

Safeguarding Children/Child Protection Policy

The use of this policy may require support from the following Trust policy and Guidance: Safeguarding Adults, Mental Capacity

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| Author: | Sue Roughton, Head of Safeguarding (Children & Adults) |
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| Executive Summary | |
| This policy describes the Trusts approach and procedures to be followed to ensure children are safeguarded. | |

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Version History Log

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1 Introduction & Scope

1.1 The Children Acts 1989 and 2004 and the statutory guidance Working Together to Safeguard Children (2013 & prior versions of this document) have set out the principles for safeguarding and promoting the welfare of children and young people (i.e. anyone who has not yet reached their 18th birthday). This policy reflects the principles outlined within this document, and is in accordance with safeguarding children procedures & policies of City of York Safeguarding Children Board (CYSCB), North Yorkshire Safeguarding Children Board (NYSCB) & East Riding Safeguarding Children Board (ERSCB) multi-agency procedures, which can be accessed at www.saferchildrenyork.org.uk, www.safeguardingchildren.co.uk and www.erscb.org.uk respectively.

1.2 The Children Act 2004 emphasises that we all share a responsibility to safeguard children and young people and to provide for their welfare, and that all members of the community can help to do this. The most important messages are therefore that **safeguarding is everyone's responsibility, and the welfare of children is paramount.**

1.3 York Teaching Hospital NHS Foundation Trust (hereafter known as 'the Trust') has a duty to take reasonable care to ensure the high quality of the services they provide, and therefore there is an expectation that the organisation demonstrates robust safeguarding systems and safe practice within the agreed local multi-agency procedures mentioned above.

1.4 This policy and procedures document describes the roles and responsibilities within the Trust in relation to the safeguarding of children.

1.5 It applies to all children (including unborn babies) and young people under the age of 18 years who have or may have suffered, or be likely to suffer physical injury, neglect, failure to thrive, emotional or sexual abuse or exploitation, which the person or persons who had custody, charge or care of the child either caused or knowingly failed to prevent.

1.6 Safeguarding & protecting the welfare & safety of children must concern all staff who come in to contact with children, young people &/or their parents or carers. This document sets out the actions that you must take if you have concerns that any child (i.e. person under 18 years) may be being abused or neglected, during the course of your work. This Policy & Procedures are applicable to all employees of YTHFT, including locums, agency staff, students & learners, volunteers and independent contractors working for YTHFT or within YTHFT sites.

1.7 This document, along with City of York Safeguarding Children Board, North Yorkshire Safeguarding Children Board & East Riding Safeguarding Children Board Procedures, relates to children and young people up to 18 years of age, and their parents &/or carers, or unborn children.

1.8 This Policy & Procedures should also be read in conjunction with related Trust Policies, Procedures & Guidance, including:

- Records Management Policy (<http://staffroom.ydh.yha.com/policies-and-procedures/corporate-policies-and-procedures/records-management-policy/view>)
- Policy, Procedures & Guidance for Responding to Allegations of Abuse or Neglect of a Child Against An Employee ([hyperlink to be inserted when the revised policy goes live](#));
- Whistle Blowing Policy ([http://staffroom.ydh.yha.com/policies-and-procedures/whistleblowing-policy/view](http://staffroom.ydh.yha.com/policies-and-procedures/corporate-policies-and-procedures/whistleblowing-policy/view));
- Recruitment, Selection & Employment Policy (<http://staffroom.ydh.yha.com/policies-and-procedures/corporate-policies-and-procedures/recruitment-selection-and-appointment-policy/view>);
- Disciplinary Policy & Procedure (<http://staffroom.ydh.yha.com/policies-and-procedures/corporate-policies-and-procedures/disciplinary-policy-and-procedure/view>);
- Corporate Statutory Mandatory Training Guidelines (<http://staffroom.ydh.yha.com/policies-and-procedures/corporate-policies-and-procedures/corporate-statutory-mandatory-training-identification-policy/view>).

2 Definitions

2.1 Safeguarding and promoting the welfare of children is defined for the purposes of this document as:

- protecting children from maltreatment;
- preventing impairment of children's health or development; and
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

2.2 A child is defined as anyone who has not yet reached their 18th birthday.

2.2.1 The fact that a child has reached 16 years of age and is:

- living independently;
- in further education;
- a member of the armed forces;
- in hospital;
- in custody; or
- in a secure estate for children & young people

does not change his or her status as a child, or entitlement to services under the Children Act 1989.

2.2.2 Additionally, a person aged between 18 & 24 years, who has been Looked After by the Local Authority (previously known as In Care) or who has a disability, also has protection under the Children Act 1989. You must also refer to the Trust Safeguarding Adults Policy where concerns are raised in relation to this age group.

2.3 Young People 16-18 Years where there are Child Protection or Safeguarding Children Concerns

2.3.1 Where people aged 16-18 years attend the Emergency Department, are seen within the community services, or are admitted to any area/ward of the Trust, staff must still follow these Safeguarding Children procedures.

2.3.2 Where there are concerns that the young person may have experienced or be at risk of experiencing abuse or neglect, a

documented discussion must take place with the Named Doctor for Child Protection or, if out of office hours, with the Consultant Paediatrician on call regarding management of the child protection/safeguarding issues. This *does not* mean that the Consultant Paediatrician will take over the care of the patient; the role of the Paediatrician in such cases is, primarily, to offer support and expert guidance to colleagues regarding safeguarding/child protection issues.

2.4 Private Fostering is when a child under the age of 16 years (or under 18 years, if disabled) is cared for by someone who is neither their parent nor a close relative (i.e. step-parent, grand-parent, brother, sister, uncle, aunt), and this is via a private arrangement made between the carer & the child's parent, and last for 28 days or more. NB: All instance of Private Fostering must be reported to Children's Social Care.

2.5 Child Protection is a part of safeguarding & promoting the welfare of children & young people. Child Protection refers to that activity which is undertaken to protect specific children who are known to be suffering or at risk of suffering significant harm, as defined by the Children Act 1989, Section 47.

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

2.6 Children in Need are defined as being 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services (Section 17(10) of the Children Act 1989), plus those who are disabled. The critical factors to be taken in to account in deciding whether a child is in need under the Children Act 1989 are: i) what will happen to the child's health or development without services being provided, and ii) the likely effect that the services will have on the child's standard of health and development (Working Together to Safeguard Children 2013).

2.7 Parental Responsibility (PR) means the legal rights, duties, powers, responsibilities and authority a parent has for a child & their property. A person who has PR for a child has the right to make decisions about their care & upbringing. Important decisions in the child's life (e.g. whether or not a child receives **medical treatment**) **must be agreed with anyone else who has PR.**

The following people automatically have PR: birth mother, father if married to mother at the time the child was born, father if not married to the mother but is registered in child's birth certificate if birth registered after 2003, civil partners of mother registered as the child's legal parent on the birth certificate. It is also possible to obtain PR in the following ways:

- Biological Fathers: if a father is not married to the mother, and is not registered on a child's birth certificate, he will not automatically have PR. If he is registered on the child's birth certificate, but the birth certificate was issued before December 2003, he will also not automatically have PR. A biological father who does not have PR can get PR by: i) re-registering the birth of the child (if the father's name is *not* on the original birth certificate and the mother agrees to this; ii) by making a Parental Responsibility Agreement with the mother, which is witnessed by a Court Official; iii) applying to the Court for PR through a Parental Responsibility Order; iv) being granted a 'Residence Order' by the Court; v) marrying the mother & re-registering the child's birth.
- Married & Civil Partnered Step-Parents: a step parent will not automatically get PR by marrying or entering into a civil partnership with the mother. A step-parents can get PR by: i) by making a Parental Responsibility Agreement with the mother, which is witnessed by a Court Official; ii) applying to the Court for PR through a Parental Responsibility Order.
- Others Who are Not Parents: it is possible for other people who are not the child's parent or step-parent to gain PR: i) where there is a **Care Order or Interim Care Order**, the Local Authority shares PR with the mother and any other people with PR; ii) if a person has a **Residence Order** they will gain PR for the duration of that Order; iii) being appointed as **Guardian** to a child automatically gives that person PR shared with any other people with PR; iv) being appointed as a **Special Guardian** to a child automatically gives that person PR. The biological parent(s) will keep their PR, but they will not have equal PR to the Special Guardian who can override decisions made by the parent if there is an issue they disagree on; v) if a child is **adopted**, their adoptive parent(s) automatically get PR and the biological parent(s) will lose PR.

2.8 Significant Harm

There are no absolute criteria in which to rely when judging what constitutes 'significant harm'. Consideration of the severity of the ill-treatment may include the degree & extent of physical harm, the duration & frequency of the abuse and neglect, the extent of premeditation, the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these have been associated with the more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes a single traumatic event may constitute significant harm (for example a violent assault, suffocation, poisoning) but more often significant harm results from a compilation of incidents or events, both acute & long standing, which interrupt, change or damage the child's physical and/or psychological development. Some children live in family & social circumstances where their health & development are neglected. For them it is the corrosiveness of the long term emotional, physical or sexual abuse that causes the impairment, to the extent of constituting significant harm. In each case it is necessary to consider any child maltreatment alongside the child's own assessment of his or her safety and welfare, the family's strengths and supports (Working Together to Safeguard Children 2013).

2.9 Child Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Abused children may present with signs and symptoms within a variety of settings. Acute physical or sexual abuse may present at any department, for example the Emergency Department with a physical injury, infection at Dermatology clinics and a variety of genitor-urinary and behavioural symptoms to acute paediatric wards or children's outpatients, for example.

2.10 Child Maltreatment (Working Together to Safeguard Children 2013)

Physical Abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise

causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

2.11 Emotional Abuse

The persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

2.12 Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy

as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

3 Policy Statement

3.1 Aims & Purpose

This document sets out the child protection/safeguarding children principles, structures & systems that the Trust has implemented to ensure that all children (i.e. those under the age of 18 years) accessing the services of the organisation will receive the appropriate measures to ensure that they are safeguarded to the best of our ability in respect of all child protection/safeguarding children issues.

York Teaching Hospital NHS Foundation Trust (the Trust) believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice which protects them.

York Teaching Hospital NHS Foundation Trust recognises that:

- the welfare of the child/young person is paramount;
- all children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse;
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

3.2 The purpose of the policy

- To provide protection for the children and young people who receive any services from York Teaching Hospital NHS Trust, including the children of adult users of services;
- To provide staff, volunteers, agency staff/locums, students & contractors with guidance on procedures they should adopt in the event that they suspect a child or young person may be experiencing, or be at risk of, harm.

This policy applies to all staff, including senior managers and Board members, paid staff, volunteers and contractors, locums, agency staff, students or anyone working on behalf of York Teaching Hospital NHS Foundation Trust.

York Teaching Hospital NHS Foundation Trust will seek to safeguard children and young people by:

- valuing them, listening to and respecting them;
- adopting child protection guidelines through procedures for staff and volunteers;
- recruiting staff and volunteers safely, ensuring all necessary checks are made;
- sharing information about child protection, and good practice with children parents, staff and volunteers;
- sharing information about child protection concerns with agencies who need to know, and involving parents and children appropriately;
- providing effective management for staff and volunteers through supervision, support and training.

It is the responsibility of ALL STAFF (both employed or contracted by the Trust, or volunteers, locums, students or other learners, and agency staff) to take appropriate action when they know or suspect a child has been subject to abuse or neglect, or is at risk of being abused or neglected.

3.3 Background

3.3.1 Abuse and neglect are forms of maltreatment of a child.

Someone may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. Children may be abused by an adult or adults, or another child or children. Abuse can be wilful or unintentional, and can be seen in different forms including physical, sexual and emotional abuse, sexual exploitation and neglect.

Safeguarding children and young people includes any work which aims to prevent abuse, or to protect those who may already be experiencing abuse.

Effective safeguarding depends on a culture of zero tolerance of abuse, and where concerns can be raised with confidence that action will be timely, effective, proportionate and sensitive to the needs of those involved. The Munro Review (2011) gave particular emphasis to the importance of effective, early intervention for vulnerable children & families.

The wide body of research into child abuse & maltreatment over the last 50 years, the Munro Review 2011, the reports of the public inquiries into the deaths of children (Brandon et al 2007, 2009 & 2011), plus the reports of the recommendations from local & national Serious Case Reviews, have shaped current & emerging legislation and guidance.

Of particular note are the high profile child death inquiry chaired by Lord Laming, "*The Victoria Climbié Inquiry*", in 2002, and his second report in 2009 following the death of Baby Peter Connelly in Haringey. These reports highlighted ongoing themes reported in many other child death inquiries:

- failures to intervene early enough, inadequate information sharing;
- poor record keeping;
- a lack of accountability;
- poor management support;
- a lack of child protection reflective supervision; and
- poor training of workers and managers.

Public awareness continues to improve and there is an increasing expectation that all health care providers have systems in place to identify early indicators of abuse, prevent abuse wherever possible,

and that they act quickly and effectively, in partnership with other relevant agencies, to safeguard children and young people when it is discovered that they are, or may be, experiencing abuse or significant harm.

3.3.2 Safeguarding & Promoting the Welfare of Children

Health professionals and organisations have a key role to play in safeguarding & promoting the welfare of children. The general principles that must be applied are:

- To aim to ensure that all abused or neglected children receive appropriate and timely preventative & therapeutic interventions;
- Those professionals who work directly with children & young people should ensure that safeguarding & promoting their welfare forms an integral part of all stages of the care & involvement that they offer;
- Those professionals who come in to contact with children & young people, parents & carers in the course of their work also need to be aware of their safeguarding responsibilities; and
- Ensuring that all clinical health professionals can recognise risk factors and contribute to identification of abuse or neglect, case reviews, enquiries and Child Protection Plans, as well as planning support for children & providing ongoing promotional & preventative support through proactive work with children, young people & their parents/carers.

3.3.3 Responding to ‘Historical’ Abuse (i.e. an adult disclosing about their own history of abuse in childhood)

When an adult discloses a personal history of abuse as a child, there are three elements that need to be taken in to consideration:

- The welfare of the adult what was abused as a child: this may entail referring the adult for counselling or other talking therapy;
- The welfare of any children who may currently have contact with the person who abused: it is of note that where an adult has been sexually abused during their childhood, it is likely that the abuser will continue to abuse other children. If the

adult making the disclosure has any suspicions that their abuser may currently have contact with known children, a referral in relation to those children should be made to the relevant Children's Social Care department. Advice regarding this can be obtained from the Trust Safeguarding Children Team (see Appendix 4 for contact details).

- Prosecution of the perpetrator: the adult making the disclosure should be encouraged to speak to the Police (Protecting Vulnerable People Unit), who will discuss with the adult the range of actions they could take & all implications of such actions. This will also include the protection of children who may currently be at risk of abuse by this alleged perpetrator. Advice regarding this can be obtained from the Trust Safeguarding Children Team (see Appendix 4 for contact details).

3.3.4 Impact Upon Individuals with Protected Characteristics

This policy aims to safeguard all children and young people who are in receipt of services (or whose family members or carers are in receipt of services) from YTHFT, and who may be at risk of abuse, irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender or sexual orientation.

All Trust staff must respect the alleged victim's (and their family's/carers) culture, religious beliefs, gender and sexuality. However this must not prevent action to safeguard children and young people who are at risk of, or experiencing, abuse. Support in clarifying or understanding diversity issues can be sought from the Equality and Diversity Facilitator.

All reasonable endeavours must be used to establish the child, young person and family's/carer's preferred method of communication, and to communicate in a way they can understand. This will include ensuring access to a professional interpretation service where people use languages (including signing) other than spoken or written English. Every effort must be made to respect the person's preferences regarding gender and background of the interpreter.

4 Accountability

Recruitment Procedures: All members of staff commencing employment within the Trust, and who will be working in any [‘regulated activity’](#) (as defined by the Disclosure & Barring Service – see Appendix 3) with children or vulnerable people must have enhanced Disclosure & Barring Service clearance prior to commencing in post.

The following Safeguarding statement will be in every YTHFT job description:

“All employees have a responsibility to protect & safeguard vulnerable people (children & adults). They must be aware of child & adult protection procedures and who to contact within the Trust for advice & guidance. All employees are required to undertake Safeguarding Children Awareness Training, and to undertake additional training appropriate to their role”

It is expected that all recruitment will follow the Local Safeguarding Children Board Safer Recruitment guidance:

City of York: <http://www.saferchildrenyork.org.uk/safer-recruitment-guidance.htm>

North Yorkshire: <http://www.safeguardingchildren.co.uk/section-11-procedures.html>

East Riding: <http://www.erscb.org.uk/professionals-and-volunteers/safer-employment-and-volunteering/>

The success of this policy is dependent on a range of individuals being involved in the implementation of this document. The responsibilities on individuals in ensuring compliance with this document are detailed below:-

- **The Chief Executive** has overall responsibility for Trust wide legislative compliance and management of risk in safeguarding adults and children;
- **The Chief Nurse** has Board responsibility for all aspects of safeguarding adults at risk and children. This post also has delegated responsibility for keeping the Trust Board fully informed about any serious incidents linked to child protection & safeguarding;

- **The Head of Safeguarding (Children & Adults)** has delegated responsibility for safeguarding adults & children across the Trust;
- **The Named Nurse/Midwife for Safeguarding Children** has responsibility for providing advice & supporting staff in the discharge of their safeguarding children duties;
- **The Named Doctor for Child Protection** has responsibility for providing advice & supporting staff in the discharge of their safeguarding children duties;
- **Divisional Management Teams** have a responsibility to ensure that when staff are concerned that a child may have suffered or be at risk of suffering significant harm, that these concerns are acted upon in accordance with this Policy & Procedures;
- **Ward/Departmental Managers** have responsibility to advise/seek advice and support for their staff members in dealing with the assessment and management of any concerns relating to potential or actual significant harm of children.

ALL STAFF (both employed or contracted by the Trust, or volunteers, locums, students or other learners, and agency staff) will take appropriate action when they know or suspect a child has been subject to abuse or neglect, or is at risk of being abused or neglected.

Appendix 1

Child Protection Procedures

1. General Principles

Prompt action must always be taken to ensure the immediate safety of a child. Consideration must also be given to the safety of other children at the family home address, or who are part of the family. The parent/carer should always be asked if the child has any siblings or if the parent has care of any other children or dependent adults, or if they are privately fostering any other children. The parent or carer should also be asked, in routine history taking, about what job they undertake & where. **If such information gives rise to concerns about the ability for the parent/carer to undertake their work safely (e.g. if allegation is that father abused child, and father states that he is a teacher/nurse/social worker/doctor) then advice must be sought from the Head of Safeguarding (Children & Adults).**

If you **know or suspect** that a child is suffering, may be suffering or is likely to suffer significant harm, you have a **duty** to refer your concerns immediately to Children's Social Care and/or the Police. The Duty Social Worker within Children's Social Care (CSC) must be contacted at an early stage, by telephone, to report the concerns. This will be undertaken by a qualified member of staff in the YTHFT team/department where the concern has been raised. The verbal referral to Children's Social Care must then be followed up in writing, using the agreed referral document, within 24 hours, to ensure that action is taken as appropriate to safeguard the child in question. See Appendix 4 for contact details & Appendix 5 for copies of the local referral forms.

If you are referring a child to CSC for concerns about **Child Protection**/significant harm, you **do not need consent** from the parent/carer to make that referral; it is however good practice to **inform** the child's parents/carers that you intend to refer the child to CSC, *unless you have reason to believe that so doing would increase the risk to the child*. However, if you are referring the child as a **Child in Need** (i.e. a child who needs additional support, but for whom there are no concerns about abuse or neglect) **you must have consent** from the child's parent or someone with parental

responsibility.

Only the Police have powers to intervene in emergency situations, such as where a child is believed to be at imminent danger of significant harm. In such cases you should **dial 999** and ask for North Yorkshire Police.

2. Procedure For All Employees of YTHFT Staff (including Community staff) and those providing services under an SLA or Honorary Contract:

- If you suspect child abuse or neglect but are not sure, or if you require advice, contact the Safeguarding Children Team (see Appendix 4 for contact details) for advice, guidance & support.
- Where possible, explain your planned action with the parent(s)/carers of the child. Exceptions to this are:
 - if you suspect sexual abuse.
 - if you suspect Fabricated or Induced Illness (previously known as Munchausen Syndrome by Proxy).
 - if you consider that discussing your actions with parents would place the child (or yourself) in danger.
- If you are working on the premises of another agency (e.g. in a school), the relevant person must be informed of your concerns and the action to be taken, i.e. the Designated Teacher for Child Protection.
- Qualified professional staff should make a check against the Child Protection Register of City of York (01904 551900), or Child Protection Central Database of North Yorkshire (24 hour tel: 01845 574742), or the East Riding Safeguarding Children Advice Line (tel: 01482 395500), or the Child Protection Database/Register of the area where the child normally lives to assess whether the child is subject to a Child Protection Plan. North Yorkshire's or City of York's Child Protection Database/Register can give you Child Protection Database/Register telephone numbers for other areas.

- Child Protection referrals should be made to the appropriate Customer Relations/Customer Advice Unit of Social Care (see Appendix 4 for contact details).
- Out of hours referrals should be directed to the relevant Emergency Duty Team (see Appendix 4 for contact details).
- Any child protection medical examination should always be conducted/supervised or co-ordinated by a Consultant Paediatrician.
- Record all events and action taken (to include conversations with other professionals and agreed outcomes) in accordance with Trust policies and professional guidance. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map (See Appendix 6 for body maps).
- Notify other health professionals (including the GP) involved with the child or young person.
- If you are unsure of what actions need to be taken, discuss/take advice from the Safeguarding Children Team or Named Doctor for Child Protection (see Appendix 4 for contact details). Out of hours, seek such advice from the On Call Consultant Paediatrician.
- Notify your line manager/team leader of situation and action taken.
- Follow up your telephone referral in writing using the agreed referral form, found at www.saferchildrenyork.org.uk for City of York Children's Social Care or www.safeguardingchildren.co.uk for North Yorkshire Children's Social Care or <http://www.erscb.org.uk/procedures-and-guidance> for East Riding Children's Social Care. One copy of this form should be sent via secure email (i.e. NHS.NET to a GCSX.GOV.UK email address), safe haven fax system, or registered post to the relevant Social Care Customer Relations/Advice Unit, one copy to be included in the child/young person's clinical notes; one copy to be uploaded onto the child's Core Patient Database (CPD) records; and

one copy to be sent to the Safeguarding Children Team (who will upload the referral to CPD ONLY for those staff who do not have access to CPD).

- Community staff may encounter an emergency situation (e.g. where a child has been badly injured as a consequence of abuse, or a young child has been left unattended in the home). In these circumstances, community staff should ring 999 and request assistance from the Police and any other appropriate service. The above procedure should then be followed.

3. Procedure For Staff Working In Emergency Department & Minor Injuries Unit

This guidance applies to all children and young persons up to the age of 18 years where there are actual or possible child protection concerns.

Ensure all fields are completed on an attendance card, including who is accompanying the child, GP, school/nursery, next of kin and any temporary address. N.B.: Next of kin needs to be the person who has 'parental responsibility' for the child/young person (see Definitions section for definition of Parental Responsibility').

Admin Staff:

- Check CPD (or ask manager to arrange this for you) to ascertain whether there is a safeguarding alert re this child, and make senior nursing staff aware if alert/flag is present.
- Check hospital /clinical database for all previous attendances.
- Retrieve previous records if available.
- Ensure medical/nursing staff are aware of children on the Child Protection Register/Central Database by following departmental policy.

Nursing/Medical Staff:

- Identify and document who is accompanying the child and their relationship to the child.
- Identify who is accompanying the child and who has parental responsibility.
- Obtain clear history of events and document, including time scales of incidents and presentation in ED/MIU.

- Check the Child Protection Register of the area where the child is normally resident when there is:
 - clear medical diagnosis of non-accidental injury, or
 - inconsistent explanation of injury to a child, or
 - any actual or suspected fracture in a non-mobile child, or any suspicion of child abuse: physical, sexual, emotional or neglect.

- If the child is resident in North Yorkshire/City of York/East Riding, call the Child Protection Register – North Yorkshire Tel: 0845 034 9410, or City of York Tel: 01904-551900, or East Riding Tel: 01482 395500 (they will also have the contact numbers for other local authority areas if needed). Out of office working hours the Child Protection Register/Database can be checked by contacting the Emergency Duty Team. See Appendix 4 for contact details

- If you are unsure of what actions need to be taken, discuss/take advice from the Safeguarding Children Team or Named Doctor for Child Protection (see Appendix 4 for contact details). Out of hours, seek such advice from the On Call Consultant Paediatrician.

- All children below age one year, or children who are not yet mobile, with fractures **must** be discussed with the Consultant Paediatrician on call, and the content and outcome of this discussion recorded in the patient notes. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map.

- Parents should be informed that admission to the ward for children with fractures under the age of one year/pre-mobile children is usually routine. However, admission to the Children's Ward will be at the discretion of the Consultant Paediatrician on call.

- All children with suspected abuse should be seen by a Consultant Paediatrician (or Named Doctor for Child Protection) even if referred to another speciality. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map.

- Where possible, discuss your plan of action with parents/carers. Exceptions are:

- If you suspect sexual abuse, or
 - Fabricated or Induced Illness may be a possibility, or
 - If this would place the child or yourself in danger.
- Always consider the critically ill child *may* be the result of abuse and /or neglect.
 - Establish the identities of accompanying adults & children, as well as any other family & household members. Record these in the child's records and share this information with Children's Social Care when making a child protection referral.
 - Notify the Safeguarding Children Team, GP, Health Visitor/ School Nurse by phone within 24 hours of any referral to Children's Social Care.
 - Any referral to Children's Social Care should be followed up in writing, using the agreed form found in the Safeguarding Children intranet pages, or attached at Appendix 5 for City of York, North Yorkshire & East Riding Children's Social Care.
 - One copy of this form to be sent to Social Care Customer Relations / Advice Unit;
 - One copy to be included in the clinical notes and uploaded on to CPD;
 - One copy to be sent to the Safeguarding Children Team (who will upload the referral to CPD ONLY for those staff who do not have access to CPD).
 - Remember to ascertain and document the names and whereabouts of other children in the family, and consider their safety. Children's Social Care need to be informed of these children.
 - When handing over the patient to another staff member within the department, document name and time of handover.
 - When adults present with problems related to:
 - Domestic abuse
 - Drug and alcohol misuse
 - Mental health or social care issues

- *It should be established whether they have any caring responsibility for children, where the children are and if they are safe.*
 - *If there are immediate concerns that the children are/could be at risk of significant harm, a referral should be made to Children's Social Care (see above).*
 - *If you have concerns that are not immediate, seek advice from your line manager and/or the Safeguarding Children Team (see Appendix 4 for contact details).*
- If the child's name **is known** to be on the Child Protection Register, or if the child is known to be a Looked After Child (i.e. subject to a care order), even if the attendance is not of concern, you must:-
 - *Inform Children's Social Care of the attendance and outcome. Document clearly on the ED/MIU/UCC (Urgent Care Centre) card that you have done so.*
 - *Notify other involved health practitioners e.g. GP & Health Visitor/School Nurse by sending a copy of the ED/MIU/UCC card or letter.*
 - *If admission is required, it must be noted in the Child's Medical Records that the child's name is on the City of York, North Yorkshire, or East Riding (or other Local Authority area, if living out of our area) Child Protection Register, or that the child is a Looked After Child.*

4. Procedure For All Staff On Children's Wards, Special Care Baby Unit, Children's Outpatients Department, and Maternity/Midwifery Staff

All staff must:

Inform the registered nurse/midwife/line manager in charge of the ward or department if you suspect child abuse or neglect.

The Registered Nurse/Midwife/line manager in charge will:

- *Check CPD to ascertain whether there is a safeguarding alert re this child;*
- Seek and record:
 - a) Name of child(ren) and/or alleged perpetrator concerned
 - b) Address of child(ren) and/or alleged perpetrator

- concerned
- c) Date of birth and NHS Number of child(ren) or alleged perpetrator concerned
- d) Name of the informant
- e) Nature of injuries/concerns. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map.
- f) Date and time of receiving the information
- g) General Practitioner and Consultant of the child(ren) and/or alleged perpetrator concerned

NB: Failure to obtain any of the above MUST NOT delay action.

- Where possible, discuss your plan of action with parents/carers. Exceptions are:
 - If you suspect sexual abuse.
 - Fabricated or Induced Illness may be a possibility
 - If actions would place the child or yourself in danger.
- Inform and discuss with the Consultant Paediatrician and record the content and outcome of this discussion. Advice can be accessed via the Safeguarding Children Team.
- Refer to Social Care Customer Relations/Advice Unit or Emergency Duty Team if outside of normal office hours. Discuss with Duty Social Worker (or Key Worker if it is an active case) and develop a plan of action. Make sure you have discussed the referral with the Consultant Paediatrician. However, even if Consultant Paediatrician does not agree to referral, if as a registered health professional you feel a child protection referral is necessary, you should make that referral.
- Record appropriately (see Trust Guidance on Record Keeping), including discussions taken place regarding the suspicions/incident, times child seen/discussed/referrals made, messages left, with whom and of what agency, advice received from those liaised with, decisions made and actions taken. All records must be signed, dated & timed.
- Inform the child's GP and Health Visitor/School Nurse that you have referred the child to Children's Social Care.
- Follow up in writing the telephone referral made to Social Care on the agreed referral form within 48 hours. Keep one copy in the

child's medical record, upload one copy onto the child's CPD record, and send another copy to the Safeguarding Children Team (who will upload the referral to CPD ONLY for those staff who do not have access to CPD).

NB: For all children admitted to the ward, details must be requested regarding any previous or current safeguarding concerns, or children's social care involvement, for any family members.

Chronologies of significant events re safeguarding are also to be kept in the child's notes, and all children with Child Protection Plans will be flagged on the Core Patient Database (CPD) system by the Safeguarding Children Team.

Where there are known concerns regarding family members who may pose a risk to a child/children, these people will have restricted/supervised/no access to the ward, with further discussions with Children's Social Care and/or Police as appropriate. Hospital Security staff must be informed should a family member be restricted from visiting the hospital.

5. Procedure For All Staff Whose Main Work Is With Adults But Who May Suspect Child Abuse

(This also includes staff who usually care for adults, but may also care for young people up to 18 years of age.)

- Any member of staff who suspects or is concerned that child abuse or neglect is or may be taking place, or who is informed of this by a client/patient, **MUST** follow this procedure.
- Discuss your concerns/the issues with your line manager and the Safeguarding Team, and agree an action plan.
- Collate all family information known to you including names, dates of birth and addresses (if known) of all children and young people within the family, any other household members, and of any known or suspected perpetrator of the abuse. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map.
- Refer to the appropriate Customer Relations/Advice Unit (see Appendix 4 for contact details).

- Out of hours referrals should be directed to the Emergency Duty Team (see Appendix 4 for contact details)
- Where possible, discuss your planned action with the parent(s)/carers of the child/the adult disclosing historic abuse. Exceptions to this are:
 - If you suspect sexual abuse.
 - If you suspect Fabricated or Induced Illness (previously known as Munchausen's Syndrome by Proxy).
 - If you consider that to discuss your actions with parents would place the child or yourself in danger.
- Any child protection medical examination should be conducted/supervised or co-ordinated by a Consultant Paediatrician.
- Record all events and action taken in accordance with Trust Record Keeping policies and professional guidance.
- Notify your line manager of situation and action taken.
- Follow up your telephone referral in writing, within 48 hours, using the agreed referral form (attached for North Yorkshire Children's Social Care, City of York Children's Social Care & East Riding Children's Social Care). One copy of this form should be sent to Social Care's Customer Relations/Advice Unit, one copy to be included in the clinical notes, one copy uploaded onto the child's CPD record (if you have the child's details to be able to do this), and one copy to be sent to the Trust Safeguarding Children Team (who will upload the referral to CPD ONLY for those staff who do not have access to CPD).

6. Procedure for all staff where you suspect abuse of a child by a member of trust staff or volunteer

See your Trust Policy, & Procedures for Responding to Allegations of Abuse or Neglect of a Child Against An Employee on Staffroom

- Advice may be sought from the Trust's Safeguarding Children Team (see Appendix 4 for contact details), Head of Safeguarding (Children & Adults) or Named Doctor for Child Protection.

IT IS ESSENTIAL, IN ORDER TO SAFEGUARD VULNERABLE CHILDREN, THAT ANY CONCERNS ARE SHARED PROMPTLY WITH THE HEAD OF SAFEGUARDING (CHILDREN & ADULTS), NAMED DOCTOR FOR CHILD PROTECTION (OR NOMINATED DEPUTIES), WHERE THERE ARE INDICATIONS THAT A PERSON HAS/MAY HAVE:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or,
- Behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children

WHETHER OR NOT THE CONCERN / ALLEGATION RELATES TO CURRENT, RECENT OR HISTORICAL BEHAVIOUR.

Appendix 2

Making A Child Protection Referral – Quick Guide

1. Clearly document concerns and collate any family information known to you – check the Core Patient Database (CPD), (or ring Safeguarding Children Team if you do not have access to CPD) to see whether there is a safeguarding alert re this child.
2. If you are unsure how to proceed, seek advice from one of the following: line manager, YTHFT Safeguarding Children Team (01904-725724 or 01723-342252) Children’s Social Care; or duty Paediatrician at York/Scarborough Hospital.
3. If a child protection referral is required, contact Children’s Social Care (for numbers see Appendix 4)
4. Give all details/information regarding your concerns and confirm that you are making a child protection referral.
5. Follow verbal referral up in writing within 24 hours. Retain a copy of your referral for your reference, and send a copy to the YTHFT Safeguarding Children Team. (Referral forms available on LSCB websites)
6. Wherever possible, share your intent to refer with parents/carers of child (exceptions outlined on page 14).
7. Always follow these Safeguarding Children & Child Protection Procedures.
8. If you believe that a child is at risk of immediate harm, call the Police on 999, as an emergency.

Further information and multi-agency child protection procedures can be found on the City of York Safeguarding Children Board website (www.saferchildrenyork.org.uk); North Yorkshire Safeguarding Children Board website (www.safeguardingchildren.co.uk); and the East Riding Safeguarding Children Board web site (www.ercb.org.uk).

Appendix 3

DBS Regulated Activity. Please see the document below.



DBS Regulated
Activity

Appendix 4

CONTACTS:

| | |
|--|---|
| YTHFT Safeguarding Children Team | 01904-726647 (York site); 01723-342252 (Scarborough site) |
| Named Midwife & Child Protection Advisor (CPA) for Safeguarding Children (both sites) | Named Midwife – 01723-7712101 CPA - 01904-721814 |
| Customer Services Centre (North Yorkshire) | 0845 034 9410 |
| Advice, Assessment & Early Intervention ('Front Door') (York) | 01904 551900 |
| Early Help & Safeguarding Hub (East Riding) | 01482 395500 |
| Out of Hours Emergency Duty Team (North Yorkshire & York) | 0845 034 9417 |
| Central Database of Children subject of Child Protection Plans (North Yorkshire) | 0845 034 9410 |
| Child Protection Register of Children subject of Child Protection Plans (City of York) | 01904 551900 |
| Child Protection Register of Children subject of Child Protection Plans (East Riding) | 01482 395500 |
| North Yorkshire Police , Vulnerable Persons Unit (Also use this number if trying to contact Police in East Riding, if non-emergency) | Contact all local units via central control room, Tel: 101 |
| Head of Safeguarding (Children & Adults) , York Teaching Hospital NHS Foundation Trust. | 01904-721812 or 07943-077210 |
| Named Doctor for Child Protection York site – Scarborough site - | Dr Liz Baker – bleep via York Hospital switchboard (01904-631313) Dr Venkatesh – bleep via Scarborough General Hospital switchboard (01723-368111) |

Appendix 5:

City of York Children's Social Care, Confirmation of Referral Form:



City of York

North Yorkshire Children's Social Care, Confirmation of Referral Form:



North Yorkshire

East Riding Children's Social Care, Confirmation of Referral Form:

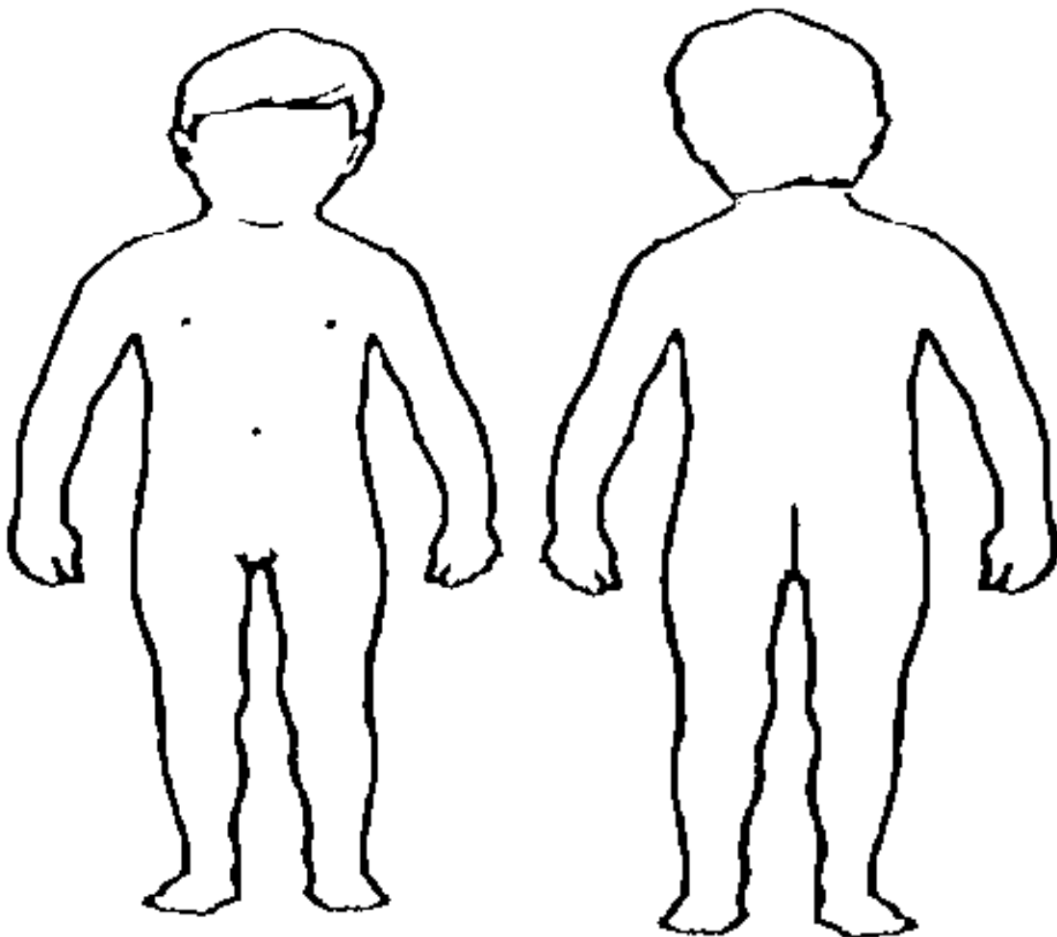
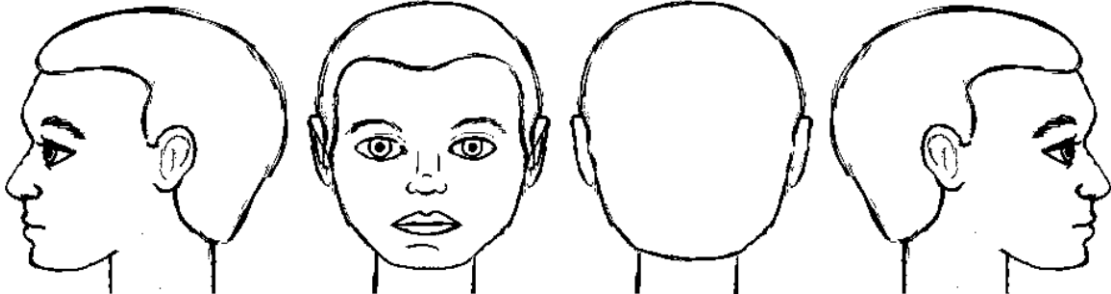


East Riding

Appendix 6:

Body Maps (NB: these are NOT to be used by medical staff for forensic/court reports)

(Please print/photocopy body/face maps as necessary)



Appendix 7

Policy Management

1 Consultation, Quality Assurance and Approval Process

Consultation Process

Consultation has been undertaken with the Matron of Childrens Services; Matron of Emergency Care; Named Nurse for Safeguarding Children; Named Doctor for Safeguarding Children; and all members of the YTHFT Safeguarding Children Governance Group.

Quality Assurance Process

The author has consulted with the following to ensure that the document is robust and accurate:

- Designated Doctor for Safeguarding Children, NHS in North Yorkshire & York.

The policy has also been proof read by the Policy Manager prior to being submitted for approval.

Approval Process

The approval process for this policy complies with that detailed in the Policy Guidance.

The Checklist for Review and Approval has been completed and is included at Page 40.

2 Review and Revision Arrangements

The Trust Named Nurse for Safeguarding Children Named Midwife for Safeguarding Children will be responsible for review of this policy in line with the timeline detailed on the cover sheet.

Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number applied. Subsequent reviews of this policy will continue to require the approval of the Trust Safeguarding Children Governance Group.

3 Dissemination and Implementation

See Appendix 10

4 Document Control

Register/Library of Policies

Please refer to the Policy Development Guideline for detail

Archiving Arrangements

Please refer to the Policy Development Guideline for detail

Retrieval of Archived Policies

Please refer to the Policy Development Guideline for detail

5 Standards/Key Performance Indicators

- Staff awareness of the policy and procedures;
- Adherence to the policy and procedures;
- Attendance by staff at appropriate Safeguarding Children training;
- Care Quality Commission Inspections.
- Approval & acceptance of Policy & Procedures by City of York Safeguarding Children Board, North Yorkshire Safeguarding Children Board & East Riding Safeguarding Children Board.

6 Training

Training will be offered to staff at 4 mandatory levels:

Induction: for ALL Trust staff, within 3 months of appointment;

Level 1: for ALL Trust staff;

Level 2: Those staff (including non-clinical managers and staff working in health care settings) who are not expected to do Level 2 or 3 training

Level 3: for all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns;

Level 4: for specialist roles – i.e. Named Professionals for Safeguarding Children;

Level 5: for Specialist/Expert roles – e.g. Head of Safeguarding (Children & Adults).

All Levels mentioned above relate to the competencies, knowledge, skills & values set out in: “Safeguarding Children and Young people: roles and competences for health care staff” (2014).

7 Trust Associated Documentation

- Policy for Responding to Allegations of Abuse or Neglect of a Child Against An Employee;
- Whistle Blowing Policy;
- Recruitment, Selection & Employment Policy;
- Disciplinary Policy & Procedure.

8 External References

- Children Act 1989
- Children Act 2004
- Working Together to Safeguarding Children (HMSO : 2013)
- “Safeguarding Children and Young people: roles and competences for health care staff” (RCPCH: 2014)
- City of York Safeguarding Children Board – www.saferchildrenyork.org.uk
- North Yorkshire Safeguarding Children Board – www.safeguardingchildren.co.uk
- East Riding Safeguarding Children Board – www.erscb.org.uk

9 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and ensure effective review, the policy will be monitored as follows:-

| Minimum requirement to be monitored | Process for monitoring | Responsible Individual/ committee/ group | Frequency of monitoring | Responsible individual/ committee/ group for review of results | Responsible individual/ committee/ group for developing an action plan | Responsible individual/ committee/ group for monitoring of action plan |
|---|--|---|--|--|--|--|
| a. Staff awareness of the policy and procedures; | Questioning of staff re awareness of new Policy & Procedures. | Safeguarding Children Team | At each verbal contact | Safeguarding Children Operational Group | Named Nurse & Midwife for Safeguarding Children | Safeguarding Children Operational Group |
| b. Adherence to the policy and procedures; | Reviewing of Child Protection Referrals to Children's Social Care; | Named Nurse & Midwife for Safeguarding Children & Child Protection Advisors | At each receipt of a copy of a referral form | Safeguarding Children Operational Group | Named Nurse & Midwife for Safeguarding Children | Safeguarding Children Operational Group |
| c) Attendance by staff at appropriate Safeguarding Children training; | Review of Statutory & Mandatory Training Compliance Reports | Named Nurse & Midwife for Safeguarding Children | Quarterly | Safeguarding Children Governance Board | Named Nurse & Midwife for Safeguarding Children | Safeguarding Children Operational Group |

| | | | | | | |
|---|--|-----------------------------|--|---|-----------------------------|---|
| <p>d)Approval & acceptance of Policy & Procedures by City of York Safeguarding Children Board, North Yorkshire Safeguarding Children Board & East Riding Safeguarding Children Board.</p> | <p>Policy & Procedures accepted by the three named Local Safeguarding Children Boards.</p> | <p>Head of Safeguarding</p> | <p>At each revision of Policy & Procedures</p> | <p>Safeguarding Children Governance Board</p> | <p>Head of Safeguarding</p> | <p>Safeguarding Children Governance Board</p> |
|---|--|-----------------------------|--|---|-----------------------------|---|

Appendix 8 Checklist for Review and Approval

Authors need to be confident that their policy meets all of the criteria identified below before submitting this to the appropriate Group/Committee for approval. The Approving Group/Committee should also assure themselves that the document complies with the criteria below.

| | Criteria | Yes/No | Comments |
|-----------|--|--------|--|
| 1. | Compliance with Policy Guidance | | |
| | Is the title clear and unambiguous? | Y | |
| | Is the correct policy template used? | Y | Policy transferred to template by YTHFT Policy Manager |
| | Does the style and format of the policy meet the requirements of section xx of the Policy Guidance | Y | Policy formatted by YTHFT Policy Manager |
| | Does the policy contain a list of definitions of terms used? | Y | |
| 2. | Rationale | | |
| | Are reasons for the development of the document stated? | Y | |
| 3. | Development Process | | |
| | Is the reason for the development of the document identified? | Y | |
| | Do you feel that all of the relevant stakeholders have been consulted with? | Y | |
| | Does the document identify the individuals or groups consulted with? | N | Not appropriate |
| 4. | Content | | |
| | Is the document linked to a strategy? | N | Safeguarding Children Strategy in development |
| | Is the objective of the document clear? | Y | |
| | Is the target population clear and unambiguous? | Y | |
| | Are the intended outcomes described? | Y | |
| | Is the content clear and unambiguous? | Y | |
| | Does it meet all of the requirements of external agencies/bodies where applicable? | Y | |
| 5. | Evidence Base | | |
| | Is the type of evidence to support the | Y | |

| | Criteria | Yes/No | Comments |
|------------|---|--------|-------------|
| | document identified explicitly? | | |
| | Are supporting references cited in full? | Y | |
| | Are local/organisational supporting documents referenced? | Y | |
| | Are all associated documents listed and updated? | Y | |
| 6. | Approval | | |
| | If appropriate, have the staff side committee (or equivalent) approved the document? | N/A | |
| | Does the document identify which committee/group will approve it? | Y | |
| | Has the document been sent to the Policy Manager for proof reading immediately prior to submission to the Group/Committee for approval? | Y | |
| 7. | Dissemination and Implementation | | |
| | Does the dissemination plan identify how this will be done and is it clear? | Y | See Page 44 |
| | Does the plan include the necessary training/support to ensure compliance? | Y | |
| | Does the policy detail what evidence will be collated to demonstrate compliance with it? | Y | |
| 8. | Process for Monitoring Compliance | | |
| | Are the Monitoring Compliance & Effectiveness table arrangements robust and achievable? | Y | |
| | Are there measurable standards or KPIs to support monitoring compliance of the document? | Y | |
| 9. | Review Date | | |
| | Is the review date identified? | Y | |
| | Is the frequency of review identified? If so, is it acceptable? | Y | |
| 10. | Overall Responsibility for the Document | | |
| | Is it clear who will be responsible for the operational implementation, delivery and monitoring of the policy? | Y | |
| 11. | Impact Assessment on other Corporate Departments | | |
| a | Does the policy require staff to attend statutory training? | Y | |

| | | | |
|---|--|-----|--|
| b | If the answer to the above is yes, have you discussed and agreed this with the Learning Coordinator in CLaD? Please include date and outcome in comments box. | Y | Training requirements are ongoing since 2010 |
| c | Could the introduction of this document have any impact on the following departments:- Procurement/SNS/ Information Governance/Risk and Legal Communications/Occupational Health/Estates and Facilities or Health and Safety? If the answer is yes, please contact the relevant department(s) and detail who you spoke with, the date and the outcome in the comments box. | N | |
| d | Could there be any additional costs associated with the implementation of this policy, which are not supported by an approved business case? | N | |
| e | Does the document require any change in financial process arrangements (e.g. Payroll, Invoicing, Payments etc) | N | |
| f | If the answer to questions 11d & e are yes you should immediately seek the advice of the Deputy Director of Corporate Finance on extension 772 5039 and detail the outcome in the comments box. | N/A | |

Policy Approval

| | |
|---|--|
| Name of Group or Committee Approving the Policy | Safeguarding Children Governance Group |
| Name of Chair of Group or Committee | Ms Sue Roughton, Head of Safeguarding |
| Date of Approval | 20 th February 2015 |

Submission of Document for Logging and Publishing

Policy authors must obtain a copy of the minutes or an extract of the minutes of the approving group demonstrating approval of the document. This can be obtained from the relevant Group/Committee administrator. This evidence of approval should be emailed with a copy of the final document to the Policy Manager who will then log the document and publish it for use.

In the event of a Chair of a Group/Committee providing Chair's Approval for the document, the policy author should forward the email providing this to the Policy Manager as evidence of approval and again ensure the final document is also included. The Policy Manager will log the document and publish it for use.

Appendix 9 Dissemination and Implementation Plan

| | |
|-----------------------------------|---|
| Title of document: | Safeguarding Children Policy & Procedures |
| Date finalised: | 20 th February 2015 |
| Previous document in use? | Yes |
| Dissemination lead | Named Nurses, & Midwife for Safeguarding Children; Named Doctors for Child Protection |
| Implementation lead | Named Nurses, & Midwife for Safeguarding Children; Named Doctor for Child Protection |
| Which Strategy does it relate to? | Safeguarding Children Strategy |

| Dissemination Plan | |
|---|--|
| Method(s) of dissemination | Staff Brief; Email to all Directorate Leads for dissemination to staff; Specific email to Senior Sisters/Charge Nurses in Children's Directorate; Unscheduled Care Directorate and Head of Midwifery & Midwifery Matrons to highlight changes in Procedures. |
| Who will do this | Chief Executive; Communications Team; Head of Safeguarding; |
| Date of dissemination | Within 2 weeks of Trust Safeguarding Children Governance Group Approval |
| Format (i.e. paper or electronic) | Electronic |
| Implementation Plan | |
| Name of individual with responsibility for operational implementation, monitoring etc | Named Nurse, & Midwife for Safeguarding Children; Named Doctor for Child Protection |
| Brief description of evidence to be collated to demonstrate compliance | i) Verbal evidence collected at contacts with Team; ii) quality of safeguarding children referrals; iii) training attendance. |