Humber Teaching NHS Foundation Trust

Safeguarding Children Policy and Procedure (N-045)

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Policies should be accessed via the Trust intranet to ensure the current version is used

SAFEGUARDING CHILDREN POLICY AND PROCEDURE

Safeguarding and promoting the welfare of children and protecting them from harm is the responsibility of every member of staff employed or working as a volunteer in Humber Teaching NHS Foundation Trust including bank and agency staff. The Trust shares a commitment to safeguard and promote the welfare of children and young people and for health this is underpinned by a statutory duty or duties. That duty is under Section 11 of the Children Act 2004.

All staff should be aware that age, gender, cultural or religious beliefs, disabilities or social backgrounds may also impact on their ability to access help and support. Staff must give due consideration to these issues at all times when dealing with children, young people and their families. This policy gives due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.

Safeguarding children and young people is a multi-agency activity and is dependent upon partnership working with other statutory and non-statutory agencies. It is essential therefore that this policy is read in conjunction with Working Together to Safeguard Children 2023 www.gov.uk, procedures and guidance from the East Riding Safeguarding Children Partnership (ERSCP)https://www.erscp.co.uk /, the Hull Safeguarding Children Partnership (HSCP), https://www.hullcollaborativepartnership.org.uk/hull-safeguarding-children-partnership and the North Yorkshire Safeguarding Children Partnership (NYSCP) www.safeguardingchildren.co.uk. The guidance set out in Working Together 2023 is statutory and must be followed when responding to welfare concerns and/or where there is or may be an alleged crime.

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1. INTRODUCTION

For the purposes of this policy, the term 'child' refers to any child or young person up to the age of 18 years (Children Act 1989 and 2004). The fact that a child has reached 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 their status or entitlements to services or protection. The child could be a patient or cared for by a patient. It applies to children in the wider community that Trust staff become aware of in the course of their work.

Safeguarding and promoting the welfare of children and protecting them from harm is the responsibility of every member of staff employed or working as a volunteer in Humber Teaching NHS Foundation Trust including bank and agency staff.

Safeguarding children and young people is a multiagency activity and is dependent upon partnership working with other statutory and non-statutory agencies. It is essential therefore that this policy is read in conjunction with Working Together to Safeguard Children 2023 www.gov.uk, guidance and procedures from the East Riding Safeguarding Children Partnership (ERSCP) https://www.erscp.co.uk, the Hull Safeguarding Children Partnership (HSCP) www.hullcc.gov.uk, and the North Yorkshire Safeguarding Children Partnership (NYSCP) www.safeguardingchildren.co.uk. The guidance set out in Working Together 2023 is statutory and must be followed when responding to welfare concerns and/or where there is or may be an alleged crime.

This policy fully reflects the values of the Trust and the safeguarding team's visions by listening to the voice of the child, parents/carers and patients, offering a supportive approach to ensure the family needs are met at the earliest opportunity to safeguard a child and to approach all safeguarding tasks in an open and honest way.

2. SCOPE

The purpose of this policy is to assist all staff (including voluntary and students) within the Trust to be aware of their roles and responsibilities in safeguarding and promoting the welfare of children. The procedures and guidance within the policy will enable the Trust to fulfil its statutory duties as determined by the Children Act 1989 and 2004.

Other organisations working on behalf of the Trust must have policies and procedures in place consistent with this document and be compliant with any other safeguarding children related statutory guidance and legislation, relevant to their organisation.

3. POLICY STATEMENT

The Trust shares a commitment to safeguard and promote the welfare of children and young people and for health this is underpinned by a statutory duty or duties. That duty is under Section 11 of the Children Act 2004.

All staff should be aware that age, gender, cultural or religious beliefs, disabilities or social backgrounds may also impact on their ability to access help and support. Staff must give due consideration to these issues at all times when dealing with children, young people and their families. This policy gives due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.

4. DUTIES AND RESPONSIBILITIES

Chief Executive
The Chief Executive is accountable and responsible for ensuring that the Trust's contribution to safeguarding and promoting the welfare of children is discharged effectively. The Chief Executive is also responsible for ensuring the Trust is compliant with Section 11 of the Children Act 2004.

The Trust Board and Directors
The Trust Board is responsible for the overall safeguarding of children in the organisation. The Board is responsible for reviewing and maintaining an effective system of internal control, including systems and resources for managing all types of risk associated with safeguarding children.

Executive Director of Nursing, Allied Health and Social Care Professionals
The Executive Director of Nursing is responsible, along with the Chief Executive, for ensuring the Trust discharges its duties in relation to safeguarding children and young people. The Director of Nursing for safeguarding children and young people sits on both the Hull and East Riding Safeguarding Children Partnership Boards

Trust Executive
The support, leadership and authority of the Trust's executive is required to ensure that related policies and documents (whether paper or electronic) used at the point of admission or entry to our services, at review and at the point of discharge or transfer, in all divisions, prompt staff to Think Family and take the appropriate action (National Patient Safety Agency 2009, Care Quality Commission 2009, , Care Act 2014).

Named Nurse and Named Doctor
The Trust has in post a Named Nurse and Named Doctor in keeping with statutory requirements placed on NHS providers, who have operational and strategic responsibility for implementing the safeguarding of children within the Trust. They provide safeguarding supervision, advice and support to all Trust staff, participate in safeguarding audits as part of the Trust's governance agenda, take responsibility for the Trust's internal case reviews, child death reviews, and work collaboratively with health, other local Safeguarding Children's Partnerships and partners.

All Staff
Achieving good outcomes for children requires all staff to work together according to an agreed plan of action. It is the responsibility of all staff including volunteers, students, agency and locum staff working in Humber to:

- Be clear of their roles and responsibilities for safeguarding and promoting the welfare of children in line with current legislation and local Partnership guidance;
- Be clear of the purpose of their activity, what decisions are required at each stage of the process and what are the intended outcomes for the child and their family members;
- Know which agency, team or professional has lead responsibility, and the precise roles of everyone else who is involved, including the way in which children and other family members will be involved;
- Know how to contact the key safeguarding professionals in their organisation to seek advice around safeguarding children issues;
- Check record systems relevant to work area to ascertain whether there is a safeguarding alert in place;
- Attend mandatory safeguarding children training in accordance with their role and responsibilities;
- Establish the identities of any other family and household members. Record these in the child's records and share this information with Children's Social Care when making a child protection referral;
- Access child protection supervision as per the Humber Supervision Policy.
- Make referrals to Children Social Work Services in accordance with local authority safeguarding children procedures when they believe a child is in need of safeguarding or

protection and follow up any such referrals. Request for Service and Referral Forms links are included in appendix 1. ;
- Share information with other agencies in accordance with local safeguarding children partnerships guidance and procedures and Trust Information Sharing Protocols;
- Participate, where invited and appropriate, in child protection statutory meetings by attending and taking an equal part in the decision making;
- Provide or contribute to a written report where required for the purpose of an initial child protection case conference and or review conference;
- Bring to the attention of the Named Doctor and/or Named Nurse for Safeguarding Children cases where there is a difference of opinion in relation to the diagnosis, safety or welfare of a child;
- Send a representative, in the event that staff are unable to attend a case or review conference. A written report must be submitted;
- Ensure staff responsible for the care of adults routinely ask patients whether they have any caring responsibilities for children, so that the impact on the child of any carer ill health can be assessed.

5. CATEGORIES OF CHILD ABUSE

The four definitions below are identified in the Children Act 2004):
- Physical abuse;
- Neglect;
- Sexual abuse;
- Emotional abuse.

Some other forms of child abuse and child protection concerns that sit within the above definitions include:
- Domestic abuse
- Female Genital Mutilation
- Prevent

They should be used to assist in framing a referral to Children's Social Care when the practitioner has a concern that a child is in need, or is at risk, or has suffered significant harm.

5.1. Was Not Brought

Children and young people have a right to receive appropriate healthcare and it is the responsibility of parents/carers to access this on their behalf. It is recognised that non-engagement is a strong feature in domestic abuse, serious neglect and physical abuse in children and families (Working Together 2023).

Parents/carers/young people have a choice to engage with health professionals. However, if there are safeguarding concerns about a child or young person this needs to be assessed on an individual basis as part of a potential risk to a child or young person.

The safeguarding team can be contacted to discuss any concerns raised as a result of missed appointments and multi-agency guidance can be found on the Trust intranet. The Trust's 'Was not Brought and No Engagement Policy (N-072) should be referred to:

Was Not Brought and No Engagement Policy

5.2. Private Fostering

The law requires you to notify Children's Social Care within six weeks if a child is staying with someone who is not a close relative for 28 days or more, or a person going to look after someone else's child for 28 days or more. Please see links below for more information:-

https://www.hullscp.co.uk/parents-and-carers/private-fostering/
https://www.safeguardingchildren.co.uk/professionals/private-fostering/
https://www.eastriding.gov.uk/living/children-and-families/fostering/private-fostering/

5.3. Children Looked After

The mental health outcomes of children and young people with care experience (also known as 'Looked After Children') are poor when compared to the general population (Meltzer et al., 2003, Meltzer et al., 2004a, Meltzer et al., 2004b, Ford et al., 2007). The presence of poor mental health has been shown to have multiple consequences for this group, including behaviours such as self-harm (Wadman et al., 2018), substance misuse (Ward et al., 2003), and risk-taking (Simkiss et al., 2013). The prevalence of attempted suicide by care-experienced young people is over four times higher than in non-care populations (3.6 % compared to 0.8 %) (Evans et al., 2017).

The purpose of this policy is to ensure that practitioners fully understand their roles and responsibilities in identifying and addressing the health needs of Children Looked After and in promoting their wellbeing.

Humber Teaching NHS Foundation Trust currently has a Named Nurse for Children Looked After based alongside the Children Looked After Team.

5.4. Special Educational Need and Disabilities (SEND)

In line with the Code of Practice, individuals with SEND have been defined as having:
"A learning difficulty or disability which calls for special educational provision or additional support to access healthcare, education, or participation in society." This includes but is not limited to:

- Learning Disability
- Autism Spectrum Conditions
- Speech, language and communication needs
- Sensory impairments
- Physical disabilities
- ADHD and/or other neurodevelopmental disorder

Policy statement

"Our Trust recognises that children with SEND can face additional safeguarding challenges and recognises their increased vulnerability to abuse. We are committed to ensuring that Children and young people with SEND are supported to communicate concerns, and that staff are trained to identify signs of abuse and neglect which may be masked by or misinterpreted as part of a child's disability."

Children with SEND are more vulnerable to abuse and neglect due to:

- Communication barriers
- Social isolation
- Dependency on adults for personal care
- Difficulty understanding or reporting concerns
- Behavioural challenges that may mask signs of abuse

Staff Training Recommendations

- Recognising abuse in children with communication difficulties
- Adapting safeguarding reporting for non-verbal pupils
- Understanding common SEND conditions (e.g., autism, ADHD, learning difficulties)

Key Guidance applicable to Children and young people with SEND

Working Together to Safeguard Children 2024 – highlights importance of early help and tailored support for children with SEND.
Children and Families Act 2014 – includes legal duties on SEND and Education, Health and Care (EHC) Plans.
Equality Act 2010 – protects children with disabilities from discrimination

Safeguarding Procedures for Individuals with SEND

a) Identification and Early Help
All staff must be vigilant to the signs of abuse or neglect, including when behaviours may be misattributed to disability. Where concerns arise, referrals must be made without delay to the relevant social care agency. Additional needs must be flagged early to ensure reasonable adjustments and multi-agency support

b) Communication
Accessible information formats must be used (e.g. Easy Read, visual aids, assistive technology) to enhance the voice of the child. Communication preferences and capacities should be assessed and documented in care plans and the use of advocates, interpreters or family/carer support must be considered.

Multi-Agency Working

The Trust will work in partnership with the below agencies to manage SEND responsibilities to safeguard children and young people:

- Local authority SEND teams
- Education providers
- Health and Social Care service
- Police and advocacy services

Joint Safeguarding and SEND planning should be routine in complex cases

5.5. Early Help

Most children and young people will be best supported, and have their needs met, by universal service provision with additional support provided as required by a single agency or through partnership working. However, some children may require the provision of universal, targeted and/or specialist services working together in a co-ordinated way to meet their needs.

Early help and early intervention are forms of support aimed at improving outcomes for children or preventing escalating need or risk. Because of this they are also sometimes referred to as prevention or preventative services.
These services are part of a “continuum of support” and provide help to families who do not, or no longer, meet the threshold for a statutory intervention. [1]
Early help and early intervention services can be provided at any stage in a baby's, child's or young person's life, from the early years right through to adolescence. Services can be delivered to parents, children, or whole families.

All Local Safeguarding Partnerships have published threshold criteria to help professionals to identify levels of need . These, along with an understanding of Signs of Safety, will enable partners to use shared language and develop a shared understanding of levels of needs and vulnerability. .
Referral Advice on thresholds is always available from the Safeguarding Team. Refer to local safeguarding websites for the threshold tools.

If there are concerns that parents do not consent to a Child in Need referral as they do not acknowledge the need for support from other agencies you may discuss this with the Safeguarding Team as this may then mean the threshold for Child Protection has been met.

5.6. Safeguarding Children and Young People: Responding to Concerns

All staff should be aware of the National Institute for Health and Care Excellence (NICE) 2023 clinical guidance ; Child Maltreatment – recognition and management, which outlines a range of alerting features that may indicate child maltreatment and should use this to inform their decision making – see link.

https://cks.nice.org.uk/topics/child-maltreatment-recognition-management/

The following factors may impact on parenting capacity and increase concern that a child may have suffered or is at risk of suffering significant harm.

It is important to exercise professional judgement in each situation and recognise that a referral may need to be made even when the following factors are absent.

When a child:

- features within parental delusions or is involved in his/her parent's obsessive compulsive behaviours;
- might be harmed as part of a suicide plan;
- becomes a target for parental aggression or rejection, neglected physically and/or emotionally by a parent/carer;
- witnesses disturbing behaviour arising from mental illness, e.g. self-harming or suicidal behaviour, disinhibited behaviour, violence or homicide;
- is missing from education;
- is missing or absent from home.
- may be at risk of child exploitation. Child Exploitation | Humber Teaching NHS Foundation Trust
- is at risk of Female Genital Mutilation (FGM). For further guidance: Female Genital Mutilation | Humber Teaching NHS Foundation Trust
- is at risk of radicalisation. Prevent | Humber Teaching NHS Foundation Trust
- is in a family where there is domestic violence and abuse. Domestic Abuse | Humber Teaching NHS Foundation Trust
- is unseen/persistently misses routine child health services and/or treatment (consider 'was not brought');
- unexplained injuries and the delay in seeking treatment or exploration of the injury does not fit;
- is in a family where there is misuse of drugs, alcohol or medication;
- is suspected of having **fabricated** or an **induced** illness (FII);
- when a child has a parent or carer with a learning disability.

This list should not be seen as exhaustive.

All practitioners working with adult service users should record when they see children within the family, their details and appearances of the child(ren) and (in the child's own words) what the child says.

Throughout the process, you should ensure that you keep a comprehensive record of any discussions held and subsequent decisions made in line with standard safeguarding practice and professional relevant standards by your regulatory body.

5.7. Making a Referral to Children's Social Care

If any member of staff believes the child is **at risk of or has suffered significant harm**, they should seek agreement from the parent/carer where possible and then make a timely referral to Children's Social Care (see Appendix 1: Flowchart).

However, in the following circumstances, a referral should be made without making parents/carers aware if seeking consent would:

- increase the risk of harm to the child;
- increase the level of risk to the practitioner;
- jeopardise a potential police investigation.

In such circumstances it is vital that the decision to make a child protection referral is based on good evidence and that it is recorded as to why consent was not sought

All consultations and subsequent decisions must be recorded between health and Children's Social Care about the appropriateness of a referral.

Professionals may telephone and discuss concerns with the relevant local authority prior to submitting the written confirmation via email or using an electronic portal. The referral must clearly identify all risks to the child, any protective factors and the requested response.

A response from the child protection referral should be expected within 3 working days. A copy of the referral form and any associated actions for, e.g. interventions, telephone calls, must be recorded within the child's or parents records (as appropriate). All staff must complete a Datix with a copy of EVERY referral and must forward a copy of the referral to the Trust Safeguarding Team.

You should be clear about any need for **URGENT** action to make the child safe from harm.

All Trust employees involved with the case must be informed of the referral.

N.B. If any member of staff has a concern about a child outside of normal office hours then the practitioner should contact the local Emergency Duty Team (see Appendix 1: Flowchart)

If a strategy meeting is convened the referrer should be invited to attend - this must be seen as a priority. The professional will be supported by their line manager and where attendance is not possible by either the referrer or a member of their team or manager, the Humber safeguarding team should be made aware so that alternative arrangements can be made.

5.8. Escalation Process

If feedback from a referral is not received, the practitioner should contact social services for an outcome within three working days. If this is still not successful, the multi agency escalation process should be followed. This process ensures that where any issues between agencies arise, safeguarding matters can be resolved in a timely manner.
The safeguarding team are available to support staff with this when required.

The process for professional resolution is set within seven stages. The table in Appendix 3 identifies the actions at each stage of the process, who is responsible at each stage and timescales for completing actions.
Here is the link to the multi agency website, where you can search for the Professional Escalation and Resolution Practice Guidance for use across the entire Trust:

https://www.erscp.co.uk/procedures-guidance/documents/

5.9. Parental Mental Health

As a Trust providing mental health services to both adults and children, we are committed to the NHS Think family agenda

Think Family - NHS Safeguarding

When working with any of our service users it is essential that we think about the whole family. For parents/carers who are accessing services we must ensure that we have recorded details of all children whom they have caring responsibility for. The impact of this on our service user and the impact of the Parental Mental Health on the children is important to consider. The PAMIC tool can be used to evidence the impact upon the child

https://safeguardingchildren.co.uk/tool-for-assessing-and-responding-to-the-impact-of-parental-mental-ill-health-on-children/

It is essential to consider the impact of parental mental health on unborn babies during pregnancy, labour and following the birth of the child. At these times a referral could be considered to the perinatal mental health teams across the Trust. On occasion where there are significant safeguarding concern's and the plan is for the baby to be removed after birth the perinatal mental health team can still be contacted for advice and consultation. All pregnant mothers with severe and complex mental health problems would have a mental health birth plan which compliments the maternity services birth plan.

5.10. Parental Learning Disability

Parents with learning disabilities may need additional support to develop the understanding, resources, skills and experience to meet the needs of their children. Such support is particularly important when parents experience additional stressors such as having a disabled child, domestic abuse, poor physical and mental health, substance misuse, social isolation, poor housing, poverty and a history of growing up in care. It is these additional stressors when combined with a learning disability that are most likely to lead to concerns about the care and safety of a child.

6. GUIDANCE

6.1. Supervision and Supporting Staff Involved in Safeguarding Children matters

The Trust recognises that children and young people's safeguarding issues and decision making can be complex, difficult and emotive. The Trust supports staff through providing mandatory training, safeguarding supervision access at least 3 monthly and access to Named Nurse, Named Doctor and the Trust safeguarding team who are available for advice and support to all staff. Managerial support should always be available to staff too.

The Trust has a supervision policy and guidance in place which should be followed. This clearly identifies supervision arrangements and expectations for all staff including the supervision of safeguarding children issues.

Supervision Guidelines

All safeguarding children supervision needs to be recorded using the relevant template on the system used within the service area.

6.2. Consent and the Sharing of Information

Consent and the Mental Capacity Act (MCA 2005)

The Mental Capacity Act 2005 applies to anyone over the age of 16. Decisions about a young person's capacity and best interests can be made in the same way as for any adult. Young people over 16 years old are presumed to have capacity to consent to surgical, medical or dental treatment and to associated procedures, such as nursing care (Family Law Reform Act 1969).

Some procedures fall outside the scope of the MCA and instead require an assessment of Gillick competence. This applies to individuals under the age of 16 and considers whether the young person has the intelligence, maturity, and understanding needed to fully comprehend the nature and implications of the decision being proposed. The MCA 2005 applies to those aged 16 and over.

The person proposing any treatment or care needs to be clear about the young person's capacity/competency to make the decision. If the young person cannot make the decision because of an impairment of or disturbance in the functioning of the mind or brain, then the assessment and process of MCA 2005 will apply.

Young people aged 16 or 17 are presumed in UK law, like adults, to have the capacity to consent to medical treatment. However, unlike adults, their refusal of treatment can, in some circumstances be overridden by a parent, someone with parental responsibility or a court. This is because we have an overriding duty to act in the best interests of a child. This would include circumstances where refusal would likely lead to death, severe permanent injury or irreversible mental or physical harm

If a young person does not have capacity/competency to make a decision, the decision could be made following MCA 2005 processes or could be made by the person with parental responsibility. The method by which the decision is made will depend on whether the decision is in the 'zone of parental control' and who is exercising parental responsibility.

Further information can be found in the Trust Mental Capacity Act and Best Interests Decision Making Policy.
https://intranet.humber.nhs.uk/media/xr1mu4te/mental-capacity-act-and-best-interest-decision-making-policy-m-001.pdf

6.3. Concerns Raised Regarding People in a Position of Trust (PIPOT/LADO)

The above policy provides the framework for managing concerns where allegations have been made against a Person in a Position of Trust (PIPOT) that indicate a child or adult at risk of abuse or neglect are believed to have suffered, or are likely to suffer, significant harm. This may include allegations concerning individuals working for or on behalf of Humber Teaching NHS Foundation Trust. All individuals working in or on behalf of the Trust have a commitment to protect children and adults at risk. Safeguarding children and adults is underpinned by the Children Act 1989, Section 11 of the Children Act 2004, and The Care Act 2014. In addition, the Local Safeguarding Children and Safeguarding Adults Partnerships and Boards have their own policies in place and provide guidance in relation to safeguarding children and safeguarding adults where allegations are made against individuals considered to be a person in a position of trust. The Trust recognises the need to have a clear process in place to manage allegations.

Managing Concerns Against People in a Position of Trust Policy

Information Sharing

Sharing of information amongst practitioners working with children and their families is essential. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or risk of harm.

In general the law will not prevent practitioners from sharing information with other practitioners if:

- Those individuals likely to be affected consent;
- The public interest in safeguarding the child's welfare overrides the need to keep the information confidential;
- Disclosure is required under a court order or other legal obligation.

The law also recognises that disclosure of confidential information without consent or a court order may be justified in the public interest to prevent harm to others.

The amount of confidential information disclosed without consent should be proportionate. If a practitioner needs to establish whether a child has a Child Protection Plan or whether they are known to Children's Social Care, this information can be requested from the local Children's Social Care team, or the Emergency Duty Team if outside of normal office hours. If this information is not forthcoming then they should contact the Trust safeguarding team who will access this information on their behalf. If a practitioner has a concern about a child's welfare, then being unable to access this information should not prevent them from making a referral to Children's Social Care.

All information sharing should be consistent with the Humber Information Governance Policy (N-008) Information Governance Policy and
Information sharing: advice for practitioners (publishing.service.gov.uk)

6.4. Death of a Child

The Child Death Review process is a statutory function of Child Death Review Partners (Local Authority and Clinical Commissioning Groups). Further information regarding this process is available in Child Death Review Statutory and Operational Guidance (England) (HM Government 2018).

Child Death Review Statutory and Operational Guidance (England)

Any member of staff who becomes aware of the death of a child on their caseload, or for whom they are providing services should ensure the named nurse (child) and Humber Safeguarding Team are notified as soon as possible via hnf-tr.safeguardinghumber@nhs.net and kerry.boughen@nhs.net The Safeguarding Team will then ensure the LSCP child death review co-ordinator is notified and that the relevant health service response and contribution to the multi-agency child death review process takes place.

6.5. Record Keeping

Well-kept records are essential to safeguarding children. The purpose of record keeping is to provide accurate, current, comprehensive and concise information, which reflect a chronology of events.

In line with the NHS Records Management Code of Practice (2023) and NSPCC Child protection records retention and storage guidelines (2022), practitioners should ensure that the following information is recorded in relation to each child and young person, with whom they are working:

- The child's name, age and address;
- The name of the child's primary carer, parent/carer names and who has parental responsibility;
- The name of the child's general practitioner;
- The child's school;
- The child's ethnic background.

This information should be confirmed at each 'new contact'.

Any interviews or conversations with a child suspected or known to be at risk of harm must be recorded in the child's health record immediately and practitioners must ensure that all information held on health records should clearly differentiate between fact and opinion.

6.6. Patient Safety Incidents

If any adverse incidents occur involving children, or which have safeguarding children implications, these should be reported via Datix and managed through the Trust's patient safety framework.

6.7. Child Safeguarding Practice Reviews

When a child dies or is seriously harmed as a result of abuse or neglect, a review is conducted to identify ways that professionals and organisations can improve the way they work together to safeguard children and prevent similar incidents from occurring. These are referred to as child safeguarding practice reviews.

In England, child safeguarding practice reviews should be considered for serious child safeguarding cases where:

- abuse or neglect of a child is known or suspected;
- and a child has died or been seriously harmed.

This may include cases where a child has caused serious harm to someone else.

There are two types of reviews; local reviews – where safeguarding partners consider that a case raises issues of importance in relation to their area, and national reviews where the Child Safeguarding Practice Review Panel considers that a case raises issues which are complex or of national importance.

6.8. Safeguarding Children Training

It is essential that all staff, irrespective of whether or not they work directly with children, receive training at the appropriate level, in accordance with the organisation's Statutory and Mandatory Training policy and the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing 2019. All training can be accessed via the training and development centre.

Level 1 Training (Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing 2019) is undertaken within the induction programme for all new staff and is relevant for staff who do not work with a clinical caseload. This should be refreshed every three years and is available electronically.

Level 2 Training (Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing 2019) is undertaken by clinical staff who do not work with families or adults with child caring roles. This should be refreshed every three years and is available electronically.

Advanced Safeguarding Children's Training (Level 3 Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing 2019) is mandatory, for staff that have a regular caseload of children and/or contribute to multi-agency working on behalf of children and carers. Training should be undertaken every three years. This group should have a higher minimum level of expertise, and a greater understanding of how to work together to identify and assess concerns and to plan, undertake and review interventions (Working Together 2023, Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing 2019).

7. IMPLEMENTATION

This policy will be disseminated by the method described in the document control policy

8. MONITORING, AUDIT AND COMPLIANCE

Information regarding monitoring and compliance with this policy will be included in an annual performance report from the Safeguarding Team to the Trust Quality and Patient Safety Group and the Trust Safeguarding Assurance Group. This will include:

- Training uptake;
- Information arising from the Child Death Review process;
- Patient safety incidents and allegations against staff;
- Any new or ongoing Child Safeguarding Practice Reviews or other statutory reviews;
- Quality of and any risk areas associated with child protection referrals;
- Any relevant audits undertaken within the time period;
- Impact of new guidance and legislation relating to safeguarding children.

Numbers of safeguarding referrals and information on reported categories of abuse are reported to the Quality and Patient Safety Group every month.

9. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

References

- ERSCP, HSCP and NYSCP Safeguarding Children Procedures
- Care Act (2014)
- Care Quality Commission (2009) Care Quality Commission (Registration) Regulations
- Children Act 1989, 2004. Available at:
- Mental Capacity Act 2005.
- Equality Act 2010. Family Law Reform Act 1969
- HM Government 2018 Child Death Review Statutory and Operational Guidance (England) https://assets.publishing.service.gov.uk/media/637f759bd3bf7f154876adbd/child-death-review-statutory-and-operational-guidance-england.pdf
- Humber Teaching NHS Foundation Trust Information Governance Policy (N – 008) 2025
- Humber Teaching NHS Foundation Trust Was not Brought and No Engagement policy (N - 072) 2023
- Humber Teaching NHS Foundation Trust Mental Capacity Act 2005 and Best Interests Decision Making Policy (M-001) 2017Information sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers. March 2015 www.gov.uk
- National Institute for Health and Care Excellence (2017) Child maltreatment: when to suspect maltreatment in under 18s
- National Patient Safety Agency 2009
- NHS England (2023) Records Management Code of Practice
- NSPCC (2023) Child protection records retention and storage guidance
- Online Safety Act 2023
- The Children Act 2004 HMSO The Children Act 2004, London. The Stationery Office
- United Kingdom: Human Rights Act 1998 [United Kingdom of Great Britain and Northern Ireland], 9 November 1998, available at: https://www.refworld.org/docid/3ae6b5a7a.html [accessed 20 June 2022]
- What to do if you're worried a child is being abused; advice for practitioners (March 2015) www.gov.uk
- Working together to safeguard children: A guide to inter-agency working to safeguard children (March 2023) www.gov.uk

Appendix 1: Safeguarding Children; How to Act On Your Concerns

Where there are concerns a child may be suffering significant harm then a referral MUST always be made to Children's Social Care OR call 999 for immediate concerns

If targeted early help is required, the early help process should be followed. See section 5.3 of Safeguarding Children Policy

Any member of staff who has current or historic concerns about a child can also contact Humber Teaching Foundation Trust Safeguarding Team on via secure email hnf-tr.safeguardinghumber@nhs.net

If they are CURRENT concerns:

ADDRESS CONCERNS WITH PARENT/CARER AND INFORM PARENT/CARER OR YOUNG PERSON OF YOUR INTENTION TO CONTACT CHILDREN'S SOCIAL CARE **UNLESS**:

- **Informing them would place the child at greater risk**
- **Informing them would place yourself at greater risk**
- **Informing them may jeopardise a potential police investigation.**

Where parents/carers are not informed, the practitioners should record the grounds for this decision.

If they are HISTORIC concerns:

If you are confident and clear that you need to share this information, a referral to Children's Social Care can be made using the number below or, if the information is about a potential perpetrator, the Protection of Vulnerable People Unit (PVP) can be contacted on tel: 101. The Humber Safeguarding Team should be made aware of this.

Telephone contact with children's social care can be made if required

Referral form/portal referral to be sent to children's social care, within 24 hours. Complete Datix and attach copy of referral send to Humber Safeguarding Team. Referral links available on the safeguarding intranet page

NORTH YORKSHIRE

www.safeguardingchildren.co.uk

CONTACT THE NAMED PROFESSIONALS or The Children & Families Service through the Customer Contact Centre on: 0300 131 2 131 (same number for Out of Hours Duty Team)
Email:
https://www.northyorks.gov.uk/children-and-families

HULL

HullSafeguardingChildrenPartnership@hullcc.gov.uk
CONTACT THE NAMED PROFESSIONALS or Early Help and Safeguarding Hub 01482 448879

Out of office hours: 01482 300304
https://childrensportallive.hullcc.gov.uk/web/portal/pages/professional

EAST RIDING of YORKSHIRE

https://www.erscp.co.uk
CONTACT THE NAMED PROFESSIONALS or SAPH: 01482 395500

Out of office hours: Emergency Duty Team: 01377 241273
https://www.erscp.co.uk/reporting-concerns/

An outcome response should be received from Children's Social Care within one working day.

If this does not happen, the practitioner is to contact Social Services for outcome within three working days.

If a member of staff is still dissatisfied with the response they receive following a referral, in the first instance they may discuss the matter with the Trust Safeguarding Team at the earliest opportunity. This process must also be followed if at any time a practitioner is not satisfied with any aspect of a case where there are safeguarding concerns. This should be in line with Trust Escalation Process (see Appendix 7 for template) and ERSCP/NYSCP/HSCP procedures.

Appendix 2: Online Safety and Exploitation

The rapid growth of the internet, social networking and of electronic technologies generally, has opened up a new world of opportunities for many children and young people. Through the internet and mobile technology, it is possible for them to have access to almost unlimited information worldwide, to be entertained and, through social networking sites, to contact and socialise with other young people. Alongside the benefits there are also significant risks, and whilst many children and young people are very competent in using such technologies, their knowledge, as well as their parents/carers of the risks should be strengthened.

Ther Online Safety Act 2023 is a new set of laws that protects children and adults online. The strongest protections in the Act have been designed for children. Platforms will be required to prevent children from accessing harmful and age-inappropriate content and provide parents and children with clear and accessible ways to report problems online when they do arise.

Online Safety Act: explainer - GOV.UK

Staff should be aware of possible risks to children and young people using social media:

- Sexual exploitation
- Bullying, including cyber based or prejudiced based bullying
- Impact of technologies on sexual behaviour
- Radicalisation and extremism
- Substance misuse
- Self-harm
- Eating disorders

Further information can be accessed at the UK Council for Internet Safety
www.gov.uk/government/organisations/uk-council-for-internet-safety

Appendix 3: Professional Escalation and Resolution Process

At any stage of the resolution process, the Humber safeguarding team can be contacted for support.

	Stages	Owner	Timescale	Outcome	Comment
1	**Practitioner to practitioner** - Discussion between agencies to agree a resolution. This should be documented on the individuals record, including the outcomes.	Practitioner raising issue for resolution	Discussion to take place within 24 hours	When a resolution is reached the outcome should be clearly recorded and shared with agencies involved. If resolution is not achieved, go to stage 2.	Please consider application of the Mental Capacity Act 2005 for individuals who are 16 years plus.
2	**Line manager to line manager** - the referring professional discusses the issue with their line manager/ supervisor, including the actions they have already taken and the impact on the child or adult. Line manager to take action to resolve.	Line manager of referring professional.	Line manager or equivalent should respond to escalation within 24 hours. This should include details of liaison between agencies, actions and timescales. Information should be communicated via email and recorded as management oversight/ supervision.	When a resolution is reached the outcome should be clearly recorded and shared with agencies involved. If no resolution agreed, go to stage 3	
3	**Group Manager/ Service Manager to Group Manager/ Service Manager** - if resolution is not reached within 24 hours, escalation is made to the next management tier.	Agency Designated Safeguarding Professional i.e. Group Manager Named Nurse Education Safeguarding Manager Chief Inspector	Escalation/ concerns to be communicated in a written/email format within 24 hours. This should include actions already taken and details of the reasons why resolution has not been achieved. Discussion between the relevant agency leads with agreed resolution within a max of 5 working days.	When a resolution is reached the outcome should be clearly recorded and shared with agencies involved. If no resolution agreed, go to stage 4	
4	**Head of Service/ Senior Manager – Head of Service/ Senior Manager** - If the matter remains unresolved escalation required to next most senior person in the line management hierarchy.	i.e. Head of Service. Superintendent Assistant Chief Nurse	Within 24 hours – 48 hours	When a resolution is reached the outcome should be clearly recorded and shared with agencies involved. If no resolution agreed, go to stage 5.	Escalation will be undertaken by agency designated professional.

5	**Director/ Assistant Director/ Senior Leads – Director/ Assistant Director/ Senior Leads** - escalation to next senior level within individual organisation (i.e. Assistant Director/ Director, Chief Nurse, Chief Superintendent).	Senior leads	Within 24 hours – 48 hours	When a resolution is reached the outcome should be clearly recorded and shared with agencies involved. If no resolution agreed, go to stage 6	
6	**Escalation to local safeguarding partnerships** in exceptional circumstances where resolution cannot be agreed, escalation should be made to the local safeguarding partnership via the local safeguarding partnership business unit (form included in partnership's guidance). Delegated Safeguarding Partners/ Executive Leads to collectively agree resolution (chaired by Independent Scrutineer/ Chair, if required).	Local Safeguarding Partnership	Within 24 hours – 48 hours	When a resolution is reached the outcome should be clearly recorded and shared with agencies involved. If no resolution agreed, go to stage 7	
7	Resolution considered by a multiagency panel (arranged by the local safeguarding partnership) comprising of lead safeguarding partners, Chief Executives, Chief Constable/ Officer chaired by Independent Chair/ Scrutineer.	Lead Safeguarding Partners and equivalent.	Between 3-5 days dependent on the severity of risk	Resolution must be agreed.	The Chair of the panel will make the final recommendation of actions which must be shared in writing within 5 working days.

Appendix 4: Document Control Sheet

This document control sheet, when presented for approval/ratification must be completed in full to provide assurance. The master copy of the document is to be held by the Policy Management Team.

Document Type	Policy – Safeguarding Children Policy and Procedure (N-045)		
Document Purpose	The purpose of this policy is to assist all staff (including voluntary and students) within the Trust to be aware of their roles and responsibilities in safeguarding and promoting the welfare of children. The procedures and guidance within the policy will enable the Trust to fulfil its statutory duties as determined by the Children Act 1989 and 2004.		
Consultation:	Date:	Group / Individual	
list in right hand columns consultation groups and dates -		Division Groups	
		Safeguarding children supervisors	
		Designated Nurses	
		HR, IG, Safeguarding Team	
		Safeguarding Children Partnership	
Approving Body:	QPaS	Date of Approval:	18 September 2025
Date of Board Ratification:	N/A (minor amends)		
Training Impact Analysis:	None [x]	Minor [ ]	Significant [ ]
Financial Impact Analysis:	None [x]	Minor [ ]	Significant [ ]
Capacity Impact Analysis:	None [x]	Minor [ ]	Significant [ ]
Equality and Health Inequalities Impact Assessment (EHIIA) undertaken?	Yes [x]	No [ ]	N/A [ ] Rationale:

Document Change History:			
Version Number	*Type of Change (full/interim review, minor or significant change(s))*	*Date*	*Details of Change and approving group or Executive Director* ***(if very minor changes as per the document control policy)***
2.03	*Minor review*	*Oct 10*	*Policy ratified*
2.04	*Minor changes*	*Mar 11*	*Minor changes*
2.05	*Review*	*Nov 11*	*Reviewed, changed to the terms of reference of the safeguarding committee*
2.06	*Review*	*Feb 13*	*Reviewed with minor changes* *- Making the escalation process section 5.4 more explicit* *- additional paragraph in section 5.8 re training (Appendix 2)* *- emergency duty team out of hours telephone number changed*
2.07	*Review*	*Jun 13*	*Inclusion of Practice Escalatin Form where the are continuing concerns regarding a family*
2.08	*Review*	*Mar 14*	*Inclusion of procedure in the event of child abduction from Trust premeise* *Addition of escalation flowchart* *Addition of app – HSCB guidance, resolving inter-agency disagreements*
2.09	*Review*	*Nov 15*	*Amendments to flowchart sdafeguarding children how to act on your concerns* *Addition of guidance of FGM and CSE*
2.10	*Minor changes*	*July 17*	*Amendment Flowchart Appendix 1 the inclusion of North Yorkshire referral details*
2.11	*Review*	*July 19*	*Policy reviewed and amended* • *Child sexual exploitation appendix amended to widen reference to child exploitation incorporating criminal exploitation* • *Addition of online safety (Appendix 7)* • *Addition of MCA 2005 guidance* • *Was not brought guidance included* • *Amendment of terminology in line with legislation changes* • *Addition of North Yorkshire contact details* • *Reference to the forthcoming CAMHS inpatient service* *Reference to the development of the Integrated Specialist Public Health Nursing Service (ISPHNS)*

3.0	*Review with major amendment*	*June 2022*	*Policy reviewed and amended (Major amendments)* • *Updated staff responsibilities* • *Updated Trust staff titles* • *Removal of specific work areas across the Trust. Now referred to as all staff* • *Update of Early Help* • *Updated referral guidance* • *Updated Assessment Tool used to measure impact of parental mental health* • *Updated partnership titles and contacts* • *Additional links to relevant documents* *Approved QPaS 18-Aug-22* *EMT 19-Sept-22 nd ratified at Board 28-Sept-22*
3.1	*Review*	*Oct-22*	*Minor amend to add additional infomration, in relation to injuries to non-moble babies for clarity* *Approved by Director signed off 3-Oct-22*
4.0	*Full review (minor amends)*	*Sept-25*	*Fully reviewed with minor amends throughout the document. Transferred into trust's current policy template. EHIIA appendix completed. Links updated. Approved at Quality and Patient Safety Group (18 September 2025).*

Appendix 5: Equality and Health Inequalities Impact Assessment (EHIIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document of Process or Service Name: **Safeguarding Children Policy**
2. EHIIA Reviewer (name, job title, base and contact details): **Kerry Boughen. Named Nurse Safeguarding Children**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service
To assist all staff (including voluntary and students) within the Trust to be aware of their roles and responsibilities in safeguarding and promoting the welfare of children. The procedures and guidance within the policy will enable the Trust to fulfil its statutory duties as determined by the Children Act 1989 and 2004.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the proforma

Equality Target Groups	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
This toolkit asks services to consider the impact on people with protected characteristics under the Equality Act 2010 as well as the impact on additional groups who may be at risk of experiencing inequalities in access, outcomes and experiences of health and care.	Equality Impact Score Positive = evidence of positive impact Neutral = little or no evidence of concern (Green) Moderate negative = some evidence of concern (Amber) High negative = significant evidence of concern (Red)	• who have you consulted with? • what have they said? • what information or data have you used? • where are the gaps in your analysis? • how will your document/process or service promote equality and diversity good practice?

Equality Target Group	**Definitions** (Source: Equality and Human Rights Commission, 2024)	**Equality Impact Score**	**Evidence to support Equality Impact Score**
Age	A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds).	Neutral	This policy relates to the safeguarding of children up to 18 years of age.
Disability	A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	Neutral	See summary.
Sex	Man/Male, Woman/Female.	Neutral	See summary.
Marriage / Civil Partnership	Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples.	Neutral	See summary.
Pregnancy / Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a person unfavourably because they are breastfeeding.	Neutral	See summary.
Race	A race is a group of people defined by their colour, nationality (including citizenship) ethnicity or national origins. A racial group can be made up of more than one distinct racial group, such as Black British.	Neutral	See summary.
Religion or Belief	Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	Neutral	See summary.

Sexual Orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	Neutral	See summary.
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Neutral	See summary.
Poverty	People on welfare benefits, unemployed/low-income, fuel poverty, migrants with no recourse to public funds	Neutral	See summary.
Literacy	Low literacy levels, including includes poor understanding of health and health services (health literacy) as well as poor written language skills	Neutral	See summary.
People with English as an additional language	People who may have limited understanding and/or ability to communicate in written or spoken English	Neutral	See summary.
Digital exclusion	People who can't or don't want to use digital technology due to cost, access to connectivity or devices, digital skills or lack of confidence or trust in digital systems	Neutral	See summary.
Inclusion health groups	People who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This includes:	Neutral	See summary.
	• people who experience homelessness	Neutral	See summary.
	• drug and alcohol dependence	Neutral	See summary.
	• vulnerable migrants	Neutral	See summary.
	• Gypsy, Roma and Traveller communities	Neutral	See summary.
	• sex workers	Neutral	See summary.
	• people in contact with the justice system	Neutral	See summary.
	• victims of modern slavery	Neutral	See summary.
Rurality	People who live in remote or rural locations who may have poor access to services.	Neutral	See summary.
Coastal communities	People who live in coastal communities which may experience unemployment, low educational attainment, poor social mobility, poor health outcomes and poorer access to services.	Neutral	See summary.
Carers	Carers and families of patients and service users, including unpaid carers and paid carers	Neutral	See summary.
Looked after children	A child or young person who is being cared for by their local authority. They might be living in a children's home, or with foster parents, or in some other family arrangement.	Neutral	See summary.
Veterans	Anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.	Neutral	See summary.
Neurodivergence	People with alternative thinking styles such as autism, attention deficit hyperactivity disorder, dyslexia, developmental co-ordination disorder (dyspraxia), dyscalculia.	Neutral	See summary.
Other	Any other groups not specified in this toolkit who may be positively or negatively impacted	Neutral	See summary.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above A child's age, gender, cultural or religious beliefs, disabilities or social backgrounds may impact on their ability to access help and support. Due consideration must be given to these issues at all times when dealing with children, young people and their families. This policy gives due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
EIA Reviewer: Kerry Boughen

Date Completed: 11.09.25	Signature: K Boughen