



SAFEGUARDING CHILDREN POLICY

VERSION CONTROL

Reference Number	Version	Status	Sponsor(s)/Author(s)
SCP1	6.0	Final	P Godbole
Document objectives: The purpose of this Policy is to direct all staff to the relevant documents to advise and support them in their response to concerns about vulnerable adults and abuse. This policy relates to all PH staff as well as agency staff and students.			
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Group/Persons Consulted:			
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Version	Date	Author	Comment	
1.0	Apr 2011	P Godbole		
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1.0 INTRODUCTION AND PURPOSE

1.1 This policy has been written for all staff within Pioneer Healthcare Limited

1.2 This policy is designed to ensure robust structures, systems and standards are in place, which are in accordance with the Legal Framework, Working Together to Safeguard Children (2023) and the South Yorkshire Safeguarding Children Partnership's Child Protection Procedures are in place.

1.3 To outline how PH will fulfil it's duties under Section 11 of the Children Act 2004, to have arrangements in place to safeguard and promote the welfare of children and young people.

To adhere to the 'Inter Collegiate Document (2019)' – Safeguarding Children and Young People: roles and competences for health care staff.

1.4 The policy incorporates learning from the Care Quality Commission report into "Review of the Involvement and Action Taken by Health Bodies in Relation to the Case of Baby P, 2009".

1.5 This policy and attached guidelines aim to ensure that all staff will know what action they should take if they are concerned or suspect that a child is being abused.

The policy and guidelines also aim to ensure that staff are aware of the Prevent Strategy and how to safeguard young people from exploitation into radicalisation (refer to attached guidelines and appendix 5)

1.6 Rationale

1.6.1 The policy is designed to:

- Establish and explain the Paramount Principle
- Clarify roles, responsibilities and accountability of the Named Doctor
- Clarify how PH relates to the Sheffield Safeguarding Children Board
- Clarify how information should be shared

2.0 SCOPE

2.1 Every member of staff has an individual responsibility for the protection and safeguarding of children. All levels of management must understand and implement the policy.

2.2 This policy applies to all staff working within Pioneer Healthcare. Staff seconded to PH for training purposes, voluntary staff and those on honorary contracts are also expected to follow these procedures.

2.3 The provisions of the policy and the procedures associated with it are applicable to children under 18-years of age.

3.0 PRINCIPLES

- 3.1 This policy is based on the belief that staff are able to ensure the welfare of children in the course of their daily work.
- 3.2 Service users are aware of the limitations of and exceptions to confidentiality in relation to child protection. “When there is a conflict of interests between the needs of the adult and those of a child, the welfare of the child is paramount” (Paramount Principle, Children Act 2004).

4.0 STANDARDS

- 4.1 The following policy standards outline the broad statement of intent, which will be clarified in the relative sections throughout this policy document.
 - 4.1.1 All staff will be aware of their individual level of responsibility and accountability in relation to child protection.
 - 4.1.2 The protection of children is monitored and managed through effective safeguarding children supervision and audit of practice.
 - 4.1.3 Where there are Concerns regarding S47, Significant Harm and S17, Child in Need (CIN) of the Children Act 1989, a referral should be made to Children’s Social Care in the area the child resides or Multi – Agency Support Team (MAST) respectively. Other areas may have services equivalent to MAST.
 - 4.1.4 The Named Doctor advises on child protection and safeguarding within PH.
 - 4.1.5 All staff are trained in child protection and safeguarding awareness commensurate with their role within PH.
 - 4.1.6 All child protection and safeguarding children issues are managed within the legal framework; Working Together to Safeguard Children (2015) and the Sheffield Safeguarding Children Board Child Protection Procedures 2014.

5.0 ACCOUNTABILITY; ROLES AND RESPONSIBILITIES

- 5.1 The Role of the Sheffield Safeguarding Children’s Partnership
 - 5.1.1 The Sheffield Safeguarding Children Partnership (SSCP) has been created under the Children Act 2004 as the statutory body in every local authority area responsible for protecting children at risk of significant harm, and contributing to the safeguarding and promoting the welfare of every child and young person.
 - 5.1.2 The SSCP has the lead responsibility for meeting one of the Government’s key objectives for children as set out in the guidance under the Children Act 2004, that of keeping children safe. This includes prevention of significant harm or the risk of significant harm, as well as the wider remit of ensuring that every child’s welfare is safeguarded.

- 5.1.3** The Sheffield Safeguarding Children Partnerships' Child Protection Procedures 2014 may be accessed at the following website:

www.safeguardingsheffieldchildren.org.uk

5.2 PH Accountability

- 5.2.1** PH has a responsibility, under Section 11 of the Children Act 2004 to ensure that their functions are exercised with a view to safeguarding and promoting the welfare of children.

- 5.2.2** Sheffield Safeguarding Children Partnership requires that agencies take responsibility for ensuring that staff are appropriately trained to meet the safeguarding needs of children with whom they may have contact with, either directly or via their parents/carers and that robust systems, policies and procedures are in place to safeguard and promote the welfare of children.

- 5.2.3** PH is represented on the SSCP by the Medical Director

5.3 Officer Accountability

- 5.3.1** The Chief Executive as the Accountable Officer has overall responsibility for ensuring the implementation of an effective Child Protection and Safeguarding Policy and Procedures, for the development of clinical governance and for meeting all statutory requirements.

- 5.3.2** The Board is collectively accountable for ensuring that all statutory requirements relating to safeguarding children are in place and upheld by staff. This includes the quality, content and frequency of training and safeguarding children supervision provided and the maintenance of adequate staff training and safeguarding children supervision records.

- 5.3.4** The Board is accountable and responsible for ensuring sufficient provision of resources are available to support the development, implementation and monitoring of child protection & safeguarding. This includes manpower, materials and funding.

- 5.3.5** Managers will be responsible for making sure that:

- Staff are aware of their roles and responsibilities in relation to safeguarding children
- Staff carry out their roles in accordance with PH policies/procedures
- Staff have access to local and national guidance policies and procedures.
- Identifying the level of training required for each member of staff
- Staff are aware of training levels required for their role and responsibilities
- Protected time is available to ensure that staff are able to access the appropriate training, support and safeguarding children supervision

5.3.6 Individual Employees will be responsible for:

- i. Being aware and fulfilling their role and responsibilities in relation to safeguarding and promoting the welfare of the child
- ii. Responsible for recognising potential indicators of abuse and know how to act on their concerns and record appropriately
- iii. Being aware of current, local and national safeguarding legislation.
- iv. Through consultation with their managers, through the PDR process and in accordance with the Training Policy, be aware of which level of training they require.
- v. Accessing and attending identified training and development.
- vi. Keeping records of training attended in accordance with the Safeguarding Children Training Strategy
- vii. Accessing support and safeguarding children supervision in accordance with the Safeguarding Children Supervision Policy
- viii. Recording any near misses, incidents, unmet needs or serious untoward incidents in relation to safeguarding children as per PH Policy for Managing and Reporting of Untoward Incidents and Serious Untoward Incidents.

5.3.7 PH Child Protection and Safeguarding Committee

5.3.7.1 To advise the Board and on their behalf, ensure that all the necessary processes and systems are in place to protect children from harm and to identify children at risk and respond accordingly.

5.3.7.2 These processes should be central to risk management and clinical governance arrangements.

5.3.7.3 The committee will work with all areas of the hospital to ensure that children, wherever they are treated and cared for, are central to all processes i.e. child focused care. It will ensure that work is collaborative with all relevant agencies such as Children's Social Care, the Police, Education and other partners.

5.4 The Risk Management Committee

5.4.1 The Legal and Governance Department are responsible for reviewing any Safeguarding or Child Protection risk on a regular basis

5.6 HR/Operations Department

5.6.1 The HR/Operations Department has responsibility for developing fit-for-purpose statutory and mandatory training solutions with a suitable delivery plan. They are also responsible for the administration and reporting of statutory and mandatory training. As Child Protection and Safeguarding Children training is mandatory, they have responsibility for the administration (where required) and reporting of this training.

Specifically, the HR/Operations Department will ensure:

- The Mandatory Training Policy, including Child Protection & Safeguarding Children training, is applied consistently across PH
- Feedback is collated, where provided, to ensure training is of a quality consistent with PH aims to deliver best practice learning and development.
- Training attendance and levels of competence are reported to PH Board.
- Training records are auditable, thus demonstrating compliance and Competence

5.6.2 The subject lead(s) will ensure that:

- Training solutions are appropriate to the relevant job levels and are fit-for-purpose, for example: capacity and sustainability of competence.

5.6.3 The Line Managers are responsible for:

ensuring that all employees meet the mandatory training requirements units of training relevant to their roles.

5.7 Named Doctor for Child Protection and Safeguarding Children

5.7.1 There is one Named Doctor – John McMullan.

5.7.2 The Named Doctor will take the professional lead within PH on safeguarding children and child protection matters, in line with local and national guidance. They should have expertise on children's health and development, the nature of child maltreatment and local arrangements for safeguarding children and promoting their welfare.

- They provide a source of advice and expertise to fellow professionals and other agencies. They have an important role in promoting good professional practice within PH in safeguarding children.
- They provide safeguarding children supervision and support for staff dealing directly and indirectly with child protection and safeguarding children issues.

- Training
 - Plan, deliver and evaluate Single and Multi-agency training

- The Named Professionals
 - Oversee the individual management review (IMR) process for the purpose of:
 1. Serious case reviews
 2. Case reviews
 3. Domestic Homicide Reviews
 4. Serious Incident Reviews
 5. Learning Lessons Reviews

 - They assist PH to understand its child protection/child in need role and responsibilities.

 - They substantially contribute to the development of PH and multi-agency policy and procedure practice guidelines. They ensure that appropriate child protection standards are adhered to.

 - The Named Doctor reports to the CEO and Board.

5.8 The Designated Nurse (who sits in the CCG) with the Designated Doctor for Looked After and Adoptive Children's Health (LAACH)

- 5.8.1**
- Are the lead health professionals for the city for Looked After Children (LAC)
 - Provide strategic advice to NHS Commissioners and the Local Authority

The Designated Doctor and Named Nurse for Looked After and Adoptive Children's Health (LAACH) lead the LAACH team based at Centenary House where members of the team:

- Coordinate and track the Health Assessment processes
- Co-ordinate the Initial Health Assessments and Review Health Assessments (IHAs and RHAs) of Sheffield LA's LAC, including those out of area and children from other LAs placed in Sheffield.
- Supervision of staff carrying out IHAs and RHAs
- Quality Assure these assessments
- The Nursing staff act as Health Advisors for the LA's Fostering Panels
- The Designated Doctor, as one of the three Medical Advisers for Adoption, assesses children for adoption, attends adoption panels, meets with prospective adopters.

- Provide training to health and social care professionals and foster carers
- Consultation and advisory role

6.0 WHAT TO DO IF YOU ARE CONCERNED THAT A CHILD IS BEING ABUSED, OR YOU ARE CONCERNED ABOUT A CHILD'S WELFARE

ALL staff should be alert to the potential indicators of abuse and know how to act on their concerns in line with the Sheffield Safeguarding Children Board Child Protection Procedures 2014.

Do not assume someone else will be doing something about it – it is your responsibility to act.

See attached Guidance and Refer to the following appendices:

Appendix 1: Process for acute Non-Medical staff

Appendix 2: Process for medical staff

Appendix 3: Process for Community Services Directorate

Appendix 4: Prevent Escalation Process

7.0 CHILD PROTECTION AND SAFEGUARDING CHILDREN PROCEDURES

7.1 PH will work within the principles of the Children Act 1989 and 2004 and other relevant legislation. Detailed procedures for children, which PH staff will adhere to, are those contained within the Sheffield Safeguarding Children's Board Child Protection Procedures 2014:

<http://www.safeguardingsheffieldchildren.org.uk/welcome/safeguarding-children-board/procedures-and-protocols/safeguarding-children-procedures>

7.2 Guidance for managing elements of child protection is informed by the different types of reviews such as Serious Case Reviews; Case Reviews; Domestic Homicide Reviews; Serious Incident Reviews and Learning Lessons Reviews. These include:

- Injuries to young infants
- Uncooperative families
- E-safety
- Differences of opinion
- Domestic abuse
- Person posing a risk
- Hidden Harm Strategy
- FGM
- Forced Marriage
- Child Sexual Exploitation

8.0 ACCESSING SUPPORT AND SAFEGUARDING CHILDREN SUPERVISION.

8.1 It is well documented that the nature of child protection work can be stressful and, therefore, safeguarding children supervision and support is available to staff.

8.2 Lead Director

Accesses support and guidance from the Named Professionals.

8.3 Named Doctor

- Has safeguarding children supervision on a regular basis from the Sheffield Designated Doctor for Child Protection and Safeguarding Children.
- Participates in local and regional peer review / support groups.
- Participates in weekly hospital based, peer review sessions.
- Annual National Safeguarding Conferences for designated and named professionals

8.4 Individual Practitioners:

- Should seek support, advice and guidance on individual cases by reporting all cases to the Specialist Safeguarding Nurses.
- Seek support and supervision from their line managers and the Child Protection Team.
- Have access to the weekly hospital peer review session in the Child Assessment Unit by contacting the unit.

8.5 Individual Practitioners

Band 7 Health Visitors receive safeguarding children supervision from the SCS.

Band 6 Health Visitors receive safeguarding children supervision from the Early Intervention Practitioners (EIPs).

Specialist nurses within LAACH receive safeguarding children supervision from SCS

Paediatric Liaison Nurses receive safeguarding children supervision from the SCS

8.6 Other Staff Within Community Services

Other practitioners should seek support, advice and guidance from the safeguarding children team on an individual case by case basis, or from the Safeguarding Children Advisory Service, telephone number 2053535.

9.0 PROCESS FOR MONITORING COMPLIANCE

- 9.1** The Safeguarding of Children is monitored and managed through effective safeguarding children supervision, training and audit.

In order to ensure compliance with this procedure and that safeguarding children practices are effective there is an audit programme covering:

- Employment status
- Work load
- Clinical practice

The Named Doctor will provide evidence of this in an annual report to the Board.

The Named Professionals work with the Quality and Standards Department to implement an annual audit programme to fulfil national and local requirements.

10 TRAINING

- 10.1** All health care organisations have a duty under Section 11 of the Children Act 2004 to have arrangements in place to safeguard and promote the welfare of children and young people. In order to fulfil this duty PH will have a safeguarding children training strategy which:

- Is in line with all other local and national legislation:
- Describes the hierarchy of accountability and responsibility for safeguarding children.
- Identifies level of training and competence required by different staff roles to enable PH, managers and individuals to conduct training needs analysis.

Explains how and when the training needs analysis should take place.

- 10.2** To ensure that PH maintains robust and auditable records of evidence, of competence through attendance on training courses, functional/directorate trainers will be required to capture and record attendance on all training courses (external and internal), for employees.

11.0 REFERENCES

- The Children Act 1989 and 2004
- Working Together to Safeguard Children, Department of Health 2015
- The Framework for Assessment of Children in Need and their Families 2000
- What to do if you are worried a child is being abused DFES 2006,
- Sheffield Safeguarding Children Boards' Child Protection Procedures June 2014
- No Secrets, DOH 2004
- Care Quality Commission report into "Review of the Involvement and Action Taken by Health Bodies in Relation to the Case of Baby P, 2009
- SCNHSFT Safeguarding Children Supervision Policy Feb 2014

- SSCB Thresholds of Need Guidance 2012
- SCNHSFT Child Protection and Safeguarding Training Policy Aug 2013
- Information Sharing Guidance – DCSF 2008
- Risk Management Strategy Policy RMS00

12.0 ASSOCIATED DOCUMENTS

- Safeguarding Children, Department of Health 2002
- The UN Convention on the Rights of the Child 1989
- The Human Rights Act 1998
- The Data Protection Act 2018

13.0 EQUALITY IMPACT ASSESSMENT

This policy applies to all PH employees irrespective of age, race, colour, religion, belief, disability, nationality, ethnic origin, sexual orientation or marital status, carer status, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership. All employees will be treated in a fair and equitable manner.

What to do if you are concerned that a child is being abused or you are concerned about a child's welfare

Reference: [CAEC IDENTIFIER]

Written by: [Jayne Axe /Meeta Palawan, Named Nurses,
Safeguarding Children]

Peer reviewer [Dr. Edna Asumang, Named Doctor, Safeguarding Children]

Approved:]

Review Due: []

Purpose

This guidance should be used in conjunction with Pioneer Healthcare's Safeguarding Children Policy

Intended Audience

The Policy and Guidance apply to all staff working for Pioneer Healthcare. Staff seconded for training purposes, voluntary staff and those on honorary contracts are also expected to adhere to this Policy and Guidance.

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6. Useful Contact Numbers

1. Introduction

This policy and guidance have been designed to ensure robust structures, systems and standards are in place, which are in accordance with the Legal Framework, Working Together to Safeguard Children (2015) and the Sheffield Safeguarding Children Board Child Protection Procedures (2014).

2. Intended Audience

The Policy and Guidance apply to all staff working within Pioneer Healthcare. Staff seconded for training purposes, voluntary staff and those on honorary contracts are also expected to adhere to the Policy and Guidance. The provisions of the Policy and Guidance associated with it are applicable to children under 18 years of age.

3. Guideline Content

Do not assume someone else will be doing something about it – it is your responsibility to act.

- 3.1. ALL staff should be alert to the potential indicators of abuse and know how to act on their concerns in line with the Sheffield Safeguarding Children Board Child Protection and Safeguarding Procedures (June 2014).
- 3.1.2 If a child has serious injuries, IMMEDIATE medical advice must be sought.
- 3.1.3 If staff are unsure what to do, they should contact the Sheffield Safeguarding Children Advisory Service on 0114 2053535. (see flowcharts – appendices 1-3)
- 3.1.4 Staff can establish whether concerns have previously been logged by any other professional, by contacting the Child Protection Enquiry Team (CPET) on 0114 2734925.
- 3.1.5 The safeguarding children teams and the Safeguarding Children Advisory Service will advise professionals whether the thresholds for referral to Children's Social Care for children at risk of significant harm, or MAST Teams for children

with additional needs have been met in line with SSCB Child Protection Procedures 2014 and Thresholds of Needs Guidance 2012.

3.2 Referral to Children's Social Care

- 3.2.1** When making a referral to Children's Social Care, a telephone call must be made to Children's Social Care in the area where the child resides (e.g. a child who resides in Rotherham would require referral to Rotherham Social Care.)
- 3.2.2** Parents/carers should be informed when professionals intend to make a referral to Children's Social Care. Please refer to Sheffield Safeguarding Children Board Child Protection Procedures for exceptional circumstances where would not be appropriate to inform the parents/carers.
- 3.2.3** All Referrals Must Be confirmed to Children's Social Care In Writing Within 24-Hours
A copy of the referral should be filed in the child's health record. If a Family Common Assessment Framework (FCAF) has been undertaken, a copy should accompany the referral to Children's Social Care.
- 3.2.4** Staff should be informed of the outcome of their referral to Social Care within 24-hours. Professionals have a duty to follow up their referral if they have not received an outcome from Children's Social Care within 3 working days
- 3.2.5** If staff disagree with the response from Children's Social Care, they MUST contact their Safeguarding Lead, Line Manager; Named Professionals or the Sheffield Safeguarding Children Advisory Service for further advice. The SSCB escalation process should be followed.

3.3 Referral to Multi Agency Support Teams (MAST)

- 3.3.1** If after clarifying concerns professionals consider a child is not at risk of significant harm but has additional needs, a Family Common Assessment Framework (FCAF) should be submitted to the local area MAST team for consideration at the Multi-Agency Allocation Meeting (MAAM). Under these circumstances professionals should have consulted with other agencies and may need to complete a FCAF with other professionals and seek consent from parents/young persons (Integrated Practice Manual, 2011).

3.4 Information Sharing

- 3.4.1** Information sharing is key to good outcomes for children. The information shared should be proportionate and relevant to the circumstances.
- 3.4.2** Staff have a statutory duty to share information under S47 of The Children Act 1989.
- 3.4.3** Consent should be sought generally, however, in cases of significant harm this is not a legal requirement.

3.4.4 If staff are unclear regarding circumstances in which information should be shared, they should seek further guidance from:

- Named/Designated Professionals
- Safeguarding Children Advisor or Specialists
- Clinical Nurse Specialist – Child Protection
- Safeguarding Children Advisory Service
- South Yorkshire Child Protection Procedures
- Information Sharing Guide (HM Government, 2008)

See section 6 for contact details

Information should always be shared if it is in the Child's best interest to do so.

3.5 Difference of Opinion on Importance of Concern

3.5.1 If there is a difference of opinion between professionals regarding whether a child is at risk of significant harm, the Named Nurses or Named Doctor for Child Protection and Safeguarding (or Nurse Specialist Child Protection) must be consulted and the "Paramount principle" would apply for a child.

In those cases refer to The 'Protocol for Resolving Professional Disagreements when Safeguarding Children and Young People (March 2010)'.

3.6 Complex/Challenging cases

Advice, support and supervision should be sought in all complex and challenging cases, including cases involving Child Sexual Exploitation (CSE); Prevent (young people/adults at risk of being radicalised; domestic abuse cases including MARAC (Multi-Agency Risk Assessment Conference); cases where MCA/DOLs may apply; fabricated and Induced Illness; where children/young people are at risk of Female Genital Mutilation; Forced marriage and Children who go missing.

3.7 Children under 2 yrs

Children under 2 yrs admitted to with possible Non Accidental Injury please refer to Under 2 discharge and Strategy Meeting Guidelines.

When a Health Visitor identifies Neonatal Subconjunctival haemorrhage at a new birth visit, the protocol issued by the hospital for Management of Neonatal SCH should be followed.

3.8 Transitions/Transfers

When a child or young person is transferred or transitioned to another service / area all safeguarding concerns including plans should be discussed and relevant information shared appropriately.

3.9 Child Sexual Exploitation

Where there are concerns that a young person is a victim of or may be at risk of Sexual Exploitation, consideration must be given to sexual abuse and child protection. The relevant acute / community pathways should be followed. (See Appendices 1 - 2). SSCB Child Protection procedures, in relation to Sexual exploitation should be adhered to.

3.10 Records

- Information recorded or reported should be factual.
- Where Professional opinion is recorded it should be evidence based and clearly documented that it is an opinion.
- Records must be kept in line with PH Record Keeping Policy
- All records must contain a chronology of significant events to facilitate risk assessment.
- Records must be transferred, within and out of the city, in line with PH Policies.

3.11 Out of Area Cases

Where there are concerns about a child who resides outside of Sheffield - the appropriate Local Authority should be notified.

N.B. Some looked after children residing outside of Sheffield may still be under the care of Sheffield Social Care, equally some children residing in Sheffield may be under the care of another Local Authority.

Out-of-hours - the duty social work team will advise. Telephone : 0114 2734855

3.12 Allegations Against Staff Or Volunteers

In some cases the suspected perpetrator of abuse may be a member of staff or volunteer, in which case procedures relating to Allegations Against Staff or Volunteers contained within the Sheffield Safeguarding Children's Board Child Protection Procedures must be followed

<http://sheffieldscb.proceduresonline.com/index.htm>

These procedures should be followed where the suspected perpetrator is a member of staff; parent/carer; childminder; foster carer; any other workers or volunteers who have access to children; young people and vulnerable adults in their line of work. The Local Authority Designated Officer (LADO) should be informed via the Safeguarding Children Advisory Service 0114 2053535.

If a staff member is alleged to have abused a child, it is important to ensure that any actions taken protect the rights of both the child and the staff member. The LADO will advise on the process.

3.13 Child Deaths

Working Together to Safeguard Children 2015, outlines the requirements to undertake an overview of all child deaths by the Child Death Overview Panel. This process may identify cases where as a result of safeguarding concerns, a review or serious case review may need to be undertaken. See Policy and Procedure for Child Death.

3.14 Prevent

Safeguarding young people include risk of exploitation into radicalisation. Part of the UK Government's Counter Terrorism strategy, Prevent aims to stop people from becoming terrorists or supporting terrorism (Prevent Strategy 2011). The Department of Health (DH) has corroborated with the Home Office to develop guidance for healthcare organisations to implement Prevent locally. The guidance is called "Building Partnerships Staying Safe" (2009).

Prevent is an on-going initiative designed to become part of the everyday safeguarding routine for NHS personnel. It does not need new structures to be created but does require that personnel are informed and have awareness of the Prevent Agenda and how to refer concerns.

It should be stressed that there is no expectation that PH will take on a surveillance or enforcement role as a result of Prevent. Rather, it must work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

3.14.1 Aims and Objectives of Prevent

- To provide a clear escalation procedure should personnel raise concerns of an individual being drawn into terrorism.
- The procedure is intended to be aligned to the existing safeguarding procedures and training.
- To increase awareness of frontline personnel of the Prevent agenda and local mechanisms to raise a concern for people who may be at risk of being drawn into terrorism.

3.14.2 Definitions of Terms used

Terrorism is defined in the Terrorism Act of 2000 (TACT, 2000) as an action that endangers or causes serious violence to a person or people, causes serious damage to property or seriously interferes or disrupts an electronic system. The use of threat must be designed to influence the government or to intimidate the public and is made for the purpose of political, religious or ideological gain.

Radicalisation refers to the process by which people come to support terrorism and forms of extremism leading to terrorism.

Extremism is vocal or active opposition to fundamental values including democracy, the rule of the law, individual liberty, and mutual respect and tolerance of different beliefs and faiths. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

A Prevent Concern does not have to be proven beyond reasonable doubt; it should, however, be based on something that raises concern, which is assessed by using existing professional judgement of a health or social care member of personnel.

Vulnerability in the context of Prevent is a person who is susceptible to extremists' messages and is at risk of being drawn into terrorism or supporting terrorism at a point in time.

The definition of a vulnerable individual from No Secrets (2000) is "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

There is a synergy with these two definitions. "Consequently, the definition of 'vulnerable child or adult' may apply broadly within healthcare." (No Secrets, 2000).

3.14.3 Escalating Prevent Concerns

Should any staff member have a concern that a child /young person is being drawn or exposed to terrorist-related activity/radicalisation, the staff member must follow the guidance as set out in section 3.

The Managing Director should be notified of all such cases. In urgent cases, the Police should be contacted. The MD will make an assessment of the information available in consultation with the Safeguarding Lead, HR Manager and Caldicott Guardian (as appropriate) to determine a plan and assess the need for further escalation in respect of Prevent (Appendix 4).

Where appropriate Safeguarding Procedures should be followed in line with SSCB Procedures. In the case of an adult, Safeguarding Adults team will provide advice (Tel. 0114 2736870). An inter-agency approach will be adopted and where necessary Children's Social Care or Safeguarding Adults Team will work closely with the Police.

The Managing Director will ensure that appropriate feedback is provided to the individual who raised the concern; advise on any immediate or appropriate support for the referrer and the person considered at risk of radicalisation.

3.14.4 External Referrals or Requests for Information

All Prevent related referrals or requests for information received by PH from external bodies should be forwarded to the Managing Director who will provide

the initial response.

Refer to Appendix 4 - Prevent Escalation Process

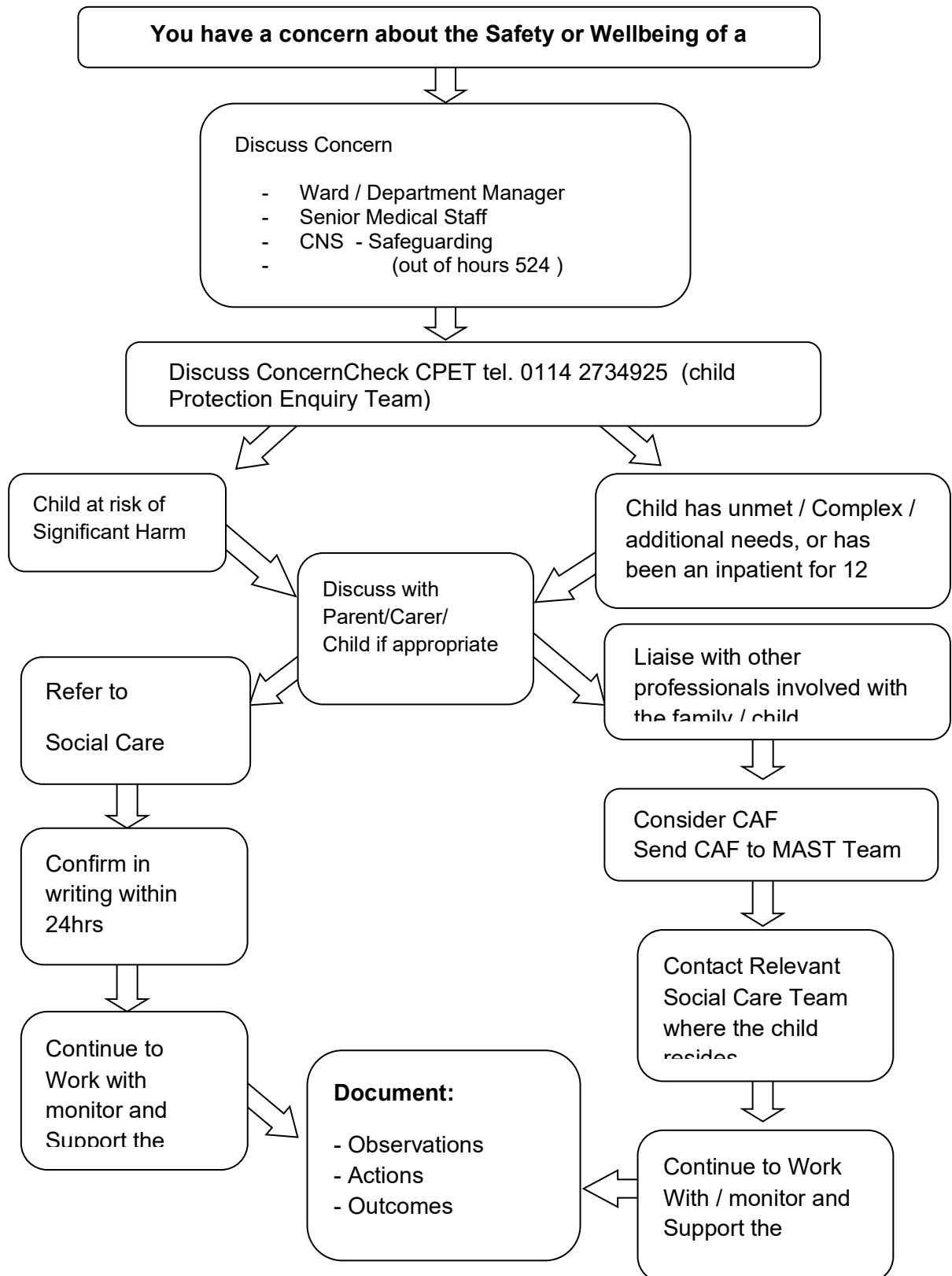
4. References

- The Children Act 1989 and 2004
- Working Together to Safeguard Children, Department of Health 2015
- The Framework for Assessment of Children in Need and their Families 2000
- What to do if you are worried a child is being abused DFES 2006,
- Sheffield Safeguarding Children Partnership Child Protection Procedures June 2014
- No Secrets, DOH 2004
- Care Quality Commission report into “Review of the Involvement and Action Taken by Health Bodies in Relation to the Case of Baby P, 2009
- SCNHSFT Safeguarding Children Supervision Policy Feb 2014
- SSCB Thresholds of Need Guidance 2012
- SCNHSFT Child Protection and Safeguarding Training Policy Aug 2013
- Information Sharing Guidance – DCSF 2008
- Risk Management Strategy Policy RMS00
- HM Government (2011) Prevent Strategy, available from <http://www.homeoffice.gov.uk>
- Department of Health (2009) Building Partnerships Staying Safe, London
- Children and Social Work Act 2017
- Domestic Abuse Act 2021
- Serious Violence Duty (2023)

5. Appendices

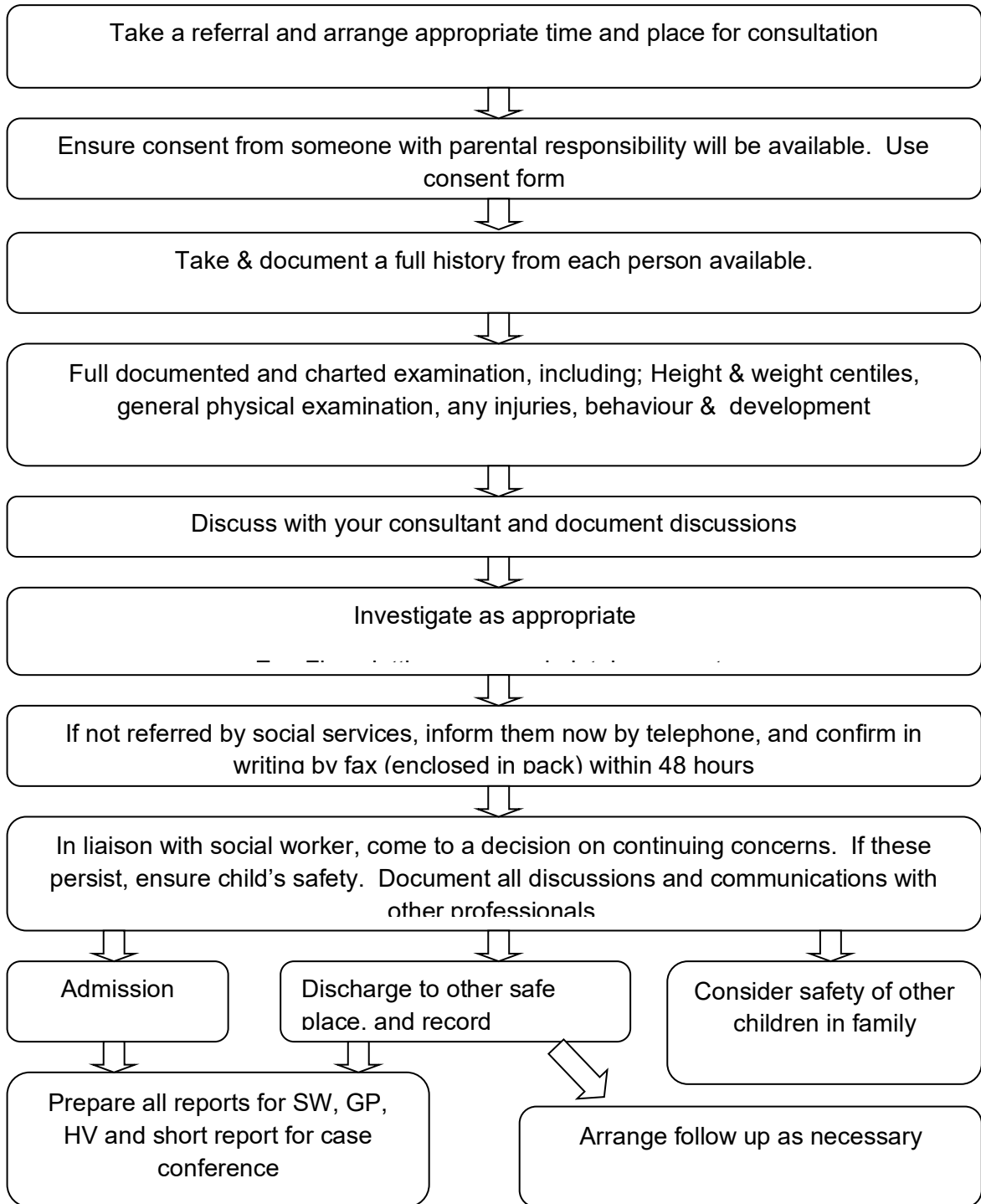
Appendix 1: Process for Acute Staff (Non – Medical)

Non Medical Algorithm for when there is a Concern about the Safety / Wellbeing of a Child



Appendix 2: Process for Medical Staff

ASSESSMENT OF REFERRAL FOR CHILD PROTECTION CONCERNS

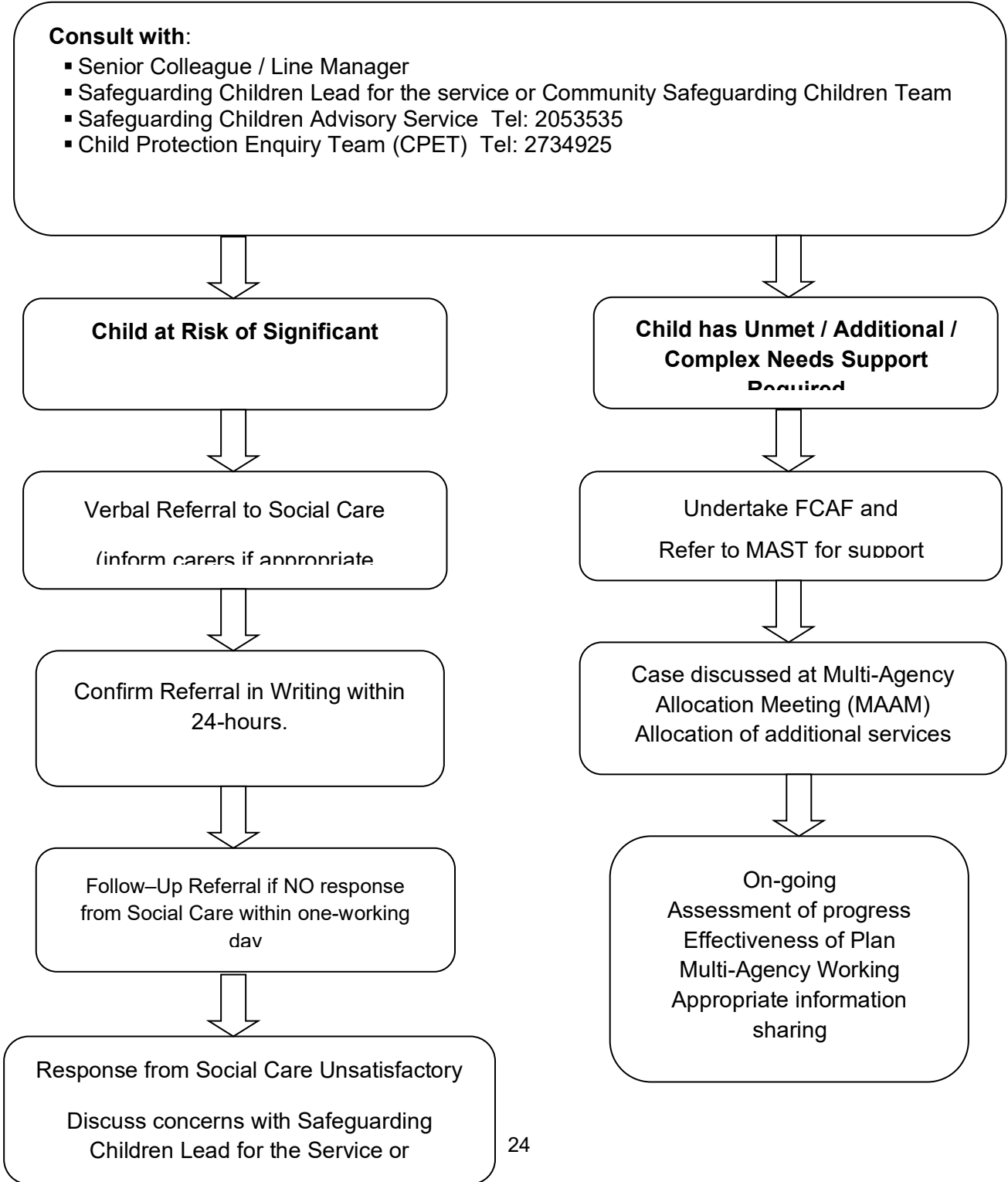


CONTACT TELEPHONE NUMBERS

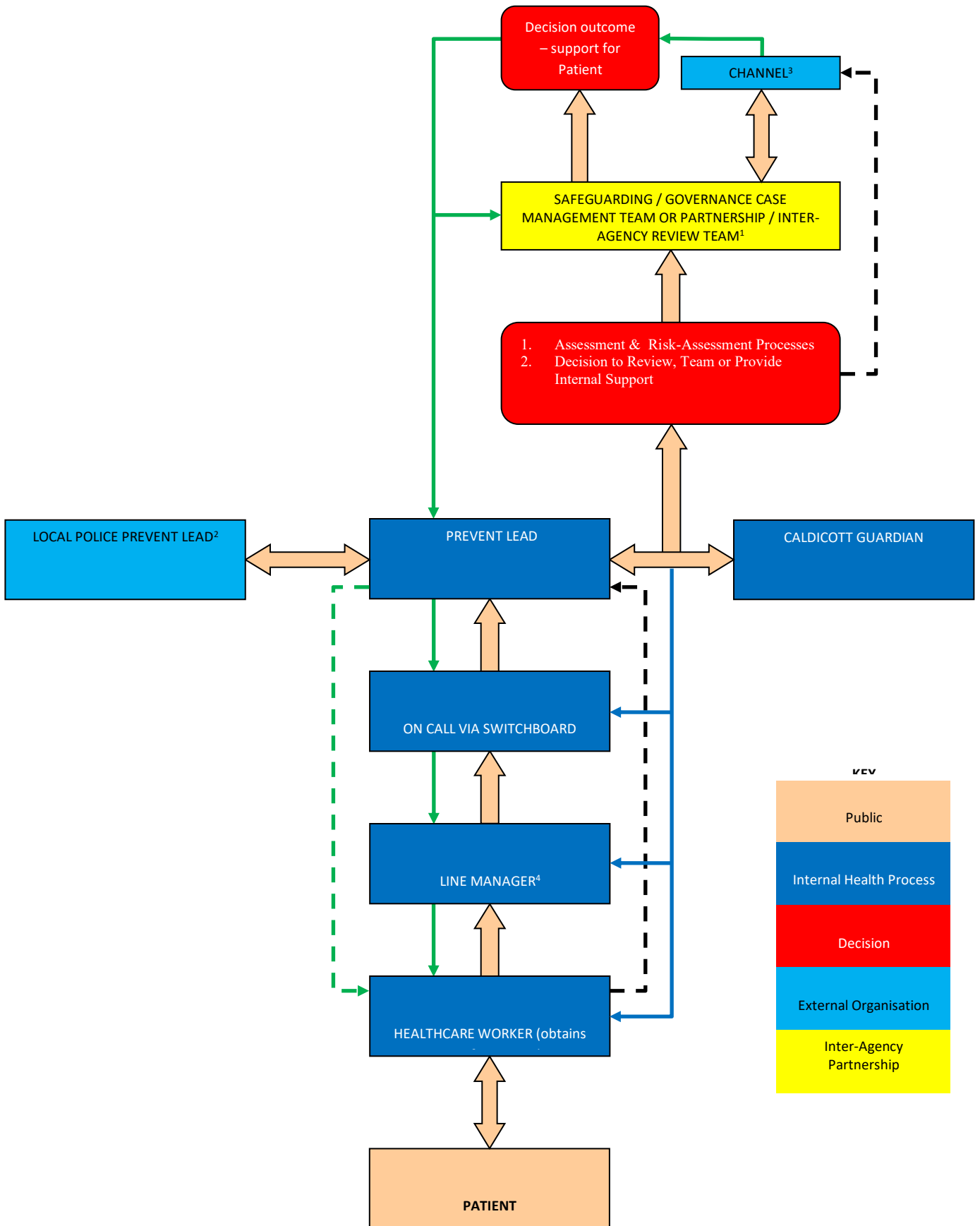
Child Assessment Unit	0114 2267803	Safeguarding Nurses	0114 2717675
SSD (out of hours)	0114 2734855		
Child Protection Enquiry Team	0114 2734925 (9am-5pm)		
Safeguarding Board Advisory Line	0114 2053535		
Snig Hill (PPU)	0114 2570342 / 2964770		

Appendix 3: Process for Community Directorate Staff
Referral Process for Community Staff
To Children's Social Care and Multi Agency Support Teams (MAST)

WORKER HAS CONCERNS



Appendix 4: Prevent Escalation Process



Appendix 4: Useful Contact Numbers

Child Assessment Unit (office hours) 0114 226 7803
Fax: 0114 226 7865
Designated Doctor Child Protection & Safeguarding 07885 682661

Looked After and Adoptive Children Health Team (LAACH Team) 0114 226 0891
Fax: 0114 272 3924
Designated Doctor 0114 226 0895

Sheffield Safeguarding Children Service

Safeguarding Children Advisory Service 0114 205 3535
Child Protection Enquiry Team (CPET) (Child Protection Plans) 0114 273 4925
Fax: 0114 273 4628
Sheffield Safeguarding Children Board Practice Review and Standards Officer 0114 273 4450
Sheffield Safeguarding Children Board Licensing Project 0114 273 6753
Safeguarding Children Service Sexual Exploitation Service 0114 201 8645
Safeguarding Children Service Substance Misuse Project 0114 273 5490
Sheffield Safeguarding Children Board E-Safety Project 0114 273 6945

Training and Development

Safeguarding Children Training for Health Practitioners 0114 271 7512
Email: coursebookings@sch.nhs.uk
Multi-agency Safeguarding Children Training 0114 273 4530
Email: safeguardingchildrentraining@sheffield.gov.uk Fax: 0114 273 6239

Safeguarding Adults' Service (Advice) 0114 273 6870

Adult Access Team (Safeguarding Adults Referrals) 0114 2734908

Children's Social Care

See Social Care and Mast Sheet

South Yorkshire Police

Police Protection Unit 0114 257 0342
0114 2964770
General Enquiries 0114 220 2020
Emergency 999

Hospital Switchboards

Jessop Wing & Royal Hallamshire Hospital

0114 226 8000

Northern General Hospital

0114 243 4343

Paediatric Liaison Service

Maternity & Neonatal Liaison HV

Neonatal Unit, Level 2, Jessop Wing, Tree Root Walk, S10 2SF. Tel. 0114 226 8264 Fax 0114 226 1032

Monday to Friday 9am to 5pm (not Bank Holidays).

Paediatric Liaison Nurse (PLN SCH)

Room E61, Orange Wing, Sheffield Children's Hospital, S10 2TH. Tel. 0114 271 7312 or 271 7000 bleep 159 Fax 0114 226 0640

Monday to Thursday 9.15am to 4.30pm and Friday 9am to 1.30pm (not Bank Holidays).

Paediatric Liaison Nurse (PLN NGH)

Emergency Department, D floor, Northern General Hospital, Barnsley Road, S5 7AU. Tel. 0114 271 4273 or 2434343 bleep 269

Monday to Friday 8am to 4pm (not Bank Holidays)

Drug & Alcohol Liaison HV

Liaison Health Visitor – The Fitzwilliam Centre Tel 0114 3050517

Monday to Thursday 9am to 5pm (not Bank Holidays)

Paediatric Liaison Nurse (PLN CCDH) Tel. 0114 2717977

Charles Clifford Dental Hospital Room 3-4, Wellersley Road Sheffield S10 2SZ

Wednesday, Thursday and Friday (not Bank Holidays)

NB. A 24 hour confidential voicemail is available at all Paediatric Liaison Services.

CHILDREN'S SOCIAL CARE AND MAST CONTACT DETAILS

JIT	Joint Investigation Team Tel: 2964845 Fax 2964368 South Yorks Police HQ, Floor 2, Snig Hill, Sheffield S3 8LY 0114 2964608
N	North Prevention and Assessment Team (PAT) ALL referrals and requests for support: North MAST, Sorby House, 42 Spital Hill, Sheffield, S4 7LG Tel: 2331189 Fax:2331042 Email: northMAST@sheffield.gov.uk
O	North Children's Social Care: North Social Care, Sorby House, 42 Spital Hill, Sheffield, S4 7LG Tel: 2039591 Fax: 2039598
R	East Prevention and Assessment Team (PAT) ALL referrals and requests for support: East MAST, Shortbrook Primary Site, Westfield Northway, S20 8FB Tel: 2053635 Fax:2053639 Email: eastMAST@sheffield.gov.uk
T	East Children's Social Care: Stadia Technology Park, Block D, 60 Shirland Lane Sheffield, S9 3SP Tel: 2037463 Fax: 2053639/2037510
H	West Prevention and Assessment Team (PAT) ALL referrals and requests for support: West MAST, Old Sharrow Junior School, South View Road, S7 1DB Tel: 2506865 Fax: 2506713 Email: westMAST@sheffield.gov.uk
E	West Children's Social Care Redvers House, Floor 4, Union Street, Sheffield S1 2JQ Tel: 2734491 Fax:2736370
A	Hospital (Jessop Wing and Children's) Social Work Tel: 0114 2736541
S	ALL public calls for Children's Social Care: Tel: 0114 2734885 (24 hours)
T	Practitioners only: Out of hours Emergency Service 0114 2052672 Mon-Thurs 4.30pm- 8.45am; Fri 4.30pm – Mon 8.45am (except bank holidays) The Safeguarding Children Advisory Service Mon-Fri 9-5pm 0114 2053535 Child Protection Enquiry Team (CPET) 0114 2734925
	Safeguarding Adults Office Tel: 0114 2736870