Relevant to:
All staff

Purpose of Guidance:
To provide guidance on how to raise a concern about children

National Definitions:
n/a

Reference Material:
Safeguarding and Protecting Children Policy - POLCPCM027

Process to Follow:
WHAT TO DO WHEN WORRIES OR CONCERNS ABOUT CHILDREN ARISE FLOWCHART

The Children Act 2004 Section 11 places a duty on NHS Trusts and other professional bodies to make arrangements to safeguard and promote the welfare of a child. This is everyone’s responsibility.

If you are worried about a child, you must discuss your concern/worries with the Ward manager or Senior Nurse or Doctor on duty. Staff identifying concerns particularly those working in Paediatrics and A&E must contact Children’s Social Care to check if the child is known to them and or subject to a Child Protection Plan. (See below for contact numbers). The Safeguarding Children’s Lead can also be contacted. Use the Trust’s Assessment Sheet to analyse and document concerns, conversations and outcomes (Care Plans)

If an agreement cannot be achieved but you are still concerned, contact Children’s Social Care for a consultation

Both agreed this is not a concern, no further action required. Document this on Care Plan

If you agree that there is sufficient concern for a referral identify who will make the referral and document in the Care Plan. Contact Children’s Social Care by ringing;

(Medway) 01634 334466 (Kent) Central Referral Unit – 03000 411111
(Out of hours) - 03000 419191

Document the conversation on the yellow form (Care Plan) with the name of contact person, Social Service Department and a telephone number. A written referral must follow any telephone referrals within 48 hours and a copy sent to Suzanne Winchester, Residence 13.

Contact the Named Nurse to inform of referral to Children Social Care and any Strategy discussion date if appropriate. Document all the conversations on the Safeguarding Care Plan.

Parents should always be informed when making a referral, unless to do so will put the child or other children at risk of significant harm, or in cases of sexual abuse or fabricated illness. Document all safeguarding decisions in the Care Plan.

Two senior members of staff should be present when informing the parents. Document the discussion on the yellow forms (Care Plan)
ACTION TO BE TAKEN IN ALL CASES OF SUSPECTED OR ACTUAL ABUSE OR NEGLECT (INCLUDING REFERRALS AND CAF)

1. The Children Act 2004 now places a responsibility on professionals in different settings to support children in need, and to intervene early to help stop children’s needs becoming more severe. In most cases this will mean providing or helping to gain access to a targeted service for the child/family on a short-term basis e.g. school counsellor, Connexions adviser etc. A Common Assessment Framework (CAF) can be considered.

2. If a child or young person’s needs are complex or acute it is likely that they will meet the eligibility criteria for assessment by a practitioner from the children’s social care division.

3. Where a child or family situation is giving cause for concern, the health professional should assess the level of concern using the Trust’s safeguarding assessment (SOP) and or the assessment framework (SOP) and refer to the appropriate eligibility criteria for Kent and Medway (SOP).

4. When unsure or there is a difference of opinion, good practice is to have a team discussion between all staff members caring for the child (to include person in charge of the relevant area, on call paediatric registrar and consultant). Nursing staff can also discuss any proposed action in cases of possible child abuse with their clinical manager, Safeguarding Liaison Advisor, (or the Named Nurse Safeguarding Children), and the subsequent management of the case decided upon.

5. Children’s social Care may also be consulted for advice on how to proceed. This constitutes a ‘Consultation’. In such cases the child’s family details do not necessarily have to be given, but withholding such information may restrict consideration of all relevant facts. (Kent & Medway Safeguarding Children’s Board’s Safeguarding Children Procedures (module 4.5.11 & 6.2.1-4).

6. The health professional should make it clear to the duty officer that this is what she/he requires at this stage. The health professional should receive a log number from the social worker regarding the outcome of the consultation.

7. The decision on how to proceed following the consultation is the responsibility of the health professional and must be fully recorded in the child’s Safeguarding Care Plan.

8. Staff may need in the course of their duties to check if a child is subject to a child protection plan. This may be particularly relevant when working in the Emergency Department. They may do so by contacting the children social care department for the area the child lives (Customer First in Medway and the Central Referral Unit – CRU in Kent). Staff should make it clear when speaking to the social worker that the call is an inquiry and not a referral. This should form part of the assessment of concerns and must not be relied on entirely.

9. To make a referral of an urgent child protection concern, telephone Customer First for Medway Children (01634 334466) or CRU for Kent 0300 0411111.

10. If it is out of office hours, contact the Out of Hours Team (03000 419191).
11. Child Protection referrals must be followed up in writing to Children’s Social Care to confirm the information given in the telephone call within 48 hours (Appendix 5). This applies to children living in Kent, children for Medway must be documented on the internal forms (Appendix 5b) all copies of any referral must be sent to the Named Nurse Safeguarding Children, Residence 13, Medway Maritime Hospital.

12. It is expected that most child protection referrals in hospital will be made by the medical staff. Parents should be informed of the referral unless there are exceptional circumstances. It is the responsibility of the professional identifying the concerns to share these with the parents/carers. It may be helpful for two members of staff to plan and undertake this task, one should be the most senior member of staff on duty.

13. Exceptions would be if informing parents would be a threat to the safety of the child or siblings, suspected sexual abuse, or fabricated or induced illness (previously known as Munchausen’s Syndrome by Proxy). In any case of suspected fabricated or induced illness, please refer to the Department of Health guidance document; Safeguarding Children in whom Illness is Fabricated or Induced (2008) and the Kent and Medway Safeguarding Procedures (module 10, 10.8 page 234).

14. A safeguarding care plan (Appendix 3) must be initiated on all children, where there are safeguarding concerns. All basic demographic information must be documented on care plans. Should a child not be registered with a GP then the safeguarding office within the Trust must be informed (ext 5308). The safeguarding office must also be contacted if a school aged child is not attending school. Parents must also be told that someone will contact them with information on registering with a GP or a school.

15. All nursing, midwifery or medical observations, decisions and actions taken must be clearly recorded in the child’s care plan, signed and dated.

16. Ensure that prior to the child being discharged from hospital there is agreement between consultant/registrar and social worker and discharge plan (Appendix 3) completed. The discharge plan must outline what will happen when the child is discharged and into whose care the child will be placed.

17. Ensure that all concerns regarding possible child abuse or concerns on Safeguarding Children are communicated to the family Health Visitor and/or Safeguarding Liaison Advisor who will inform the school nurse or other relevant health professionals who work with the family.

18. In the unlikely event of a difference of opinion between nursing and medical staff, reach a personal view of the evidence as you see it. It is always open to you to informally consult Children’s Social Care for advice. However, if a nurse/midwife has concerns about a child, it is their professional responsibility to take action.

19. In the event of a difference of opinion in diagnosis between doctors, there must be discussions between the doctors concerned. The named doctor or the designated doctor can also be contacted for advice and be part of the discussion. The concerns should be clearly documented in the child’s medical records, as well as the outcome of discussions, final diagnosis and action taken. Should a referral to Children’s Social Services or Police
be decided upon it must also be documented in child’s notes who will be making the referral. A copy of the referral must be sent to Named Nurse Safeguarding Children.

20. A child who is identified as already subject to a child protection plan and is admitted or attends the Emergency Department must be notified to Children’s Social Care directly.

21. When a child is hospitalised and subject to a care order, staff have a duty to comply with any specific instructions issued by the Court to ensure the child’s safety i.e. visiting restrictions of any named individuals. It is vital that staff are clear on who can visit and what actions need to take place should the individual attempt to visit the child.

22. Any child or baby whose medical needs mean they have to be in hospital for a period of 3 months or more must be referred to children social care for a welfare assessment.

23. SOP Outlines advice for staff working in the emergency department

ACTION TO BE TAKEN ON CONCERNS RAISED BY MEMBERS OF THE PUBLIC

Children In Need and Common Assessment Framework (CAF)/Early Help

24. Whilst it’s been recognised that safeguarding is the responsibility of all agencies (Section 11 Children Act 2004), there may be some instances where families may need extra help from specific agencies or organisations in their daily lives, which can help prevent future harm or neglect.

25. It may not be necessary for all children identified as in Need of support by a health professional to be referred to Children’s Social Care. Some children may require services from other agencies beside health e.g. health visitor intervention, benefits, housing, Home start etc. To assist this process undertaking a CAF/Early Help assessment may be a way forward to achieving support for families.

26. When a CAF is planned the CAF/Early Help coordinator for the area the child lives can be contacted for help and advice on how to move this forward. Contact details can be found in Appendix 8. This applies to the Medway area. In Kent information and forms can be found on www.kelsi.org.uk

ALLEGATIONS INVOLVING A MEMBER OF STAFF

27. It must be remembered that children can also be subject to abuse by those who work with or care for them in any setting. All allegations of abuse or maltreatment of children by a staff member must be taken seriously. All organisations providing services to children should have a Named Senior Officer (NSO) and a Senior Manager (SM). Within this Trust these posts are held by the Deputy Director of Nursing in the women and Children’s Directorate (SM) (Can also be the Clinical Director or General Manager depending on the role of the member of staff involved) and a senior member of staff in the Human Resources Department for that Directorate. (NSO).

28. It is the responsibility of the Local Authority to appoint a Local Authority Designated Officer (LADO). The role of the LADO is to be involved in the management and monitoring
of cases. They are also expected to provide advice and guidance to employers and liaise with the police and other voluntary agencies.

29. Any staff member who is concerned that a person who works with children has behaved in a way that has or may have harmed a child, possibly committed a criminal offence, or whose actions indicate that they are unsuitable to work with children must comply with the following actions:

a. Report their concerns to their line manager, who having ascertained all the details of the case must then record the concern on an allegations form (Appendix 10) and refer to the Trust’s NSO and SM.

b. There must be a clear record of the concerns which is timed, dated, signed and printed by both the member of staff and manager.

c. Confidentiality must be maintained at all times and so information should not be shared with anyone other than the staff member raising concerns, the manager and the Trust’s SM and NSO.

d. On receiving the report of concerns the SM and NSO need to look at the facts as presented, decide on the seriousness of the allegation, and following internal discussions contact the LADO.

30. The Kent and Medway Safeguarding Children procedures outline the management of allegations against staff and can be found on www.kscb.org.uk or www.mscb.org.uk. These procedures must be followed at all times when managing cases of allegations against staff. They must also be used in conjunction with the Trust’s whistle-blowing procedures.

31. A flow chart outlines the process to be followed in the Trust.
ALLEGATIONS MANAGEMENT FLOW CHART

Allegation made by staff, parents/carers, child or any external agency

Allegation Management Record completed

Senior Manager (Head of Nursing Children’s Directorate) and Nominated Officer (Director of HR or Deputy) informed

LADO for the area the child lives in informed

No onward referral

Strategy discussion. Includes representation from Police, Social Care, LADO and employer

No further action

Child Protection case for criminal investigation
FOLLOWING A REFERRAL

32. It is the responsibility of the social worker receiving the referral to make a decision. One of the following decisions will be made:

   a. No further actions by Children’s social care/ Children’s social Services
   b. Provision of information and advice, or referral to a more appropriate service for example Early Help/CAF
   c. Initial Assessment required
   d. Immediate section 47 (child protection) enquiry required and /or emergency action to protect the children in accordance with section 47 of the children Act 1989.

ESCALATION OF CONCERNS

33. Should there be a disagreement between the health professional referring and Children’s Social Care/ Children’s Social Services, this should be resolved using the process described in the Medway Safeguarding Board’s policy. This can be found on the MSCB website (www.mscb.org.uk) ) The flow chart in SOP outlines the process for escalation as outlined in the MSCB’s escalation policy.
# Standard Operating Procedure

## Safeguarding Children – Raising Concerns

### Implications of not following procedure

### Useful Contacts:

See SOP0060 – Useful Contacts

### Monitoring the Process:

### Approval Signatures:

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