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# **SAFEGUARDING CHILDREN and YOUNG PEOPLE**

## **NGH-PO-243**

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## **POLICY**

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## POLICY

## SUMMARY

This document sets out how, all staff providing care within Northampton General Hospital NHS Trust (NGH) should work to safeguard and promote the welfare of children. A shared responsibility and the need for effective joint working between agencies and professionals, that have different roles and expertise is required if children are to be protected from harm and their welfare promoted.

The mechanisms for safeguarding children are in Appendix 2 in the Safeguarding Children Flowchart and explained in full in the body of the policy. Whenever staff have a concern about a child's welfare or they feel the child *is at risk of significant harm\** or deemed to be a '*child in need\**' they should follow the flowchart (Appendix 2) and, if at any time remain unclear of their duties and responsibilities consult with the Trusts Safeguarding Named Professionals and/or Safeguarding Nurse and Midwife Advisers (Appendix 1)

\* Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/contents>

## 1. INTRODUCTION

1.1 Northampton General Hospital NHS Trust (NGH) aspires to the highest standards of corporate behaviour and clinical competence, in order to ensure that safe, fair and equitable guidelines are applied to all care provided to children. All children have a right to be safe and protected from harm.

1.2 For NGH to safeguard and protect children from harm and promote their welfare depends on a shared responsibility and effective joint working between different agencies (Working Together to Safeguard Children, DSCF, 2015). NHS Trusts are expected to co-operate with the local authority and share responsibility for the effective discharge of its function in safeguarding and promoting the welfare of children. This policy equips NGH staff with the knowledge to work effectively with our interagency partners and, through attending Safeguarding Children Training, achieve the skills to recognise when a *child is at risk of abuse\**, or meets the criteria for a '*child in need*' and refer to children's social services or initiate an Early Help Assessment.

(\*Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/contents>)

1.3 Whilst recognising that child-rearing practices are highly diverse and that all differences are to be valued and understood, it is also important that any judgements about the care and protection of children are based on objective assessment of facts. Sensitivity to parental behaviour, culture, religion, or ideology must not mean that children from any background receive a lower level of care or protection. It is equally important that assumptions are not made based on stereotypical views of divergent cultural values and types of parenting [Barker and Hodes 2004].

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- 1.4 When reading the word Safeguarding or Child Protection these terms for the purposes of this policy include:
- Sexual abuse, to include those at risk of sexual exploitation (CSE) and/or trafficking, modern slavery
  - Physical abuse
  - Emotional Abuse
  - Neglect
  - Where the child is affected in relation to parental capacity e.g. Domestic Abuse, Substance Abuse, Mental Health or a combination
  - Where a young person is subjected to intimate partner abuse (Domestic Abuse)
  - Children who are put at risk due to Honour Based Violence
  - Female Genital Mutilation
  - Radicalisation

## **2. PURPOSE**

- 2.1 The Trust has a statutory responsibility set out in the Children Act 1989 and Children Act 2004 to safeguard and promote the welfare of children and young people. The purpose of this policy is to guide practice to ensure that the Trust fulfils its responsibilities in this regard. This policy should be used as a reference point to inform professional decisions in specific situations. It should be read in conjunction with the Local Safeguarding Children's Board for Northamptonshire (<http://northamptonshirescb.proceduresonline.com/>) policies and procedures online manual.
- 2.2 The objective is to ensure that child safeguarding concerns are identified and appropriately acted upon, resulting in the safeguarding of all children and young people who access services provided by the Trust.

## **3. SCOPE**

- 3.1 This policy applies to all staff directly employed or contracted to work for Northampton General Hospital NHS Trust (NGH) including students, seconded staff, bank/agency staff and volunteers as well as substantive staff. Any individual working within NGH irrespective of role or employment status has a duty to safeguard children. The policy applies to all hospital sites and where NGH Trust staff deliver care in the community or within a patient's home.

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- 3.2 It relates to the management of any child safeguarding concern, whether the child is formally under the care of the Trust or is a visitor who comes to the attention of a staff member in the course of their work. It also applies to children of parents, carers or staff members where there are concerns regarding safety, e.g. where the child is thought to be unsupervised at home or where a parent is presenting with high risk behaviour that could impact on the child's safety. For information about the procedures to follow in relation to staff, please refer to the policy: 'Managing Concerns or Allegations of Abuse Made against Staff' NGH-PO-484.

## 4. COMPLIANCE STATEMENTS

### Legislative Compliance

- 4.1 This Safeguarding Children Policy is for use by all staff providing care within NGH. It has been produced in line with Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children (DCF 2015) which provides a comprehensive framework for the care and protection of children. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)
- 4.2 It should be read in conjunction with the Local Safeguarding Children's Board for Northamptonshire policies and procedures online manual. <http://northamptonshirescb.proceduresonline.com/>
- 4.3 This policy reflects the principles contained within the United Nations Convention on the Rights of the Child 1989 (ratified by the UK in 1991) for a summary please see: <http://www.unicef.org.uk/Documents/Publication-pdfs/crcsummary.pdf?epslanguage=en> and the European Convention for the Protection of Human Rights(1950) [www.echr.coe.int/Documents/Convention\\_ENG.pdf](http://www.echr.coe.int/Documents/Convention_ENG.pdf)
- 4.4 It also meets the requirements of the Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/contents> which provides a comprehensive framework for the care and protection of children and young people, and the Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents>.

### Equality & Diversity

- 4.5 This document has been designed to support the Trust's effort to promote Equality, Diversity and Human Rights in the work place in line with the Trust's Equality and Human Rights Strategy. It has also been analysed to ensure that as part of the Public Sector Equality Duty the Trust has demonstrated that it has given 'due regard' to its equality duty and that, as far as is practicable, this document is free from having a potential discriminatory or adverse/negative impact on people or groups of people who have relevant protected characteristics, as defined in the Equality Act of 2010.

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## NHS Constitution

4.6.1 The contents of this document incorporates the NHS Constitution and sets out the rights, to which, where applicable, patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with the responsibilities which, where applicable, public, patients and staff owe to one another. The foundation of this document is based on the Principals and Values of the NHS along with the Vision and Values of Northampton General Hospital NHS Trust.

### 5. DEFINITIONS

<b>Safeguarding</b>	<p>Is broader than “Child Protection” as it also includes preventative services as well as protective, specialist services.</p> <ul style="list-style-type: none"> <li>• Protecting children from maltreatment</li> <li>• Preventing impairment of children’s health and development</li> <li>• Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care</li> <li>• Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully</li> </ul> <p>(Working Together to Safeguard Children(WTG) (DOH 2006) page 34-35 Chapter 1 1.18 and Working Together to Safeguard Children 2010 page 34 Chapter 1 1.20)</p> <ul style="list-style-type: none"> <li>• <a href="https://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN.pdf">https://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN.pdf</a></li> </ul>
<b>Definition of a child</b>	<p>A child is</p> <p>-anyone who has not yet reached their <b>18th birthday</b>. Children and young people therefore mean children and young people and unborn children throughout. (WTG 2010 Chapter 1 page 34 1.19)</p> <p>-The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection under the children Act 1989(Children Act 1989 and 2004 , WTG 2010 Chapter 1 page 34 1. 19)</p> <p><a href="http://www.legislation.gov.uk/ukpga/2004/31/contents">http://www.legislation.gov.uk/ukpga/2004/31/contents</a></p>
<b>Safeguarding unborn baby</b>	<p>The unborn baby also falls into this category and will be inclusive in the term Child/Children.</p> <p><a href="http://www.legislation.gov.uk/ukpga/2004/31/contents">http://www.legislation.gov.uk/ukpga/2004/31/contents</a>  <a href="http://www.legislation.gov.uk/ukpga/1989/41/contents">http://www.legislation.gov.uk/ukpga/1989/41/contents</a></p>
<b>Abuse</b>	<p>“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 may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or</p>

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	<p>adults, or another child or children.” (WTG Chapter 1 page 36-38 1.32)  <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/4199/Working_Together_to_Safeguard_Children.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/4199/Working_Together_to_Safeguard_Children.pdf</a></p> <p>Abuse can include:  Physical Abuse  Emotional Abuse  Sexual Abuse  Neglect</p> <p>In the definition provided by The Children Act 1989, Children Act 2004* and the Children (Private Arrangements for Fostering) Regulations 2005**, a privately fostered child is:</p> <ul style="list-style-type: none"> <li>• "A child, under the age of 16 (under 18 if disabled) who is cared for, or proposed to be cared for, and provided with accommodation by someone other than"</li> <li>• "A parent of his/hers"</li> <li>• "A person who is not a parent of his/hers but who has Parental Responsibility for him/her"</li> <li>• "A sibling"</li> <li>• "A close relative of his or hers, for example, aunt, uncle, stepparent or grandparent. For the purpose of the Act, the term "parent" includes unmarried or putative father. "A close relative" as described above, can be by full or half-blood or by affinity or step-parent. A cousin, great aunt/uncle or a family friend are not considered close relatives.</li> </ul> <p>*<a href="http://www.legislation.gov.uk/ukpga/2004/31/contents">http://www.legislation.gov.uk/ukpga/2004/31/contents</a></p> <p>**<a href="http://www.legislation.gov.uk/uksi/2005/1533/contents/made">http://www.legislation.gov.uk/uksi/2005/1533/contents/made</a></p>
<p><b>Parental Responsibility</b></p>	<p>A mother automatically has parental responsibility for her child from birth.</p> <p>The child's father has parental responsibility in the following circumstances:</p> <ul style="list-style-type: none"> <li>• If he is married to the mother or, in English Law, if he marries the mother after the birth</li> <li>• If he is on the birth certificate if the birth is registered in England or Wales before 1<sup>st</sup> December, 2003.</li> <li>• If he and the mother have signed a parental responsibility agreement and lodged this with the Court</li> <li>• If the Court has made a parental responsibility order in the father's favour.</li> </ul> <p>NB Please see Appendix 1 for a full parental responsibility guide</p>
<p><b>Domestic</b></p>	<p>Association of Chief Police Officers (ACPO) definition of Domestic</p>

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<b>Abuse</b>	<p>Abuse:          “Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 or over, who are or have been intimate partners or family members regardless of gender and sexuality”. (Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family          Guidance on Investigating Domestic Abuse (National Policing Improvement Agency, 2008) <a href="http://www.npia.police.uk/en/docs/Domestic%20Abuse%20Guidance%202008.pdf">http://www.npia.police.uk/en/docs/Domestic Abuse Guidance 2008.p df</a></p>
<b>Gillick/Fraser Competence</b>	<p><i>"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."</i></p> <p>Gillick (A.P.) (Respondent) v. West Norfolk and Wisbech Area Health Authority and the Department of Health and Social Security (Appellants) (1985)</p> <p><a href="http://www.bailii.org/uk/cases/UKHL/1985/7.html">http://www.bailii.org/uk/cases/UKHL/1985/7.html</a></p>
<b>Strategy meeting</b>	<p>A strategy meeting may take place in complex cases of maltreatment. This is likely to be where the child's circumstances are very complex and a number of discussions are required to consider whether to initiate Section 47 enquiries and how best to undertake them. Any information shared, all decisions reached and the basis for those decisions should be clearly recorded by the chair of the strategy discussion and circulated within one working day to all parties to the discussion. Local authority children's social care should record information in the child's file which is consistent with the information set out in the Record of Strategy Discussion (Department of Health, 2002). Any decisions about taking immediate action should be kept under constant review. (5.59 page 153 Chapter 5 Working Together to Safeguard children 2010)</p> <p><a href="https://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN.pdf">https://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN.pdf</a></p>
<b>Children in need (Section 17)</b>	<p>Children who are defined as being 'in need', under section 17 of the Children Act 1989, are those whose 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 plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:</p> <ul style="list-style-type: none"> <li>● what will happen to a child's health or development without services being provided; and</li> <li>● the likely effect the services will have on the child's standard of health and development.</li> </ul>

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	Local authorities have a duty to safeguard and promote the welfare of children in need. (section 17(10) of the Children Act 1989), <a href="http://www.legislation.gov.uk/ukpga/1989/41/contents">http://www.legislation.gov.uk/ukpga/1989/41/contents</a>
<b>The concept of significant harm (Section 47)</b>	The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. <a href="http://www.legislation.gov.uk/ukpga/1989/41/contents">http://www.legislation.gov.uk/ukpga/1989/41/contents</a> ** <a href="https://www.education.gov.uk/publications/eOrderingDownload/0030_5-2010DOM-EN.pdf">https://www.education.gov.uk/publications/eOrderingDownload/0030_5-2010DOM-EN.pdf</a>
<b>CAMHS</b>	Child and Adolescent Mental Health Services. Local services are provided by Northamptonshire Healthcare NHS Foundation Trust
<b>MASH</b>	Multi-Agency Safeguarding Hub. A single point of contact for multi-agency safeguarding children activity, including referrals for children in need and children in need of protection.

## 6. ROLES & RESPONSIBILITIES

ROLE	RESPONSIBILITY
Chief Executive and the Trust Board	Chief Executive and Trust Board have ultimate accountability for actions and inactions in relation to this policy with overall accountability for protecting children within the Trust in accordance with “Working Together to Safeguard Children” (2010) and Standard 5 of the National Service Framework for Children (2004).
Director of Nursing, Midwifery and Patient Services	The Board has nominated the Director of Nursing, Midwifery and Patient Services as the lead Director for Child Protection responsible for:  Ensuring that the Trust meets its statutory obligations in relation to Safeguarding Children and attends the LSCBN meetings as executive lead for Northampton General Hospital and feedbacks through the Trust Safeguarding Children’s Steering Group  Ensuring that staff have access to formal Child Safeguarding Supervision through the named professionals and trained clinical supervisors across the Trust, in particular within Child Health, Midwifery, and A&E (but not exclusively).  Will ensure that there is a Named Nurse, Named Doctor and Named Midwife for Safeguarding Children in post, and that Named Professionals

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	<p>for Safeguarding Children have protected time within their job roles.</p> <p>Will ensure all staff groups are represented at the Trust Safeguarding Children Steering Group meetings held monthly chaired by the Director of Nursing, Midwifery and Patient Services (See Appendix One for terms of reference)</p> <p>Will nominate representatives to LSCBN subcommittees and monitor attendance at these groups via feedback at the TSCSG.</p>
<b>Head of Safeguarding</b>	Ensure the organisation meets its responsibilities to safeguard and protect children and young people and be responsible to and accountable within the managerial framework of the Trust.
<b>Named Doctor for Safeguarding</b>	The Named Doctor for Safeguarding Children has clear lines of accountability to the Clinical Director of Child Health, Medical Director and to the countywide Designated Doctor for Child Protection
<b>Named Midwife for Safeguarding</b>	The Named Midwife for Safeguarding Children has clear lines of professional accountability to the Director of Nursing, Midwifery and Patient Services and is supported by a Safeguarding Midwife and a Safeguarding Nurse who support midwifery and gynaecology as well as support into the community midwifery teams.
<b>Named Nurse for Safeguarding Children</b>	<p>The Named Nurse for Safeguarding Children has clear lines of accountability to the Director of Nursing, Midwifery and Patient Services and to the countywide Designated Nurse.</p> <p>At NGH, the Named Nurse holds strategic responsibility for NGH for delivery of the Named Nurse role and its responsibilities and is supported by two Safeguarding Children's Advisors responsible for Paediatrics and A&amp;E</p> <p>The Named Nurse is responsible for ensuring that the Named Professionals meet their statutory obligations in relation to Safeguarding Children.</p> <p><a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/4199/Working_Together_to_Safeguard_Children.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/4199/Working_Together_to_Safeguard_Children.pdf</a></p>
<b>All Trust Employees</b>	<p>All NGH Trust staff (employed or volunteers) have a duty to safeguard and promote the welfare of children (Children Act 2004 section 5). To meet their responsibilities all individual staff whether agency, bank, seconded, contracted or volunteers must ensure they:</p> <p>Adhere to this policy.</p> <p>Attend mandatory training provided by the Trust in respect of Safeguarding Children, in line with the required level of training that is needed to fulfil their role; clarity on this can be sort from Training and Development or directly from the Trust's Safeguarding Children team. This meets the requirements under the Safeguarding Children and Young people: roles and competences for health care staff Intercollegiate document September 2010</p>

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[http://www.rcn.org.uk/data/assets/pdfdata/0004/359482/REVISED\\_Safeguarding\\_03\\_12\\_10.pdf](http://www.rcn.org.uk/data/assets/pdfdata/0004/359482/REVISED_Safeguarding_03_12_10.pdf)

Have a responsibility to:

- Support the Trust to achieve its Vision
- Act at all times in accordance with the Trust values
- Follow duties and expectations of staff as detailed in the NHS Constitution – Staff Responsibilities

## 7. SUBSTANTIVE CONTENT

- 7.0 The Trust will provide robust safeguarding leadership at every level across the organisation
- All activity across the Trust contributes to safeguarding and safeguarding is everyone's business regardless of roles or responsibility
  - Safeguarding is facilitated by the organisation adopting a "Think Family" approach, neither adults or children exist or operate in isolation
  - Safeguarding is the ultimate aspect of care and is crucial to recovery and emotional stability
  - Planning and delivery of services will be informed by service user experience and views, and voice of the child.
- 7.1 To deliver robust safeguarding arrangements and appropriate, timely and effective use of procedures to protect those most vulnerable:
- There will be transparent and accountable governance arrangements within the Trust in accordance with Local Safeguarding Children's Board arrangements
  - Those working within the Trust will be able to be confident in their practice by providing training at the appropriate level and have
  - Access to high quality management supervision and consultation
- 7.2 By delivering robust safeguarding arrangements the Trust will meet national and local requirements, competencies and standards by:
- All members of the Trust understanding their individual and collective responsibilities

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- Working in partnership and involvement at all levels of the organisation both operationally and strategically
- Being active members of the Local Safeguarding Children's Board
- Demonstrate that the Trust is a learning organisation evidencing continuous improvement which is informed by best practice

7.3 Working Together to Safeguard Children 2015 requires that each Trust has specific named professionals within the organisation to provide leadership in respect to safeguarding children and young people.

7.3.1 The Director of Nursing, Midwifery and Patient Services holds Board level responsibility for safeguarding children and Chairs the Trust's Safeguarding Assurance Group.

7.3.2 The Trust will provide a Named Nurse, Named Midwife and Named Doctor for Safeguarding Children, these practitioners will form part of the Safeguarding team and perform their duties in accordance with statutory guidance working in partnership with the Local Safeguarding children Boards.

#### 7.4 Responsibilities of the Named Professionals

7.4.1 The Named Professionals will act in accordance with the roles and competencies laid out within the Safeguarding Children and Young People: Roles and competencies for Health Care Staff (2014).

7.4.2 The Named Nurse and Named Doctor have a key responsibility in promoting good professional practice within their organisation and provide advice and expertise for fellow professionals.

7.4.3 Named Professionals should support the organisation in its clinical governance role by ensuring that audits on safeguarding are undertaken and safeguarding issues are part of the clinical governance system.

7.4.4 The Named professionals will provide specialist advice, support and guidance where necessary through training and supervision.

7.4.5 This does not absolve individual practitioners of their professional accountability and duties.

7.4.6 The Trust's Children's Safeguarding Team monitor the safeguarding activity that is brought to the team's attention via Trust staff, such as referrals to the Multi-agency Safeguarding Hub (MASH), Paediatric Referral Forms, Serious Incidents (SI) and Serious Case Reviews (SCR). The team reports to the Head of Safeguarding and Director of Nursing.

7.4.7 All staff who are likely to come into contact with children and/or their families will have access to the appropriate level of training as identified within the Safeguarding Training Matrix and effective safeguarding supervision.

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- 7.4.8 All staff will undertake the relevant Disclosure and Barring Service (DBS) checks prior to commencing employment with the organisation in line with Recommendation 19 of the Safeguarding Vulnerable Groups Act (2006).

## 7.5 Managerial Responsibilities

- 7.5.1 All new staff members will receive appropriate guidance regarding the Safeguarding Children policy and procedures, and training, as part of the Induction process.
- 7.5.2 All new staff members will attend the “Think Family” Safeguarding Training of the Trust Induction programme.
- 7.5.3 All staff will receive the relevant mandatory “Think Family” Safeguarding Training at a level pertinent to their role in working with children and families.
- 7.5.4 Managers should ensure that the relevant Disclosure and Barring Service (DBS) checks have been received prior to new employees starting employment.
- 7.5.5 Additional support will be provided to staff working with complex families or who have concerns regarding the welfare of a child which can be facilitated through individual Line Managers, and/or the Safeguarding Children’s team.
- 7.5.6 Line Managers will ensure Trust staff notify the Named Nurse for Safeguarding Children, or Safeguarding Children Nurse Advisor of all referrals to the MASH, admissions of children and adolescents to the Paediatric or Adult Wards, all SI pertaining to child safeguarding issues, and, all Paediatric Liaison Forms.
- 7.5.7 Involvement of either staff or client in any court case regarding harm to a child should be brought to the attention of the Head of Safeguarding or Named Nurse for Safeguarding/Named Midwife in their absence.
- 7.5.8 Line managers will ensure Trust staff complete essential documentation relating to safeguarding children in line with organisational policy.

## 7.6 Responsibilities of Trust Employees

- 7.6.1 Trust staff will **always** act in the ‘best interests of the child’ and work to safeguard and promote the wellbeing of children and their families.
- 7.6.2 Trust staff will ensure they have a sound working knowledge of the Local Safeguarding Children’s Board Child Protection Procedures and Trust policy for Safeguarding Children. In particular:
- Procedure for admission of Young Person to an Adult Ward.
  - Safeguarding is facilitated by the organisation to “Think Family”.
  - Neither children nor adults exist or operate in isolation. The Trust “Think Family” safeguarding strategy promotes coordinated thinking and delivery of services to the child, adult and family.

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- Safeguarding is the ultimate aspect of care and is crucial to recovery and emotional stability.
- Planning and delivery of services, including discharge planning, will be informed by service user experience and views.
- Elicit the voice of the child to inform safeguarding

7.6.3 It is the responsibility of the individual practitioner/health professional to refer concerns regarding the welfare of a child to the MASH and/or partnership agencies as appropriate. A Child in need of protection (under Section 47 of the Children’s Act, 1989) is defined as a child at risk of significant harm, a child can be unborn, or aged 0-18 years. Enquiries may be conducted by Social Services (MASH) or Police alone, or jointly, and involve health in the form of a Strategy meeting. Consideration should be given to the potential needs and safety of all children in the household and family, or any other child involved. Section 31 (9) of the Children’s Act (1989) defines:

- Harm as ill treatment or the impairment of health or development
- Development as physical, intellectual, emotional, social or behavioural development
- Health as physical or mental health sexual abuse and those forms of ill treatment which are not physical

7.6.4 A Child in Need (under Section 17 of the Children’s Act 1989) is defined as:

*‘Those whose vulnerability is such that they are unlikely to meet or maintain a satisfactory level of health or development, or their health and development will significantly be impaired without provisions of services, plus those who are disabled’.*

Locally under the Integrated Working Procedures for Practitioners and Managers (LSCBN 2011) a Child in Need only requires an interagency referral if they meet level 4 of Northamptonshire “Making Children Safer: Thresholds & Pathways” (2015). The referral procedure is the same as for an interagency referral for children at risk of significant harm. Where concerns require escalation with partner agencies this should be done in accordance with the agreed interagency escalation process (NSCB Safeguarding children Policies and Procedures Section 14). This is further supported by the Trusts Escalation flow chart – Appendix 2.

7.6.5 Safeguarding children referrals do not require parental consent, however it is good practice to inform parents, carers and the child of the referral, and, whenever possible aim to work in partnership with them. There will be some circumstances where you should not seek consent from the individual or their family, or inform them that the information will be shared if doing so would:

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- place a person (the individual, family member, yourself or a third party) at increased risk of significant harm, if a child, or serious harm if an adult; or
  - prejudice the prevention, detection or prosecution of a serious crime; or lead to an unjustified delay in making enquiries about allegations of significant harm to a child, or serious harm to an adult
- 7.6.6. Concerns about a child, young person or unborn child that are below the threshold of requiring an LSCBN interagency referral for child at risk of significant harm (Section 47) or child in need section (17), should be referred for 'Early Help'. Early Help in Northamptonshire has a single goal to enable children and families to access appropriate support for pre-birth to age 19, or, up to 25 for children and young people with disabilities.

[www.northamptonshire.gov.uk/earlyhelp](http://www.northamptonshire.gov.uk/earlyhelp)

- 7.6.7 Trust staff are to ensure that all relevant safeguarding documentation is completed in line with Trust policy and their Code of Professional Practice to ensure and maintain contemporaneous and accurate written records.
- 7.6.8 Trust staff can access their Named Nurse, Named Midwife and Safeguarding Children's Nurse Advisor for specialist advice, support, guidance and supervision Monday to Friday during office hours. The emergency duty Out of Hours Team, Site Manager and/or Bleep holder can be contacted out of office hours. Safeguarding children supervision ensures that practitioners deliver a high standard of service to children and families, and discharge their duties according to policy and procedures. Supporting staff through supervision improves working practices and contributes to better service delivery and outcomes for children. All staff have access to safeguarding supervision through the members of the Safeguarding Children's Team and/or the Named Professionals. Safeguarding supervision can form part of clinical supervision however when working a complex safeguarding child case, or when a clinician has been affected by exposure to a safeguarding child case, they should seek supervision with a member of the Safeguarding Children Team or one of the Named Professionals. Trust staff should follow supervision guidelines as laid out in the Trust Supervision Policy and Safeguarding Supervision Protocol.
- 7.6.9 Trust staff are to ensure they are fully conversant with this policy and other relevant safeguarding policies e.g. Self-Harm Policy, 'Failed to Attend' Policy.
- 7.6.10 Trust staff are to work proactively to provide support to families to achieve their right to family life (Article 8 United Nations Convention on Human Rights).
- 7.6.11 It is the responsibility of Trust staff to challenge actions/decision made by other agencies to safeguard and promote the wellbeing of children and their families, and, to ensure any action taken is satisfactory, accessing the support of their Line Managers or Safeguarding Children's team. Where concerns require escalation with partner agencies this should be done in accordance with the agreed interagency escalation process (NSCB

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Safeguarding children Policies and Procedures Section 14). This is further supported by the Trust's Escalation flow chart – Appendix 2.

## 7.7 Contributions of Staff in Safeguarding Children

7.7.1 There are a variety of ways in which staff may be involved in safeguarding and promoting the wellbeing of children:

- Being alert and identifying children who are suffering or who are at risk of suffering significant harm
- Making referrals to MASH if a child is in need of support or protection
- Contribute to/attend Section 47 enquiries (Children Act 1989), child protection conferences, core groups and reviews as appropriate
- To provide a written Case Conference report in line with the Local Children's Safeguarding Board's policies and procedures.
- Contribute to multi-agency assessment of children and their families
- Recommend, and/or initiate the completion of the Early Help Assessment Form
- Liaise with all other services for children e.g. School Nursing, Health Visiting, Midwifery, GP, Paediatrician, Ophthalmology, Speech & Language, Outpatient Clinics as appropriate
- Provide pertinent information to other agencies under the ethos of information sharing to safeguard children where relevant
- Supporting, treating and eliciting the Voice of the Child who have been abused, harmed or neglected
- Advising parents and other agencies as to the impact of mental health problems, learning disabilities and/or substance misuse has upon children (including the unborn child)
- Identifying when the impact of a service user's mental illness, learning disability or substance misuse may/does impair the children health and development taking action to safeguard the child
- Working with, treating, and supporting Adults who have been the subject of childhood abuse
- Working with, treating, supporting Adults who have been convicted of abusing children
- Participating in parenting assessments

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- Continually ‘**Think Family**’ and the benefit of a whole family approach

## **7.8 Children and Young People as Service Users**

- 7.8.1 It is the policy of the Trust that the mental health needs of children and young people are best met within the CAMHS structures.
- 7.8.2 Where it is not possible to provide care for a young person in a CAMHS environment and the young person requires admission, young people aged 16-18 can exercise choice as to whether they are nursed on an Adult or Paediatric ward. Where a young person (16 years+) chooses to be nursed on an adult ward, the input of Paediatricians can be readily accessed, if required, in the care of all children and young people regardless of the area of admission. Young people under the age of 16 should not be admitted to an Adult Ward.

## **7.9 Children connected to Service Users**

- 7.9.1 The Trust endeavours to minimise the potential effects of parental mental illness on children by implementing government guidance and safeguarding practice using an evidence based approach to underpin its training and practice
- 7.9.2 All staff who work with service users are obliged to consider if they have Parental Responsibility (PR) for children and to consider the potential effects their illness/behaviours may have on children
- 7.9.3 Staff are to consider factors which may have a negative impact upon parenting capacity or their ability to meet the needs of their children, or who have/raise significant concern, as follows:
- Problematic and chaotic substance/alcohol misuse
  - DNA and/or disengagement
  - Complex mental health needs
  - Learning disability
  - Aggression/violence (especially domestic violence)
  - Self-neglect/poor motivation
  - Dangerous persons/adults who may pose a risk to children
- 7.9.4 Consideration should be given to the involvement of children and young people in a caring role. “Keeping the Family in Mind” (Barnardo’s 2007) suggests that potentially up to 17,000 children of young people may be caring for a parent with a mental health problem (Aldridge and Becker 2003).
- 7.9.5 Children who are caring for a distressed parent are more likely to provide emotional as well as practical support (Barnardo’s 2007)

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7.9.6 Young Carers whose parents have mental health problems are three times more likely than other children to experience mental health problems themselves (Maltser, Gatward, Goodman and Ford 2000).

## **7.10. Pregnant women and expectant Parents**

7.10.1 Trust services that provide direct specialised care for pregnant women will ensure that safeguarding children is an integral part of operational procedures.

7.10.2 Trust staff should consider the needs of pregnant services users, and all expectant parents or other services users who are in close contact with a pregnant woman.

7.10.3 The holistic needs of pregnant women and their unborn children should be considered at the earliest opportunity, irrespective of whether there are obvious concerns regarding the welfare of an existing or unborn child.

7.10.4 A referral to MASH should be made if concerns regarding the welfare of an unborn child exist. Factors that may initiate a referral include:

- Concerns surrounding parent/carer's ability to provide adequate level of self-care and care for the unborn child/child - e.g. failure to access medical advice and services, neglect, learning disability, drug and/or alcohol misuse
- Disclosure of domestic abuse
- Sibling previously removed from care of parent/carer
- Sibling subject to Child Protection plan
- A parent/carer known to have committed an offence against a child or known to pose a risk to children
- Previous unexplained death of a child whilst in the care of parent/carer
- Impairment of parental mental health/substance misuse likely to significantly impact on the health, safety and development of the baby
- Concerns the baby being at risk of significant harm e.g. fabricated or induced illness, violence and aggression

## **7.11 Documentation**

7.11.1 Professionals are obliged to consider whether there are any potential issues/risks associated with an adult that may adversely affect the wellbeing

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of a child. Recommendation 12 of the Laming Report states it is essential that basic demographic information regarding any children that may be in significant contact with the adult should be obtained. When a child or young person is brought to a department it is important for the clinician to confirm the identity of the adult attending with them and to confirm that they have parental responsibility and, if they are the main or sole carer. It is important to document names of all carers/parents with their full names, date of birth and contact telephone numbers. At this point the status of the child/young person can be confirmed i.e. in family of origin, looked after (fostered/private foster care), looked after (residential care), private fostering or adopted and this information entered into the care record.

- 7.11.2 When assessing patients, it is essential to document who lives in the household. This must include all family members, carers and other people who live in the house. Research stemming from serious case reviews has shown that there are often *hidden males* resident in the household who could pose significant risks to children (DoE 2010). **If clinicians do not ask about all adults who live in the household opportunities can be missed to safeguard vulnerable children and young people.** The practitioner MUST document why they have been unable to fulfil this criteria and detail plans of how and when they will attempt to gain this information.
- 7.11.3 In all cases the following information should be collected:
- Child's first name and surname
  - Address (even if not residing with the service user)
  - Name of child's primary carer and relationship to child
  - Date of birth
  - GP and Health Visitor (for children aged 5 and under)
  - School (if appropriate) and School Nurse
  - Expected Date of Delivery (EDD) for pregnant women
  - Any disability the child may have and how this impacts upon them
  - Ethnicity
  - First language if this is not English
- 7.11.4 Trust staff are required to collate the above information where there is any likelihood of contact with children, whether or not the child resides with the adult concerned.
- 7.11.5 Any gaps in information e.g. not registered with a GP or no allocated school, should be followed up and discussions held with other agencies where necessary. Advice on how to register with Universal services/signposting should be documented. Should practitioners be in any doubt regarding the role of other agencies, or how to access them, they should discuss this with their Line Manager or Safeguarding Children team.
- 7.11.6 When concerns regarding the wellbeing of a child have been identified, and the first language is not English, the services of an Interpreter should be procured through the Line Manager, or Safeguarding Team, using services

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commissioned by the Trust only. Where the use of an Interpreter is engaged/or not, the reasons must be documented in the child's notes/case file (Laming Recommendation 18).

## 7.12 Care Planning

Where a young person is pregnant and attending maternity services it is important to take a detailed history and inform the Safeguarding Midwifery team if the child is under the age of 18 years. Document who accompanies the under 18 year old patient in the antenatal notes, and/or medical records, at each appointment or admission into hospital. The clinician should note name, relationship and contact details of the main carer and those in attendance at appointments e.g. partners (partners may also be children if under 18 years of age).

- 7.12.1 The needs of children, including any unborn, should be considered when formulating a plan of care. This may include:
- Considering if the plan may impact on the parent/carer's ability to provide safe and consistent levels of care to a child.
  - Does the needs of the adult have a negative impact on children whom they have significant contact with
  - Do any restrictions need to be in place to safeguard and promote the wellbeing of a child?
- 7.12.1 Trust staff must ensure that any concerns are clearly recorded within the service users records and information shared with other agencies/professionals appropriately.
- 7.12.2 Children who miss scheduled appointments through failure to be brought to appointment may have safeguarding implications and may be at *risk of significant harm (S47)* or be a *child in need (S17)* therefore all departments must assertively outreach to families and carers to encourage attendance. This can be done through reminder telephone calls and offering further appointments. If a clinician suspects safeguarding concerns they should discuss these with a member of the Safeguarding Team who will advise the best approach to take which may involve completing an LSCB referral to MASH if there are safeguarding concerns. The GP, Health Visitor or School Nurse should be informed of the non-attendance and asked to ascertain the reason for non-attendance, and if they have safeguarding concerns follow the LSCBN Interagency Procedures. Trust staff should also refer to the Trust Failed to be Brought Policy for guidance.
- 7.12.3 Trust staff should have open and honest discussion with service users regarding any concerns that they may have arising from their illness or, problematic substance/alcohol misuse. Specific consideration should be given to the level of insight shown by the service user regarding the actual or potential impact their illness/behaviours may have upon the child. Referrals to other agencies should be discussed with parents/carers prior to any

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referral being made, unless to do so would increase the risk of harm to children or another adult.

7.12.4 'Making Children Safer' Northamptonshire Thresholds and Pathways (October 2015) provides a framework informing risk assessment and safeguarding children. It is essential Trust staff **'Think Family'** and consider the following points:

- Actual/potential risk posed by the carer/parent as a consequence of mental ill health/delusional state
- Diagnosis, symptoms and relapse indicators
- Age and developmental stage of the child – children aged under 5, especially infants who are particularly vulnerable
- Impact on the child's emotional wellbeing
- Neglect (unresponsiveness to both physical and emotional needs)
- Contact with children in the family and wider community, either presently or in the future
- Strengths and weaknesses of the family including access to formal and/or informal support networks
- Any risk of injury, aggression or dangerous behavior (including domestic abuse)

7.12.5 Trust staff should consider whether, based on their assessment, a referral to Children's Social Care, or other agency is indicated. Any referrals should be followed up in writing within 24 hours, with clear identification of assessed risks. A copy of the referral must be sent to the Named Nurse Safeguarding Children. Safeguarding supervision and support can be accessed from the Children's Safeguarding team.

7.12.6 Assessed risk, whether to a child or other adults, should be clearly recorded in the Medical records and shared with partner agencies as appropriate.

7.12.7 If there is any cause for concern regarding the immediate safety and welfare of a child protective action may be required. Trust staff should contact the Named Nurse for Safeguarding Children, Named Midwife and/or the Police via a 999 telephone call. The Line Manager or Divisional Lead, and Children's Safeguarding team should be accessed for further support and informed accordingly. Contemporaneous documentation should be recorded in the medical records.

## **7.13 Contingency and Emergency Planning**

7.13.1 Trust staff should ensure that details regarding the care arrangements for children are integral to emergency and contingency planning. This information should be clearly recorded in the Medical records and communicated to the relevant agencies and professionals. This may include the use of Advance Directives where appropriate.

7.13.2 Trust staff must ensure any proposed arrangements safeguard and promote the wellbeing of the child.

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- 7.13.3 Any information regarding the care of a parent/carer should be provided to children, and any alternative carers, in a way that they can understand. If there is no appropriate family carer available Trust staff should contact Children's Social Care to discuss the need for emergency foster care.
- 7.13.4 Children's Social Care must be informed if an arrangement is made where a child or young person lives with someone who is not a close relative as may constitute a private fostering arrangement. If the arrangements are in response to an emergency, i.e. Mental Health Act Assessment, notification should occur within 48 hours. All private fostering arrangements must be notified to Children's Social Care. Proposals for private fostering arrangements should be made at least 6 weeks prior to commencement of any placement, or within 28 days of the placement commencing.
- 7.13.5 If Trust staff are aware the child leaves the private fostering arrangement they must ensure that Children's Social Care have been informed within 48 hours, or as soon as they are aware this is the case, providing the name and address of the person who has taken over the care of the child.

## **7.14 Discharge Planning - Adults**

- 7.14.1 Discharge Plans must 'Think Family' and consider the impact on children and young people within the household, family and wider community, in particular any specific needs and/or support required by the family. Discharge plans must evidence these discussions.
- 7.14.2 Discharge planning meetings of an adult mental health patient should routinely include a representative from Children's Social Care where they are or will be involved in supporting the family. It is good practice to invite the Health Visitor for children under 5 years old, or School Nurse for older children. Consideration should be given as to advising the School about the discharge of a child's parent/carer.
- 7.14.3 Discharge letters should be copied, with the parent/carers knowledge to the relevant professionals involved with the family.
- 7.14.4 If concerns arise regarding discharge arrangements and the potential for this having a negative impact upon a child, consideration should be given as to whether the discharge should be delayed, pending a multi-agency discussion, and the provision of appropriate support and/or referral to Early Help.

## **7.15 Discharge Planning – Children**

- 7.15.1 Where safeguarding issues have been identified and there are concerns about safe discharge, a discharge planning meeting should be held and a discharge plan completed for the unborn, or child/young person regardless of whether they are nursed in midwifery, paediatrics or adult areas to ensure that the child, or pregnant mother, are being discharged to a safe place. Where there is a strategy meeting discharge planning can also be completed at this meeting. This should be done in conjunction with the Safeguarding

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Children Team who will either advise on the process and/or attend with the practitioner if the case is complex.

- 7.15.2 Where there are issues of violence or aggression that could impact on the identified child, family members/carers, or, other patient's or staff the Safeguarding Children Team, Head of Security and Head of Governance should be informed and they may also decide to attend the discharge planning meeting if appropriate to do so.

## **7.16 Failed to Be Brought/Did Not Attend/No Access visit**

- 7.16.1 Following a 'Did Not Attend' (DNA), 'Failed to be Brought' (FTBB), and 'No Access Visit' (NAV), the responsibility for any assessment of the situation rests with the practitioner to whom the child has been referred in conjunction with the referrer (Laming 2003). Trust staff must consider the impact on a child (born or unborn), or young person, if either they themselves or a parent/carer, or close relative does not engage with services and, whether there is any intervention required in order to secure the child's welfare.
- 7.16.2 Guidance regarding 'Did Not Attend' (DNA), 'Failed to be Brought' (FTBB) and 'No Access Visit' (NAV) is now available in the 'Failed To Be Brought' policy NGH-PO-1025 accessed via the Intranet safeguarding site on 'The Street'.
- 7.16.3 Where relevant, partner agencies and other professionals involved with the family should be contacted prior to transfer/closure of the case, to ascertain if any concerns regarding the welfare of a child exist.

## **7.17 Transferring or closing a Case**

- 7.17.1 Prior to the transfer of a case to another worker/service, Trust staff must ensure that the relevant documentation has been completed, the demographic information is accurate and Safeguarding risk assessment adequately completed. Concerns regarding a child's welfare should be clearly documented and communicated to new workers. A chronology of events and a verbal handover is good practice.
- 7.17.2 Trust staff are encouraged to 'Think Family' and, in conjunction with the family, consider if they have any additional needs and what support may be available e.g. Early Help referral.
- 7.17.3 If a decision is made to close a case, professionals should be informed in writing, with the parent/carer's knowledge, highlighting any concerns and ensuring they are clear that the service is no longer involved with the family. In the case of children who are subject to a Child Protection Plan, or Local Authority intervention, discussions with the allocated Social Worker should occur prior to closure/transfer.

## **7.18 Needs Assessment**

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- 7.18.1 If a patient (parent/carer) has significant contact with a young person Trust staff should discuss with the patient if the child or young person is carrying out any caring responsibilities for parents/carers, grandparents, siblings or other relatives. Trust staff should discuss the impact that the caring role may have upon the child or young person's physical, emotional, educational or social development.
- 7.18.2 Children under 16 with carer responsibilities are entitled to a Section 17 'Child in Need' referral to Children's Social Care. Young people over the age of 16 are entitled to a Carer's assessment.
- 7.18.3 Trust staff should discuss a referral to 'Young Carers' networks and groups for support. Consideration should be given as to whether the young person would benefit from a CAMHS referral.
- 7.18.4 Consideration should be given if additional support is required by an adult carer for the patient, and child or young person who remains in their care.
- 7.18.5 If there are concerns regarding the level of care provided by the child and/or young person, or expectations placed upon the child a referral to Children's Social Care should be undertaken.

## **7.19 Children visiting In-Patient Areas**

- 7.19.1 Trust Staff must comply with Northampton General Hospital Trust policy on Children Visiting In-Patient Areas and local operational procedures.
- 7.19.2 All child visits must be assessed to be in the 'Best Interest of the Child' and facilitated in a designated environment that is child friendly and safe. Children should be consulted, where appropriate, regarding the proposed visit and their voice, thoughts and feelings elicited about whether they wish the visit to go ahead. If a child declines the visits, further discussion with parents and carers should follow, however the welfare of the child must remain paramount.
- 7.19.3 Decision to facilitate a visit, or not, must be clearly document a child visiting plan recorded within the patient's medical records.

## **7.20. Outpatient arrangement for Patients with Children**

- 7.20.1 Trust staff should consider the children care arrangements for clients when arranging outpatient appointments.
- 7.20.2 Trust staff should be aware in advance of a patient needing to bring a child or young person with them to an appointment and have arrangements in place as to how to best deal with the situation that are agreed and understood by all relevant staff. It may be necessary to rearrange the appointment if the environment or context of the appointment is deemed to be unsuitable.

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7.20.3 Clear expectations should be provided to parents/carers regarding the level of supervision required for the child or young person and appropriate behaviours during the appointment. All wards and departments should provide a clear explanation to parents/carers via verbal and written communication.

## **7.21 Child Abuse Allegations against a member of staff**

7.21.1 The NGH policy for Managing Allegations of Child Abuse made against a Member of Staff Policy NGH-PO-484 should be followed when there is an allegation or concern that a person in connection with their employment or voluntary activity has:

- Behaved in a way that has harmed a child, or may harm a child.
- Possibly committed a criminal offence against or related to a child.
- Behaves towards a child or children in a way that indicates that they are unsuitable to work with children.

7.21.2 Consideration should be given if a staff member should be excluded from duty immediately, pending an investigation, in order to safeguard a child.

7.21.3 Any allegation made against a staff member should be escalated to Head of Safeguarding, who will liaise with the Local Area Designated Officer.

## **7.22 Safeguarding Children and Risk Management**

An Incident is defined as 'any unexpected or unintended event, which gives rise to, or has the potential to produce harm, loss or damage'. Where an incident has been identified which relates to safeguarding children, all staff are responsible for ensuring that the incident is reported using the Trust Datix Risk Management System. All incidents will be monitored by the Risk Management Team jointly with the Named Nurse Safeguarding Children until robust assurances are received that appropriate actions have been identified and implemented to prevent reoccurrence.

## **7.23 Children in the Care of the Local Authority**

7.23.1 Children and young people who are in the care of the Local Authority, 'Looked After Children' remain amongst the most vulnerable children and young people in our communities. Often the impacts of their previous life experiences are multifactorial and mean that safeguarding remains a key factor in their lives.

7.23.2 There is clear evidence that children and young people who enter the care of the Local Authority often have worse levels of health than their peers, which have long term impact upon their future mental and physical health outcomes.

7.23.3 The Trust provides key targeted services through the Children in Care and Adoption Health Team, the Looked After Children's Team and the Child and

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Adolescence Mental Health Teams to promote the health of children and young people in care and to keep them safe.

- 7.23.4 Trust staff that have direct contact with children and young people should have systems and processes in place which alert them to a child or young person who is in the care of the Local Authority.
- 7.23.5 Trust staff should be aware of and initiate the use of alert systems which ensure the identification of a child in the care of the Local Authority within their record keeping systems.
- 7.23.6 Trust staff should be aware of and consider the specific health needs of children and young people who are 'Looked After' in the care of the Local Authority
- 7.23.7 Trust staff working directly with children and young people who are known to be in the care of the Local Authority should work in partnership with the Children In Care and Adoption Teams and Children and Adolescence Mental Health team, child or young person's Social Worker and other partners e.g. Health Visitor/School Nurse.
- 7.23.8 Children in the care of the Local Authority sometime have a change of placement and Trust staff should be mindful of this when children and young people fail to attend for appointments liaising closely with the Social Worker to ensure contact details are current and up to date to ensure continuity of care.
- 7.23.9 Young people in the care of the Local Authority should remain on the caseloads of the School Nursing service until they reach the age of 18 years.
- 7.23.10 Trust staff actively involved in the care and treatment of a young person in the care of the Local Authority, who reaches the age of 18 years, should work in partnership with external agencies to ensure continuity of care in the transition from child to adult services.

## **7.24 Serious Case Reviews**

- 7.24.1 The purposes of SCRs carried out under the guidance of Working Together to Safeguard Children (2015) are to:
- Establish what lessons are to be learned from the case about the way in which professionals and organisations work individually and in partnership to safeguard and promote the welfare of children
  - Identify clearly what those lessons are both within and between agencies, how and what the timescales are in terms of being acted upon, and, what is expected to change as a result to inform practice
- 7.24.2 To inform Serious Case Reviews organisations who have had contact with the child and family members identified within the review, will be requested

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by the LSCB, to provide a summary of the service involved to inform an Individual Management Review.

- 7.24.3 To ensure full engagement with this statutory process, the Trust and its employees will co-operate fully with a request for involvement in a Serious Case Review, including an interview with the author of the Trust's Individual Management Review and/or attendance at practitioner's learning events.
- 7.24.4 The overall review will identify a course of actions to be implemented, and overseen by the Named Nurse and Children's Safeguarding Team. It is the responsibility of all services/departments within the Trust to provide evidence to the Named Nurse as to the implementation of continual learning and development in respect of the SCR's actions.
- 7.24.5 The Trust's representative on the LSCB Quality Assurance Group will be required to provide evidence of action implementation and learning to the LSCB.

## **7.25 PREVENT**

- 7.25.1 Health professionals will meet and treat people who may be vulnerable to being drawn into terrorism. This includes both violent and non-violent extremism.
- 7.25.2 Statutory guidance issued under Section 26 of the Counter Terrorism and Security Act 2015 places a Prevent Duty on the Trust to have "due regard to the need to prevent people from being drawn into terrorism".
- 7.25.3 This duty requires effective action against the following key areas:
  - Risk Assessment – Staff must be able to recognise and refer those at risk of being drawn into terrorism to the Trust PREVENT Lead, for referral to the Channel programme as appropriate
  - Training – all staff are required to receive basic awareness of PREVENT as a minimum. those with direct patient contact are required to attend a Workshop to Raise Awareness of PREVENT (WRAP) in order to be able to recognize vulnerability to being drawn into terrorism and extremist ideas which may be used to legitimize terrorism and what action to taken in response.
  - Staff must be aware of the Trust PREVENT Policy. This includes awareness of Information Sharing Agreements and how to link PREVENT and safeguarding guidance to internal processes and practice

## **7.26 Domestic Abuse**

7.26.1 A nationally recognised definition of domestic abuse is:-

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*“Any incident or pattern of incidents of controlling, coercive or the threatening behavior, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:*

- *Psychological*
- *Physical*
- *Sexual*
- *Financial*
- *Emotional*

*Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.*

*Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim”.*

This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and, is clear that victims are not confined to one gender or ethnic group.

- 7.26.2 Domestic Violence impacts upon parenting capacity as a result of physical injury, psychological and emotional abuse profoundly affecting parental mental health, heightens feelings of degradation and anxiety, cause insomnia, an increase use of medication and alcohol, and, in extreme cases, results in the death of a parent/carer. 1:3 women and 1:10 men experience domestic abuse during their lifetime occurring across all sections of our society: race, sexuality, disability, age, religion, culture, class or mental health.
- 7.26.3 Some 750,000 babies, children and young people witness domestic violence each year (DoH, 2002). Unborn babies, children and young people living in a household where domestic violence is prevalent, are at increased risk of physical injury and profound emotional trauma, adversely affecting their physical and mental wellbeing, developmental milestones, educational attainment, and outcomes.
- 7.26.4 Patients accessing healthcare services within NGH, where staff suspect domestic abuse, should endeavour to speak with the patient alone in a quiet confidential area and use open and direct questions to try to identify if domestic abuse is a factor. The use of interpretation services, if English is not a first language, should be accessed through the Trust commissioned translation service.
- 7.26.5 If a patient discloses domestic abuse staff are encouraged to attain consent from the patient to make a referral to the Trust IDVA (Independent Domestic Violence Advisor), by way of further support and guidance. The patient can

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be signposted to the Sunflower Centre [www.northamptonshiresunflowercentre.org](http://www.northamptonshiresunflowercentre.org), Northampton Women's Aid [www.northamptonwomensaid.co.uk](http://www.northamptonwomensaid.co.uk), EVE [www.eveda.org.uk](http://www.eveda.org.uk).

- 7.26.6 A Domestic Abuse, Stalking, Honour Based Violence Risk Identification assessment and management form (DASH) should be completed accessible from the Intranet, Safeguarding Children, Essential forms. If the DASH risk assessment scores a total of 14+ Trust staff must seek **immediate** guidance from the Safeguarding Children's team, and the Police or Sunflower Centre contacted as appropriate. In addition, an LSCBN referral to MASH is to be raised with a copy of the DASH assessment attached. This action will ensure the safety of the patient and children, and inform information sharing and care planning at the ensuing MARAC (Multi-agency Risk Assessment Conference). The Safeguarding Children's team is available for ongoing support and guidance throughout this process should Trust staff not feel competent in undertaking safeguarding procedures.
- 7.26.7 Trust Staff must ensure contemporaneous records are maintained following a disclosure of domestic abuse, ensuring a body map documenting any injuries is completed, and, the voice of the patient documented verbatim ensuring all demographic information provided is accurate. Safety planning as discussed with the patient is to be clearly documented.
- 7.26.8 Trust staff are encouraged to access the "*Guidance for Domestic Abuse in Northamptonshire: Information on how to respond to concerns of domestic violence*" (2016) available from the Intranet, Safeguarding Children.

## 8. Implementation & Training

- 8.1 This policy will be ratified by the Trust and then disseminated via the Trust Intranet 'The Street' Policy and Procedures.
- 8.2 Awareness of the policy will be raised within safeguarding training within the Trust cross referenced to Local Safeguarding children Board's policies and procedures which this policy compliments.
- 8.3 All staff employed with Northampton General Hospital will attend Safeguarding Children training, a minimum of 3 yearly for Levels 1 and 2 and annually for Level 3. The initial attendance at Induction Training will commence within 1 month of commencing employment.
- 8.4 Staff with additional roles and responsibilities working with Children and Young People will require further training. This will be determined by the Intercollegiate Roles and Responsibility in relation to Safeguarding Children (2014), and is supported by the Trust's Safeguarding Training Strategy and Safeguarding matrix.
- 8.5 Training levels as identified by the Intercollegiate Competency Framework will be relevant between Levels 1 and 5 for Northampton General Hospital Trust staff.

## POLICY

Guidance relating to this can be found within the Safeguarding Training matrix and Trust Intranet – Safeguarding Children.

- 8.6 Training attendance figures will be made available by the Training and Development Department on a monthly basis. The outcome of training attendance will be included within the Safeguarding Governance Report.

## POLICY

## 9. Monitoring & Review

Minimum policy requirement to be monitored	Process for monitoring	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
To ensure that all Trust access the policy	A random sample of non-clinicians and clinicians will be audited for compliance	Safeguarding Children's Team	Six months after the adoption of the reviewed policy and annually thereafter	Safeguarding Children's Team	Safeguarding Children's Team/Clinical Governance	Safeguarding Assurance Group

## 10. REFERENCES & ASSOCIATED DOCUMENTATION

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## POLICY

## APPENDICES

### Appendix 1

Named Professionals for Safeguarding Children Northampton General Hospital NHS Trust

Dr Michelle Dominic Named Doctor	01604 544605 michelle.dominic@ngh.nhs.uk
Sue McRae-Samuel Named Nurse	07824602260 or 01604 544656 Ext. 4656
Emma Fathers Named Midwife	07748646182 Ext 4225
Head of Safeguarding and Dementia	Ext 3218

**POLICY**

## APPENDIX 2

### Safeguarding Children Process Chart

How to escalate concerns regarding a child (unborn – 18 years) or young person

Clarify the nature of your concern and identify level of response (Northamptonshire Thresholds & Pathways 2015)

- i. **Level 4** = LSCB MASH referral where a child is 'at risk of significant harm (Sec.47) or a Child in Need (Sec.17)
- ii. **If a child presents with suspected non-accidental injury inform Police (101 via Operator and ask for CIAU) and Social Services (0300 126 1000 \*1 \*3) Out of Hours: 01604 626938**
- iii. **Level 2-3** = Paediatric Liaison form (PLF) to share information with external agencies e.g.GP/FNP/Health Visitor/School Nurse
- v. **Level 2-3** = Early Help Assessment

Review previous history checking Symphony/iPM/Safeguarding section of child's medical records as appropriate

Inform parents/carers when undertaking an LSCB referral or Paediatric Liaison form (PLF) **unless** it would put the child in greater danger.

Identify and locate LSCBN (MASH) referral form/PLF from <http://thestreet/home.aspx> Safeguarding Children/Essential Forms

E.mail LSCBN (MASH) referral to NGH Safeguarding Children Net Account (guideline how to email given under Essential Forms – **do not** miss out this step or your referral will not be received. Ensure a copy is emailed to Safeguarding Children's Office at NGH and file a copy in child's medical records. If working in A & E scan a copy on Symphony records.

For PLF email to [PLFsafeguarding.ngh@nhs.net](mailto:PLFsafeguarding.ngh@nhs.net) – this will ensure safeguarding children's team receive a copy. Ensure you file a copy in the safeguarding section of the medical records. If working in A & E scan a copy on Symphony records.

For concerns related to self-harm ensure the integrated Self-harm Pathway is used in conjunction with this flow chart.

If Early Help is required follow the assessment as presented in the hyperlink <http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/news/early-help-assessment>

It is YOUR responsibility to ensure you receive an outcome from your referral. If you have not heard within 7 working days please contact the Safeguarding Team. When you receive the outcome letter

### Safeguarding Children Contact Numbers

Head of Safeguarding: Ben Leach Ext 3218 Bleep 8054

Named Doctor: Michelle Dominic Ext 4605 or 07887566701

Named Nurse Safeguarding Children: Sue McRae-Samuel Ext 4656/07824602260

Named Midwife: Emma Fathers Ext 4225 or 07785451633

Safeguarding Nurse Advisor: Carol Dilley Ext 4485/07879473402

Safeguarding Midwives Angela Bithray & Sally Kingston Ext 4225/07748646170

NGH Security (Internal) Ext 5740

## POLICY

# Safeguarding Children

## #NGH-PO-243

**Area of Work**

Patient & Nursing Services

**Person Responsible**

Ben Leach

**Created**

27th June, 2012

**Last Review**

8th November, 2016

**Status**

Complete

**Next Review**

8th November, 2019

## Screening Data

Name, job title, department and telephone number of the person completing this Equality Impact Assessment

Ben Leach

What is the title and number of this policy/procedure/guideline?

SAFEGUARDING CHILDREN  
NGH-PO-243  
v5

What are the main aims, objectives or purpose of this policy/procedure/guideline?

The Trust has a statutory responsibility set out in the Children Act 1989 and Children Act 2004 to safeguard the welfare of children and to follow the Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (2010) The purpose of this policy is to guide practice to ensure that the Trust fulfils its responsibilities. This policy should be used as a reference point to inform professional decisions in specific situations. It should be read in conjunction with the Local Safeguarding Children's Board for Northamptonshire (<http://www.lscbnorthamptonshire.org.uk/>) policies and procedures online manual. The objective is to ensure that child safeguarding concerns are identified and appropriately acted upon, resulting in the safeguarding of all children who access the Trust.

Who is intended to benefit from this policy/procedure/guideline?

This policy applies to all staff directly employed or contracted to work for Northampton General Hospital NHS Trust (NGH) this includes students, seconded staff, bank/agency staff and volunteers as well as substantive staff. Any individual working within NGH irrespective of role or employment status has a duty to safeguard children. The policy applies to all hospital sites and where NGH staff deliver care in the community or within a patient's home. It relates to the management of any child safeguarding concern, whether the child is formally under the care of the Trust or is a visitor who comes to the attention of a staff member in the course of their work. It is also applies to children of parents, carers or staff members where there are concerns regarding safety, e.g. the child is thought to be unsupervised at home or where a parent is presenting with high risk behaviour that could impact on the child's safety.

When reading the word Safeguarding or Child Protection these terms include for the purposes of this policy:

• Sexual abuse, to include those at risk of sexual exploitation and/or trafficking

• Physical abuse

• Emotional Abuse

• Neglect

• where the child is affected in relation to Parental capacity that is effected by Domestic Abuse, Substance Abuse, mental Health or a combination

• where a young person is in intimate partner abuse

â€¢ children who are put at risk due to Honour Based Violence or Female Genital Mutilation

â€¢ The policy applies to all children which means, unborn children, children and young people up to their 18th birthday

Is this a Trustwide, Directorate only or Department only policy/procedure/guideline?

Trustwide

Who is responsible for the implementation of the policy/procedure/guideline?

Named professionals and executive lead and all senior managers in the trust

What data are available to facilitate the screening of this policy?

Is there any evidence of higher or lower participation, uptake or exclusion, by the following characteristics?

In the context of the preceding sections are there any relevant groups which you believe should be consulted?  
Please specify and give reasons:

What data are required in the future to ensure effective monitoring?

Considering all information above please indicate areas where a differential impact occurs or has the potential to occur.

Any other comments on the policy

Potential for differential impact?

None

**Recommend this EA for Full Analysis?**

No

**Rate this EA**

N/A

## **Organisation Sign-off Data**

If the policy is implemented what is the potential risk of it having an adverse effect on equality?

Low Risk - probably will not have an adverse effect on equality

If the policy is implemented what is the potential of it having a positive effect on equality and relations?

High Potential - highly likely to promote equality of opportunity and good relations

If the potential for risk or positive effect occurred what would be the potential number of people it effected?

A large number of people would be affected

Based on the answers to questions 1 - 3 will this policy promote equality and diversity?

Yes

Safeguarding Childrens policy is based on working together to safeguard children 2010 and the latest reserach into Childrens safeguarding. Safeguarding by its nature applies to all children regardless of background, ethnicity or relegion.

Do you have any additional comments or observations about the policy?

Cultural difference is particularly noted in the policy as not being the reason for not applying safeguarding principles and during training that goes along side the policy risk factors that raise the chances of abuse occuring are explored in full.

How will the results of the Equality Impact Assessment will be published?

This document will be uploaded with the policy on the Trust intranet site

Have you completed any Action Boxes with recommended actions or changes for completion?

No

If 'Yes' please print off an action plan report along with a copy of the Equality Impact Assessment report to the policy/procedure/guidelines owner, and record below who it has been sent to

If 'No' please print off a copy of the Equality Impact Assessment report to the policy/procedure/guidelines owner, and record below who it has been sent to

This will be given to the governance department for upload

Please give details of the monitoring arrangements

Monitoring arrangements

as per policy

## **Next Review Date**

2019-11-08

## **Outstanding Actions**

No outstanding actions

FORM 1 & 2 - To be completed by document lead

**FORM 1a- RATIFICATION FORM - FOR COMPLETION BY DOCUMENT LEAD**

Note: Delegated ratification groups may use alternative ratification documents approved by the procedural document groups.

**DOCUMENT DETAILS**

Document Name:	Safeguarding Children Policy
Is the document new?	Yes
If yes a new number will be allocated by Governance	New Number NGH-PO-423
If No - quote old Document Reference Number	
This Version Number:	5
Date originally ratified:	
Date reviewed:	October 2016
Date of next review: a 3 year date will be given unless you specify different	October 2019

**DETAILS OF NOMINATED LEAD**

Full Name:	Susan McRae-Samuel
Job Title:	Named Nurse Safeguarding Children
Directorate:	Corporate
Email Address:	<a href="mailto:Susan.Mcrae-samuel@ngh.nhs.uk">Susan.Mcrae-samuel@ngh.nhs.uk</a>
Ext No:	4656

**DOCUMENT IDENTIFICATION**

Keywords: <b>please give up to 10 –</b> to assist a search on intranet	Safeguarding children child protection CSE FGM supervision MASH maltreatment abuse
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**GROUPS WHO THIS DOCUMENT WILL AFFECT?**

( please highlight the Directorates below who will need to take note of this updated / new policy )

Anaesthetics & Critical Care	Gynaecology	Medicine
Child Health	Haematology	Nursing & Patient Services
Corporate Affairs	Head & Neck - inc Ophthalmology	Obstetrics
Diagnostics	Human Resources	Oncology
Facilities	Infection Control	Planning & Development
Finance	Information Governance	Trauma & Orthopaedics
General Surgery		<b>Trustwide</b>

TO BE DISSEMINATED TO: NB – if Trust wide document it should be electronically disseminated to Head Nurses/ Dm's and CD's .List below all additional ways you as document lead intend to implement this policy such as; as presentations at groups, forums, meetings, workshops, The Point, Insight, newsletters, training etc below:

Where	When	Who
Safeguarding Training The Huddle A & E Paediatric Ward Meetings E.Bulletin Safeguarding workshops Divisional meetings Trustwide e.mail	Upon ratification	Safeguarding Team Communications Team

FORM 1 & 2 - To be completed by document lead

**FORM 1b - EQUALITY ANALYSIS REQUIRED FOR ALL PROCEDURAL DOCUMENTS (I.E. POLICIES, PROCEDURES, PROTOCOLS, GUIDELINES) - FOR COMPLETION BY THE EQUALITY ANALYST**

Is there potential for, or evidence that, this procedural document **will not** promote equality of opportunity for all or promote good relations between different groups? No

Is there potential for, or evidence that, this proposed procedural document **will affect** different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics – see below)? No

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

If the answer to one or both of the questions above is 'yes' a full Equality Analysis must be undertaken by a trained Equality Analyst using the Trust's Equality Analysis Online Toolkit. The electronic report (PDF) must be submitted with this form for ratification.

If the answer to both of the questions above is 'no' the full Equality Analysis process is not required. The Equality Analysis must be logged on the Trust's Equality Analysis Online Toolkit through the completion of the Screen & Sign Off sections by a trained Equality Analyst. The electronic report (PDF) must be submitted with this form for ratification.

**FORM 2 - RATIFICATION FORM to be completed by the document lead**

**Please Note:** Document will not be uploaded onto the intranet without completion of this form

**CONSULTATION PROCESS**

*NB: You MUST request and record a response from those you consult, even if their response requires no changes. Consider Relevant staff groups that the document affects/ will be used by, Directorate Managers, Head of Department ,CDs, Head Nurses , NGH library regarding References made, Staff Side (Unions), HR Others please specify*

Name, Committee or Group Consulted	Date Policy Sent for Consultation	Amendments requested?	Amendments Made - Comments
Directorate & Divisional Managers	October 2016		
Paediatric Consultants	October 2016		
Matrons & Sisters- Paediatric Wards	September 2016		
A & E Department	October 2016		
NSCB	October 2016	Requested additional Domestic Abuse information and guidance	Added with input from Trust IDVA
Head of Safeguarding Named Doctor Safeguarding			

**Existing document only - FOR COMPLETION BY DOCUMENT LEAD**

Have there been any significant changes to this document? <i>if no you do not need to complete a consultation process</i>	YES
<b>Sections Amended:</b>	<b>Specific area amended within this section</b>
Re-formatted into current Trust format	YES

FORM 1 & 2 - To be completed by document lead

Summary/ Introduction/Purpose	YES	<b>Revised</b>
Scope	YES / NO	<b>Revised and updated</b>
Definitions	YES / NO	<b>Reviewed and updated</b>
Roles and responsibilities	YES	<b>Reviewed</b>
Substantive content	YES	<b>Revised and more concise</b>
Monitoring	YES / NO	
Refs & Assoc Docs	YES	<b>Updated in keeping with policy narrative</b>
Appendices	YES	<b>Updated and revised Safeguarding Flow Chart</b>

<b>FORM 3- RATIFICATION FORM (FOR PROCEDURAL DOCUMENTS GROUP USE ONLY)</b>			
<b>Read in conjunction with FORM 2</b>			
<b>Document Name:</b>	<b>Safeguarding Children Policy</b>	<b>Document No:</b>	<b>NGH-PO-243</b>
<b>Overall Comments from PDG</b>	Ben Leach to attend to explain the policy and answer any queries. Policy will be carried forward to the January meeting. - <b>Completed</b>		
	<b>YES / NO / NA</b>	<b>Recommendations</b>	<b>Recommendations completed</b>
<b>Consultation</b> Do you feel that a reasonable attempt has been made to ensure relevant expertise has been used?	YES / NO / NA		
<b>Title</b> -Is the title clear and unambiguous?	YES / NO / NA	Policy number needs amending from 423 to 243	Completed
Is it clear whether the document is a strategy, policy, protocol, guideline or standard?	YES / NO / NA		
<b>Summary</b> Is it brief and to the point?	YES / NO / NA	Second paragraph says flowchart below and there is no flowchart.	Added Appendix 2 to Paragraph
<b>Introduction</b> Is it brief and to the point?	YES / NO / NA		
<b>Purpose</b> Is the purpose for the development of the document clearly stated?	YES / NO / NA		
<b>Scope</b> -Is the target audience clear and unambiguous?	YES / NO / NA		
<b>Compliance statements</b> – Is it the latest version?	YES / NO / NA	Old E&D statement needs updating.	Completed
<b>Definitions</b> –is it clear what definitions have been used in the	YES / NO / NA	Need to add CAMHS and MASH	done
<b>Roles &amp; Responsibilities</b> Do the individuals listed understand about their role in managing and implementing the policy?	YES / NO / NA	BL to update Named Nurse for Safeguarding Children section  Need to add vision and values to All trust employees.  Remove empty space at the bottom of the Director of Nursing, Midwifery and Patient Services box	done  Completed  done
<b>Substantive Content</b> is the Information presented clear/concise and sufficient?	YES / NO / NA	7.7.1.sixth bullet point down need to remove etc....  7.12.2. need to add policy number at the end of the paragraph	Completed  Not yet ratified – we can amend as soon as done.
<b>Implementation &amp; Training</b> – is it clear how this will procedural document will be implemented and what training is required?	YES / NO / NA		
<b>Monitoring &amp; Review</b> (policy only) -Are you satisfied that the information given will in fact monitor compliance with the policy?	YES / NO / NA		
<b>References &amp; Associated Documentation / Appendices</b> - are these up to date and in Harvard Format? Does the information provide provide a clear evidence base?	YES / NO / NA	Extension number to be removed from top of Appendix 2  Appendix 2 to be written onto Appendix 2	done  Completed
<b>Are the keywords relevant</b>	YES / NO / NA		

<b>Name of Ratification Group: Procedural Documents Group</b>	<b>Ratified Yes/No:</b> <b>Ratified Yes/No:</b> <b>Pending minor amendments</b>	<b>Date of Meeting:</b> <b>15/12/2016</b> <b>19/01/2017</b>
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