

Safeguarding Children and Young People

Version No: 1.1

Document Summary:

To provide a framework to ensure all Trust staff members are provided with the relevant guidance to carry out their safeguarding children responsibilities

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Document Control

[Author to complete all sections apart from Section 4 & 5]

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1.1 PD	19/12/2023	Change in Guidance – Working Together to Safeguard Children Document Updated
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1. Scope

This purpose of this policy is to provide all Trust Staff with the guidance to enable them to fulfil their role in relation safeguarding and protecting the welfare of children. These children can be:

- A patient of the Trust.
- Cared for by an adult patient of the trust.
- Visiting the Trust
- Considered to be at risk from any adult who is a patient, visitor, staff member or volunteer of the Trust.
- An unborn child of a pregnant mother booked or attending the trust or cared for by trust employees

This policy is applicable to all areas of the Trust and to all employees working within the hospital or community settings.

This policy must be referred to in conjunction with the specific Associated Documents which can be found with the Policy on the Trust Intranet page.

2. Introduction

NHS providers are subject to Section 11 duties of the Children Act 2004 which places a duty on organisations and individuals to ensure that their functions, and any services they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

All children (up to the age of 18) and adults who come into contact with the Trust should be safe and be able to develop to their full potential. The Trust Board is committed to ensuring that all staff are able to act in support of, and in conjunction with children and families. There should be a prime focus on ensuring that children's voices are heard and responded to.

Young babies are particularly vulnerable to abuse and work carried out in the antenatal period can help minimise potential harm through early assessment and intervention.

3. Statement of Intent

This policy in conjunction with the associated Standard Operating Procedures will provide Trust staff with the knowledge and skills required to ensure the safety of children with whom they come into contact. This will ensure compliance with national and local policy and legislation.

4. Definitions

Definition	Meaning
Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or failing to act to prevent harm.
Child	Anyone who has not yet reached their 18 th Birthday
Child Protection	The action taken to protect children who are suffering or likely to suffer abuse or neglect.
Unborn Baby	An unborn baby has not yet been born and is still inside its mothers' womb.
Looked after child (LAC)	A child is looked after by an authority if he or she is in their care or if he or she is provided with accommodation for a continuous period of more than 24 hours by the authority in the exercise of its social services function. Children are taken into care for a variety of reasons, the most common being to protect a child from abuse or neglect. In other cases,

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	their parents could be absent or may be unable to cope due to disability or illness.
Safeguarding Supervision	The process whereby a member of the Safeguarding Team offers support and supervision to staff working with or managing safeguarding cases.
Local Child Safeguarding Practice Reviews (CSPR)	A review of practice held when where abuse or neglect of a child is known or suspected and the child has died, or has been seriously harmed, and there is concern in the way the local authority or other organisations have worked together to safeguard the child.
Significant Harm	<p>The threshold that justifies local authority into family life.</p> <ul style="list-style-type: none"> • “Harm” means ill treatment of the impairment of health or development, including impairment suffered from seeing or hearing the ill treatment of others. • “Development” means physical, intellectual, emotional, social, or behavioural development. • “Health” means physical or mental health. • “Ill treatment” includes sexual abuse and forms of ill treatment which are not physical.

5. Duties, Accountabilities and Responsibilities

5.1 Chief Executive

The Chief Executive is responsible for providing assurance that the Trust is fulfilling its responsibilities in relation to Safeguarding Children. They will ensure partnership with Local Safeguarding Boards and represent the Trust when required.

5.2 Director of Nursing, Midwifery and Governance

The Trust has an identified lead executive director for safeguarding children at board level. This role is undertaken by the Director of Nursing who is responsible for:

- The provision of Board level leadership for safeguarding.
- Ensuring that Safeguarding Children is an integral part of the Trust’s governance arrangements.
- Ensuring that there is organisational compliance with clinical standards in relation to safeguarding children.

5.3 Assistant Director for Safeguarding

The Assistant Director for Safeguarding has full oversight of the Safeguarding Service within the organisation. This role forms the conduit to the Executive Director and Trust Board. In addition, the Assistant Director:

- Ensures all relevant policies and procedures are in place and are of the appropriate standard
- Ensures a programme of safeguarding training is in place
- Coordinates and quality assures Local Child Safeguarding Practice Reviews which the Trust are required to contribute to.
- Ensures that the Trust has a clear safeguarding strategy in place.
- Provides support and guidance to the named professionals.
- Completes Board level reports containing information on safeguarding activity, scrutiny, and performance.

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- Manages any complaints with a safeguarding element ensuring a thorough review and timely response.

5.4 Named Doctor Safeguarding Children

- Supports medical staff to carry out their safeguarding duties.
- Provides supervision in conjunction with the Named Nurse Safeguarding Children.
- Ensures any child death is reviewed in line with the Learning from Deaths Policy
- Conducts and contributes to serious case reviews, serious incident reviews and management reviews.
- Ensures any learning or good practice is disseminated appropriately and embedded in practice.

5.5 Named Nurse / Named Midwife Safeguarding Children

- Represents the Trust at relevant partnership meetings in line with local multi agency partnership arrangements.
- Ensures relevant safeguarding policies and procedures are in place, are up to date and are reviewed regularly.
- Ensures that there is a training strategy in place which encompasses all roles within the Trust.
- Provides advice and expertise on all areas of safeguarding and child protection throughout the organisation.
- Provides supervision to staff as and when required.
- Delivers safeguarding children training as per the Training Strategy.
- Conducts and contributes to serious case reviews, serious incident reviews and management reviews.
- Ensures any learning or good practice is disseminated appropriately and embedded in practice.

5.6 Specialist Nurse / Specialist Midwife Safeguarding Children

- Provides advice to all staff within the Trust.
- Contributes to the Trust Safeguarding Children training strategy.
- Attends multi agency child protection meetings including CP conferences, strategy meetings and LAC reviews ensuring written reports are completed.
- Represents the Trust at multi agency meetings such as MARAC / MACE.
- Deputises for the Named Nurse / Named Midwife at partnership meetings when required.
- Facilitates safeguarding group supervision.

5.7 Head of Midwifery

- The Head of Midwifery is accountable to the Trust Board for assuring compliance with this guideline within maternity services and ensuring that the guideline is reviewed and updated by the specified review dates

5.8 Directorate Managers / Matrons/ Ward Managers

- Ensures all staff attend safeguarding children training in line with the Training strategy.
- Ensures staff understand their roles and responsibilities in relation to safeguarding children.
- Ensures any incidents or concerns are reported to the Safeguarding Children Team.

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5.9 All Ward Staff

- Be alert to the possibility of abuse or neglect regardless of role or area or work.
- Access safeguarding training when required.
- Ensure they are familiar with Trust and Local Authority procedural documents
- Know who to contact for safeguarding advice and support.
- Know how to refer to children's social care.
- Understand their role in supporting children and families.
- Maintain contemporaneous records in line with Trust Policy.
- Contribute to the multi-agency safeguarding children agenda.
- Share appropriate information with relevant professionals.
- Ensure children's voices are heard.
- Ensure children and families are informed of any concerns raised and action taken in relation to safeguarding.

6. Process

6.1 Statutory Framework

6.1.1 Children Act 1989

The main theme of the Children Act 1989 is that the welfare of the child is paramount when making decisions about the child's upbringing - this represents a new emphasis on children's rights.

The Children Act 1989 states the importance of working in 'partnership' with parents and families. Courts must also ascertain the wishes and feelings of the child.

The Children Act 1989 also places a strong emphasis on children remaining within their families of origin wherever possible and, when the child must live elsewhere, to preserve family links.

The Children Act 1989 introduced the idea of parental responsibility, formerly known as parental rights, which set out the duties, powers, responsibilities, rights and responsibilities of the parent or carer.

Threshold for Child Protection (S.47)

The Children Act 1989 sets out in detail what local authorities and the courts should do to protect the welfare of children. Local authorities are charged with the "duty to investigate if they have reasonable cause to suspect that a child who lives, or is found in their area, is suffering or is likely to suffer significant harm" (Section 47, Children Act 1989).

Threshold for Children in Need (S.17)

Local authorities are charged with a duty to provide "services for children in need, their families and others". Children in need are defined as children who are aged under 18 and:

- Need local authority services to achieve or maintain a reasonable standard of health or development.
- Need local authority services to prevent significant or further harm to health or development.
- Have a disability.

6.1.2 Children Act 2004

The Children Act 2004 sets out the process for integrating services to children so that every child can achieve the five outcomes laid out in the Every Child Matters green paper:

- Be healthy.
- Stay safe.

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- Enjoy and achieve.
- Make a positive contribution.
- Achieve economic well-being.

As well as promoting the Every Child Matters outcomes for all children, the Children Act 2004:

- Created the post of Children's Commissioner for England.
- Places a duty on local authorities to appoint a director of children's services and an elected lead member for children's services, who will be ultimately accountable for the delivery of services.
- Established Children's Trusts.
- Places a duty on local authorities and their partners to co-operate to contribute to and make arrangements to safeguard and promote the welfare of children.
- Put the newly developed Local Safeguarding Children Boards (LSCBs) on a statutory footing.
- Updates the legislation on physical punishment by making it an offence to hit a child if it causes mental harm or leaves a mark on the skin (Section 58), repealing the section of the Children and Young Persons Act 1933 which provided parents with the defence of "reasonable chastisement".

6.1.3 Working Together to Safeguard Children 2023

This statutory guidance covers:

- the legislative requirements that apply to individuals, organisations and agencies
- a framework for the three local safeguarding partners (the local authority, an ICB for an area, any part of which falls within the local authority area, and the Chief Constable for police for a police area, any part of which falls within the local authority area) to make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs.
- the framework for the two child death review partners (the local authority and any ICB for an area, any part of which falls within the local authority area) to make arrangements to review all deaths of children normally resident in the local area, and if they consider it appropriate, for those not normally resident in the area.
- It applies to all organisations and agencies that have functions relating to children.

6.2 Recognition of Abuse

Staff must be alert to the possibility of abuse or neglect. Children and young people may be abused through the infliction of harm or where an adult is unable to or fails to prevent harm, or in an institutional or community setting by those known to them, or by a stranger, including via the internet. Abuse may be inflicted by adults or other children. An abused child may often suffer more than one type of abuse, which can happen over a period of time or as a result of a one-off event.

6.2.1 Categories of Abuse

Staff should be able, following assessment, to identify the category of abuse they believe a child has suffered or is suffering which will contribute to analysis of risk and safety planning.

6.2.1.1 Physical Abuse

A form of abuse which may involve actions such as hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating; or otherwise causing physical harm to a child. Physical harm

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may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

6.2.1.2 Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse.

Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

6.2.1.3 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. Neglect may occur during pregnancy as a result of factors such as maternal substance misuse, ongoing failure to attend appointments or follow medical advice and non-engagement with support services is required.

Once a child is born, neglect may involve a parent or carer failing to provide the appropriate care for them. Neglect can be a lot of different things, which can make it difficult to spot.

Neglect can include:

- **educational** – not ensuring the child receives/attends appropriate education.
- **physical** – failure to provide for basic needs e.g., food, shelter or ensure safety or ensure adequate supervision.
- **emotional** – failure to meet a child’s need for stimulation or nurture/love. This overlaps with emotional abuse and may involve ignoring, intimidating, or humiliating the child.
- **medical** – a failure to ensure a child receives appropriate medical care, including dental care, or ignoring medical advice. It includes the ongoing failure of the parent/carer to take their child to appointments.
- **adolescent** – the failure to provide adequate parenting and support for teenagers meaning they are often left to deal with issues by themselves (e.g., relating to sourcing material items, dealing with emotions, levels of supervision and general well-being).

6.2.1.4 Emotional Abuse

The persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on their emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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6.2.1.5 Children at Risk Outside the Home (previously Contextual Safeguarding)

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. Traditional approaches to protecting children/young people from harm have focused on the risk of violence and abuse from inside the home, usually from a parent/carer or other trusted adult and don't always address the time that children/young people spend outside the home and the influence of peers on young people's development and safety. Contextual Safeguarding is applicable to a wide range of risks which can potentially cause significant harm to children and young people where the prime cause of harm is outside of the family. This list isn't exhaustive but includes:

- Peer on peer and relationship abuse / teenage relationship abuse.
- Criminal/ sexual exploitation/ online abuse.
- Missing episodes or at risk of future missing episodes.
- Risks associated with gangs.
- Risks associated with radicalisation.
- Safeguarding risks in public spaces.
- Trafficking and modern slavery.

6.2.1.6 Modern Slavery

Modern Slavery is a complex crime that takes several different forms. It encompasses slavery, servitude, forced and compulsory labour and human trafficking. The Modern Slavery Act (2015) was introduced in the UK with the intention of combatting slavery and human trafficking. British and foreign nationals can be trafficked into, around and out of the UK. Children, women, and men can all be victims of modern slavery and are trafficked for a wide range of reasons including:

- Sexual exploitation
- Domestic servitude
- Forced labour including in the agricultural, construction, food processing, hospitality industries and in factories.
- Criminal activity including cannabis cultivation, street crime, forced begging and benefit fraud.
- Organ harvesting.

6.2.1.7 Digital or Online Safeguarding Risks

Online platforms are increasingly used to abuse and gain access to children and adults at risk. People's relationship to technology is increasingly embedded across all walks of life and as such, we cannot address their wellbeing and safety effectively without considering the potential risks that this can bring. Technology by its nature is constantly evolving, bringing both new opportunities and new risks for all but particularly, for our children, young people, and adults at risk.

6.2.1.8 County Lines

Is a national issue involving the use of mobile phone 'lines' by organised crime groups to extend their drug dealing business into new locations. These groups exploit vulnerable persons which involve both children and adults who require safeguarding. Fearless.org has further information and tips on how to spot a child who might be involved.

6.2.1.9 'Cuckooing'

Is the term used to describe the practice where professional Drug Dealers/Crime Gangs take over the property of an adult at risk and use it as a place from which to run their drugs business/ crime activity.

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The criminals will target those who are vulnerable, potentially because of Substance Abuse, Mental Health Issues, Learning Disability, or Loneliness, and befriend them or promise them drugs in exchange for being able to use their property. The gangs can send vulnerable young people and adults from their own area to stay at a house and distribute the drugs, again often intimidating and threatening them to stay.

The impact of this is that vulnerable individuals become indebted to gang/groups and are forced into labour, slavery, and exploitation to pay off debts. Report anything suspicious to 101.

6.2.1.10 Domestic Abuse Including Harmful Practices

The Domestic Abuse Act 2021 creates, for the first time, a cross-government statutory definition of domestic abuse, to ensure that domestic abuse is properly understood, considered unacceptable and actively challenged across statutory agencies and in public attitudes.

It is defined across Government as *“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are or who have been intimate partners or family members, regardless of gender or sexuality. The abuse can encompass but is not limited to psychological, physical, sexual, financial, or emotional abuse.”*

Often, when people hear the term ‘domestic abuse’ they picture acts of physical violence, but there is also a more subtle form of behaviour that is equally harmful. Since 2015, the offence of coercive and controlling behaviour within a relationship has been illegal in England and Wales. While this abuse takes many forms, it typically involves manipulation, humiliation, intimidation, and isolation to control and instil fear in people who are harmed, leaving lasting effects.

Domestic abuse can result in lasting trauma for victims and their extended families, especially children and young people who may not see the abuse but may be aware of it or hear it occurring. The Domestic Abuse Act 2021 makes clear that children irrespective of whether they are injured or see the offending are deemed to be victims of domestic abuse if they live in an abusive household. The impact of domestic abuse can range from loss of self-esteem to loss of life.

6.2.1.11 Safeguarding Children Involved in Domestic Abuse

Witnessing domestic abuse is a form of child abuse. It has a significant emotional impact on children and is a safeguarding concern. Due to the damaging impact that witnessing domestic abuse has on children/unborn babies, if an individual who discloses domestic abuse has children, a referral will always need to be made to Children’s Social Care. A referral to Children’s Social Care is needed in all domestic abuse situations where there are children involved or live in the household. This is regardless of whether the child was physically hurt during the incident, or directly witnessed the incident (such as they were in another room, or asleep when the incident happened) or has been impacted emotionally by the abuse.

Further information can be found in the Management of Domestic Abuse policy.

6.3 Assessment in Safeguarding

6.3.1 Assessment Framework

A number of factors need to be taken into account to determine issues, need for support, and level of risk for a child and family, as well as to highlight positive factors.

The following areas and factors should be considered within the assessment process:

Child’s developmental needs: consider health, education, emotional and behavioural development, identity, family and social relationships, social presentation, and self-care skills.

Parenting Capacity: consider ability of parent to provide basic care, to ensure safety, emotional warmth, stimulation, guidance, stability, and boundaries.

Environmental factors: consider family history and functioning, wider family, housing, employment, income, family’s social integration and community resource.

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6.3.2 Identification of Level of Need

In order to take appropriate action and ensure relevant referrals are made and to support children and families, staff must be able to identify the level of need on the safeguarding continuum.

6.3.2.1 Early Help

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Effective early help relies upon local organisations and agencies working together to:

- Identify children and families who would benefit from early help.
- Undertake an assessment of the need for early help.
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child.

Practitioners should in particular be alert to the potential need for early help for a child who:

- Is a young carer.
- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups.
- Is frequently missing/goes missing from care or from home.
- Is at risk of modern slavery, trafficking, or exploitation.
- Is at risk of being radicalised or exploited.
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse.
- Is misusing drugs or alcohol themselves.
- Has a parent or carer in custody

A lead practitioner should undertake the assessment known as the EHAT (Early Help Assessment Tool), to provide help to the child and family, act as an advocate on their behalf and co-ordinate the delivery of support services.

For an early help assessment to be effective:

It should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them. It should take account of the child's wishes and feelings wherever possible, their age, family circumstances and the wider community context in which they are living.

6.3.2.2 Child In Need

Local authorities are charged, under the guidance of the Children Act 1984 Section 17, with a duty to provide "services for children in need, their families and others". Children in need are defined as children who are aged under 18 and:

- Need local authority services to achieve or maintain a reasonable standard of health or development.
- Need local authority services to prevent significant or further harm to health or development.

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- Have a disability.

Following an assessment by Children Social's Care, a child in need plan will be formulated which should:

- Describe the identified developmental needs of the child, and any services required.
- Include specific, achievable, child-focused outcomes intended to promote and safeguard the welfare of the child.
- Include realistic strategies and specific actions to achieve the planned outcomes.
- Include a contingency plan to be followed if circumstances change significantly and require prompt action.
- Include timescales that are not too short or unachievable.

Regular multi agency meetings will be held to monitor the plan and progressions of identified actions. Professional involved are expected to attend meetings and contribute fully. If a member of staff has concerns regarding a case this must be discussed with a member of the Safeguarding Team.

6.3.2.3 Child Protection

The Children Act 1989 sets out in detail what local authorities and the courts should do to protect the welfare of children. Local authorities are charged with the "duty to investigate if they have reasonable cause to suspect that a child who lives, or is found in their area, is suffering or is likely to suffer significant harm" (Section 47, Children Act 1989).

When a referral is made indicating that a child/unborn baby may be at risk of significant harm, a multi-agency strategy meeting will be convened to discuss concerns, share information, and decide whether a section 47 enquiry should take place.

If enquiries are substantiated one of the following actions will be considered:

Immediate action to maintain the safety of the child, legal advice sought, and action taken to seek alternative accommodation for the child who will then become "Looked After" by the local Authority.

A child protection Conference will be convened where professionals involved will decide if the child/children will be made subject to a Child Protection Plan. The aim of the plan is to:

- Ensure that the child is safe from harm and prevent them from suffering further harm.
- Promote the child's health and development.
- Support the family and wider family members to safeguard and promote the welfare of the child, provided it is in their best interest.

6.4 Signs of Safety

The Signs of Safety consultation mapping process is designed to help workers think their way into and through a child protection case by mapping the case, a worker can get their own assessment out of their head and onto paper, so that the assessment and case plan can be reflected on and developed more easily, both with other professionals and the family.

The Signs of Safety assessment and planning process is designed to be the organising map for child protection. At its simplest, this framework can be understood as containing four domains for inquiry:

1. What are we worried about? (Past harm, future danger, and complicating factors.)
2. What's working well? (Existing strengths and safety.)

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3. What needs to happen? (Safety goal and next steps.)
4. Where are we on a scale of 0–10 where 10 means there is enough evidence that the child is safe 0 means it is certain that the child will be (re) abused?

These simple questions will assist practitioners in determining if a child is at risk.

6.4.1 Children with Increased Vulnerability

Staff should be particularly vigilant to children, who may have increased vulnerabilities, which could put them at increased risk of abuse or neglect.

6.4.1.1 Children with a Disability

Children and young people who have disabilities are at an increased risk of being abused compared with their non-disabled peers (NSPCC, 2016).

The term ‘disabled children’ refers to children and young people with a range of very different conditions and identities, some of whom may not identify as being disabled. This includes children who:

- are deaf
- are on the autistic spectrum
- have a condition such as attention deficit hyperactivity disorder (ADHD)
- have a learning disability
- have a physical disability such as cerebral palsy
- have visual impairment
- have a long-term illness.

Professionals sometimes have difficulty identifying safeguarding concerns when working with deaf and disabled children.

Children and young people with speech, language, and communication needs face extra barriers when it comes to sharing their worries and concerns. Communicating solely with parents or carers may pose a risk if the child is being abused by their parent or carer.

Additional support may be required from specialist services if there are safeguarding concerns for a child with a disability, this may include language and communications support. Staff should contact the safeguarding team for further advice with such cases.

6.4.1.2 Looked After Children

A child is ‘Looked After’ if they are in the care of the Local Authority for more than 24 hours. ‘Looked After Children’ fall into four main groups:

- **Section 20** - Children who are accommodated under voluntary agreement with their parents or young people who have signed themselves into care
- **Section 31 and 38** - Children who are the subject of a Full or an Interim Care Order
- **Section 44 and 46** - Children who are the subject of Emergency Orders for their protection
- **Section 21** - Children who are compulsorily accommodated. This includes children who are remanded to the Local Authority or subject to a criminal justice Supervision Order with a residence requirement

The term also includes:

- Unaccompanied asylum-seeking children.

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- Children in placements with family members including biological parents.
- Those children where the Local Authority holds a Placement Order and/or children are in pre-adoptive placements.

many professionals and teams across the UK have moved away from using the term 'Looked After Child' and 'LAC' and have, in collaboration with their local children in care councils and Local Authorities, agreed to use local variations, such as the following terms:

- children in care
- children looked after
- children we look after
- cared for children or cared4children

Looked after children are particularly at risk of abuse and neglect through and in general have poorer outcomes than population norms (e.g., educational achievement, homeless, mental health problems) although it is difficult to distinguish the extent to which these outcomes were caused by the child's experiences prior to coming into care, rather than their experiences once in care. However, maltreated children who remain in care have better outcomes.

The term 'Care Leaver' is used to define as a person up to the age of 25 years, who has been in the care of the Local Authority for at least 13 weeks since the age of 14; and who was in the care of the Local Authority at school-leaving age or after that date.

6.5 What to do if concerned?

If any member of staff has a safeguarding concern they should, in the first instance, contact a member of the Safeguarding Children/Midwifery Team. Outside of normal working hours, advice can be sought from the Paediatric Registrar/Consultant or the Paediatric Nurse/Maternity Bleep Holder (available via switchboard).

If there are concerns that a child has suffered abuse then a referral must be made to the Paediatric Registrar, who will decide if the child needs to be admitted, needs further examination, and needs a referral to Children's Social Care.

6.6 Referring to Children's Social Care

In order to make a referral to Children's social care staff must firstly identify the local authority where the child/mother of unborn lives. The referral form for the appropriate area must be completed and forwarded to the relevant local authority.

- The forms must be completed fully, electronically, with a concise reason for the referral documented including analysis of current risk
- If other children are currently open to Social Care, a new referral for the unborn baby must be made
- Staff must obtain consent for referrals from parents/carers and record this in the patient records as well as on the form.
- If a parent/ carer refuses to consent for the referral and the staff have identified the child to be at risk of suffering or to have suffered significant harm, then the referral can be sent without consent.
- In all circumstances the parent/carers must be informed that a referral is being made. The only reason this can be withheld is if the staff member feels the child may be at increased risk if the information shared with parent/carers.

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- If urgent, a telephone referral can be made, but this must be followed with a written referral.
- A copy of all referrals **must** be sent to the Safeguarding Team and a copy placed in the patient record. Maternity referrals must be uploaded to electronic maternity records.

6.7 Process following a Referral

Once a referral is received by Children’s Social Care it will be screened and allocated for assessment if appropriate. The safeguarding team will ensure that feedback is obtained on all referrals made and feedback to the referring practitioner if applicable.

If the practitioner does not agree with the outcome, this must be discussed with the Safeguarding Team who will assess the referral and if applicable discuss further with Children’s Social Care. If this does not resolve the concern, then the Safeguarding Team will consider using the Local Safeguarding Partnership Board Escalation Policy.

6.8 Partnership Working

Trust staff will attend and contribute, as required to the multi-agency processes within the safeguarding children process. This includes Early Help meetings, Child in Need meetings, Pre-Birth Assessment meetings, Child Protection Conferences, Core group Meetings, LAC Reviews and Strategy Meetings.

When attending a meeting staff must complete a written report and contribute fully to the process. Child Protection Conference reports must be shared with the parent/ carer at least one working day before the meeting.

A member of the Safeguarding Team must attend all Strategy Meetings.

6.9 Confidentiality and Information Sharing

Effective information sharing is key to safe and effective safeguarding practice. All staff must have due regard to the relevant data protection principles and Caldicott Guardian Principles which allow them to share personal information. Information should be shared to help protect an adult or child who may be subject to or potentially at risk of harm or abuse, or to prevent or detect a crime. In addition, there are some specific statutory provisions under the Children Act and Care Act for sharing information in relation to the operation of the Safeguarding Adult Boards and Safeguarding Children Partnerships.

Where there are concerns regarding the sharing of information regarding an adult at risk or child this can be discussed with the safeguarding team. Locally agreed Information Sharing protocols will also support the appropriate sharing of information.

6.10 Safeguarding Supervision

Safeguarding Supervision will be offered and facilitated by the Safeguarding Team; this will be delivered in either a group or a one-to-one format. Safeguarding Supervision is Mandatory for staff who are actively involved in the Multi Agency Safeguarding Procedures and must be attended. Further information can be found in the Safeguarding Supervision policy.

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7. Training

All staff will receive a level of safeguarding children training, this training is mandatory and is outlined in the Safeguarding Training Needs Analysis. This is based on the guidance provided in the Inter Collegiate Document: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019).

What aspect/s of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Statutory & Mandatory Training Policy?	If no, how will the training be delivered?	Who will deliver the training?	How often will staff require training	Who will ensure and monitor that staff have this training
Level 1 Safeguarding Children	All staff with a non-direct patient care role. Including Board Members and Volunteers.	Yes		E-Learning	Every 3 years	Safeguarding Team
Level 2 Safeguarding Children	Minimum level required for Clinical Staff that have some degree of contact with children and young people and / or their parents / carers.	Yes		E-Learning	Every 3 years	Safeguarding Team
Level 3 Safeguarding Children	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.	Yes		E-Learning/face to face	Every 3 years	Safeguarding Team

8. Monitoring Compliance

8.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1	Safeguarding Children KPI's (as determined by the ICB)

8.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Annual Safeguarding Audit Programme	Assistant Director of Safeguarding, Named Nurse Safeguarding	Quarterly audits relating to Safeguarding Children processes.	Quarterly	Safeguarding Assurance Group	Named Nurse, Named Midwife, Assistant Director Safeguarding, Safeguarding Assurance Group members
Commissioning Standard Audit	Assistant Director of Safeguarding, Named Nurse Safeguarding	Annual audit standardised audit tool	Annual	St Helens ICB Sefton ICB	Named Nurse Named Midwife Assistant Director Safeguarding, Safeguarding Assurance Group
Section 11 Audit	Assistant Director of Safeguarding, Named Nurse Safeguarding	Annual audit standardised audit tool	Annual	St Helens Safeguarding Children Partnership Board Lancs Children's Safeguarding Assurance Partnership	Named Nurse, Named Midwife, Assistant Director Safeguarding, Safeguarding Assurance Group members

9. References/Bibliography/Relevant Legislation/National Guidelines

No	Reference
1	NSPCC (2016) Deaf and disabled children: learning from case reviews. London: NSPCC
2	Working Together to Safeguard Children 2023. A guide to multi-agency working to help protect and promote the welfare of children. Department for Education Dec 2023. https://assets.publishing.service.gov.uk/media/65803fe31c0c2a000d18cf40/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf
3	The Children Act 1989: HMSO
4	The Children Act 2004: HMSO

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5	Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England 2015: DOH, DFE
6	Safeguarding Children, Adults at Risk and Children in Care Policy NHS Cheshire and Merseyside 7 th July 2022
7	The Domestic Abuse Act 2021: HMSO
8	Safeguarding Children Training Strategy and Training Needs Analysis 2023-2026 (Jan 2023)
9	Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership(CSAP) Procedures Manual
10	Sefton Safeguarding Children Partnership Policy and Guidance
11	Safeguarding Children, Young People and Adults at risk in the NHS; Safeguarding Accountability and Assurance Framework. NHS England. 2022

10. Related Trust Documents

No	Related Document
1	Safeguarding Supervision Policy
2	Management of Domestic Abuse Policy
3	Management of Female Genital Mutilation Policy
4	Safeguarding Training Strategy

11. Equality Analysis Form

The screening assessment must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process to ascertain whether a full equality analysis is required. This assessment must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Head of Patient Inclusion and Experience for monitoring purposes via the following email, Cheryl.farmer@sthk.nhs.uk. If the assessment is related to workforce a copy should be sent to the workforce Head of Equality, Diversity, and Inclusion darren.mooney@sthk.nhs.uk. If this screening assessment indicates that discrimination could potentially be introduced then seek advice from either the Head of Patient Inclusion and Experience or workforce Head of Equality, Diversity, and Inclusion. A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes that could have an impact on patients or staff.

Equality Analysis			
Title of Document/proposal /service/cost improvement plan etc:		Safeguarding Children and Young People	
Date of Assessment	01/09/2023	Name of Person completing assessment /job title:	Lisa Forshaw
Lead Executive Director	Director of Nursing, Midwifery & Governance		Named Nurse Safeguarding Children
Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:		Yes / No	Justification/evidence and data source
1	Age	Yes	Policy applicable to children up to the age of 18
2	Disability (including learning disability, physical, sensory, or mental impairment)	No	Click here to enter text.
3	Gender reassignment	No	Click here to enter text.
4	Marriage or civil partnership	No	Click here to enter text.
5	Pregnancy or maternity	No	Click here to enter text.
6	Race	No	Click here to enter text.
7	Religion or belief	No	Click here to enter text.
8	Sex	No	Click here to enter text.
9	Sexual Orientation	No	Click here to enter text.
Human Rights – are there any issues which might affect a person’s human rights?		Yes / No	Justification/evidence and data source
1	Right to life	No	Click here to enter text.
2	Right to freedom from degrading or humiliating treatment	No	Click here to enter text.
3	Right to privacy or family life	No	Click here to enter text.
4	Any other of the human rights?	No	Click here to enter text.
Lead of Service Review & Approval			
Service Manager completing review & approval		Anne Monteith	
Job Title:		Assistant Director Nursing Safeguarding	

12. Data Protection Impact Assessment Screening Tool

If you answer **YES** or **UNSURE** to any of the questions below a full Data Protection Impact Assessment will need to be completed in line with Trust policy.

	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g., health records, criminal records or other information people would consider particularly private?	Yes			Potential sharing of information under current safeguarding legislation
Will the procedural document lead to the collection of new information about individuals?	Yes			Mandatory reporting underpinned by legislation
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		No		
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive ¹ ?		No		
Will the information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	Yes			Potential sharing of information under current safeguarding legislation
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g., biometrics or facial recognition		No		
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?	Yes			Potential sharing of information and agency referrals under current safeguarding legislation
Will the implementation of the procedural document compel individuals to provide information about themselves?		No		

Sign off if no requirement to continue with Data Protection Impact Assessment:
 Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment

Policy author : Lisa Forshaw _____ **Date: 18/09/2023** _____

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13. Appendix 1 - Additional documents to be considered with the policy

Applicable to all sites

1. Identification and Notification of Private Fostering Arrangements
2. Management of Children at Risk of Child Exploitation
3. Management of Children Accompanying Adult Attenders or Patients
4. When the Attendance of An Adult Gives Rise to Safeguarding Children Concerns
5. Management of Children with Current Social Care Involvement
6. Management of Suspected Perplexing Presentations and Fabricated or Induced Illness
7. Management of Children and Young People Who Display Problematic or Harmful Sexual Behaviour
8. Management of Children Who Attend with Dog Bite Injuries
9. Management of Children Admitted to Hospital for a Period of 3 Months or More

Only applicable to St Helens and Knowsley sites

10. Discharge Process for Vulnerable Infants
11. Management of Children in Who Abuse or Neglect is Suspected
12. Management of Children Not Brought to Outpatient Clinic Appointments
13. Management of Sudden Unexpected Death in Children (SUDIC) and Apparent Life-Threatening Episodes (ALTE)
14. Management of Safeguarding Concerns for Women Receiving Care from Maternity Services

Only applicable to Southport and Ormskirk sites

15. Missing Alerts
16. Children and Young People Not Brought to their Health Appointments
17. Children Who Require a Child Protection Medical
18. Care of Children Aged 16-17 in Hospital including Management of Children and Young People with Acute Mental Health Needs

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