

BSUH Safeguarding Children / Child Protection

Safeguarding Children & Young People Basic Awareness Level 1 & 2

Under the Children Act 2004 all NHS employees have a legal duty to safeguard and promote the welfare of children & young people. A child is defined as from birth until their 18th birthday.

All staff regardless of their role or where they are working within the Trust should ensure that safeguarding and promoting the welfare of children people forms part of the care or service that they offer. This duty is applicable whenever staff have contact with a child, a parent or a carer of a child/ren, or someone who may pose a risk to children. Whenever a member of staff is concerned that a child may be at risk of harm safeguarding and child protection procedures must be followed.

What is Safeguarding and Promoting the Welfare of Children & Young People?

Safeguarding and promoting the welfare of children is ensuring children are safe and that they are well cared for by their parents. It means offering children, young people and parents support or referral to services that may improve their physical and emotional wellbeing and family functioning. Children must be safeguarded from birth so it is important that support is offered as soon as vulnerability that may affect their ability to care for their child is identified in either parent during pregnancy.

What is Child Protection?

Child protection is the activity of preventing significant harm to children and young people through abuse or neglect. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. There are four categories of abuse.

Physical Abuse

Physical abuse is causing physical harm to a child, for example, hitting, shaking, throwing, biting, burning, scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer exaggerates, fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child which causes severe and adverse effects on the child's emotional development. It may involve conveying to children that they are unloved, inadequate, or only valued for how they meet the needs of another person. It may involve age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's emotional capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another child or adult. It may involve bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves enticing or forcing a child or young person to take part in sexual activities whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative sexual acts. Sexual abuse can also involve non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Children can be and are sexually abused from birth to 18 years.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or emotional need. Neglect is likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, clothing or shelter. It may involve failing to protect a child from physical and/or emotional harm or danger, failing to ensure adequate supervision or care or failing to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Children Are Particularly Vulnerable To Abuse Or Neglect If They Are:

- Babies under one year
- Young People aged 11-18 yrs
- Disabled or have learning disabilities
- Carers for their parents or younger siblings
- Living away from home
- Looked after by the Local Authority
- Experiencing mental health issues

Or If Their Parents Are:

- Misusing drugs and or alcohol
- Violent or involved in abusive relationships
- Experiencing mental health issues which impact on their parenting
- Learning disabled
- Socially isolated or vulnerable in some way

What to Do If You Are Concerned About a Child (current or historical)

BSUH is committed to developing a culture where employees are able to discuss their concerns related to safeguarding children and child protection in an open and transparent way and are well supported in doing so.

The Trusts Safeguarding Children Team are here to support all BSUH employees in acting on their concerns. (contact ext 2363)

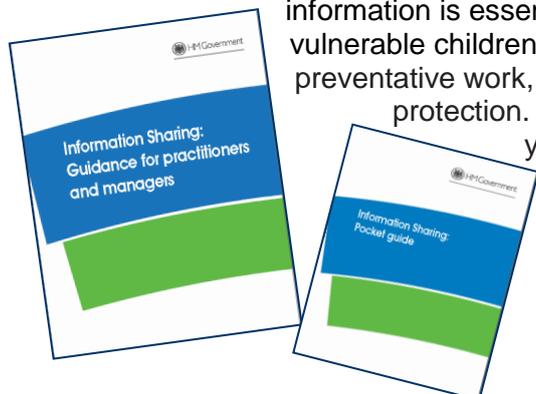
You May Become Concerned About The Welfare or Safety of a Child By:

- Observing abuse or seeing signs of abuse or neglect in a child
- A child or young person disclosing to you that they are being abused or neglected
- A parent or carer disclosing to you that they have or are at risk of harming or neglecting a child
- Observing a child or young person's behaviour which makes you worried that they may be suffering abuse or neglect
- Working with a parent who is in an abusive relationship
- Working with a parent who has vulnerabilities which may impact on their ability to parent their child appropriately for example, alcohol misuse, substance misuse, mental health problems, learning disabilities, chronic ill health issues
- Another person for example a relative or friend telling you that they have concerns about a child or young person
- You suspect that a child, young person or those caring for them are not who they claim to be
- You suspect a child is at risk of sexual exploitation, Female genital mutilation (cutting), forced marriage or trafficking/modern slavery.

Sharing information

It is not your role or responsibility to decide if a child has been harmed. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of harm, therefore your role is the gathering and sharing information. Sharing

information is essential for safeguarding and promoting the welfare of vulnerable children and young people, to enable early intervention and preventative work, to support vulnerable families and for wider public protection. The safeguarding team are here to support you in ensuring you share information following HM Government information sharing guidance.



To download the booklet go to:-
BSUH intranet, safeguarding children
or
www.teachernet.gov.uk/publications

In an Emergency Situation

If you are concerned about the immediate safety of a child, for example you see a child being assaulted or you are made aware a young child has been left unsupervised you must act immediately to ensure the safety of the child. The law (Children Act 1989) empowers anyone to do all that is reasonable in the circumstances to safeguard a child. You should act to make the child safe, contact BSUH security and the Police. You should then contact the BSUH Safeguarding team.

In a Non Emergency Situations

In non emergency situations you should make contact with a member of the BSUH Safeguarding Team to obtain support and advice on the most appropriate course of action, they will ensure the correct procedures are followed and support you throughout the process.

BSUH Safeguarding Children Team (Monday to Friday 9.00 – 17.00)

Named Nurse	Nurse Consultant Safeguarding Children & Young People Debi Fillery	07876 357 456 RACH x 2363
Safeguarding Children's Nurse	Sarah Matthews & Sarah Stenning	07810 057 453 RACH x 2363
Named Doctor	Consultant Paediatrician Dr Perera	Via on call paediatrician
Named Midwife	Marion Wilyman	
Safeguarding Midwife	Fiona Rose	07920 503 354 RACH x 2363
Lead Executive Director	Chief Nurse	

Out of hours you should contact the Senior Nurse Bleep 8651 at the Royal Alexandra Childrens Hospital (RACH) or the on call Paediatrician via switchboard

Further Information

For local social work contact numbers, BSUH safeguarding / child protection policies, Sussex Child Protection and Safeguarding Procedures and further HM Government guidance is available on the **Safeguarding Children page of the BSUH info net**. ...key word 'safeguarding children'

Domestic abuse

Domestic abuse is a public health problem that affects both adults and children. It is a referral criterion for child abuse.

What we know about domestic abuse:

- Cuts across all age, class, sexuality, disability, culture/ethnicity, religion groups
- It is a pattern of behaviours rather than a series of isolated incidents
- It is about power and control
- It tends to increase in severity and frequency
- The abuser is always responsible for the abuse

The Government defines domestic violence as:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

psychological

- physical
- sexual
- financial
- emotional

'Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.'

The Government definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

*Reference Home Office 'Definition of domestic violence & abuse: guide for local areas'
March 2013*

Roles and responsibilities

All employees should read and act on the Domestic abuse policy and must ensure that recognising and responding to domestic abuse is an integral part of the care they offer, and know how to act upon indicators that a patient's welfare or safety may be at risk.

Every Trust employee must be aware of those who are particularly vulnerable to domestic abuse and whose children are therefore at increased risk of abuse or neglect.

Getting support

If employees are unsure about what to do or when to share information or whether consent is required to share information, they should seek advice from a Named safeguarding professional. (ext 2363) or the Health domestic abuse worker on ext 4266

If an employee becomes aware of any information regarding another employee which identifies that they may be at risk of domestic abuse or that their children may be at risk of harm or has been harmed, they must immediately report this information to their line manager and the Safeguarding team who will ensure that appropriate action is taken in accordance with safeguarding procedures.

The free phone National Domestic Violence Helpline number is 0808 2000 247

Brighton & HoveRISE 01273 622 822

Additional considerations for A&E

Risk assessment

Please ensure the child/Young person is safe to be discharged from the A&E department

Assessing presentations in A&E as accidents or abuse

- Is there any explanation at all?
- Is the explanation consistent over time?
- Is the explanation vague?
- Is the explanation feasible?
- Does the explanation fit the injury?
- Is the child mobile?
- Is the child developmentally mature enough to do what has been suggested?
- What does the child or sibling say?
- Has there been an unreasonable delay in seeking medical advice or treatment?
- How is the child behaving?
- How is the parent behaving?
- Is the interaction between the child and parent positive?
- Are there any other concerns about the child?
- Is there a history of frequent accidents?
- Is the child known or ever been known to social services? (Check the flagging or CP-IS)

Identifying vulnerable parents or carers

- How do you know which patients are parents or carers?
- What screening questions do you ask?
- When you identify a parent or carer you must assess the impact of their ill health and their attendance at A&E on their parenting capacity.
- How do you know who poses a risk to children?
- What screening questions do you ask to identify adults who work with children?
- Does the reason for their admission/ ill health cause a possible risk to children?

Assessing the effect on children and young people of vulnerable parents / carers

- Is the parent the only or main carer?
- Is there a parent, supportive partner or relative or someone who provides alternative, substitute or compensatory care?
- Is the parent concerned about the care he or she or the other parent is providing?
- Is there any evidence of the coexistence of domestic abuse, substance misuse or mental ill health?
- Does the parent place his or her own needs before the needs of the children?
- Does the child witness domestic abuse, drug or alcohol misuse?
- How does parental mental ill health impact of the children?
- Is the child placed in or exposed to dangerous situations?
- Are there any financial implications?
- Is the child acting as a carer for their parent or siblings?

Taking Action

BSUH is committed to developing a culture where employees are able to discuss safeguarding issues related to children & young people in an open and transparent way and are well supported in doing so; the named and lead professionals are there to support you.

Emergency Situations

In an emergency situation you must ensure the immediate safety of child / young person. The law (S.3 (5) Children Act 1989) empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard her/his welfare.

You should then contact BSUH security ext 7474 at RSCH or ext 4444 at PRH and the Police. The Police have powers under sec 46 of the Children Act 1989 to either remove a child to a safe place or prevent a child from being removed from a safe place, such as a hospital, for up to 72hrs.

The duty team at Childrens Services should be contacted out of hours the Emergency Duty Team.

Contact numbers can be found on the BSUH intranet safeguarding children page.

Non Emergency Situations

In non emergency situations you should discuss these with a senior colleague first and inform the Consultant in charge of the patients care.

Within normal working hours Monday – Friday 9-5 you should make contact with a safeguarding / child protection

Named and Lead professional to obtain support and advice on the most appropriate course of action. They will ensure you follow the Sussex Child Protection and Safeguarding Procedures and support you throughout the process.

Out of hours the on call Senior Nurse Paeds or Paediatric Medical Registrar are available for advice.

You might make the decision or be advised to:

- Do nothing
- Make an entry in clinical records
- Share information with another professional / department within BSUH
- Share information with another health professional, such as school nurse, health visitor or GP
- Obtain information from Children's Social Care as to whether the child is known to them or has a child protection plan to help place your concerns in context
- Share information with Children's Social Care via telephone
- Make a referral to Children's Social Care via telephone following up in writing via the confidential e mail on the BSUH referral form
- Contact the Police via telephone (especially if it is an assault.)

Declaration:

I confirm that I have read and understood the contents of this hand-out.

Signed

Dated: