



Sheffield Health
and Social Care
NHS Foundation Trust

Policy:

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

Executive Director Lead	Executive Director Nursing and Professions
Policy Owner	Named Nurse for Safeguarding Children
Policy Author	Named Nurse for Safeguarding Children Head of Nursing

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Summary of policy

The policy outlines the roles and responsibilities of all staff with regards to children visiting inpatient areas and must be read in conjunction with the Sheffield Children Safeguarding Partnership Child Protection and Safeguarding Procedures (2020). These procedures are available via the Trust Intranet or directly from the Sheffield City Council Internet at <http://sheffieldscb.proceduresonline.com/index.htm>.

This policy replaces the previous version dated August 2019.

Target audience	This policy applies to all SHSC staff whether employed within full time, part-time, bank or fixed term contracts irrespective of their length of service, and especially those staff working or involved in admissions to inpatient areas,
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Keywords	Visits, Children, Inpatient, Residential
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Storage & Version Control

Version 5 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V4 August 2019). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

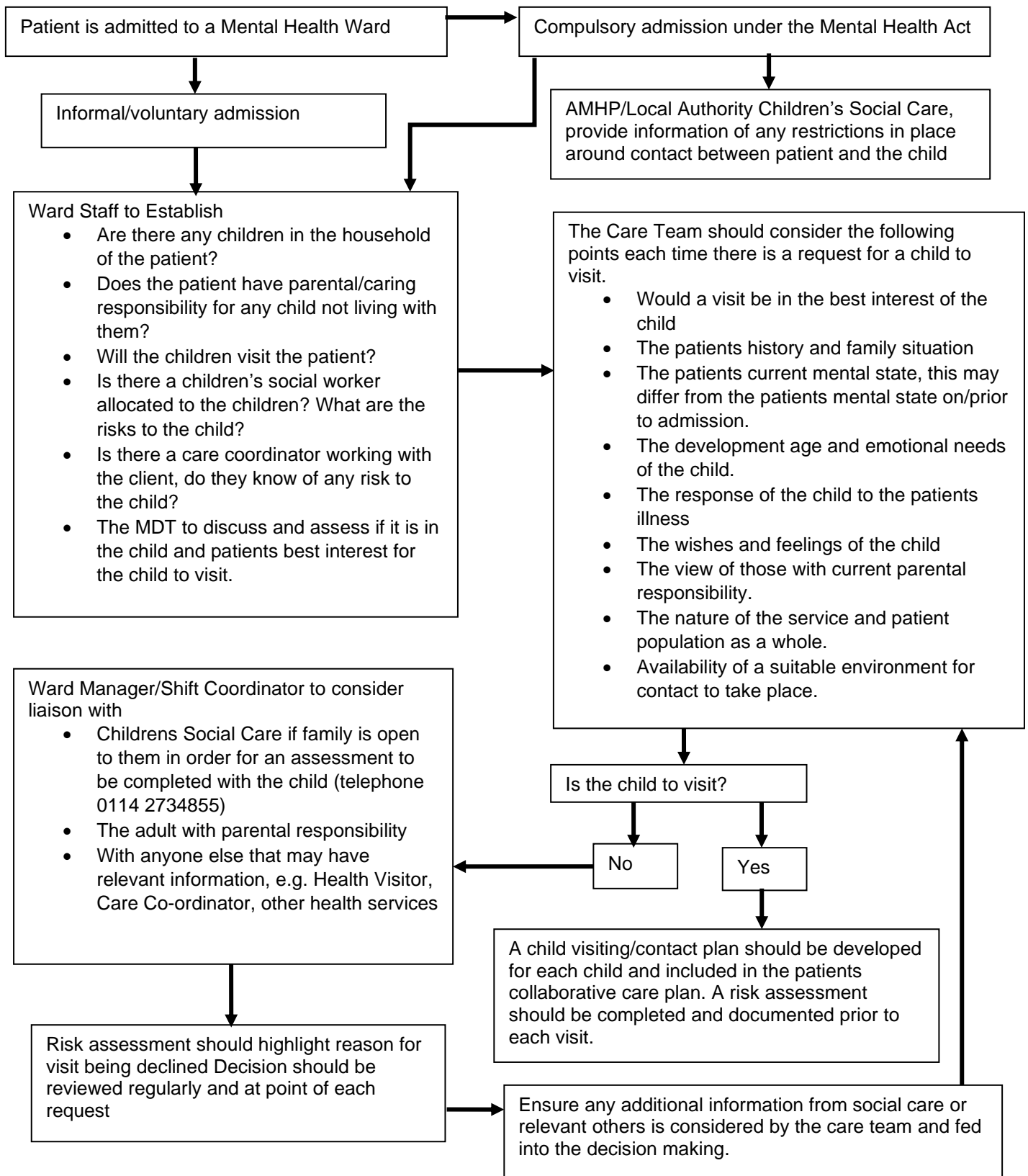
Version No.	Type of Change	Date	Description of change(s)
0.1	New draft revision created	October 2016	Previous version mapped onto current policy template. Content reviewed and updated.
3.0	Review / ratification / issue	Nov 2016	
4.0	Review	August 2019	Reviewed and Updated
5.0	Review	November 2022	Previous version mapped onto the current policy template. Policy reviewed and updated in line with current legislation and guidance.

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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** SCSP Child Protection and Safeguarding Procedures Manual 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. It also 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.
- 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
 - Ensure the visit is in the best interest of the child
 - 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 or residential setting, either on wards, or with residents in other residential accommodation. Although this policy relates to visiting in-patient wards and residential care-settings, the principles within it should be borne in mind and applied throughout the Trust.

3 Purpose

The purpose of this policy is:

- To ensure that the safety of the child is protected and any visits facilitated are in the best interest of the child
- to provide guidance and support to staff when making decisions around the appropriateness of children visiting inpatient areas.
- To ensure that staff have a clear understanding of their roles and responsibilities

4 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.

5 Detail of the policy

An overview of the policy is described in the introduction.

6 Duties

- 6.1** The Board of Directors must ensure that there is a safe and effective policy in place relating to children visiting mental health wards.
- 6.2** 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.
- 6.3** 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.

- 6.4** The Approved Mental Health Professional during the compulsory admission of a patient, should, wherever possible, provide the hospital with the child/rens assessment information.
- 6.5** 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.
- 6.6** 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.
 - Information of current/historic risk from the Local Authority. It is important to clarify if there are any care orders in place that prevents or restricts the patient from having contact with the child.
 - 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.
- 6.7** The ward manager is responsible for ensuring that there is clear information about children visiting and that this is provided to those who have parental responsibility for the child.

7 Procedure

This is the heart of the policy which describes in clear and unambiguous language the actions or performance expected of staff, teams or committees. It will describe procedures to follow, and set standards to be met. It should follow the flow diagram, so there is a cross relationship between the flow diagram and the procedural detail.

It must include staff roles and responsibilities, performance standards and any timescales that apply.

7.1 Assessment of the appropriateness of visits by children

- 7.1.1** 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.
- 7.1.2** 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.
- 7.1.3** 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

- 7.1.4** 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.
- 7.1.5** 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.
- 7.1.6** 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.

The risk assessment should include if a visit will need supervision from SHSC staff members

the Risk assessment and decision making should be clearly documented in the patients electronic records.

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

- 7.1.7** 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](http://sheffieldscb.proceduresonline.com/index.htm) can be found at <http://sheffieldscb.proceduresonline.com/index.htm>
- 7.1.8** 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.
- 7.1.9** If a child protection concern is identified other agencies and informal carers should be aware of the management plan by the Care Team
- 7.1.10** Staff members involved in this process are able to seek supervision from either their supervisor or the Trust Safeguarding Team.
- 7.1.11** Collaboration between Mental Health Services and Children Social Care Teams is considered essential to safeguard vulnerable children. Should you require advice regarding the safety of a child, need to raise a safeguarding concern or require the assistance of Children's Social Care to undertake an assessment of the child then contact them on 0114 2734855. Named Nurse for Safeguarding Children or the SHSC Safeguarding Team can be contacted to support. Details of how to make a safeguarding children's referral are contained within the SHSC Safeguarding Children and Young People Policy.
- 7.1.12** Children aged under-eighteen years must be accompanied by a responsible adult at all times during visits.

7.2 When a visit is not recommended

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.

7.3 When a visit may be cancelled or terminated

7.3.1 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.

7.3.2 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.

7.3.3 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'.

7.3.4 If a child turns up to the ward or residence unaccompanied, then staff have a duty to inform the person with current parental responsibility, social services via the safeguarding hub (if subject to a Child Protection Plan or they are a Child who is Looked After) For an older child a decision may be made at that moment in time that the visit would be in the child and the adults best interest provided it can be adequately supported by staff.

7.3.5 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.

7.4 Visiting Arrangements

- 7.4.1** 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 have the appropriate Safeguarding Children training. The Care Team decides who is an appropriate member of staff.
- 7.4.2** Wherever possible all visits by children must take place in a designated area.
- 7.4.3** 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.
- 7.4.4** The child must be supervised at all times by, and remain the responsibility of the accompanying 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.
- 7.4.5** A child visitor must only have contact with the patient for whom the visit has been arranged.
- 7.4.6** 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.
- 7.4.7** Any supervising staff member should not assume a parental role.
- 7.4.8** The decision of whether a patient is supervised by staff throughout the visit will be made by the Care Team and recorded appropriately.
- 7.4.9** 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.
- 7.4.10** 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.

7.5 Patients on leave

- 7.5.1** 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. This may include a discussion with children's social care or the Children Safeguarding Hub.

- 7.5.2** Potential risks to children should form part of a risk assessment, which is undertaken by the clinical team prior to the leave being authorised.
- 7.5.3** 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 6.5.4 below.
- 7.5.4** 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

7.6 Disclosure of Information

- 7.6.1** 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.

- 7.6.2** 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).

- 7.6.3** 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.

7.7 Supervision

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.

7.8 Approved Mental Health Professionals

- 7.8.1** The AMHP has a specific role to consider the issue of a child contact during their assessment process.
- 7.8.2** 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.
- 7.8.3** 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.
- 7.8.4** 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.

7.9 Visits by children to Forest Lodge and Endcliffe Ward

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.

7.10 Human Rights considerations

- 7.10.1** 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.
- 7.10.2** The policy is subject to right of appeal against any decision made regarding restrictions to visiting.

8 Development, Consultation and Approval

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

Review of Policy 2022

The policy was fully reviewed by the Named Nurse for Safeguarding Children and Head of Nursing in consultation with the Vulnerabilities Manager for SCSP. Changes made are in relation to legislative changes and are in line with the [The Sheffield Child Protection and Safeguarding Procedures](#)

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
Relevance and accuracy of the policy	review	Named Nurse for Children, Head of Nursing	Every 3 rd Year	Named Nurse for Safeguarding Children, Head of Nursing and Safeguarding Assurance Committee	Named Nurse for Children, Head of Nursing and Safeguarding Assurance Committee	Safeguarding Assurance Committee
Completion of children visiting Audit	Audit	Named Nurse for Children	annually	Named Nurse for Children	Named Nurse for Children, Safeguarding Assurance Committee	Safeguarding Assurance Committee

*Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. **The policy review date will be November 2025 unless otherwise indicated.***

10 Implementation Plan

Objective	Task	Executive/ Associate Director Responsibility	Timescale
Dissemination, storage and archiving	Post on Trust intranet	Head of Governance	Within 1 week of ratification
Communication of updated policy to all staff	Weekly communications	Head of communication	Within 1 week of ratification
Cascading of information to all staff	Team managers to ensure all staff have access to latest version of this policy, and the previous	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	Annually

11 Dissemination, Storage and Archiving (Control)

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

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

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.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
5.0	November 2022	November 2022	November 2022	N/A

12 Training and Other Resource Implications

All agencies have a responsibility under Section 11 of the Children Act 2004 to ensure that their functions are exercised with a view to safeguarding and promoting the welfare of children. The Chief Executive of Sheffield Health and Social Care Trust has the legal responsibility for ensuring that SHSCFT staff are trained in safeguarding. All staff who may come into contact with children as part of their work require a certain level of training commensurate with their role and responsibility as indicated in the Intercollegiate Advisory Document Safeguarding Children and Young People: Roles and Competences for Health Care Staff (Royal College of Nursing, fourth edition 2019) and supported by the statutory guidance 'Working Together to Safeguard Children' (2013).

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

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

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

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

Any clinical team that identifies that supplementary training is required must contact the Trust safeguarding office (shscsafeguarding@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.

13 Links to Other Policies, Standards (Associated Documents)

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

SHSCFT and South Yorkshire Safeguarding Adult Procedures

SHSCFT Domestic Abuse Policy

SHSCFT Human Resource Policies

SHSCFT Consent Policy

SHSCFT Incident Reporting Policy

SHSCFT Clinical and Professional Supervision Policy

SHSCFT Safeguarding Supervision Policy

Children Act 1998 and 2004

Children and Social Work Act 2017

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

Safeguarding Children Policy

Visitors Policy

Children's Act 2004 (HMSO)

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

14 Contact Details

Title	Name	Phone	Email
Head of Safeguarding	Hester Litten (Inerim)	271 8484	hester.litten@shsc.nhs.uk
Named Nurse for Safeguarding Children	Angela Whiteley		Angela.whiteley@shsc.nhs.uk
Adult Safeguarding Advisor	Stephenie Barker		Stephenie.barker@shsc.nhs.uk
Director of Quality	Salli Midgley		Salli.midgley@shsc.nhs.uk
Executive Director of Nursing, Professions and Operations	Beverley Murphy		Beverley.murphy@shsc.nhs.uk
Named Doctor for Safeguarding Children	Helen Crimlisk	275 0719	Helen.crimlisk@shsc.nhs.uk
Deputy Head of Nursing	Kirsty Dallison-Perry		kirsty.dallisonperry@shsc.nhs.uk

15 References and Further reading

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

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

Equality Impact Assessment Process and Record for Written Policies

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

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

I confirm that this policy does not impact on staff, patients or the public.

Name/Date:

YES, Go to Stage 2

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

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

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

Race	No		
Religion or Belief	No		
Sex	No		
Sexual Orientation	No		
Marriage or Civil Partnership	No		

Please delete as appropriate: - no changes made.

Impact Assessment Completed by:
Name /Date Angela Whiteley 28/11/2022

Appendix B

Review/New Policy Checklist

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

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	Yes
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Yes
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	No
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Yes
5.	Has the policy been discussed and agreed by the local governance groups?	No,
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	Yes
Template Compliance		
7.	Has the version control/storage section been updated?	Yes
8.	Is the policy title clear and unambiguous?	Yes
9.	Is the policy in Arial font 12?	Yes
10.	Have page numbers been inserted?	Yes
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Yes
Policy Content		
12.	Is the purpose of the policy clear?	Yes
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	Yes
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	Yes
15.	Where appropriate, does the policy contain a list of definitions of terms used?	No
16.	Does the policy include any references to other associated policies and key documents?	Yes
17.	Has the EIA Form been completed (Appendix 1)?	Yes
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	Yes
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	Yes
20.	Is there a plan to i. review ii. audit compliance with the document?	Yes
21.	Is the review date identified, and is it appropriate and justifiable?	Yes

