North West Children's Major Trauma Network
Always Children First

Safeguarding

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Safeguarding

Introduction

In the assessment of children where there are potential safeguarding concerns, please refer to local policies and guidance.

Indictors of potential safeguarding concerns

1. Injuries in infants, particularly non-mobile infants
2. Implausible or absent explanation, taking in consideration developmental ability of the child
3. Alcohol/Drug fuelled violence or assault
4. Injury because of intoxication or being high/disinhibited
5. Sexually transmitted infection / pregnancy due to unprotected sexual relations
6. Potential criminality including knife crime
7. Disclosure of assault
8. Multiple injuries/ presentations
9. Delay in presentation
10. Concerns around the interactions between carer and child
11. Concerns related to adult/carers behaviour, such as intoxication, domestic

It is the responsibility of the referring doctor to explain the reason for referral to the parents / carers. If a child protection medical assessment is required in addition to referral to another clinical specialty for specific management, (e.g. orthopaedics, burns), it is the responsibility of the referring doctor to make the referral to the Paediatric Registrar/Consultant responsible for Safeguarding concerns for consideration of a child protection assessment (refer to local Standard Operational Policy).

Assessment

The history and context in which children and young people present with injuries should also be considered. **The importance of thorough history taking, being professionally curious and respectfully challenging are key to considering safeguarding risk**

- Could the laceration be related to knife crime / involvement with organised crime groups?
- Could the assault be linked to Honour based violence?
- Could a pregnancy be linked to child sexual exploitation?
- Any injuries noted just be carefully documented with the use of body maps if possible.

Detailed history of the event should include:

- When, where and how it occurred.

- Who was present at the time of injury and who accompanied the child to ED with clear documentation of names.
- The developmental ability of the child.

- Careful documentation of history provided by the carers and the child.

- Record of injuries on body maps where possible.

Actions

a) If any member of staff has safeguarding/child protection concerns about any child or young person attending the ED, the ED senior doctor and nursing shift leader on duty must be informed.

b) If a child or young person is seen in the ED requires a medical paediatric opinion for child protection concerns, it is the responsibility of the referring doctor to explain the reason for referral to the parents / carers.

c) If a child protection medical assessment is required in addition to referral to another clinical specialty for specific management, (e.g. orthopaedics, burns), it is the responsibility of the referring doctor to make the referral to the Paediatric Registrar/Consultant responsible for Safeguarding concerns for consideration of a child protection assessment (refer to local Standard Operational Policy).

d) If a child is transferred to another hospital any safeguarding concerns should be clearly documented and the information given to both the transfer team and the team receiving the patient.

e) Refer to children's Social Care as per local policies

Sudden unexpected death in childhood

There are national and local policies on the actions to take following the death of a child or young person.

Please refer to local policies for guidance in relation to reporting responsibilities and actions.

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SAFEGUARDING CONCERNS

Please ensure you have considered the following actions before your referral to Social Care

Concern

- A professional or someone caring for a child or young person has safeguarding concerns about them

Discuss

- The professional or individual staff member discusses concerns with a senior member of the team and the lead consultant for the child or young person

Check

- Check with Social Care, GP, HV, SN (in working hours) to see what information is known about the child/young person
- Have they been on a CPP,CIN, LAC? Are there any current known risks?

NB

- Referrals to Social Care or Police should not be delayed if information about a child/young person is not immediately available.
- Please document that this information will need to be documented when available in hours

Assess

- Consultant to undertake a full assessment, utilising good practice checklist (see below)

Decision

- Following assessment a decision should be made related to agreed referral to Social Care &/or Police based on findings and history available. This would usually be with parental consent
- NB It is best practice to share with parents that a referral will be made to CSC, however you do not need this where there is evidence that a child or young person is at risk of potential harm

Document

- Ensure documention of concerns, assessment and any pertinent investigations are complete and transferred with the child or young person

Handover

- Verbal handover of concerns, assessment and any actions to be handover between the referring and receiving consultant

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GOOD PRACTICE CHECKLIST - SAFEGUARDING	
Have you been able to speak to the child/YP alone? Can you still do this?	
Is the child/YP as immediate/imminent risk of harm? Physical, Emotional, Neglect, Sexual Harm information should never prevent a timely referral being made when there is identified safeguarding risk or need	
Are there any other children or vulnerable adults to consider? (siblings, peers, adults with identified learning need or vulnerabilities)	
Is there a parent or carer at risk? Is there an identified safety plan for all family members?	
Is it safe to discuss your concerns with the parents or carers? By doing so, may you place the child/YP at additional risk of harm?	
Is there a reason why the child/YP may resist efforts to safeguard him/her? (Dependency on drug supply, fear of repercussions to self/others, previous experience of services)	
Have you recorded everything that has been said to you by the child/YP?	
Have you recorded everything said to you by parents/carers/professionals and others?	
Have you discussed your concerns with your agency nominated safeguarding lead? You can also discuss with a peer/colleague or Children Social Care	
If consent for a referral has not been provided The Children Act enables professionals to make a referral to Children Social Care when there is evidence and concern that a child or young person is at significant risk of harm. Parental request is NOT a requirement. It is best practice to inform a parent/guardian that a referral will be being made	
Have you complied with all your agencies safeguarding procedures?	
Is there a need to inform the Police because a crime has been committed? This	

may be via 111, unless it is in an emergency (999)	
Have you considered Early Help (EHAT)/Team Around the Family (TAF) for the child, young person and family? **Has a pre EHAT or TAF assessment been completed?**	

Information from local and national safeguarding practice learning reviews continues to highlight that when faced with complex circumstances of a child or young person's life, professionals find it difficult to keep the focus on the child/young person and the key elements which should contribute to his or her safety. Professionals should regularly consider checking their actions against this checklist as a good practice prompt.

Professionals should also utilise any opportunity to reflect and access safeguarding supervision where the trauma relates to safeguarding or child protection.