

DOCUMENT PROFILE: Safeguarding Children and Young People Policy	
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'Not Controlled when Printed'

Policy Name	JHTN-001 Safeguarding Children and Young People Policy
Version	4.0
Issue Date	29 th November 2023
Supersedes	3.0
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Distribution	All Staff

Version Control Change History

Version	Section/Paragraph /Appendix	Review /Amend /Minor Amend	Description of amendment	Date	Author/ Amended by	Approved by
1.0			New Policy	March 19	SP	BOT
2.0		Review		March 20	SP	BOT
3.0		Review		May 21	SP	BOT
4.0	7.3 Throughout Policy	Review/ Amend	Update on coloured stickers on confidential notes & care plans to highlight child protection plan & Child in Need plan Update reference links	Nov 2023	SJ	BOT

Contents

1. Definitions
2. Introduction
3. Scope
4. Policy Statement
5. Roles and Responsibilities
6. Safeguarding Process
7. Safeguarding Systems
8. Safer Recruitment
9. Safeguarding Training and Supervision

Appendix 1 – When and How to Share Information

Equality Impact Assessment (EIA)

1. 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 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.
Safeguarding and Promoting the Welfare of Children	Safeguarding and Promoting the Welfare of children is defined in Working Together to Safeguard Children (2018) as: <ul style="list-style-type: none"> a) protecting children from maltreatment b) preventing impairment of children's health or development c) ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and d) 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	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.
Children in Care (Looked After Children – LAC)	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.
Parents/Carers	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 carers. It should be noted that not all carers have parental responsibility for the child they are caring for.
Types of child abuse: Physical abuse	Physical abuse is when someone deliberately hurts or injures a child. 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. No one has the right to hurt a child in this way. Physical abuse can happen as a single event or over a longer period of time.
Emotional abuse	If someone is always telling a child that they're ugly, fat, stupid, worthless, or that they wish they'd never been born, or a child is being made to feel they 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 the child's fault.
Sexual abuse	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. . If a child is being sexually abused it's not their fault and they need to know they are not alone.
Neglect	Neglect is when a child is not being looked after or supported properly by their parents or carers (including foster parents or care staff if they are in care). If the people who are supposed to look after a child don't usually give a child the important things they need or make it hard for a child to take care of themselves, then this is neglect.
Child sexual exploitation	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/girlfriend/partner, 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	<p>Domestic violence and abuse are 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.</p> <p>Anyone 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 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)

Prevent and Radicalisation	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.
Modern Day Slavery and Human Trafficking	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.
TSMT	Trust Senior Management Team
SNL	Safeguarding Nurse Lead

2. Introduction

James Hopkins Trust is a Charitable Incorporated Organisation that provides nursing respite 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.

3. Scope

- 3.1. This policy applies to all staff, including the Trust Senior Management Team (TSMT), the Board of Trustees, Volunteers who spend time on site during respite hours, Students, Agency Workers and anyone working on behalf of James Hopkins Trust.
- 3.2. This policy describes how James Hopkins Trust will:
 - 3.2.1. Meet and monitor its statutory duty to safeguard children.
 - 3.2.2. Assure effective safeguarding arrangements in the services it commissions.
 - 3.2.3. Work with Gloucestershire Safeguarding Children Partnership to develop and improve practice across all multidisciplinary partnerships.
 - 3.2.4. Follow guidance and promote best practice.
 - 3.2.5. Set out a framework to ensure adequate monitoring of safeguarding arrangements across the health economy.

4. Policy Statement

- 4.1. The purpose of this policy is to:

- 4.1.1. 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.
- 4.1.2. Define the local arrangements, roles and responsibilities and how James Hopkins Trust works with other agencies to safeguard children.
- 4.1.3. 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.
- 4.1.4. To set out the roles and responsibilities of Named Professionals within James Hopkins Trust who have a specific responsibility with regards to safeguarding children.
- 4.1.5. Describe how James Hopkins Trust will ensure effective joint working with multi-agency partners.
- 4.1.6. Ensure that there are effective procedures in place for safeguarding children.

5. Roles and Responsibilities

Role	Description of Duties
<p>Designated Trustee, Nursing Manager and Nurse</p>	<p>A Trustee, the Nursing Manager and the Senior Nurse allocated with a responsibility for safeguarding will take a strategic and professional lead for safeguarding at James Hopkins Trust. The individuals will be named designated Trustee, designated safeguarding Lead and designated Nurse Lead for Safeguarding. Together, plus all senior nurses they will:</p> <ol style="list-style-type: none"> 1. Sign up for alerts on safeguarding from Gloucestershire Children's Safeguarding Partnership 2. Provide oversight for safeguarding at James Hopkins Trust. This will include promoting good safeguarding practice within James Hopkins Trust, supporting staff, ensuring safeguarding training is undertaken and providing relevant safeguarding updates during the team meeting 3. Complete an annual audit with report for the Trustees annually. The report should include: <ol style="list-style-type: none"> a) Updates on legislation and guidance and recommendations of changes required to policy or working practice. b) 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. c) Assurance on safeguarding supervision and compliance with mandatory training requirements by staff. d) Overview of the referrals and activity related to safeguarding undertaken over the year. 4. 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 Nursing Manager and Senior Nurse Lead for Safeguarding jointly with Trustee for Safeguarding will provide leadership for Safeguarding at James Hopkins Trust.</p> <p>The Senior Leadership for Safeguarding Team should all receive appropriate training as detailed in section 9 to enable them to fulfill their role.</p>
<p>Trustee with responsibility for safeguarding</p>	<p>Purpose: The Trustee with responsibility for Safeguarding provides advice and feedback to the Board of Trustees that the Safeguarding standards are being met at James Hopkins Trust based on monitoring/reporting.</p> <p>How? Following 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 at the bimonthly BOT meetings unless there is an individual case which needs to be highlighted before this time. Discussion will include national policy/legislation changes, James Hopkins Trust audit results, reports, supervision attendance, and compliance of safeguarding training of staff.</p>
<p>Nursing Manager</p>	<p>The designated safeguarding lead at James Hopkins Trust is responsible for safe, effective administration and must ensure all practices such as recruitment, training and supervision are compliant with safeguarding standards.</p>
<p>Safeguarding Nurse Lead (SNL)</p>	<p>A senior registered nurse will be the designated Safeguarding Nurse Lead (SNL) for James Hopkins Trust. The SNL will have a special interest in Safeguarding. The SNL will be supported by the Nursing Manager, Trust Director or Trustee responsible for Safeguarding.</p> <p>Role of the SNL includes:</p> <ol style="list-style-type: none"> a) Review and as required update the Safeguarding policy as well as associated guidelines and procedures b) In conjunction with the nursing team facilitate training in Safeguarding to staff c) Implementation of a Safeguarding annual work plan d) Provide the feedback required for the annual report on the agreed Annual Work Plan for Safeguarding e) Complete Safeguarding audits

	f) Provide Safeguarding supervision to staff members
Monthly Nursing Management Meeting with a focus on Safeguarding	<p>The meeting is attended by the Senior Nursing Team, The Nursing Manager, SNL and other invited team members. Within this forum the following will be undertaken/agreed:</p> <ol style="list-style-type: none"> 1. Annual planning including: <ol style="list-style-type: none"> a) Annual Safeguarding training for staff members and volunteers b) Staff supervision for Safeguarding c) 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: <ol style="list-style-type: none"> a) Case management b) Safeguarding audits c) Review of complaints and incidents related to Safeguarding 4. Updates on Safeguarding such as new guidelines
Safeguarding supervision	Quarterly the SNL will meet with the Nursing Manager. 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.
James Hopkins Trust Employees	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.

7. Safeguarding Systems

7.1. James Hopkins Trust follows the Gloucestershire Safeguarding Children Partnership guidance (GSCP).

<https://www.proceduresonline.com/swcpp/gloucestershire/index.html>

<https://www.gloucestershire.gov.uk/media/2106284/child-protection-process-flowchart-nov-2021.pdf>

7.2. Raising a Concern

Assistance and support when raising a concern at James Hopkins Trust will be given by the Designated Safeguarding Lead or one of the deputies. If individuals 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 GSCP: <https://www.gloucestershire.gov.uk/media/2108196/escalation-policy-july-2021-v13-approved.pdf>

7.3. 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 GSCP Escalation Policy in order to demonstrate effective conflict resolution.

7.4. Highlighting safeguarding concerns within James Hopkins Trust

7.4.1. For children for whom there are safeguarding concerns currently or in the past a coloured sticker is used on their confidential notes and care plans to alert staff to potential issues. The colours are as follows:

- a) Red – indicate current Child Protection Plan
- b) Amber – indicate current Child in Need Plan
- c) Yellow – indicate previous plan, either Child Protection or Child in Need

7.4.2. The numbers of children for whom there are safeguarding concerns will be monitored monthly

7.4.3. The numbers of children with safeguarding concerns are noted for all staff in the locked treatment room

8. Safer Recruitment

8.1. Link to GSCP guidance on safer recruitment at:

https://www.proceduresonline.com/swcpp/gloucestershire/g_safe_rec.html

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

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

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

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

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

8.2.3. 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

9.1. 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.

9.2. This overview reflects discussion with GSCP and Gloucestershire's Integrated Care Board (GICB) Safeguarding Children's Lead as to the most appropriate level of training for staff.

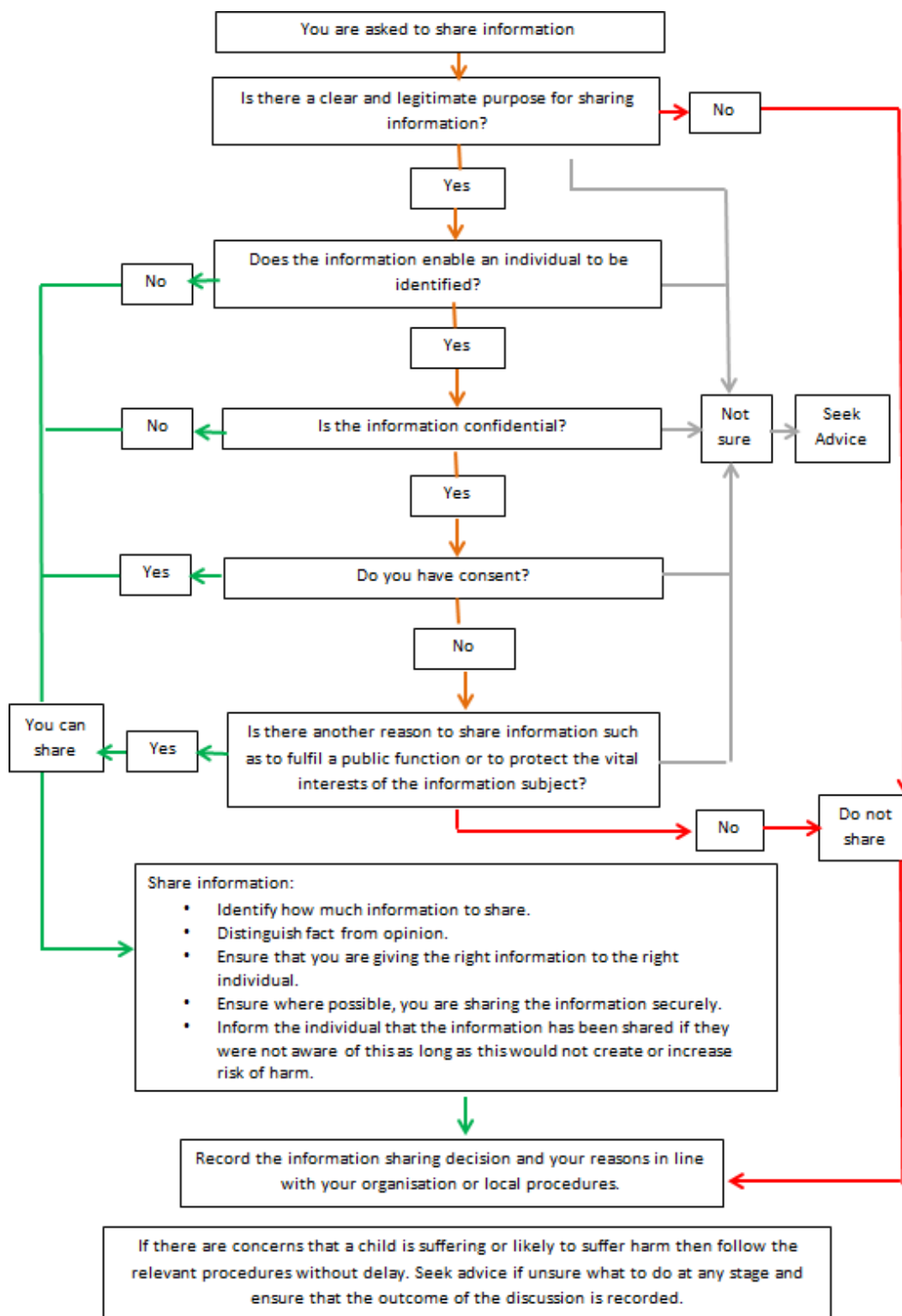
9.3. HCA's and registered nurses working at James Hopkins Trust will have access to a Senior Nurse or Manager on-call who are Level 3 trained and therefore Level 2 is satisfactory.

Role	Level of training	How much?
Volunteers (If working directly with the children)	2	a) Over a three-year period, professionals at level 2 should receive refresher training equivalent to a minimum of 3-4 hours b) 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 c) 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 & Registered Nurses	2	
Senior Registered Nurses	3	a) 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) b) Training at level 3 will include the training required at level 1 and 2 and will negate the need to undertake refresher training at levels 1 and 2 in addition to level 3 c) 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

Appendix 1 - When and How to Share Information

The following chart has been taken from

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf



Equality Impact Assessment

Policy Name: Safeguarding Children and Young People Policy	
Policy Number: JHTN 001	
1. Lead Name: Sarah James	
Job Title: Trust Director	
2. Is this a new or existing policy, service strategy, procedure or function? New Existing ✓	
3. Who is the policy/service strategy, procedure or function aimed at? Patients ✓ Carers ✓ Staff ✓ Visitors ✓ Any other Please specify:	
4. Are any of the following groups adversely affected by this policy: Disability: No ✓ Yes Race, ethnicity & Nationality: No ✓ Yes Gender/Gender Identity: No ✓ Yes Age: No ✓ Yes Sexual orientation: No ✓ Yes Religion, belief & faith: No ✓ Yes If the answer is YES to any of these complete a Risk Assessment and refer to the Trust Director. If the answer is NO to all categories, the assessment is now complete.	
Date of assessment: 28/11/2023	Completed by: Sarah James
Chairperson: Thomas Stuecken On behalf of the Board of Trustees	Job title: Trust Director
Signature:	Signature:

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