SAFEGUARDING CHILDREN POLICY

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<th>Author with contact details</th>
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To be read in conjunction with / Associated Documents:
- Liverpool Safeguarding Children Board Procedures
- Sefton Safeguarding Children Board Procedures
- Knowsley Safeguarding Children Board Procedures
- Safeguarding Adults Policy 2015
- Domestic violence and Abuse Policy 2014
- Safeguarding Supervision SOP 2015
- Whistle Blowing Policy 2011
- PREVENT SOP 2014
- Dealing with Personal/Professional Conduct 2014
- Staff Confidentiality Code of Conduct Non Clinical Guideline 2014

Information Classification Label

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- [ ] NHS Protect
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To access this document in another language or format please contact the policy author.
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<td>Paediatric care process in more detail as per CCG recommendation.</td>
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Do you have a Safeguarding Concern for a Child or concerns about a vulnerable adult with child/children?

A child is anyone under 18 years

Is the child/children considered to be at risk of significant harm? See Section 4.2.
Discuss your safeguarding concerns with a senior nurse/clinician/safeguarding nurse

If considered at risk of significant harm a child protection referral is made

The referral forms are available on Sigma via a Child Section 2 Proforma (see section 4)
Decide with a senior nurse/clinician who will make the referral

The referral is made to the area (address) the child lives in

If children in a family live in more than one area be aware that each area will need to be notified and a referral form completed for each child – seek advice from the Safeguarding Team

Obtain family details including children's names, DOB, addresses from patient/family member, school's to include on the referral form

Contact the relevant social care team by telephone and check if child is known to them – give a verbal handover of your safeguarding concerns and the reasons you are referring – include the details of the social work discussion in your records

Document in the medical notes that the referral has been completed
Complete a Datix for each referral
The social work team will contact you for further information
2.1 INTRODUCTION

Aintree University Hospital Trust (AUFHT) aspires to the highest standards of corporate behavior and clinical competence, in order to ensure that safe, fair and equitable guidelines are applied to all care provided to children. All children have a right to be safe and protected from harm.

Protecting children from harm and promoting their welfare depends on shared responsibility and effective joint working between different agencies (Working Together to Safeguard Children (2015). NHS Trusts are expected to co-operate with the local authority and share responsibility for the effective discharge of its function in safeguarding and promoting the welfare of children. Working Together to Safeguard Children (2015) was produced in response to Statutory Guidance and informs AUFHT Safeguarding Children Policy in conjunction with Local Safeguarding Children Board Procedures.

Working Together to Safeguard Children has incorporated statutory guidance in accordance with the Children Act (2004, 1989). It is a key document which has informed the Safeguarding Children Policy and should be referred to when consulting this policy.

Aintree University Hospital Trust (AUFHT) will fulfill its statutory duties relating to the safety and welfare of children through the demonstration of:

- Compliance with all statutory guidance on safeguarding children including The Children Acts 1989 & 2004 (section 11)
- Cooperate in the operation of the Local Safeguarding Children Boards by providing a senior person who will represent the Trust
- Have in place a Named Doctor and a Named Nurse for Safeguarding Children
- Ensure there are robust policies and procedures in place to guide and inform staff about safeguarding children
- Have procedures for dealing with allegations of abuse against members of staff
- Have a Board level representative of the organisation with safeguarding responsibility
- Have safe and effective recruitment and human resources procedures
- Ensure members of staff are trained adequately so that the safeguarding of children and the promotion of their welfare forms an integral part of the care they offer
- Ensure that safeguarding children is part of the audit and governance structure

2.2 Policy Statement

This document defines the Safeguarding Children Policy for AUFHT. The policy illustrates the requirements and compliance with legislative duties to safeguard children. It is applicable to all AUFHT staff and all independent contracted staff and volunteers.

In this policy, as in The Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. ‘Children’ therefore means ‘children and young people’. The fact that a child has reached the age of 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, or in custody in the secure estate, does not change his/her status or entitlement to services or protection.

This policy outlines responsibilities for safeguarding children in keeping with statutory guidance, and markers of good practice at both strategic and operational level, and supports the ethos that ‘safeguarding children is everyone’s responsibility’.

2.3 Scope of Policy

This policy applies to all staff working or volunteering within all of the AUFHT areas. The key principles are applicable to all service areas.

All employees of the AUFHT have an individual responsibility for the protection and safeguarding of children and young people.

All AUFHT managers must ensure their staff is aware of and able to access this policy, and ensure its implementation in accordance with their line of responsibility and accountability.

This policy is mandatory and applies to all staff (temporary and permanent) within AUFHT.
3.1 ROLES & RESPONSIBILITIES

Whilst Children’s Social Care has the lead role in working with families where children are at risk or have experienced significant harm from abuse and neglect, working to protect children is not their sole responsibility. It is shared by all those who work with children or parents/carers.

The responsibilities of the AUHFT and staff groups regarding safeguarding children are outlined in the statutory guidance ‘Working Together to Safeguard Children’ (HM Government 2015, Chapter 2). All staff and managers should be aware of those responsibilities.

3.2 Aintree University Hospital Trust (AUHT)

AUHFT has a duty under Section 11 of the Children Act 2004 to ensure that: Their functions are discharged having regard to the need to safeguard and promote the welfare of children.

The process by which AUHT will demonstrate compliance and seek assurance will be through the AUHFT Safeguarding Group.


AUHFT is further required to ensure that it clearly identifies the standards expected from its staff members with regard to ensuring the safety and welfare of children is promoted.

3.3 The Chief Executive

The Chief Executive has a responsibility to ensure, along with Board of Directors, that the Trust is discharging its duty under Section 11 of the Children’s Act and that it complies with the legislation and guidance identified in section 4 of this policy.

3.4 The Executive Nurse / Director of Nursing and Quality

The Executive Nurse has Board level responsibility for Safeguarding Children within AUHFT and acts as the link between the Board of Directors and the wider organisation.

3.5 The Safeguarding Group

The AUHFT Safeguarding Group meet monthly to ensure that the organisation and its contracted services are compliant with their statutory duties, and to review any areas of concern.

3.6 Named Doctor Safeguarding Children / Safeguarding Lead

The Named Doctor for Safeguarding Children and the Safeguarding Lead advise the Trust in all activities to ensure that the Trust meets its responsibilities in safeguarding children:

- Advise the Trust Board (via the Executive Nurse) of the responsibilities to ensure that the performance indicators in relation to safeguarding are met
- Ensure the Trust has appropriate policies and procedures which comply with National and Local Safeguarding Children's Board guidance.
- Ensure that the Trust has an appropriate training strategy (in accordance with national policy) for safeguarding and protecting children and young people.
• Take an active role in seeing children where there are child protection concerns in partnership with the relevant Trust staff.
• Support and advise other professionals on the management of all types of child maltreatment.

Contact details for the Named Doctor and Safeguarding Lead can be found in Appendix 2.

3.7 General Managers/Clinical Directors

General Managers /Clinical Directors are responsible for ensuring dissemination of the policy within their Directorates and for ensuring staff are aware of and working within the remit of this policy. They are also responsible for ensuring that managerial staff within their Directorate is familiar with individual roles and responsibilities including their role in being the first point of contact by a staff member with a safeguarding concern.

3.8 Patient Services Managers/Clinical Site Coordinators/On Call Managers

Patient Services Managers are responsible for ensuring that staff within their area of responsibility are fully aware of and are working within the remit of this policy. They must also ensure staff are appropriately trained and understand their individual responsibility.

On call managers and Clinical Site Coordinators must ensure they are familiar with the procedures to follow if they are contacted about a safeguarding concern as the first line manager out of hours.

3.9 Health Visitor Liaison

The Trust hosts a Health Visitor Liaison service and this ensures a vital link between secondary and primary care services. Health Visitor liaison focusses on safeguarding children and promoting their well-being through effective two way communication between the hospital and community services.

The Health Visitor is based in Accident and Emergency (AED) and has systems and processes to share information on hospital attendances with primary care professionals such as GP’s, Health Visitors and School Nurses.

Information shared would include:
• Safeguarding concerns
• Children with additional needs
• Risk taking behaviour in young people
• Children missing from home or from education
• Children that are not registered with a GP

Health Visitor referrals are mainly generated through AED when children and young people are triaged or when there is a safeguarding concern about a parent/carer that has contact with children. Staff in AED complete the Health Visitor referral. **Staff not located in AED with concerns about a child/children contact their Matron or the Safeguarding Team who will assess if contact with primary care services is required.**

Contact details for the Health Visitor Liaison can be found in Appendix 2.

3.10 Clinical Staff

Staff members employed; contracted or volunteers, who do or do not directly deliver services to individuals, are expected to ensure that they act in accordance with the LSCB Procedures in circumstances where they identify a concern around the safety and welfare of a child or young person.

The specific actions required by individual staff members who have a concern about a child's safety and welfare is identified in the Summary Concerns Flowchart page 5.
All Trust staff has a responsibility to:

- Understand their levels of responsibility in relation to safeguarding children
- Access the policy and procedures of the Trust and those of the Local Safeguarding Children Board (LSCB) regarding the safeguarding of children and to abide by them at all times
- Complete mandatory training as set out in the safeguarding Training Strategy (matrix) and as agreed with their managers

4.1 CONTENT OF THE POLICY

Safeguarding procedures on specific safeguarding topics are available on the intranet on the safeguarding website and include Child Sexual Exploitation (CSE), Internet Safety, Female Genital Mutilation (FGM), Fabricated or Induced Illness (FII), Human Trafficking, Forced Marriage and Honour Based Violence.

4.2 Early Help for Children

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. Working Together to Safeguard Children (2015).

A child that needs early help could be a child that:

- Is disabled and has specific additional needs;
- Has special educational needs;
- Is a young carer;
- Is showing signs of engaging in anti-social or criminal behaviour;
- Is in family circumstances presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or
- Is showing early signs of abuse and/or neglect

Early help assessments, such as the use of the Common Assessment Framework (CAF), will identify what help the child and family require. The role of Trust staff is to alert key agencies, such as community teams and/or the local authority, who can then take the lead in ensuring the child and family receive appropriate interventions.

Consent is sought from the family/carer and the child (if appropriate) to instigate early help assessments. If there is refusal to accept early help the professional will make a judgment about the impact this will have on the child. If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children’s social care.

It is essential to capture the voice of the child in the assessment of need. Record accurately the wishes and feelings of the child (this can be through words, behavior and how they relate to significant others) and any relevant information they offer. Nursing and medical documentation should reflect the voice of the child in assessments.

The Safeguarding Team will support and advise on making early help referrals. See Contact Details in Appendix 2.

4.3 Significant Harm

The Children Act (1989) introduced the concept of ‘Significant Harm’ as the threshold that justifies compulsory intervention in family life in the best interests of children and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or is likely to suffer significant harm.
Where the question of whether harm suffered by a child is significant is based on the child’s health and development, the comparison of what could reasonably be expected of a similar child.

- Harm means ill-treatment or the impairment of health or development (including for example, impairment suffered from seeing or hearing the ill-treatment of another).
- Development means physical, intellectual, emotional, social or behavioural development,
- Health means physical or mental health; and
- Ill-treatment includes sexual abuse and forms of ill-treatment which are not physical

Any suspicion of significant harm staff must follow Local Safeguarding Children Board Procedures (LSCB’s) for the area in which the child lives. The links to the LSCB’s are available on the intranet on the safeguarding website.

See the Summary Concerns Flowchart page 5 for the process of making a child referral.

4.4 Information Sharing

Information sharing is an important aspect of safeguarding children and young people. Guidelines must be followed to ensure that important information is disclosed when appropriate to do so.

- Information must be shared appropriately, on a need to know basis, and be compliant with the Data protection Act 1998.
- Staff should be familiar with the Trust Staff Confidentiality Code of Conduct Non Clinical Guideline 2014 available on the intranet.
- Information should always be shared with the parent/carer unless personal safety or the safety of the child or sibling is compromised and in some cases of sexual abuse or fabricated illness or induced illness. Refer to relevant safeguarding procedures on the intranet.
- Ensure rationale for sharing information is fully documented.
- See Appendix 4 for further information sharing guidance.

4.5 Paediatric Care

Emergency paediatric care at AUFHT is delivered in the Accident and Emergency Department (AED). Specialist paediatric advice is available in the department from AED Consultants, senior nursing staff and from the Safeguarding Team. Specialist paediatric advice can also be sought from Alder Hey Children’s Hospital.

If a child is admitted to the Trust (age 16 and 17 years) then the Senior Nurse in the clinical area will plan with nursing and medical staff how to maintain the safety of the child during the admission. Special consideration is made about:

- Accommodating parents
- Paediatric equipment
- Environment such as the use of a side room
- Involving the child in decisions about their care (where appropriate)

If there are safeguarding concerns the child must not be discharged without a documented plan for their future care of the child. The plan would include the follow up arrangements and the involvement of partner agencies. Discharging a child without due consideration for safety planning must not happen. The Senior Nurse/Clinician/Safeguarding Team must be informed of the safeguarding concerns and the discharge plans to ensure the safety of the child.

Children requiring specialist and on-going treatment are transferred from AUFHT and admitted to Alder Hey Children’s Hospital. AUFHT staff has written processes for the transfer of children to Alder Hey Hospital. The transfer process must include a Paediatric Inter-Transfer Letter see Appendix 8.
4.6 Safeguarding Alerts

Safeguarding alerts are generated in the Trust by the Safeguarding Team to enable staff to have an awareness of safeguarding concerns at the beginning of their assessment of a child, young person and family. The alerts (on Sigma) are the result of information that the Safeguarding Team receive from partner agencies such as the local authority. The alert provides the staff member with important safeguarding information that must be taken note of and forms part of the safeguarding assessment.

Safeguarding alerts include:

- Children on a Child Protection Plan
- Children Missing from home
- Children Missing from education
- Multi-Agency Risk Assessment Conference (MARAC)
- Child Sexual Exploitation (CSE)
- Learning Disability

Staff document that they have noted the alert and whether the information is relevant for the hospital attendance. In the case of a child on a Child Protection Plan the relevant social work team must be contacted to inform them of the hospital attendance. In the case of Missing Children the police, social care team and Safeguarding Team are informed immediately. In the Case of Child Sexual Exploitation (CSE) see procedures for CSE on the intranet. The alert is provided to ensure that significant safeguarding information is available to staff to inform their decision making.

The Safeguarding Team can be contacted to discuss the alert information and provide more safeguarding information (on a need to know basis). See Appendix 2 for contact details.

4.7 Sexually Active Children

Most young people under the age of 18 will have a healthy interest in sex and sexual relationships. Those working with young people must be vigilant to identify relationships which may be abusive and where young people may need protection or additional services.

Safeguarding children includes the provision of sexual health education and support, whilst protecting the child or young person from inappropriate or abusive sexual contact. It is therefore essential that children and young people are not deterred from accessing sexual health services and that a balance is struck that promotes a child or young person’s welfare.

All young people, regardless of gender, who are believed to be engaged in, or planning to be engaged in, sexual activity should have their needs for health education, support and/or protection assessed by the agency which has contact with them.

If you have concerns that a young person may be at risk of sexual exploitation through prostitution, follow the procedures for Child Sexual Exploitation (CSE) on the intranet.

4.8 Safeguarding Referrals to Social Care

Safeguarding referrals can be made to request early help for children and also for children in need of protection. All clinical staff is accountable for ensuring that they have completed safeguarding training and know how to make a safeguarding referral.

Merseyside local authorities are due to collaborate to produce a safeguarding referral form in a single format (currently each local authority has a different form). The referral form will be accessed through Sigma on a Child Section 2
Staff in the Emergency Department have access to the Child Section 2 proforma and if staff in other departments are making a child referral they must contact their Matron or the Safeguarding Team for advice and guidance. In the event of a significant safeguarding concern staff would phone the relevant social care team immediately. The Child Section 2 proforma will be available throughout the Trust by March 2016.

The safeguarding referral is made to the area/locality in which the child is living and if there is more than one child a referral to each area in which they live. Guidance on what information to include in the safeguarding referral can be viewed on the intranet on the safeguarding page. The Safeguarding Nurse on ext. 2357/6506 will assist if you need require support.

After completing the referral form you must telephone the relevant social care team to inform them of the referral details – see Summary Page for contact numbers. After the social care team have been telephoned with all the relevant details the referral form is assessed by the Safeguarding Nurse and submitted to the relevant social care team. Complete a Datix form each time a referral is completed. The Safeguarding Nurse will process the referral forms, check them to ensure all relevant information is included and ensure they are sent to the Social Care Team as per Local Safeguarding Children Board procedures. The Safeguarding Team contact details are in Appendix 2.

4.9 Recruitment and Personnel Processes

AUHFT has a duty to ensure that safer recruitment processes are complied with and will act in accordance with the NHS employer’s regulations, including the Safeguarding Vulnerable Groups Act (HM Government, 2006) and the local HR recruitment policies.

4.10 Due Regard

AUHFT is committed to all processes that safeguard children and young people and promote their welfare and aims to provide safeguarding services that will ensure equal access to all children and young people, regardless of:

- Race, religion,
- First language or ethnicity
- Gender or sexuality
- Age
- Health status or disability
- Political or immigration status

4.11 Sudden Unexpected Death in Infancy (SUDI) Procedures and Sudden Unexpected Death in Childhood (SUDIC) Procedures

SUDI is an unexpected death defined as the death of an infant up to two years of age which:
- Was not anticipated as a significant possibility; for example twenty four hours before the death; or
- Where there was a similarly unexpected collapse or incident leading to or precipitating the events which led to the death

SUDIC is an unexpected death (with the above criteria) in a child aged 2 to under 18 years.

The procedural documents are ‘The Merseyside Joint Agency Sudden Unexpected Death in Infancy (SUDI) Protocol’ and ‘The Merseyside Joint Agency Sudden Unexpected Death in Childhood (SUDIC) Protocol’ (2010) and they can be found on the intranet on the safeguarding website.
4.12 Serious Case Reviews

AUHFT has a statutory duty to work in partnership with the Local Safeguarding Children Boards in conducting Serious Case Reviews in accordance with Chapter 4 of Working Together to Safeguard Children (HM Government, 2015)

Subject to local arrangements either the Clinical Commissioning Group (CCG) Hosted Safeguarding Service or NHS England Merseyside Area Team will commission an Individual Management Review (IMR) with regard to any services delivered by AUHT. This IMR will be formally signed off for the organisation by the Board Level lead for safeguarding or their nominated deputy

All IMRs will be submitted to the Designated Professionals. It is expected that AUHT will have a robust sign off process by their board level lead and that reports received will have been subject to this scrutiny process

AUHFT will ensure that Named Professionals are given sufficient time and necessary support to complete individual management reviews

AUHFT will ensure that the review, and all actions following the review, are carried out according to the timescale set out by the LSCBs Serious Case Review Panel scoping and terms of reference

4.13 Safeguarding Supervision

Studies into serious case reviews where children have died or have been seriously abused and/or neglected have consistently commented that access to case discussion and supervision for staff has been poor or non-existent.

Children that are identified as being in need of protection, or vulnerable in any way, should be considered for discussion as part of the supervision process.

Safeguarding Supervision will be child-centred and capture the voice of the child. Documentation will reflect the needs of the child and demonstrate measurable outcomes. The Trust has trained safeguarding supervisors to ensure the supervision process is robust.

Details of how to access safeguarding supervision and the supervision framework are found in the Safeguarding Supervision SOP (2015) on the Trust intranet.

4.14 Training

4.3.1 AUHFT is responsible for ensuring that staff is competent and confident in carrying out their responsibilities for safeguarding and promoting children and young people’s welfare.

All health professionals who work with children and families should be able to:

- Understand the risk factors and recognise children in need of support and/or safeguarding (including those for unborn babies) and parents who need extra help and know where to refer for help
- Liaise closely with other agencies involved in a child’s care where appropriate and necessary
- Assess, plan and respond to the needs of children and their families
- Contribute to case conferences, discussions and planning activities to support families and children at risk (Understand the risk factors (including those for unborn babies) and recognise children in need of support and/or safeguarding and parents who need extra help and know where to refer for help with the appropriate Trust support)
- Know what to do if there are safeguarding concerns
These competencies are defined in the Intercollegiate Document Safeguarding Children and Young People Roles and Competencies for Healthcare Staff (2014) and the Trust Safeguarding Training Strategy. This document provides managers with information to decide either on recruitment or at PDR which level their staff should access.

All staff is expected to have awareness training (changing to training level appropriate for the role) on induction and then access the training level as appropriate on a minimum 3 yearly basis in accordance with the intercollegiate document. http://fflm.ac.uk/upload/documents/1290784237.pdf

5.0 MONITORING OF COMPLIANCE

<table>
<thead>
<tr>
<th>Minimum requirement to be monitored</th>
<th>Process for monitoring e.g. audit/review of incidents/performance management</th>
<th>Job title of individual(s) responsible for monitoring and developing action plan</th>
<th>Minimum frequency of monitoring</th>
<th>Name of committee responsible for review of results and action plan</th>
<th>Job title of individual/committee responsible for monitoring implementation of action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff knowledge of safeguarding children</td>
<td>Audit of staff knowledge of safeguarding procedures – responding to a child protection concern and how to make a child protection referral</td>
<td>Safeguarding Lead</td>
<td>Annual</td>
<td>Safeguarding Group</td>
<td>Safeguarding Lead</td>
</tr>
<tr>
<td>Local arrangements for managing risks with safeguarding children</td>
<td>Performance Report to Board of Directors</td>
<td>Safeguarding Lead</td>
<td>Annual</td>
<td>Safeguarding Group</td>
<td>Safeguarding Lead</td>
</tr>
<tr>
<td>Safeguarding training compliance</td>
<td>Performance Report</td>
<td>Divisional Director's Nursing</td>
<td>Quarterly</td>
<td>Safeguarding Group</td>
<td>Divisonal Director's of Nursing/AHP</td>
</tr>
</tbody>
</table>

6.0 EQUALITY, DIVERSITY AND HUMAN RIGHT STATEMENT

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This policy should be implemented with due regard to this commitment.
7.1 REFERENCES

https://www.education.gov.uk/publications/standard/Childrenandfamilies/Page1/DFE-00030-2013


HM Government (2006) What to do if you are worried a child is being abused
http://www.dcsf.gov.uk/everychildmatters/resources-andpractice/IG00182/

RCPCH (2014) Safeguarding Children and Young People, Roles and Competencies for Health Care Staff: Intercollegiate Document
http://fflm.ac.uk/upload/documents/1290784237.pdf

## Safeguarding Children Definitions

<table>
<thead>
<tr>
<th>Safeguarding Children</th>
<th>Child Protection</th>
</tr>
</thead>
</table>
| • Protecting children from maltreatment.  
• Preventing impairment of child's health and development.  
• Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.  
• Enabling children to have optimum life chances and to enter adulthood successfully. | Child Protection is part of safeguarding and promoting welfare and refers to the activity, which is undertaken to protect children who are suffering or are likely to suffer significant harm. |

<table>
<thead>
<tr>
<th>Significant Harm</th>
<th>Neglect</th>
</tr>
</thead>
</table>
| Significant Harm is that which is considered serious, important or noteworthy and where such harm or likelihood of harm is attributable to a lack of adequate parental care or control. Where the question of whether harm suffered is significant turns on the child’s health and development, his health and development shall be compared with that which could be reasonably expected of a similar child. Working Together to Safeguard Children, 2010 (and subsequent) sets out definitions and examples of the four broad categories of abuse, which are used as a basis for determining that a child should be subject to a Child Protection Plan. | Neglect is 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 maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:  
• Provide adequate food, clothing and shelter (including exclusion from home or abandonment)  
• Protect a child from physical and emotional harm or danger  
• Insure adequate supervision (including the use of inadequate care-givers)  
• Ensure access to appropriate medical care or treatment.  
• It may also include neglect of, or unresponsiveness to a child’s basic emotional needs. |

<table>
<thead>
<tr>
<th>Physical abuse</th>
<th>Sexual abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates, or deliberately induces, illness in a child.</td>
<td>Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional abuse</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the 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 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.</td>
<td></td>
</tr>
</tbody>
</table>
**Children's Act (1989) Definitions**

Under s.31 (9) of the Children Act (1989) as amended by the Adoption and Children Act 2002:

- **Harm** means ill treatment, or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill treatment of another.
- **Development** means physical, intellectual, emotional, social or behavioural development.
- **Health** includes physical and mental health.
- **Ill treatment** includes sexual abuse and other forms of ill treatment, which are not physical.

For information on when to suspect child maltreatment you can access NICE guidelines: [www.nice.org.uk/CG89](http://www.nice.org.uk/CG89)
## Appendix 2

### Safeguarding Contact Numbers

<table>
<thead>
<tr>
<th>Name/Agency</th>
<th>Role</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding Team</td>
<td>Safeguarding Advice and Guidance</td>
<td><a href="mailto:Aintree.safeguarding@nhs.net">Aintree.safeguarding@nhs.net</a></td>
</tr>
<tr>
<td>Angela Lacey</td>
<td>Safeguarding Lead</td>
<td>0151 529 3534&lt;br&gt;<a href="mailto:Angela.lacey@aintree.nhs.uk">Angela.lacey@aintree.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Libby Wilson</td>
<td>Named Dr Safeguarding Children</td>
<td>0151 529 2528&lt;br&gt;<a href="mailto:Libby.wilson@aintree.nhs.uk">Libby.wilson@aintree.nhs.uk</a></td>
</tr>
<tr>
<td>Angie Derbyshire</td>
<td>Safeguarding Nurse</td>
<td>0151 529 2357&lt;br&gt;<a href="mailto:Angela.derbyshire@aintree.nhs.uk">Angela.derbyshire@aintree.nhs.uk</a></td>
</tr>
<tr>
<td>AED Safeguarding</td>
<td>Safeguarding Link</td>
<td>0151 529 6506</td>
</tr>
<tr>
<td>Jacqui Haughton</td>
<td>Liaison Health Visitor AED</td>
<td>0151 529 2518&lt;br&gt;<a href="mailto:Jacqui.haughton@aintree.nhs.uk">Jacqui.haughton@aintree.nhs.uk</a></td>
</tr>
<tr>
<td>Lisa Gladman</td>
<td>Safeguarding Administrator</td>
<td>0151 529 2590&lt;br&gt;<a href="mailto:Lisa.gladman@aintree.nhs.uk">Lisa.gladman@aintree.nhs.uk</a></td>
</tr>
<tr>
<td>Safeguarding Advice after 6pm and before 8am</td>
<td>Clinical Manager/General Manager on Call</td>
<td>Call via Switch Board</td>
</tr>
<tr>
<td>Liverpool (Careline)</td>
<td>Local Authority (social care)</td>
<td>0151 233 3700</td>
</tr>
<tr>
<td>Sefton</td>
<td>Local Authority (social care)</td>
<td>0151 934 3737</td>
</tr>
<tr>
<td>Knowsley</td>
<td>Local Authority (social care)</td>
<td>0151 443 2600</td>
</tr>
<tr>
<td>St Helens</td>
<td>Local Authority (social care)</td>
<td>0174 445 6600</td>
</tr>
<tr>
<td>Cheshire West</td>
<td>Local Authority (social care)</td>
<td>0160 627 5099</td>
</tr>
<tr>
<td>Cheshire East</td>
<td>Local Authority (social care)</td>
<td>0300 123 5012</td>
</tr>
<tr>
<td>Alder Hey Children’s Hospital</td>
<td>Health</td>
<td>0151 228 4811</td>
</tr>
<tr>
<td>Merseyside Police Contact Room</td>
<td>Police</td>
<td>0151 709 6010</td>
</tr>
<tr>
<td>Site Manager</td>
<td>Interpreting Service</td>
<td>Medicine 3456&lt;br&gt;Surgery 4635</td>
</tr>
</tbody>
</table>
## Summary of Key Safeguarding Roles and Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Key Safeguarding Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Executive Director with safeguarding accountability</strong></td>
<td>Co-operate with arrangements to safeguard children, share the responsibility for effective safeguarding arrangements. Ensure that they identify appropriate staff to undertake the functions of Named Professionals</td>
</tr>
<tr>
<td><strong>Designated Professionals</strong></td>
<td>To provide: Strategic professional lead on all aspects of health service contribution to safeguarding children across the CCG area. Provision of advice and support to named professionals in each provider organisation. Professional advice to the CCG Boards to ensure the organisation discharges its responsibilities effectively and appropriately. Co-ordination of the health elements of Serious Case review process.</td>
</tr>
<tr>
<td><strong>Name Professionals</strong></td>
<td>Will focus upon safeguarding arrangements within their own organisation by: Providing support and advice to staff in the day-to-day management of safeguarding practice. Promoting good practice in safeguarding work Providing advice to support their own organisations governance arrangements for safeguarding children. Developing a safeguarding children training strategy. Developing the safeguarding Children training programme and ensuring its delivery meets the required standards.</td>
</tr>
</tbody>
</table>
Appendix 4

Information sharing and confidentiality

One of the biggest barriers to multi-agency working is the concern around confidentiality and information sharing. Sharing appropriate information is vital for early intervention, to ensure that children with additional needs receive the services they require. It is also essential to protect children from suffering significant harm. All practitioners therefore need to:

a) Understand and apply good practice in sharing information at an early stage as part of preventative work
b) Be clear that information can be shared where they judge a child may be at risk of significant harm
c) Understand what information is and is not confidential and what can be shared in the public interest without consent

Ethical and statutory codes concerned with confidentiality and data protection are not intended to prevent the exchange of information between different professionals who have a responsibility for ensuring the protection of children.

Personal information about children and families, held by professionals and agencies, is subject to a legal duty of confidence, and should not normally be disclosed without the consent of the subject. However, the law permits the sharing of confidential information necessary to safeguard and protect a child or children.

The protection of children overrides the duty of confidentiality.

‘The key factors in deciding whether or not to share confidential information are necessity and proportionality, i.e. whether the proposed sharing is likely to make an effective contribution to preventing the risk and whether the public interest in sharing the information overrides the interest in maintaining confidentiality. In making the decision staff must weigh up what might happen if the information is shared against what might happen if it is not and make the decision based on that professional judgment’


Disclosure of information is acceptable on a ‘need to know’ basis. Advice should be sought from the Trust safeguarding team in cases of doubt.

Children are entitled to the same duty of confidence as adults, provided that (in the case of those under 16 years of age), they have the ability to understand the choices and their consequences relating to any treatment. Fraser Guidelines give professionals the information needed to assess this competence. However this duty of confidence does not apply if it is believed that a young person is being exploited or abused, or is placing themselves or others at risk. In such cases, confidentiality may be breached. It is good practice whenever possible to discuss this with the young person.

The Data Protection Act 1998 requires that personal information is:

✓ obtained and processed fairly and lawfully
✓ only disclosed in appropriate circumstances
✓ accurate, relevant, and not held longer than necessary
✓ kept securely

The act allows for disclosure without the consent of the subject in certain conditions, including:

✓ for the purposes of the prevention or detection of crime
✓ for the apprehension or prosecution of offenders
✓ where failure to disclose would be likely to prejudice those objectives in a particular case

For further information and advice contact the Trust safeguarding team.

Information Governance
All staff has a responsibility to ensure they are familiar with their individual responsibility in terms of the trust information governance policy and the need to maintain the security of information. The principles are:

a) No information should be transferred between one organisation and another via insecure electronic transfer. All patient identifiable information should be encrypted and should be transferred only via nhs.net e mail addresses

b) Hard copy information should also be kept securely – this includes case records, DVD evidence, reports and photographic images

This policy should be read in conjunction with the policy on Information Governance
Advice on information Governance can be obtained from the Trust Caldecott Guardian

Record Keeping and Report Writing

All assessments, interventions and contacts with children and their families must be recorded accurately. They must be timely, comprehensive, legible and written contemporaneously. Staff must keep detailed records of what is seen, what is said and what is done, including drawings of any injuries and all discussions held and contacts with other agencies including phone calls.
Records must be dated, signed and timed.
All documentation should be kept in the medical records.
All professionals are required to adhere to the record keeping standards of their own professional bodies. If a report is requested from another agency the staff member required to provide a child protection report can access help and support from the Trust Safeguarding Team
Appendix 5

ALLEGATIONS AGAINST STAFF INVOLVED IN CHILD ABUSE

Statutory guidance in *Working Together to Safeguard Children 2015* sets out a framework for the management of allegations against Staff and volunteers. The Trust policy can be found on the intranet and must be used in respect of all cases in which it is alleged that a person who works with children 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 or,
- Behaved towards a child or children in a way that indicated that he/she is unsuitable to work with children.

This policy should also be used in conjunction with the LSCB allegations management procedures and is applied in the following situations:

- Where there are suspicions or allegations of abuse by a member of staff who works with children in a paid or unpaid capacity
- When it is discovered that an individual known to have been involved previously in child abuse is or has been working with children and
- When the allegation arises in connection with the individual’s work, his/her own children or in relation to other children.

**Principles to be applied:**

- Where allegations of abuse are made or where there is reasonable suspicion the organisation's response will be prompt, thorough, independent and proportionate.
- As far as possible enquiries will be conducted in the strictest confidence so that staff and children are protected and to ensure that information is supplied as necessary.
- Subject to legal constraints any information gathered in the course of an investigation can be available to the managers responsible for disciplinary governance and complaints.
- Where allegations or concerns also involve vulnerable adults information will be shared with the adult safeguarding unit.
- The Trust has in place a senior officer and a senior manager who are responsible for instigating and managing the process in conjunction with the human resources department and the Local Authority Designated Officer of the Local Authority. Referrals are made within 1 working day as per LSCB procedures.

**The following procedure applies to all staff:**

a) If you have any information or suspicion relating to any member of staff where there are concerns about safeguarding children, you must report this to your manager or if this is not appropriate to the Senior HR manager in the Trust for allegations against staff.

b) If you are a manager to whom concerns have been reported you **must** report them to the Senior HR manager identified above.
### Glossary (Adapted from Working Together to Safeguard Children 2015)

| **Children** | In this policy, as in The Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. ‘Children’ therefore means ‘children and young people’. The fact that a child has reached the age of 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, or in custody in the secure estate, does not change his/her status or entitlement to services or protection. |
| **Safeguarding and Promoting the Welfare of Children** | Defined for the purpose of this policy as: Protecting children from maltreatment; Preventing impairment of children’s health and development; Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and; Taking action to enable all children to have the best life chances. |
| **Child Protection** | This is part of safeguarding and promoting the welfare of children. This refers to the activity that is undertaken to protect specific children who are suffering, or likely to suffer harm. |
| **Significant Harm** | Some children are in need because they are suffering or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. There are no absolute criteria on which to rely when judging what constitutes significant harm. |
| **Abuse and Neglect** | Abuse and Neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely by a stranger for example by the internet. They may be abused by an adult or adults, or another child or children. |
| **Physical Abuse** | A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. |
| **Emotional Abuse** | The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s 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 alone.

| 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 (including via the
internet). Sexual abuse is not solely perpetrated by adult males.
Women can also commit acts of sexual abuse, as can other children. |

| 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 maternal substance abuse. Once a child is born,
Neglect may involve a parent or carer failing to:
- provide adequate food, clothing and shelter (including exclusion from
home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-
givers); or
- ensure access to appropriate medical care or treatment. It may also
  include neglect of, or unresponsiveness to, a child's basic emotional
  needs. |

| Young Carers | Are children and young people who assume important caring
responsibilities for parents or siblings, who are disabled, have
physical or mental ill health problems, or misuse drugs or alcohol. |

| Child Sexual Exploitation (CSE) | Sexual exploitation of children and young people under 18 involves
exploitative situations, contexts and relationships where young
people (or a third person or persons) receive ‘something’ (e.g. food,
accommodation, drugs, alcohol, cigarettes, affection, gifts, money)
as a result of them performing, and/or another or others performing
on them, sexual activities. Child sexual exploitation can occur
through the use of technology without the child's immediate
recognition; for example being persuaded to post sexual images on
the Internet/mobile phones without immediate payment or gain. In all
cases, those exploiting the child/young person have power over
them by virtue of their age, gender, intellect, physical strength and/or
economic or other resources. Violence, coercion and intimidation are
common, involvement in exploitative relationships being
characterised in the main by the child or young person’s limited
availability of choice resulting from their social/economic and/or
emotional vulnerability. |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Abuse Linked to Faith or Belief</strong></td>
<td>Belief in witchcraft, spirit possession and other forms of the supernatural can lead to children being blamed for bad luck, and subsequently abused. Fear of the supernatural is also known to be used to make children comply with being trafficked for domestic slavery or sexual exploitation.</td>
</tr>
<tr>
<td><strong>E Safety</strong></td>
<td>The internet provides children with a wealth of opportunities in communication and education. The evolution in technology in our increasingly digitised age means that there is a constant cycle of new and changing threats to children online. See the intranet (safeguarding website) for procedural guidance and flowchart.</td>
</tr>
<tr>
<td><strong>Female Genital Mutilation (FGM)</strong></td>
<td>FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and have serious health consequences, both at the time when the mutilation is carried out and in later life. See the intranet (safeguarding website) for procedural guidance and flowchart.</td>
</tr>
<tr>
<td><strong>Forced Marriage</strong></td>
<td>A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. See the intranet (safeguarding website) for procedural guidance and flowchart.</td>
</tr>
<tr>
<td><strong>Factitious and Induced Illness (FII)</strong></td>
<td>Fabricated or Induced Illness is a condition whereby a child suffers harm through the deliberate action of her/his main carer and which is attributed by the adult to another cause. It is important that the focus is on the outcomes or impact on the child’s health and development and not initially on attempts to diagnose the parent or carer. See the intranet (safeguarding website) for procedural guidance and flowchart.</td>
</tr>
<tr>
<td><strong>PREVENT (see Safeguarding Adult policy)</strong></td>
<td>Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorism related activity. Contracts of employment and professional codes of conduct require all health care staff to exercise a duty of care to patients and where necessary take action for safeguarding and crime prevention. If you have any concerns discuss with your safeguarding lead and they will advise and identify local referral pathways. See PREVENT Standard Operational Procedure (2014) on the intranet.</td>
</tr>
<tr>
<td><strong>Child Trafficking</strong></td>
<td>A child has been trafficked if he or she has been moved within a country, or across borders, whether by force or not, with the purpose of exploiting the child. See the intranet (safeguarding website) for Human Trafficking procedural guidance and flowchart.</td>
</tr>
<tr>
<td><strong>Gang Activity</strong></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>Being part of a friendship group is a normal part of growing up and it can be common for groups of children and young people to gather together in public places to socialise. Belonging to such a group can form a positive and normal part of young people’s growth and development. These groups should be distinguished from ‘street gangs’ for whom crime and violence are a core part of their identity, although ‘delinquent peer groups’ can also lead to increased antisocial behaviour and youth offending. Although some group gatherings can lead to increased antisocial behaviour and youth offending, these activities should not be confused with the serious violence of a gang.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 7

Safeguarding Children Guidance Documents

Safeguarding children who may have been trafficked [https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance](https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance)


Forced marriage [https://www.gov.uk/guidance/forced-marriage](https://www.gov.uk/guidance/forced-marriage)


Safeguarding Children in whom illness is fabricated or induced [https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced](https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced)


What to do if you're worried a child is being abused: advice for practitioners [https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2](https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2)

CHILDREN’S INTER-HOSPITAL TRANSFER LETTER

DATE:………………………TIME:………………

Dear …………………………………………………

Thank you for agreeing to take over the care of:-

CONSULTANT responsible at Aintree Hospital………………………………………………

CONSULTANT responsible at Alder Hey Hospital………………………………………………

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