk/professionals/procedures/ 4N.

11.6 Child Sexual Exploitation

Sexual exploitation incorporates sexual, physical and emotional abuse, as well as, in some cases, neglect. Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young

person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

We also know that some *groups* of young people are more vulnerable to targeting by the perpetrators of sexual exploitation. These include children with disabilities (particularly children with a learning disability, those living in care particularly residential care), those who are excluded from mainstream school and those who misuse drugs and alcohol. There is growing concern that these children are increasingly being targeted by abusers who are developing more sophisticated grooming techniques. Practitioners should be aware of the increased risks posed by organised crime members and the additional complexities and risks that may occur as a result of this for young people.

Early intervention is crucial in order for agencies to proactively tackle the growing problem of CSE. Trust staff have a responsibility to keep children and young people safe by becoming aware of and understanding the risk indicators or factors that push or pull children and young people into CSE.

Concerns about a child or young person at risk of CSE or experiencing CSE are to be raised with the Matron for Safeguarding Children.

Refer to: www.staffsscb.org.uk/professionals/procedures/ Section 4H(a).

11.7Child Trafficking / Modern Day Slavery

Trafficking is the illegal moving of people. Most children are trafficked for financial gain and can be carried out by organised gangs. Children can be used for:

- Sexual exploitation
- Domestic servitude
- Sweatshop, restaurant / catering work
- Credit card fraud
- Begging or pick pocketing
- Agricultural labour, including tending plants in illegal cannabis farms.

These children may be vulnerable to physical, sexual, emotional abuse and neglect.

It is the responsibility of staff to refer their concerns to the appropriate Children's Social Care Team. Advice can be sought from the Matron for Safeguarding Children.

Refer to: Safeguarding Children who may have been trafficked Guidance (2008) DCSF.

11.8 Radicalisation

Young people, those with mental health conditions and learning difficulties are particularly vulnerable to extreme ideologies and radicalisation potentially leading to acts of terrorism. It is essential that all staff receive Prevent training in order for

them to identify vulnerable children and adults and therefore have the knowledge and confidence to refer their concerns appropriately and in a timely way.

All Prevent type enquiries are to be referred to the Matron for Safeguarding Adults. If staff have a concern about a child that relates to radicalising behaviour, be it that the child or young person is the perpetrator or the victim of this abuse, they are to refer to the Matron for Safeguarding Children for advice.

This is an escalating concern nationally and locally and therefore requires staff to consider the matter seriously and promptly.

Refer to: www.Homeoffice.gov.uk/publications/counterterrorism/prevent/prevent-strategy.

11.9 Children and Young People who Self Harm or Disclose Intent to Commit Suicide

Self harm describes a wide range of *damaging* actions that people inflict on themselves in a deliberate and usually hidden way. It can be categorised as non suicidal self injury, attempted suicide which is an action with intent resulting in non fatal injury or suicide resulting in the child's death.

Professionals should also consider that self injurious abuse of drugs and alcohol by young people and the effect of serious eating disorders and extreme risk taking behaviour by the child or young person as potential threats or attempts to self harm or commit suicide.

Consent to share information should be sought if the child or young person is competent, unless seeking consent is likely to cause significant harm to someone or the situation is urgent and there is no time to seek consent.

If consent to share information is refused or cannot be sought, it should still be shared where there is reason to believe that not sharing information is likely to result in significant harm to the child or young person. It should also be shared if the risk is sufficiently great to outweigh the harm or prejudice to anyone which may be caused by doing so.

Where a child or young person is not considered competent, an adult with parental responsibility should give consent unless the conditions for sharing without consent are met.

For more information on information sharing see Part 2 (a) SSCB Procedures.

Once any immediate actions are completed, a holistic assessment of the child's needs should be carried out and professional judgement applied. If it is deemed that there are ongoing risks, a multi professional meeting should be considered with a view to: Referral to universal or other support services; Initiating Early Help Assessment (EHA) or Referral to the appropriate Children's Social Care Team.

Refer to guidance Section 4U / www.staffsscb.org.uk/professional/procedures.

11.10 Safeguarding Children from Abuse linked to a Belief in Spirit Possession

This is when there is a belief that an evil force has entered a child and is controlling him or her. Sometimes the term 'witch' is used when it is believed the child is using an evil force to harm others. This can result in physical and emotional acts of abuse and disabled children are particularly vulnerable.

An immediate referral should be made to the appropriate Children's Social Care and the Matron for Safeguarding Children should be informed.

Refer to: www.staffsscb.org.uk/professionals/procedures/ Section 6D.

12. MAKING A REFERRAL TO CHILDREN'S SOCIAL CARE

In all cases where there is knowledge or suspicion that a child or children are suffering from or at risk of suffering significant harm as a result of domestic violence and abuse, then an immediate referral should be made to the appropriate Children's Social care Team as below:

STAFFORDSHIRE **Tel: 0800 1313 126** Fax: 01785 854 223
(Monday-Thursday 08:30am - 5:00pm and Friday 08:30am - 4:30pm) E-mail: firstr@staffordshire.gov.uk
Emergency Duty Service: (Out of Hours Service): **0845 604 2886**

DERBYSHIRE **Tel: 01629 533 190** Ask for Fax number
Emergency Duty Service: (Out of Hours Service): **01629 532 600**

LEICESTERSHIRE **Tel: 0116 305 0005** Fax: 0116 305 0011
Emergency Duty Service: (Out of Hours Service): **0116 305 0005**

WARWICKSHIRE **Tel: 01926 410410**
Emergency Duty Service: (Out of Hours Service): **01926 886922**

For advice regarding the referral process staff should contact the Matron for Safeguarding Children. Guidance and referral form can be found at: www.staffsscb.org.uk/professionals/procedures/ Section 3A and also the Trust Safeguarding Children site.

13. LOCAL TRUST PROCEDURES AND GUIDANCE

A number of local and interagency documents support this policy and all staff must have access and adhere to their contents. These documents include:

13.1 Local and Interagency Documents and Guidance

- What to do if you have Concerns about Suspected or Actual Child Abuse.
- Child Sexual Exploitation (SSCB Section 4H / a).
- Domestic Abuse (SSCB Section 4N).

- Children and young people who self harm or disclose an intent to commit suicide (SSCB Section 4U)

- Safeguarding Children Training Policy

- Safeguarding Unborn Referral Process

- Management of children and young people who do not attend planned appointments (DNA) Policy.

- Baby or Child Abduction Policy.

- Safeguarding Guidelines for Children presenting to Emergency Department (ED).

- Bruises in Non – Mobile Children Guidance (SSCB Section 3D).

- Multi agency referral to Stoke on Trent Vulnerable Children and Corporate Parenting Division and Staffordshire Children and Families First Response service (SSCB Section 3B).

- Making a Referral (SSCB Section 3A).

14. RESOLUTION OF PROFESSIONAL DISAGREEMENTS

Good safeguarding practice includes the expectation that constructive, respectful challenge amongst colleagues within agencies and between agencies provides better outcomes for children. Where a member of staff feels concerned about a child and the concerns are not being addressed in an appropriate or timely way, it is expected that staff will escalate concerns as below:

Internal differences of professional opinion within the Trust should be managed through discussion between the professionals involved, if no resolution is reached the senior manager or Matron for Safeguarding Children / Named Doctor for Safeguarding children should become involved immediately to facilitate a resolution in the best interests of the child.

It is expected that differences of opinion with external agencies will initiate use of the Escalation procedure found within the interagency procedures on the SSCB website, Section 7, until a satisfactory conclusion is reached. The Matron for Safeguarding Children / Named Doctor should be contacted for support and advice.

See www.staffsscb.org.uk/professionals/procedures/ Section 7.

Where the Named Doctor or Matron for Safeguarding Children requires advice, they will contact the Designated Nurse or Designated Doctor for South Staffordshire.

15. TRAINING

Staff involved in working with children will attend training in safeguarding and promoting the welfare of children in line with the Trust Safeguarding Children - Training Strategy.

16. SHARING OF INFORMATION

The Trust is committed to sharing information to enable the effective assessment of children and their families.

The Trust is a partner to the Staffordshire Interagency Information Sharing Protocol (June 2002) which provides a framework for sharing of information within and between agencies and organisations within Staffordshire, whilst also recognising the duty of confidentiality regarding personal information held by those organisations.

The protocol principally recognises the need to share information between agencies in relation to the Framework for the Assessment of Children In Need and Their Families (DH 2000) and Working Together to Safeguard Children (DCSF 2013).

The duty to safeguard children and take necessary steps to protect them from harm should not be impeded by the withholding of a non-abusing parent or child's consent, nor should action be unreasonably delayed or frustrated by the desire to seek the agreements of relevant parties.

Refer to local guidance: www.staffsscb.org.uk/professionals/procedures/ Section 1J.

Refer to: Information Sharing: Guidance for practitioners and managers (HM Government 2009).

17. RECRUITMENT

The Human Resources Department are responsible for ensuring that there are safe recruitment policies and practices in place. This includes Disclosure and Barring Service (DBS) checks, for all appointments where it is deemed necessary for the post.

The level of check undertaken will be determined by the requirements of the role and the DBS regulations. The Trust has a Disclosure and Barring Service Policy which offers further information and guidance.

"Allitt" checks apply to posts outlined above and must be undertaken as part of the Recruitment Process to ensure that nothing in the medical history of a candidate is unsuitable for their chosen occupation.

Relevant Trust policies include:

- Disclosure and Barring Service Policy

- Recruitment and Selection Policy

18. CHILD PROTECTION SUPERVISION OF STAFF

Working to ensure children are protected from harm requires sound professional judgements to be made. It is demanding work that can be distressing and stressful both in terms of the decision process but also in the dealing with the parents, carers and children. All of those involved will have access to supervision meetings with either their Named Supervisor, Manager or Named Professional which will facilitate reflective discussion, practical advice and the development of practice.

For individuals requiring supervision identified either by their manager or through involvement with a case, contact should made with the Named Professionals in the Trust to discuss the circumstances and to agree an appropriate time to undertake supervision. Please see Trust Safeguarding Children Supervision Policy.

19. MANAGING ALLEGATIONS AGAINST STAFF

Staff themselves may be placed in a position where they could be made the subject of allegation of abuse against a child by others. More difficult is where staff feel they have concerns about the conduct of colleagues in relation to the care provided to children. Both situations are very difficult and staff are guided to the following Trust Policy-'Managing Allegations of abuse against staff who work with children.' This is available on the Trust Intranet site.

20. POLICY EFFECTIVENESS AND MONITORING ARRANGEMENTS

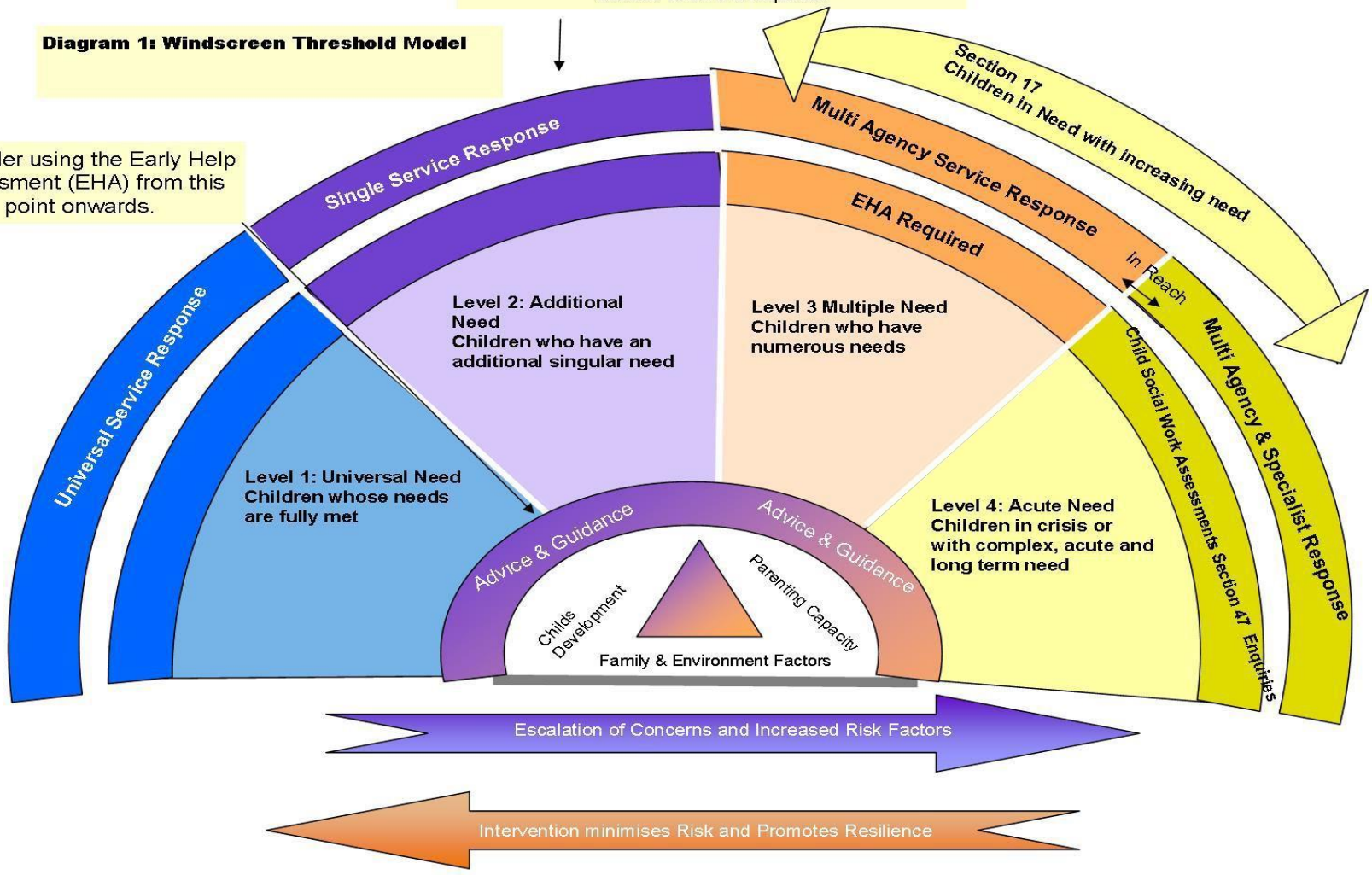
The effectiveness of Child Protection processes are monitored via the local and multi-agency groups listed below:

- The Trust Safeguarding Children Steering Group
- The Safeguarding Children Operational Group
- Annual Audit
- SSCB Performance Management Sub-group (Section 11).

A EHA should always be used by agencies from this point — Please note however, that the completion of a EHA must not delay any appropriate referral to a statutory service when it is required.

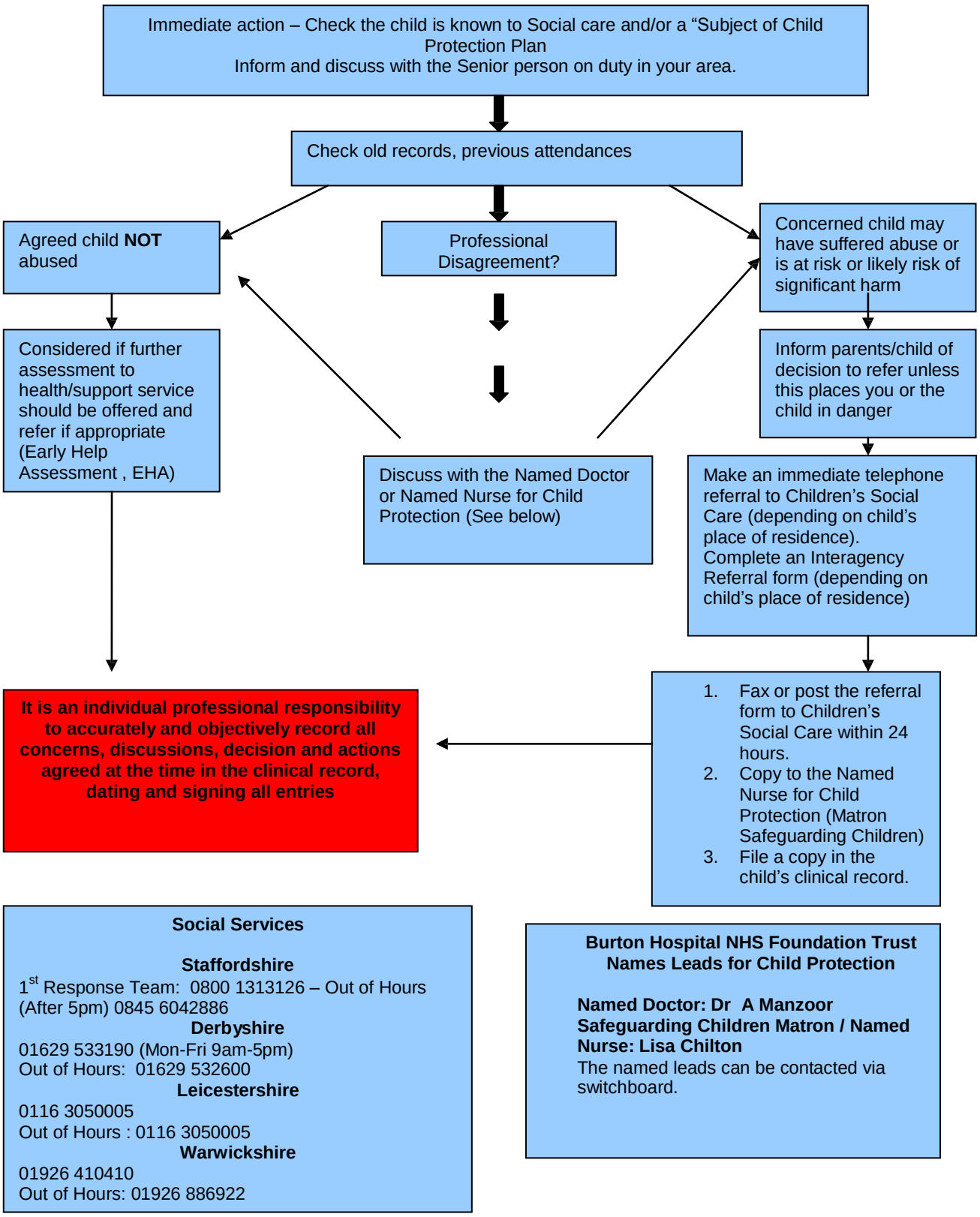
Diagram 1: Windscreen Threshold Model

Consider using the Early Help Assessment (EHA) from this point onwards.



Appendix 2

What to do if you are concerned about Child Abuse Flowchart



Appendix 3

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