

WHAT TO DO IF YOU HAVE CONCERNS ABOUT A CHILD'S WELFARE

Don't delay - act the same day

Assessment should include listing reasons for your concern and the use of body maps. Document all concerns. This could include risks associated with the child's own behaviour, causing harm to themselves, internet and online social networking.

Discuss with

- Senior colleagues
- Supervisor/manager

Still concerned

Consult:

- Named Nurse, Midwife, Doctor
- Trust Action Flow Chart via Intranet
- Trust Child Protection Policy
- Check to see if a child is subject to a Child Protection Plan/Child in Need Plan by contacting the local authority.

Further guidance is available

Safeguarding Children and Young People (Child protection) Policy and Procedure, and other guidance, on the Trust Intranet; Children's Act 1989 & 2004, Sexual Offences Act 2003; Working Together to Safeguard Children 2018.

Making a referral to Children's Social Care (CSC)

Phone CSC (from the borough the child lives in) and discuss concerns.

Submit an online referral or Multi-Agency Referral Form (MARF) as appropriate, as soon as possible and within 24 hours to CSC. The MARF and online portal links are in the Safeguarding section of the Intranet.

Retain a copy of the referral in the child's notes and send a copy to the Safeguarding Team at

bhr-tr.safeguarding@nhs.net

V8 June 2022

WHO CAN HELP?

Contact the Trust's Safeguarding Team: Monday to Friday 9-5pm, excluding Bank Holidays

After 5pm, weekends and Bank holidays please follow internal escalation protocols. If you require Social Care input, please contact out of hours numbers.

Consultant Paediatrician/Named Doctor, Safeguarding Children
01708 435 000 Ext 3453 or Dect 6350

Safeguarding Children
01708 435 000 Ext 5719

Safeguarding Children's Liaison Nurse
01708 435 000 Ext 5328, 5043 or 5051

Maternity Safeguarding
01708 435 000 Ext 5719

Deputy Named Midwife, Safeguarding
01708 435 000 Ext 5342/2836

Children's Social Care (CSC) Details:
Barking & Dagenham
020 8227 3811 (9am-5pm)
020 8227 3951 (after 5pm and weekends)
childrens@lbbd.gov.uk

Havering
01708 433 222 (9am-5pm)
01708 433 999 (after 5pm and weekends)
tmash@haverling.gov.uk

Redbridge
020 8708 3885 (9am-5pm)
020 8708 5897 (after 5pm and weekends)
cpat.referrals@redbridge.gov.uk
Where there are concerns about the immediate welfare or safety of a child/young person, contact the relevant Children's Social Care Team or police.



Safeguarding Children and Young People (0-18 years)

Safeguarding is everyone's responsibility

"Everyone who comes into contact with children and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children"

 www.bhrhospitals.nhs.uk

 @BHR_hospitals

 Barking, Havering and Redbridge
University Hospitals NHS Trust

What is meant by abuse or harm?

Abuse is anything that hurts or harms a child. This can be:

Physical: Hitting, shaking or throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm. Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child (FII - Fabricated or Induced Illness), and through Female Genital Mutilation (FGM).

Emotional: Persistently making a child feel inadequate, unloved, frightened, exploited or corrupted, seeing or hearing the ill treatment of another, serious bullying, exploiting and corrupting children.

Sexual: Involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. Activities may involve physical contact, pornographic material or encouraging children to behave in sexually inappropriate ways, and non-penetrative acts, as well as Sexual Exploitation.

Parental factors that can impact on a child's welfare include:

- Mental health
- Substance misuse
- Domestic violence
- Learning and physical disabilities
- Teenage parents
- Social isolation and poverty

Neglect: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may also include neglect of, or unresponsiveness to, a child's basic emotional, social and educational needs

Trafficking, forced marriage and radicalisation are all forms of child abuse. Internet and online social networking sites have associated risk of child abuse.

Staff Groups and Levels of Training

All staff need some level of training and all levels must be updated every three years.

Level 1: For all non-clinical staff working in health care settings. This includes receptionists, administrative, catering, transport and maintenance staff.

Level 2: For all clinical staff who have any contact with children, young people and/or parents/carers.

This includes health care students, clinical laboratory staff, pharmacists, audiologists, adult physicians, surgeons, anaesthetists, radiologists, nurses, allied health professionals and all other adult orientated secondary care health professionals, including technicians.

Level 3: For 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 urgent and unscheduled care staff, child psychologists, child psychotherapist, adult learning disability staff, paediatric allied health professionals, sexual health staff, all children's nurses, midwives, obstetricians, nursery nurses, play specialist, all paediatricians, paediatric radiologists, paediatric surgeons, children's anaesthetists and paediatric intensivists.



Listen to the voice
of the Child



Lessons Learned from Past Cases

- Talk to the child, not just the carers and **record the Voice of the Child**
- Ensure safeguarding concerns are identified early and check if the child is on a Child Protection Plan (CPP), Child in Need (CIN), Looked after child (LAC) or known to children social services
- Ensure Clear, accurate documentation supports clinical decision-making and highlights safeguarding concerns
- **Hidden Men** - men can play a very important role in children's lives and can have a great influence on the children they care for. Despite this, they can be ignored by professionals who sometimes focus almost exclusively on the quality of care children receive from their mothers and female carers
- **Share information** between agencies to ensure an effective and safe discharge
- Consider impact of parental factors, such as Domestic Violence, drugs, alcohol and mental health negative parenting practices on children - **Think Family**
- The importance of using an interpreter for non-English speaking families/children. Ensure that a family member isn't used when safeguarding concerns have been identified
- Disabled, **Looked After Children (LAC)**, children who go missing, are more at risk of child exploitation
- Keep external agencies informed of children's attendance to the hospital. Escalate internally and externally
- **Professional Curiosity** - the capacity to communicate effectively using varied communication skills to explore and understand what is happening within a family rather than making assumptions or accepting things at face value
- **Disguised Compliance** - disguised compliance involves parents/carers giving the appearance of co-operating with agencies to avoid raising suspicions and allay concerns