

Safeguarding Children Policy

Document Control:

Document Author:	Kelly Boyce, Head of Safeguarding		
Document Owner:	Kelly Boyce, Head of Safeguarding		
Electronic File Name:	Safeguarding Children Policy		
Document Type:	Policy		
Stakeholder Consultation:	Reader Panel (as described within this document)		
Approval Level:	Clinical Skills Group		
Approval Body:	Chair of the Clinical Skills Group		
Version Number:	V1.0	Reference Number:	
Version Issue Date:	Aug 2024	Effective Date:	Aug 2024
Review Frequency:	Three Yearly		
Method of Dissemination:	Intranet		
Search Keywords	Safeguarding, Child, Children, Paeds, Paediatric, Abuse, MASH		
For Use By:	All Staff		

Version History:

Version	Date	Author	Reason
V1.0	Aug 2024	Head of Safeguarding	To originate document & to replace Safeguarding Policy
V2.0			
V3.0			
V4.0			
V5.0			
V6.0			

Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
Previously part of Safeguarding Policy	

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

EXECUTIVE SUMMARY

In accordance with the Children Act 2004 (section 11) ALL healthcare professionals have a duty to safeguard children. Staff working directly with children must ensure that Safeguarding is an integral part of all of the stages of care they offer. All professionals also need to note that when they are not working directly with a child but may be seeing their parent, carer or significant adult that they have a responsibility to safeguard and promote the welfare of any child or young person and adult.

This policy will help staff to:

- notice, ask, listen to the child and family and report concerns
- know what they need to record and where
- know who to tell if a person who works with children/ young people is potentially harming a child
- follow multi-agency procedures where suspected or actual abuse has occurred
- work with other agencies at all levels of the organisation to protect children from harm

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

CONTENTS

EXECUTIVE SUMMARY	2
1.0 INTRODUCTION.....	4
1.1 BACKGROUND	4
1.2 SCOPE.....	4
1.3 RESPONSIBILITIES.....	4
1.4 MONITORING AND REVIEW.....	5
1.5 RELATED DOCUMENTS	5
1.6 READER PANEL.....	5
1.7 TRUST VALUES	5
1.8 GLOSSARY	6
1.9 DISTRIBUTION CONTROL	6
2.0 STATEMENT OF POLICY	7
2.1 POLICY OBJECTIVES.....	7
2.2 POLICY DEFINITIONS.....	7
3.0 DETAILS SECTION	9
3.1 TYPES OF ABUSE	9
3.2 IDENTIFICATION OF CHILDREN AND YOUNG PEOPLE WHO MAY HAVE SAFEGUARDING RISKS	9
3.3 Actions to take if abuse or neglect is suspected or disclosed.....	10
3.4 Handling a disclosure from a child.....	10
3.5 Consent to report safeguarding concerns.....	11
3.6 Safeguarding allegations/concerns about staff working with children, young people and vulnerable adults.....	12
Appendix A – Types of abuse	14
Appendix B - Norfolk Children's Advice and Duty Service (CADS) form...	18
Appendix C - Suffolk Multi-Agency Safeguarding referral form.....	18
Appendix D - Equality Impact Assessment	19

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

1.0 INTRODUCTION

1.1 Background

“Safeguarding means protecting a citizen’s health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility” NHS England 2024.

This Policy provides staff with guidance on their roles and responsibilities regarding the recognition, reporting and recording of all suspicions of abuse and neglect of children and young people. The wider context continues to change in response to national reports, safeguarding practice reviews and the Intercollegiate Document 2019. “Responsibilities for safeguarding are enshrined in international and national legislation” NHS England 2022;

- Children Act 1989 and 2004
- Working Together to Safeguard Children 2023
- Safeguarding Children and Young People; Roles and Competencies for healthcare staff, Intercollegiate Document 2019
- Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework 2024

1.2 Scope

This policy is applicable to ALL staff and covers all topics relating to the safeguarding of children and young people.

For the purposes of this policy a child is under the age of 18 and includes unborn babies.

1.3 Responsibilities

Board of Directors

The Board of Directors has a responsibility to ensure that there is a policy and that procedures are in place to enable compliance with the Children Act 1989 and 2004 and to safeguard children and young people from abuse and neglect.

Chief Executive

The Chief Executive devolves the responsibility for compliance and monitoring to the Chief Nurse/Deputy Chief Nurse ensuring that the Trust meets its statutory and non-statutory obligations in respect of maintaining appropriate standards of safeguarding for patients and their carers.

Chief Nurse/Deputy Chief Nurse

The Chief Nurse is the Executive Lead for Safeguarding and is responsible for ensuring that the Trust upholds the principles of the Safeguarding Children Policy when dealing with patients and their parents/carers. The Deputy Chief Nurse leads operationally and deputises for the Executive Lead.

Head of Safeguarding/Named Nurse for Safeguarding Children and Adults

- To be the strategic and service lead within the Trust for safeguarding of children and young people
- To facilitate policies and procedures related to safeguarding children and young people
- To ensure continuity of service in their absence

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

SAFEGUARDING CHILDREN POLICY

- To develop and deliver appropriate training to Trust staff
- To attend and contribute to county wide safeguarding forums
- To be accessible to front line staff for advice and guidance within the multi-agency guidelines and JPUH policy
- To provide reports for the Executive Lead

All Trust staff

To recognise, respond to & report immediately, any concerns about the abuse or neglect of a child or young person. To attend and engage with mandatory safeguarding training.

1.4 Monitoring and Review

The Trust's Safeguarding Group, chaired by the Chief Nurse, will review this policy. Safeguarding Group will monitor effectiveness of safeguarding children arrangements within the Trust.

1.5 Related Documents

- Children Act 1989 and 2004
- Working Together to Safeguard Children 2018
- Safeguarding Children and Young People; Roles and Competencies for healthcare staff Intercollegiate Document 2019
- Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework 2024
- Child sexual exploitation - Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation 2017
- Criminal exploitation of children and vulnerable adults: County Lines 2023 February 2017
- Trust Safeguarding Adults Policy
- Trust Prevent Policy
- Trust Paediatric Safeguarding Medical Assessments Including Sexual Abuse and Genital Injuries Policy
- Trust Domestic Abuse Policy
- Trust Safeguarding Allegations/Concerns about staff working with Children, Young People and Vulnerable Adults Policy
- Trust Was Not Brought/Did Not Attend Policy
- Trust Chaperone Policy

1.6 Reader Panel

The following formed the Reader Panel that reviewed this document:

Post Title

Safeguarding Group

1.7 Trust Values

This Policy conforms to the Trust's values of putting patients first, aiming to get it right, recognising that everybody counts and doing everything openly and honestly. The Policy incorporates these values throughout and an Equality Impact Assessment is completed to ensure this has occurred.

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

1.8 Glossary

The following terms and abbreviations have been used within this Policy:

Term	Definition

1.9 Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

2.0 STATEMENT OF POLICY

This Policy provides staff with guidance on their roles and responsibilities regarding the recognition, reporting and recording of all suspicions of abuse to children and young people and adults.

2.1 Policy Objectives

The objectives of the Policy are:

- help trust staff protect and safeguard children at risk of abuse or neglect.
- guide staff to know what to do when they have concerns about a child's welfare or safety.
- help trust staff to know where to find procedures local to where the child lives.
- ensure we adhere to local and national policy and guidance.
- clarify roles and responsibilities of staff and the Trust.

2.2 Policy Definitions

The United Nations Convention on the Rights of the Child (UNCRC) defines a child as everyone under 18 unless, "under the law applicable to the child, majority is attained earlier".

In England, a child is defined as anyone who has not yet reached their 18th birthday. Child protection guidance points out that even if a child has reached 16 years of age and is:

- living independently
- in further education
- a member of the armed forces
- in hospital; or
- in custody in the secure estate

they are still legally children and should be given the same protection and entitlements as any other child (Department for Education, 2023).

A Child in Need (Section 17 of the Children Act, 1989)

- Children are defined as being in need, under section 17 of the Children Act (1989), when their vulnerability is such that they are "unlikely to reach or maintain a satisfactory level of health or development or their health and development will be significantly impaired, without the provision of services".
- The critical factor to be taken into account is what will happen to a child's health or development without services and the likely effect services will have on the child's standard of health and development.
- Children with a new or enduring significant disability are by definition children in need under section 17, as are children who have been inpatients in hospital for more than three months.

Child Protection (Section 47 of the Children Act, 1989)

Some children are in need of protection because they have suffered or are likely to suffer significant harm. Section 47 of the Children Act (1989) gives Children's Social Care a duty to make enquiries to decide whether they should take action to

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

safeguard or promote the welfare of a child who is suffering or likely to suffer significant harm. It identifies significant harm as the threshold that justifies compulsory intervention in family life in the best interest of the child. A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

3.0 DETAILS SECTION (rename and repeat as many times as is appropriate)

This Safeguarding Children policy will help staff to:

- notice, ask, listen to the child and family and report concerns
- know what they need to record and where
- know who to tell if a person who works with children/ young people is potentially harming a child
- follow multi-agency procedures where suspected, disclosed or obvious abuse has occurred
- work with other agencies at all levels of the organisation to protect children from harm

3.1 Types of Abuse

Child abuse can take many forms:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect
- Actual or possible Fabricated and Induced illness
- Domestic Abuse
- Radicalisation
- Child exploitation (Criminal and Sexual)
- Exploitation
- Modern Slavery (e.g. county lines, servitude)
- Female Genital Mutilation
- Honour Based Abuse
- Human trafficking
- Hate Crime
- Culture, Religion and Harmful practices

Please see Appendix A for descriptions of these types of abuse and links to National and Trust policies/procedures about these subjects.

3.2 Identification of children and young people who may have safeguarding risks

Children from any part of society can be at risk of abuse or neglect. However, risks can increase when there are factors such as domestic abuse, parental mental health and parental alcohol or substance use.

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

SAFEGUARDING CHILDREN POLICY

All children who attend the Trust's Emergency Department (ED) are checked against the National Spine for Child Protection alerts. The Trust's Safeguarding Team reviews every child attendance to ensure additional scrutiny and sharing of information with local authorities to advise that children with social work involvement have attended ED or there are specific safeguarding concerns.

3.3 Actions to take if abuse or neglect is suspected or disclosed

Trust staff must make a referral to Multi Agency Safeguarding Hub (MASH) for Suffolk children or Children's Advice and Duty Service (CADS) for Norfolk children if they have Safeguarding concerns.

To refer a child from **Norfolk** –
Children's Advice Duty Service (CADS)
Complete the Telephone CADS form to record your concerns. **(Appendix B)**
Ring Monday-Friday 8am-8pm 0344 800 8021
Out of hours 0344 800 8020
Then email the CADS form to Safeguarding@jpaget.nhs.uk

To refer a child from **Suffolk** –
If urgent or out of office hours phone Suffolk Customer First on 0345 606 6167 then complete the MASH form and email it to Safeguarding@jpaget.nhs.uk **(Appendix C)**
If not urgent email Suffolk MASH form to Safeguarding@jpaget.nhs.uk

Trust staff can discuss their concerns with a member of the Safeguarding Team between the hours of 06:30 to 17:00 Mon-Fri and/or a more senior colleague/Clinical Site Management Team at other times. **If there is concern for the safety or welfare of a child, a referral must always be submitted.**

All MASH/CAD referrals will be added to Safeguarding database for recording and monitoring purposes.

3.4 Handling a disclosure from a child

Children and young people may disclose abuse in a variety of ways, including:

- directly– making specific verbal statements about what's happened to them
- indirectly – making ambiguous verbal statements which suggest something is wrong
- behaviourally – displaying behaviour that signals something is wrong (this may or may not be deliberate)
- non-verbally – writing letters, drawing pictures or trying to communicate in other ways.

What should you do if a child tells you that they are being abused? It is normal to feel overwhelmed and confused in this situation. Child abuse is a difficult subject that can be hard to accept and even harder to talk about. Children who are abused are often threatened by the perpetrators to keep the abuse a secret. Thus, telling an adult takes a great amount of courage. Children have to grapple with a lot of issues, including the fear that no one will believe them. So, care must be taken to remain calm and to show support to the child throughout the disclosure phase.

The following advice could help lessen the risk of causing more trauma to the child and/or compromising a criminal investigation during the disclosure phase.

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

Receive: Listen to what is being said without displaying shock or disbelief. A common reaction to news as unpleasant and shocking as child abuse is denial. However, if you display denial to a child, or show shock or disgust at what they are saying, the child may be afraid to continue and will shut down. Accept what is being said without judgement. Take it seriously.

Reassure: Reassure the child, but only so far as is honest and reliable. Don't make promises that you can't be sure to keep, e.g. "everything will be all right now". Reassure the child that they did nothing wrong and that you take what is said seriously. Don't promise confidentiality – never agree to keep secrets. You have a duty to report your concerns. Tell the child that you will need to tell some people, but only those whose job it is to protect children. Acknowledge how difficult it must have been to talk. It takes a lot for a child to come forward about abuse.

React: Listen quietly, carefully and patiently. Do not assume anything – don't speculate or jump to conclusions. Do not investigate, interrogate or decide if the child is telling the truth. Remember that an allegation of child abuse may lead to a criminal investigation, so don't do anything that may jeopardise a police investigation. Let the child explain to you in his or her own words what happened, but don't ask leading questions. Do ask open questions like "Is there anything else that you want to tell me?"

Communicate with the child in a way that is appropriate to their age, understanding and preference. This is especially important for children with disabilities and for children whose first language is not English. Do not ask the child to repeat what they have told you to another member of staff. Explain what you have to do next and whom you have to talk to.

Record: Follow section 3.3 of this policy. Record the date, time, place, words used by the child and how the child appeared to you – be specific. Record the **actual** words used; including any swear words or slang. Record statements and observable things, not your interpretations or assumptions – keep it **factual**.

3.5 Consent to report safeguarding concerns

It is best practice to ask parents/those with parental responsibility for consent to share information about your concerns, unless this would put the child at further or increased risk.

When speaking to parents/those with parental responsibility:

- avoid language such as 'child protection'
- use language such as 'concerns' and that you wish for them to have 'support'
- be open and honest about your concerns
- make sure the person you're asking for consent understands what information will be shared and why
- explain who will see the information and what it will be used for

If consent is refused or if you're unable to seek consent, you can still share information with relevant professionals if this is in the public interest.

This includes protecting children from significant harm and promoting the welfare of children.

3.6 Safeguarding allegations/concerns about staff working with children, young people and vulnerable adults.

Children and adults can and have been abused by those who work with them. An allegation against a member of staff may arise from a variety of sources e.g. a report from a child, a complaint from a parent/carer, a concern raised by another person within the Trust or from another agency. It may arise following information that a member of staffs own children have been subject to child protection procedures or that there are concerns regarding a vulnerable adult in their care.

Please see the Trust's policy Safeguarding Allegations/Concerns about Staff Working with Children, Young People and Vulnerable Adults for detailed guidance.

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

Appendix A – Types of abuse

Appendix 3 - Categories of Abuse

Working Together to Safeguard Children 2023, defines the following categories of abuse.

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Physical abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/physical-abuse/>

Emotional abuse

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

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/emotional-abuse/#effects>

Sexual abuse

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

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

SAFEGUARDING CHILDREN POLICY



Paediatric
Safeguarding Medical

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment – see Was Not Brought/Did Not Attend policy
- provide suitable education It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.



SSP-Neglect-Guidance-v4.pdf



DNA+WNB+Policy
2022.doc

Other forms of abuse:

Child Sexual Exploitation

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.



CSE_Guidance_Core_
Document_13.02.2017

County Lines

County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and VCS (voluntary and community sector) organisations. The UK Government defines county lines as: 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". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

SAFEGUARDING CHILDREN POLICY



Criminal exploitation
of children and vulner

Child criminal exploitation

As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.



serious-violence-strat
egy.pdf

Domestic Abuse

The Domestic Abuse Act 2021 introduced the first ever statutory definition of domestic abuse (section 1 of the Act). The statutory definition is clear that domestic abuse may be a single incident or a course of conduct which can encompass a wide range of abusive behaviours, including a) physical or sexual abuse; b) violent or threatening behaviour; c) controlling or coercive behaviour; d) economic abuse; and e) psychological, emotional, or other abuse.

Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be “personally connected” (as defined in section 2 of the Domestic Abuse Act 2021). The definition ensures that different types of relationships are captured, including ex-partners and family members.

All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. Section 3 of the Domestic Abuse Act 2021 recognises the impact of domestic abuse on children (0 to 18), as victims in their own right, if they see, hear or experience the effects of abuse.

Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as teenage relationship abuse. Depending on the age of the young people, this may not be recognised in law under the statutory definition of domestic abuse (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support.

The ‘Domestic Abuse Act 2021: statutory guidance provides further advice for frontline professionals who have responsibility for safeguarding and supporting victims of domestic abuse, including children. This guidance provides further information about the different forms of domestic abuse (including teenage relationship abuse and child to parent abuse) and the impact of domestic abuse on children.



Domestic_Abuse_Act_Domestic+Violence+
_2021_Statutory_Guic and+Abuse+Policy+p

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

SAFEGUARDING CHILDREN POLICY

Female Genital Mutilation

FGM is illegal in the UK. It is a practice which takes place worldwide in at least 30 countries in Africa, Asia and the Middle East. It also takes place within parts of Western Europe and other developed countries, primarily among immigrant and refugee communities.

FGM has been classified by the World Health Organization into 4 types; these are described in more detail on the World Health Organization website.

FGM is a complex issue - despite the harm it causes, some women and men from affected communities consider it to be normal to protect their daughters and their cultural identity.

Some people believe that FGM is a way to ensure virginity and chastity. It is sometimes done to preserve girls from sex outside of marriage and from having sexual feelings. FGM is often claimed to be carried out in accordance with religious beliefs, but it is not supported by any religious doctrine.

The Serious Crime Act 2015 aims to help stop FGM and protect victims. The act:

- extends the extra-territorial reach of the offences in the Female Genital Mutilation Act 2003 so that they apply to habitual as well as permanent UK residents
- introduces a new offence of failing to protect a girl from risk of FGM
- grants lifelong anonymity to victims
- brings in a civil order (FGM protection orders) to protect potential victims
- introduces a duty on healthcare professionals, teachers and social care workers, to notify the police of known cases of FGM carried out on a girl under 18



FGM Reporting
Policy January 2023.d

Financial exploitation

Financial exploitation can take many forms. In this context, we use the term to describe exploitation which takes place for the purpose of money laundering. This is when criminals target children and adults and take advantage of an imbalance of power to coerce, control, manipulate or deceive them into facilitating the movement of illicit funds. This can include physical cash and/or payments through financial products, such as bank and cryptocurrency accounts.

Extremism

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

<https://www.gov.uk/government/publications/prevent-duty-guidance/prevent-duty-guidance-for-england-and-wales-accessible>

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

SAFEGUARDING CHILDREN POLICY



Prevent Policy March
2023.docx

Extra-familial harm

Children may be at risk of or experiencing physical, sexual, or emotional abuse and exploitation in contexts outside their families (see glossary definition of extra-familial contexts). While there is no legal definition for the term extra-familial harm, it is widely used to describe different forms of harm that occur outside the home. Children can be vulnerable to multiple forms of extra-familial harm from both adults and/or other children. Examples of extra-familial harm may include (but are not limited to): criminal exploitation (such as county lines and financial exploitation), serious violence, modern slavery and trafficking, online harm, sexual exploitation, child-on-child (nonfamilial) sexual abuse and other forms of harmful sexual behaviour displayed by children towards their peers, abuse, and/or coercive control, children may experience in their own intimate relationships (sometimes called teenage relationship abuse), and the influences of extremism which could lead to radicalisation.

Appendix B – Norfolk Children’s Advice and Duty Service (CADS) record.



NORFOLK Children
Referral Form 5.docx

Appendix C – Suffolk Multi-Agency Safeguarding Hub referral form.



Suffolk MASH
referral Phone Record

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

Appendix D - Equality Impact Assessment

Policy or function being assessed: SAFEGUARDING CHILDREN POLICY
Assessment completed by: KELLY BOYCE

Department/Service: SAFEGUARDING
Date of assessment: AUG 2024

1.	Describe the aim, objective and purpose of this policy or function.	To support Trust staff in reporting of safeguarding concerns for children and young people		
2i.	Who is intended to benefit from the policy or function?	Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Organisation <input checked="" type="checkbox"/>		
2ii	How are they likely to benefit?	Effective, timely and safe management of safeguarding concerns		
2iii	What outcomes are wanted from this policy or function?	For Trust staff, patients, regulators and public to be assured of safeguarding arrangements in the Trust		
For Questions 3-11 below, please specify whether the policy/function does or could have an impact in relation to each of the nine equality strand headings:				
3.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their race/ethnicity ?	Y	N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
4.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their gender ?	Y	N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
5.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their disability ? Consider Physical, Mental and Social disabilities (e.g. Learning Disability or Autism).	Y	N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
6.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their sexual orientation ?	Y	N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

7.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their pregnancy or maternity ?	Y	N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
8.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their religion/belief ?	Y	N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
9.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their transgender ?	Y	N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
10.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their age ?	Y	N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
11.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their marriage or civil partnership ?	Y	N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
12.	Could the impact identified in Q.3-11 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy/function?	Y	N	<i>Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.</i>
13.	Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? E.g. providing specific training to a particular group.	Y	N	<i>Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.</i>
14.	Specific Issues Identified			
	Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment			Page/paragraph/section of policy/function that the issue relates to
	1. INSERT HERE			1.
	2. INSERT HERE			2

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

3. INSERT HERE		3
15.	Proposals	
	How could the identified detrimental impact be minimised or eradicated?	INSERT HERE
	If such changes were made, would this have repercussions/negative effects on other groups as detailed in Q. 3-11?	<div>Y</div> <div>N</div>
16.	Given this Equality Impact Assessment, does the policy/function need to be reconsidered/redrafted?	<div>Y</div> <div>N</div>
17.	Policy/Function Implementation	
	<p>Upon consideration of the information gathered within the equality impact assessment, the Director/Head of Service agrees that the policy/function should be adopted by the Trust.</p> <p>Please print:</p> <p>Name of Director/Head of Service: Paul Morris Title: Chief Nurse Date: Aug 2024</p> <p>Name of Policy/function Author: Kelly Boyce Title: Head of Safeguarding Date: Aug 2024</p> <p>(A paper copy of the EIA which has been signed is available on request).</p>	
18.	Proposed Date for Policy/Function Review	
	Aug 2027	
	Please detail the date for policy/function review (3 yearly): 3 yearly	
19.	Explain how you plan to publish the result of the assessment? <i>(Completed E.I.A's must be published on the Equality pages of the</i>	

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAFEGUARDING CHILDREN POLICY

	<i>Trust's website).</i>
	Standard Trust process
20.	The Trust Values
	<p>In addition to the Equality and Diversity considerations detailed above, I can confirm that the four core Trust Values are embedded in all policies and procedures.</p> <p>They are that all staff intend to do their best by:</p> <p>Putting patients first, and they will:</p> <ul style="list-style-type: none"> Provide the best possible care in a safe clean and friendly environment, Treat everybody with courtesy and respect, Act appropriately with everyone. <p>Aiming to get it right, and they will:</p> <ul style="list-style-type: none"> Commit to their own personal development, Understand theirs and others roles and responsibilities, Contribute to the development of services <p>Recognising that everyone counts, and they will:</p> <ul style="list-style-type: none"> Value the contribution and skills of others, Treat everyone fairly, Support the development of colleagues. <p>Doing everything openly and honestly, and they will:</p> <ul style="list-style-type: none"> Be clear about what they are trying to achieve, Share information appropriately and effectively, Admit to and learn from mistakes. <p>I confirm that this policy/function does not conflict with these values. <input checked="" type="checkbox"/></p>