

James Hopkins Trust

Safeguarding Children & Young People Policy

JHTN - 001

Approved by the Board of Trustees March 2019, reviewed March 2020 & May 2021

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Appendix 1 – When and How to Share Information

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| Policy name: | Safeguarding Children & Young People Policy | Policy Number | JHTN - 001 |
| Version | 3 | Date of next review: | May 2024 |
| | | Author | SP |

1. Introduction

James Hopkins Trust is a Charitable Incorporated Organisation that provides respite nursing care to children with complex additional health needs. James Hopkins Trust is committed to a safeguarding policy that provides clear direction to staff and others on how to appropriately manage a safeguarding issue.

2. Scope

This policy applies to all staff, including Trust Senior Management Team, the Board of Trustees, Volunteers, Students, Agency Workers or anyone working on behalf of James Hopkins Trust.

This policy describes how James Hopkins Trust will:

- Meet and monitor its statutory duty to safeguard children.
- Assure effective safeguarding arrangements in the services it commissions.
- Work with the Local Safeguarding Children Board (GSCB), NHS England and other key partners to develop and improve practice across the whole health economy.
- Follow guidance and promote best practice.
- Set out a framework to ensure adequate monitoring of safeguarding arrangements across the health economy.

3. Policy Statement

The purpose of this policy is to:

- Ensure that all James Hopkins Trust staff will be able to (within their working role) recognise any child where there may be a safeguarding concern confirmed or suspected and respond appropriately.
- Define the local arrangements, roles and responsibilities and how James Hopkins Trust works with other agencies to safeguard children.
- Ensure compliance with the recommendations and requirements of the Department for Children, Schools and Families 'Working Together to Safeguard Children' July 2018 and aims to improve the lives of children, young people and their families.
- To set out the roles and responsibilities of Named Professionals within James Hopkins Trust who have a specific responsibility with regards to safeguarding children.
- Describe how James Hopkins Trust will ensure effective joint working with multi-agency partners.
- Ensure that there are effective procedures in place for safeguarding children.

4. Definitions

| Term | Description |
|------------------------------------|---|
| Child/Children/Young People | As defined in the Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th |

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| | <p>birthday. The term 'child' or 'children' or young people is used as an interchangeable term. For Safeguarding Children purposes, an unborn child may be the subject of child protection concerns and/or in need of safeguarding or protection from harm.</p> |
| Safeguarding and Promoting the Welfare of Children | <p>Safeguarding and Promoting the Welfare of children is defined in Working Together to Safeguard Children (2018) as:</p> <ul style="list-style-type: none"> • 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; and • Taking action to enable all children to have the best life chances. All agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced. |
| Child Protection | <p>Child Protection is part of safeguarding and promoting welfare and refers to the activity that is undertaken to protect a specific child or children, who are suffering or are likely to suffer, significant harm.</p> |
| Children in Care (Looked After Children – LAC) | <p>The term 'Looked After' was introduced by the Children Act 1989 and refers to children who are subject to Care Orders within Children Act Legislation definitions. Wherever possible, the Local Authority will work in partnership with parents. Many children and young people who become 'looked after' retain strong links with their families and many eventually return home. Gloucestershire Local Authority use the term 'Children in Care' (CiC) in place of Looked After Child.</p> |
| Parents/Carers | <p>A 'person with parental responsibility' means someone with the rights and responsibilities that parents have in law for their child, until that child reaches the age of 18. The term parent/carer, when used in this document should be equally applied to mothers/fathers and male/female carers. It should be noted that not all carers have parental responsibility for the child they are caring for.</p> |
| Types of abuse: | |
| Physical abuse | <p>Physical abuse is when someone deliberately hurts or injures you. Hitting, kicking, hair pulling, beating with objects, burning, throwing and shaking are all forms of physical abuse and can cause pain, cuts, bruising, broken bones and sometimes even death.</p> |

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| Emotional abuse | No one has the right to hurt you in this way. Physical abuse can happen as a single event or over a longer period of time. |
| Sexual abuse | If someone is always telling you that you're ugly, fat, stupid, worthless, or that they wish you'd never been born, or being made to feel you have to be the best at everything is emotional abuse. It's wrong, even if they are not doing it on purpose. It is also important to understand that this is not your fault. |
| Neglect | Sexual abuse is when a child or young person is pressurised, forced, tricked or intimidated into taking part in any kind of sexual activity with an adult or another young person. This can include kissing, touching the young person's genitals (private parts) or breasts, intercourse or oral sex, looking at or taking part in pornography. Increasingly, it can be done virtually (online). It can happen to anyone - boys and girls. If you are being sexually abused it's not your fault and you're not alone. |
| Child sexual exploitation | Neglect is when you are not being looked after or supported properly by your parents or carers (including foster parents or care staff, if you are in care). If the people who are supposed to look after you don't usually give you the important things you need, or make it hard for you to take care of yourself, then this is neglect. |
| Aspects of wider Safeguarding Agenda: Domestic Violence and Abuse/Sexual Violence | When a child or young person under the age of 18 is in a relationship with an adult (over 18), even if they claim to be a friend/boyfriend, and if this person is offering something (e.g. food, accommodation, drugs, alcohol, cigarettes, gifts, money) in exchange for sexual activities, this is considered to be child exploitation. |
| Aspects of wider Safeguarding Agenda: Domestic Violence and Abuse/Sexual Violence | Domestic violence and abuse is complex and challenging. The impact on children where there is violence and abuse within relationships is of significant concern and presents high risks of physical, psychological and emotional harm. Women and men can experience this type of violence, and it is prevalent in both heterosexual and same-sex relationships. NICE guidance (PH50 2014) states that physical assaults from a partner or adult family member is higher among heterosexual women |

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| | <p>than among men. In addition, that heterosexual women experience more repeated physical violence, more severe violence, much more sexual violence, more injuries, coercive control and fear of their partner. The definition of domestic violence and abuse extends to those aged over 16 years of age, experiencing an incident or patterns of controlling, coercive, threatening behaviour, who are or have been intimate partners or family members, regardless of gender or sexuality. Sexual harm, sexual abuse, exploitation and ritualistic or cultural practice may be identified in children, young people and adults, males and females:</p> <ul style="list-style-type: none"> • Child Sexual Exploitation (CSE) • Female Genital Mutilation (FGM) • Forced Marriage • Honour Based Violence (HBV) • Sexual Assault Referrals (SARC) |
| <p>Prevent and Radicalisation</p> | <p>Prevent is part of the Government’s counter-terrorism strategy CONTEST and aims to stop people supporting terrorism or becoming terrorists. Prevent operates in a ‘pre-criminal space’ providing support and re-direction to vulnerable individuals. The health sector is well placed to identify individuals who may be being groomed into terrorist activity, raise and discuss concerns appropriately and potentially lead to early intervention and support within the pre-criminal space.</p> |
| <p>Modern Day Slavery and Human Trafficking</p> | <p>NHS England states: ‘Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting’. There are estimates by the Home Office of 13,000 victims and survivors of modern slavery in the UK; 55% of these are female and 35% of all victims are trafficked for sexual exploitation.</p> |

5. Roles and Responsibilities

| Role | Responsibilities |
|---|--|
| <p>Designated Trustee, Nursing Manager and Nurse</p> | <p>A Trustee, the Nursing Manager and a Senior Nurse with a special interest will take a strategic and professional lead for safeguarding at James Hopkins</p> |

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| | <p>Trust. They will be named designated Trustee, designated Organisation Lead and designated Nurse Lead for Safeguarding. Together they will:</p> <ol style="list-style-type: none"> 1. Sign up for alerts on safeguarding from Gloucestershire Safeguarding Board Executive. 2. Provide oversight for safeguarding at James Hopkins Trust. This will include promoting good safeguarding practice within James Hopkins Trust, supporting staff and ensuring safeguarding training undertaken. 3. Write a report for the Trustees annually. The report should include: <ul style="list-style-type: none"> • Updates on legislation and guidance and recommendations of changes required to policy or working practice. • Summary of the safeguarding audits undertaken and the key outcomes and learning. Outstanding actions should be in an action plan and be an appendix to the report. • Assurance on safeguarding supervision and compliance with mandatory training requirement by staff. • Overview of the referrals and activity related to safeguarding undertaken over the year. • Facilitate and embed the below process for Safeguarding at James Hopkins Trust |
|--|---|

6. Safeguarding Process

| | |
|---|---|
| <p>Senior Leadership for Safeguarding at James Hopkins Trust</p> | <p>The Senior Nurse Lead for Safeguarding jointly with Trustee for Safeguarding and the Nursing Manager will provide leadership for Safeguarding at James Hopkins Trust.</p> <p>The Senior Leadership for Safeguarding Team should all receive appropriate training to enable them to fulfill their role.</p> |
| <p>Trustee with responsibility for safeguarding</p> | <p>The Trustee for Safeguarding reports directly to the Chair of James Hopkins Trust Board of Trustees. He/she provides assurance to the Board of Trustees that the Safeguarding standards are being met at James Hopkins Trust by monitoring and reporting on</p> |

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| | <p>the implementation of the Safeguarding policy and agreed standards for James Hopkins Trust.</p> <p>Purpose: The Trustee with responsibility for Safeguarding provides assurance to the Board of Trustees that the Safeguarding standards are being met at James Hopkins Trust based on monitoring/reporting.</p> <p>How? At the Nursing Management Meeting with a focus on Safeguarding, held monthly the Trustee will be updated on all aspects of Safeguarding practice at James Hopkins Trust. Discussion will include national policy/legislation changes, James Hopkins Trust audit results, reports, supervision attendance, and compliance of safeguarding training of staff.</p> |
| Nursing Manager | As the lead employee at James Hopkins Trust, the Nursing Manager is responsible for safe, effective administration and must ensure all practices such as recruitment are compliant with safeguarding standards. |
| Safeguarding Nurse Lead (SNL) | <p>A senior registered nurse will be the designated Safeguarding Nurse Lead for James Hopkins Trust. The SNL will have a special interest in Safeguarding. The SNL will be supported by the Trustee responsible for Safeguarding and the Nursing Manager.</p> <p>Role of the SNL includes:</p> <ul style="list-style-type: none"> • Review and as required update the Safeguarding policy as well as associated guidelines and procedures • In conjunction with the nursing team facilitate training in Safeguarding to staff • Implementation of a Safeguarding annual work plan • Provide the feedback required for the annual report on the agreed Annual Work Plan for Safeguarding • Complete Safeguarding audits • Provide Safeguarding supervision to staff members |
| Monthly Nursing Management Meeting with a focus on Safeguarding | The meeting is attended by the Senior Nursing Team, Trustee for Safeguarding, The Nursing Manager, SNL and other invited team members. |

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| | <p>Within this forum the following will be undertaken/agreed:</p> <ol style="list-style-type: none"> 1. Annual planning including: <ul style="list-style-type: none"> • Annual Safeguarding training for staff members and volunteers • Staff supervision for Safeguarding • An annual work plan for Safeguarding at James Hopkins Trust which is presented at the Trustee Meeting 2. Annual Report Completed annually and submitted to the Trustees 3. Review Safeguarding practice at James Hopkins Trust: <ul style="list-style-type: none"> • Case management • Safeguarding audits • Review of complaints and incidents related to Safeguarding 4. Updates on Safeguarding such as new guidelines |
| Safeguarding supervision | <p>Quarterly the SNL will meet with the Safeguarding Specialist Nurse from the CCG.</p> <p>The SNL will in turn meet at least quarterly with staff members working with children on either a Child Protection Plan or a Child in Need Plan.</p> |
| James Hopkins Trust Employees | <p>Whilst James Hopkins Trust has the strategic responsibility for safeguarding, it is the responsibility for all staff to implement Safeguarding policies and procedures at all times.</p> |

7. Safeguarding Systems

James Hopkins Trust follows the Gloucestershire Safeguarding Children Board guidance (GSCB). The flow chart laid out by the GSCB is at:

<https://www.gscb.org.uk/media/2095540/cp-flowchart-feb-2020.pdf>

7.1. Raising a concern

Assistance and support when raising a concern at James Hopkins Trust will be given to employees both by the Safeguarding Nurse Lead (SNL) and the Nurse Manager. If employees feel their concerns are not receiving an appropriate response they can contact the Board of Trustees. The Board of Trustees will follow the escalation process as described by GSCB:

<https://www.gscb.org.uk/media/2095279/escalation-of-professional-concerns-guidance-february-2020-amended.pdf>

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7.2. Escalation/Professional challenge

James Hopkins Trust promotes a culture of multi-agency collaboration and professional challenge. As such, any issues, quality concerns or disputes will be dealt with promptly and at the appropriate level. James Hopkins Trust fully supports the GSCB Escalation Policy in order to demonstrate effective conflict resolution. This includes a flowchart process. Follow the Escalation of Professional Concerns Guidance and the flow chart laid out by the GSCB. It can be found at:

<https://www.gscb.org.uk/media/2095540/cp-flowchart-feb-2020.pdf>

7.3 Highlighting safeguarding concerns within James Hopkins Trust

- For children for whom there are safeguarding concerns currently or in the past a green sticker is used on their confidential notes and care plans to alert staff to potential issues.
- The numbers of children for whom there are safeguarding concerns will be monitored monthly
- The numbers of children with safeguarding concerns are noted for all staff in the locked treatment room

8. Safer Recruitment

Link to GSCB guidance on safer recruitment at:

<https://www.gscb.org.uk/media/2095680/qswp-sept-2019.pdf>

Safer recruitment processes will contribute towards the aim of being a safer organisation and James Hopkins Trust recruitment policy maintains the following principles:

1. Clear safeguarding statements in advertisements and job descriptions including:

- Explicit statement requiring DBS (Disclosure and Barring Service) disclosures
- Statements about responsibilities relating to safeguarding in the post, in the job description and person specification
- Information about James Hopkins Trust's safeguarding policy and practices

2. As part of the recruitment process and prior to confirmation of employment the following will be completed:

- DBS checks for all staff and volunteers who work directly with the children will go through the necessary checks
- Disqualification by association form completed as part of recruitment process and updated annually
- Seeking appropriate references (recent employer and minimum of 2)
- Checking identification and professional qualifications
- Checking employment history including accounting for gaps in employment

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3. At least one member of every recruitment panel will have completed an accredited safer recruitment training, in compliance with “keeping children safe in education” (DofE 2015)

9. Safeguarding Training and Supervision

No employee, volunteer or student will be left unsupervised with a child if DBS checks are not yet cleared or appropriate training and supervision not completed and signed off.

This overview reflects discussion with GSCB and Clinical Commissioning Group Safeguarding Children’s Lead as to the most appropriate level of training for staff. HCA’s and registered nurses working at Kites Corner will have access to a Senior Nurse or Manager on-call and therefore Level 2 is satisfactory, although James Hopkins Trust aim for registered nurses to attain level 3.

| Role | Level of training | How much? |
|--------------------------|-------------------|--|
| Volunteers | 2 | <ul style="list-style-type: none"> Over a three-year period, professionals at level 2 should receive refresher training equivalent to a minimum of 3-4 hours Training at level 2 will include the training required at level 1 and will negate the need to undertake refresher training at level 1 in addition to level 2 Training, education and learning opportunities should include multi-disciplinary and scenario-based discussion drawing on case studies and lessons from research and audit |
| Charity Department | 2 | |
| Board of Trustees | 2 | |
| HCA’s | 2 | |
| | | |
| Senior Registered Nurses | 3 | <ul style="list-style-type: none"> Over a three-year period, professionals should receive refresher training equivalent to a minimum of 6 hours (for those at Level 3 core this equates to a minimum of 2 hours per annum) and a minimum of 12-16 hours (for those at Level 3 requiring specialist knowledge and skill) Training at level 3 will include the training required at level 1 and 2 and will negate the |
| Registered nurses | 3 | |
| Play Leader | 3 | |
| Deputy Nursing Manager | 3 | |
| Nursing Manager | 3 | |

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| Designated Safeguarding Lead | 3 | <p>need to undertake refresher training at levels 1 and 2 in addition to level 3</p> <ul style="list-style-type: none"> • Training, education and learning opportunities should be multi-disciplinary and inter-agency, and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit, as well as communicating with children about what is happening |
|------------------------------|---|---|

10. Professional Challenge

Allegations Management

Should a member of staff have a concern about another, either an employee or a volunteer in relation to:

- Inappropriate behaviour in a way that has harmed or may have harmed a child, or possibly committed a criminal offence against or related to a child; OR
- Behaviour towards a child or children is indicating that she/he is unsuitable to work with children

Staff must consult with the designated professional/Safeguarding Lead who will in turn be assisted by the Nursing Manager and Board of Trustees.

Any allegations made against a member of staff must be reported to the Local Authority Designated Officer (LADO) and James Hopkins Trust will cooperate fully with any subsequent investigation or recommendations made.

Staff can be confident that allegations will be dealt with fairly and in line with the GSCB and national guidance. A series of documents required for use when managing allegations can be found through the GSCB website.

Link to GCSB Allegation Management:

<https://www.gscb.org.uk/i-work-with-children-young-people-and-parents/the-role-of-the-lado-and-the-allegations-management-process/>

11. Guidance

When specific information on Safeguarding Children is required follow the appropriate link to the Gloucestershire Safeguarding Children's Board:

Working Together to Safeguard Children

[Working Together to Safeguard Children July 2018 \(PNG, 57.5 KB\)](#)

Gloucestershire Child Protection procedures:

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Child in Need Guidance Documents:

[Child in Need Chairing Meetings Top Tips \(PDF, 216.3 KB\)](#)

[Child in Need Attending Meetings Top Tips \(PDF, 134.9 KB\)](#)

Safeguarding Practice Reflection:

[GSCB Framework For Safeguarding Practice Reflection \(PDF, 324 KB\)](#)

[Practice Discussion \(PDF, 375.4 KB\)](#)

[Guidance SPR \(PDF, 67.2 KB\)](#)

Levels of Intervention - Please be aware that the Levels of Intervention Guidance is a live document and subject to updates - access via the web rather than printing:

[Gloucestershire Revised LOI Guidance - June 2019 \(PDF, 1.1 MB\)](#)

[Levels Of Intervention Guidance Windscreen \(PDF, 85.4 KB\)](#)

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12. Document Profile

| DOCUMENT PROFILE: Safeguarding Children and Young People Policy | |
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| Policy Number | JHTN - 001 |
| Category | Clinical & Non-Clinical |
| Version | 3 |
| Sponsor | Chair, Board of Trustees |
| Author | Susannah Pomeroy/Jo Bridgman (CCG Lead) |
| Issue Date | February 2021 |
| Review Date | February 2024 |
| Assuring Group | Trust Senior Management Team |
| Approving Group | Board of Trustees |
| Approval Details | Ratified at Board of Trustee Meeting xxxxxxx |
| Compliance Information | 3 yearly review |
| Consultees | Trust Manager, Nursing Manager, Business Support Officer |
| Dissemination Details | Charity & Nursing Staff |
| Related Trust Documents | |
| Other Relevant Documents | |

13. Equality Impact Assessment

| |
|---|
| <p>1. Lead Name: Sarah James</p> <p>Job Title: Trust Manager</p> |
| <p>2. Is this a new or existing policy, service strategy, procedure or function?</p> <p>New Existing ✓</p> |
| <p>3. Who is the policy/service strategy, procedure or function aimed at?</p> <p>Patients ✓ Carers ✓ Staff ✓ Visitors ✓</p> <p>Any other Please specify:</p> |
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4. Are any of the following groups adversely affected by this policy:

If yes is this high, medium or low impact (see attached notes):

Disabled people: No Yes
 Race, ethnicity & Nationality: No Yes
 Male/Female/transgender: No Yes
 Age, young or older people: No Yes
 Sexual orientation: No Yes
 Religion, belief & faith: No Yes

If the answer is yes to any of these proceed to full assessment.

If the answer is no to all categories, the assessment is now complete.

Date of assessment: Completed by: Sarah James

Signature: Job title: Trust Manager

Chairperson: Thomas Stuecken Signature:
 On behalf of the Board of Trustees

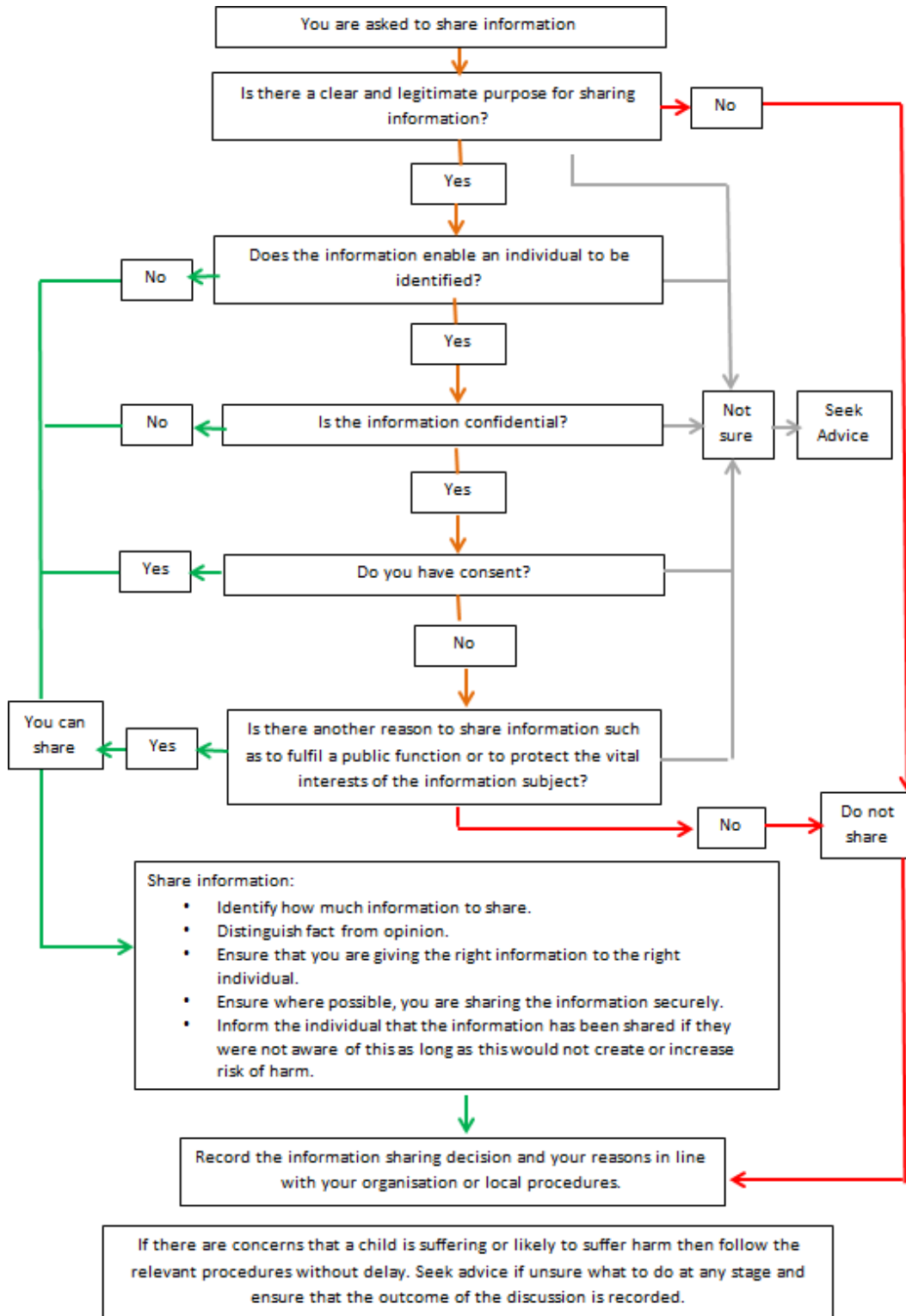
A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by TSMT. TSMT are responsible for ensuring that EIA's are completed in accordance with this procedure.

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Appendix 1 - When and how to share information

The following chart has been taken from:

Information sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government



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