Summary

This policy is in place to ensure that North Tees and Hartlepool Foundation Trust staff understands their responsibility under current legislation to safeguard and promote the welfare of children, and to enable the Trust to meet its statutory duties in this regard.

The Trust is committed to the fair treatment of all, regardless of age, colour, disability, ethnicity, gender, gender reassignment, nationality, race, religion or belief, responsibility for dependants, sexual orientation, trade union membership or non membership, working patterns or any other personal characteristic. This policy and procedure will be implemented consistently regardless of any such factors and all will be treated with dignity and respect. To this end, an equality impact assessment has been completed on this policy.
Policy Revisions Change Control

The table below identifies the areas where this policy has been reviewed; where these are minor changes staff should ensure that they take this opportunity to refresh knowledge of the whole policy and their responsibilities in relation to this and not just focus on the minor changes.

Further amendments made following ACE Committee 11 November 2016

<table>
<thead>
<tr>
<th>Policy Ref</th>
<th>Version Number</th>
<th>Revision to Page</th>
<th>Description of Revisions Made</th>
<th>Approved Date</th>
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<tr>
<td>C50</td>
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<td>37</td>
<td>Appendix 9 replaced with updated version</td>
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<td>38 - 39</td>
<td>Appendix 9b removed as was an older version of Appendix 9a</td>
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1 Introduction

Safeguarding Children is Everybody’s Business
‘Children have a right to be protected from harm and all adults have a responsibility to protect children from harm’ (Article 19, UN Convention on rights of the child)

1.1 North Tees and Hartlepool Foundation Trust (NT&HFT) referred to hereafter as ‘The Trust’ provides a range of health services to children and their families and also to adult service users, who may have responsibility for caring for children, or have contact with children.

1.2 The Trust has a duty in accordance with the Children Act 1989 and section 11 of the Children Act 2004 to ensure that its functions are discharged with regard to the need to safeguard and promote the welfare of children and young people. Working Together to Safeguard Children (2015) states that professionals in health services are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer.

1.3 The Care Quality Commission Fundamental Standards Regulation 13: Safeguarding service users from abuse and improper treatment requires that all healthcare staff are compliant with statutory guidance.

1.4 This policy provides a framework for all Trust staff to enable them to fulfil their duties to safeguard and promote the welfare of children and young people. To fulfil these responsibilities, all health staff should have access to appropriate safeguarding training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and sound information sharing.

1.6 Local Safeguarding Children Boards have an agreed mechanism for how local organisations should work together to safeguard and promote the welfare of children and young people. There are three Local Safeguarding Children Boards (LSCB’s) in the North Tees and Hartlepool Trust area, one covering Stockton, one covering Hartlepool and the other covering County Durham.

1.7 This policy is supplemental to and not a replacement for Tees Safeguarding Children Procedures and County Durham and Darlington Safeguarding Children Procedures, which provide detailed guidance on the management of safeguarding issues. This policy should be read in conjunction with the relevant procedures dependant on where the child, young person or family reside.
http://www.teescpp.org.uk/
http://durham-lscb.org.uk/categories/professionals

Under the Accountability and Assurance framework, The Trust is required to demonstrate that they have safeguarding leadership and commitment at all levels of the organisation and that they are fully engaged and in support of local accountability and assurance structures, in particular via the Local Safeguarding Children Boards and their commissioners. Most importantly, the Trust must ensure that a culture exists where safeguarding is everybody’s business and poor practice is identified and tackled.

2 Purpose and scope

2.1 The purpose of this policy is to ensure that all Trust staff and volunteers are aware of their overriding duty to safeguard and promote the welfare of children and young people and the requirement to take action when they become aware of any risk of harm to children. This policy applies to all employees, locums and agency staff, contractors, volunteers, students and any other learners undertaking any type of work experience or work related activity on or on behalf of the Trust.

2.2 This document, along with Local Safeguarding Children Board Procedures, relates to children and young people up to 18 years of age, and their parents and / or carers.

2.3 To define the local arrangements, roles and responsibilities and how the Trust works with and collaborates with other agencies to safeguard children and young people.

2.4 To ensure compliance with national recommendations and requirements of Working Together to Safeguard Children (2015)

2.5 To signpost Trust staff to the procedures in place for safeguarding children and the roles and responsibilities of Named Professionals.

2.6 This document has been developed in line with the Trust’s Policy for the Management, Identification and Authorisation of Policies

3 Key definitions

<table>
<thead>
<tr>
<th>Term</th>
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<tr>
<td>A child</td>
<td>“Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection” Working Together to Safeguard Children (2015)</td>
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<tr>
<td>Safeguarding Children</td>
<td>“Protecting children from maltreatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes, where there are welfare or safeguarding concerns for a child” Working Together to Safeguard Children (2015)</td>
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<tr>
<td>Child Protection</td>
<td>“Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering or are likely to suffer significant harm. Working Together to Safeguard Children (2015)</td>
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<td>Child Abuse</td>
<td>Child abuse is defined in Working Together to Safeguard Children (2015) as “A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely by others (e.g. via the internet) They may be abused by an adult or adults, or by another child or children”</td>
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<tr>
<td>Child in Need</td>
<td>Section 17(10) of the Children Act 1989 states that a child shall be taken to be in need if: a) The child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development b) The child’s health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or c) The child is disabled</td>
</tr>
<tr>
<td>Significant harm</td>
<td>The threshold that justifies compulsory intervention into family life in the best interest of the child. A person may abuse or neglect a child by inflicting harm or by failing to act to prevent harm</td>
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### Looked After Child

Under the Children Act 1989, a child is legally defined as ‘looked after’ by a local authority if he or she:
- gets accommodation from the local authority for a continuous period of more than 24 hours
- is subject to a care order (the child is placed in the care of the local authority)
- is subject to a placement order

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### 4 Duties

#### 4.1 Chief Executive

4.1.1 North Tees and Hartlepool NHS Foundation Trust Chief Executive has the ultimate responsibility for ensuring the Trust contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole Trust. The Chief Executive will seek assurance that the Safeguarding Children Policy is being effectively implemented via the Trust Safeguarding Children Steering Group and ultimately via the Trusts Governance Committee.

#### 4.2 Director of Nursing, Quality and Patient Safety

4.2.1 The Director of Nursing, Quality and Patient Safety supports the Chief Executive in ensuring the Trust’s contribution to safeguarding and promoting the welfare of children. The Director of Nursing, Quality and Patient Safety is the Lead Director on the Trust Board with the responsibility for safeguarding children and has responsibility for meeting all statutory requirements, and for implementing statutory guidance in relation to safeguarding children.

#### 4.3 All Directors, Associate and Deputy Directors and Clinical Directors

4.3.1 All Directors, Associate and Deputy Directors and Clinical Directors should ensure the delivery of the Safeguarding Children Policy and uphold the procedures and key documents referred to within it.

#### 4.4 Deputy Director of Nursing, Quality and Patient Safety

4.4.1 The Deputy Director of Nursing, Quality and Patient Safety supports the Director of Nursing, Quality and Patient Safety in ensuring the Trust’s contribution to safeguarding and promoting the welfare of children representing the Trust as the Lead for Safeguarding Children attending all LSCB Board meetings and coordinating the Safeguarding Agenda across the Trust.

#### 4.5 The Named Nurse Safeguarding Children

4.5.1 The Named Nurse Safeguarding Children has the responsibility to offer advice to the Trust Chief Executive and senior managers on safeguarding issues and acts on behalf of the Director of Nursing, Quality and Patient Safety to ensure that the Trust Board is assured that all necessary measures and arrangements are in place to safeguard children and young people.
4.5.2 The Named Nurse Safeguarding Children is also responsible for:
- Promoting good professional practice
- Ensuring that advice and support and supervision is available to all Trust staff in relation to safeguarding children issues
- Supporting the Trust in its governance role by ensuring audits on safeguarding children policy and procedures compliance are undertaken
- Responsible for conducting the organisation’s internal case reviews—except when they have had personal involvement in the case
- Ensuring that recommendations and action plans from serious case and learning lessons reviews are carried out, and that the lessons learnt from any reviews are communicated across the Trust
- Ensuring that safeguarding children training is in place and implemented according to Intercollegiate recommendations (2014)
- Liaising with Clinical Commissioning Group colleagues, Designated Nurse Safeguarding and Looked After Children as a source of support and expert advice.

4.6 The Named Doctor Safeguarding Children
- The Named Doctor for Safeguarding Children works in conjunction with the Named Nurse to support the Trust with safeguarding children matters, particularly in respect of medical staff.

The Named Doctor is also responsible for:
- Providing advice and support to senior management, supervision and professional guidance to medical colleagues
- Playing a key role in ensuring staff are up to date with recent legislation, national documentation, latest guidance, best practice and evidence based research
- To ensure all doctors are aware of their responsibilities in line with Protecting children and young people; The responsibilities of all doctors. GMC (2012)
- Working collaboratively at a strategic level to ensure there is effective multiagency liaison and cooperation
- Participate in Local Safeguarding Children Board Activities which may include attending Boards or sub groups as appropriate
- Liaising with Clinical Commissioning Group Colleague’s.

4.7 The Safeguarding Children Team

4.7.1 The safeguarding children team which includes the Named Nurse and Named Doctors, Senior Nurses safeguarding children, specialist midwife safeguarding and the safeguarding children trainers have the responsibility to offer advice, support, supervision and training to all staff on all aspects of safeguarding and promoting the welfare of children, including the identification of children who may be vulnerable, in need or in need of protection.

4.8 Director of Human Resources

4.8.1 The Director of Human Resources has the responsibility to ensure that procedures are followed in respect of any Trust staff or volunteers who work with children and may have harmed a child, may pose a risk of harm to
4.9 **All Managers and Clinical Matrons**

4.9.1 All managers and clinical matrons have a duty to ensure their staff are aware of and comply with local safeguarding children policies and fulfil their duties in this regard.

4.9.2 All managers and clinical matrons have a duty to ensure that their staff has their training needs analysed and supported to attend safeguarding children training, as appropriate to their role, responsibilities and that compliance is monitored.

4.10 **Trust Staff and Volunteers**

4.10.1 All Trust staff and volunteers have a duty to be alert to the possibility of child abuse and neglect and be aware of local safeguarding children policies and procedures, this entails being aware of both Trust policies and the LSCB policies and procedures.

4.10.2 All Trust staff and volunteers have a duty to attend mandatory safeguarding children training, as appropriate to their role and responsibilities.

4.11 **Clinical Commissioning Groups (CCG’s)**

4.11.1 CCG’s are statutory NHS bodies with a range of statutory duties, including safeguarding children and adults. CCG’s are responsible for commissioning most hospital and community healthcare services.

4.11.2 Safeguarding forms part of the NHS standard contract and commissioners agree with the Trust (Provider of services) through local negotiation, what contract monitoring processes are used to demonstrate compliance with safeguarding duties. Hartlepool and Stockton (HAST) CCG and Durham, Dales, Easington and Sedgefield (DDES) CCG gain assurance throughout the year to ensure continuous improvement and this consists of assurance visits, section 11 audits and the completion of a safeguarding dashboard as well as attendance at the Trust Safeguarding Children Steering Group.

5 **Safeguarding children**

5.1 **Legislation and Statutory Guidance**

5.1.1 Section 11 of the Children Act 2004 emphasises that we all share a responsibility to safeguard children and young people and to provide for their welfare. The key messages are therefore that safeguarding is everyone’s responsibility, and the welfare of children is paramount.

5.1.2 Working Together to Safeguard Children (2015) states that ‘professionals in health services are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer’
5.1.3 **Response to Safeguarding Children Concerns**

Should Trust staff or volunteers become aware of information indicating harm or risk of harm to a child, including when an adult or child discloses something of concern they have a duty to take appropriate action without delay, as no action may increase the risk of harm to the child. Trust staff must follow the relevant safeguarding children procedures Tees procedures or County Durham and Darlington procedures see links below and make a referral to children’s social care.

5.1.4 Multiagency procedures can be accessed by the links below and further information is available on the Safeguarding Children SharePoint page via the Trust Intranet.

http://www.teescpp.org.uk/

http://durham-lscb.org.uk/categories/professionals


5.1.5 Any information should be clearly documented on a SAFER referral form which can be downloaded from http://www.teescpp.org.uk/. In County Durham the single assessment form can be used which can be downloaded from http://www.durham-lscb.org.uk

See Appendix 1 for the referral flowchart

5.1.6 The completed appropriate form for children who reside in County Durham should be sent securely via email to First Contact in Durham first.contact@durham.gcsx.gov.uk and copied to the Trust safeguarding children team within 24 hours and all concerns, discussions, advice and any action taken clearly documented.

Referral forms for Hartlepool and Stockton are sent directly to the Children’s Hub. Email: childrenshub@hartlepool.gcsx.gov.uk

5.1.7 Trust staff can discuss the issue / concern with a manager or senior colleague as appropriate.

5.1.8 When a member of staff requires advice / guidance in respect of a possible safeguarding children concern they should contact the Named Doctors/ Named Nurse / Senior Nurses for safeguarding children and follow advice without delay.
5.1.9 **The National Institute for Health and Clinical Excellence (NICE) CG89**

When to suspect child maltreatment - July 2009 (See Appendix 2). Title updated to When to suspect child maltreatment in under 18’s - February 2016.

This is a resource to help healthcare practitioners who are not specialists in child protection. This guidance seeks to highlight when abuse should be considered or suspected and provides sign posting when concerns are identified. All staff must familiarise themselves with the content of the guidelines available via the following link.

https://www.nice.org.uk/guidance/cg89

5.1.10 What to do if you’re worried a child is being abused: Advice for practitioners. HM Government. March 2015 has been produced to help practitioners identify child abuse and neglect and take appropriate action


5.1.11 In cases where physical injuries have been sustained by non-independently mobile children Trust staff should also refer to: Tees Procedure Responding to injuries immobile children and in the Emergency Department and Minor Injuries unit follow Appendix 3 NTED/Minor Injuries flow chart for non-mobile children presenting with injuries

5.1.12 Where a child is not brought for appointments the practitioner must proactively ensure Policy C83 ‘Children not brought for an appointment by parents / carers’ is followed. When a child is subject to a Child Protection Plan or you are aware that they are in Local Authority Care their allocated Social Worker should also be notified of the non-attendance.

5.1.13 Where there are safeguarding children concerns in relation to an E-Safety incident, staff should follow Tees or local LSCB procedures and follow the E Safety Incident flow chart (Appendix 4).

5.2 Escalation of Concerns

5.2.1 Any employee who has raised a concern about a safeguarding children issue and is worried that their concerns are not being addressed must use the procedures for Professional Disagreement.

5.2.2 See appendix 5 and 6 for Internal or Interagency escalation and professional disagreement flowcharts.

5.3 Information Sharing

5.3.1 Information sharing is vital to safeguarding and promoting the welfare of children and young people. A key factor identified in many Serious Case Reviews (SCR’s) has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

5.3.2 Trust staff are required to cooperate with requests from Children’s Social Care to share information regarding children and their families, when there are concerns about a child’s welfare.

5.3.3 The decision to share or not to share information about a child should always be based on professional judgement, supported by Trust Policies and by the cross governmental guidance.

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government, 2015)
https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

5.3.4 Information sharing must be done in a way that is compliant with the Data Protection Act, The Human Rights Act and the common law duty of confidentiality. However, a concern for confidentiality must never be used as a justification for withholding information when it would be in the child / young person’s best interests to share information. The Caldicott Principles set out in Information: To share or not to share? The Information Governance Review (Caldicott 2 Review), March 2013, provide general principles that health and social care organisations should use when reviewing their use of client information and exemplify good practice.
https://www.gov.uk/government/publications/the-information-governance-review

5.3.5 When in doubt, Trust staff should seek advice from the safeguarding children team and refer to Trust Policy IG20 Sharing Information.

5.4 Serious case and learning lessons reviews

Serious Case Reviews are conducted when abuse or neglect of a child is known or suspected and either:

- The child has died
• A child is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard the child
• A child dies while being detained in custody; in police custody; on remand or following sentencing in a Young Offender Institution; in a secure training centre or a secure children’s home or where the child was detained under the Mental Health Act 2005
• Suspected suicide cases (Working Together to Safeguard Children 2015)

5.5 The prime purpose of a Serious Case Review (SCR) is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. The Trust will cooperate with any Local Safeguarding Children Board conducting a SCR. The lessons learned should be disseminated effectively, and the recommendations should be implemented in a timely manner so that change in practice occurs. This is necessary in order to prevent harm to children in the future and learn lessons across the organisation. It is essential, to maximise the quality of learning, that the child’s daily life experiences and an understanding of his or her welfare, wishes and feelings are at the centre of the SCR, irrespective of whether the child died or was seriously harmed. This perspective informs the scope and terms of reference of the SCR as well as the ways in which the information is presented and addressed at all stages of the process, including the conclusions and recommendations. Reviews vary in their breadth and complexity, but, in all cases where possible lessons should be acted upon quickly without necessarily waiting for the SCR to be completed.

Where a serious child care incident fails to meet the criteria for undertaking a SCR the chair of the LSCB can decide to undertake a Learning Lessons Review (LLR) where it is identified that there are lessons to be learnt about single or multi agency practice.

5.6 The Trust places great importance in ensuring that there is a systematic approach to supporting staff during and following a serious case review or learning lessons review. A Standard Operating Procedure has been developed to give guidance to frontline practitioners and their managers on what support should be provided and by whom they are involved in a case which is under review by a Local Safeguarding Children Board (LSCB) serious or learning lessons case review. The Standard should be used in conjunction with Trust Policy RM19 Procedure for supporting staff involved in traumatic / stressful incidents, complaints and claims and the Trust Serious Case Reviews / Information for Professionals document found in the Trust Safeguarding Children SharePoint site.

5.7 The Named Nurses/ Doctors Safeguarding Children trainers and Safeguarding Children professionals ensure wide dissemination of learning from serious and learning lessons case reviews across the Trust.

5.8 The NSPCC hold the National Repository for published SCR’s which can be found at https://www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/
5.9 Local Serious Case Reviews can be found on the LSCB website once published for a period of 1 year following publication.

5.10 **Child death review**

The death of a child is a tragedy for his / her family and siblings and subsequent enquiries / investigations should keep an appropriate balance between forensic and medical requirements and the family’s need for support.

5.11 Chapter 5 of Working Together to Safeguard Children (2015) outlines the process and specific responsibilities to be followed in the event of an expected or unexpected death of a child and this process of review is coordinated by the Child Death Overview Panel (CDOP).

6 **Managing risk to safeguard children**

6.1 A ‘Think family’ approach is encouraged for all staff working with children, young people and their families. A child centred and coordinated approach should underpin the assessment of needs and views of children and young people and an understanding of the strengths, weakness and resilience within the family will help identify risk.

6.2 No single professional can have a full picture of a child’s needs and circumstances, and if 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. (Working Together to safeguard children 2015)

6.3 Recognising emerging problems and the potential for unmet needs of a child or young person is the simplest way to target support and intervention early and thus help reduce the risk of escalation and the need for statutory assessment under the Children Act 1989.

6.4 **Early Help Assessment (EHA)**

EHA is an effective measure to safeguard children and meet the needs of a family. All health professionals working with children or their parents must be aware of when it is appropriate to instigate an EHA. Guidance for staff working with children and families on how to identify and respond to need is available in the Tees Procedures guidance on early help and County Durham LSCB procedures threshold and 0-19 Level of need document and guidance on single assessment

http://www.teescpp.org.uk/early-help

http://www.durham-lscb.org.uk/professionals/single-assessment-procedures/

6.4.1 The EHA should be offered to children who have additional needs to those that are met by Universal Services, providing early help in promoting the welfare of children and sustaining positive outcomes rather than reacting at a later date when the child is at increased risk.

6.5 **The Voice of the Child**

6.5.1 Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the
children within them, or placing the interests of adults ahead of the needs of children.

6.5.2 Children want to be respected, their views heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. Anyone working with children and young people should see and speak to the child; listen to what they say, take their views seriously; and work with them collaboratively when deciding how to support their needs. A child centred approach is supported by The Children Act 1989 and 2004.

6.5.3 **Safeguarding Disabled Children**

The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and the presence of multiple disabilities appears to increase the risk of both abuse and neglect. See Safeguarding Disabled Children – Practice Guidance (2009).


6.6 **Vulnerable, missing, exploited and trafficked children (VEMT)**

Practitioners may become aware of children and young people who are at risk of, or who are going missing, being sexually exploited and/or are being trafficked. The issues are likely to appear together in day to day practice and the overlap and interaction between them should always be borne in mind. Whilst children and young people go missing for a range of reasons, and for different lengths of time, there is always a concern for a child /young person when they are not where they should be and it is essential that any response to a missing child is timely, effective and proportionate.

6.6.1 **Missing Children:** Children who run away do so because they are unhappy or are afraid. This is, in itself, a matter of concern for agencies involved in child protection work. However, the fact that the child is missing will also mean that they are vulnerable and in danger. Statutory guidance for dealing with missing children requires that there should be a “Runaway and Missing from Home and Care protocol” agreed between children’s social care, the police and other relevant agencies for each LSCB. The protocol can be found on Tees Procedures and County Durham LSCB procedures.

6.6.2 **Child Trafficking:** Trafficking is defined as ‘the recruitment, transportation, transfer, harbouring or receipt of children by means of threat, force or coercion for the purpose of sexual or commercial sexual exploitation or domestic servitude’.

6.6.3 If any suspicions are raised that a child or young person is being trafficked, or at risk of this, immediate action to safeguard the child or young person is required. This includes urgent liaison with the Police. Planning of the investigations should be within a Strategy Meeting coordinated by children’s social care, for the immediate protection of the child or young person and to address possible crimes having been committed.

6.6.4 **Modern Slavery:** From November 2015 specified public authorities have a duty to notify the Secretary of State via the National Referral Mechanism (NRM) of any individual in England and Wales as a suspected victim of slavery or human trafficking. This duty is intended to improve the
identifications of victims and the law enforcement response. The ‘Duty to notify’ is set out in the link below:

6.6.5 **Child Sexual Exploitation (CSE)** is a form of sexual abuse that involves the manipulation and/or coercion of children and young people under the age of 18 into sexual activity in exchange for things such as money, gifts, accommodation, affection or status. The manipulation or ‘grooming’ process involves befriending children, gaining their trust, and often feeding them drugs and alcohol.

6.6.6 The government and NHS England have produced guidance outlining actions to be taken to tackle this issue.

6.6.7 All Trust professionals who work with children and young people should be alert to the signs of possible CSE, risk assessment tools and checklists are available on Tees’s procedures and County Durham LSCB procedures to assist in the identification of these children and young people at risk. Any professional who suspects a child may be at risk must complete the CSE risk assessment tool to determine the level of risk for the child and follow this up with a referral to children’s social care.
http://www.teescpp.org.uk/sexually-exploited-children
http://www.durham-lscb.org.uk/professionals/child-sexual-exploitation/

6.6.8 Identifying, disrupting and prosecuting perpetrators must be a key part of work to safeguard children from sexual exploitation. The police must focus on taking action against those intent on abusing and exploiting children but the support from other partners is vital. Cleveland police have developed an information sharing form regarding child sexual exploitation CSE VEMT Partner Information Form. http://www.teescpp.org.uk/sexually-exploited-children This form should be used by all Trust staff to share information with the police regarding possible indicators that child sexual exploitation is taking place in a particular venue/location, hotspot, or by use of a particular vehicle etc. It should also be used to share information about possible perpetrators of child sexual exploitation. It should not be used to share information about individual children. The form can be completed by any practitioner at any time when they identify information. For County Durham children the CSE/Intelligence Information submission form should be used and can be downloaded from http://www.durham-lscb.org.uk/professionals/child-sexual-exploitation/

6.6.9 The fact that a child is 16 or 17 years old and has reached the legal age of being able to consent to sexual activity should not be taken as a sign that they are no longer at risk of sexual exploitation. They can still suffer significant harm as a result of sexual exploitation and their right to support and protection from harm should not be ignored because they are over the age of 16.
6.7 **Female Genital Mutilation (FGM)**

6.7.1 Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003. It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons. Within the Trust the current care pathway for all children who have had or are suspected to have had FGM is via a referral to the Paediatric Forensic Network, Children and Young people’s Clinic, GNCH, RVI. Advice on such cases should be sought, prior to a referral via the Paediatric forensic Network on 0191 2824753.

6.7.2 Section 5B of the 2003 Act1 introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty applies from 31 October 2015 onwards. Trust staff should report this through DATIX (Anonymised data will be provided to the Department of Health on a monthly basis via the Trust). A guideline on how to record disclosures of FGM will be available on Tees procedures. [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469448/FGM-Mandatory-Reporting-procedural-info-FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469448/FGM-Mandatory-Reporting-procedural-info-FINAL.pdf)


6.7.4 **Forced Marriage**

Forced marriage is a marriage conducted without the full consent of both parties and where duress is a factor. This could involve threats of or actual violence or by putting psychological pressure on the victim (e.g. by suggesting that they will “shame” or “dishonour” their family if they do not comply) or by “tricking” the victim (e.g. taking them abroad without explaining the purpose). Forced marriage is an abuse of human rights and falls within the Government’s definition of domestic violence. It is important to note that a forced marriage is not the same as an arranged marriage (where couple may be matched but where there is still a choice as to whether to marry or not). Victims of forced marriage can be both male and female.


6.8 **Information communication technology and E-Safety**

6.8.1 Professionals working with children, adults and families should be alert to the possibility that:

- A child may have been / is being abused and the images distributed on the internet or by mobile phone
- An adult or older child may be grooming a child for sexual abuse, including for involvement in making abusive images, or a child may be shown abusive images
- An adult or older child may be viewing and downloading child sexual abuse images
6.8.2 The Trust has an identified lead for E – safety and policy in place.

6.9 Prevent

6.9.1 Prevent is one of the four strands of Contest, the Government’s strategy for countering terrorism and extremism in the UK. The four strands are

- PURSUE: to stop terrorist attacks
- PREVENT: to stop people becoming terrorists or supporting terrorism
- PROTECT: to strengthen our protection against a terrorist attack; and
- PREPARE: to mitigate the impact of a terrorist attack

6.9.2 Healthcare professionals have a key role in PREVENT as this focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist related activity. If staff are concerned that a vulnerable individual is being exploited they can raise their concerns via the Channel referral process managed by the Trust Adult Safeguarding SPOC.

6.10 FII: Fabricated or Induced Illness

Fabricated or Induced Illness by parents or carers (FII) can cause significant harm to children. FII involves a well-child being presented by a parent/carer as ill, or a disabled or ill child being presented with more significant problems than he or she has in reality. This may result in extensive, unnecessary medical investigations being carried out in order to establish the underlying causes for the reported signs and symptoms. The child may also have treatments prescribed or investigations, procedures or operations which are unnecessary. These interventions can result in children spending long periods of time in hospital and some, by their nature, may also place the child at risk of suffering from harm or even death.

6.10.1 All health professionals must seek advice and support on concerns about FII from the safeguarding children team and follow Local procedures.

6.10.2 In all cases the overriding consideration in making decisions about information sharing in cases of FII must be the child’s safety and wellbeing.

6.10.3 Information sharing, consent and confidentiality. Where possible gain consent from the parents to discuss the child’s case with other professionals and obtain medical notes/information unless in doing so would put the child at increased risk. Parents should be advised that the information is needed to help manage the child’s illness; the possibility of FII should not be discussed at this stage. If the Parent refuses consent to share information this may further increase suspicions of FII. In this situation the case should always be discussed with the Safeguarding Children Team.

6.11 Mental Capacity Act

The Mental Capacity Act covers and empowers children aged 16 and 17 (young persons). A young person has capacity unless it is established he or she lacks it (Mental Capacity Act 2005 section1 principle 1) If a young person lacks capacity because of an impairment of, or a disturbance in the

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functioning of the mind or brain, The Mental Capacity Act will apply in the same way as it does to adults. See Trust Policy Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS) C53

6.12 **Safeguarding Children in Emergency Department and those whose Parents /Carers are receiving Adult healthcare in the Emergency Department**

6.12.1 Trust health professionals providing services to adult patients will be aware that those patients may be parents and any assessment must be considered in the context of their children’s need for safe care and whether the adult’s healthcare need compromises their ability to perform their parenting role effectively.

6.12.2 Professionals who become concerned that patient disclosures or health care needs that may prevent them from offering adequate care to any child in their care must seek advice and follow the Adult Risk Behaviour and Child Distress (ABCD) Safeguarding Pathway and associated risk assessment form and guidance (Appendix 9, 9a and 9b) These enquiries should also be made of older adult patients who may be providing care for grandchildren.

6.12.3 When a pregnant woman presents at the Emergency Department and there are concerns regarding adult risk behaviour and there is an unborn baby protection plan flagged on Trakcare the pathway Appendix 10 should be followed to ensure appropriate and timely sharing of information.

6.12.4 Emergency Department staff must utilise ACHILD mnemonic as an aide memoire to consider safeguarding issues when children and young people present for emergency care.

6.12.5 Appendix 3 flowchart for non-mobile children presenting with injuries must also be followed in the emergency department and minor injuries unit

6.13 **Domestic Violence and Abuse**

6.13.1 The cross –government definition of domestic violence and abuse is: ‘any incident or pattern of incidents of controlling, coercive, 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’

6.13.2 Domestic violence and abuse often exists as the result of and/or alongside other presenting problems for the parent/s e.g. drug and alcohol abuse, mental health difficulties, poor childhood experiences. These factors increase the difficulty the parent has in providing adequate care and can result in abuse or neglect of the child. Domestic violence and abuse can impact on the development and well-being of a child in a number of ways.

6.13.3 Trust staff must follow LSCB procedures when concerns are apparent and refer to The Trust Policy Domestic Abuse C81

6.13.4 **Multi Agency Risk Assessment Conference** (MARAC) the Trust and safeguarding teams are committed to supporting the MARAC process. MARAC provides a consistent approach to supporting victims of domestic violence and abuse who are identified at risk of serious harm. It puts in place various plans and actions in relation to the safety and wellbeing of the identified person and if appropriate their children. The MARAC process does
not override pre-existing procedures where safeguarding children issues are concerned. Further information and the risk indicator checklist is available in the Trust Policy Domestic Abuse C81

6.14 Private Foster Carers
A private fostering arrangement is essentially one that is made privately (that is without the involvement of the local authority) for the care of a child under the age of 16 (18 if disabled) by someone other than a parent or a close relative for a period of 28 days or more it is important to follow local procedures and notify Children’s social care to ensure appropriate checks are carried out to protect the child.

6.15 Safeguarding the Unborn baby
Where an unborn baby is likely to be in need of services from Children’s social care when born, a referral is to be made as per LSCB procedures. Whenever possible the referrer should share their concerns with the prospective parent(s) and seek to obtain agreement to refer to Children’s social care, unless this action may place the unborn child at risk.

6.15.1 These circumstances include (but are not limited to):
- Where concerns exist regarding the mother’s ability to protect
- Where alcohol or substance abuse is thought to be affecting the health of the expected baby
- Where the expectant parent(s) are very young and a dual assessment of their own needs as well as their ability to meet the baby’s needs is required
- Where a previous child in the family has been removed because they have suffered harm or been at risk of significant harm
- Where a person who has been convicted of an offence against a child, or is believed by child protection professionals to have abused a child, has joined the family
- Where there are acute professional concerns regarding parenting capacity, particularly where the parents have either severe mental health problems or learning disabilities.

6.15.2 A pre-birth assessment will be completed by children’s social care, if the case progresses to an Initial Child Protection Conference and the Unborn is subject to a child protection plan an appropriate birth response plan will be put in place following consultation with the multi-agency team around the family to ensure a safety plan is in place to safeguard the baby once delivered.

6.16 Handling historic abuse allegations

6.16.1 The term ‘historical abuse’ is commonly used to refer to disclosures of abuse that were perpetrated in the past

6.16.2 When an adult makes a disclosure to a professional that s/he suffered abuse as a child, the professional to whom the disclosure is made should follow Tees or LSCB procedures, where it is believed that the alleged perpetrator has contact with a child a referral should be made to children’s social care so that information can be gathered and a decision can be made whether to
apply child protection procedures in respect of the child/ren with whom the alleged perpetrator has contact.

6.16.3 NHS South Tees Hospitals Foundation Trust carries out all historic Child Sexual Abuse (CSA) medicals for the Teesside population. Historical cases are considered to be 7+ days following the assault. Where a disclosure is made in relation to historical CSA, this should be reported to Children’s social care for the area they reside in and they will then contact Cleveland Police, who then liaise with the nominated Consultant Paediatrician at South Tees NHS Foundation Trust to arrange the CSA medical.

7 **Staff support and supervision**

The Trust recognises that involvement and managing safeguarding issues can have an impact on staff. All Trust staff are given the opportunity for appropriate safeguarding children supervision and debriefing, Staff should refer to the Trust Safeguarding Children Supervision Policy C37.

7.1 Safeguarding Children supervision is mandatory for all health visitor’s, family nurses, school nurses, community paediatric nurses, community neonatal nurses, community midwives and Looked After Children Senior Nurses working in the Trust and these groups of staff are required to attend a supervision session quarterly, the supervision is delivered by the safeguarding children team. Records are kept of attendance and shared with managers whose responsibility is to ensure appropriate attendance.

7.2 Safeguarding children advice and guidance is available to any member of Trust staff on request from the safeguarding children team within working hours.

8 **Incident reporting**

8.1 Any incidents which involve safeguarding children issues should be reported via the Trust Datix incident reporting system.

8.2 It is the role of the Named Nurse to ensure that all serious incidents related to safeguarding children are identified, thoroughly investigated and lessons learned Trust wide. A Standard Operating Procedure ‘Datix reporting safeguarding children and child protection incidents’ is available see Appendix 8.

9 **Recruitment and selection**

9.1 The Trust recruits and selects in accordance with Recruitment Selection policy HR26 and one person on the interview panel must have undertaken the safe recruitment training ensuring that they are aware of the safe recruitment principles when selecting and appointing an individual.

9.2 The Trust is legally required to conduct a Disclosure and Barring (DBS) check on staff appointed who will work or volunteer with vulnerable groups as part of the appointment process. See Trust Policy and Procedure for the Use of Disclosure and Barring Service (DBS) checks HR 52.
10 Training

10.1 Safeguarding children training is mandatory for all Trust staff and is governed by the 2014 Intercollegiate Document framework which identifies five levels of competence, and gives examples of groups that fall within each of these. See attached Safeguarding Children and Young People, Learning and Development Policy Appendix 11.

10.2 It is the responsibility of the individual member of staff to ensure they arrange and complete relevant training; in addition managers have a responsibility to monitor staff attendance and facilitate attendance.

11 Managing safeguarding children allegations against staff

The framework for managing allegations is set out in Working Together to Safeguard Children (2015). The framework applies to all who work with children and young people, including those who work in a voluntary capacity. It also covers a wider range of allegations other than child protection, including cases in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against, or related to a child
- Behaved in a way that indicates s/he is unsuitable to work with children

11.1 It is essential that any allegation of abuse made against a person is dealt with consistently, fairly, quickly and in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation. An integral part of the framework for managing allegations against staff is the role of the Local Authority Designated Officer (LADO). The LADO is responsible for the management and oversight of individual cases and must be informed of all allegations or concerns relating to staff or volunteers that fit the criteria above.

The LADO will provide advice and guidance to any employer providing services for children. Where necessary they will liaise with Children’s Social Care and other agencies, monitor the progress of cases and work to ensure that all allegations are dealt with appropriately.

It is essential that, following agreement with the LADO, managers ensure that they keep the LADO informed of the on-going investigation.

Managers should seek advice and discuss any concerns with the Trust HR Named Senior Officer for allegations against staff who will contact the relevant LADO and they will liaise with as necessary social care and the police.
12 **Review and revision arrangements**

This policy will be reviewed tri-annually or sooner if revisions are required in line with statutory guidance and developments.

13 **Consultation details**

This document has been developed in consultation with:

- Executive Director of Nursing, Quality and Patient Safety
- General Manager- Nursing and Professional Standards
- Assistant Director Clinical Governance
- Designated Nurse Safeguarding and LAC Hartlepool and Stockton CCG
- Designated Nurse Safeguarding and LAC Durham Dales Easington and Sedgefield CCG
- Senior Clinical Matrons both In and Out of Hospital Care Directorate
- Head of Women’s and Children’s Services
- Trust Safeguarding Children Professionals
- Heads of Training Departments
- Human Resources

14 **Policy monitoring**

14.1 Section 11 of the Children Act 2004 audits are undertaken by the Named Nurses / Doctors Safeguarding Children for each LSCB. Action plans are developed as required and monitored through the Trust Safeguarding Children Steering Group work programme.

14.2 The Safeguarding Children Professionals have an audit programme which is monitored through the Trust Safeguarding Children Steering Group.

15 **References and recommended reading**

15.1 This policy has been developed in line with current legislation and guidance for the protection of children and the promotion of their welfare.

Children Act 1989 London HMSO

Children Act 2004 London HMSO

Care Quality Commission: Fundamental Standards (2015)


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HM Government (2016) Multi-agency statutory guidance on FGM

HM Government (2008) Safeguarding Children in whom illness is fabricated or induced.

Information To share or not to share? The Information Governance Review (Caldicott 2 Review), March 2013
https://www.gov.uk/government/publications/the-information-governance-review

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government, 2015)
https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice


Protecting Children and Young People: the responsibilities of all Doctors (GMC2012)
http://www.gmcuk.org/static/documents/content/Protecting_children_and_young_people_-_English_1015.pdf

https://www.rcpcha.ac.uk/system/files/PUB-SAFEGUARDING-2014_0.pdf

Safeguarding Disabled Children- Practice Guidance

What to do if you are worried a child is being abused (HM Gov. 2015)

Working Together to Safeguard Children (HM Gov. 2015)
Referral flowchart for all Health Staff
Actions to take when you are concerned about a child/young person who is at risk of significant harm

**Timescales**

**Immediately**

Staff must take immediate and appropriate action to protect the child when

- A member of staff witnesses abuse
- Information is received from any source of suspected abuse
- A member of staff is concerned about the safety of a child

Be open and honest with parents and carers, where you intend to share your concern and with other colleagues. Unless to do so would place the child, carer or health professional at risk of harm. Wherever possible communicate with the child in a way that is appropriate to their age and understanding. (Care must be taken not to ask leading questions) If the child or family is unable to communicate effectively in English or uses another form of communication or an interpreter should be used.

If there are immediate safeguarding risks do not allow the child to leave the department or be left in the sole care of parent/carer

Discuss with

- Senior colleague in Department
- Own manager/clinical lead
- Named Nurse/Senior Nurse Safeguarding Children
- Consultant Paediatrician on call

Make a verbal referral to the duty social worker. Preface the verbal referral with the statement that a Child Protection referral is being made. Follow up with a written referral on the same working day using the SAFER referral tool and send as per local process. Retain a copy for yourself and send a copy to the Safeguarding Children Team for County Durham referrals

**Same day**

STOCKTON and HARTLEPOOL
Office Hours: The Children’s Hub 01429 284 284
Email: childrenshub@hartlepool.gcsx.gov.uk
Out of Hours: 08702402994

DURHAM
Office Hours: 03000267979
Out of Hours: 0300267979

Whom to inform when working in

- Community: GP
- Any other health professional as appropriate

Record information on health records, including the Significant Events form. Do this immediately or within 24 hours

The Social Worker will inform the referrer in writing of their decision within 1 Working day. This can include

1. No further action
2. Referred to other services/ manage under early help assessment
3. Undertake S47 enquiry

If no feedback is received within 3 working days contact the social worker to confirm the outcome and to clarify any decisions made

If you are dissatisfied with the decisions and there are conflicting views. You should immediately contact the manager responsible for the decision. Individual cases must be dealt with urgently and at source. All discussions are to be recorded

If still dissatisfied with the outcome contact the Safeguarding Children Team to discuss use of professional challenge process.
Flow Chart from NICE Guideline 89

If you encounter an alarming feature described in this guidance it is good practice to follow the process outlined below.

**Listen and observe**
Take into account the whole picture of the child or young person. Sources of information that help to do include:
- any history that is given
- report of maltreatment, or disclosure from a child or young person or third party
- child’s appearance, demeanour or behaviour
- symptom
- physical sign
- result of an investigation
- interaction between the parent or carer and child or young person.

**Seek an explanation**
Seek an explanation for any injury or presentation from both the parent or carer and the child or young person in an open and non-judgemental manner. An unsuitable explanation is one that:
- is plausible, inadequate or inconsistent:
  - with the child or young person’s presentation, normal activities, medical condition (if one exists), age or developmental stage, or account compared with that given by parent and carers
  - between parents or carers
  - between accounts over time
- based on cultural practice, because this should not justify hurting a child or young person.

**Record**
Record in the child or young person’s clinical record exactly what is observed and heard from whom and when. Record why this is of concern.

**CONSIDER child maltreatment**
If an alarming feature prompts you to consider child maltreatment:
- look for other alarming features of maltreatment in the child or young person’s history, presentation or parent- or carer-child interactions now or in the past.
- And do one or more of the following:
  - Discuss your concerns with a more experienced colleague, a community paediatrician, child and adolescent mental health service colleague, or a named or designated professional for safeguarding children.
  - Gather collateral information from other agencies and health disciplines.
  - Ensure review of the child or young person at a date appropriate to the concern, looking for repeated presentations of this or any other alarming features.
At any stage during the process of considering maltreatment the level of concern may change and lead to exclude or suspect maltreatment.

**SUSPECT child maltreatment**
If an alarming feature or considering child maltreatment prompts you to suspect child maltreatment:
- refer the child or young person to children’s social care, following Local Safeguarding Children Board procedures.

**Exclude child maltreatment**
Exclude child maltreatment if a suitable explanation is found for the alarming feature. This may be the decision after discussion of the case with a more experienced colleague or gathering collateral information as part of considering child maltreatment.

**Record**
Record all actions taken and the outcome.
North Tees Emergency Department / Minor Injuries Unit Flow Chart for Non mobile children presenting with injuries

*Safeguarding Children Policy C50 V6
North Tees and Hartlepool NHS Foundation Trust

Appendix 3

Flowchart for Non mobile child protocol Dr Gill Davidson  200116

At all points consider discussing with a second colleague to guard against professional optimism. Keep carers informed unless this would put child / staff at risk. Consent needed for referrals.

Flowchart for Non mobile child protocol Dr Gill Davidson  200116

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E-Safety Incident raised by staff member, child or parent

- Inappropriate use contrary to Multi Media Policy but no safeguarding children concern
  - Follow procedure for breach of Multi Media Policy

- Inappropriate use contrary to Multi Media Policy and including safeguarding children issue e.g. evidence of grooming activity
  - Inform Duty Manager and Complete Datix
  - Discuss with / seek advice from Trust Safeguarding Children Team
  - Refer to and follow LSCB procedures including Allegations against Staff Policy (where appropriate)
  - Consider internal action including how parents should be informed
  - Follow advice on securing and preserving any evidence
  - Debrief meeting to establish lessons learnt and need for change in internal processes
Appendix 5

North Tees and Hartlepool NHS Foundation Trust

Internal Escalation flowchart for professional challenge and resolution of professional disagreement in work relating to Child Protection or Child Welfare concerns

**Timescales**

**Immediately**

Where a professional disagreement arises between colleagues regarding a child protection or welfare concern then professional challenge should follow, with both parties expressing their opinions and rationale for their decision/views. This discussion should be comprehensively and contemporaneously documented in the child’s record.

**Same day**

If the issue cannot be resolved both professionals should inform their line manager and seek advice from the Safeguarding Children / Named Professional.

The Named Safeguarding Children Professionals where necessary could seek advice from their managers and also from the Designated Safeguarding Children Professionals.

**Timescale to be negotiated depending on urgency / nature of case**

Where necessary a meeting should be held between the two professionals in disagreement, their managers and a Named Safeguarding Children Professional.

Advice could also be sought from partner agencies such as Children’s Services / Police particularly where staff are working out of hours.

If the issue cannot be resolved at the professionals meeting the Named Safeguarding Children Professional should discuss the issues with his / her line manager.

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Section 11 of the Children Act 2004 places a duty on NHS organisations to ensure that their functions and any services that they contract out to others are discharged with regard to the need to safeguard and promote the welfare of children’

(HMGOV 2015)

Based on [www.teescpp.org.uk/professional-challenge](http://www.teescpp.org.uk/professional-challenge), [http://www.durham-lscb.org.uk/categories/professionals](http://www.durham-lscb.org.uk/categories/professionals)

Title: Internal professional challenge flowchart

Issue Date: 1.4.2015. Version Number: 1 Date for Review: 1.4.2018

Author: Belinda Booth Named Nurse. Ratified by Safeguarding Steering Group May 2015
Appendix 6

North Tees and Hartlepool NHS Foundation Trust

Interagency Escalation flowchart for professional challenge and resolution of Professional disagreement in work relating to Child Protection or Child Welfare concerns

**Timescales**

**Immediately**

If a professional disagrees with a decision or response from any partner agency regarding child protection or child welfare concerns the professional challenge should follow, with both agencies expressing their opinions and rationale for their decision/views. This discussion should be comprehensively and contemporaneously documented in the child’s record.

**Same day**

If the issue cannot be resolved between the professionals the professional should inform their line manager and seek advice from Safeguarding Children / Named professional. The initial reason for referral to partner agency should be further explored and if additional information to support the referral is available this should be shared.

The Safeguarding children/Named professional should attempt to resolve the disagreement by having a discussion with the partner agency which will be documented and copied to the partner agency.

If the Safeguarding Children / Named professional considers it appropriate an interagency meeting should be held between the agency raising the professional challenge and the receiving agency to discuss the difference in views. At this point the LSCB Business Support Team should be notified of the nature of the professional challenge: this is in accordance with Tees LSCB procedures.

If the issue cannot be resolved at the interagency meeting the Named Safeguarding children professional should discuss the issues with his / her line manager.

If resolution still cannot be found, the relevant head of service should raise the issue with the Trust’s representative on the Local Safeguarding Children Board.

**Section 11 of the Children Act 2004 places a duty on NHS organisations to ensure that their functions and any services that they contract out to others are discharged with regard to the need to safeguard and promote the welfare of children**

(HMGOV 2015)

Based on [www.teescpp.org.uk/professional-challenge](http://www.teescpp.org.uk/professional-challenge), [http://www.durham-lscb.org.uk/categories/professionals](http://www.durham-lscb.org.uk/categories/professionals)

Title: Interagency professional challenge flowchart
Issue Date: 1.4.2015. Version Number: 1 Date for Review: 1.4.2018
Author: Belinda Booth Named Nurse. Ratified by Safeguarding Steering Group May 2015
Standard Operating Procedure Supporting staff involved in a SCR or LLR

### 1. PURPOSE AND BACKGROUND

North Tees and Hartlepool Foundation Trust places great importance in ensuring that there is a systematic approach to supporting staff during and following involvement in a Serious or Learning Lessons Case Review. The overall aim of this standard is to give guidance to frontline practitioners and their managers on what support should be provided and by who when they are involved in a case which is under review by a Local Safeguarding Children Board (LSCB) as a Serious or Learning Lessons Case Review.

This Standard should be used in conjunction with Trust Policy RM19 Procedure for supporting staff involved in traumatic/stressful incidents, complaints and claims and the Serious Case Reviews / Information for Professionals document found in the Trust Safeguarding Children Intranet Site.

### 2. SCOPE

Working Together to safeguard children (2015) sets out the need for professionals and organisations protecting children to reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well. Conversely when things go wrong there needs to be a rigorous, objective analysis of what happened and why, so that important lessons can be learnt and services improved to reduce the risk of future harm to children.

LSCB’s are expected to maintain a local learning and improvement framework. The framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result.

**Principles for learning and improvement**

- There should be a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works and promote good practice
- Professionals must be fully involved in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith

Case reviews are not part of disciplinary procedures relating to an individual. If information comes to light which indicates action should be taken, this is for the employing agency to consider.

### 3. RESPONSIBILITIES

**Expectations: Named Nurse Safeguarding Children**
• To brief the line manager of any professionals who may be involved in the review once the decision has been made to proceed to a case review
• To update the line manager of any planned meetings / interviews which may involve practitioners and when they will take place
• To update the line manager of the findings of the review and when it is to be published and if there is any media interest
• To inform the practitioners safeguarding children supervisor to offer reflective supervision regarding the case and review

**Expectations: Line Manager**

• To contact staff member and offer immediate and on-going support
• To arrange face to face briefing as appropriate
• To support staff in advance of any review meetings to ensure the staff member is fully prepared and aware of internal and external sources of support
• To formally debrief staff member once review is published

**Expectations: staff members**

• To seek support as necessary and follow Trust policy RM19
• To be supportive of colleagues involved in any case reviews
• To seek additional reflective safeguarding supervision if required

### 4. STANDARD

The Trusts appointed reviewer usually Named Nurse Safeguarding Children will update the Line manager of the names of professionals who may be or have been involved in the case to be reviewed and request that those professionals be informed, the Trust professionals document will be shared.

Staff will require support from their Line manager when involved in a serious case review or Learning Lessons Review.

Support should be timely and appropriate, before, during and after the review.

Staff members line manager( where appropriate) is responsible for supporting staff and implementing Trust Policy RM19 Procedure for supporting staff involved in traumatic / stressful incidents, complaints and claims.

Trust Policy RM19 highlights the process to be implemented and information regarding support agents within the organisation who can provide on-going support and an opportunity for a debrief prior to publication of reports.

It is not appropriate for the Trust lead carrying out the review to offer direct support to staff members involved in the review, however as part of the review process the Trust lead may be required to have conversations with staff involved.
5. MONITORING AND COMPLIANCE
Following a case review line managers will be able to evidence that staff have been supported in line with Trust Policy RM19

6. REFERENCES

7 CONTACTS
Named Nurse Safeguarding and Looked After Children
1. PURPOSE AND BACKGROUND

North Tees and Hartlepool FT is required by section 11 Children Act (2004) to discharge its duties with regard to the safety and welfare of children. North Tees and Hartlepool FT staff identify, assess and manage safeguarding children and child protection situations on a daily basis. The Trust is responsible for employing, training and providing good quality safeguarding children supervision to competent staff to enable them to carry out this role responsibly, safely and successfully in line with the Trust’s statutory responsibilities to safeguard and promote the welfare of children.

The overall purpose of this Standard Operating Procedure (SOP) is to give guidance to services and staff groups to ensure that relevant and significant safeguarding children and child protection adverse events are managed correctly and safely in line with statutory process.

The SOP provides information to Trust staff to ensure that relevant and significant safeguarding and child protection adverse events are reported using the DATIX reporting process and are reviewed to identify and learn from data trends.

This SOP should be used in conjunction with Trust Policy RM15 version 4 Incident Reporting and Investigation Policy; Inclusive of never Event Reporting Requirements

2. SCOPE

The outcome expected in the application of this standard on the reporting process is the production of relevant, timely and uniformly presented adverse event information from which lessons can be learnt.

This SOP is for all services and staff groups regardless of their role and responsibilities and all staff should use this SOP when reporting adverse events involving children and young people

A child is anyone aged between 0 and their eighteenth birthday. For the purposes of child protection this SOP also applies to unborn babies.

3. RESPONSIBILITIES

The Trust Safeguarding Children Team will refer all staff to the standard as an event relevant to its use occurs. The standard will be available to staff on the Trust intranet and will also be referred to during mandatory training.

All Trust staff are accountable to the organisation for their actions in helping to protect
children and young people by reporting events affecting the well-being of children, as part of their role and responsibility with regard to safeguarding all children. This applies to any child seen on Trust property or in the community during working hours.

**All Trust staff** are accountable for the application of this standard whether or not they are providing services directly to children and young people.

**All Trust Managers and Heads of Services** are required to support the application of this standard within their relevant services.

### 4. STANDARD

All Trust staff will consider whether or not there is a need to use DATIX system, based on the following points.

Definitions of safeguarding children and child protection adverse events which require DATIX reporting.

All staff are required to report incidents and events as listed below. Staff should note that this list is not exhaustive and may be updated at any time:

- Any death or serious injury of a child where the cause is not known,
- Unexplained or non-accidental injury to a child, including admission of the child to hospital for investigations in relation to a suspected non-accidental injury (this excludes children attending for child protection medicals)
- Any untoward event, involving a child, to include events such as abduction, hostage taking, abandonment or violence.
- Any case referred for consideration as a serious case review or learning lessons review.
- Any injury to a child on Trust premises or caused by any property of the Trust.
- Any receipt of an allegation made by a child about a Trust employee involved in their care.
- Any allegation made against a Trust employee who works with children.
- Any E safety /information governance breaches.
- All incidents where a member of staff is unable to carry out priority child protection duties, such as attending an Initial / Review Child Protection Conference and they are on duty.
- Any incident when communication between agencies has not occurred and opportunities to intervene in a timely manner to protect a child has been missed, e.g. not being notified of Strategy / professionals meetings or ICPC.
- Any incident of child abuse or maltreatment which is recognised by or disclosed to a member of staff which was not previously acted on by another member of staff who held the information earlier, resulting in a delay or failure to refer to children’s social care. Failure to follow safeguarding children procedures (includes FGM Female genital mutilation).
- Any incident when a child attends for a child protection medical without written background information from a social worker
- Any incident where a partner agencies have failed to respond to clinicians communications regarding a child not having been brought to appointments

### 5. MONITORING AND COMPLIANCE

Regular audit and analysis of DATIX incidents will inform the Safeguarding Children professionals in the Trust of event trends and will be included in risk management processes as agreed within the organisation.

The Named Nurse Safeguarding Children will prepare a quarterly report on all DATIX incidents or child protection events to the Safeguarding Children Steering Group.

Significant learning may be shared across the Trust via the Safeguarding Children Steering Group. Team meetings and training.

### 6. REFERENCES

RM 15  Incident Reporting and Investigation Policy: Inclusive of Never Event reporting Requirements

C50  Safeguarding Children Policy


### 7 CONTACTS

Named Nurse Safeguarding and Looked After Children
North Tees and Hartlepool Adult Risk Behaviour Pathway

Adult risk behaviour identified

Does adult have or look after children?

Use adult risk assessment guide & complete risk assessment form

Is there a clear need for social care referral?

Gather information from SNCP, HV, MW, SN, social care

Information raises concerns

For pregnant women see separate pathway

Risk Behaviours
Domestic Abuse
Alcohol Misuse
Drug abuse
Mental Health problems
Overdose
Self harm

Address psychosocial needs via DART, Psych liaison or adult safeguarding

Yes
No

Unsure

Yes
No

Yes
No

Children's Hub is for Stockton and Hartlepool only. For Durham / Middlesbrough / other areas use their contact details

Speak to Children's Hub* / EDT Complete SAFER referral and send on the same day

Share information with HV / SN / MW & SNCP

Health Visitor – HV
School Nurse – SN
Midwife – MW
Senior Nurse
Child Protection – SNCP
Emergency Duty team - EDT

Children's Hub is for Stockton and Hartlepool only. For Durham / Middlesbrough / other areas use their contact details

Speak to Children's Hub* / EDT Complete SAFER referral and send on the same day

Share information with HV / SN / MW & SNCP

Health Visitor – HV
School Nurse – SN
Midwife – MW
Senior Nurse
Child Protection – SNCP
Emergency Duty team - EDT

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Appendix 9a

North Tees and Hartlepool Adult Behaviour Risk Assessment Form

If an adult ≥ 18 years attends with the following behaviours or risk factors and has their own or cares for others children please complete the risk assessment to guide the need for sharing of information or a safeguarding referral:

- Domestic violence even if children not present or it took place away from home
- Acute mental health crisis
- Overdose and deliberate self-harm
- Substance abuse / misuse including recreational
- Alcohol misuse / abuse

Adult’s name: [ ] Date of birth: [ ]

Adult’s address:

Risk Factor: Domestic violence [ ] Mental health [ ] OD/DSH [ ] Drugs [ ] Alcohol [ ]

Describe the event leading to the attendance: Insert text here

Is the patient pregnant? Yes [ ] No [ ] If yes consult Pregnancy and Adult Risk behaviour pathway as well

Does adult have children: Yes [ ] No [ ] Relationship to children: Choose an item.

Does adult live with the children: Yes [ ] No [ ]

Does adult have parental responsibility: Yes [ ] No [ ]

Does adult care for other people’s children? Yes [ ] No [ ]

Relationship to children: Choose an item.

Where were the children during the event?

Where are children now and who are they with?

Was a child physically injured? Yes [ ] No [ ]

If yes then a referral to social care is mandatory
Is the adult capable of looking after a child on discharge?
Yes ☐ No ☐ Unable to comment ☐

Have there been incidents of a similar nature? Yes ☐ No ☐

Where is the patient going on discharge from the ED?

Children’s details:

Name: DOB:
Name: DOB:
Name: DOB:
Name: DOB:

Summary of concerns: Write here what you consider the impact of the adults behaviour could have on their ability to parent / look after children

Once information has been gathered consider which of the following options is most appropriate:

There is a risk of significant harm / vulnerability: Yes ☐ No ☐

If yes complete a SAFER referral and attach this form

The information gathered is important to share with another involved professional: Yes ☐ No ☐

If yes complete a sharing of information form, attach this form and send it to the appropriate professional(s)

Actions taken: Choose an item.

Practitioners details:

Name: Designation:

Date of assessment:
Flowchart for pregnant women attending Emergency Department

Pregnant woman presents to A&E

- Is there a current adult risk behaviour:
  - No
  - Yes

  - Is there a previous UBB protection plan?
    - No
    - Yes

- Is patient booked with a midwife?
  - No
  - Yes

  - Contact safeguarding nurse for advice at earliest opportunity. Inform community midwife team*

- Follow risk assessment guide to assess risk; are there other children?
  - No
  - Yes

- Is there a significant risk of harm / child in need
  - No
  - Yes

  - Discus with Social care and follow advice. Send SAFER referral to social care, SNCP & Midwife*

- Active unborn baby protection plan

  - Is there a current adult risk behaviour concern:
    - No
    - Yes

  - NOA to midwife & SNCP

*Ring Ward 22 (ext 82722 / 82822) and ask for a message to be left in the Community Midwife diary. Send a copy of the notes to Ward 22 if relevant. To contact a Community Midwife ring the Antenatal Day unit for details (ext 24239)
Appendix 11

Safeguarding Children and Young People, Learning and Development Policy 2016-2019

Strategy for all staff working for North Tees and Hartlepool NHS Foundation Trust

Lead Officers: Named Nurses for Safeguarding Children and Safeguarding Children Trainer

Ratified By: NT&HFT Safeguarding Children Steering Group July 2016
Contents

1 Introduction
2 Aim
3 Ethos, Equality and Diversity
4 Training Requirements / Levels of Training
5 Quality Standards
6 Evaluation of Training
7 Booking and recording of attendance
8 Performance monitoring
9 References
1 Introduction

1.1 The Children Act 2004 places a legal duty on all NHS organisations to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children and young people. This includes ensuring staff are competent in recognising and responding to safeguarding concerns, have an awareness of their roles and responsibilities and those of other professionals and organisations and are aware of, and act within, Local Safeguarding Children Board (LSCB) Procedures. Section 11 of the Children Act 2004 requires that staff training on safeguarding and promoting the welfare of children is available for all staff working with or in contact with children and families.

1.2 In addition to this statutory requirement Working Together to Safeguard Children (HM Gov. 2015) requires that ‘All staff working in healthcare settings – including those who predominantly treat adults – should receive training to ensure they attain the competencies appropriate to their role’. The required competencies are identified in the Intercollegiate Document ‘Safeguarding Children and Young People: Roles and Competences for Health Care Staff’ (RCPCH 2014). This document was produced and is regularly reviewed and updated by the Royal College of Paediatrics and Child Health, in conjunction with other key Royal Colleges. It provides a detailed professional competency framework including guidance on levels, content and frequency of training required according to role and degree of contact staff have with children and families. The ‘Looked after children: Knowledge, skills and competences of health care staff: Intercollegiate Role Framework’ was also published in May 2015. These documents underpin the key principles of this Training Policy.

2 Aim

2.1 The aim of this policy is to ensure that all Trust staff are equipped with the appropriate knowledge and skills to effectively safeguard children and young people accessing services within the organisation. Given the diverse nature of the workforce it is imperative that individuals have a clear and consistent understanding of their responsibilities in relation to improving outcomes for children and young people

2.2 The policy will also ensure the Trust meets its legislative responsibility to equip staff to work effectively both on an intra-agency and inter-agency basis to safeguard and promote the welfare of children and young people.

3 Ethos, Equality and Diversity

3.1 All training will create an ethos which:

- is child centred and promotes the importance of understanding the child’s daily experience
- encourages staff to ascertain the child’s wishes and feelings, listening to the child never losing sight of his or her individual needs
- promotes the participation of children and families in safeguarding processes
- values working collaboratively with other agencies, valuing different roles, knowledge and skills
- respects diversity
Safeguarding Children Policy C50 V6
North Tees and Hartlepool NHS Foundation Trust

• promotes equality (including culture, race, religion and disability)
• is evidence based

4 Training Requirement / Levels of Training

4.1 Safeguarding Children Training is mandatory for all Trust staff.

It is the responsibility of the individual member of staff to ensure they arrange and complete relevant training and in addition line managers have a responsibility to monitor staff attendance and facilitate release of staff to enable them to attend.

4.2 Training will be provided in accordance with the individual’s role and responsibility and in line with the framework set out in the Intercollegiate Document (2014). This framework is summarised in Appendix 1.

4.3 Further training (outside of the mandatory foundation training programme) may be developed in accordance with an identified training need, for example in response to learning from local and national Serious Case Reviews, Learning Lessons Reviews, Incident reports or changes in local or national policy/guidance.

5 Quality Standards

5.1 The training developed and/or delivered within the Trust will meet the following quality assurance standards:

• Be delivered by trainers who are knowledgeable about safeguarding and promoting the welfare of children
• Be delivered by trainers who hold a recognised adult training qualification or equivalent experience
• Be informed by current research evidence, learning from local and nationals Serious Case Reviews/ Learning Lessons Reviews
• Be in line with local and national policy/practice development
• Be informed by local training needs analysis, evaluation and appraisal processes
• Be reviewed annually and developed in accordance with the evaluation process and trainers experience of delivery to ensure learning outcomes are met
• The training methods will reflect adult learning theories and recognise diversity in participants
• Be consistent with the values identified in section 3
6 Evaluation of Training

6.1 It is essential to ensure safeguarding training is fit for purpose and effective. The following mechanisms are in place to evaluate and inform development:

- Evaluation forms will be completed at the end of each training session, the comments and themes will be reviewed by the trainers and content adapted accordingly.

- Training needs identified in practice for example during supervision, Datix themes and appraisals will be incorporated within the training programme.

- Data from the above evaluative activity will be presented at the Safeguarding Children Steering Group annually

- Training courses will be reviewed annually (minimum) or when significant changes are made by the Safeguarding Professionals Group

- In event of courses requiring amendment prior to the annual review for example as a consequence of major policy changes or due to Serious Case Review this will be carried out within one month

7 Booking and Recording of Attendance

7.1 All training should be booked via the Education and Organisation Development Department (telephone ext 83268) or preferably by using the email booking system: course.team@nth.nhs.uk.

Details of courses will be made available via the Education and Organisation Development SharePoint site, The Safeguarding Children SharePoint site and Trust Communication circulars.

7.2 The administration team within the Education and Organisation Development Department will forward the attendance sheet to the trainer 48hrs prior to the training commencing. The trainer will ensure the completed course attendance sheet with relevant signatures is returned to the Education and Organisation Development Department within 5 working days. This information will then be recorded on the electronic staff records therefore ensuring information is contemporaneous.

8 Performance Monitoring

8.1 The following mechanisms are in place to ensure the strategic objective of this strategy is met:

- Monitoring of compliance with the Safeguarding Training Strategy will be through the Trust’s Safeguarding Children Steering Group and reported to the CCG at quarterly CQRG meetings.

- The Education Delivery Lead will provide compliance and other relevant data to the Steering Group

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• Should concerns be identified with the level of compliance, an action plan will be agreed between the Named Professionals, Head of Education and Development, Education Delivery Lead, Safeguarding Children Trainer and the Managers of relevant services.

• Line managers should ensure compliance with Trust training during staff appraisals.

• Safeguarding Children Training compliance is also shared with the Clinical Commissioning Groups at the Clinical Quality Review Group and any resulting actions addressed.

9 References

9.1 Working Together to Safeguard Children (HM Gov. 2015) and subsequent versions of this document;


Safeguarding Children and Young People: Roles and Competences for Health Care Staff, Third Edition (RCPCH 2014) and subsequent versions of this document

Looked after children: Knowledge, skills and competences of health care staff, (RCN, RCPCH 2012)

Appendix 1

<table>
<thead>
<tr>
<th>Level</th>
<th>Staff Groups</th>
<th>Foundation Course/Mode of delivery</th>
<th>Update Frequency/Mode of delivery</th>
</tr>
</thead>
</table>
| Level 1 | **All staff working in health care settings:**  
This includes, for example, Board level Executives and non-executives, lay members, receptionists, administrative, caterers, domestics, transport, porters, maintenance staff, as well as volunteers across health care settings and service provision. | Level 1 workbook/ E-Learning package within 8 weeks of employment.  
In addition Board members attend a tailor made specific session | |
| Level 2 | All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers  
This includes administrators for looked after children and safeguarding teams, health care students, clinical laboratory staff, phlebotomists, pharmacists, audiologists, optometrists, adult physicians, surgeons, anaesthetists, radiologists, nurses working in adult acute/community services, allied health care practitioners and all other adult orientated secondary care health care professionals, including technicians. | Level 2 workbook/E-Learning package within 8 weeks of employment. | Update 3 yearly via Workbook/E-Learning. |
| Level 3 | All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns  
This includes:  
Paediatric allied health professionals, all hospital children’s nurses, accident and emergency and minor injuries unit staff, hospital based midwives, obstetricians, paediatric radiologists, paediatric surgeons, paediatric anaesthetists, paediatric dentists | One full day (with pre course reading) To be completed within 8 weeks of employment.  
To be delivered face to face either ‘in house’ or equivalent level 3 Foundation LSCB Training | Annual Trust face to face update session  
In addition relevant LSCB training as required (approved by Line Manager as being relevant to role) |
<table>
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<tr>
<th>Level 3 plus</th>
<th><strong>Additional specialist competences as appropriate to role for</strong> paediatricians, community outreach paediatric nurses, school nurses, community midwives, health visitors, and looked after children and safeguarding champions.</th>
<th>One full day (with pre course reading) To be completed within 6 weeks of employment. To be delivered face to face either ‘in house’ or equivalent Level 3 Foundation LSCB Training In the first year of employment staff must also complete and provide evidence of a minimum of 8 hours of additional personal development including induction supervision sessions for new staff as outlined in Safeguarding Children Supervision Policy C74v1</th>
<th>Annual Trust face to face update session and Equivalent of 8 hours additional relevant training/development every 3 years as a minimum to include attendance at least 1 multiagency face to face training session The multiagency training should be relevant to role and agreed by Line Manager: Evidence of attendance must be submitted to Line Manager and then submitted to the Education and organisation Development Department</th>
</tr>
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<tbody>
<tr>
<td>Level 4</td>
<td><strong>Specialist roles - named professionals.</strong> This includes named doctors, named nurses, named midwives, specialist nurses for safeguarding, senior nurses safeguarding children</td>
<td>Named professionals should complete a management programme with a focus on leadership and change management within three years of taking up their post</td>
<td>Named professionals should attend 24 hours of education, training and learning over a three year period. This should include non-clinical knowledge acquisition such as management, appraisal and supervision training</td>
</tr>
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</table>

*E Learning must be approved by the Trust Education and Organisation Development Department and Safeguarding Professionals Group.*
Level Three Plus Training Requirements.

Staff are now required to evidence they have completed additional Safeguarding Children Training, (alongside their annual update), to meet the mandatory standard for Level 3 plus, (as per Safeguarding Children and Young People: Roles and Competences for Health Care Staff. Intercollegiate Document. March 2014).

Staff are required to complete a minimum of 8 hours additional training* in a three year period. This includes multi-disciplinary and inter-agency, delivered internally and externally. It can include personal reflection and scenario-based discussion and case studies, serious case reviews.

This form allows for the training to be evidenced. Once the eight hours are complete, please sign and return a copy of the above form**; to ensure data on your mandatory training is accurate and up to date.

Please retain this sheet for your personal record.

*These 8 hours exclude the annual mandatory Level 3 update sessions.

**Please note you only return the form when the eight hours are complete, not after each training session.

<table>
<thead>
<tr>
<th><strong>Hours</strong></th>
<th><strong>Date</strong></th>
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### Essential

<table>
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<tr>
<th>LSCB Multi-agency Training e.g. ‘Safeguarding babies’, ‘Child trafficking and Sexual exploitation’, ‘Signs of Safety’, ‘Seeking and Recording Children’s’ wishes’, or other relevant safeguarding children courses from LSCB programme.</th>
</tr>
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<tbody>
<tr>
<td>Or Other Multi - agency Training</td>
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<tr>
<td>Or External Safeguarding Children Training e.g. Post grad safeguarding children module</td>
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**Also**

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<tr>
<th>Practice Clinics</th>
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<tr>
<td>Paediatric Peer Reviews</td>
</tr>
<tr>
<td>In house training e.g.’ Domestic Abuse Training’, ‘Professional challenge’,</td>
</tr>
<tr>
<td>Serious Case Review /Learning Lesson review/ Facilitated Discussion involvement</td>
</tr>
<tr>
<td>ICPC / RCPC /Strategy meeting, (attendance and contribution)</td>
</tr>
<tr>
<td>Safeguarding supervision/Case review and Discussion</td>
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<tr>
<td>E learning e.g. DH F.G.M module,</td>
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**Total**

Links for LSCB Training Information:

or http://www.lscbhartlepool.org/learning-and-development/
Evidence of Completion of Level 3 **Plus** Safeguarding Children Training

I hereby certify that

**Name (PLEASE PRINT):** .................................................................

**Job Title:** ..................................................................................

**Department:** ...........................................................................

has completed eight hours of additional Safeguarding Children Training, which includes multi-agency training (in past 3 years).

**Date of completion:** .................................................................

**Name of manager (PLEASE PRINT):** ...........................................

**Signature of manager:** ..............................................................

**Signature of staff member:** ......................................................

A copy of this page should be forwarded to:

**Education and Development Team**
**Education and Organisation Development**
**Ground Floor**
**South Wing**
**University Hospital of North Tees**

*only return when all eight hours are complete, not after each training episode*
**Level 4 Safeguarding Children Training Requirements.**

It is a mandatory requirement within the Trust that staff requiring Level 4 competencies provide, on a 3 yearly basis, evidence that they have completed appropriate training (as per Safeguarding Children and Young People: Roles and Competences for Health Care Staff. Intercollegiate Document. March 2014).

Staff are required to complete a management programme with a focus on leadership and change management within three years of taking up their post. In addition they should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, and supervision training. They should also participate regularly in support groups or peer support networks for specialist professionals at a local and National level, according to professional guidelines.

This form allows for the training to be evidenced. Once the 24 hours are complete, please sign and return a copy of page 2 of this form to ensure data on your mandatory training is accurate and up to date. Page 1 can be retained for your personal records.

Please note you only return the form when the 24 hours are complete, not after each training session.

<table>
<thead>
<tr>
<th>Essential Management Programme</th>
<th>Hours</th>
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<td><strong>Title:</strong></td>
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<td><strong>Also</strong></td>
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<tr>
<td>Supervision training and or Appraiser Training</td>
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<tr>
<td>Serious Case Review /Learning Lesson review/ Facilitated Discussion involvement</td>
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<tr>
<td>Case review and Discussion</td>
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<tr>
<td>Peer support/ networks</td>
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<tr>
<td>Other Level 4 Safeguarding Children Training Courses</td>
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<tr>
<td>eg LSCB, multiagency, national conferences etc</td>
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Total hours:
Evidence of Completion of Level 4 Safeguarding Children Training

I hereby certify that

Name (PLEASE PRINT)…………………………………………………………………....

Job Title: ...........................................................................................................

Department: ...................................................................................................

has completed 24 hours of additional Safeguarding Children Training, in past 3 years.

Date of completion: ..........................................................................................

Name of manager (PLEASE PRINT)..............................................................................

Signature of manager: ..................................................................................................

Signature of staff member: ..........................................................................................

A copy of this page should be forwarded to:

Education and Development Team
Education and Organisation Development
Ground Floor
South Wing
University Hospital of North Tees

*Only return when all 24 hours are complete, not after each training episode