

Policy:

NP 017 Safeguarding Children

Executive Director lead	Executive Director of Nursing and Professions
Author/ lead	Safeguarding Professional Lead
Feedback on implementation to	Safeguarding Professional Lead

Date of draft	February 2019
Consultation period	March 2019
Date of ratification	6 June 2019
Ratified by	Executive Directors' Group
Date of issue	7 June 2019
Date for review	30 April 2022

Target audience	All SHSCFT staff (including staff seconded into or working in SHSCFT services) volunteers and the Board of Directors
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Safeguarding Children Policy

This policy is stored and available through the SHSC intranet and **must be read in conjunction with the Sheffield Safeguarding Children Board Child Protection and Safeguarding Procedures (2013)** 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>. The policy is for all staff to follow should they suspect that a person within their care or whom they come into contact with as part of their work may be the subject of abuse.

This policy dated March 2019 replaces the previous version dated October 2015.

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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 (2013) and associated practice protocols issued by the Sheffield Safeguarding Children Board (SSCB) 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 SSCB 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. 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 /

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economic and/or emotional vulnerability'. Both young girls and boys can be exploited. (SSCB Safeguarding Children Procedures 2018)

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** during their work must consider child protection issues and act in accordance with this SHSCFT policy and the Sheffield Safeguarding Children Board Child Protection and Safeguarding Procedures (2014)

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 is included and reviewed in general practice supervision sessions, in line with the SHSCFT supervision policy.

Where specific safeguarding children issues are identified, including Child Sexual Exploitation, as requiring additional safeguarding children supervision it should be brought to the attention of the named nurse or the named doctor for safeguarding children who will identify an appropriate safeguarding children supervisor.

Additional support for staff is available through the Care Network Leads (Section 5.3) and the Trust Lead for Safeguarding or the named doctor for safeguarding children.

Staff must establish during any assessment with a service user whether the service user has any childcare responsibilities 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 child's health visitor or school nurse.

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 Trusts Safeguarding Lead

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 Children Steering Group

Each Care Network will have a designated lead officer for Safeguarding Adults & Children who will be supported by the Trust Lead for Safeguarding. The steering group will comprise of Care Network representatives and lead the safeguarding agenda within the Trust, and be chaired, on behalf of the Executive Director with responsibility for Safeguarding, by the Deputy Chief Nurse.

The Steering Group will produce an annual report 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 Steering Group on behalf of the Trust Board and be used as evidence of compliance with the relevant Care Quality Commission Standards.

5.3 Care Network Leads

All Care Networks shall be represented on the Safeguarding Adult and Children Steering Group and these Care Network Leads will have a responsibility to feed into discussions at the steering group and take actions to be completed back to their directorates, and to ensure on-going communications on safeguarding children issues.

Current representatives and steering group members at March 2019 are:

Deputy Chief Nurse
Safeguarding Lead
Safeguarding Nurse Advisor
Clinical Manager Substance Misuse
Homeless and Traveller Team Health Visitor
IAPT Core Manager
Deputy Director Acute Bedded Services
Deputy Director Secondary Care
Learning Disability Community Service Senior Operational Manager
Named Doctor Safeguarding Adults and Children SHSCFT
Designated Nurse Sheffield Clinical Commissioning Group
Clinical Risk Lead
Clover Group Clinical Service Manager
Perinatal Mental Health Nurse
Associate Director Patient Safety

6. Procedure

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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 post-natal 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 (IAPTS).

Adult mental health wards should not routinely be used for the admission of young people under the age of 18. When this occurs a Trust incident form must be completed and every action taken to relocate the young person in an age appropriate service provided by Sheffield Children's Hospital. The use of enhanced supportive observations must be considered by the clinical team.

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 as part of their work role, must consider the additional risks to these children posed by domestic abuse.

6.5 Referrals to Children' 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 will be asked you to complete a Multi-Agency Confirmation Form (MACF).

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 Access and Assessment Team within Sheffield City Council, the SHSCFT practitioner should seek their own advice from the Access and Assessment Team 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 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 SHSCFTT practitioner.

Should there be concerns by the SHSCFT practitioner that the referral has not been actioned by colleagues internally or externally to the Trust reference should be made to the SHSC Corporate Safeguarding Team who can support staff to access the mechanisms in place in the SSCB Resolution of Practitioner Disagreements.

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 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

This will be addressed by the process established with the SHSCFT Integrated Governance team and the policy on policies.

Clinical and Deputy Directors are responsible for ensuring that all staff in their care networks are aware of new policies and know where to locate them.

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 Paediatricians, 2014) 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;

Training Level	Staff group/responsibilities	Examples of staff roles	Duration and content	Frequency	Training available	How to access training
Level 1	All staff	All staff	Upon induction to the Trust and annual updates via leaflet/newsletter	Upon commencement of employment Annual briefing leaflet or newsletter.	Induction	<u>ETD for induction</u> <u>SHSC Safeguarding Intranet site for the Safeguarding Children Leaflet</u>
Level 2	<i>For clinical and non-clinical staff who may have some contact with children and young people and/or parents/carers.</i>	E.g. Staff in residential areas where children may visit	4 hours	3 yearly	The SSCB - Child Abuse & Neglect (Core Introduction) E-learning SSCB Multi agency lunchtime seminars SHSC Safeguarding Children Training Booklet	<u>SSCB</u> <u>SSCB</u> SHSC Safeguarding Intranet
Level 3	<i>For staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting</i>	E.g. All adult mental health practitioners.	Minimum of 6 hours	3 yearly	Crossing Bridges Working Together to Safeguard Children Multi Agency lunch time seminars SHSC	<u>SSCB</u> <u>SSCB</u> <u>SSCB</u> <u>www.shssaf</u>

	<i>capacity where there are safeguarding/child protection concerns'</i>				team/target ed training	eguarding@s hsc.nhs.uk
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There is no specific separate training currently available for managers within SHSCFT. However managers are required to have knowledge of safeguarding children requirements and it is recommended that team managers undertake the same level of training as is relevant for the staff in their team. It is also encouraged that Clinical Leads attend Safeguarding Manager Training facilitated by the Local Authority.

It is the Care Network Directors' responsibility to ensure that there is adequately trained staff in all of their teams.

The uptake of training will be monitored by Care Networks through the governance reporting process and reported through to the Safeguarding Children Steering group 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 forwarded to the Risk Department. Copies of all such reports will be sent to the Trust lead for safeguarding, who will alert the Executive lead for safeguarding of any pertinent issues and concerns and report on a regular basis to the Safeguarding Children Steering Group.

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	'All SHSCFT staff' email alert	Executive director/chief nurse	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	All within areas of operational responsibility	Within 1 month of dissemination

	guidance is removed and destroyed		
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	By end of October 2019

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

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

Title	Name	Phone	Email
Executive Director / Chief Nurse	Liz Lightbown	271 6713	Liz.lightbown@shsc.nhs.uk
Deputy Chief Nurse	Brenda Rhule	2716705	Brenda.rhule@shsc.nhs.uk
Named Doctor for Safeguarding Children	Helen Crimlisk	275 0719	Helen.crimlisk@shsc.nhs.uk
Trust lead for Safeguarding	Diane Barker	271 8484	Diane.Barker@shsc.nhs.uk
Out-of-Hours – Sheffield Health and	Senior	271 6310	

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Social Care Trust	Manager On Call		
Sheffield Children's Hospital	Switchboard	271 7000	
Referral to Children Safeguarding Hub	24 hour number	2053535	
Safeguarding Nurse Advisor SHSC	Angela Whiteley	226 2262	Angela.Whiteley@shsc.nhs.uk
Safeguarding Team Administrator SHSC	Louise Colton	271 6937	Louise.Colton@shsc.nhs.uk

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 Paediatricians, 2018

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)

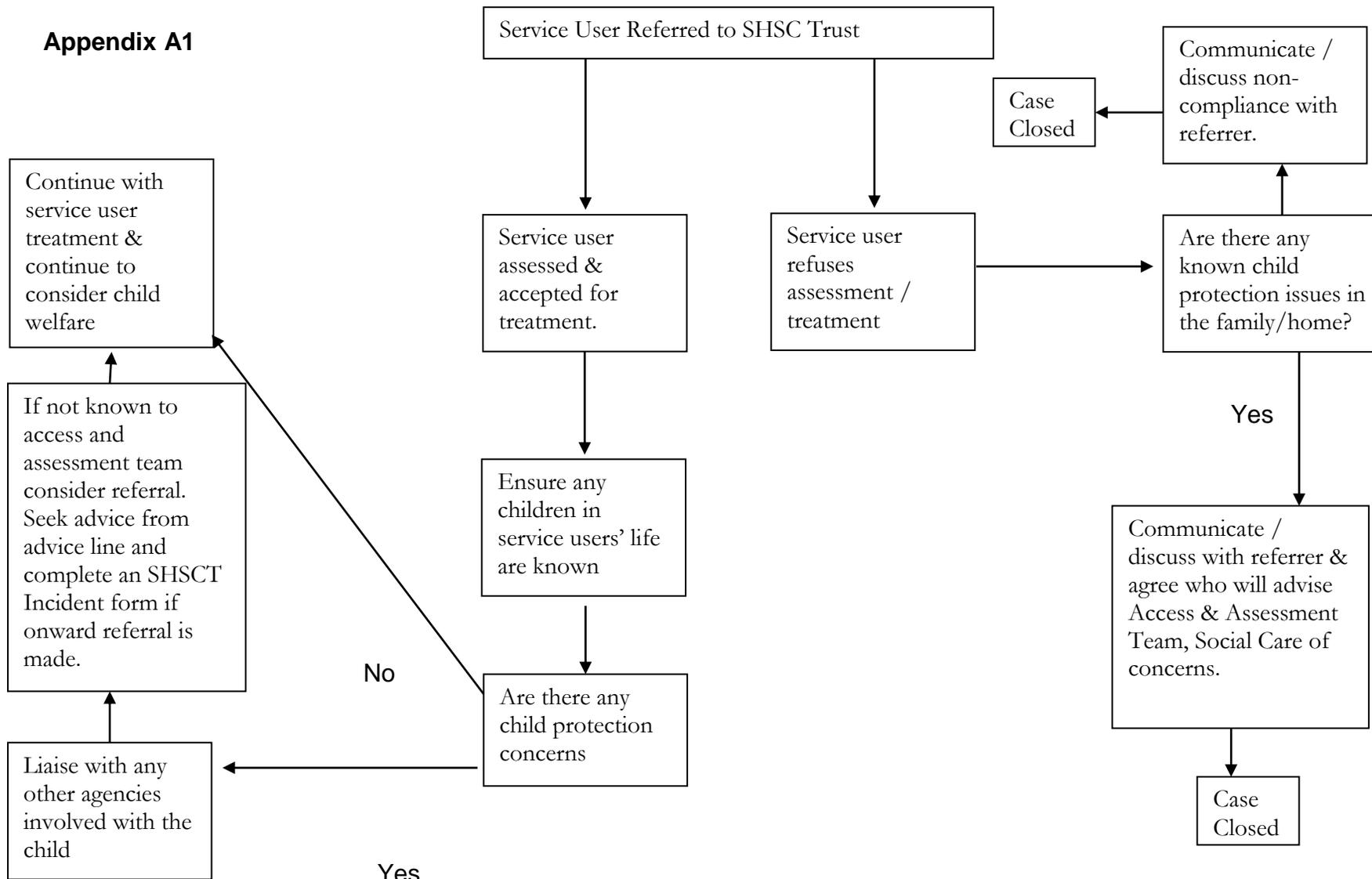
Approved by:	
Name:	Job Title:
Signature:	Date:
Nature of approval (e.g. against which	CQC Core standard 7

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standards): and comments:	
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Safeguarding Children - Person Referred to SHSCFT

Appendix A1



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.

Appendix B Equality Impact Assessment Form

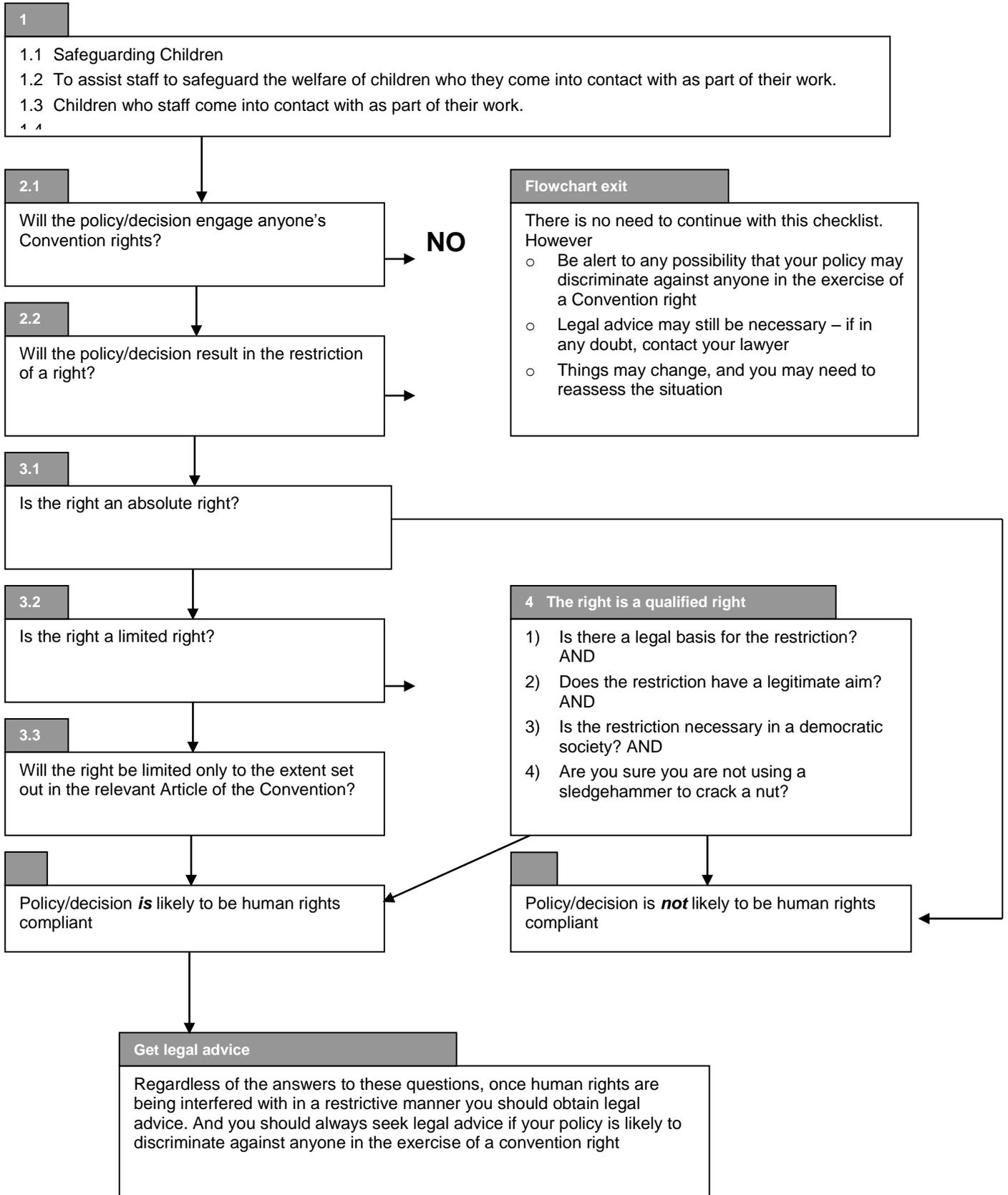
To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	yes	Specific children's safeguarding policy
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	yes	Specific children safeguarding policy
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	yes	Children Act 2004 requires a Safeguarding Policy
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Liz Johnson (Head of Patient Experience Inclusion) together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Liz Johnson (Head of Patient Experience Inclusion and Diversity)

Appendix C Human Rights Act assessment checklist



Appendix D

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