

Policy:

NP 017 Safeguarding Children

Executive Director Lead	Executive Director of Nursing Professions and Operations
Policy Owner	Named Nurse for Safeguarding Children
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Summary of policy

The policy outlines the roles and responsibilities of all staff and **must be read in conjunction with the Sheffield Children Safeguarding Partnership Child Protection and Safeguarding Procedures (2020)** which must be adhered to in all suspected child protection cases. These procedures are available in your work area or via the Trust Intranet or directly from the Sheffield City Council Internet at <http://sheffieldscb.proceduresonline.com/index.htm>

This policy dated April 2022 replaces the previous version dated March 2019.

Target audience	This policy applies to all SHSC staff whether employed within full time, part-time, bank or fixed term contracts irrespective of their length of service.
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Keywords	Children and Young People, Safeguarding, Domestic Abuse, Female Genital Mutilation, Sexual Exploitation.
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Storage & Version Control	
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Version 6 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V5 March 2019). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Policy Version and advice on document history, availability and storage

Version 5 (March 2019)

Version 4 (October 2014)

Version 3 (May 2013)

Version 2 (October 2009)

The policy is for all staff to follow in assisting them in identifying and reporting Safeguarding Concerns for Children and Young People.

Contents:

Section		Page
1	Introduction	4
2	Scope	4
3	Definitions	4
4	Purpose	5
5	Duties	5
	5.1 SHSCFT staff	5
	5.2 SHSCFT Safeguarding Assurance Committee	6
	5.3 SHSCFT Clinical Directorates	6
6	Procedures	6
	6.1 Parental Mental Health	7
	6.2 Parental learning disability	7
	6.3 Children and young People as Service Users	8
	6.4 Domestic Abuse	8
	6.5 Referral to Children's Social Care	8
	6.6 Recording and Assessment	10
	6.7 Leave/discharge from an in- patient service	10
	6.8 Service User relocation to or from Sheffield	10
	6.9 SHSC Staff attendance at multi agency safeguarding and child protection meetings	11
7	Dissemination, storage and archiving	11
8	Training and other resource implications for this policy	12
9	Audit, monitoring and review	13
10	Implementation plan	13
11	Links to other policies, standards and legislation	14
12	Contact details	14
13	References	15
	Appendix A1: Person referred to SHSCFT (flowchart)	17
	Appendix A: Equality impact assessment form	19
	Appendix B: Review/New Policy checklist	21
	Appendix D: Development and consultation process	23

1. Introduction

Sheffield Health and Social Care Trust NHS Foundation Trust (SHSCFT) is committed to delivering services that reflect the key legislative requirements set out in the Children Acts, 1998 and 2004 and the statutory guidance, 'Working Together to Safeguard Children 2018'.

SHSCFT therefore, requires all its employees to ensure that their practices support and maintain the rights of children.

All staff within SHSCFT must follow this policy and the Sheffield Safeguarding Partnership for Children and Young People and Safeguarding Procedures (2020) and associated practice protocols issued by the Sheffield Children Safeguarding Partnership (SCSP) and it applies to all staff working in Sheffield Health and Social Care NHS Foundation Trust where there is contact, either direct or indirect, with children or their caregivers.

This policy applies to children and young people below the age of eighteen. The term children will be used throughout the procedures to apply to children and young people below the age of eighteen.

2. Scope of this policy

This policy is underpinned by Section 11 of the Children Act 2004, and Section 175 of the Education Act 2002 both of which place a **statutory duty** on organisations and individuals to ensure that their functions are discharged, with regard to the need to safeguard and promote the welfare of children.

Whilst we recognise that in most circumstances it will be the parent (or grandparent) who will be 'the patient', practitioners must maintain a perspective on other members of the family, who may, as a result of the patient's ill health, be vulnerable.

An easy to use flowchart is part of this SHSCFT policy and can be found at Appendix 2.

Allegations made against persons who work with children and young people are dealt with via the SCSP Safeguarding Procedures (Local Authority Designated Officer) with reference to the Trusts disciplinary procedures. Further advice can be sought from the SHSC Corporate Safeguarding Team who must be informed of all such cases.

3. Definitions

This policy covers physical, emotional and sexual abuse, neglect including Female Genital Mutilation (FGM), racism and where children are or may be affected by Domestic Abuse or Substance Misuse (drugs and alcohol) of another person.

Child Sexual Exploitation must also be considered by staff as a possibility for young adults who are our service users and for this group who may be the children of our service users.

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. This can take place in person, via technology (e.g. social media, chat rooms) or a combination of both. In all cases, those exploiting the child / young person have power over them by virtue of their age,

gender, intellect, physical strength and / or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social / economic and/or emotional vulnerability'. Both young girls and boys can be exploited. (SCSP Safeguarding Children Procedures 2020)

4. Purpose of this policy

The purpose of this policy and who should use it:

SHSCFT as an organisation and individual staff have a **statutory duty** to ensure that their functions and roles are discharged, with regard to the need to safeguard and promote the welfare of children. (Children Act 2004)

All practitioners who come into contact with children in **any capacity** (directly or indirectly) during their work must consider child protection issues and act in accordance with this SHSCFT policy and the Sheffield Children Safeguarding Partnership Child Protection and Safeguarding Procedures (2020)

5. Duties

5.1 SHSCFT staff

If there is concern about the welfare of a child, including children living away from home, and in particular concerns that a child may be suffering or at risk of suffering significant harm, a referral should be made to children's social care.

Workers should always consider if there is domestic abuse in the family/household and the impact of this on the child.

Team managers are responsible for ensuring that all staff in their team have access to this policy either electronically or in a paper version.

Team managers should ensure that they have a mechanism in place for identifying cases which include children in need, child protection and sexual exploitation and ensure that staff are progressing these cases with colleagues internally to the organisation and externally and that the SHSC safeguarding team is made aware of such cases.

Team managers should ensure that safeguarding supervision is delivered in line with the SHSCFT safeguarding supervision policy.

Additional support for staff is available through their line manager or the corporate safeguarding team.

Staff must establish during any assessment with a service user whether the service user has any childcare responsibilities or significant contact with children (consider siblings, multi generational households and blended families) and if this is confirmed staff must add this to demographics on client records this will feed the 'Every Child Matters (ECM) Form' on Insight. Staff must also communicate their involvement with the service user to the clients GP.

Where it has been identified that a service user poses a risk to children a broader discussion is required with the involvement of the consultant psychiatrist. The Trust's Head of Safeguarding and Named Nurse for Safeguarding Children can be consulted for advice and support. Consideration of referral of the child to Children Social Care must be included in these risk management discussions.

The Sheffield Safeguarding Children Hub (Tel: 0114 2734855) can also be accessed by professionals for general advice and where appropriate social care records checking and the sharing with SHSC staff of relevant information relating to the adult.

In line with the initial recommendations of the Savile review (2012) all staff should be mindful that any visitors to Trust properties and with access to Trust service users should not be left in situations, and with service users which may place the service user at risk. All staff are required to have the relevant Disclosure and Barring checks (previously Criminal Records Bureau Checks) prior to working unsupervised within the Trust.

5.2 Safeguarding Assurance Committee

The Safeguarding Assurance Committee will comprise of Clinical Directorate representatives and they will lead the safeguarding agenda within their directorate.

The Safeguarding Assurance Committee will produce quarterly and annual reports to the Trust Board via the Trust's governance reporting systems. The information on reported incidents, investigations, reviews and training will be collected, analysed and monitored by the Assurance Committee on behalf of the Trust Board and be used as evidence of compliance with the relevant Care Quality Commission Standards.

5.3 Clinical Directorates

All Clinical Directorates shall be represented on the Safeguarding Assurance Committee and these Clinical Directorate representatives will have a responsibility to feed into discussions at the Assurance Committee and take actions to be completed back to their directorates, and ensure ongoing communications on safeguarding children issues.

Current representatives and Assurance Committee members at April 2022 are:

Deputy Designated Nurse, Safeguarding Children and CDOP Manager, CCG

Director of Quality

Designated Professional Safeguarding Adults, Barnsley and Sheffield

Exec Safeguarding Lead, Director of Nursing and Professions (Chair)

General Manager, Crisis

General Manager, Community

Head of Mental Health Legislation

Head of Nursing, Acute Inpatient and older Adult

Head of Nursing, Community

Head of Nursing Rehab and Specialist Services

Head of Safeguarding

Head of Service Quality & Safeguarding, Sheffield City Council

Matron, Acute (Maple, Endcliffe)
Matron (Dovedale 2, Stanage)
Matron Forest Close, Rehab and Specialist Division
Modern Matron, Older Adults-Inpatients, G1 & Dovedale
Named Doctor for Safeguarding
Named Nurse for Safeguarding Children
Patient Safety Investigation Lead
Practice Development Officer, Peoples Services, Sheffield CC
Safeguarding Administrator
Safeguarding Advisor, PREVENT Lead
Safeguarding Practitioners
SCSP Vulnerabilities Manager, SCSP
Service Manager, First Contact, Sheffield City Council
Service Manager, Substance Misuse
Specialist Health Visitor, Health Inclusion Team
VARMM and CCM Practitioner

6. Procedure

6.1 Parental /caregiver mental ill health

Mental ill health in a parent or caregiver may have an adverse impact on a child's developmental needs, but it is essential always to assess its implications for each child in the family.

Parental ill health may markedly restrict children's social and recreational activities. Unusually, a child may be at risk of severe injury, profound neglect, or even death. A study of 100 reviews of child deaths where abuse and neglect had been a factor in the death, showed clear evidence of parental mental ill health in one third of cases. In addition, maternal postnatal depression can also be linked to both behavioural and physiological problems in the infants of such mothers.

Children most at risk of significant harm are those who feature within parental delusions, and children who become targets for parental aggression or rejection, or who are neglected as a result of parental mental ill health.

6.2 Parental Learning Disabilities

Where a parent has a learning disability it will be important not to generalise or make assumptions about their parental capacity.

Learning disabled parents may need support to develop the understanding, resources, skills and experience to meet the needs of their children.

Some parents with learning disability may require support in order to meet their children's needs and protect them from harm. However, a small number of parents, regardless of the level of support being offered, may be unable to provide the appropriate level of care, stimulation and protection that their child needs. For these parents, specialist assessments should be considered to inform the way forward.

6.3 Children/young people as service users

In certain teams within SHSCFT service users may be under the age of 18 e.g. Early Interventions in Psychosis, Crisis assessment and home treatment, Adult Recovery Teams, Improved Access to Psychological Therapies (IAPT).

Adult mental health wards should not be used for the admission of young people under the age of 18. For a child or young person seen by Early Interventions in Psychosis, Crisis assessment and home treatment, Adult Recovery Teams, Improved Access to Psychological Therapies (IAPT) whom requires admission. Action should be taken to relocate the young person in an age appropriate service provided by Sheffield Children's Hospital. When delays in process occur a Trust incident form must be completed. Where there are safeguarding concerns about service users aged under 18, this safeguarding children policy would apply.

Service users who are under the age of 18 must be followed up by a health or social care practitioner **immediately** should they not attend or be available for an out-patient/home visit appointment. An assertive approach to engagement with this age group is essential.

Where a service user aged under 18 is not registered with a General Practitioner, specific information must be provided to them on how to gain access to primary medical services via [Sheffield Clinical Commissioning Group](#).

6.4 Domestic Abuse

SHSCFT practitioners should refer to the Trust Domestic Abuse Policy, which provides additional practice guidance.

It is recognised that those who experience domestic abuse, the majority of whom are women and children, are at considerable health disadvantage and may be at life threatening risk and that SHSCFT practitioners who come into contact with children (either directly or indirectly) as part of their work role, must consider the additional risks to these children posed by domestic abuse.

6.5 Referrals to Children's Social Care

Referrals should be made to children's social care services as soon as a problem, suspicion or concern about a child becomes apparent or if the child's own needs are not being met.

If you are concerned about the safety of a child or young person you can contact the Sheffield Safeguarding Hub on 0114 2734855 for advice on how to proceed.

The Sheffield Safeguarding Hub Office hours are from 8.45am to 5.15pm (Monday to Thursday) and 8.45am to 4.45pm (Friday) at all other times including Bank Holidays, calls will be responded to by the Emergency Duty Service.

You will be put through to a trained 'screening' social worker; they will offer advice and make a decision on how to proceed.

If your concerns are not considered to require an immediate response but meet the threshold for social care intervention you may be asked you to complete a Multi-Agency Confirmation

Form (MACF). In all cases a Trust e incident form must be completed noting the nature of the concern, the name of the screening social worker and any initial outcome.

If a child or young person is in immediate danger, contact the police on 999

All referrals **must** be made to children's social care immediately if;

- a) The service user expresses delusional beliefs involving their child/ren and/or
- b) Service users might harm their child as part of a suicide plan.
- c) Child sexual exploitation may be occurring
- d) There are concerns regarding Female Genital Mutilation (FGM) or there is a family history of FGM

It is good practice that any referral is made by the person with first-hand information or for that person to be available to pass on their information.

The important thing is that **everyone** with a child protection concern has a responsibility to ensure the referral is made.

The referrer should have as much information as possible prior to making a referral. However **gaps in essential information should not result in a delay in making a referral.**

Where a person is refusing engagement with the Trust or an inappropriate referral has been received, where child protection concerns have been highlighted by the referrer, the SHSCFT practitioner should satisfy themselves that the necessary referrals to the Children Social Care Team have been considered.

If the referrer declines to make a referral to the Children's Safeguarding Hub within Sheffield City Council or the SHSCFT practitioner cannot confirm that referrals have been made the practitioner should seek advice from the Children's Safeguarding Hub and pursue a referral if they deem it necessary.

Should the practitioner consider that the child is in imminent danger then they should contact the Police for an emergency response by dialling 999.

Once a referral has been made to children's social care a follow up call by the SHSCFT practitioner should be made within 2 working days to ensure that the referral has been actioned and establish what action may be required by the SHSCFT practitioner.

It is inevitable that on occasion there will be practitioner disagreement regarding the course of action to be taken. Whilst effective and constructive challenge can have a positive impact on the outcomes for children and young people, it is vital that such differences do not cause delay to the protection of children and that these challenges are made in the spirit of genuine partnership working.

Should there be concerns by the SHSCFT practitioner that appropriate action has not been taken by colleagues internally or externally to the Trust, reference should be made to the Effective Challenge and Escalation section in the SCSP Child Protection and Safeguarding Procedures Manual. https://sheffieldscb.proceduresonline.com/p_effect_challenge_esc.html# Staff should also contact the SHSC Safeguarding Team who can support you through this process.

6.6 Recording and Assessment

If you are concerned about a child you should record your concerns through contemporaneous records, which demonstrate that you have considered the issues regarding the safety of children, when they form part of a service users family or when the patient provides a carer function for children who are not their own.

Risk assessment documentation (DRAM) includes information required around children and whether there are safeguarding concerns, including children in the household, shared parental responsibilities and information about pregnancies (including expected date of delivery where known).

The Systmone electronic recording system also includes the need to accurately record information on children in the household and must be utilised to record relevant information and action taken in relation to any risks identified around child safety and well-being, including the relevant and proportionate sharing of information with other professionals including GPs.

It is the responsibility of the practitioner to assess child protection concerns and communicate these through their own clinical and professional supervision and support sessions and where necessary immediately through to the Children Social Care Team, 0114 273 4855 (24 hour number), they will ensure that you are given the correct contact details for the Children Social Care Team relevant to the child's address.

Where a service user has or may resume contact with children this must trigger an assessment of whether there are any actual or potential risks to the children.

6.7 Leave/discharge from an in-patient service

Care should be taken to consider the impact on children in the household prior to a service user commencing a period of leave or being discharged from hospital. The SHSCFT Leave Policy provides additional information and guidance. Care should be taken to carefully assess any risks and these should be robustly documented.

6.8 Service User relocation to and from Sheffield

When service users move into the City to receive services, or are referred for specialist services, within Sheffield Health and Social Care Trust and have parental responsibility, any practitioner having concerns regarding the children within the family should contact services from the previous location to apprise themselves of any concerns regarding the safety of the children. SHSCFT practitioners must ensure that they report their concerns to the Children Social care within Sheffield.

Practitioners, whose clients move out of the City, have a duty to ensure that children's services in the new location are made aware of any on-going concerns related to the children they have come into contact with as part of their role within SHSCFT. All actions taken will be recorded in service user records.

6.9 SHSC staff attendance at multi agency safeguarding and child protection meetings.

Staff who are involved with the family (or with the child or young person) who is subject to safeguarding or child protection processes, including child sexual exploitation, must wherever

possible attend Child Protection Conferences, Child In Need and all other associated relevant meetings.

Where staff are unable to attend they must send a comprehensive report to the meeting for inclusion in the discussions.

The SHSC safeguarding team can be contacted for advice and support in completing reports and attending these meetings.

7. Dissemination, storage and archiving

The Trust will ensure that the policy is circulated to all relevant staff using the Trust Jarvis pages and is promoted via the Safeguarding Assurance Committee. Dissemination will take place via:

- Staff Induction
- Safeguarding Training
- Trust Intranet (Jarvis)
- Learning Lessons Hub
- Strategic Development Group

It is the responsibility of the team manager to ensure that where paper policy files are used they are kept up to date and comprehensive, and that staff are made aware of new or revised policies, with older versions destroyed.

8. Training and other resource implications for this policy

All agencies have a responsibility under Section 11 of the Children Act 2004 to ensure that their functions are exercised with a view to safeguarding and promoting the welfare of children. The Chief Executive of Sheffield Health and Social Care Trust has the legal responsibility for ensuring that SHSCFT staff are trained in safeguarding.

All staff who may come into contact with children as part of their work require a certain level of training commensurate with their role and responsibility as indicated in the Intercollegiate Advisory Document **Safeguarding Children and Young People: Roles and Competences for Health Care Staff** (Royal College of Nursing, fourth edition 2019) and supported by the statutory guidance 'Working Together to Safeguard Children' (2013).

The 'Intercollegiate document' states the following levels and roles for staff working with children and families;

	Level 1 Childrens Safeguarding (incl DV) Level 1 and 2 PREVENT	Level 2 Childrens Safeguarding Level 1 and 2 PREVENT	Level 3 Childrens Safeguarding Level 3 PREVENT	Level 3 Domestic Violence (external resource)	Level 4 & 5 Childrens Safeguarding	Level 1 HEE, Prevent L1 and 2, Board Level Childrens Safeguarding
CHILDRENS SAFEGUARDING	ALL STAFF	PATIENT CONTACT	WORKING with children/parents/carers	Named or Designated Nurse	Board Level	
STAFF GROUP	ALL STAFF (INCL CONTRACTORS) and executive members	All non-clinical and clinical staff who have any contact (however small) with children, young people and/or parents/carers or any adult who may pose a risk to children	All clinical staff working with children, young people and/or their parents/carers and/or any adult who could pose a risk to children and who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not)	Named doctor or nurse - designated professionals	Chair, Chief Officer, Board Members including Executives and Non Executives	
REQUIREMENT	Level 1 safeguarding, PREVENT e-learning L1 and 2 to be completed at induction (maximum 6 weeks) or before any patient contact, whichever first.	Level 1 adult safeguarding (once) plus L2 Safeguarding and PREVENT E-learning which must be repeated in every 3 year period.	Levels 1 and 2 Safeguarding (once) then 12 hours of L3 training which is repeated in every 3 year period. This should be a minimum of 50:50 e-learning and face to face multi disciplinary. Enhanced Domestic Violence externally resourced and L3 PREVENT (MH). To be completed within 12 months of starting role	Minimum of 24hrs of education, training and learning over 3 year period plus regular supervision.	Level 1 HEE and L1 & 2 Prevent at induction and additional strategic safeguarding training as set out in intercollegiate document	
<p>NOTE: Depending on roles and responsibilities some staff may require additional training hours. This is identified on a case by case basis in line with the Intercollegiate document for children and adults or as part of your annual appraisal.</p> <p>REFERENCES: https://www.rcn.org.uk/professional-development/publications/pub-007069 https://www.rcn.org.uk/clinical-topics/children-and-young-people/safeguarding-children-and-young-people https://www.england.nhs.uk/publication/prevent-training-and-competencies-framework/</p>						

It is the Clinical Directorate Leads responsibility to ensure that there is adequately trained staff in all of their teams.

The uptake of training will be monitored by Clinical Directorates through the governance reporting process and reported through to the Safeguarding Assurance Committee and to the Board of Directors and the Sheffield Clinical Commissioning Group on a quarterly basis.

9. Audit, monitoring and review

SHSCFT will participate in an annual audit of child protection and safeguarding as prescribed currently by Section 11 of the Children Act (2004) and any subsequent national directives.

Annual records audits will include questions around safeguarding children assessment and actions.

All incidents involving children must be reported on the Sheffield Health and Social Care Trust incident reporting system and Identified as 'Child Protection' and forwarded to the Risk Department. Copies of all such reports will be sent to the Corporate Safeguarding Team who will alert the Executive lead for safeguarding of any pertinent issues and concerns and report on a regular basis to the Safeguarding Assurance Committee.

The Corporate Safeguarding Team will produce quarterly reports to the Board of Directors via the Trust's governance reporting systems.

The report will also include training attendance, and any recommendations for action in any reports to the Board of Directors.

10. Implementation plan

Objective	Task	Executive/ Associate Director Responsibility	Timescale
Dissemination, storage and archiving	Post on Trust intranet	Head of Governance	Within 1 week of ratification
Communication of updated policy to all staff	Weekly communications	Head of communication	Within 1 week of ratification
Cascading of information to all staff	Team managers to ensure all staff have access to latest version of this policy, and the previous guidance is removed and destroyed	All within areas of operational responsibility	Within 1 month of dissemination
Training and development	Ensure up to date information is available at induction for all new staff	Corporate Safeguarding Team	Within 1 month of dissemination
Section 11 audits as per Children Act 2004	Clinical audit programme to include audit of implementation of this policy and any other national requirements.	Corporate Safeguarding Team	Annually

11. Links to other policies, standards and legislation

This policy is required and meets the standards for the NHSLA Mental Health and Learning Disability Risk Management standards for an organisation-wide policy for child protection

SHSCFT and South Yorkshire Safeguarding Adult Procedures

SHSCFT Domestic Abuse Policy

SHSCFT Human Resource Policies

SHSCFT Consent Policy

SHSCFT Incident Reporting Policy

SHSCFT Clinical and Professional Supervision Policy

SHSCFT Safeguarding Supervision Policy

SHSCFT Allegations Against Staff Policy

Children Act 1998 and 2004

Children and Social Work Act 2017

[Sheffield Safeguarding Children and Child Protection Procedures](#)

Joint Confidentiality Agreement for the sharing of personal information between health and social care agencies in Sheffield

South Yorkshire Multi Agency information sharing protocol (mental health issues)

12. Contact details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Head of Safeguarding	Hester Litten (Inerim)	271 8484	<u>hester.litten@shsc.nhs.uk</u>
Named Nurse for Safeguarding Children	Angela Whiteley		<u>Angela.whiteley@shsc.nhs.uk</u>
Adult Safeguarding Advisor	Stephenie Barker		<u>Stephenie.barker@shsc.nhs.uk</u>
Director of Quality	Salli Midgley		<u>Salli.midgley@shsc.nhs.uk</u>
Executive Director of Nursing, Professions and Operations	Beverley Murphy		<u>Beverley.murphy@shsc.nhs.uk</u>

Named Doctor for Safeguarding Children	Helen Crimlisk	275 0719	Helen.crimlisk@shsc.nhs.uk
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13. References

When to Suspect Child Maltreatment National Collaborating Centre for Women and Children Health (National Institute for Health and Clinical Excellence), 2009

Safeguarding Children and Young People: Roles and Competences for Health Care Staff Royal College of Nursing (fourth edition) 2019

Preventing harm to children from parents with mental health – rapid response report National Patient Safety Agency, 2009.

Safeguarding Adults” Association of Directors of Social Services 2013

Sharing Information: Practitioners Guide” Department for Children, Schools and families, 2008.

What to do when you think a Child is being Abused” Department of Health, 2003

Falkov, A, 1996 „A Study of Working Together “Part 8” Reports: Fatal child abuse and parental psychiatric disorder” DOH-ACPC Series

Working Together to Safeguard Children” HM Government, 2018

Data Protection Act HMSO 2018

Hobbs CJ, Hanks HGI, Wynne JM, 1999 Child Abuse and Neglect, Elsevier

Safeguarding Adults: South Yorkshire Adult Protection Procedures” South Yorkshire Safeguarding Adult Boards 2007

National Health Service Litigation Authority (NHSLA) Risk Management Standards for Mental Health and Learning Disability Model organisation-wide Policy for the Development and Management of Procedural Documents (2007)

<https://www.safeguardingsheffieldchildren.org.uk/> (Sheffield Safeguarding Partnership for Children and Young People)

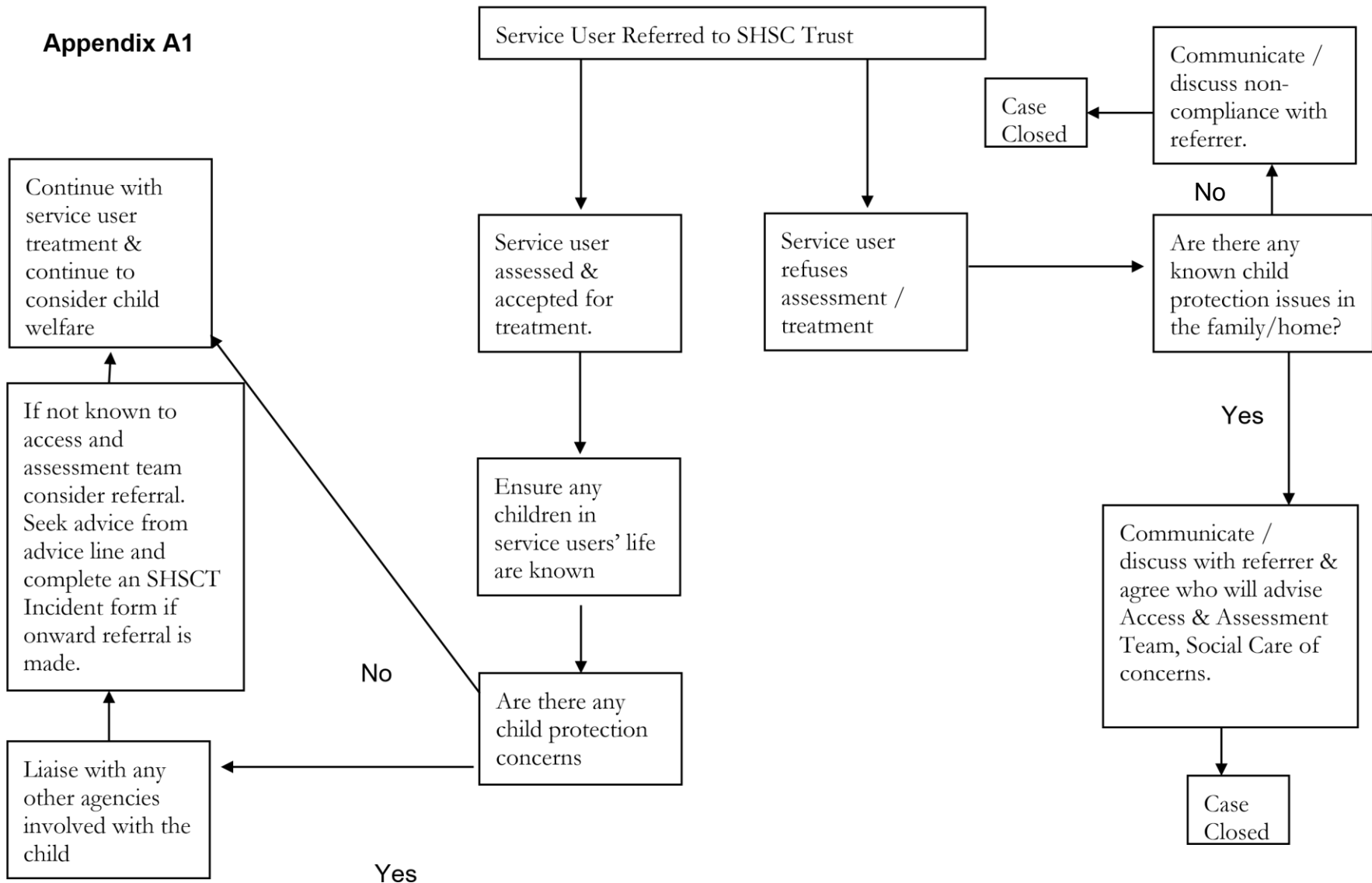
Safeguarding Vulnerable People in the reformed NHS Accountability & Assurance Framework’
NHS England (2015)

Safeguarding Adults: The Role of Health Service Managers & their Boards (March 2011)

Safeguarding Adults: The Role of Health Service Practitioners (March 2011)

Sir David Nicholson's letter to NHS organisations. (Savile) Department of Health (2012)

Safeguarding Children - Person Referred to SHSCFT



Please note it is the responsibility of all practitioners to consider child welfare even when it is not the child they are directly working with.

Supplementary Section B - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site <http://www.sct.nhs.uk/humanrights-273.asp> (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

*I confirm that this policy does not impact on
 or the public.*

Name/Date:

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	NO		
Disability	NO		
Gender Reassignment	NO		
Pregnancy and Maternity	NO		
Race	NO		
Religion or Belief	NO		
Sex	NO		
Sexual Orientation	NO		

Marriage or Civil Partnership	NO	
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Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Name /Date

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	YES
2.	Is the local Policy Champion member sighted on the development/review of the policy?	NO
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	YES
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	YES
5.	Has the policy been discussed and agreed by the local governance groups?	NO but has been circulated to members of the SAC.
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	YES Statutory requirement as per NHS Intercollegiate Guidance
Template Compliance		
7.	Has the version control/storage section been updated?	YES
8.	Is the policy title clear and unambiguous?	YES
9.	Is the policy in Arial font 12?	YES
10.	Have page numbers been inserted?	YES
11.	Has the policy been quality checked for spelling errors, links, accuracy?	YES
Policy Content		
12.	Is the purpose of the policy clear?	YES
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	YES – as above
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	NA
15.	Where appropriate, does the policy contain a list of definitions of terms used?	YES
16.	Does the policy include any references to other associated policies and key documents?	YES
17.	Has the EIA Form been completed (Appendix 1)?	YES
Dissemination, Implementation, Review and Audit Compliance		

18.	Does the dissemination plan identify how the policy will be implemented?	YES
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	YES
20.	Is there a plan to i. review ii. audit compliance with the document?	YES
21.	Is the review date identified, and is it appropriate and justifiable?	YES

Appendix C

Previous Development and consultation process

Refresh of policy October 2009.

SHSC Safeguarding Children Group
Service and Clinical Directors
Assistant Clinical Directors
Safeguarding Children Service
Jayne Ludlam – Director of Children’s Social Care
Sheffield Teaching Hospital NHS Foundation Trust – Named Nurse
Rose Hogan – Senior Nurse for Practice Development
Tony Flatley – Lead Nurse
Designated Nurse for Safeguarding Children for Sheffield
SHSC Executive Director – Karen Tomlinson
SHSC Executive Director – Clive Clarke
Becky Monaghan – Head of Integrated Governance Tina Ball
– Director of Integrated Governance.

Refresh of Policy May 2013.

SHSC Safeguarding Children Group
Rose Hogan – Senior Nurse
Tony Flatley – Lead Nurse
Vin Lewin – Investigations Lead SHSC
Sue Mace - Designated Nurse for Safeguarding Children Sheffield Clinical Commissioning Group

Refresh of Policy October 2014 this has been completed to meet the requirements of the Sheffield Safeguarding Children Board self-assessment audit in relation to Child Sexual Exploitation and has not been widely consulted upon. Consultation has taken place with;
Giza Sangha – Deputy Chief Nurse.
Vin Lewin – Investigations Lead SHSC.
Sue Mace - Designated Nurse for Safeguarding Children Sheffield Clinical Commissioning Group.

Refresh of Policy March 2019

Deputy Chief Nurse
SHSC Safeguarding & MARAC Lead
SHSC Safeguarding Nurse Advisor
Head of Safeguarding CCG Named Professional for Safeguarding Children Named Professional for Safeguarding Adults