NHS
Wirral Community Health and Care
NHS Foundation Trust

Safeguarding Children and Young People Policy

SG02 Version 10

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Policy on a page

- This policy sets out Wirral Community Health and Care NHS Foundation Trust's (WCHC) approach to safeguarding children and young people. It ensures that WCHC discharges its corporate responsibility for children and young people under Section 11 of the Children Act 2004.

- It provides legislative and practice guidance to all staff employed by WCHC to enable them to fulfil their safeguarding children responsibilities and provides guidance to drive continual improvement of service for children and young people.

- This policy applies to all employees of WCHC, including volunteers.

- It ensures that all members of staff working with children and families understand their role, responsibilities and scope of professional's discretion and authority regarding safeguarding in the multi- agency arena.

- No act or omission on behalf of the organisation (the Trust) puts any child or young person inadvertently at risk.

- Adhering to principles to ensure that safeguarding is everyone's responsibility, each professional must ensure that children and young people at risk are protected from abuse, harm and neglect.

- Rigorous systems are in place to proactively safeguard and promote the welfare of staff responsibility in keeping children and young people safe from abuse.

- Promotes capturing the voice of the child throughout all stages.

- Signs and symptoms of abuse.

- Legislation that supports staff in identifying abuse and outlines responsibility.

- Support is available to staff in fulfilling their obligations.

- Pathways that support staff in identifying abuse.

- Referral process internally and with partner agencies is robust.

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYONES RESPONSIBILITY

All WCHC employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/adult.
- knowing how to deal with a disclosure or allegation of child/adult abuse.
- undertaking training as appropriate for their role and keeping themselves updated.
- being aware of and following the local policies and procedures they need to follow if they have a child/adult concern'.
- ensuring appropriate advice and support is accessed either from managers, Safeguarding Champions or the Trust's Safeguarding Team.
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role; ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to WCHC policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation.
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

EQUALITY AND HUMAN RIGHTS

WCHC recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the protected characteristics of age, disability, gender, race, religion or belief, sexual orientation, and transgender. The Equality Act also requires regard to socio- economic factors including pregnancy/maternity and marriage/civil partnership.

The Trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The Trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

WCHC is also aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do.

It is unlawful for a public authority to perform any act which contravenes the Human Rights Act. The Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity and **A**utonomy.

CONTENTS		PAGE No.
1	PURPOSE AND RATIONALE	8
2	OUTCOME FOCUSED AIMS AND OBJECTIVES	8
3	SCOPE	8
4	DEFINITIONS (Glossary of Terms)	9
5	RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES	10
6	PROCESS	13
7	CATEGORIES OF ABUSE	14
8	PERPLEXING PRESENTATION (FABRICATED INDUCED ILLNESS)	15
9	DOMESTIC ABUSE	15
10	HONOUR BASED ABUSE	15
11	FORCED MARRIAGE	16
12	FEMALE GENITAL MUTILATION (FGM)	16
13	CHILD TRAFFICKING AND MODERN SLAVERY	17
14	WORKING WITH CHILDREN WHO ARE SEXUALLY ACTIVE:	17
14.1	UNDER 18 YEARS	17
14.2	UNDER 13	17
15	CHILD SEXUAL EXPLOITATION (CSE)	18
16	CHILD CRIMINAL EXPLOITATION (CEE)	19
17	COUNTY LINES	19
18	REPORTING CONCERNS	20
19	SPECIFIC CIRCUMSTANCES	20
20	CHILDREN IN CARE	21
21	CHILD IN CARE LEGAL STATUS	21
22	REGIONAL ADOPTION AGENCIES	22
23	YOUNG PEOPLE ON REMAND	22
24	NO LONGER LOOKED AFTER	23
25	PROMOTING THE HEALTH OF CHILDREN IN CARE	24
26	STATUTORY REQUIREMENTS	24
27	ROLES AND RESPONSIBILITIES OF NAMED PROFESSIONALS	25
28	WHAT TO DO IF YOU THINK A CHILD IS BEING ABUSED	26
29	ESCALATION	27
30	SUPERVISION	27
31	RECORD KEEPING	27
32	FAILURE TO GAIN ACCESS (FOR CHILDREN AND ADULTS, INCLUDING CHILDREN NOT BROUGHT TO APPOINTMENTS	28
33	FAILURE TO BE BROUGHT FOR APPOINTMENTS	28
34	SUDDEN UNEXPLAINED DEATH IN CHILDHOOD (SUDIC)	28
35	ACUTE LIFETHREATENING EVENTS (ALTE)	29
36	CHILD SAFEGUARDING PRACTICE REVIEWS	29
37	RESPONDING TO ALLEGATIONS AND SUSPICION OF CHILD ABUSE AGAINST STAFF	29
38	CONSULTATION	30

39	**TRAINING AND SUPPORT**	**30**
40	**MONITORING**	**31**
41	**EQUALITY AND HUMAN RIGHTS ANALYSIS**	**31**
42	**LINKS TO OTHER POLICIES**	**32**
43	**REFERENCES**	**32**

1. PURPOSE AND RATIONALE

1.1 WCHC organisational procedures ensure that the Trust discharges its corporate responsibility for safeguarding children under Section 11, Children Act 2004. It provides legislative and practice guidance to all staff employed by WCHC to enable them to fulfil their safeguarding children responsibilities and provides guidance to drive continual improvement of service for children and young people.

1.2 The policy draws upon a plethora of legislation (see references) to inform the content of this policy. In addition, WCHC acknowledges that safeguarding children and young people is a shared responsibility, therefore it is contextualised within Working Together to Safeguarding Children (2023). Promoting the Health and Well-being of Looked After Children (2015) and the Children and Social Work Act 2017.

1.3 It embraces the five P's (physical systems, people, policy, protocol, and pathways) highlighted in the Care Quality Commission's (CQC) Not Seen Not Heard (2016), which identifies those systems that exist to facilitate effective multi-agency working at several levels.

1.4 This policy is also aligned to Wirral Safeguarding Children Partnership (WSCP), Cheshire East and West Safeguarding Children Partnership (CESCP), Knowsley Safeguarding Children Partnership (KSCP) and St Helens Safeguarding Children Partnership (SHSCP) policy and procedures.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 WCHC will ensure staff members (executive to frontline) understand their roles and responsibilities in respect of safeguarding children and young people. WCHC will ensure that staff are provided with appropriate learning opportunities to recognise, identify, and respond to signs of abuse, neglect and other safeguarding concerns relating to children and young people.

2.2 WCHC are committed to effective governance arrangements and will ensure that statutory compliance and assurance regarding safeguarding children and young people is evidenced in accordance with national and local requirement.

3. SCOPE

3.1 This policy applies to all staff directly employed by WCHC, including bank and locum staff and students on placement including volunteers. Individuals employed by agencies and other contractors will be expected to adhere to the standards required in this guidance. (Exception is referenced 5.12.) Where contractors are present in services where children can attend without a parent e.g. Sexual Health / Unplanned Care it is the services responsibility to ensure external contractors will not be in patient areas without supervision.

3.2 WCHC has policies for ensuring that all staff who may work with children and young people, either directly or indirectly, have the appropriate level of pre-employment police check (DBS) and health interview prior to commencement of employment. WCHC Policy SG06 HRP18.

3.3 This policy sets out WCHC approach to ensure that:

- No act or omission on behalf of the organisation puts a child inadvertently at risk.

- Rigorous systems are in place to proactively safeguard and promote the welfare of children from abuse, or the risk of abuse.
- Support is available to staff in fulfilling their obligations.
- This policy applies to all employees of WCHC, including bank and locum staff and students on placement including volunteers

4. DEFINITIONS (Glossary of Terms)

Glossary of Terms	Definition
Child in Need of Protection (CP)	The Children Act 1989 and 2004 defines **a child** as anyone who has not yet reached their 18th birthday. This policy extends beyond this definition to include children up to their 19th birthday. For the purposes of this policy CE, St Helens and Wirral are commissioned for a 0-19 service and Knowsley 0-25 service.
Child and Family in Need of Support and Services (CiN)	Child and Family in Need of Support and Services (Section 17) will be taken to have the same meaning as defined in the Children Act 1989.
St Helens: Looked After Child (LAC) or Child in Care (CiC) used Nationally **Wirral and Knowsley Child Looked After (CLA)** **Cheshire East: Cared for Child (C4C)** **For clarity in the policy the term Children in Care will be used**	A child who is being looked after by their local authority is known as a child in care. They may be living: - with foster parents / connected carers - at home with their parents and under the supervision of social services - in residential children's homes - other residential settings like school or secure unit - unaccompanied asylum-seeking children They may have been placed in care voluntarily by parents or at the request of the child (Section 20) or children's services may have intervened because a child is at significant risk of harm (Section 31, 38)
Private Fostering	A private fostering arrangement is one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more (Department of Education and Skills 2005) and The Children's Act (1989)

5. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

5.1 Trust Board

5.1.1 The Trust Board consists of the Chairman, Chief Executive, Executive Directors, and Non-Executive Directors. The Board of Directors oversees the running of the Trust, makes decisions that shape future direction, monitors performance and ensures accountability.

5.1.2 The Board has overall responsibility for ensuring that the Trust delivers high quality services that are efficient and effective.

5.2 Quality and Safety Committee

5.2.1 The Quality and Safety Committee exists to provide assurance to the Board of overall compliance with all safeguarding statutory and regulatory obligations and will ensure the effective management of safeguarding incidents and subsequent dissemination of lessons learnt. This group formally approves Trust policies.

5.2.2 Provides assurance regarding the quality and safety of its clinical services and takes a planned and systematic approach to working with staff to monitor, assess and improve the quality and safety of its health services.

5.3 Chief Executive

5.3.1 The Chief Executive has ultimate accountability for ensuring the provision of high quality, safe and effective services within WCHC.

5.4 Chief Nurse

5.4.1 The Chief Nurse has a key role within safeguarding children.

5.4.2 Attends meeting with Children's Leads, ensuring the Trust is operating an efficient stream-lined service for the children we treat.

5.4.3 Briefs the Trust Board on all aspects of safeguarding children and the performance of the Trust in relation to national standards and targets. Responsible for ensuring this policy is disseminated. Is the Director level accountable lead for Prevent.

5.5 Head of Safeguarding

5.5.1 The Head of Safeguarding has responsibility for ensuring statutory safeguarding legislation and policy is adhered to in WCHC highlighting organisational risks to Chief Nurse.

5.5.2 Attends local Safeguarding Children's Partnership and influences decisions made in partnership with other Board members.

5.5.3 Provides assurance and demonstrates safeguarding compliance to a range of internal and external partners. This can include Ofsted, CQC, ICB (Integrated Care Board) and the annual Section 11 audit.

5.5.4 Has responsibility to ensure the Named Nurse and Specialist Nurse duties are discharged effectively across the Trust.

5.5.5 Is the Operational Prevent Lead for the delivery of the Prevent agenda

5.6 Named Nurse Safeguarding Children

5.6.1 Has expertise in children's health and development, safeguarding children and local arrangements for safeguarding children and young people and promoting their welfare.

5.6.2 Has responsibility to advise and support safeguarding service and staff who have concerns regarding a child's protection and promote good practice with the Trust.

5.6.3 Has a responsibility to support the organisation in its clinical governance role, by ensuring that audits on safeguarding and children in care are undertaken and that safeguarding issues are part of the Trust's clinical governance system.

5.7 Named Nurse Safeguarding Adults

5.7.1 Has responsibility to advise and support safeguarding service and staff who have concerns regarding an adult protection and promote good practice within the Trust and is also the organisational Lead for Domestic Abuse and Harmful Practices and Multi Agency Public protection Arrangements MAPPA.

5.8 Service Directors and Service Leads

5.8.1 Are responsible for ensuring all relevant staff are compliant with this policy and fulfil the standards expected by the Trust.

5.9 Specialist Safeguarding Children Nurses / Cared for Nurses

5.9.1 Are specialist nurses who work collaboratively with all health professionals and in partnership with the local authority and other agencies to meet the individual health needs of children who are subject to a child protection plan, child in need plan or on a care order.

5.9.2 The specialist nurse has a responsibility to support all employees who have concerns regarding safeguarding children and work with services to ensure safeguarding is embedded in everyday practice. They prepare and deliver Level 3 Safeguarding Children/CiC training in line with legislation and the Core Skills Framework. They co-deliver multi-agency training, support the development of Trust policies and protocols, provide child focused safeguarding/ CiC supervision and undertake audits of safeguarding processes. They contribute to serious and critical incident reviews, support the implementation of processes to ensure care is child focused and raise awareness across services of the need to safeguard and promote the welfare of children and young people.

5.10 Specialist Safeguarding Adults Nurses

5.10.1 Are specialist nurses providing a range of expertise, advice, education and training to all professionals employed at WCHC in respect of adults at risk of abuse or neglect.

5.11 MASH/Integrated Front Door Specialist Safeguarding Nurses

5.11.1 The specialist nurse works as part of the Multi-Agency Safeguarding Hub Team. Their role includes searching for and collating health information from a range of NHS providers both locally and further afield. The aim is to contribute to safeguarding decisions to protect children and young people. It supports accurate and timely documentation and information sharing.

5.11.2 The MASH/IFD provides a single front door for referrals and notifications and benefits from co-location of key partners, confidential environment and analysis of risk or need on a case-by-case basis.

5.12 Individual staff members

5.12.1 All practitioners providing services to children are required to:

- Be alert to the potential indicators of abuse or neglect in children and young people and know how to act on those concerns in line with Trust policies.
- Focus on children and young people, ensuring they are consulted and listened to, and their views and opinions are taken into account, in the planning and delivery of care to safeguard and promote their welfare.
- Partake in supervision in line with Trust policy.
- Understand the principles of confidentiality and information sharing in line with local and government guidance.
- Contribute to a multi-agency approach to safeguarding and protect children and young people.
- If allocated will be the named health professional for children subject to CP and CiN plans and Children in Care ensuring that review health assessments are carried out within statutory time scales, that a health care plan is compiled, and health passports are provided to care leavers before their 18th birthday.

5.13 Wirral Health and Care NHS Foundation Trust partners, including commissioned services

5.13.1 There is an expectation that all WCHC partners and WCHC commissioned services will adhere to WCHC safeguarding policies and procedures.

5.13.2 If partners adhere to their own safeguarding procedures there will be evidence (pathway, standard operating procedure, protocol) that clearly demonstrates how safeguarding reporting and monitoring of safeguarding activity is aligned to WCHC requirements. Furthermore, there will be evidence that arrangements do not compromise the needs of children and young people.

5.13.3 All partners are required to complete the annual Section 11 audit. Any actions generated that are likely to impact upon or have implications for WCHC will be shared with the Head of Safeguarding as soon as possible, including an action plan and mitigation.

5.14 Local Safeguarding Children Partnership (LSCP)

5.14.1 The core functions of the LSCP are to:

- Ensure that multi-agency training on safeguarding and promoting welfare is provided for staff across partnerships in order to meet local needs.
- Play a key role in achieving high standards in safeguarding and promoting welfare, not just through coordinating activity, but by evaluation and continuous improvement. The LSCP monitors and evaluates the effectiveness of the work and activities of the local authority and partnership partners, individually and collectively, to safeguard and promote the welfare of children and young people.
- Co-ordinate and undertake reviews of cases where a child has died or has been seriously harmed in circumstances where abuse or neglect is known or suspected, to advise on lessons to be learned. Communicate and raise awareness across partnerships and in the wider community of the need to safeguard and promote the welfare of children and young people.
- Ensure that children and young people are consulted and listened to, and their views and opinions are considered, in the planning and delivery of services to safeguarding and promote their welfare.

6. PROCESS

6.1 Confidentiality and Information Sharing

6.1.1 Confidential information about a child or young person should never be used casually in conversation or shared with any person other than on a 'need to know basis'.

6.1.2 There are occasions when staff may be required to share information with other agencies, with or without the consent of the child/young person, and/or family. This occurs when there is either evidence that a child is suffering, or is at risk of suffering, significant harm or if there is justifiable cause to believe that a child/young person may be suffering, or is at risk of suffering, significant harm.

6.1.3 If staff are unsure whether it is appropriate to share information they should seek advice from their line manager; a Specialist Safeguarding nurse / Cared for nurse including the MASH/IFD nurse. Staff should consider rules to sharing information (HM Government 2015).

6.1.4 The General Data Protection Regulations and Human Rights Law are not barriers to justified information sharing.

6.1.5 If possible be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

6.1.6 Seek advice if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

6.1.7 Share with informed consent where appropriate. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk.

6.1.8 Consider safety and well-being. Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6.1.9 Necessary, proportionate, relevant, adequate, accurate, timely and secure. Ensure that the

information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion and is shared securely.

6.1.10 Keep a record of your decision and the reasons for it; whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

6.1.11 There are occasions when information can be shared without consent:

- If the child or young person will be at greater risk.
- If staff are at risk.
- In cases of sexual abuse or fabricated induced illness and obtaining consent would alert the perpetrator.
- In cases of domestic abuse where it is likely to escalate the risk if consent obtained.
- If specific forensic evidence is needed.

Further advice on information sharing can be found through local safeguarding children partnership.

- **Wirral Safeguarding Children Partnership**
  www.wirralsafeguarding.co.uk

- **Cheshire East Safeguarding Children Partnership**
  https://www.cescp.org.uk

- **St Helens Safeguarding Children Partnership**
  www.sthelenssafeguarding.org.uk

- **Knowsley Safeguarding Children Partnership**
  www.knowsleyscp.co.uk

- www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

7. CATEGORIES OF ABUSE

7.1 The definitions of abuse in the context of **children's** safeguarding are taken from *Working Together to Safeguarding Children* (HM Government 2023). Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or an institution or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

7.2 **Physical abuse**: May involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child or young person. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness to a child or young person.

7.3 **Emotional abuse**: The persistent emotional maltreatment of a child or young person, such as to cause severe and persistent adverse effects on the child's emotional development.

7.4 **Sexual abuse**: involves forcing or enticing a child or young person to take part in sexual activities, including being exploited, whether the child is aware of what is happening or not. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include, non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

7.5 **Neglect**: The persistent failure to meet a child or young person's basic physical and/or psychological needs, likely to result in the serious impairment of the child or young person's health of development.

8. PERPLEXING PRESENTATION (FABRICATED OR INDUCED ILLNESS)

8.1 Perplexing presentation is considered when concerns are raised that the health or development of a child or young person is likely to be significantly impaired or further impaired by a parent of care giver who has fabricated or induced the illness to the child or young person Practitioners should follow the Pan Merseyside or Pan Cheshire Policy.

9. DOMESTIC ABUSE

9.1 The Definition of Domestic abuse is any incident or pattern of incidents of abusive behaviour between personally connected individuals, aged 16 or over, regardless of gender or sexuality. It encompasses a wide range of behaviours both overt and covert, including but not limited to, physical or sexual abuse; violence, aggression or threatening behaviours; controlling or coercive behaviours; economic abuse; psychological or emotional abuse; stalking and harassment. Domestic Abuse Act 2021

9.2 In April 2021, the Domestic Abuse Act became law in England & Wales, with the aim of providing further protection to individuals experiencing domestic abuse and bringing those who perpetrate these repugnant crimes to justice. The Act explicitly recognises children as victims of domestic abuse within their own right and places a statutory duty on local authorities to provide safe accommodation to victims of domestic abuse for the first time.

9.3 In 2021, the government published its strategy on tackling violence against women and girls Tackling violence against women and girls' strategy following several high-profile assaults and murders of women.

9.3.1 The strategy encompasses harmful practices, but other crimes perpetrated against women from domestic abuse, sexual assaults and rape to online crimes such as cyberflashing, 'revenge porn' and 'upskirting'. It illustrates that whilst we consider these behaviours have no place in our society, they continue to be prevalent every day. They highlight the appalling, outdated attitudes and prejudices towards women and girls.

10. HONOUR BASED VIOLENCE / ABUSE (HBV/HBA)

10.1 Honour based violence and/or abuse is a crime or incident(s) committed to protect or defend the honour of a family and/or community. If a case is heard at closed Multi Agency Risk Assessment Conference (MARAC) the HBA protocol including the restriction of records may be requested to protect the victim and any children. If the protocol is adopted practitioners need to follow the guidance for this process as per SG03.

11. FORCED MARRIAGE

11.1 Although forced marriage shares significant similarities to domestic abuse and often is apparent in relationships where there has been forced marriage, it is also quite different to domestic abuse as there are often multiple perpetrators who can be members of the same family or within the same community. For information and practice guidelines for professionals protecting, advising and supporting victims please visit the Department of Health's website Multi-agency statutory guidance for dealing with forced marriage and multi-agency practice guidelines: Handling cases of forced marriage (accessible version) - GOV.UK

12. FEMALE GENITAL MUTILATION (FGM)

12.1 FGM is a form of child abuse and violence against women and girls and should be dealt with as part of existing child and adult protection structures, policies and procedures. A mandatory reporting duty for FGM was introduced via the Serious Crime Act 2015, which includes female genital piercings.

FGM – IS (Information Sharing) is a national IT system for healthcare professionals and administrative staff, launched by the Department of Health and NHS England in 2014. The system enables early identification of female children who have had, or are at risk of, FGM, enabling appropriate intervention by healthcare professionals to support those at risk.

Practitioners should be aware of FGM – IS, together with their roles and responsibilities in terms of FGM and mandatory reporting requirements.

Any disclosure or concern disclosed to staff regarding a female at immediate risk of, or has undergone, FGM should result in a Safeguarding Referral to Children's Social Care and the Police. This includes through enquiries made by the practitioner any identified female family member under 18.

All incidents of FGM must be recorded on the patient's record and a DATIX completed.

The children's practitioner must ensure that the FGM IS alert is completed, together with all relevant documentation, within the child's SY1 electronic record. Whilst it is best practice to gain parental consent regarding FGM IS alerts and documentation, failure to provide consent should not stop the practitioner from documenting FGM in the record.

All practitioners must ensure that all cases of the FGM are reported to the Safeguarding Governance Team. This enables the team to ensure that all relevant and appropriate cases are reported via the applicable national reporting mechanisms.

Staff should be aware that there is a mandatory reporting requirement for all cases of FGM and this includes female genital piercings.

12.2 For further guidance on points 9 – 12 above please refer to the SG03 Domestic Abuse and Harmful Practices Policy available on StaffZone. Staff can also speak directly with the Safeguarding Team for further advice and support.

The following websites may also be helpful for practitioner:

- **Wirral Safeguarding Children Partnership**
  www.wirralsafeguarding.co.uk

- **Cheshire East Safeguarding Children Partnership**
  www.cheshireeastlscb.org.uk/professionals/female-genital- mutilation

- **St Helens Safeguarding Children Partnership**
  www.sthelenssafeguarding.org.uk

- **Knowsley Safeguarding Children Partnership**
  www.knowsleyscp.co.uk

- www.gov.uk/government/publications/multi-agency-statututory-guidance-on-female-mutilation

13. CHILD TRAFFICKING AND MODERN SLAVERY

13.1 The recruitment, transportation, transfer, harbouring or receipt of a child or young person for the purpose of exploitation is considered '*trafficking in persons*' even if this does not involve the threat or use of force or other forms of coercion.

13.2 All children and young people, irrespective of their immigration status, are entitled to safeguarding and protection under the law. The National Referral Mechanism (NRM) is a framework used in the UK to take victims out of situations of exploitation, providing support and help them rebuild.

Incidents include British national children, such as those trafficked for child sexual exploitation or those trafficked as drug carriers internally in the UK.

13.3 Any disclosure or concern disclosed to staff regarding potential victims of trafficking and/or modern slavery should result in completing a safeguarding referral to Children's Social Care who will act as the first responder and complete a referral using the National Referral Mechanism.

14. WORKING WITH CHILDREN WHO ARE SEXUALLY ACTIVE:

14.1 UNDER 18 YEARS

14.1.1 Staff working with children and young people who are sexually active under the age of 18 should assess whether the child / young person could be at risk of significant harm. It is essential to look at the nature of the relationship between those involved.

14.1.2 Staff must consider the Trust's Sexual Health Clinical protocol for using Frazer Guidelines CP71 and follow WSCP, KSCP, SHCSP and CESCP guidance. Further guidance can also be found in Working Together to Safeguard Children 2023 and Department of Health Best Practice Guidance for Doctors and other Health Professionals on the provision of Advice and Treatment to Young People Under 16 On Contraception, Sexual, and Reproductive Health (2004)

14.2 UNDER 13 YEARS

14.2.1 It would not be appropriate or safe for a child less than 13 years of age to consent to treatment without a parent's involvement. When it comes to sexual health, those under 13 are not legally able to consent to any sexual activity, and therefore any information that such a person was

sexually active would need to be managed under the under 13s pathway (Appendix 1) in the Safeguarding Children Toolkit. Any disclosure or concern must be referred directly to the Local Authority Social Care for the relevant place and documented in records.

15. CHILD SEXUAL EXPLOITATION (CSE)

15.1 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.

15.2 Any child or young person may be at risk of sexual exploitation, regardless of their family background or circumstances, but some are particularly vulnerable. These include children who go missing from home, those with special needs, those in residential and foster care, migrant children, unaccompanied asylum-seeking children, children who have disengaged from education and children who are abusing drugs and alcohol, and those involved in gangs. It affects boys and young men as well as girls and young women.

15.3 Children who are sexually exploited are the victims of sexual abuse and should be safeguarded from further harm.

15.4 Health professionals should be aware of the following key indicators of children being sexually exploited.

- Going missing for periods of time or regularly coming home late
- Regularly missing school or not taking part in education
- Appearing with unexplained gifts or new possessions
- Secretive regarding e communication
- Association with other young people involved in exploitation
- Having older boyfriends/girlfriends
- Suffering from sexually transmitted infections
- Mood swings or changes in emotional wellbeing
- Drug and alcohol misuse
- Displaying inappropriate sexualised behaviour

15.5 WCHC works in partnership with Wirral, Cheshire East, St Helens and Knowsley Children's Partnership following Contextual Safeguarding processes. Where there are concerns staff should follow LSCP guidance and procedures.

15.6 Where there are concerns about CSE a risk assessment / screening tool should be completed. These can be accessed by the LSCP websites.

- **Wirral Safeguarding Children Partnership**
  www.wirralsafeguarding.co.uk/parents-and-carers/child-sexual-exploitation

- **Cheshire East Safeguarding Children Partnership**
  www.cheshireastlscb.org.uk/professionals/child-sexual-exploitation.asp

- **Cheshire West Safeguarding Children Partnership**
  www.cheshirewestlscb.org.uk/professionals/child-exploitation

- **St Helens Safeguarding Children Partnership**
  www.sthelenssafeguarding.org.uk

- **Knowsley Safeguarding Children Partnership**
  www.knowsleyscp.co.uk

16. CHILD CRIMINAL EXPLOITATION (CCE)

16.1 While there is no legal definition of CCE currently, it is increasingly recognised as a major factor behind crime in communities across Merseyside and the UK, while also simultaneously victimising vulnerable young people and leaving them at risk of harm. CCE often occurs without the victim being aware that they are being exploited and involves young people being encouraged, cajoled, or threatened to carry out crime for the benefit of others. In return they are offered friendship or peer acceptance, but also cigarettes, drugs (especially cannabis), alcohol or even food and accommodation.

16.2 Children as young as 10 or 11 years are being groomed to enter gangs and commit crime on behalf of older criminals. These young people are being exploited, by being persuaded or lured into carrying out illegal activities, often with the promise of something they desire as a reward, and they become incredibly vulnerable. Victims of CCE are often fearful of getting into trouble themselves – for the very actions they have been exploited into carrying out – so it can also be difficult to get these young people to come forward and speak out about their situation (WSCP 2018). Joint targeted area inspection of the multi-agency response to the criminal exploitation of children - GOV.UK

16.3 Health professionals should be aware of the following key indicators of children being criminally exploited.

- Persistently going missing from school or home and / or being found out-of-area.
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts / phone calls
- Relationships with controlling / older individuals or groups
- Leaving home / care without explanation
- Suspicion of physical assault / unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results / performance
- Gang association or isolation from peers or social networks Self-harm or significant changes in emotional well-being

17. COUNTY LINES

17.1 A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of ‘deal line’.

17.2 They are likely to exploit children, young people and adults at risk to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

17.3 Follow child safeguarding processes where there are concerns that a child / young person is involved in County Lines and a victim of human trafficking by making a referral to children's social care. supporting the completion of National Referral Mechanism, clearly evidencing concerns with factual information. work collaboratively, communicate effectively, and share information appropriately. act as an advocate for children and young people where other professionals may be judgmental or reject the need for a child protection response.

18. REPORTING CONCERNS

18.1 WCHC works in partnership with Wirral, St Helens, Knowsley and Cheshire East Safeguarding Children's Partnership following Contextual Safeguarding process. Professionals should follow Trust safeguarding procedures.

18.2 Where there are concerns staff should follow LSCP guidance and procedures via the websites.

- **Wirral Safeguarding Children Partnership**
  www.wirralsafeguarding.co.uk/county-lines-exploitation

- **Cheshire East Safeguarding Children Partnership**
  www.cheshireeastlscb.org.uk/professionals/professionals

- **Cheshire West Safeguarding Children Partnership**
  www.cheshirewestlscb.org.uk/report

- **St Helens Safeguarding Children Partnership**
  www.sthelenssafeguarding.org.uk

- **Knowsley Safeguarding Children Partnership**
  www.knowsleyscp.co.uk

19. SPECIFIC CIRCUMSTANCES

19.1 Guidance on Honour Based Abuse, Forced Marriage, FGM, Child Trafficking, CSE, CCE, and County Lines can be found on WCHC StaffZone and the LSCP websites.

- **Wirral Safeguarding Children Partnership**
  www.wirralsafeguarding.co.uk
  www.wirrallscb.proceduresonline.com/chapters/contents.html#ch_spec_circum

- **Cheshire East Safeguarding Children Partnership**
  www.cescp.org.uk/professionals/procedures-and-guidance.aspx

- **Cheshire West Safeguarding Children Partnership**
  www.cheshirewestlscb.org.uk/professionals/child-_exploitation

- **St Helens Safeguarding Children Partnership**
  www.sthelenssafeguarding.org.uk

- **Knowsley Safeguarding Children Partnership**
  www.knowsleyscp.co.uk

These subjects are included in WCHC safeguarding training, in addition to multi agency training.

19.2 NHS England is a signatory to the sexual safety in healthcare organisational charter and supporting principles NHS England is committed to taking a zero-tolerance approach to sexual misconduct in the workplace to create a culture at work where everybody feels safe.

19.3 The Trust has a duty of care to protect employees from, and prevent incidents of, sexual misconduct from individuals within the physical or digital workplace. Please refer to the Preventing Sexual Misconduct Policy.

20. CHILDREN IN CARE

20.1 A '*Looked After Child*' is a term introduced in the Children Act (1989) and describes children / young people in the care of local authority living in residential homes, or with foster carers or connected carers. They can also be placed with parents but subject to a care order.

20.2 There is a nationally agreed term "Looked After Children and Young People" which St Helens use the locally agreed term is "*Child Looked After*" for children living in the Wirral, and Knowsley or "*Cared for Child*" for children living in Cheshire East, for this document the term Child in Care will be used throughout.

20.3 Child In Care also includes:

- Children receiving more than 75 days respite care annually
- Children on an Emergency Protection Order (E.P.O) Care Leavers
- Unaccompanied Asylum-Seeking Refugees
- Children cared for in secure settings e.g., on remand or there are concerns that they are a risk to themselves /others

21. CHILD IN CARE LEGAL STATUS

21.1 Section 20 of 1989 Children Act – Voluntary Accommodation

21.1.1 These children are in care as a result of a voluntary agreement with parent with parental responsibility, many as a result of family breakdown, although children and young people with disabilities who receive more than 75 days respite are also classed under this section as are unaccompanied asylum-seeking refugees up to the age of 18. Parental responsibility remains with the birth parent.

21.2 Section 38 of 1989 Children Act – Interim Care Order

21.2.1 Children / young people subject to an interim care order have recently been the subject of legal proceedings, usually with regard to safeguarding matters. Although some remain at home, it is more likely that they are in foster care or with connected carers. An interim care order is made whilst evidence is gathered for the final hearing to grant a full care order. An interim care order has to be renewed monthly. Parental responsibility is shared between Children's Social Care and parents

21.3 Section 31 of 1989 Children Act – Care Order

21.3.1 Care orders are usually sought by the local authority in respect of children who they believe are suffering or likely to suffer significant harm. A care order continues until a child is 18yrs old unless discharged earlier. Some children who are the subject of a care order will remain at home, being cared for by their parent(s) It is more usual for children who are the subject of care orders to live with foster carers/connected carers or in residential establishments. Parental responsibility is shared between Children's Social Care and parents

21.4 Section 44 of 1989 Children Act - Emergency Protection Order

21.4.1 These are usually made in situations of crisis where a child or young person needs immediate protection and allows the local authority parental responsibility for the duration of the order (up to eight days which can be extended on application to the court)

21.5 Section 21 of the Adoption and Children Act 2002 - Placement Order

21.5.1 An order made by the court authorising a local authority to place a child for adoption with any prospective adopters who may be chosen by the authority. The court cannot make a placement order in respect of a child unless the child is subject to a care order, the court is satisfied that certain conditions are met, or the child has no parent or guardian. At this stage in the adoption process, the local authority and the prospective adoptive parents share parental responsibility for the child.

21.6 Section 46 of the Adoption and Children Act 2002 - Adoption Order

21.6.1 The adoption order discharges a care order or a placement order and gives parental responsibility solely to the adopter's local authority foster parents may adopt children in their care either by being approved as prospective adopters and being matched with the children or by making a private application to adopt them.

21.6.2 Legislation in relation to adoption includes Adoption Counts - Supporting families through adoption and the new Regional Adoption Agency (Education and Adoption Act 2016) involving; Stockport, Manchester, Trafford, Salford, and Cheshire East.

22. REGIONAL ADOPTION AGENCIES

22.1 Concurrent Planning (Child Welfare Information Gateway 2009) is an approach that seeks to eliminate delays in attaining permanent families for children in the foster care system. Concurrent planning involves considering all reasonable options for permanency at the earliest possible point following a child's entry into foster care and concurrently pursuing those options that will best serve the child's needs. Typically, the primary plan is reunification with the child's family of origin. In concurrent planning, an alternative permanency goal (e.g., adoption) is pursued at the same time rather than being pursued sequentially after reunification has been ruled out.

23. YOUNG PEOPLE ON REMAND

23.1 Any child / young person remanded by the courts to Local Authority accommodation or Youth Detention accommodation becomes looked after for the duration of their stay.

24. NO LONGER LOOKED AFTER

24.1 Special Guardianship Order

24.1.1 The Adoption and Children Act 2002 introduced a completely new court order, special guardianship, intended to provide another option for legal permanence for children who cannot grow up with their birth families.

24.1.2 A special guardianship order gives the special guardian legal parental responsibility for the child which is expected to last until the child is 18. But, unlike adoption orders, these orders do not remove parental responsibility from the child's birth parents, although their ability to exercise it is extremely limited.

24.1.3 In practice, this means that the child is no longer the responsibility of the local authority, and the special guardian will have more clear responsibility for all day-to day decisions about caring for the child or young person, and for taking important decisions about their upbringing, for example their education. And, importantly, although birth parents retain their legal parental responsibility, the special guardian only has to consult with them about these decisions in exceptional circumstances.

24.1.4 If the child / young person was a CiC prior to the order being made, the child leaves care at this point.

24.2 Child Arrangements Order

24.2.1 This is a court order under Section 8 of the Children Act 1989 which states with whom a child will live. This person has parental responsibility, but it is equal to that of the birth parent, so an agreement needs to be reached about the upbringing of the child. This order terminates when a child reaches the age of 16. It was formerly known as a residence order.

24.3 Supervision Order

24.3.1 A few children are subject to an interim supervision order or supervision order. These children are not CiC. Under such orders, Children's Social Care have a legal responsibility to advise, assist and befriend the child / young person. It can last from a few months up to one year.

24.4 Private fostering

24.4.1 This is an arrangement that is made privately, without the involvement of the local authority, when a child under the age of 16 (or 18 if the child has a disability) is placed for 28 days or more in the care of someone who is not the child's guardian, close relative, or by private arrangement between parent and carer. The local authority will need to be made aware of the situation to check everything is satisfactory. It is a criminal offence if the local authority is not notified. The legal status is not that of a 'Child in Care', however the local authority has a duty to assess private fostering arrangements and health professionals have a duty to inform the local authority where parents/carers have not done so.

25. PROMOTING THE HEALTH OF CHILDREN IN CARE

25.1 Children in Care and young people share many of the same health risks and problems as their peers but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect. (DOH 2015).

25.2 All health providers have a statutory duty to work with local authorities to ensure that arrangements are in place to identify and address the health needs of CiC and deliver services that are tailored to their individual needs. This includes making sure that there are robust systems and day to day processes in place in order to meet these health needs, including CiC who are placed out of borough.

25.3 This policy is aimed at health staff involved in promoting the health of CiC including Health Visitors, School Nurses and Family Nurse Partnership (FNP) Nurses, Child Looked After Nurses and Cared for Nurse Specialists. The purpose of the policy is to ensure that practitioners fully understand their roles and responsibilities in identifying and addressing the health needs of CiC and in promoting their wellbeing. This policy covers children in care who are in the care of Wirral Local Authority placed in Wirral or out of borough. It also includes children placed within Wirral placed by another local authority. The policy also includes children in the care of Cheshire East Local Authority placed in Cheshire East or out of borough. It also includes children placed within Cheshire East by another local authority

25.4 St Helens and Knowsley are not commissioned to deliver the CiC service in these boroughs. These services are delivered by a different provider which is Merseycare. St Helens 0-19 and Knowsley 0-25 Practitioners support this cohort of children, delivering universal care and the Healthy Child Programme.

The service in Knowsley has been extended in line with the Special Educational Needs System to support the transition into adult services- supported by the Children and Families 2014 & The Care Act.

26. STATUTORY REQUIREMENTS

26.1 The Statutory Guidance on Promoting the Health and Wellbeing of Looked after Children (DOH 2015) states that all CiC must have their health assessed on a regular basis. These health assessments must be holistic, including consideration of physical, emotional, and sexual health, wellbeing and the promotion of good health.

26.2 The Initial Health Assessment is undertaken by a Community Paediatrician; this should be completed within 20 working days of a child coming into care. The frequency of Review Health Assessments is dependent on age, six monthly for 0–5-year-olds and yearly 5-18 years old. The Review Health Assessments are completed by Health Visitors, School Nurses, and Family Nurse Partnership Nurses, Child Looked After Nurses or Cared for Nurse Specialists, depending on the age of the child/young person. These practitioners are the Named Health Professional for the child, ensuring that the recommendations on the Health Care Plan are met and also monitoring and promoting the child's health while taking into account the child/young person's wishes and feelings.

27. ROLES AND RESPONSIBILITIES OF NAMED PROFESSIONALS

27.1 Health professionals have a duty to support the local authority in ensuring that they carry out their role as corporate parent.

27.2 The Named Health Professional has a duty of clinical care to any CiC on their caseload; including CiC placed in Wirral Community Health and Care Trust from out of borough. This includes making any necessary referrals for investigation and treatment.

27.3 Advise carers that all CiC need a permanent registration with a General Practitioner and Dentist.

27.4 Provide support and advice to carers about child health and development**.**

27.5 Attend statutory CiC review/planning meetings or send a report as per service area**.**

27.6 Maintain contemporaneous records for children and young people who are looked after and undertake case supervision in line with Trust policy. Liaise with other health professionals to ensure provision of services for CiC are coordinated & holistic.

27.7 Complete nurse-led CiC Review Health Assessment six monthly/ annually as per Looked after Children Guidance (DOH 2015) as per service area. For Wirral and Cheshire East children placed out of borough, if the placement areas report significant delays in completing the RHA, escalation may be made by the WCHC Named Nurse to the Named Nurse in that area, and if not resolved would be escalated to the Designated Nurse. To ensure the assessment requirement is met, a virtual consultation may be completed, and Trust guidance should be followed (SOP 122).

27.8 Ensure that all health needs identified on the child's Health Care Plan are being met and reviewed on a regular basis.

27.9 When caseload responsibility for a CiC is being transferred to another health professional within Wirral, contact the new health professional and do a verbal handover.

27.10 The Named Health Professional should ensure that contact is made with the Social Worker prior to handover to ensure that the dates and times of scheduled CiC reviews/ risk management meetings are accurately recorded for the receiving caseload holder.

27.11 If a CiC Health Assessment is due or outstanding, then it is good practice for the Named Health Professional to complete this prior to handover of care.

27.12 If a child/young person is transferring out of borough, it is the Named Health Professional's responsibility to contact the health professional in the receiving borough and hand over care as per Trust policy.

27.13 The Named Health Professional completes a Transfer Out form in the electronic health records and sends this with the SystmOne records to the receiving health professional via a secure email address. A Safeguarding Admin Transfer out of Area form is then emailed to the Safeguarding Admin Team at wcnt.safeguardingadmin@nhs.net or for practitioners in the Cheshire East area, follow the Cheshire East flowchart.

27.14 If the Named Health Professional has any safeguarding concerns regarding a CiC, follow the Trust Safeguarding Children policy to refer to the Integrated Front Door.

28. WHAT TO DO IF YOU THINK A CHILD IS BEING ABUSED

28.1 All staff should exercise vigilance in their work to mitigate against the risk that children using Trust services may be suffering abuse. If any member of staff becomes concerned that a child / young person may be suffering from abuse or neglect they must follow the guidance set out in the flow chart "What to do if you are worried that a child is being abuse/neglected".

- Wirral Safeguarding Children Partnership
  www.wirralsafeguarding.co.uk
- Cheshire East Safeguarding Children Partnership
  https://www.cescp.org.uk
- St Helens Safeguarding Children Partnership
  www.sthelenssafeguarding.org.uk
- Knowsley Safeguarding Children Partnership
  www.knowsleyscp.co.uk

28.2 Referral into Children's Social Care

28.2.1 When a member of staff identifies that a child / young person is at risk of, or may be suffering abuse, a referral into Children's Social Care is required. An electronic Multi-Agency Referral Form (eMARF) must be completed and there should be no delays in making a referral. The eMARF is available via:

In areas where an eMARF is not available the local protocol should be followed:

- **Wirral Safeguarding Children Partnership**
  www.wirralsafeguarding.co.uk
- **Cheshire East Safeguarding Children Partnership**
  www.checs@cheshireeast.gov.uk.cjsm.net
- **Cheshire West Safeguarding Children Partnership**
  www.cheshirewestlscb.org.uk/report
- **St Helens Safeguarding Children Partnership**
  www.sthelenssafeguarding.org.uk
- **Knowsley Safeguarding Children Partnership**
  www.knowsleyscp.co.uk

28.3 The Electronic Multi Agency Referral Form (eMARF) should be accessed through the orange dot on SystmOne, and all staff will record the referral on SystmOne or individual service IT system. All specialist nurses linked to each service area must be informed of the referral.

28.4 A copy of the referral will be attached to the child's record. Brief details of the referral should be included in mothers / carers records and any siblings.

29. ESCALATION

29.1 Professional disagreements between professionals and agencies do occur. The Specialist Safeguarding Nurses should be made aware of any professional or interagency disagreements, and they can support staff to follow the LSCP Resolution Pathway. The Escalation Policy is available on the LSCP websites and via SystmOne.

- **Wirral Safeguarding Children Partnership**
  www.wirralsafeguarding.co.uk

- **Cheshire East Safeguarding Children Partnership**
  https://www.cescp.org.uk

- **St Helens Safeguarding Children Partnership**
  www.sthelenssafeguarding.org.uk

- **Knowsley Safeguarding Children Partnership**
  www.knowsleyscp.co.uk

30. SUPERVISION

30.1 Safeguarding supervision involves a retrospective review of safeguarding cases with a Safeguarding Children Specialist Nurse, Cared for Nurse or a Nurse that has completed the NSPCC safeguarding supervision course or equivalent. CIN supervision for 5-17 years is now delivered as a group session with suitably trained 0-19 practitioners facilitating. The process provides a structured format in a 1:1 or group setting that involves reflection & direction regarding case management. Effective safeguarding supervision is important to promote good standards of practice and to support individual staff members in order to:

- ensure that practice is soundly based and consistent with WSCP, CESCP SHSCP and KSCP and WCHC organisational procedures and Trust procedures.
- ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority.
- help to identify the training and development needs of practitioners, so that each has the skills to provide an effective service (Working together to Safeguard Children 2023).
- For further information please refer to SG04 Safeguarding Supervision Policy.

31. RECORD KEEPING

31.1 Health records play an important role in responding to Safeguarding Children and Young People. All record keeping needs to follow Trust policy and procedures guidance GP06 Policy for Managing the Quality of Health Records.

31.2 Each child who is subject to a CP/CiN plan should have an up-to-date genogram completed (Appendix 2) in the Safeguarding Children Toolkit and attached to the child's records. This should be renewed when any changes occur e.g., change of address, new child in the family. "The Framework for the Assessment of Children in Need and Their Families", (DOH 2000).

31.3 It may also be appropriate to complete an ecomap which would map the influential people in a child's life not biologically related such as foster care, teacher, and friends. (Appendix 3) in the Safeguarding Children Toolkit an ecomap should also be completed for CiC.

32. FAILURE TO GAIN ACESS (FOR CHILDREN AND ADULTS, INCLUDING CHILDREN NOT BROUGHT TO APPOINTMENTS)

32.1 If a staff member is unable to gain access to provide the care / service as arranged and the staff member is unable to establish contact with the service user as a result of:

- No response.
- Access refused by client or third party.

Then the visit will be classified as failure to gain access.

32.2 Following a failed access all staff employed by WCHC should follow the guidance in SG05 Failure to Gain Access Policy.

33. FAILURE TO BE BROUGHT FOR APPOINTMENTS

33.1 Failure to be brought for two appointments (or service standard) must instigate the need for services to establish why the child has not attended for appointments as per policy.

33.2 **The Children Act 2004, part 2, section 11 states:**

"(2) Each person and body (Trust) to whom this section applies must make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children."

33.3 Therefore it is a requirement by law to ensure that all staff do not work in isolation and make every attempt to ensure that their duties are discharged, with the safety of children driving their actions.

33.4 In the event of a child not being brought for two appointments staff should follow the guidance in SG05 Failure to Gain Access Policy.

34. SUDDEN UNEXPLAINED DEATH IN CHILDHOOD (SUDI/C)

34.1 WCHC Wirral St Helens and Knowsley-0-19 services forms part of the Pan Merseyside Joint Agency Protocol for managing child deaths. This protocol provides guidance for professionals from agencies involved in dealing with Sudden Unexpected Death in Childhood (SUDiC: 0 up to 18 years).

- **Wirral Safeguarding Children Partnership**
  www.wirrallscb.proceduresonline.com/pdfs/sudic_protocol.pdf

- **St Helens Safeguarding Children Partnership**
  St. Helens Safeguarding Children Partnership -

- **Knowsley Safeguarding Children Partnership**
  www.knowsleyscp.co.uk

34.2 WCHC Cheshire East 0-19 service forms part of the Pan Cheshire Child Death Overview Panel

- **Cheshire East Safeguarding Children Partnership**
  https://www.cescp.org.uk

34.3 All child death must be reported via the DATIX system, and the child death notification standard operating procedures followed.

35. ACUTE LIFE-THREATENING EVENTS (ALTE)

35.1 The Pan Merseyside SUDiC protocol is also for use with unexplained Acute Life-Threatening Events (ALTE) requiring resuscitation and intensive care intervention.

36. CHILD SAFEGUARDING PRACTICE REVIEWS

36.1 WCHC has a statutory duty to work in partnership with the LSCP and/or any other Safeguarding serious case reviews which are commissioned by LSCP.

36.2 The purpose of a child safeguarding practice reviews is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children and young people.

36.3 The lessons learnt should be disseminated effectively and should be implemented in a timely manner so that changes required result in children and young people being protected. Lessons learnt from Child safeguarding practice reviews both within and outside the Trust are included in the training provided.

36.4 Local child safeguarding practice reviews (LCSPR) are published on the LSCP safeguarding partnership websites for 12 months following publication.

36.5 All child safeguarding practice reviews must be recorded via the DATIX system and are reported to Safeguarding Assurance Group and Quality and Safety Committee.

37. RESPONDING TO ALLEGATIONS AND SUSPICION OF CHILD ABUSE AGAINST STAFF

37.1 Please refer to SG06 Managing Allegations Policy.

37.2 Allegations of abuse made against a worker will be discussed with /referred to the Local Authority Designated Officer (LADO) in accordance with LSCP procedures

37.3 Further guidance can be found on StaffZone.

37.4 Local Safeguarding Partnership websites

- **Wirral Safeguarding Children Partnership**
  www.wirralsafeguarding.co.uk

- **Cheshire East Safeguarding Children Partnership**
  https://www.cescp.org.uk

- **Cheshire West Safeguarding Children Partnership**
  www.cheshirewestlscb.org.uk

- **St Helens Safeguarding Children Partnership**
  www.sthelenssafeguarding.org.uk

- **Knowsley Safeguarding Children Partnership**
  www.knowsleyscp.co.uk

38. CONSULTATION

38.1 Specialist Nurses for Safeguarding Children, Cared for Nurses Child Looked After, MASH / IFD Nurse Specialists, Liaison/CDOP Nurse, have all been consulted in the development of this policy.

39. TRAINING AND SUPPORT

39.1 Safeguarding Children Training is a mandatory requirement for all staff employed by WCHC. Staff will participate in safeguarding training on both a single and interagency basis.

39.2 The training will be proportionate and relevant to the roles and responsibilities of each staff member, as identified by their manager. It is the responsibility of all Service Leads/Heads of Service to ensure staff are competent to comply with this policy and its contents. Learning needs to be at the required level as defined in the Safeguarding Children and Young People: Roles and competencies for health care staff. Intercollegiate Document (2019) Looked After Children: Knowledge, Skills and Competencies of health care staff Role Framework (2020) and in line with the LSCP standards.

39.3 The Intercollegiate Documents identifies six levels of competence and gives examples of groups that fall within each of these:

Level 1: All staff working in health care settings. All staff complete Level 1 training as part of the induction programme. WCHC provide this training via e-learning.

Level 2: Minimum level required for non-clinical and clinical staff who in their role have contact (however small) with children and young people and/or parents/carers. Mandatory requirements at Level 2 training must be completed within three months of employment. WCHC provide this training via e-learning.

Level 3: 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. Staff requiring Level 3 training will not be required to complete Level 1 or 2 safeguarding children training.

Over a three-year period, professionals who require specialist level competencies should receive relevant safeguarding training equivalent to a minimum of 12-16 hours achieved within

a blended learning approach by attendance at single agency Level 3 Safeguarding and Cared for training and interagency training, i.e., WSCP and e-learning.

Level 4: Named professionals for safeguarding children and young people. Required to attend a minimum of 24 hours of education training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal and supervision training.

Level 5: Designated professionals. Required to attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management appraisal, supervision training and the context of other professional's work.

39.4 Board Level for CEO, Trust and Health Board executive and non-executive directors/members, commissioning body directors. All board members should have knowledge equivalent to all staff working within the health care setting (Level 1) plus additional knowledge-based competencies outlined in Safeguarding Children and Young People: Roles and competences for health care staff Intercollegiate Document (2019)

40. MONITORING

40.1 The effectiveness of this policy will be monitored by the Head of Safeguarding who will retain oversight of all allegations received, outcome and actions undertaken. Relevant information from this monitoring will be presented to the Safeguarding Assurance Group (see Appendix 1)

41. EQUALITY AND HUMAN RIGHTS ANALYSIS

41.1 In line with the Trust's commitment to meet its statutory requirements outlined in the Equality and Diversity Strategy each procedural document is screened using an Equality Impact Assessment (EIA) Screening Tool. This demonstrates the Trust's commitment to equality and human rights by recognising that the experience and needs of each individual is unique and strives to value and respect the diversity of staff, patients, carers and the public

EIAs support organisations to avoid discrimination on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Carers are also protected from discrimination, as they are associated with people with a protected characteristic, i.e. disabled people. Should staff become aware of any exclusions that do not comply with this statement, they are required to complete, and incident form and an appropriate action plan can be put in place. (see Appendix 2).

42. LINKS TO OTHER POLICIES

42.1 This policy should be read in conjunction with:

- Safeguarding Adults Policy (SG01)
- Domestic Abuse and Harmful Practices Policy (SG03)
- Safeguarding Supervision Policy (SG04)
- Failure to Gain Access Policy (SG05)
- Managing Allegations Policy (SG06)

- Incident Management Reporting Policy (GP8)
- Records Management Policy (GP06)
- Clinical Protocol for Clinical Supervision Policy (CP95)
- Preventing Sexual Misconduct Policy 2025 (HRP50)
- Working Together to Safeguard Children 2023
- Disciplinary Policy (HRP01 and HRP01A).
- Standard Operating Procedure Child Death Notification (SOP)
- Standard Operating procedure to support safeguarding practice during virtual consultations (SOP 122)
- Local Safeguarding Children's Partnership Policy and Procedures
- Always use StaffZone to ensure most recent version is accessed.

43. APPENDICES

- Appendix 1 Policy Monitoring Checklist
- Appendix 2 Equality Impact Assessment

44. REFERENCES

In developing this policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of Wirral, Cheshire East, Cheshire West, St Helens and Knowsley Safeguarding Children Partnerships.

- Wirral Safeguarding Children Partnership
  www.wirralsafeguarding.co.uk

- Cheshire East Safeguarding Children Partnership
  https://www.cescp.org.uk

- Cheshire West Safeguarding Children Partnership
  www.cheshirewestlscb.org.uk

- St Helens Safeguarding Children Partnership
  www.sthelenssafeguarding.org.uk

- Knowsley Safeguarding Children Partnership
  www.knowsleyscp.co.uk

- Children Act 1989
  www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_1

- Children Act 2004
  www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1

- Children and Social Work Act (2017)
  www.legislation.gov.uk/ukpga/2017/16/pdfs/ukpga_20170016_en.pdf

- Department of Education (2002)
  Education Act 2002

- Adoption and Children Act London HMSO
  Adoption and Children Act 2002

- Department of Education (2008) Children and Young Persons Act London HMSO
  Children and Young Persons Act 2008

- Department of Education (2014)
  Statutory Guidance for Children who run away or go missing from home or care
  www.gov.uk/government/publications/children-who-run- away-or-go-missing-from-home-or-care

- Department of Health (2000)
  Framework for the Assessment of Children in Need and Their Families London HMSO
  Framework-for-the-Assessment-of-Children-in-Need-and-Their-Families---Guidance-Notes-and-Glossary.pdf

- Department of Health et al (2015)
  Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children
  promoting_health_of_looked_after_children.pdf

- HM Government (2015)
  Information Sharing Advice for Practitioners providing Safeguarding Services to Children, Young People, Parents and Carers DFE Publications
  DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers

- HM Government (2014)
  The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage
  366083_FCO_ForcedMarriage.indd

- HM Government (2015)
  What to do if you're worried a child is being abused DFE Publications
  Stat guidance template

- HM Government (2023)
  Working Together to Safeguard Children
  DCSF Publications
  www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children

- National Institute for Health and Clinical Excellence (NICE) (2009) When to suspect child maltreatment
  www.nice.org.uk/nicemedia/pdf/CG89FullGuideline.pdf

- Department of Education (2014)
  Statutory Guidance for Children who run away or go missing from home or care
  www.gov.uk/government/publications/children-who-run- away-or-go-missing-from-home-or-care

- Department of Health et al (2015)

Promoting the health and wellbeing of looked-after children - GOV.UK

- HM Government (2015)
  Information Sharing Advice for Practitioners providing Safeguarding Services to Children, Young People, Parents and Carers DFE Publications
  Information sharing advice for safeguarding practitioners - GOV.UK

- HM Government (2014)
  The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage
  Multi-agency statutory guidance for dealing with forced marriage and multi-agency practice guidelines: Handling cases of forced marriage (accessible version) - GOV.UK

- HM Government (2015) What to do if you're worried a child is being abused DFE Publications
  Report child abuse - GOV.UK

- HM Government (2023)
  Working Together to Safeguard Children
  DCSF Publications
  www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children

- National Institute for Health and Clinical Excellence (NICE) (2009) When to suspect child maltreatment
  www.nice.org.uk/nicemedia/pdf/CG89FullGuideline.pdf

- National Institute for Health and Clinical Excellence (NICE) (2017)
  Faltering growth: recognition and management of faltering growth in children(NG75)
  Faltering growth (nice.org.uk)

- NHS England (2015)
  Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework
  B0818_Safeguarding-children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability-and-assuran.pdf

- NICE / SCIE (2021)
  Promoting the Health and Quality of Life of Looked After Children Young People and Care Leavers
  Overview | Looked-after children and young people | Guidance | NICE

- Looked After Children: Knowledge, skills, and competences of health care staff Intercollegiate Role Framework
  Home | Child health Safeguarding

Appendix 1: Monitoring Compliance with the process described in the policy

Minimum requirement to be monitored	Process for monitoring (e.g. audit)	Responsible individual / group/ committee	Frequency of monitoring	Evidence	Responsible individual for development of action plan	Responsible committee for monitoring of action plan and Implementation
An annual audit of Safeguarding referrals to the IFD will be undertaken by the safeguarding team to ensure the standard of referral is consistent and safeguarding risks are being managed at the earliest opportunity.	Audit	Safeguarding Service	At least once in a calendar year	Specialist Safeguarding professionals	Named Nurse Safeguarding Children	Quality & Safety Committee
An annual audit of record keeping will be completed annually as per Trust audit calendar to ensure adherence to standards is maintained.	Audit	Quality and Governance Team	At least once in a calendar year		Head of Quality and Governance Team	Quality & Safety Committee

Appendix 2

Stage 1 Quality and Equality Impact Assessment (QEIA) template

Initiative/Project/Change Title	Safeguarding Children and Young People Policy SG02				
Department/service	**Safeguarding**		**Lead Name & Job Title**	**Jude Blease Head of Safeguarding**	
Rationale for completion	A new strategy or policy	**Change to an existing strategy or policy**	Change to a service or function	A new service or function	Other
Initiative/Project/Change Description *Describe current status followed by any changes that stakeholders would experience*.	Recent review of the Safeguarding Children Policy SG02 and to highlight minimal changes highlighted in red and all appendices In view of this there is no change to the impact on the QEIA				
Who is likely to be impacted?	Patients/service users/carers	**Workforce**	Organisation	Partners	Other

Quality Impact

This looks at the project as a whole and asks how it will impact patients/service users, staff and the organisations involved and how any identified risks or negative impacts could be mitigated.

If the risk score is greater than 10 in any area, this will require a more detailed impact assessment to be carried out and shared for Executive approval Standard Operating Procedure - template (wirralct.nhs.uk)

	Positive/ Neutral/Negative impact	Negative Risk Score (L x C)	Mitigations for impacts
Patient/Staff Safety – will the scheme have a positive/negative or neutral effect on the aim to treat and care for people in a safe environment and protect them from avoidable harm?	Positive		
Clinical Effectiveness – will the scheme have a positive/negative or neutral effect on the aim to apply knowledge that is based on research, clinical experience and patient preferences, to achieve optimum processes and outcomes of care for patients/service users?	Positive		
Patient/Staff/Organisation Experience – will the scheme have a positive/negative or neutral effect on patients' experience of care, based on all interactions, before, during and after delivery of the care? How will it affect staff experience and the portrayal of the organisation as a whole?	Positive		

Equality Impact - Who may be affected by this activity?

	Positive/Negative/ Neutral impact description	Negative risk score (L x C)	Mitigations
Protected characteristics (Equality Act 2010)			
• Age • Disability • Race • Gender reassignment • Marriage & civil partnership • Pregnancy & maternity • Religion & beliefs (including no belief) • Sex • Sexual orientation			No disproportionate impacts identified
In addition, consider the following vulnerable groups:			
• Armed forces/veterans/reservists • Carers • Digital exclusion • Domestic abuse • Education (literacy) • Gypsy Roma Travellers • Homeless • Looked after children • Rural/urban areas • Socioeconomic disadvantage • People with addiction or substance misuse problems • People on probation • Prison population • Undocumented migrant, refugees, asylum seekers			No disproportionate impacts identified

• **Sex workers** • **Neurodiversity** • **Other (please describe)**			

If the risk score is greater than 10 in any area, this will require a more detailed impact assessment to be carried out and shared for Executive approval Standard Operating Procedure - template (wirralct.nhs.uk)

Approval activity

Approval Group Name	**Safeguarding Approval Group**		
Group Chair	**Claire Wedge**	**Date**	**10.12.25**
Decision/outcome	**Approved**	✓	
	Not Approved		
	Full QEIA required		

On-going monitoring

Where will the project/initiative be tracked?	**Through tri-annual review of policy**
Project Lead	**Jude Blease Head of Safeguarding**

Please ensure the QIA/EA is added to the SAFE quality tracker