York Teaching Hospital
NHS Foundation Trust

Safeguarding Children Policy and procedures

This policy and procedures may evoke the need to link to the following policies: Mental Capacity Act/Deprivation of Liberty Guidance/Therapeutic Restriction policy Please refer to the specific policy Guidance or contact the Trust Safeguarding Adults Team for guidance.

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Links to Organisational/Service Objectives, business plans or strategies	Safeguarding Children Annual Work plan
Executive Summary This policy describes the Trusts approach and procedures to be followed to ensure children are safeguarded	
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Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
1	2004	Jane Martin	Policy Library	New document
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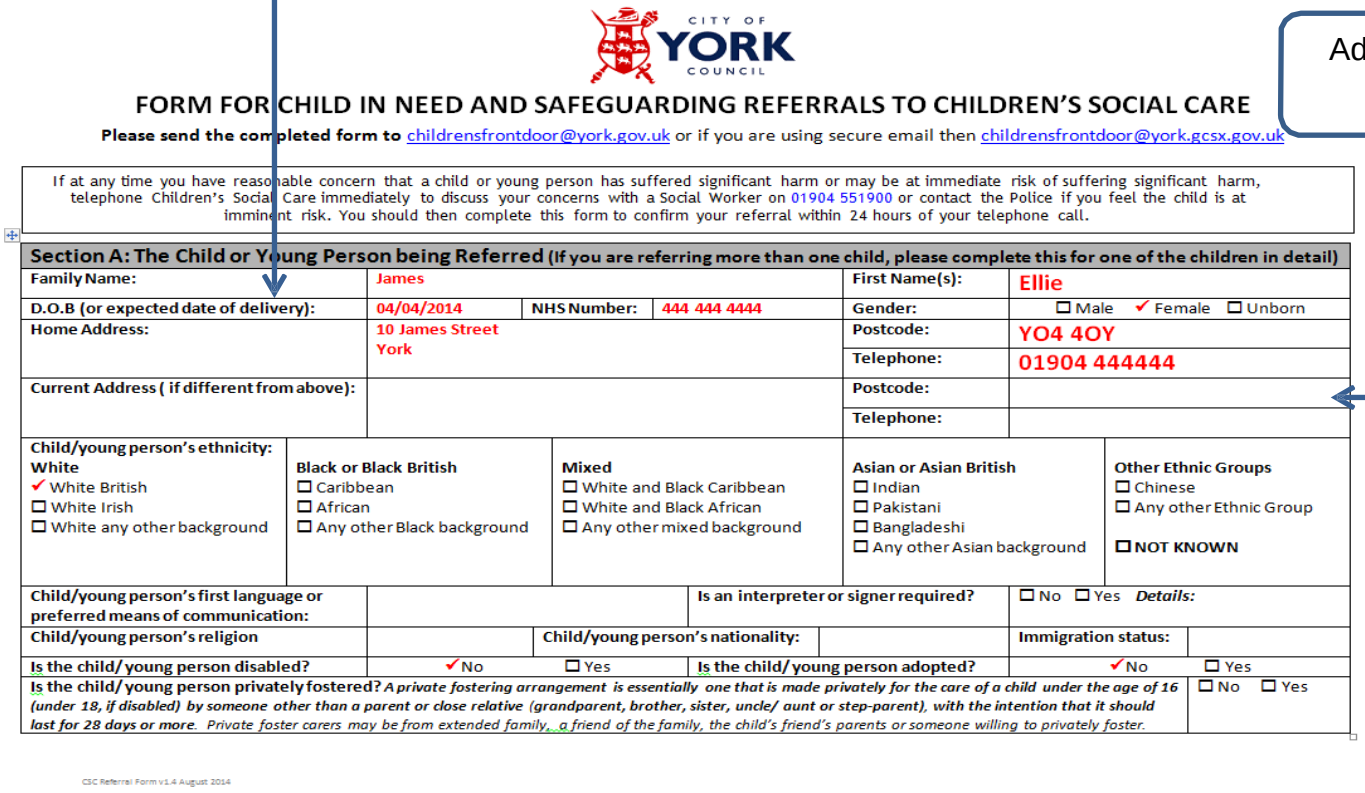
Completing a City of York Referral to Children's Social Care

Please complete all boxes. If you do not have the relevant information, please state: "*not known*" in the box. It is important that all family members in the household are recorded. Please enter NHS numbers where available. **It is preferable for these forms to be completed electronically.**

If the referral is for an unborn, please put EDD in section A and add mums details to Section B.

Add temporary address if different from usual home address.



CITY OF YORK COUNCIL

FORM FOR CHILD IN NEED AND SAFEGUARDING REFERRALS TO CHILDREN'S SOCIAL CARE

Please send the completed form to childrensfrontdoor@york.gov.uk or if you are using secure email then childrensfrontdoor@york.gcsx.gov.uk

If at any time you have reasonable concern that a child or young person has suffered significant harm or may be at immediate risk of suffering significant harm, telephone Children's Social Care immediately to discuss your concerns with a Social Worker on 01904 551900 or contact the Police if you feel the child is at imminent risk. You should then complete this form to confirm your referral within 24 hours of your telephone call.

Section A: The Child or Young Person being Referred (If you are referring more than one child, please complete this for one of the children in detail)

Family Name:	James	**First Name(s):**	Ellie
D.O.B (or expected date of delivery):	04/04/2014 **NHS Number:** 444 444 4444	**Gender:**	☐ Male ✓ Female ☐ Unborn
Home Address:	10 James Street York	**Postcode:**	YO4 4OY
		Telephone:	01904 444444
Current Address (if different from above):		**Postcode:**	
		Telephone:	

Child/young person's ethnicity: **White** ✓ White British ☐ White Irish ☐ White any other background	**Black or Black British** ☐ Caribbean ☐ African ☐ Any other Black background	**Mixed** ☐ White and Black Caribbean ☐ White and Black African ☐ Any other mixed background	**Asian or Asian British** ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Any other Asian background	**Other Ethnic Groups** ☐ Chinese ☐ Any other Ethnic Group ☐ **NOT KNOWN**

Child/young person's first language or preferred means of communication:		**Is an interpreter or signer required?**	☐ No ☐ Yes ***Details:***
Child/young person's religion	**Child/young person's nationality:**		**Immigration status:**
Is the child/ young person disabled?	✓ No ☐ Yes	**Is the child/ young person adopted?**	✓ No ☐ Yes
Is the child/ young person privately fostered? *A private fostering arrangement is essentially one that is made privately for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative (grandparent, brother, sister, uncle/ aunt or step-parent), with the intention that it should last for 28 days or more. Private foster carers may be from extended family, a friend of the family, the child's friend's parents or someone willing to privately foster.*			☐ No ☐ Yes

CSC Referral Form v1.4 August 2014

Section B – Household Details

If you are also referring a sibling of the child in Section A who is under the age of 18 years, please list them in this section and indicate that you are also referring them. Please also list the names and details of all children (under 18) and adults who are currently residing in the home.

Family Name	First Name	DOB	Age	Relationship to the Child in Section A	Also referring to CSC (must be under 18)
James	Thomas	04/04/2016	1	Sibling	✓Yes
James	David	14/04/1978	39	Dad	☐ Yes
James	Sally	12/04/1977	40	Mum	☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes
					☐ Yes

Add all siblings, and adults living in the family.

Section C – Consent to make Referral to Children's Social Care

Permission should always be sought from an adult with parental responsibility for the child/young person before passing information about them to Children's Social Care, UNLESS seeking permission would place the child at risk of significant harm or may lead to the loss of evidence for example destroying evidence of a crime or influencing a child about a disclosure made. If a child is at immediate risk of significant harm, a referral to Children's Social Care SHOULD NOT BE DELAYED whilst consent is sought.

Has consent been obtained by you for a referral to Children's Social Care	☐ No	✓ Yes Date obtained: 31/10/2017

If yes, what is the Parent/Carer/Child's view of the referral:

Mum happy for referral to be made.

If no, explain the immediate risk of significant harm that has prevented you from obtaining consent:

If you are referring a child to CSC for concerns about **Child Protection**/significant harm, you **do not need consent** from the parent/carer to make that referral; it is however good practice to **inform** the child's parents/carers that you intend to refer the child to CSC, *unless you have reason to believe that so doing would increase the risk to the child*.

Section D – Referrer Details					
Date of referral:	31/10/2017	Time of referral:	10.28	☐ Referral is a follow up to a Telephone Call	✓ This is a new Referral
Name of Refer:	Sarah Smith			Role/Relationship to child:	ED Nurse
Agency Name (if any):				Address of Referrer: York Hospital, Wigginton Road, York	
Telephone:	01904 72 6647			Postcode:	YO11 8HE
Mobile:				E-mail:	Sarah.smith@nhs.net

Section E – Reason for Referral
Your need in this section to tell us how you have come to your view that the child has significant vulnerabilities or is at risk of significant harm and detail any significant incidents or events that support your view. This section will be shared with the child and their parents during any subsequent assessment unless it places the child at risk of significant harm to do so
What is your concern for the child? Ellie presented to ED having attempted an overdose. It was noted that Ellie….. Education Professionals Referral: If the child is school age, do you have concerns about the child's attainment and/or progress? ☐ Yes
What has prompted the referral? I am concerned about….

CSC Referral Form v1.4 August 2014

Your role and department should be clearly stated.

Ensure you use the correct email address! All referrals should be sent via secure email (e.g. an NHS.net account) to the secure email account given at the top of the referral (the one ending in **gcsx.gov.uk**).

A strong referral will have your concerns for the child clearly expressed and with as much detail as possible.

What have you done to address this with the family? Have you completed a CAF/FEHA? (If so please attach to this referral)
I have….
No CAF/FEHA completed.
What would be the desired outcome for the child?
To have further support for Ellie and her family.

Section F – Services Working with the Family (to be completed if no current CAF/FEHA attached)				
Role	**Full Name**	**Telephone**	**Email Address**	**Address and Postcode**
Lead Professional (if applicable)	Dr Baker	01904 72 6647	e.baker@nhs.net	York Hospital, YO31 8HE
GP				
Dentist				
Health Visitor/Midwife				
Nursery/School				

Please send the completed form to childrensfrontdoor@york.gov.uk or if you are using secure email then childrensfrontdoor@york.gcsx.gov.uk

CSC Referral Form v1.4 August 2014

Be clear about what you are asking for. Are you referring because this child is at risk or has suffered harm or are you referring because the family need support and have given you consent. If they are in need of support are you thinking that this could be provided by the 0-19 team?

Your completed form must be sent securely via **NHS.net** to the secure email address as stated on the top of the form. If you do not have access to your own nhs.net account you must escalate this to a senior member of staff.

A copy of your referral form must also be sent securely to **sctyorkhospital@nhs.net**
A copy of the referral should be uploaded to the relevant CPD files. If you have access to the paper records, a copy should also be added to these.

1 Introduction & Scope

The Children Act 1989 and 2004 and the statutory guidance Working Together to Safeguard Children (2018 & prior versions of this document) have set out the principles for safeguarding and promoting the welfare of children and young people (i.e. anyone who has not yet reached their 18th birthday). This policy is in accordance with safeguarding children procedures of City of York Safeguarding Children Board (CYSCB), North Yorkshire Safeguarding Children Board (NYSCB) & East Riding Safeguarding Children Board (ERSCB) multi-agency procedures and any subsequent partnership procedures, which can be accessed at:

www.saferchildrenyork.org.uk (City of York)

www.safeguardingchildren.co.uk (North Yorkshire)

www.erscb.org.uk (East Riding)

The Children Act 1989 and 2004 emphasises that everyone has a responsibility to safeguard children and young people and to provide for their welfare, and that all members of the community can help to do this. Further, it also states that the welfare of the child is paramount (Paramouncy Principle).

York Teaching Hospital NHS Foundation Trust (hereafter known as 'the Trust') has a duty to safeguard and promote the welfare of children and therefore there is an expectation that the organisation demonstrates robust safeguarding systems and safe practice within agreed local multi-agency procedures.

- All children (including unborn babies) and young people under the age of 18 years who have or may have suffered, or be likely to suffer physical injury, neglect, failure to thrive, emotional or sexual abuse or exploitation, which the person or persons who had custody, charge or care of the child either caused or knowingly failed to prevent.
- Staff, whether permanent or temporary, volunteers and contractors, working for the Trust and across all sites.

This Policy and Procedures should also be read in conjunction with related Trust Policies, Procedures and Guidance shown at Appendix 2.

2 Definitions / Terms used in policy

Child:

A child is defined as anyone who has not yet reached their 18th birthday.

The fact that a child has reached 16 years of age and is:

- living independently;
- in further education;
- a member of the armed forces;
- in hospital;
- in custody;
- in a secure estate for children and young people;

Does not change his or her status as a child, or entitlement to services under the Children Act 1989 and 2004.

Additionally, a person aged between 18 and 24 years, who has been Looked After by the Local Authority (previously known as "In Care") or who has a disability, also has protection under the Children Act 1989 and 2004. You must also refer to the Trust Safeguarding Adults Policy where concerns are raised in relation to this age group.

Significant Harm:

There are no absolute criteria in which to rely on when judging what constitutes "significant harm". In each case it is necessary to consider any child maltreatment alongside the child's interpretation using the voice of the child and their lived experience and also consider both the risk and protective factors.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- To enable those children to have optimum life chances and to enter adult hood successfully.

Child Protection:

This is a part of safeguarding and promoting the welfare of children and young people. Child Protection refers to that activity which is undertaken to protect specific children who are known to be suffering or at risk of suffering significant harm (Children Act 1989, section 47).

Child in Need:

This relates to those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. It also includes disabled children (Children Act 1989, section 17).

Parental Responsibility:

(PR) means the legal rights, duties, powers, responsibilities and authority a parent has for a child and their property. A person who has PR for a child has the right to make decisions about their care and upbringing. Important decisions in the child's life (e.g. whether or not a child receives medical treatment) must be agreed with anyone else who has PR.

The following people automatically have PR: birth mother, father if married to mother at the time the child was born, father if not married to the mother but is registered on child's birth certificate (if birth registered after 2003), civil partners of mother registered as the child's legal parent on the birth certificate.

It is also possible to obtain PR in the following ways:

Biological Fathers - if a father is not married to the mother and is not registered on a child's birth certificate, he will not automatically have PR. If he is registered on the child's birth certificate, but the birth certificate was issues before December 2003, he will also not automatically have PR. A biological father who does not have PR can get PR by:

- Re-registering the birth of the child (if the father's name is not on the original birth certificate and the mother agrees to this).
- By making a Parental Responsibility Agreement with the mother; this is witnessed by a Court Official.
- Applying to the Court for PR through a Parental Responsibility Order.
- Being granted a 'Residence Order' by the Court.
- Marrying the mother and re-registering the child's birth.

Married and Civil Partnered Step-Parents - a step parent will not automatically get PR by marrying or entering into a civil partnership with the mother. A step-parent can get PR by:

- Making a Parental Responsibility Agreement with the mother, this is witnessed by a Court Official.
- Applying to the Court for PR through a Parental Responsibility Order.

Others who are Not Parents - it is possible for other people who are not the child's parent or step-parent to gain PR by:

- A Care Order or Interim Care Order means the Local Authority shares PR with the mother and any other people with PR.
- A Residence Order they will gain PR for the duration of that Order.
- Being appointed as Guardian to a child automatically gives that person PR shared with any other people with PR.
- Being appointed as a Special Guardian to a child automatically gives that person PR. The biological parent(s) will keep their PR, but they will not have equal PR to the Special Guardian who can override decisions made by the parent if there is an issue they disagree on.
- Adoption, their adoptive parent(s) automatically get PR and the biological parents lose PR.
- Testamentary Guardians (i.e. a person appointed to care for a child after the death of a parent who has parental responsibility or the death of a Special Guardian).

***Child Abuse**:*

A form 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 others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Abused children may present with signs and symptoms within a variety of settings. Acute physical or sexual abuse may present at any department, for example the Emergency Department with a physical injury, infection at Dermatology clinics and a variety of genitor-urinary and behavioural symptoms to acute paediatric wards or children's outpatients, for example.

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.

Sexual Abuse:

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non- penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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 meets the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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:

a) Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
b) Protect a child from physical and emotional harm or danger.
c) Ensure adequate supervision (including the use of inadequate care-givers).
d) Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Private Fostering:

When a child under the age of 16 years (or under 18 years, if disabled) is cared for by someone who is neither their parent nor a close relative (i.e. step- parent, grand-parent, brother, sister, uncle, aunt), and this is via a private arrangement made between the carer and the child's parent, and lasts for 28 days or more.

NB: All instance of Private Fostering must be reported to Children's Social Care.

Child Sexual Exploitation (CSE):

Child Sexual Exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity: (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

CP-IS (Child Protection Information Sharing):

The CP-IS system should be checked for all children/unborn babies (mothers) attending the Emergency Department or unscheduled care in Maternity Departments. This will alert clinicians to the fact that a child/unborn is subject to a Child Protection Plan or is a Looked after Child and which local authority has responsibility for this child/unborn.

N.B: not all local authorities are using CP-IS so this is not a guarantee that the child/unborn is not subject to a Child Protection Plan or is a Looked after Child.

3 Policy Statement

Safeguarding children and young people includes any work which aims to prevent abuse, or to protect those who may already be experiencing abuse.

Health professionals and organisations have a key role to play in safeguarding and promoting the welfare of children. The general principles that must be applied are:

- To aim to ensure that all abused or neglected children receive appropriate and timely preventative and therapeutic interventions;
- Those professionals who work directly with children and young people should ensure that safeguarding and promoting their welfare forms an integral part of all stages of the care and involvement that they offer;
- Those professionals who come in to contact with children and young people, parents and carers in the course of their work also need to be aware of their safeguarding responsibilities; and
- Ensuring that all clinical health professionals can recognise risk factors and contribute to identification of abuse or neglect, case reviews, enquiries and Child Protection Plans, as well as planning support for children and providing ongoing promotional and preventative support through proactive work with children, young people and their parents/carers.

3.1 General Principles:

Only the Police have powers to intervene in emergency situations, such as where a child is believed to be at imminent danger of significant harm. In such cases you should **dial 999** and ask for North Yorkshire/Humberside Police.

Prompt action must always be taken to ensure the immediate safety of a child. Consideration must also be given to the safety of other children at the family home address, or who are part of the family. The parent/carer should always be asked if the child has any siblings or if the parent has care of any other children or dependent adults, or if they are privately fostering any other children. The parent or carer should also be asked, in routine history taking, about what job they undertake and where**.**

If such information gives rise to concerns about the ability for the parent/carer to undertake their work safely then advice must be sought from the Head of Safeguarding Children or a Named Nurse/Midwife.

If you **know or suspect** that a child is suffering, may be suffering or is likely to suffer significant harm, you have a ***duty*** to refer your concerns immediately to Children's Social Care and/or the Police.

The Duty Social Worker within Children's Social Care (CSC)or Children and Families Service (CFS) must be contacted at an early stage, by telephone, to report the concerns. This will be undertaken by a qualified member of staff in the Trust's team/department where the concern has been raised.

The verbal referral to Children's Social Care must then be followed up in writing, using the agreed referral document, within 24 hours, to ensure that action is taken as appropriate to safeguard the child in question.

See Appendix 3 for contact details and Appendix 4 for copies of the local referral forms.

3.2 Referrals

If you are referring a child to CSC/CFS for concerns about **Child Protection**/significant harm, you **do not need consent** from the parent/carer to make that referral; it is however good practice to **inform** the child's parents/carers that you intend to refer the child to CSC/CFS, ***unless you have reason to believe that so doing would increase the risk to the child*****.**

However, if you are referring the child as a **Child in Need** (i.e. a child who needs additional support, but for whom there are no concerns about abuse or neglect) **you must have consent** from the child's parent or someone with parental responsibility.

M:\Consent for Safeguarding Poster.pdf

- Notify your line manager/team leader of situation and action taken.
- Where possible, explain your planned action to the parent(s)/carers of the child. Exceptions to this are:
  - If you suspect sexual abuse;
  - If you suspect Fabricated or Induced Illness (previously known as Munchausen's Syndrome by Proxy);
  - If you consider that your actions with parents would place the child, or yourself, in danger.

In this case you must explain on your referral why you have not sought consent.

Staff should ascertain if a child is subject to a Child Protection Plan by checking CPD or contacting the relevant local authority; City of York (01904 551900), North Yorkshire (01609 780780), or the East Riding (01482 395500), or the local authority of the area where the child normally lives. North Yorkshire or City of York's Children's Social Care can give you telephone numbers for other areas. If the child has attended for unscheduled care then CP-IS should be used. See standard operating procedure at Appendix 7.

- Remember to ascertain and document the names and whereabouts of other children in the family, and consider their safety.
- Children's Social Care need to be informed of these children.
- Child Protection referrals should be made to the appropriate Children's Social Care team initially by phone with the written referral being submitted within 24 hrs.
- Out of hours referrals should be directed to the Emergency Duty Teams for the relevant area. All contact details are located at Appendix 3.
- If you are working on the premises of another agency (e.g. in a school), the relevant person must be informed of your concerns and the action to be taken, i.e. the Designated Teacher for Child Protection.

One copy of the referral form should be sent via secure email (i.e. **nhs.net** to a **gcsx.gov.uk** email address), or via the Safeguarding Children Team (SCT) to the relevant Children's Social Care Team;

- One copy to be included in the child/young person's clinical notes;
- One copy to be uploaded onto the child's Core Patient Database (CPD) records;
- One copy to be sent to the Safeguarding Children Team.

Community staff may encounter an emergency situation (e.g. where a child has been badly injured as a consequence of abuse or a young child has been left unattended in the home). In these circumstances, community staff should ring 999 and request assistance from the Police and any other appropriate service. The above procedure should then be followed.

The following pages contain procedures for support and guidance when concerned about the welfare of a child. They are separated into areas of practice.

3.3 Responding to 'Historical' Abuse (i.e. an adult disclosing abuse which occurred during their childhood):

Where an adult discloses a personal history of abuse as a child, there are three elements that need to be taken in to consideration:

- The welfare of the adult that was abused as a child: this may entail referring the adult for counselling or other talking therapy.
- The welfare of any children who may currently have contact with the person who abused: it is of note that where an adult has been sexually abused during their childhood, it is likely that the abuser will continue to abuse other children.

- If the adult making the disclosure has any knowledge which suggests that their abuser may currently have contact with known children, a referral in relation to those children should be made to the relevant Children's Social Care department. Advice regarding this can be obtained from the Trust SCT (see Appendix 3 for contact details).

3.4 Child Protection Medicals

- Any child protection medical examination should always be conducted/supervised or co-ordinated by a Consultant Paediatrician.
- Record all events and action taken (to include conversations with other professionals and agreed outcomes) in accordance with Trust policies and professional guidance using Trust pro-forma. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map (See Appendix 5 for body maps).
- Trust policy on the taking and storing of photographs taken during the course of the medical should be adhered to.
- Notify other relevant health professionals (including the GP) involved with the child or young person.

3.5 Procedure for Staff Working In Emergency Department & Minor Injuries Unit:

This guidance applies to all children and young persons up to the age of 18 years where there are actual or possible child protection concerns.

3.5.1 Admin Staff:

Ensure all fields are completed on an attendance card, including who is accompanying the child and their relationship to the child, GP, school/nursery, next of kin and any temporary address.

N.B: Next of kin needs to be the person who has 'parental responsibility' for the child/young person (see page 13 for definition of Parental Responsibility).

- Follow CP-IS procedure. (See Standard Operating Procedure at Appendix 7).
- Make senior nursing staff aware if alert/flag is present.
- Check hospital /clinical database for all previous attendances.
- Retrieve previous records if available.
- Ensure medical/nursing staff are aware of children subject to a Child Protection Plan or who are currently Looked After by the local authority.

3.5.2 Nursing/Medical Staff:

Inform the registered nurse/midwife/line manager in charge of the ward or department if you suspect child abuse or neglect.

- Identify and document who is accompanying the child and their relationship to the child.
- Identify who is accompanying the child and who has parental responsibility.

- Establish the identities of accompanying adults and children, as well as 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.
- Obtain clear history of events and document, including time scales of incidents and presentation in ED/MIU (Emergency Department/Minor Injuries Unit).
- Contact the relevant local authority if Child Care Alert has been identified via CP-IS.

Where there are concerns that the young person may have experienced or be at risk of experiencing abuse or neglect, a documented discussion must take place with a Consultant Paediatrician regarding management of the child protection/safeguarding issues. This does not mean that the Consultant Paediatrician will take over the care of the patient; the role of the Paediatrician in such cases is, primarily, to offer support and expert guidance to colleagues regarding safeguarding/child protection issues.

A referral will be required if there is:

- Clear medical diagnosis of non-accidental injury, or
- Inconsistent explanation of injury to a child, or
- Any actual or suspected fracture in a non-mobile child, or any suspicion of child abuse: physical, sexual, emotional or neglect.

If you are unsure of what actions need to be taken, discuss/take advice from the Safeguarding Liaison Nurse, Safeguarding Children Team or Named Doctor for Child Protection. Out of hours, seek such advice from the On Call Consultant Paediatrician. (See Appendix 3 for contact details).

- All children under one with a fracture or head injury and those that are non-mobile and present with bruising should be discussed with a Paediatrician. Parents should be informed that admission to the ward for children under one year and pre-mobile children is routine. However admission to the ward will be at the discretion of the Consultant Paediatrician. See link to guidance below:

  http://www.saferchildrenyork.org.uk/managing-injuries-to-non-independently-mobile-children-practice-guidance.pdf
- All children with suspected abuse should be seen by a Consultant Paediatrician (or Named Doctor for Child Protection) even if referred to another speciality. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map. (See Appendix 5 for body maps).
- Always consider the critically ill child *may* be the result of abuse and/or neglect.
- If the child's name **is known** to be subject to a Child Protection Plan, or if the child **is known** to be a Looked After Child (i.e. subject to a care order), even if the attendance is not of concern, you must:-
- Inform Children's Social Care of the attendance and outcome. Document clearly on your records that you have done so.

- It must be noted that the child is subject to a Child Protection Plan or Looked After, (including details of the local authority) if admission is required.

For all Children:

- SNS will ensure an electronic notification will be sent to the registered GP the next working day. If safeguarding concerns have been noted, the actions taken must also be recorded.
- Notify the 0-19 team/ Healthy Child Service if a referral has been made, by the next working day.
- When handing over the patient to another staff member within the department, document name and time of handover.

Staff should be aware that adult behaviours can have a detrimental impact on a child. This is particularly relevant in:

- Domestic abuse
- Drug and alcohol misuse
- Mental health or social care issues
- Adults who work in a professional capacity with children In such cases it should be established if:
- They have any caring responsibility for children, where the children are and if they are safe.
- If there are immediate concerns that the child/children are/could be at risk of significant harm, a referral should be made to Children's Social Care.
- If you have concerns that are not immediate, seek advice from your line manager, Safeguarding Liaison Nurse and/or the Safeguarding Children Team (see Appendix 1 for contact details).
- If concerns persist about the behaviour of an adult who works with children in a professional capacity see Allegations Against Staff Policy - March 2015 — York NHS Staff Room
- Staff should be aware that children can be affected by domestic abuse whether or not they have witness the abuse take place. Consideration should be given to a referral to a Multi- Agency Risk Assessment (MARAC). Further information can be found at: http://staffroom.ydh.yha.com/Learning-Development-and- Professional-Registration/safeguarding-adults-children/safeguarding-children-1/policies-procedures/domestic- abuse-policy-procedures
- You may also want to refer to the Safeguarding Adults policy: http://staffroom.ydh.yha.com/policies-and-procedures/corporate- policies-and-procedures/safeguarding-adults-policy-v3.0/view

3.5.3 PREVENT and Children and Young People

- Protecting children from radicalisation and extremism is no different from protecting them from other forms of significant harm or abuse of their inherent vulnerabilities.

- Section 26 of the Counter Terrorism and Security Act 2015 places a duty on the organisation to have:

  "Due regard to the need to prevent people from being drawn into terrorism".
- Evidence shows us that young people are at greater risk of this occurring. Staff will be offered training in order to identify children who may be vulnerable to radicalisation. If you identify a child is, or may be at risk of radicalisation or extremism by any individual or group (e.g. so called Islamic State supporters, English National Defence League supporters etc.) you must initially seek advice from the Safeguarding Children Team. If deemed appropriate, you should complete a referral to Children's Social Care on the grounds that the child is at risk of significant harm. See also Trust PREVENT policy.

3.6 Procedure for all staff on children's wards, Special Care Baby Unit, Children's Outpatients Department and Maternity/Midwifery staff.

All staff must:

Inform the registered nurse/midwife/line manager in charge of the ward or department if you suspect child abuse or neglect.

The Registered Nurse/Midwife/line manager in charge will:

- *Check CPD to ascertain whether there is a safeguarding alert re this child;*
- *Ascertain if there was information held in Midwifery x drive*
- Seek and record:
  - *a)* Name of child(ren) and/or alleged perpetrator concerned
  - *b)* Address of child(ren) and/or alleged perpetrator concerned
  - *c)* Date of birth and NHS Number of child(ren) or alleged perpetrator concerned
  - *d)* Name of the informant
  - *e)* Nature of injuries/concerns. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map
  - *f)* Date and time of receiving the information
  - g) Record appropriately (see "Trust Guidance on Record Keeping"), including discussions taken place regarding the suspicions/incident, times child seen/discussed/referrals made, messages left, with whom and of what agency, advice received from those liaised with, decisions made and actions taken. All records must be signed, dated and timed.
  - *h)* General Practitioner and Consultant of the child(ren) and/or alleged perpetrator concerned

  N.B: Failure to obtain any of the above MUST NOT delay action.
- Inform and discuss with the Consultant Paediatrician and record the content and outcome of this discussion. Advice can be accessed via the Safeguarding Children Team.
- Refer to relevant Children's Social Care Team (or Emergency Duty Team if outside of normal office hours).

- Discuss with Duty Social Worker (or Key Worker if it is an active case) and develop a plan of action.
- Make sure you have discussed the referral with the Consultant Paediatrician. However, even if Consultant Paediatrician does not agree to a referral, if as a registered health professional you feel a child protection referral is necessary, you should make that referral.
- Inform the child's GP and 0-19 team/Healthy Child Service that you have referred the child to Children's Social Care.

Where there are known concerns regarding family members who may pose a risk to a child/children, these people will have restricted/supervised/no access to the ward, with further discussions with Children's Social Care and/or Police as appropriate. Information should be shared with the Safeguarding Children Team and a **Safeguarding Safety plan** will be compiled by SCT and be placed prominently in the records. A copy of the Safeguarding Safety Plan should be shared with relevant teams. Hospital Security staff must be informed should a family member be restricted from visiting the hospital.

3.7 This guidance applies to all children and young persons up to the age of 18 years where there are actual or possible child protection concerns.

Sexual health delivers contraception and sexually transmitted infection screening and treatment to all ages including those under the age of 18.

All attendance information is recorded with a unique patient sexual health number within independent electronic records accessed by sexual health staff.

3.7.1 Nursing/medical staff

- **All 17 year olds and under should have a CSE risk assessment proforma completed and/or updated at each attendance**
- **Any concerns identified from the history or attendance should be discussed with the senior clinician on duty in sexual health.**
- If you are unsure of what actions need to be taken, discuss/take advice from the Safeguarding Liaison Nurse, SCT or Named Doctor for Child Protection. Out of hours, seek such advice from the On Call Consultant Paediatrician. (See Appendix 1 for contact details).
- Refer to relevant Children's Social Care Team (or Emergency Duty Team if outside of normal office hours).

3.8 Procedure for all staff where you suspect abuse of a child by a member of trust staff or volunteer

See the Trust **Policy & Procedures for Responding to Allegations of Abuse or Neglect of a Child Against An Employee:**

http://staffroom.ydh.yha.com/policies-and-procedures/corporate-policies- and-procedures/allegations-of-child-abuse-against-staff-policy/view.

- Advice may be sought from the Trust's Safeguarding Children Team (see Appendix 1 for contact details), Head of Safeguarding Children or Named Doctor for Child Protection.

It is essential, in order to safeguard vulnerable children, that any concerns are shared promptly with the Head of Safeguarding Children (or deputy) and the Named Doctor (or deputy) for Child Protection. Where there are indications that at any time a person has/may have:

- 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 indicates s/he may pose a risk of harm to children.

WHETHER OR NOT THE CONCERN / ALLEGATION RELATES TO CURRENT, RECENT OR NON-RECENT BEHAVIOUR

4 Impact upon Individuals with Protected Characteristics

This policy aims to safeguard all children and young people who are in receipt of services (or whose family members or carers are in receipt of services) from the Trust, and who may be at risk of abuse, irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender or sexual orientation.

All Trust staff must respect the alleged victim's (and their family's/carers) culture, religious beliefs, gender and sexuality. However, this must not prevent action to safeguard children and young people who are at risk of, or experiencing, abuse. Support in clarifying or understanding diversity issues can be sought from the Equality and Diversity Facilitator.

All reasonable endeavours must be used to establish the child, young person and family's /carer's preferred method of communication, and to communicate in a way they can understand. This will include ensuring access to a professional interpretation service where people use languages (including signing) other than spoken or written English. Every effort must be made to respect the person's preferences regarding gender and background of the interpreter.

5 Accountability

Operational implementation, delivery and monitoring of the policy reside with:-

Recruitment Procedures: All members of staff commencing employment within the Trust, and who will be working in any 'regulated activity' (as defined by the Disclosure and Barring Service) with children or vulnerable people must have enhanced Disclosure and Barring Service clearance prior to commencing in post.

The following Safeguarding statement will be in every Trust job description:

> "*All employees have a responsibility to protect & safeguard vulnerable people (children & adults). They must be aware of child & adult protection procedures and who to contact within the Trust for advice & guidance. All employees are required to undertake Safeguarding Children Awareness Training and to undertake additional training appropriate to their role*"

It is expected that all recruitment will follow the Local Safeguarding Children Board Safer Recruitment guidance:

City of York: http://www.saferchildrenyork.org.uk/safer-recruitment-guidance.htm

North Yorkshire: http://www.safeguardingchildren.co.uk/section-11-procedures.html

East Riding: http://www.erscb.org.uk/professionals-and-volunteers/safer-employment-and-volunteering/

The success of this policy is dependent on a range of individuals being involved in the implementation of this document. The responsibilities on individuals in ensuring compliance with this document are detailed below:-

- The **Chief Executive** has overall responsibility for Trust wide legislative compliance and management of risk in safeguarding adults and children;
- The **Chief Nurse** has Board responsibility for all aspects of safeguarding adults at risk and children.
- **Head of Safeguarding Children** has strategical and operational responsibility for implementation of safeguarding Children Policy and Procedures.

Appendix 1: Contacts

YTHFT Safeguarding Children Team	01904 72 6647
North Yorkshire Children's Social Care	01609 780780
City of York Children's Social Care	01904 551900
East Riding Children's Social Care	01482 395500
Out of Hours Emergency Duty Team for North Yorkshire CSC and City of York CSC	01609 780780
Out of Hours Emergency Duty Team for East Riding CSC	01377 241273
North Yorkshire Police (Serious Crime Team. Also use this number if trying to contact Police in East Riding, if non-emergency).	101 *(Ask for Serious Crime Team in your area e.g. York, Scarborough etc.)*
Head of Safeguarding Children York Teaching Hospital NHS Foundation Trust.	01904 72 5863 or 07904 669089
Named Doctor for Child Protection York site – Scarborough site -	Dr Liz Baker – bleep via York Hospital switchboard (01904 631313) Dr Sarah Martin – bleep via Scarborough General Hospital switchboard (01723 368111)

Appendix 2: Referral Forms

Children's Social Care referral forms for North Yorkshire, City of York and East Riding can be found on the Trust's Intranet pages at:

http://staffroom.ydh.yha.com/Learning-Development-and-Professional-Registration/safeguarding-adults-children/safeguarding-children-1/referral-forms/referrals-to-childrens-social-care

Alternatively on their specific websites:

City of York Children's Social Care:
http://www.saferchildrenyork.org.uk/forms.htm

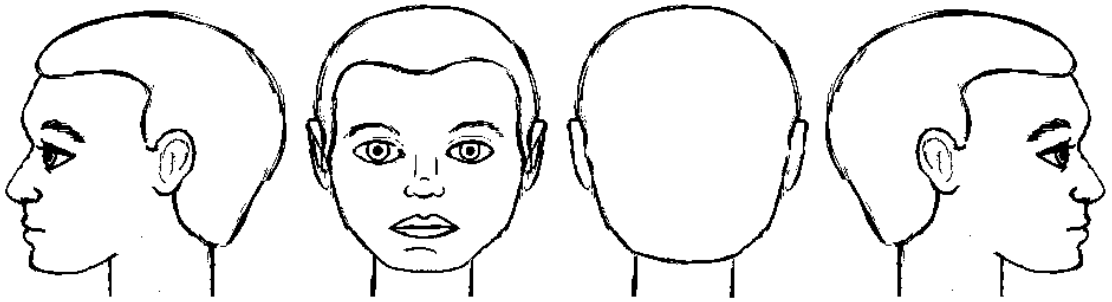
North Yorkshire Children's Social Care:
http://www.safeguardingchildren.co.uk/worried-about-child

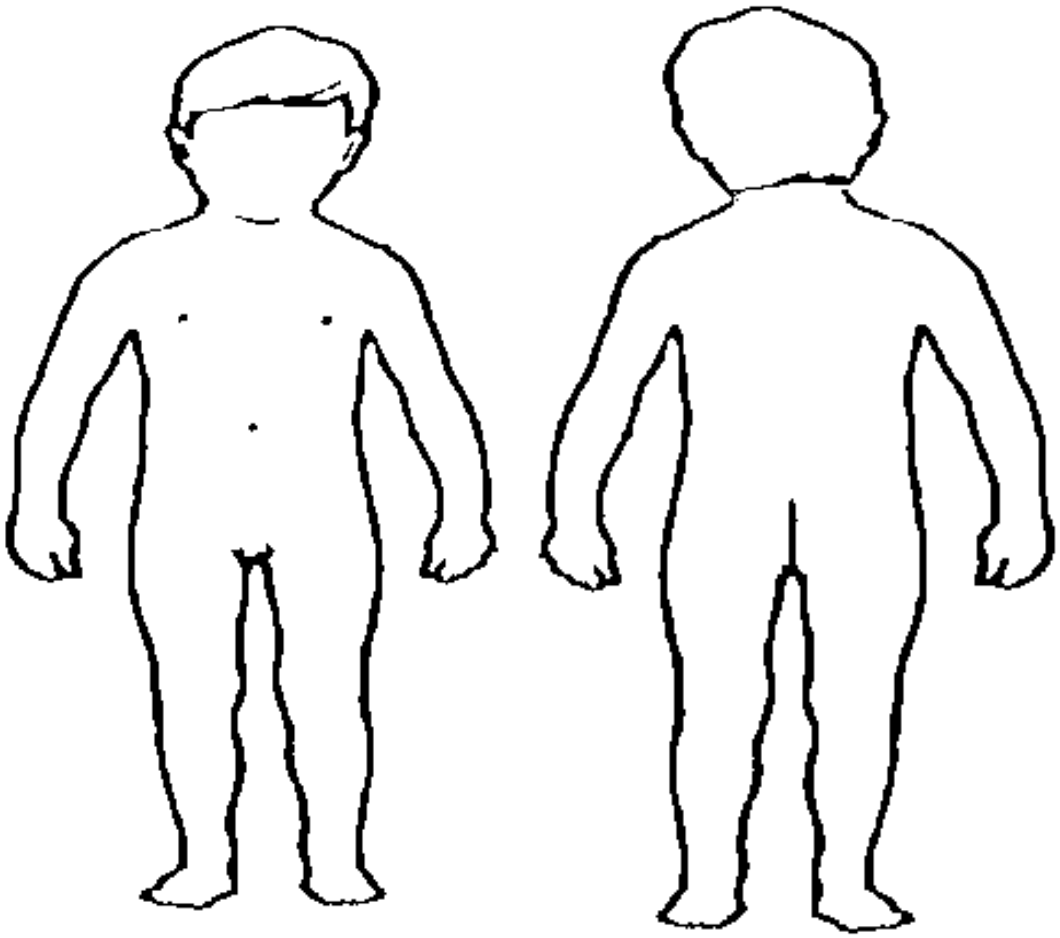
East Riding Children's Social Care:
http://www.erscb.org.uk

Appendix 3: Body Maps

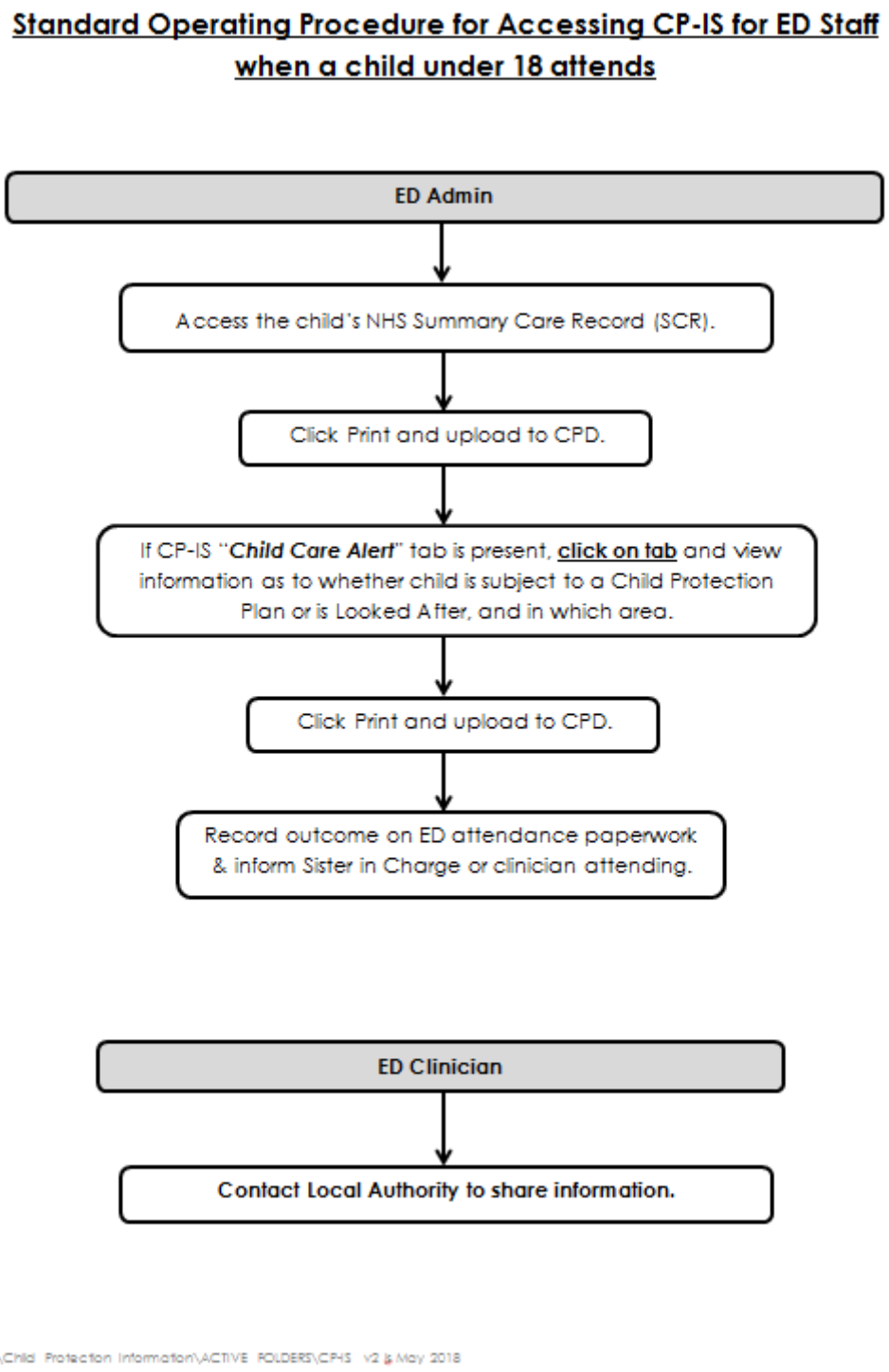
NB: these are NOT to be used by medical staff for forensic/court reports

(Please print/photocopy body/face maps as necessary)





Appendix 4: Standard Operating Procedures for CP-IS

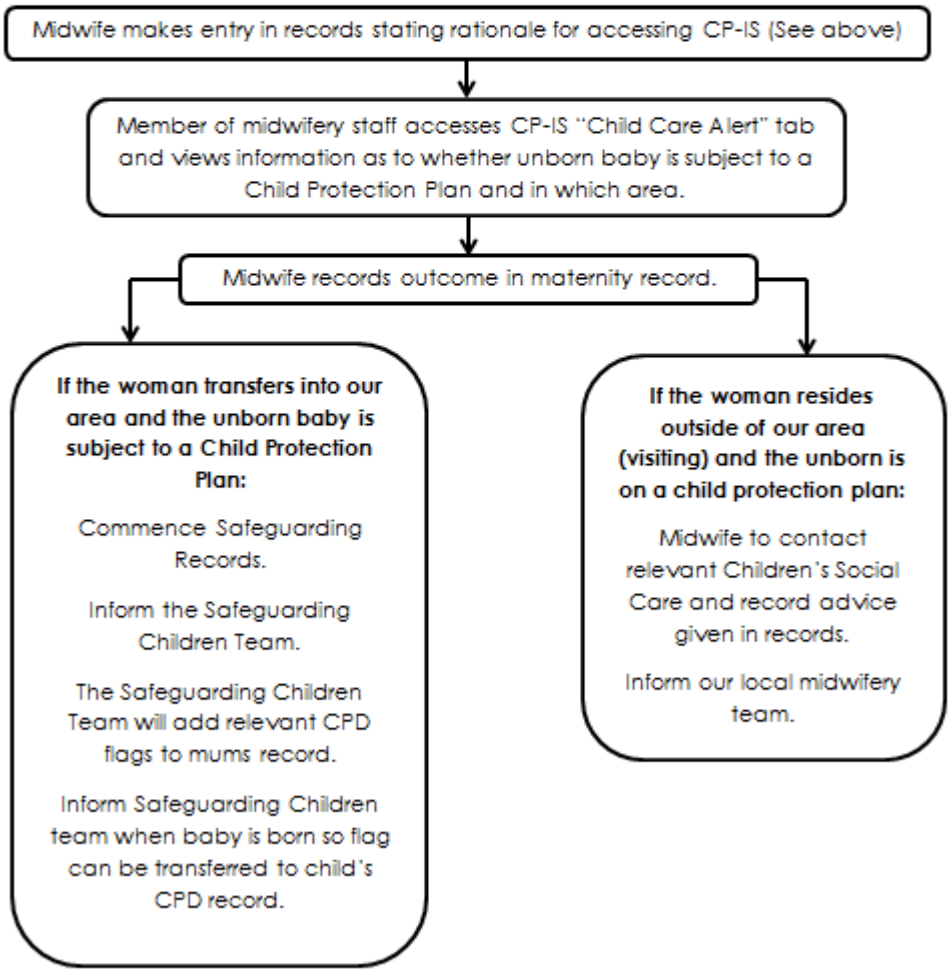


Standard Operating Procedure for Accessing CP-IS for Unborn Babies

Unknown pregnant woman attends for unscheduled care.

Criteria for midwifery access as follows:

- Unscheduled Care
- Pregnancy to be minimum 28/40
- Woman resides out of area
- Woman transfers in from another area



X:\Child Protection Information\ACTIVE FOLDERS\CP-IS v1 tpp Dec 2017

Appendix 5: Policy Management

1 Consultation Process

Consultation has been undertaken with the Matron of Children's Services; Matron of Emergency Care; Named Nurse for Safeguarding Children; Named Doctor for Safeguarding Children; and all members of the Trust's Safeguarding Children Governance Group.

2 Quality Assurance Process

The author has consulted with the following to ensure that the document is robust and accurate:-

- Designated Doctor for Safeguarding Children, NHS in North Yorkshire & York.
- The policy has also been proof read by the Policy Manager prior to being submitted for approval.

3 Approval Process

The approval process for this policy complies with that detailed in the Policy Guidance.

4 Review and Revision Arrangements

The Trust Named Nurse for Safeguarding Children and the Named Midwife for Safeguarding Children will be responsible for review of this policy in line with the timeline detailed on the cover sheet.

Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number applied. Subsequent reviews of this policy will continue to require the approval of the Trust Safeguarding Children Governance Groups.

5 Dissemination and Implementation

The dissemination and implementation process for this policy complies with that detailed in the Policy Guidance.

6 Register/Library of Policies/Archiving Arrangements/ Retrieval of Archived Policies

Please refer to the Policy Development Guideline for detail

The approval process for this policy complies with that detailed in the Policy Guidance. The Head of safeguarding Children will be responsible for review of this policy in line with the timeline detailed on the cover sheet.

Subsequent reviews of this policy will continue to require the approval of the Safeguarding Children Strategic Governance Group

7 Standards/Key Performance Indicators

Staff awareness of the policy and procedures;

- Adherence to the policy and procedures;
- Attendance by staff at appropriate Safeguarding Children training;
- Care Quality Commission Inspections.
- Approval & acceptance of Policy and Procedures by City of York Safeguarding Children Board, North Yorkshire Safeguarding Children Board and East Riding Safeguarding Children Board.

8 Training

Training will be offered to staff at four mandatory levels:

Induction: for ALL Trust staff, within 3 months of appointment;

Level 1: for ALL Trust staff;

Level 2: Those staff (including non-clinical managers and staff working in health care settings) who are not expected to do Level 2 or 3 training;

Level 3: for all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns;

Level 4: for specialist roles – i.e. Named Professionals for Safeguarding Children;

Level 5: for Specialist/Expert roles – e.g. Head of Safeguarding Children.

All Levels mentioned above relate to the competencies, knowledge, skills & values set out in: "Safeguarding Children and Young people: roles and competences for health care staff" (2014).

9 Trust Associated Documentation

- Domestic Abuse & Procedures v4 March 2018 — York NHS Staff Room
- Records Management Policy
- Policy, Procedures & Guidance for Responding to Allegations of Abuse or Neglect of a Child against an Employee
- Corporate Statutory Mandatory Training Policy
- Whistle Blowing Policy
- Recruitment, Selection & Employment Policy
- Disciplinary Policy & Procedure
- Corporate Statutory Mandatory Training Policy
- Safeguarding Adults Policy and procedure
- PREVENT Guidance
- Supervision Policy

10 External References

- Children Act 1989
- Children Act 2004
- Working Together to Safeguarding Children (HMSO: 2013 & 2018 "Safeguarding Children and Young people: roles and competences for health care staff" (RCPCH: 2014)
- City of York Safeguarding Children Board – www.saferchildrenyork.org.uk
- North Yorkshire Safeguarding Children Board – www.safeguardingchildren.co.uk
- East Riding Safeguarding Children Board – www.erscb.org.ukThe author has consulted with the following to ensure that the document is robust and accurate

11 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and ensure effective review, the policy will be monitored as follows:-

Minimum requirement to be monitored	**Process for monitoring**	**Responsible Individual/ committee/ group**	**Frequency of monitoring**	**Responsible individual/ committee/ group for review of results**	**Responsible individual/ committee/ group for developing an action plan**	**Responsible individual/ committee/ group for monitoring of action plan**
Staff awareness of the policy and procedures;	Questioning of staff re awareness of new Policy & Procedures.	Safeguarding Children Team	At each verbal contact	Safeguarding Children Operational Group	Named Nurse & Midwife for Safeguarding Children	Safeguarding Children Operational Group
Adherence to the policy and procedures;	Reviewing of Child Protection Referrals to Children's Social Care;	Named Nurse & Midwife for Safeguarding Children & Child Protection Advisors	At each receipt of a copy of a referral form	Safeguarding Children Operational Group	Named Nurse & Midwife for Safeguarding Children	Safeguarding Children Operational Group
Attendance by staff at appropriate Safeguarding Children training;	Review of Statutory & Mandatory Training Compliance Reports	Named Nurse & Midwife for Safeguarding Children	Quarterly	Safeguarding Children Governance Board	Named Nurse & Midwife for Safeguarding Children	Safeguarding Children Operational Group

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
Approval & acceptance of Policy & Procedures by City of York Safeguarding Children Board, North Yorkshire Safeguarding Children Board & East Riding Safeguarding	Policy & Procedures accepted by the three named Local Safeguarding Children Boards.	Head of Safeguarding	At each revision of Policy & Procedures	Safeguarding Children Governance Board	Head of Safeguarding	Safeguarding Children Governance Board