

# SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN

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## SECTION ONE: DEFINITIONS, CATEGORIES, INTERVENTIONS AND GENERAL PRINCIPLES

2 recent high profile child deaths have again reiterated that each and every one of us at the CoCH has a vital role in the protection of children

A large, bold, black 'I&S' logo is centered within a dashed rectangular border.

CoCH staff to note that the CoCH safeguarding children team

Karen Milne Named Midwife/Professional Safeguarding Children/Lead Domestic Abuse

Paula Lewis Specialist Safeguarding Children Practitioner/Early Intervention Lead

Can be contacted via

**Irrelevant & Sensitive**

Bleep **I&S**

Work mobile **Irrelevant & Sensitive**

The Named Dr Howie Isaac and the Designated Dr Rajiv Mittal for safeguarding children can be both contacted via **Irrelevant & Sensitive**

Designated Dr Sarah Dubois for Children In Care can be contacted via **Irrelevant & Sensitive**

In addition:

Vivien Beswick Str AED Link Safeguarding Children/Domestic Abuse can be contacted on ext **I&S**

Bev Ellis Str AED Link Nurse Domestic Abuse can be contacted on ext **I&S**

Carys Williams Link Community Midwife Domestic Abuse can be contacted on ext **I&S**

Sara Taylor Independent Domestic Violence Advisor can be contacted on ext **I&S**

The “**What to do if you’re worried a Child Is Being Abused**” flowchart is available in all areas of the Trust. For additional copies please contact the safeguarding children team on ext **I&S**

The above members of staff can be contacted to discuss any concerns by any member of staff from anywhere in the Trust. In addition a member of the safeguarding children team visits the AED and the Children’s Unit and the maternity wards on the morning of each working day to collect the notifications of, and to action and follow up any safeguarding children issues that have arisen in the previous 24 hours.

The AED and the Children Unit each have a safeguarding children box in which to place completed safeguarding children notification forms for collection.

## SECTION FIVE: SUPPORTING STAFF AND VOICING CONCERNS

### Escalation and Resolution

*“There will always be differences of professional opinion. However, practitioners and agencies have a responsibility to challenge when it is believed that other agencies are failing to recognize child maltreatment and/or their response leaves children at risk of significant harm. This policy is to ensure partner agencies have a quick and straightforward means of resolving professional differences in view of specific cases, in order to safeguard the welfare of children and young people” (LSCB Resolution Pathway and Escalation Policy 2013)*

If at any point a member of CoCH staff feels that their concerns about a child are not being acted upon appropriately they must discuss this with the safeguarding children team who will take responsibility for ensuring the case is appropriately managed within the CoCH. If the safeguarding children team are concerned that concerns about a child are not being managed appropriately by Children’s Social Care, the case must be discussed with the relevant team manager within Children’s Social Care. If this does not resolve the differences and the concerns for the child remain, the case will be discussed with the Designated Doctor and Nurse for Safeguarding Children and at the highest level within Children’s Social Care. If the child is within the hospital setting, he/she should not be discharged until CoCH staff can conclude that their concerns are being addressed in the child’s best interests. Any unresolved issues will be managed as per LSCB escalation policy which can be accessed via [\(CoCH intranet\)](#)

The Trust will support staff as part of its commitment in the implementation of this policy; the range of support available can be reviewed in the Supporting Staff Policy. Safeguarding children issues may be stressful for staff who need to empathise with victims and carers, confront abuse issues, resolve conflict and establish support and protection. It is important that the impact on staff is recognised and that they have appropriate opportunities for support through management or clinical supervision. If necessary, it should be possible to offer access to confidential independent counselling. This can be accessed via the Occupational Health Department.

### Speak Out Safely (Raising Concerns about Patient Care) and Whistle Blowing Policy

It is the responsibility of all members of staff, medical, clinical or non-clinical, to ensure that high standards of care, treatment and services are provided at all times for patients and that all patients are **safely** in our care. From time to time, staff may have concerns about the care or treatment given to any patient(s), including **children and young people**, and may wish to discuss these with managers. All concerns raised by staff about patient care will be dealt with seriously, promptly, and be subject to a thorough and impartial investigation where necessary. Managers have a particular responsibility to protect patients, and to handle concerns about their care in a way that will encourage the voicing of genuine misgivings, while at the same time protecting staff against unfounded allegations. No recriminations will follow reports which are made in good faith about low standards of care or possible abuses. All staff must comply with the Trust Values and put patients at the heart of everything they do