Policy:

NP 017 Safeguarding Children

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

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Summary of policy

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

This policy dated April 2025 replaces the previous version dated April 2022.

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.

Keywords	Children and Young People, Safeguarding, Domestic Abuse, Female Genital Mutilation, Sexual Exploitation.

Storage & Version Control

Version 7 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V6 April 2022). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Policy Version and advice on document history, availability and storage
Version 6 (April 2022)
Version 5 (March 2019)
Version 4 (October 2014)
Version 3 (May 2013)
Version 2 (October 2009)

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

Contents:

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's Act of 1998 and 2004, and in the statutory guidance, 'Working Together to Safeguard Children 2018 and 2023'.

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

All staff within SHSCFT must follow this policy and the Sheffield Children's Safeguarding Partnership, Child Protection and Safeguarding Procedures Manual and associated practice protocols issued by the Sheffield Children Safeguarding Partnership (SCSP). This applies to all staff working within SHSCFT 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, regarding the need to safeguard and promote the safety and welfare of children.

Whilst we recognise that in most circumstances, it will be the parent (or grandparent) who will be 'the service user', 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 Sheffield Children Safeguarding Partnership Child Protection and Safeguarding Procedures Manual (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, female genital mutilation (FGM), racism and where children are or may be affected by domestic abuse or substance misuse (drugs and alcohol) involving another person.

Child sexual exploitation must also be considered by clinicians as a possibility for young adults who are our service users or for children of our service users.

Sexual exploitation of children and young people is a form of child sexual abuse to a person under 18 which involves exploitative situations, contexts and relationships whereby a power imbalance is used to force or coerce young people into a sexual activity in exchange for

something such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money. Sexual exploitation can occur in person or via technology (e.g., social media, chat rooms) or a combination of both.

In all cases, those exploiting the child / young person have power over them by virtue of their age, gender, intellect, physical strength and / or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social / economic and/or emotional vulnerability'. Both young girls and boys can be exploited. (Sheffield Children Safeguarding Partnership Child Protection and Safeguarding Procedures Manual)

4. Purpose of this policy

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

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

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.

Staff should always consider during any interaction with a service user if there is potential domestic abuse occurring within the family/household and the potential 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, children subject to a child protection plan, children looked after as well as children who are victims of sexual exploitation (both criminal and sexual). They must also ensure that their teams are progressing these cases both within the organisation through multi-disciplinary team meetings, and providing management oversight, and externally with partner agencies and that the SHSC safeguarding team is made aware of such cases.

Team managers should ensure that safeguarding supervision is delivered to their teams in line with the SHSCFT safeguarding supervision policy. Additional support for staff is available through their line manager or the corporate safeguarding team.

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

If children's social care or the Family Intervention are involved with the family, the SHSCFT clinician must ensure there is regular communication.

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

The Sheffield Safeguarding Hub (Tel: 0114 2734855) can also be accessed by professionals for general advice and where appropriate, the hub is able to check social care records and share relevant safeguarding information with SHSC services 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 solely with service users and in situations which may place the service user at risk. All SHSCFT staff are required to have the relevant disclosure and barring checks prior to working unsupervised within the Trust.

5.2 Safeguarding Assurance Committee

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

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

5.3 Clinical Directorates

Clinical directorates shall be represented as members and attendees of the Safeguarding Assurance Committee and these clinical directorate representatives will have a responsibility to feed into discussions at the committee, taking actions to be completed back to their directorates and providing assurance that these actions have been completed.

6. Procedure

6.1 Parental /caregiver mental ill health

Mental ill health in a parent or carer does not necessarily have an adverse impact on a child's development. Just as there is a range in severity of illness, so there is a range of potential impact on families. The majority of parents with a history of mental ill health present no risk to their children, however even in cases of low-level concern, the needs of the child/ren must be paramount.

It is important to recognise that other issues can exacerbate the risk presented by mental ill health. For example, the presence of drug or alcohol misuse, domestic abuse, parental conflict within the household and lack of family or community support could all indicate an increased likelihood of risk to the child, and to the parents' mental health and wellbeing.

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

The Child Safeguarding Practice Review Panel - Annual Report 2023 to 2024
Parents with a mental health problem: learning from case reviews | NSPCC Learning

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 is 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 to meet their children' 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.

Early Help support should be discussed with the parents and a referral made where the parents' consent. Information for parents can be accessed at https://www.sheffielddirectory.org.uk/

6.3 Children/young people as service users

Within certain SHSCFT teams, service users may be under the age of 18 e.g. Early Interventions in Psychosis, Crisis Assessment and Home Treatment Team, Liaison Psychiatry and Sheffield Talking Therapies (formally IAPT). Should these children or young people require hospital admission, action should be taken to relocate the young person to an age-appropriate service provided by Sheffield Children's Hospital. Adult mental health wards **should not** be used for the admission of young people under the age of 18.

When delays in process occur in locating an age-appropriate placement, a Trust incident form must be completed, the case should be escalated to senior management a safeguarding

children's referral should be completed, and the Corporate Safeguarding Team should be made aware.

Where there are safeguarding concerns about service users aged under 18, this safeguarding children's policy would apply.

Service users who are under the age of 18 must be followed up by a health or social care practitioner i**mmediately** 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 Your Health and Services in South Yorkshire :: South Yorkshire I.C.B

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 are at considerable health disadvantage and their lives may be at risk. SHSCFT practitioners who come into contact with children (either directly or indirectly) as part of their work role, must facilitate support for children who are victims of domestic abuse in their own right (Domestic Abuse Act 2021) and take steps to ensure that relevant information about them is shared appropriately and safeguarding referrals made as appropriate.

6.5 Referrals to Children's Social Care

Referrals should be made to children's social care services as soon as a problem, suspicion or concern about a child becomes apparent.

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 Team.

When you contact the Sheffield Safeguarding Hub, you will be put through to a trained 'screening' social worker who will offer advice and decide how to proceed.

You will be asked about the concerns you have but also what you think is going well with the family; whether you aware of any family network that can offer support and about any further support you will be offering to the parent.

Completion of the Every Child Matters form (ECM) will assist in guiding the conversation with the screening social worker. In all cases, a Trust incident form must be completed which notes the nature of the concern, the name of the screening social worker and any initial outcome.

If a child or young person is in immediate danger, contact the police on 2222 from an SHSC networked telephone if needing to contact emergency services whilst in the community or from a personal mobile telephone call 999.

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

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 information should not result in a delay in making a referral.**

Where a person is refusing engagement with the Trust or where an inappropriate referral has been received, that highlights child protection concerns the SHSCFT practitioner must satisfy themselves that the necessary referrals to the Sheffield Safeguarding Hub have been made. This may involve clarification with the referrer.

If the referrer declines to make a referral to the Sheffield Safeguarding Hub or the SHSCFT clinician cannot confirm that a referral has been made, the clinician should seek advice from the Sheffield Safeguarding Hub and pursue a referral if they deem it necessary.

Once a referral has been made to the Sheffield Safeguarding Hub, the screening social worker will email the referrer with an update on the referral. If no communication is received, a follow up call by the SHSCFT clinician should be made within 2 working days to ensure that the referral has been actioned and establish what action may be required by the SHSCFT clinician.

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

Should there be concerns by the SHSCFT clinician that appropriate action has not been taken by colleagues internally or externally to the Trust, reference should be made to the Effective Challenge and Escalation section in the SCSP Child Protection and Safeguarding Procedures Manual. https://sheffieldscb.proceduresonline.com/p_effect_challenge_esc.html#

Clinicians should also contact the SHSC Safeguarding Team who can support you through this process.

6.6 Recording and Assessment

All children living within the households of SHSCFT service users must be recorded on the service users demographics on Rio, clearly identifying if the service user has parental responsibility. An Every Child Matters (ECM) form should also be completed.

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.

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. You should do this whether 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 should include information about children connected to the adult service user and any child safeguarding concerns. This should include detail about children in the household, including information about where there are shared parental responsibilities and information about pregnancies where relevant (including expected date of delivery where known).

It is the responsibility of the clinician 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's Social Care Team, 0114 273 4855 (24-hour number). They will ensure that you are given the correct contact details for the Children's 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 Section 17 MHA Authorisation of Leave Policy provides additional information and guidance. Care should be taken to carefully assess any risks, and these should be robustly documented.

Where there are known child protection issues or where it is known that children within the family are open to children's social care, communication should be undertaken with children's social care to inform them when the service user is authorised leave and when the service user is discharged from hospital.

Where children have an allocated social worker, the social worker should be invited to discharge planning meetings.

6.8 Service User relocation to and from Sheffield

When service users move into Sheffield to receive services or are referred for specialist services, within SHSCFT and have parental responsibility, any clinician having concerns regarding the children within the family should contact services from the previous location to appraise themselves of any concerns regarding the safety of the children. SHSCFT clinicians must ensure that they report their concerns to the Children's Social Care within Sheffield.

Clinicians whose clients move out of Sheffield 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.

Clinicians 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 clinicians are unable to attend, they must send a comprehensive report to the meeting using the child protection report template for inclusion in the discussions (appendix 2). The child protection report asks the clinician to scale whether the adult's mental health puts the child at risk of abuse or neglect. The scaling score relates to the child and the child's safety. 0 means no safety, 10 means complete safety. The report will ask why you have scored that number on the scale and what needs to happen to move you up one point towards 10.

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

7. Dissemination, storage and archiving

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

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

It is the responsibility of the team manager to ensure that where paper policy files are used, they are kept up to date and comprehensive and that teams 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 SHSCFT has legal responsibility for ensuring that all staff employed by SHSCFT are trained to the appropriate level within 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 res	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 regualr supervision.	Level 1 HEE and L1 & 2 Prevent at induction and additional strategic safeguarding training as set out in intercollegiate document
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. **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/**					

It is the clinical directorate leads responsibility to ensure that there are adequately trained staff in all of their teams.

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

9. Development, Consultation and Approval

Policy has been sent for review to members of the Safeguarding Assurance Committee including:
• Executive Director of Nursing, Professions and Quality
• Deputy Director of Nursing and Quality
• Named Doctor for Safeguarding
• Heads of Service
• Heads of Nursing
• Matrons

10. Audit, monitoring and review

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

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

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

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

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

11. Implementation plan

Objective	Task	Executive/ Associate Director Responsibility	Timescale
Dissemination, storage and archiving	Post on Trust intranet	Director of Nursing, Professions and Quality	Within 1 week of ratification
Communication of updated policy to all staff	Weekly communications	Director of Nursing, Professions and Quality	Within 1 week of ratification
Cascading of information to all staff	Senior Managers to share with Team/Ward managers to ensure all staff have access to latest version of this policy.	Director of Nursing, Professions and Quality	Within 1 month of dissemination

Training and development	Ensure up to date information is available at induction for all new staff	Director of Nursing, Professions and Quality	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

12. Links to other policies, standards and legislation

Sheffield Children Safeguarding Partnership Child Protection and Safeguarding Procedures Manual

https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/south-yorkshire-adult-safeguarding-procedures

https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

SHSCFT Safeguarding Adults Policy
SHSCFT Domestic Abuse Policy
SHSCFT Human Resource Policies
SHSCFT Consent Policy
SHSCFT Incident Reporting Policy
SHSCFT Safeguarding Supervision Policy
SHSCFT Managing Allegations Against Staff Policy
SHSCFT Sexual Safety Policy
SHSCFT Confidentiality and Information Sharing Policy

Children Act 1998 and 2004

Children and Social Work Act 2017

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)

13. Contact details

Title	*Name*	*Phone*	*Email*
Head of Safeguarding	Hester Litten	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
Dept Director of Nursing and Quality	Vanessa Garrity		Vanessa.Garrity@shsc.nhs.uk
Executive Director of Nursing, Professions and Quality	Dr Caroline Johnson		Caroline.Johnson@shsc.nhs.uk
Named Doctor for Safeguarding	Dr Ashritha Roy		Ashritha.Roy@shsc.nhs.uk

14. References

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

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

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

Safeguarding Adults" Association of Directors of Social Services 2013

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

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

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

Working Together to Safeguard Children" HM Government, 2018

Data Protection Act HMSO 2018

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

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

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

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

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

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

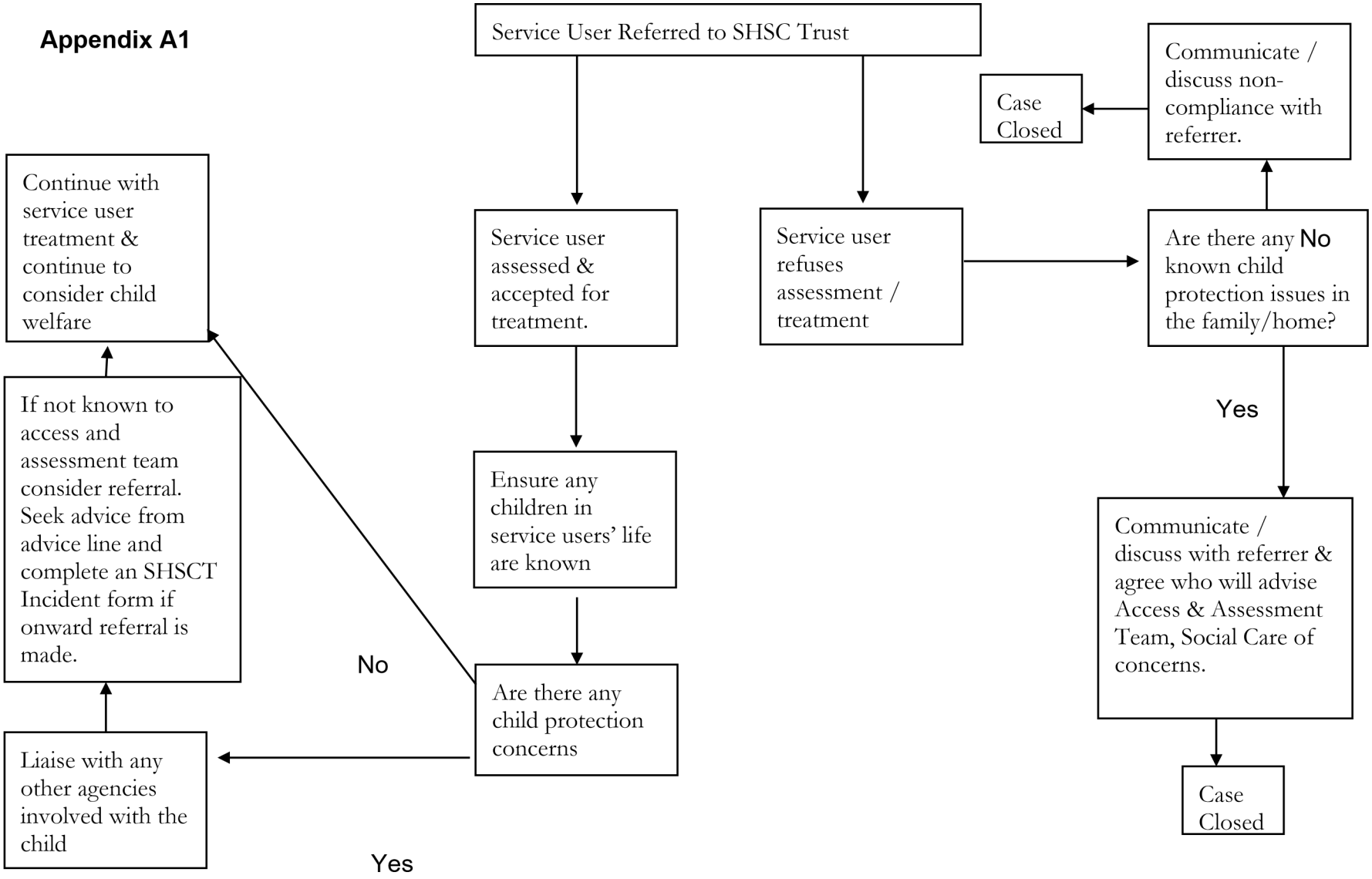
Safeguarding Adults: The Role of Health Service Practitioners (March 2011)

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

Safeguarding Children - Person Referred to SHSCFT

Appendix 1

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 2

SHSC Child Protection Report

Parent name: **Child(ren) name:**

Name of worker completing report;
Mental Health Service:
Date report completed:
Has the report been shared with parent / carer? Yes / no (important to indicate if the report has been shared with the parent/carer)
Attending conference / sending apologies

Reason for SHSC services being involved: (Please include if the parent / carer has a formal diagnosis - if not please state what symptoms they are being treated for. What part of SHSC they are accessing)

Impact of mental health and wellbeing / physical health difficulties on individual: (Please include how often you are you seeing the service user, how well the safety planning around their mental health going, compliance with treatment, and whether they are waiting for any further assessment within SHSC e.g. psychiatric assessment)

Impact of mental health and wellbeing / physical health difficulties on parenting: (Please include whether the service user feels their current mental ill health is impacting on their parenting e.g. routines. Are you aware of any parental conflict within the household?)

Impact of mental health and wellbeing difficulties / physical health on child: (Please include what the service user says about home life and children and whether they worry about any impact on their child. Please indicate if the service user is reluctant to discuss home life.
As the worker do you have any concerns relating to how the parent / carers mental ill health may affect the child's emotional health and wellbeing?)

What is the plan for continued support?
Staying with service / referral back to GP / referral to other SHSC service ……

Do you feel that the child(ren) should be made subject to a child protection plan? yes / no
Reasons:

Will the adult's mental health / physical health put the child at risk at any time physically or emotionally? Please score on the information you have - even if it limited
Please scale your answer. The scaling score relates to the child and the child's safety
How safe is this child?
with 10 being that this child is safe from harm and 0 being this child is not safe.

0---------+---------+---------+--------+--------+--------+--------+--------+--------+---------10
Wherever possible scoring must be completed. Please state the reason if not completed.

Why have you scored that number on the scale?

What would need to happen for your score to move up just one point?

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: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by:
Name /Date

Appendix B

Review/New Policy Checklist

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

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	YES
2.	Is the local Policy Champion member sighted on the development/review of the policy?	NO
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	YES
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	YES
5.	Has the policy been discussed and agreed by the local governance groups?	NO but has been circulated to members of the SAC.
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	YES Statutory requirement as per NHS Intercollegiate Guidance
	Template Compliance	
7.	Has the version control/storage section been updated?	YES
8.	Is the policy title clear and unambiguous?	YES
9.	Is the policy in Arial font 12?	YES
10.	Have page numbers been inserted?	YES
11.	Has the policy been quality checked for spelling errors, links, accuracy?	YES

	Policy Content	
12.	Is the purpose of the policy clear?	YES
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	YES – as above
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	NA
15.	Where appropriate, does the policy contain a list of definitions of terms used?	YES
16.	Does the policy include any references to other associated policies and key documents?	YES
17.	Has the EIA Form been completed (Appendix 1)?	YES
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	YES
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	YES
20.	Is there a plan to i. review ii. audit compliance with the document?	YES
21.	Is the review date identified, and is it appropriate and justifiable?	YES