Policy:

NP 026 - Visits by Children to In-Patient or Residential Care Settings

Executive or Associate Director lead	Executive Director Nursing and Professions
Policy author/ lead	Safeguarding Lead
Feedback on implementation to	Safeguarding Lead

Document type	Policy
Document status	V4
Date of initial draft	August 2019
Date of consultation	July 2019 – august 2019
Date of verification	15/08/2019
Date of ratification	22/08/2019
Ratified by	Executive Directors Group
Date of issue	30/08/2019
Date for review	31/08/2022

Target audience	All Trust staff especially those working in an in-patient setting, either on wards, or residents in other residential accommodation.

Keywords	Visits, Children, Inpatient, Residential

Policy Version and advice on document history, availability and storage

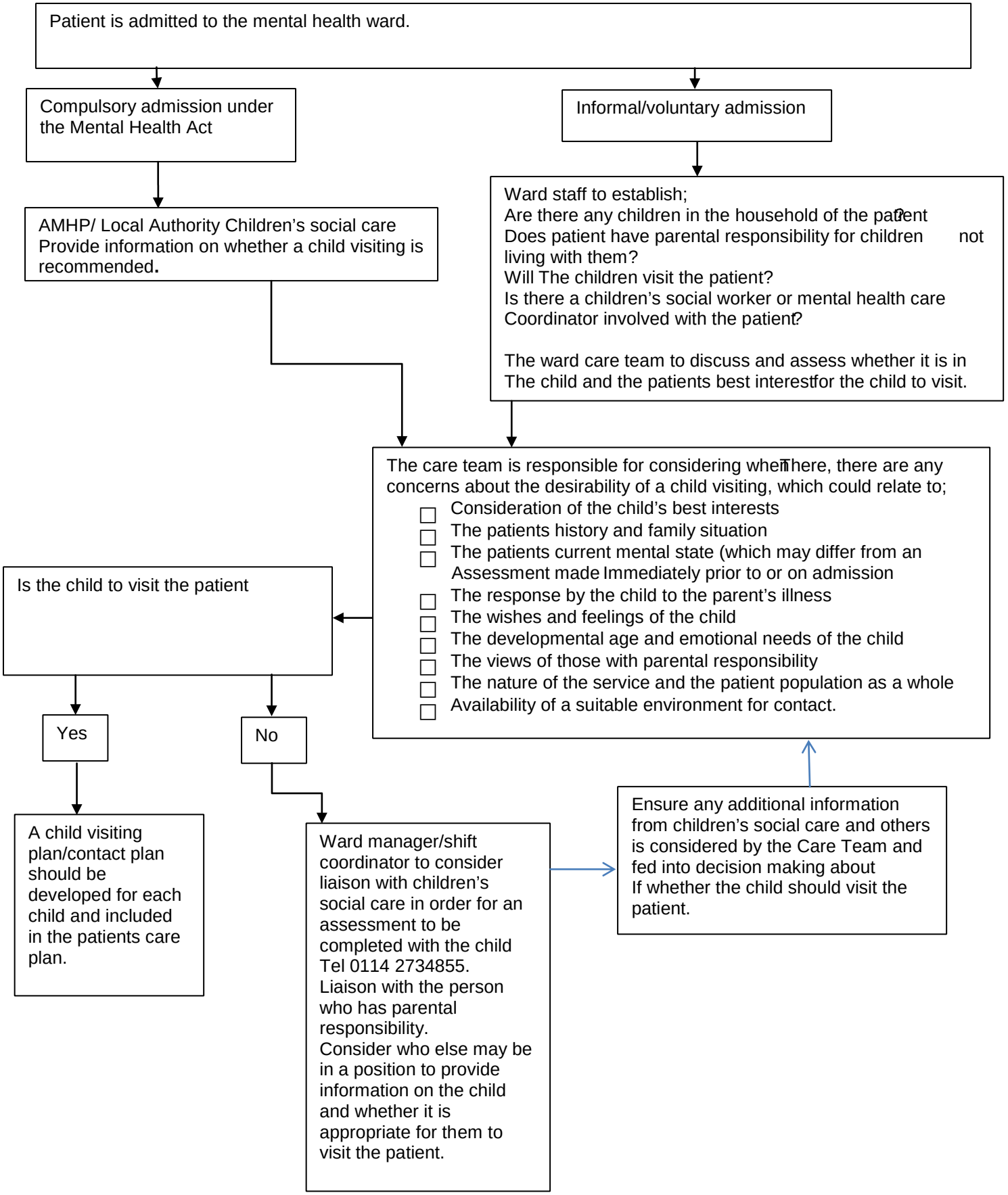
This is version 4.0 and is stored and available through the SHSC intranet/internet.

This version supersedes the previous version dated November 2016.
Any copies of the previous policy held separately should be destroyed and replaced with this version.

Contents

Flowchart:

Please see section 6 of this policy for further details of the requirements of the Child Visiting Wards Policy.



1. Introduction

1.1 The following policy seeks to facilitate the safe visiting to patients within in-patient or residential settings by children (those aged under 18), where visiting would be considered in the child's best interests.

1.2 The interface between the care of adults with mental health problems and the protection of children is a complex area of professional practice which raises a number of challenging issues for staff working in hospital and residential settings.

1.3 Arrangements made for children visiting should be determined collaboratively at local level and be flexible enough to ensure that swift decisions are taken in the majority of cases where the matter is straightforward.

1.4 Child protection in relation to patients is the responsibility of the whole Care Team and is not restricted to Social Services. In practice it may well be that the liaison function is a social work task, however, safety of children is a responsibility for all staff of all disciplines to ensure the welfare of children is given primacy.

1.5 The Trust has a clear responsibility to safeguard children who may visit in patient wards or residential care-settings and this Policy has been written in line with the revised Mental health Act Code of Practice January 2015 Chapter 11 (implemented April 2015) which gives guidance on the visiting of psychiatric patients by children. It states that Hospitals should have written policies on the arrangements about the visiting of patients by children, which should be drawn up in consultation with Children's Social Care Services.

1.6 The Local Authority Circular LAC (99) 23 states that 'A visit by a child should only take place following a decision that such a visit would be in the child's best interests. Decisions to allow such visits should be regularly reviewed, and although this refers to visits within high security mental health areas the principles are relevant to consider as it refers to the specific tasks to be undertaken by local social care authorities in receipt of a request from the hospital for advice on whether it is in the best interests of a child to visit a named patient. Local Authority [Circular LAC (2000)18] refers to who can accompany a child on a visit to a named patient. It is issued as statutory guidance under section 7 of the Local Authority Social Services Act 1970.

1.7 When children visit adult patients, all mental health in patient settings should;

- Place child welfare at the heart of professional practice for all staff involved in the assessment, treatment and care of patients.
- Take account of the needs and wishes of children as well as patients
- Address the whole process, including preadmission assessment, admission, care planning, discharge and aftercare
- Assess the desirability of contact between the child and the patient, identify concerns and assess the potential risks of harm to the child in a timely way
- Establish an efficient procedure for dealing with request for child visits in those cases where concerns exist
- Establish a process for child visits which is non-bureaucratic, supportive of both the child and the adult, does not cause delay in arranging contact, maximises the therapeutic value of the visit and ensures the child's welfare is safeguarded.
- Set and maintain standards for the provision of facilities for child visiting
- Ensure that staff are competent to manage the process of child visits.

2. Scope

This policy applies to all staff, but especially those working in an in-patient setting, either on wards, or with residents in other residential accommodation. Although this policy relates to visiting in–patient wards and residential care-settings, however, the principles within it should be borne in mind and applied throughout the Trust.

3. Definitions

For the purpose of this policy the term:

- Patient refers to in-patients on the wards, or residents in a Nursing Home/Respite Step-down service run by the Trust.
- Child relates to any person aged below 18 years.

4. Purpose

The purpose of this policy is to guide staff in attempting to ensure the child is safe whilst visiting and to assist staff when they are unsure of the procedures in difficult situations.

The policy is intended to guide staff in making decisions when attempting to ensure that the best interests of the child are met.

5. Duties

5.1 The Board of Directors must ensure that there is a safe and effective policy in place relating to children visiting mental health wards.

5.2 The Care Team within an inpatient setting is responsible for identifying service users with children who may wish to visit and to ensure that there is an assessment of the planned visit to ensure that it is in the best interests of the child and the service user.

5.3 The ward manager/ person in charge of the ward is responsible for the decision to allow a visit by a child. Consideration must be given to the available information about the child and the assessment of the patients' needs for treatment and an assessment of the patient's current mental health. The ward manager/person in charge should then make the decision in consultation with other members of the multi-disciplinary hospital team. Where a child visits without pre arrangement the same process must be considered and a decision to allow or refuse a visit should be made.

5.4 The Approved Mental Health Professional during the compulsory admission of a patient, should, wherever possible, provide the hospital with the child/rens assessment information.

5.5 Children's Social Care if they are involved in providing any assessment or care will along with the person with parental responsibility provide an opinion on whether the child visiting the patient is recommended.

5.6 The Care Team is responsible for considering whether there are any concerns about the desirability of a child visiting, which could relate to;

- Consideration of the child's best interests.
- The patient's history and family situation.

- The patients current mental state (which may differ from an assessment made immediately prior to or on admission).
- The response by the child to the parent's illness.
- The wishes and feelings of the child.
- The developmental age and emotional needs of the child.
- The views of those with parental responsibility.
- The nature of the service and the patient population as a whole.
- Availability of a suitable environment for contact.
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5.7 The ward manager is responsible for ensuring that there is clear information about children visiting to those who have parental responsibility for the child.

6. Process

6.1 Assessment of the appropriateness of visits by children

6.1.1 The person currently taking parental responsibility should inform the ward that a visit is going to occur, and who will be accompanying the child. The amount of notice required by the ward for this to occur is to be decided at local level.

6.1.2 The Care Team, having become aware that a visit has been requested, will decide whether, in their view, it would be appropriate for the visit to take place, if it can be established that it is in best interests of the child.

6.1.3 The Care Team must ensure that they have sufficient information about the child and the relationship with the patient and establish whether the visit would be in the child's best interest

6.1.4 The purpose of the assessment is to identify if the visit is in the child's best interests. A child should only be allowed to visit a patient/client when the patient/client usually has or shares parental responsibility (as defined by the Children Act) and/or a significant relationship that is in the child's best interests to maintain/restore or develop.

6.1.5 Visits by children should normally be limited to patients who normally have parental responsibility for the child or with whom the child has an on-going and significant relationship.

6.1.6 The Risk Assessment of the patient/client is an on-going process, beginning with the initial assessment completed on admission, and continuing through to discharge. Decisions to allow or deny child visits will be reviewed against the on-going risk assessment of the patient/client.

THERE IS A PRESUMPTION IN FAVOUR OF VISITS UNLESS THE RISKS INVOLVED ARE NOT MANAGEABLE.

6.1.7 If it appears to the Care Team that there is evidence or suspicion that a child has suffered, or is likely to suffer significant harm, the Sheffield Safeguarding Children Procedures must be followed. The Sheffield Child Protection and Safeguarding Procedures can be found at http://sheffieldscb.proceduresonline.com/index.htm

6.1.8 There may already be a child protection plan in existence. If a concern or query arises the nurse in charge can check if a plan already exists by telephoning 273 4925.

6.1.9 If a child protection concern is identified other agencies and informal carers should be aware of the management plan by the Care Team

6.1.10 Staff members involved in this process are able to seek supervision from either their supervisor or the Trust Safeguarding Team.

6.1.11 Collaboration between Mental Health Services and Safeguarding Children Teams is considered essential, should you require the assistance of Children's Social Care to undertake an assessment of the child then contact them on 0114 2734855.

6.1.12 Children aged under-eighteen years must be accompanied by a responsible adult at all times during visits.

6.2 When a visit is not recommended

6.2.1 Where the Care Team considers it not to be in the child's best interests for a visit to take place, they will:

- Record the reasons in the patient's notes including who has been involved in the decision making policy, the Responsible Clinician or the residents team Manager must be involved.
- Identify a specific member of the Care Team to inform the patient and the person currently taking parental responsibility for the child of the decision and the reasons for it.
- Communicate the information orally and confirmed in writing to the person with current parental responsibility for the child
- Explain that if the patient/person with parental responsibility is unhappy with the decision, the patient or parent they can use the Trust Complaints Processes, both informal and formal.
- Ensure that in the first instance any complaints should be raised with the appropriate Team Manager. Should a satisfactory resolution not be reached then the patient /parent would have recourse to the Trust's complaints procedure.
- Ensure that the decision to deny a child visit is reviewed at least weekly at the Multi-Disciplinary Team Meeting or other appropriate forum.

6.3 When a visit may be cancelled or terminated

6.3.1 The senior staff member on duty may cancel or terminate an arranged visit if they judge it is not possible to ensure the safety of a visiting child.

6.3.2 If an accompanied child visits unannounced, the staff member in charge may decide not to allow the visit. However, if a child has been cleared for visiting and adequate supervision arrangements are in place, the staff member in charge should use their discretion as to whether the visit should take place.

6.3.3 Children who have not been assessed as being able to visit by the Care Team must not visit, as it will not have been possible to establish 'best interests'.

6.3.4 If a child turns up to the ward or residence unaccompanied, then staff have a duty to inform the person with current parental responsibility or social services (if subject to a Child

Protection Plan or they are a Child who is Looked After) and make a decision at that moment in time whether the visit would be in the child and the adults best interest and whether it can be adequately supported by staff.

6.3.5 If the level of clinical activity on the ward is to a degree that the staff member in charge deems it unsafe for children then they must terminate/cancel or arrange for the visit to take place off the ward.

6.4 Visiting Arrangements

6.4.1 The following points must be considered in planning the arrangements for the visit to ensure the safety of the child:

- The timing of the visit;
- That there is an adult who will accompany and take responsibility for supervision of the child;
- The venue to be used for the purpose of the visit;
- The staffing arrangements that will be required to observe or monitor the visit;
- If it is necessary for staff to be monitoring /supervising a child visiting, as a result of concerns, the staff member should be appropriately trained in child protection. The Care Team decides who is an appropriate member of staff.

6.4.2 Wherever possible all visits by children must take place in a designated area.

6.4.3 Each ward will ensure a record of child visits is kept within the patient notes and a child visiting plan will be developed for each child and be included in the patients care plan.

6.4.4 The child must be supervised at all times by, and remain the responsibility of the parent or the person with parental responsibility and should remain within the designated area. Staff must explain this responsibility clearly to the accompanying adult, emphasising that this is to ensure the child's safety.

6.4.5 A child visitor must only have contact with the patient for whom the visit has been arranged.

6.4.6 The senior staff member on duty must ensure that there is sufficient staff with requisite knowledge and understanding, provided by the Safeguarding Children training available to make frequent discreet observations of the visit.

6.4.7 Any supervising staff member should <u>not</u> assume a parental role.

6.4.8 The decision of whether a patient is supervised by staff throughout the visit will be made by the Care Team.

6.4.9 The senior staff member on duty may increase the agreed level of supervision at any point during a visit, if reasonable grounds to do so can be justified to be in the child's best interests. If the safety of the child is at risk, this may, at certain times, include the immediate termination of the visit.

6.4.10 The senior staff member on duty may also suspend or revoke a visit if changes in the presentation of the patient are noted which may influence judgement of risk. Should this occur the reasons should be explained to the accompanying adult, and appropriately documented and discussed at the next clinical meeting.

6.5 Patients on leave

6.5.1 Where patients are detained under the provisions of the Mental Health Act, 1983 and are granted leave of absence under section 17, and the patient/client will have access to children on their leave, this should be brought to the Care Teams attention and a plan agreed.

6.5.2 Potential risks to children should form part of a risk assessment, which is undertaken by the clinical team prior to the leave being authorised.

6.5.3 If the patient/client is likely to come into contact with a specifically identified child, the assessment will need to consider not only any risk to the child, but also whether it is in the child's best interests for contact to take place. Consideration should be given as to whether it is necessary to contact the personnel suggested in section 6.4 below.

6.5.4 If a concern has been identified following a risk assessment regarding access to children and a patient/client is absent without leave and their whereabouts cannot be ascertained, then the following agencies / people are to be notified:

- The Police;
- The Care Co-ordinator;
- The nearest relative;
- Any significant carer;
- Social Services;
- The Responsible Clinician;
- Persons with known parental responsibility of any child suspected of being at risk

6.6 Disclosure of Information

6.6.1 The guidance documents Child Protection: Clarification of arrangements between the NHS and other agencies (DoH, 1995, Para 2.46) states that:

In the course of their work with adults, disclosure of abuse may be made to mental health professionals. They will therefore need to be aware of their responsibilities under the Children Act, be familiar with local area Child Protection committee procedures and able to access appropriate child protection training.

6.6.2 Staff of all disciplines who have contact with patients must be fully aware of and committed to the principle to disclose information in the interests of protecting children.

This duty of disclosure overrides responsibility to protect confidentiality on behalf of the patient/client. (In the event of a dispute contact the Caldicott Guardian) (Appendix G).

6.6.3 A separate policy / agreement exists which covers disclosure of information to the police, however information can be shared to prevent or detect crime, in this situation harm to a child.

6.7 Supervision

6.7.1 Staff who are involved in making difficult decisions regarding child safety are encouraged to seek supervision from either their supervisor, line manager, or the SHSCFT Safeguarding Team.

6.8 Approved Mental Health Professionals

6.8.1 The AMHP has a specific role to consider the issue of a child contact during their assessment process.

6.8.2 Whenever someone is admitted under the Mental Health Act, the initial outline report left on the ward should indicate if there have been any issues identified relating to children and children visiting the patient during the assessment for admission.

6.8.3 The AMHP as an integral element of their Mental Health Act assessment should consider concerns about child care arrangements and liaise with children's services colleagues as required.

6.8.4 The AMHP having completed the Mental Health Act assessment of the parent or person with parental responsibility should present any concerns regarding the child to the senior ward staff for them to consider within a clinical team meeting.

6.9 Visits by children to Forest Lodge and Endcliffe Ward

6.9.1 Forest Lodge (low secure unit) and Endcliffe Ward (the Psychiatric Intensive Care Unit) have local visiting policies which must be implemented in addition to this Trust-wide policy.

6.10 Human Rights considerations

6.10.1 The right to family life is an integral part of this policy and children's right to visit is actively promoted. The provision of visiting facilities and supervision to protect the child are a positive contribution towards the Human Rights of patients in hospital or residential settings.

6.10.2 The policy is subject to right of appeal against any decision made regarding restrictions to visiting.

7. Dissemination, storage and archiving (Control)

7.1 This policy is available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version has been archived by the Corporate Governance team. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

7.2 Any printed copies of the previous version (V1) should be destroyed and if a hard copy is required, it should be replaced with this version.

8. Training and other resource implication

8.1 This policy is supported by the Child Protection/safeguarding training offered by the Safeguarding Children Board.

8.2 The Trust provides all staff upon commencement of employment Level 1 (awareness level) of safeguarding children training and staff in a face-to-face role receives additional training upon induction into the Trust and subsequently every three years including information sharing guidance.

8.3 Any clinical team that identifies that supplementary training is required must contact the Trust safeguarding office (shscsafegaurding@shsc.nhs.uk) and request such training which will either be provided in house or sourced from the training prospectus offered by the Sheffield Safeguarding Children Board.

9. Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
Staff knowledge of the contents of the policy and process to be taken when	Compliance audit of staff within on patients and residential services.	Safeguarding Children Steering group	Annually	Safeguarding Children Steering Group	SCSG	SCSG

10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
New policy to be uploaded onto the Intranet and Trust website.	Director of Corporate Governance	Within 5 working days of finalisation.	
A communication will be issued to all staff via the Communication Digest immediately following publication.	Director of Corporate Governance	Within 5 working days of issue	
Training provision will be reviewed by the Safeguarding Children Steering Group in collaboration with the In-patient directorate as stakeholders.	Lead for safeguarding	At the next available SCSG and in patient SMT after ratification	
All adult in patient wards will receive a direct communication about the new policy	Lead for Safeguarding	Within 5 days of policy issue	

11. Links to other policies, standards and legislation (associated documents)

Safeguarding Children Policy
Visitors Policy
Children's Act 2004 (HMSO)
Local Authority Circular LAC (99)23, Guidance on the visiting of psychiatric patients by children, 1999
Code of Practice – Mental Health Act, 1983 (2015)

12. Contact details

Title	*Name*	*Phone*	*Email*
Executive Director	Liz Lightbown	0114 2716713	Liz.lightbown@shsc.uk
Trust Safeguarding Lead	Diane Barker	0114 2716126	Diane.barker@SHSC.nhs.uk
Deputy Chief Nurse	Brenda Rhule	0114 2716705	Brenda.rhule@SHSC.nhs.uk
Safeguarding Nurse Advisor	Angela Whiteley	01142 262262	Angela.whiteley@shsc.nhs.uk

13. References and Further reading

Child protection: Clarification of arrangements between the NHS and other agencies. Department of Health, 1995.

Children's Act 1989 (HMSO)

Children's Act 2004 (HMSO)

Code of Practice – Mental Health Act, 1983 (2015)

Framework for the assessment of children in need and their families. (2000), Department of Health

Human Rights Act 1998

Local Authority Circular LAC (2000)18 (Section 7 of the Local Authority Social Services Act 1970

Local Authority Circular LAC (99)23, Guidance on the visiting of psychiatric patients by children, 1999

Sex Offenders Act, 1997.

Sheffield Child Protection and safeguarding Children Procedures - http://sheffieldscb.proceduresonline.com/index.htm

Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile (2015)

Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. 2015, Department of Health.

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft revision created	October 2016	Previous version mapped onto current policy template. Content reviewed and updated.
3.0	Review / ratification / issue	Nov 2016	

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of "all SHSCFT staff" email	Any other promotion/ dissemination (include dates)
3.0	Nov 2016	Nov 2016 via Communications Digest	

Appendix C – Stage One Equality Impact Assessment Form Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES –** proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – **Policy Screening** - Public authorities are legally required to have 'due regard' to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://nww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	**Can equality of opportunity for this group be improved through this policy or changes to this policy?**	**Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?**
AGE	**No**		
DISABILITY	**No**		
GENDER REASSIGNMENT	**No**		
PREGNANCY AND MATERNITY	**No**		
RACE	**No**		
RELIGION OR BELIEF	**No**		
SEX	**No**		
SEXUAL ORIENTATION	**No**		

Stage 4 – **Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section) Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)	

Appendix D - Human Rights Act Assessment Form and Flowchart

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

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSCFT web site
http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf
(Relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

X **Yes. No further action needed.**

☐ **No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?

☐ **No, no further action needed.**

☐ **Yes, go to question 3**

3. Complete the table below to provide details of the actions required

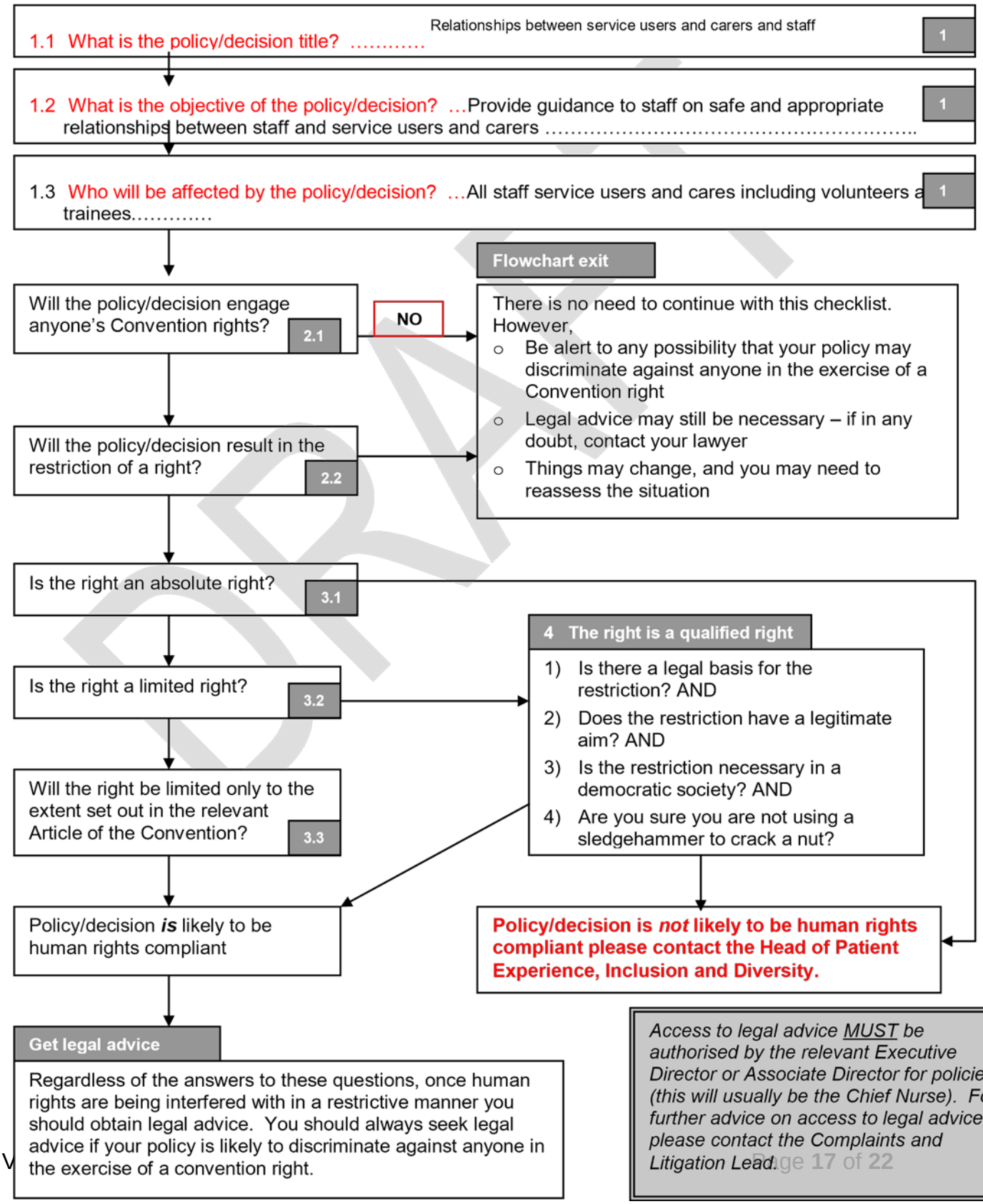
Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the



toolbar, choose ‘Format Text Box’ and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.

Appendix E – Development, Consultation and Verification

Development of policy in 2004
Chief Nurse – executive Director – John Ramsden.
In patient ward managers – Rob Fenwick, Shirley Lawson,

Review of Policy 2008
Safeguarding Children Steering group
Lead nurse for Safeguarding
Senior Nurses – Kim Parker, Charlie Turner, Isabel Brislen, Jane McKeown, Rose Hogan

Review of Policy 2016 (October 2016)
Lead Nurse for Safeguarding
Deputy Chief Nurse
Senior Nurse – Rose Hogan.
Safeguarding Children Steering Group
Clinical nurse Manager Forest Lodge – Anne Cook.

Verified by Deputy Chief Nurse on 10 November 2016.

Review of policy 2019
Executive Director Nursing, Professions,
Deputy Chief Nurse
Safeguarding & MARAC Lead, Operational Lead for PREVENT

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy Document Template which can be downloaded on the intranet.

1. Cover sheet ✓

All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification ✓
- Date of ratification ✓
- Date of issue ✓
- Ratifying body ✓
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

2. Contents page ✓

3. Flowchart ✓

4. Introduction ✓

5. Scope ✓

6. Definitions ✓

7. Purpose ✓

8. Duties ✓

9. Process ✓

10. Dissemination, storage and archiving (control) ✓

11. Training and other resource implications ✓

12. Audit, monitoring and review ✓

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/ committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan ✓

14. Links to other policies (associated documents) ✓

15. Contact details ✓

16. References ✓

17. Version control and amendment log (Appendix A) ✓

18. Dissemination Record (Appendix B) ✓

19. Equality Impact Assessment Form (Appendix C) ✓

20. Human Rights Act Assessment Checklist (Appendix D) ✓

21. Policy development and consultation process (Appendix E) ✓

22. Policy Checklist (Appendix F) ✓

Appendix G – Contacts

CALDICOTT GUARDIAN

The current Caldicott Guardian for the Trust is Clive Clarke, Executive Director, Fulwood House. If there is an issue regarding disclosure of confidential information in order to protect the best interests of the child, please seek advice from the Information Management team via Trust switchboard 0114 2716310 or any of the staff below.

TRUST LEADS FOR SAFEGUARDING CHILDREN

Executive Director Nursing, Professions, Liz Lightbown 0114 271 6713

Deputy Chief Nurse, Brenda Rhule 0114 2716705

Safeguarding & MARAC Lead, Operational Lead for PREVENT, Diane Barker, 0114 2718484

Named Doctor for Safeguarding Dr Helen Crimlisk via trust switchboard on 0114 271 6310

Appendix H – References and Further Reading.

Child protection: Clarification of arrangements between the NHS and other agencies. Department of Health, 1995.

Children's Act 1989 (HMSO)

Children's Act 2004 (HMSO)

Code of Practice – Mental Health Act, 1983 (2015)

Framework for the assessment of children in need and their families. (2000), Department of Health
Human Rights Act 1998

Local Authority Circular LAC (2000)18 (Section 7 of the Local Authority Social Services Act 1970)

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