Shropshire Community Health NHS
NHS Trust

Policies, Procedures, Guidelines and Protocols

Document Details	
Title	Safeguarding Children
Trust Ref No	1330-73026
Local Ref (optional)	
Main points the document covers	This policy sets out the arrangements for safeguarding children and partnership working with the Local Safeguarding Partnerships
Who is the document aimed at?	All employees of Shropshire Community Health NHS Trust
Owner	Head of Safeguarding
Approval process	
Who has been consulted in the development of this policy?	Trust Safeguarding Group
Approved by (Committee/Director)	Clair Hobbs
Approval Date	March 2024
Initial Equality Impact Screening	
Full Equality Impact Assessment	No
Lead Director	Clair Hobbs, Director of Nursing, Clinical Delivery & Workforce
Category	Corporate
Subcategory	
Review date	March 2026
Distribution	
Who the policy will be distributed to	All employees of Shropshire Community Health NHS Trust
Method	Through Datix reporting system Comms and SDG
Keywords	
Document Links	
Required by CQC	
Children Act 1989, 2004	

Amendments History		
No	Date	Amendment
1	12/08/2016	Section 5.3 is an addition to the original policy relating to Domestic Abuse Notifications. Flowchart has been added to Appendix.
2	19/06/2017	HNA removed. Added unannounced/opportunistic visits, Datix & Significant Life Event Sheet. Changes to training.
3	23/12/2019	Remove safeguarding leads, update titles of staff and dates of key documents. Change LSCB to Safeguarding Partnerships and update section on Domestic Abuse notifications/flowchart.

4	December 2021	To update terminology, remove references to Dudley, update sections on children who are not brought to appointments and Safeguarding Children Supervision.
5	August 2023	To include a section: Managing the Concern That a Child Has Been Left Alone at Home, removing the need for the Guidelines on Managing the Concern That a Child Has Been Left Alone at home. Updated Working Together to Safeguard Children 2023. To be inclusive of Dudley 0-19 service. Transfer of Child Death Overview process services from Shropshire Community Health NHS Trust to Integrated Care Board.

1 Introduction

At all levels within the organisation, Shropshire Community Health NHS Trust is committed to the promotion of children's welfare and to protecting them from abuse and neglect. The purpose of this policy is to detail the arrangements for safeguarding children. This includes the roles and responsibilities of all staff across the organisation and outlining the structure and systems that support the promotion of children's welfare and protection.

Staff must be aware of their role in safeguarding and protecting children. There must be a framework for the development of competence and confidence in this role and appropriate support in order to achieve this. Section 11 of the Children Act (2004) places a statutory duty on organisations and individuals, to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.

Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children (HM Government, 2023) sets out how professionals should work together in multi-agency teams to promote children's welfare and protect them from abuse.

Shropshire Community Health NHS Trust adheres to national legislation and local guidance. This policy should also be read in conjunction with the West Midland Regional Child Protection Procedures, and the Safeguarding Partnership Policies and Procedures which can be found at the Safeguarding Children webpage which is located on Staff Zone.

2 Purpose

This policy sets out the key responsibilities and arrangements for staff employed by Shropshire Community Health NHS Trust, in safeguarding and promoting the welfare of children in Shropshire.

3 Definitions

Safeguarding and promoting welfare and child protection is defined within Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children (HM Government 2023), as:

- 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
- Taking action to enable all children to have the best outcomes

For the purpose of this policy, a child is defined as "anyone who has not yet reached their 18th birthday (HM Government 2023).

4 Duties

4.1 Chief Executive

All health care organisations have a duty to plan arrangements to safeguard and promote the welfare of children and young people, and to co-operate with other agencies to protect individual children and young people from harm.

The UN Convention on the Rights of the Child includes the requirement that children live in a safe environment and be protected from harm. Statutory guidance on planning arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act (2004) was published in August 2005, with health organisations having a duty to cooperate with Social Services under section 27 of the Children Act (1989).

These duties are an explicit part of NHS employment contracts, with Chief Executives having responsibility to have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children within organisations.

4.2 Executive Director with Safeguarding Responsibility

The Director with Safeguarding responsibility takes leadership responsibility at Board level, for the Organisation's safeguarding arrangements.

4.3 Designated Doctor and Nurse

The Designated role sits within the Integrated Care System (ICS). The term Designated Doctor or Nurse denotes professionals with specific roles and responsibilities for safeguarding children, including the provision of professional and strategic advice and guidance to Organisational Boards across the health economy. This may include, health professionals, particularly Named Safeguarding Health Professionals, Local Authority Children's Services Departments, the ICS, and the Safeguarding Partnership.

4.4 Named Doctor

Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect.

- To promote good practice within the Trust
- To safeguard children within the organisation
- To provide advice and expertise to staff
- To liaise with colleagues in other health economies when necessary
- To co-ordinate child protection training for medical staff
- To provide child protection supervision for medical staff
- To participate in internal management and serious case reviews

4.5 Named Nurse/Head of Safeguarding

Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their Organisation's Safeguarding Lead, Designated professionals, and the Safeguarding Partnership.

4.6 Nurse Specialist for Safeguarding Children

The Nurse Specialist supports the Named Nurse to provide safeguarding and child protection one off advice and support, Safeguarding Supervision, and training to all staff within the trust.

4.7 Child Death Overview Process

This function has transferred from Shropshire Community Health NHS Trust to the Integrated Care Board and is being reviewed.

4.8 Named Nurse for Looked After Children

The Named Nurse for Looked after Children promotes the health and well-being of Looked after Children, to improve health outcomes within this group of vulnerable young people. They also provide advice and training to children, carers, social care, and health professionals. The Looked after Children team sits within the Children and Families Division.

4.9 Staff

Health Professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, should provide support or make a referral to Children's social care.

All members of staff that come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding issues, including child protection.

This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carer's health or behavior. To fulfil these responsibilities, it is the duty of healthcare organisations to ensure that all their staff have access to appropriate safeguarding training, supervision, learning opportunities and support to facilitate their understanding of the clinical aspects of safeguarding and information sharing.

5 What you should do if you have a concern about a child

There are a number of resources available to staff to provide support or further information, should they have a concern about a child.

Staff can discuss their concerns with their Line Manager or a member of the Safeguarding Team, who will be able to provide them with further guidance and support.

Staff should also refer to the Threshold document published by the Safeguarding Partnership where the child lives. The Threshold document is a guide for all practitioners that work with, or are involved with children, young people, and their families. Its aim is to assist practitioners in assessing and identifying a child's level of need, what type of services or resources may meet those needs and what processes to follow in moving from an assessment to a provision of services.

The Threshold documents for each of the Safeguarding Partnerships can be found via the links on the Safeguarding Children's staff zone or Partnership web page.

The Safeguarding Team have produced a flowchart which provides guidance for all Shropshire Community Health NHS Trust staff on the management of bruising and suspicious marks in children. Bruising in children who are non-mobile requires particular consideration as '***children who don't cruise, rarely bruise.'***

The flowchart can be found at **Appendix 1** and on the Safeguarding Children's webpage.

If a staff member is concerned that a child is being abused or at risk of significant harm, they should refer to the multi-agency procedures for the Local Authority where the child is living.

It is often difficult to make the decision to report a situation where abuse is suspected, however, once concerns have been identified, all staff have a duty to pass the information to Children's Social Care, in order that they can investigate those concerns and protect the child.

Once a child has been identified as at risk of significant harm, then a referral should be made to Children's Social Care, in the local authority where the child lives.

The referrer should:

- Contact the first point of contact for Children's Social Care, where the child lives and share their concerns. Useful contact information can be found on the Safeguarding Children's Staff Zone or Partnership web page
- Follow up the referral in writing within 48 hours by completing the Multi-Agency Referral Form (MARF) or Request for Service Form and record on the child's records
- Complete a Datix and record the Datix number on the child's records
- Save a copy of the completed referral (MARF) in the child's records
- If the referral is an allegation against a member of staff, a LADO referral should be considered and the refer should have a conversation with a member of the Safeguarding team who will contact HR. Please refer to Managing Allegations Policy.
- Attend and participate in meetings relating to the safeguarding process. This may include strategy meetings, child protection conferences and core groups. Attendance at these meetings is a priority. If the referrer is unable to attend a meeting, they should send a representative. If the referrer is unable to attend or send a representative to a child protection conference, then the information held by the practitioner should be submitted to the Conference Chair in writing. **This should be an exception not usual practice.**

  If the referrer is not invited to child protection conference or core group, then they should contact the Social Worker and inform the Conference Chair. They should also complete a Datix to notify the Safeguarding Team and advise their Line Manager
- Complete and submit a multi-agency report to the Conference Chair of the Child Protection Conference, even if attending in person. The report should be child focused, include the voice of the child, and provide information on appointments, assessments, interventions, treatments, and the ability of the parent/carer to meet the health and well-being needs of the child/ren. The impact of interventions on the child/ren and the compliance of the parent/carer should also be included in the report. All children subject of a child protection plan should have an assessment of their health needs and any outstanding health needs should be included in the child protection plan. Information shared at the conference should first be shared with the parent/carer and where appropriate the young person. Ideally this should be around the same time to the report being shared with the Conference Chair.

5.1 Use of Escalation Policy

If professionals are not satisfied with the response from Children's Social Care or other agencies, they should escalate their concerns using the Partnership escalation policy. The Escalation Policy can be found on the Safeguarding Partnership's website. The Safeguarding Team can provide further advice and support if it is needed.

5.2 Managing allegations against staff

If an allegation regarding a child has been made against a member of staff, then this should be reported to their Line Manager initially. In this situation, reference will need to be made to the Trust Policy on Managing Allegations Against Staff Who Work with Children, but concerns should also be reported to the Local Authority Designated Officer (LADO). The Designated Officer is employed by Children's Social Care and referrals should be made through the first point of contact in the area where the member of staff is employed.

Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children (HM Government 2023) clearly states that Local Authorities should ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address related welfare concerns in relation to the child/children involved should be taken without delay and in a coordinated manner.

An allegation may relate to a person who works with children who has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children (HM Government 2023)

It is the responsibility of all staff to report any allegations or suspicions of abuse or potential abuse of a child or young person to Children's Social Care. This is not only important for the protection of the child, but for the safety and protection of other potential victims. This duty comes from Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children (HM Government 2023) and individual professional codes of conduct such as the General Medical Council (GMC), Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC).

5.3 Record Keeping and Documentation

Please refer to the Trust's Records' Management Policy if for any reason you do not have access to the child's record, please speak to your line manager or/and the Safeguarding Team for further advice.

5.4 Domestic Abuse Notifications / Harm Assessment Unit Notifications (HAU)

The Police forward copies of all Domestic Abuse Notifications, where there are children in the household or the victim or perpetrator has a child, to the First Point of Contact in Children's Social Care and to Shropshire Community Health NHS Trust Public Health Nursing service who upload these to the child's record.
A flow chart summarising the expected response to receipt of Domestic abuse notification is outlined in **Appendix 2.** If the Health Professional requires any further guidance regarding this process, then advice should be sought from the Safeguarding Team.

5.5 Managing the concern that a Child has been left Alone at Home

It is an offence to leave a child at home alone if doing so puts them at risk.

The law does not specify a legal minimum age when a child can be left at home alone as maturity and understanding differs from child to child.

Action must be taken if on visiting or telephoning a home, a member of staff believes that a child has been left unattended or in the care of a person who is inappropriate or has been left without adequate adult supervision.

If the child is believed to be at immediate harm the police should be called using 999. Remain with the child if appropriate to the circumstance until the police have arrived and have taken responsibility for the child's care.

If the parent/carer returns while the practitioner is waiting for the police to attend, the member of staff should inform the returning parent/carer that they have called the police and if safe to do so, remain onsite until the police arrive.

A Multi-Agency Referral Form (MARF) should be completed and submitted to Children's Social Care by the practitioner.

A Safeguarding Datix should be completed and the number of the DATIX included in the associated progress note.

A progress note should be completed in the child's clinical record. If the child does not have a clinical record, contact the Safeguarding Team for further advice.

At the earliest opportunity, the practitioner should advise the parent/carer of the additional actions taken (The referral to Children's Social Care) if and when possible.

For further advice Leaving Your Child Home Alone - Advice | NSPCC

5.6 Children who are not brought to health appointments

There will be occasions when parents/carers may have genuine reasons for not bringing children to appointments. However, each time a child is not brought to a health appointment it must be taken seriously by all health professionals. As children are under the care of adults, the responsibility for attendance at appointments remains with the parent/carer. Please note: Children aged 16 and 17 are presumed to have capacity to consent to medical treatment under the Family Law Reform Act (1969), unless otherwise indicated and therefore may make their own decisions about attending for appointments. If children aged 16 and 17 are not considered to have capacity, then reference would need to be made to the provisions of the Mental Capacity Act (2005). For further information please refer to the Mental Capacity Resource Pack on the Safeguarding webpages. Any decision not to attend a health appointment needs to be considered on an individual basis.

Children who are not brought to appointments can be an indicator of child welfare concerns and requires special consideration. This can include cancelled appointments, non-attended appointments, where no explanation is given and no access at a prearranged home visit. This may necessitate the health professional making an opportunistic or unannounced home visit or a visit to the child's school or early years setting. Any explanations provided by parents/carers for missed or cancelled appointments should be recorded in the child's record.

Professionals should ensure that:

- All offered appointments are recorded
- Missed appointments from all disciplines should be notified to the referrer, the GP, and the Public Health Nursing service. If a child is subject of a Child Protection plan or Child in Need plan, then the Social Worker or lead professional should also be informed

- Identify whether the appointment was routine, required or advised

Professionals should consider the following to assess whether neglect may be a concern:

- Did the parent/carer request/consent to the appointment?
- Previous patterns of children not being brought with other specialties/children.
- Is there concern regarding any other aspect of the child's care?
- Have there been any concerns regarding domestic abuse between parents/carers/family?
- Are there any other concerns such as parental/carer substance misuse or mental health issues?
- Are there frequent attendances at Accident & Emergency, Minor Injury Unit and/or Walk in Centres?
- Have previous concerns been identified by agencies which has resulted in the family being supported by an Early Help plan or Child in Need plan?
- Has the child previously been the subject of a Child Protection plan?
- Is the child currently the subject of a Child Protection plan.
- Could the failure to attend appointments be detrimental to the child's health, development and/or wellbeing?
- Are there safeguarding concerns relating to others who live within the child's home?

Children who are not taken to appointments, or not seen at home visits should always be considered in a broader context. The prompts above will help professionals to decide the most appropriate action to take, which may include speaking with other professionals involved with the family or undertaking an unannounced or opportunistic visit.

Staff should refer to the Threshold document published by the Safeguarding Partnership where the child lives. The Threshold document is a guide for all practitioners that work with, or are involved with children, young people, and their families. Its aim is to assist practitioners in assessing and identifying a child's level of need, what type of services or resources may meet those needs and what processes to follow in moving from an assessment to a provision of services.

Staff can discuss any concerns they may have with their Line Manager or a member of the Safeguarding Team who will be able to provide them with further guidance and support. Alternatively, professionals can contact the first point of contact for Children's Social Care for advice and support or make a referral to Children's Social Care as detailed at section 5 above.

5.7 Safeguarding Supervision

Safeguarding supervision is different to other types of supervision such as clinical or restorative supervision. Safeguarding supervision is available to all staff and is an

opportunity to confidentially share and discuss safeguarding and/or child protection concerns about children and families they are working with.

The Safeguarding Team have produced a Safeguarding Children Supervision Framework which can be found on the Safeguarding Children webpages. The purpose of the Framework is to ensure that high quality safeguarding advice, support and supervision is available to all Shropshire Community Health NHS Trust staff, to ensure staff are supported and offered professional challenge. Safeguarding supervision is supplementary to clinical supervision in accordance with national guidance (Laming 2003, HM Government 2023).

The Safeguarding Children Supervision Framework refers to different Levels of Supervision as follows:

Level 1: Staff can access safeguarding support and advice from their peers and Line Managers.

Level 2: Safeguarding support and advice is available from the Safeguarding Team via telephone or face to face contact. This is usually one-off advice regarding a specific safeguarding concern. This support will be available during office hours only. Telephone contact details for the Safeguarding Team are available via the Shropshire Community Health Trust intranet site (Staff Zone). These details will also be provided at Induction and circulated when changes are made.

Level 3: Practitioners can access planned group supervision from the Safeguarding Team.

Safeguarding supervision is compulsory for all staff who work face to face with children, young people, and their families. All staff can access Safeguarding Supervision by contacting the Safeguarding Team. To access these sessions contact should be made with the Safeguarding Team or Line Manger attendance at Safeguarding Supervision is as a minimum of three monthly. Family Nurses access Safeguarding Tripartite Supervision with a member of the Safeguarding team and the Family Nurse Supervisor.

Practitioners are encouraged to seek advice, support, or supervision outside of their usual agreement should the need arise, from a member of the Safeguarding Team.

5.8 Training

To protect children and young people from harm, all healthcare staff must have the competencies to recognise child maltreatment and to take effective action as appropriate to their role. Safeguarding Children and Young People: Roles and Responsibilities for Healthcare staff (2019) provide some guidance on the minimum requirements for health care staff.

Safeguarding competencies are a set of abilities that enable staff to effectively safeguard, protect and promote the welfare of children and young people. They are a combination of skills, knowledge, attitudes, and values that are required for safe and effective practice.

Safeguarding Children and Young People: Roles and Responsibilities for Healthcare staff (2019) provides a framework for the competencies needed by healthcare staff and identifies five levels of competence. The levels are as follows:

- Level 1: All staff including non-clinical managers and staff working in health care settings
- Level 2: Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers
- Level 3: 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
- Level 4: Named professionals
- Level 5: Designated professionals

If a member of staff is unsure which level of safeguarding children training, they require, they should contact their Line Manager, access information on Staff Zone or contact a member of the Safeguarding Team for advice.

To meet the minimum requirements recommended by Safeguarding Children and Young People: Roles and Responsibilities for Healthcare staff (2019) staff can access training as follows:

- Level 1 training can be accessed as e-learning through Electronic Staff Record (ESR).

- Level 2 training can be accessed as e-learning through Electronic Staff Record (ESR).

- Level 3 training can be accessed through the Safeguarding Partnership where staff predominantly work. Alternatively, there is a module on ESR which staff can complete to support their competencies for Level 3. There is a Level 3 Induction taught module for all new starters to the Children & Families workforce. Alternatively, staff may wish to access Level 3 training provided by their professional body or an external provider.

- Levels 4 and 5 are accessed as external training.

- There is a bespoke annual update for Trust Directors.

If a member of staff requires further support or guidance in accessing the appropriate level of training, please contact the Safeguarding Team.

5.9 Section 11 Audit

Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children (HM Government 2023) is clear that organisations should work together to take a coordinated approach to ensure effective safeguarding arrangements. This is supported by the duty on local authorities under Section 10 of the Children Act (2004) to plan to promote cooperation and improve the well-being of all children in the Local Authority's area.

Section 11 of the Children Act (2004) places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

In line with Section 11, Shropshire Community Health NHS Trust should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children. This includes:

- A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children.
- A senior Board level lead to take leadership responsibility for the Organisation's safeguarding arrangements.
- A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services.
- Clear whistleblowing procedures, which reflect the principles in Sir Robert Francis's Freedom to Speak Up.
- Arrangements which set out clearly the processes for sharing information, with other professionals and with the Safeguarding Partnership.
- A designated professional lead (or, for health provider organisations, named professionals) for safeguarding.
- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children.
- Appropriate supervision and support for staff, including undertaking safeguarding training.
- Clear policies in line with those from the Safeguarding Partnership for dealing with allegations against people who work with children.

Shropshire Community Health NHS Trust completes a Section 11 audit annually, which is reviewed by the Safeguarding Partnerships.

6 Consultation

This policy has been updated in consultation with the Safeguarding Children Team, Deputy Director of Nursing and Quality and Deputy Director, Infection Prevention & Control (DIPC) and Director of Nursing, Clinical Delivery & Workforce.

7 Dissemination and Implementation

Through Datix reporting system Comms and Divisional meetings.

8 Monitoring Compliance

Trust compliance with regard to safeguarding is monitored and challenged through the Safeguarding Committee.

8.1 Safeguarding Training and Supervision Compliance:

Safeguarding Children Training and Supervision compliance is monitored by the practitioner's Line Manager.

8.2 Care Quality Commission:

All NHS Trusts are required to register with the Care Quality Commission for the services they provide. As part of this registration each Trust must declare its position with regard to compliance with the Health and Social Care Act (Regulated Activities) Regulations 2008, and the Care Quality Commission (Registration) Regulations (2009). Safeguarding is covered by Regulation 11 and by Outcome 7 in the associated guidance. The Care Quality Commission may seek evidence that regulations and guidance have been complied with.

9 References

Care Quality Commission (Registration) Regulations 2009 Available at:
: http://www.cqc.org.uk/file/4981

Children Act (1989) Available at: http://www.legislation.gov.uk/ukpga/1989/41/contents

Children Act (2004) Available at: http://www.legislation.gov.uk/ukpga/2004/31/contents

Family Law Reform Act (1969) : Available at:
https://www.legislation.gov.uk/ukpga/1969/46/contents

Health and Social Care Act (Regulated Activities) Regulations 2008 : Available at:
http://www.legislation.gov.uk/ukdsi/2009/9780111487006/contents

HM Government (2023) *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children :* Available at:
Working together to safeguard children 2023: statutory guidance (publishing.service.gov.uk)

Mental Capacity Act (2005) : Available at:
https://www.legislation.gov.uk/ukpga/2005/9/contents

Safeguarding Children and Young People: Roles and Competences for Health Care Staff (2019) : Available at: https://www.rcn.org.uk/professional-development/publications/pub-007366

UN General Assembly, Convention on the Rights of the Child (1989) :Available at:
https://www.unicef.org.uk/what-we-do/un-convention-child-rights/

10 Associated Documents

The following Shropshire Community Health NHS Trust Policies may be useful to read in conjunction with this policy:

- Freedom to Speak Up (Raising Concerns) Whistleblowing Policy
- Clinical Record Keeping Policy
- Domestic Abuse Policy
- Managing Allegations Policy
- Mental Capacity Resource Pack
- Safeguarding Children Supervision Framework
- Supervision Policy (Including clinical supervision)
- Shropshire Community Health Trust Guidance for adding alerts to RiO.
- Guideline on Managing the Concern That a Child Has Been Left Alone at Home

Other useful links:

Regional Child Protection procedures for West Midlands - can be located via link below:
https://westmidlands.procedures.org.uk/

11 Appendices

Appendix one - Flowchart for the management of bruising and suspicious marks in children for Shropshire Community Health NHS Trust staff

Presentation of Child

Bruising or marks which suggest the possibility of non-accidental Injury may include:

- Bruising or marks in children who are not independently mobile.
- Bruises or marks on areas other than bony prominences
- Bruises or marks around the mouth, cheeks, ear lobes, upper arms, abdomen, back and buttocks
- Multiple /clusters of bruises or marks
- Multiple bruises or marks of uniform shape
- Bruises or marks that carry an imprint

↓

Making an Assessment of the Child

A bruise or suspicious mark should never be interpreted in isolation and must always be assessed in the context of the child's age, developmental stage, medical and social history, and the explanation of how the bruise or mark was sustained by the carer. Where staff have concerns that a bruise or suspicious mark may be due to abuse or neglect, they should make a referral to the First Point of Contact for Children's Social Care in the area where the child resides.

↓

Non-mobile babies or children

1. Ask open questions on how the bruising or marks were sustained. Do not offer an explanation.
2. If abuse or neglect is suspected, advise the parent/carer of the concerns (unless the child would be placed at further risk) and refer to Children's Social care

If the baby or child is injured or appears seriously ill, seek medical assistance immediately.

↓

Mobile children

Does the bruise or mark correlate with the explanation provided?

If yes, record the information in the child's. health record and 'red book'. No further action is required.

If no, advise the parent/carer of the concerns and refer to Children's Social care (unless the child would be placed at further risk)

↓

Making a referral to the First Point of Contact for Children's Social Care

1. Clearly state your concerns and your actions taken to date.
2. Ascertain what action is going to be taken by Children's Social Care. A decision should be made within 24 hours of your call of your referral.
3. Confirm your referral in writing within 48 hours.
4. Record all information in the child's health record and report via DATIX.
5. Contact Children's Social Care within 24 hours of referral to clarify what action has been taken.
6. If your referral has not been actioned or you feel your concerns require escalation, please contact the Safeguarding Team or your Line Manager for further advice.

Flowchart for the management of bruising and suspicious marks in children for SCHT staff: Version 2

Appendix Two - Responding to a Domestic Abuse notification (Harm Assessment Unit - HAU) received from the Police: Guidance for Health Professionals employed by Shropshire Community Health NHS staff

1. Health Professional receives a domestic abuse notification from the Police.
2. The Health Professional should review the information within the Domestic Abuse notification. Is there any information recorded on the notification regarding action taken by Police or Children's Social Care that needs to be considered?

1. The Health Professional should review the records they hold for the child/family.
2. Is there any information that may be relevant to share with Children's Social Care? This will be based on professional judgement and any knowledge of the family.
3. If so, then Children's Social Care should be informed of this information and this action should be recorded in the child's record.

1. The Health Professional should record receipt of the Domestic Abuse incident on the child's clinical record.
2. The Health Professional should also record the date the incident happened, the risk assessed by Police and the action taken by the Health Professional (if no action is required this should also be recorded and reasons why).
3. The Health Professional should add an alert to the child's clinical record for Domestic Abuse
4. If the Health professional requires any guidance regarding this process, then advice should be sought from the Line Manager or Safeguarding Children Team.

Flowchart responding to a domestic abuse notification received from the police: guidance for health.