South West Yorkshire Partnership NHS
NHS Foundation Trust

Document name:	Policy and Procedures on the Protection, Safeguarding and Promoting the Welfare of Children (incorporating the Safeguarding Children Supervision Guidance).
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With **all of us** in mind.

INDEX

Policy and Procedures on the Protection, Safeguarding and Promoting the Welfare of Children (incorporating the Safeguarding Children Supervision Guidance).

1. Introduction

The mission of our Trust is to help people reach their potential and live well in their communities. All our staff, whatever their role, have a part to play in helping us deliver this important mission. Every day, our staff are guided by our values:

- Honest, open and transparent
- Respectful
- Person first and in the centre
- Improve and be outstanding
- Relevant today, ready for tomorrow
- Families and carers matter

Our values are very important to us; we know that the attitude and behaviours of our staff can have a huge impact on the quality of care we provide.

The Safeguarding Team support the Trust Transformation process and the principles of the Recovery Model. The Safeguarding Team acknowledge that *'each unique individual has a unique view on what living well means to them. Our role is to help people gain greater control and responsibility for their future'*

http://nww.swyt.nhs.uk/transformation/Pages/Recovery.aspx

Equality and diversity are at the heart of the Trust values and throughout the development of this policy we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share relevant protected characteristics. This policy will not discriminate, either directly or indirectly, on the grounds of the 9 protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation).

PLEASE NOTE; For the purpose of this document the generic term 'service user' will be adopted instead of patient.

2. Purpose and Scope of this policy

This Policy is designed to support all staff within Calderdale, Kirklees, Wakefield and Barnsley whatever their role in the organisation and whoever they work with, in working in partnership and fulfilling their legal duty to safeguard and promote the welfare of children.
The Safeguarding team, Safeguarding Adults and Safeguarding Children, have a joint business plan that is cross referenced to the LSCB and LSAB and safeguarding is a standing item on all BDU governance meetings.

2.1 Public sector organisations have an overall duty to:

- Take all reasonable measures to ensure that they minimise risk of harm to the welfare of children.

- Take appropriate action when there are child protection concerns, by or working to agreed local policies and procedures, in full partnership with other agencies.
- Local Authority Children's Services have key legal powers to protect children however, government legislation and guidance spells out that all agencies, including adult mental health, learning disabilities, substance misuse, and children's services work effectively to safeguard children and adults at risk of harm or abuse in a pro-active way. This is set out in the statutory guidance that accompanies the Children Act 1989; 2004, entitled '*Working Together to Safeguard Children – a guide to inter-agency working together to safeguard and promote the welfare of children', (HM Government 2015).*

- To work together with schools and children's social services, supporting and safeguarding vulnerable, looked after and adopted children, through a joined-up approach addressing their needs.

- This policy addresses how the needs of children should be routinely considered as part of the Care Programme Approach (CPA) process, other care planning processes and in day-to-day work with service user/parents/carers.

  This is with a view to supporting service users with parenting/caring responsibilities and their families and to prevent children from experiencing significant harm or impairment to their health or development.

- This Policy addresses how staff can comply with the West Yorkshire Consortium Safeguarding Children Boards Procedures and Barnsley Safeguarding Children Board Procedures that are for all agencies to follow and work in partnership towards.

2.2 Children and Young People affected by this Policy

The Policy applies to the following:

- Unborn children of service users who are pregnant or expectant fathers.
- Children and young people up to their 18th birthday.
- Children who are the offspring of service users whether living in the same household or not.
- Children who are in any way related to service users – as grandchildren, nephews, nieces, siblings etc.
- Children receiving care from a Trust service.
- Children who live in households shared with, or visited by, service users.
- Any child who may be currently in contact with a perpetrator about whom a service user has disclosed past abuse.

2.3 Development Process

This policy has been developed to ensure the Trust meets its statutory duty to discharge its function having regard to the need to safeguard and promote the welfare of children and appropriate accountability for Safeguarding Children and young people at risk (The Children Act 2004, Safeguarding Policy, NHS England, 2015).

For services that came to the Trust from Wakefield District Community Healthcare Services as part of the Transforming Community Services agenda, this policy replaces the NHS Wakefield "Child Protection Case Management" – Safeguarding Supervision Policy and Procedure.

3. Definition of Safeguarding Children and Child Protection

Working together to Safeguard Children 2015 states that safeguarding and promoting the welfare of children means the process of:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

The term 'child protection' refers to the activity which is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm. Child protection is part of safeguarding and promoting the welfare of all children. Safeguarding is everyone's responsibility.

4. Duties

4.1 Legal Duties of South West Yorkshire Partnership NHS Foundation Trust to Keep Children Safe and Promote their Welfare

Legal Duties under the Children Act 1989 and 2004

The Principles of the Children Act 1989 are:

- The welfare of the child is paramount.
- Children are generally best looked after by their own families.
- The child and family's race, religion and culture must be taken into account.
- Children have a right to be consulted about a decision affecting them.
- Children's wishes and feelings must be taken into account.
- Delay in decision-making is harmful to children.

Other key sections of the Act are:

- Section 11 of the Children Act (2004) places a statutory duty on the Trust to make arrangements to ensure that it has regard for the need to safeguard and promote the welfare of children when exercising its functions. This duty is also applicable when the Trust contracts others to provide those services.

- Section 10 of the Children Act (2004) reinforces and updates the Trust's existing duty (under the Children Act 1989) to co-operate and share information with local authorities in order to improve children's well-being and promote the five outcomes for children and young people set out in 'Every Child Matters; Change for Children' (2004).

- Section 27 of the Children Act 1989 provides that a local authority may request help from any NHS Trust (referred to as any other bodies).

- Section 47 of the Children Act 1989 places a duty on any NHS Trust (and other bodies) to help a local authority with its enquires where there is reasonable cause to

suspect that a child is suffering, or likely to suffer, significant harm, unless doing so would be unreasonable in all the circumstances of the case.

PREVENT/ CONTEST

- The Trust has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people at risk from abuse and support the Home Office Counter Terrorism strategy CONTEST, which includes a specific focus on PREVENT.

- Three national objectives have been identified for the PREVENT Strategy:

- Objective 1: respond to the ideological challenge of terrorism and the threat we face from these who promote it

- Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support

- Objective 3: work with sectors and institutions where there are risks of radicalisation which we need to address.

- The Trust has a Prevent strategy and the lead for Prevent is the Named Nurse for Safeguarding Children.

- Information can be obtained regarding Prevent on:

  http://nww.swyt.nhs.uk/prevent/Pages/default.aspx

Vetting and Barring

- The Trust carries out Disclosure and Barring Service checks where relevant, on all staff and students with access to patients and relatives in the normal course of their duties. The system provides checks on all people entering the workforce, and maintains lists of individuals who are barred from undertaking regulated activity either with children or adults at risk of harm or abuse.

- Employing unfit people, or continuing to allow unfit people to stay in a role, may lead the CQC to question the fitness of a provider. 'Fit' - The person is of good character, as they are honest, reliable, trustworthy and respectful, and that they have the right qualifications, competence, skills and experience to perform their role.

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- Appendix 2, Point 15

http://nww.swyt.nhs.uk/hr/online/Pages/default.aspx

Duty of candour

Good safeguarding practice requires openness, transparency and trust. There is a legal "duty of candour" on health service bodies (Health and Social Care Act, 2008). This duty is to inform people (both in person and in writing) about mistakes or other incidents which have not produced the desired outcome, apologise where appropriate, and advise on any action taken as a result.

http://nww.swyt.nhs.uk/compliance/cqc/Pages/Fundamental-standards.aspx

Actions will be guided by the procedures set out within the Trust's Disciplinary procedures.
http://nww.swyt.nhs.uk/docs/Documents/Forms/AZ.aspx

4.2 All Staff in the Trust may play a role in relation to safeguarding and promoting the welfare of children in one or more of the following ways:

- identifying children who are being, or have been abused or neglected
- making referrals to Children's' Services if a child is in need of support or protection
- contributing to Section 47 child protection enquiries and child protection conferences and reviews
- contributing and providing information for pre-birth assessments this may include information of a historical nature and require professional opinion and analysis
- providing information for other agencies and courts where necessary
- treating children who are being, or have been abused or neglected
- supporting parents to care for their children and keep them safe
- advising parents about the impact of their mental illness, learning disabilities and/or substance misuse on their children (including unborn)
- identifying when the impact of a service user's mental illness or substance misuse is impairing their child's health and development and taking action to safeguard the child including adapting care and treatment plans for adults
- contributing to multi-agency assessments of children and their families
- liaising with other services for children (for example, health visitors, school nurses, GP's)
- treating or working with adults who have been a subject of child abuse
- treating or working with adults who have been convicted of abusing children
- complying with safeguarding children supervision requirements

Staff can seek advice from the Safeguarding Children Team or, if appropriate, the Safeguarding Link in the clinical area.

http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx

Please refer to Appendices 1 (Early Help Assessment); 2 (Compliance with West Yorkshire Consortium & Barnsley Safeguarding Children Boards Procedures); and 3 (Guidance on Minimising Risk and Promoting Welfare of Children as Part of an Adult's CPA Process or other Care Planning Process) in relation to the specifics of operational procedures when safeguarding children.

4.3 The Director of Nursing and Quality

The Director of Nursing and Quality is the Lead Director for Safeguarding Children at Board level. The Board is ultimately accountable for safeguarding children within the Trust. It does this through the quality assurance framework which includes a Strategic Safeguarding Children Sub-Group.
The Trust has a safeguarding children and adult strategic plan with the imperative that 'safeguarding children and adults at risk lies at the heart of everything the service does'.

The Trust is also accountable to the Local Safeguarding Children's Boards (LSCB's): Wakefield, Calderdale, Kirklees and Barnsley. The Director of Nursing and Quality is the lead director for this policy.

The Director of Nursing and Quality, the Deputy Director of Nursing, and the Assistant Director with the portfolio for safeguarding have the responsibility of attending the Multi-Agency Safeguarding Boards.

Their role is to ensure decisions made by the Multi-Agency Safeguarding Boards are incorporated into the process for the development of this policy. Director members of the Safeguarding Board will nominate relevant staff to contribute to Serious Case Reviews and Lesson Learnt Reviews. The lead Director will ensure partner agencies are aware of who to contact in relation to safeguarding concerns.

The Named Nurse for Safeguarding Children attends the LSCB sub-groups with the Safeguarding Nurse Advisors attending other relevant child protection groups.

Deputy Director

The Deputy Director of Nursing supports the Director of Nursing in relation to safeguarding and attends Safeguarding Children Boards. They have oversight of the safeguarding agenda and have managerial responsibilities for the Assistant Director of Nursing.

Assistant Director

The Assistant Director has responsibility for the management and governance of the safeguarding team, whilst supporting the Director to deliver on the safeguarding agenda for the Trust.

The Named Nurse for Safeguarding Children attends the LSCB sub-groups with the Safeguarding Nurse Advisors attending other relevant child protection groups.

Clinical Commissioning Groups and the NHS Commissioning Board

Both CCGs and the NHS CB are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and adults at risk of abuse or neglect.

4.4 The Safeguarding Strategic Sub-Group

The Safeguarding Strategic sub-group meets and oversees all issues relating to the Trust's statutory responsibilities. It links in where necessary with other committees and groups in the clinical governance and quality academy.

It is chaired by the Assistant Director of Nursing and work is supported by the Safeguarding Children Team.

4.5 Named Professionals/Safeguarding Children Team

The Trust is legally required to have, as a minimum, a Lead Director, a Named Doctor and a Named Nurse for child protection. These named professionals must embody the person specification cited within the Intercollegiate Document (2014) and adhere to a framework of expectations that includes promoting good practice, model good leadership and define improvement in safeguarding practice at a local level, ensure effective communication on child protection issues, discharge safeguarding duties including information sharing, disseminate national policy across the Trust, share best practice and embed learning from incidents.

The Named Nurse and the Nurse Advisors are a source of expert information, advice and support on all child protection matters for all staff. The Named Nurse will, on occasions, need to intervene in cases that come to their attention to ensure that a child's welfare is safeguarded.

All members of the safeguarding children team receive supervision, mentorship and continued professional development to ensure that the Trust has a skilled safeguarding children workforce.

The Named Nurse is responsible for ensuring Directors are made aware of issues that occur within their localities as they arise. Additional advice, support and supervision will be provided by the safeguarding team.

The Named Nurse and **Safeguarding Children Nurse Advisors** scan all incidents reported on the DATIX system and alert the Directors to any trends.

The Named Nurse will provide reports to the BDUs throughout the year that will include lessons learnt, performance management and changes to policy and procedures.

Quarterly reports are submitted to the Executive Management Team (EMT) and Board within the compliance and quality report and an annual report that incorporates the above information will be submitted to the Clinical Governance and Clinical Safety Committee for scrutiny as a sub group of the Trust Board by the Named Nurse for Safeguarding Children.

The safeguarding team respond in a timely manner to all Freedom of Information Requests.

Contacts for the safeguarding team

Contacts for the safeguarding team can be found on the safeguarding pages of the intranet.

http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx
A network of safeguarding links that supports safeguarding in clinical areas has been established in practice areas. There are agreed roles and responsibilities to support the links in their roles of leading the safeguarding agenda in their clinical areas**.** Quarterly safeguarding children link forums ensure significant issues are escalated as appropriate to the Safeguarding Strategic Subgroup.

http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx

Staff can contact the Safeguarding Children Team to help with:

- Thinking about information gathering, record keeping, risk assessments etc.
- Decisions about making referrals to Local Authority Children's Services.
- Preparing reports for and attending child protection meetings.
- Reporting attendance at conferences etc.
- Preparing a chronology for court reports, serious case reviews, child protection meetings etc.

- Their role when service users are involved in any type of court proceedings regarding children.
- Planning for pregnant women also men who have a pregnant partner.
- Any other issue regarding children they wish to explore.
- Issues where staff are unhappy with clinical or practice decisions to safeguard a child.

- Where staff are concerned that the abuse or neglect is linked to poor practice within the organisation support / guidance in relation to reporting concerns within the Trust is available within the Trust's "Whistle Blowing" policy.

  http://nww.swyt.nhs.uk/docs/Documents/Forms/AZ.aspx

- Escalating a case where there is professional disagreement; so advise and support with following locally agreed multi agency escalation procedures

- Follow Trust information governance guidelines in relation to information sharing.

- Information Governance - trust in confidentiality is a fundamental part of the relationship between service users and service providers. The appropriate sharing of information is essential for the safe delivery of care. Information sharing, Confidentiality and Data Protection Policy 2016- 2019.

  http://nww.swyt.nhs.uk/it/information-governance/Pages/Policies.aspx

- SWYPFT staff are aware of the Caldecott Principles of confidentiality, through training. The Caldecott Principles are: Principle 1 Justify the purpose(s) - Principle 2 Don't use person identifiable information unless it is absolutely necessary - Principle 3 Use the minimum necessary person identifiable information - Principle 4 Access to person identifiable information should be on a strict need to know basis Principle 5 Everyone should be aware of their responsibilities - Principle 6 Understand and comply with the law - Principle 7 The duty to share information can be as important as the duty to protect patient confidentiality.

- All NHS organisations are required to nominate a senior person to act as a Caldecott Guardian responsible for safeguarding the confidentiality of person identifiable information. In this Trust the Caldecott Guardian is the Director of Nursing and Quality.

- Caldecott Guardians have a strategic role in ensuring the development of security and confidentiality policies, representing confidentiality requirements at Board level, and advising on improvement plans.

- All new staff should complete one of two information governance e-learning modules (staff will be informed which one depending on their role) and existing staff must complete the information governance refresher module every year.

  http://nww.swyt.nhs.uk/it/information-governance/Pages/default.aspx

4.6 The Named Doctor

Has a key role in promoting good professional practice, contributing to the wider safeguarding activity of the Trust and providing advice and expertise for doctors in the Trust. http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx

4.7 General Managers, Associate Medical Directors, Heads of Services, Clinical Leads, Service Managers, Consultants, Medical Tutors and Team Managers

General Managers, Associate Medical Directors, Clinical Leads, Service Managers, Consultants, Medical Tutors, Team Managers, Practice Governance Coaches and Nurse Consultants have a responsibility to ensure that staff are aware of their roles and responsibilities relating to safeguarding children, have completed mandatory child protection training in accordance with the Safeguarding Children Training and Learning Strategy and comply with the local safeguarding children policies and procedures. This strategy is available on the Trust intranet.

4.8 All Staff

It is the responsibility of all staff including volunteers, students, agency and locum staff to

- know who and how to contact the key safeguarding professionals to seek advice around safeguarding children's issues
- attend mandatory safeguarding children training depending on their role and responsibilities, in line with the Intercollegiate document (2014) and in accordance with the Safeguarding Children Training and Learning strategy
- http://nww.swyt.nhs.uk/search/Pages/Results.aspx?sq=1&k=Mandatory%20Training%20Brochure
- access child protection supervision (Appendix 8)
- access support and mentorship
- ensure that they are familiar with their responsibilities under this policy
- ensure they are aware and have access to the West Yorkshire Consortium and Barnsley Safeguarding Children Boards Procedures Manual, access is available via the safeguarding children intranet webpage

5. Principles

It is the fundamental and underpinning principle of this policy that all children and young people under the age of 18 will be safeguarded and protected reflecting the principles outlined in the Children Act 1989 and 2004.

This includes **ALL** children and young people in whatever way they have contact with SWYPFT services, the context of the child's contact will have no bearing on the action that is required by Trust staff to keep children safe.

All staff will be expected to work with tenacity and determination and where identified seek specialist advice to protect and promote the welfare of children.

6. Equality Impact Assessment

This policy has no differential impact on equality as identified by the Equality Impact Assessment Tool. Please see Appendix 9

7. Dissemination and Implementation Arrangements (including training)

This policy will support and enhance the established West Yorkshire Consortium and Barnsley Child Protection Procedures as with the current polices they will be promoted through mandatory training delivered across all the Trust.

The safeguarding children links will promote the policy and support staff accessing the document as required.

All Assistant Directors and General Managers will be alerted to the policy with the expectation that the document will be promoted in line with the statutory responsibilities laid out in Section 11 of the Children Act 2004.

The policy will be promoted and referenced in mandatory safeguarding children training across the Trust to offer staff the opportunity to develop a broader understanding and appreciate the context of the policy.

7.1 Training

Safeguarding children supervisors will have completed a programme of safeguarding supervision skills training to enhance their skills and confidence to ensure that the needs of vulnerable children and their families are addressed robustly and that clear links are made to child welfare and protection processes.

The demand for training will be identified through the annual training needs analysis programme, reflecting the needs identified in safeguarding children supervision, clinical supervision and through the appraisal process. The organisation is committed to supporting the outcomes of this analysis.

7.2 Mandatory Training

Safeguarding children training is mandatory. This is with a view to embedding the Trust's vision that safeguarding is viewed as both a corporate and individual responsibility.

This is underpinned by a Safeguarding Children Training and Learning Strategy.

Safeguarding training is identified to reflect the roles and responsibilities of posts across the Trust in line with the Intercollegiate Document 2014 aiming to ensure that staff are equipped to safeguard children in all situations and contexts.

All staff must refer to the training strategy to understand the requirements for their individual training and learning needs.

Staff should use the personal development planning and appraisal process to monitor access to mandatory training and identify any additional training needs.

The Safeguarding Children's department, under the guidance of the Named Nurse provide regular training courses and details can be found in the Trust's Training Programme.

http://nww.swyt.nhs.uk/search/Pages/Results.aspx?sq=1&k=Mandatory%20Training%20Brochure

Details of how to access multi-agency courses run by the Local Safeguarding Children's Boards in Wakefield, Kirklees, Calderdale and Barnsley, are regularly disseminated by the Safeguarding Children's department to staff and available via the Safeguarding Children Intranet page.

http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx

The Safeguarding Children's department will continue to develop training in light of identified staff training needs and emerging national and local requirements.

7.3 Supporting Staff

The issues that arise in child protection cases are often complex and challenging; in acknowledging this there is a comprehensive support system for all staff irrelevant of their professional roles and responsibilities. The Named Nurses and Named Doctor are the primary source of advice and support around individual case management but may also signpost staff to other sources of advice for issues that may arise in cases where child protection is a key feature these include:

- Legal services
- Information Governance
- Lead Director for safeguarding children
- Links to services provided by the Clinical Commissioning Groups and local authority
- Access to supervision
- Safeguarding adults
- Domestic abuse/violence

7.4 Supervision of Child Protection and Safeguarding Cases

Support in the form of safeguarding children supervision has been found to be absent in a number of serious case reviews, it is therefore essential that staff seek supervision in complex child protection cases.

The Safeguarding Children Supervision guidance (Appendix 8) provides a framework specifically for clinical staff routinely working with children and young people, for example:

- Insight Teams
- CAMHS
- Children with Learning Disabilities Teams
- Mental Health Access teams
- Adult mental health services
- Adult Psychological Therapy Service
- Relevant disciplines within 0-19 services
- Clinical staff who manage cases where an adult service user is the parent or carer of a child or young person subject to a Child Protection, Child in Need or Early Help Assessment (EHA) (formally CAF) Plan, or where emerging safeguarding concerns have been identified

Supervision will be considered as part of the safeguarding strategic sub-group.

The Named Nurses and Nurse Advisors are always available to offer supervision and can signpost staff to supervisors in partner organisations.
Group and peer supervision can also prove to be very helpful in managing complex child protection cases.

It is a requirement for staff compliance with child protection supervision to be captured by means of the supervision database. Inputting this information will be the responsibility of the safeguarding supervisor via the safeguarding administration team.

8. Process for Monitoring Compliance and Effectiveness

Trust board assurance will be through the Safeguarding Children Sub-Committee of the Clinical Governance and Clinical Risk Committee.

The monitoring of safeguarding children supervision arrangements will demonstrate compliance with the Trust's statutory responsibilities associated with Section 11 of The Children Act 2004 and will be included in the audit reports submitted to the Local Safeguarding Children Boards in Calderdale, Kirklees and Wakefield.

The quality and effectiveness of safeguarding children supervision will be incorporated into the Trust safeguarding audit plan and audit activity will be led by the named professionals.

9. Ratification Process

This document will be ratified by the EMT.

10. Review and Revision Arrangements

This policy will be reviewed in 2018 or in light of National or Local guidance or policy development.

11. Version control

This document is Version 1. Changes relate to introduction of Legislation

12. References

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SWYPFT (2011) Policy and Procedures on the Protection, Safeguarding and Promoting the Welfare of Children (Incorporates Guidance on Child Visiting and Safeguarding Children Supervision Policy)

West Yorkshire Consortium Safeguarding Children Boards Procedures and Barnsley Safeguarding Procedures (2011)

13. Documents that should be referred to when consulting this Policy

West Yorkshire Consortium and Barnsley Safeguarding Children Boards Procedures (Available via the safeguarding children page on Trust intranet)

Admission of Child and Adolescents Mental Health Services (CAMHS) patients to adult psychiatric wards

Safeguarding Children and Young People: roles and competencies for health care staff, Intercollegiate Document (2010), London: Royal College of Paediatrics and Child Health
Inter-agency framework for information sharing

The protocol for the prevention of abuse to vulnerable adults

Guidelines for dealing with domestic violence

Confidentiality policy

Mandatory training policy

Kirklees carers information pack

Wakefield carers information pack

Case note management policy

Risk Management strategy

Missing Mental Health Services User/Patients Policy and Procedure. A joint protocol with West Yorkshire Police (for staff working in West Yorkshire only)

Policy of Interagency Communication Between Mental Health Services and Barnsley Children's Social Care (for staff working in Barnsley only)

Appendix 1
Definition of Abuse (Children)

Physical Abuse

Physical abuse 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.

Emotional Abuse

Emotional abuse is 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 children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development 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 bulling, 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.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in the looking at, or in the production of, sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in 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);
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
Staff also need to be aware of vulnerable groups such as those with disabilities, children living away from home, asylum seekers, children and young people in hospital, children in contact with the youth justice system, victims of domestic abuse and those vulnerable due to religion, ethnicity etc. and those who may be exposed to violent extremism.

Appendix 2

Early Help Assessment
(Previously known as the 'Common Assessment Framework')

Providing Early Help is more effective in promoting the welfare of children than reacting later. 'Early Help', is defined in Working Together 2015 as follows:

'*'providing support as soon as a problem emerges, at any point in a child's life, from foundation years through to teenage years. Early help can also prevent further problems arising* **'**

Effective Early help relies upon local agencies working together.

It further dictates that professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs
- is a young carer
- is showing signs of engaging in anti-social or criminal behaviour
- is in family circumstances presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence
- has returned home to their family from care
- is showing early signs of abuse and/or neglect

Key benefits of the Early Help Assessment (EHA):

- The EHA captures the picture of the whole family - not just the child. This reduces the need for multiple assessments and allows the voice of the child to be heard.
- Carrying out the new process is simpler, quicker and more efficient.
- The new assessment reviews three key areas - as opposed to five in the previous CAF – and gives more opportunity to identify needs and agree outcomes with families.
- The EHA captures information which will help us to show the difference we are making to children and families.

http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx

Appendix 3

Compliance with West Yorkshire Consortium & Barnsley Safeguarding Children Boards Procedures

1. Introduction

The West Yorkshire Consortium and Barnsley Safeguarding Children Boards Procedures must be used by Trust services in West Yorkshire and Barnsley. Multi-agency and single agency adherence to the procedures is monitored through Local Safeguarding Children Boards (LSCB's).

2. The Children Act 1989 introduced the concept of *Significant Harm* as the threshold that justifies compulsory intervention in family life in order to safeguard children. The local authority has a duty to investigate where there is reason to suspect that a child is likely to suffer, or is suffering significant harm.

Please refer to the Trust safeguarding Intranet pages and the Working Together Document 2015.

http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

3. Trust staff must familiarise themselves with West Yorkshire Consortium and Barnsley Safeguarding Children Boards Procedures and comply with them. A link can be found on the Safeguarding Children page.

4. Staff should note that there is a wide range of more detailed local, regional and national supplementary guidance and procedures available on issues such as:

- children of families living in temporary accommodation
- children and families who go missing
- internet child abuse
- child abuse linked to belief in 'possession' or 'witchcraft' or in other ways related to spiritual or religious beliefs
- female genital mutilation
- forced marriages
- bullying
- children living away from home
- children in custody
- children in hospital
- sexually exploited children
- trafficked and exploited children
- domestic violence.

Please contact the Named Nurse for further information or view the Trust safeguarding children intranet page.

5. Staff Involvement in Formal Child Protection Processes

SWYPFT staff has a key role in the safeguarding and protection of children which may include:

- Referring concerns about significant harm or child in need to Children Social Care verbally and in writing within 24 hours of a verbal referral.
- Co-operate and share information with Children's Services when they undertake Children Act 1989 section 47 Child Protection Investigations, Section 17 Children in Need assessment or where an Early Help Assessment (EHA) is been undertaken.
- Contribute to assessment of parenting capacity, child's needs and family and environmental factors including pre-birth assessments.
- Attend and contribute to Strategy Meetings, Child Protection Conferences, Core Groups, Early Help meetings and provide written reports.
- Make judgement about registration of child on CP Register – *neglect; emotional abuse; physical abuse; sexual abuse.*
- Continue to work jointly with other agencies in both adult and children's services until no longer necessary.

6. Making a Request for Service in to Children's Services

By law, the only agencies authorised to investigate child protection concerns are Local Authority Children's Services, the Police and in some areas the NSPCC. However, the Trust has a legal duty to refer concerns and to co-operate and share information with agencies investigating concerns.

If the situation warrants a Child in Need or Child Protection assessment by Local Authority Children's Services it is an individual member of staff's responsibility to refer a child and adhere to the West Yorkshire Consortium or Barnsley Safeguarding Children Boards Procedures and ensure there is no delay in making the request for service.

In making a child protection request for service, staff are identifying a child or children as being at risk of significant harm this in essence is an incident and a **Datixweb** incident report must be completed. **All referrals must be copied to the Named Nurses.**

Referrals should be made in line with the local authority guidelines and followed up in writing within 24 hours of initial phone call. Details can be found on the safeguarding children website.

http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx

Children's Service's should acknowledge referrals as per the West Yorkshire Consortium or Barnsley Safeguarding Children Boards Procedures.

CHILD PROTECTION EMERGENCIES (SEE APPENDIX 4)

Ascertaining whether a family is known to Children's Services or a child is Subject to a Child Protection Plan.

Please refer to Trust Safeguarding Intranet pages which has details of all of the Children's Services social care teams covered by the Trust. You can contact them to see if a child is known to Child Protection services or Children Need Teams and if a child is subject to a child protection plan.

7. Record Keeping

The following records should all show that children have been considered and include relevant information about children and impact on children:

- risk assessment
- needs assessment
- contingency plans
- leave arrangements
- discharge arrangements
- arrangements for children visiting inpatients
- incident reporting forms

Assessments can show that a child is deemed to be vulnerable or at risk of harm, information from these records should be shared with colleagues in Local Authority children and young people's services and a child protection referral made if necessary.

Staff dealing with cases where there is a child/children at risk must keep full factual records of what is said by all parties, details of all findings and observations, this should include some analysis of the risk. Telephone conversations must also be recorded. All RiO/SystmOne entries should be validated

8. Information Sharing

In the event of a person (this includes mothers, fathers, or adults living in a household with children under 5) entering a service either in the community or as an in-patient who is identified as living in the same house as a child of under 5 years of age, the child's health visitor should be informed and involved in all care planning from then on.

It is recognised that information sharing can be a contentious issue and that Trust staff can feel constrained from sharing information by their uncertainty about when they can do so lawfully. It is best practice to discuss concerns with patients of any intention to share information unless by doing so there would be increased risk to a child or children. Legally, staff can share confidential information with the patient's consent and if the information is in the public interest it can be shared without the patient's consent. Public interest considerations are covered in the list of exemptions in the Data Protection Act 1998. Risk to children is covered by the public interest exemption.

The Government has produced guidance for all practitioners to follow, as part of the 'Every Child Matters' series which sets out to promote integrated working to improve outcomes for children and young people. It explicitly states that as well as applying to staff working mainly with children, it also applies to practitioners who work in services provided for adults, for example mental health services and drug and alcohol services, as many of the adults accessing those services may have parenting or caring responsibilities.

The guidance document is:

- Information sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015). This document can be found by following the link from the safeguarding page on the Trust intranet.

  http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx

- Staff should also be aware that the Trust is signed up to the Calderdale, Kirklees and Wakefield-Wide Inter-Agency Information Sharing Protocol and the Barnsley Information Sharing Charter.

- Staff should always record on the service user's clinical record the reason for disclosing information and whether disclosure was with or without the service user's consent.

Written information likely to be shared with Local Authority Children's services or other services concerned with the child will be:

- Child Protection or Children in Need referral.
- Reports for Child Protection Conferences.
- Reports for court.
- Risk assessments and any other relevant parts of CPA documentation.
- Information shared with other agencies must be as factual as possible and provide evidence and sources of information. It should be discussed with the service user unless doing so would put a child at further risk of harm.

9. Child protection concerns must always override:

- Confidentiality
- Worries staff may have on the impact on a therapeutic relationship

Staff may also be directed by the court to provide written reports in a range of court proceedings involving children. Staff should notify the Named Nurse, Trust and Legal Affairs Department of such situations.

10. Children Who Live outside the Trust Area

If a child who is the subject of concern does not live in Barnsley, Calderdale, Kirklees or Wakefield, the member of staff concerned should contact the relevant Children's Services Department in the area where the child resides.

11. Out of Hours Child Protection Concerns

If a member of staff needs to make an out of hour's child protection referral you should contact the Emergency Duty Team (EDT) for the relevant area. In the event of the EDT worker being unavailable and the situation being urgent staff should call the police (Please refer to Trust Safeguarding Intranet pages).

You should discuss this with the senior nurse or doctor on duty. If the situation is very serious the Duty Director should be informed.

12. Child Protection Conferences and Meetings

There are a number of types of conferences and meetings convened under child protection arrangements. These are:

- Child Protection Professionals Strategy Meeting
- Initial Child Protection Conference
- Initial Pre-Birth Child Protection Conference
- Review Child Protection Conference
- Child Protection Core Group Meeting

Staff invited to a Child Protection Conference **must:**

- Prepare a typed report including your assessment of risk, please refer to your Local Safeguarding Children Board for the relevant paperwork. http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx
- Send the report to the conference chair/administrator, retain one in clinical records.
- Share contents of your report with the service user at least 2 days in advance as he/she will be invited to the conference.
- Attend the conference and, if required as agreed at local level, take enough copies of your report for other members of the case conference. If unable to attend send a colleague who you have adequately briefed.
- At the conference, verbally present your report.
- When asked by the Chair, express a view about whether the child's name should be subject to a Child Protection Care Plan.

If required the Named Nurse can:

- Help staff prepare a report
- Help staff prepare for the conference
- May attend the conference with staff if support is required

13. Dealing with Differences of Opinions

There may be occasions when a member of staff is not satisfied with the response to a child protection referral or the management of an on-going case.

Dissent with the outcome of a decision MUST BE registered with the conference chair at the time of the meeting. The staff member must then ensure that this is accurately recorded within the minutes of that meeting, as the minutes are the official recording of the meeting.

These concerns must be discussed with the appropriate manager for the staff member and/or the safeguarding children team where consideration will be given to commencing the locally agreed multi-agency 'resolving professional disagreements' process and a plan agreed. Please refer to your local Safeguarding Children Board website for further details.

http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx

14. Responsibility for notifying 'Missing' Children/Families

If health professionals become concerned that a child in the following circumstances goes missing or cannot be traced, this information must be passed immediately to the relevant Children's Social Care Services team holding case responsibility and forwarded to the Named Nurse Safeguarding Children:

- a child who is the subject of a child protection referral or Section 47 Enquiry;

- a child who is the subject of a Child Protection Plan who goes missing or is removed from her/his address outside the terms of the Child Protection Plan;

- any child known to a statutory agency who goes missing in suspicious circumstances or about whom there are concerns - e.g. one who is subject to an Initial Assessment or Core Assessment where there are developing concerns about their safety.

This policy also applies to adults whose whereabouts become unknown in the following circumstances:

- a pregnant woman when there are concerns about the welfare of the child following birth;

- a family where there are concerns about the welfare of the child because of the presence of an individual who poses a risk to children or other person suspected of previously harming a child.

If a health professional becomes concerned that a child or family who do not meet the above criteria goes missing or cannot be traced they should make checks with named family contacts and other health professionals and agencies that are known to be working with the child/family to try and establish their whereabouts. Where these checks yield no further information, a 'Missing Children Notification' must be forwarded to the Named Nurse This form is available to download from the safeguarding children intranet site. If the family has not been traced within a three month period, the Missing Notification should be reissued.

- If there is information available which suggests a family may have moved to a particular area of the country, the Missing Children Notification will be forwarded by the Named Nurse to the Designated/Named Nurse Safeguarding Children in that area.

- In exceptional circumstances, consideration will be given for national circulation. For further information around missing children in West Yorkshire see the 'Protocol in the West Yorkshire Consortium Safeguarding Children Procedures. Staff working in Barnsley should see the Barnsley Safeguarding Children Board procedures for 'Children and Families who go Missing' if they feel the child is at risk of significant harm.

15. Staff accused of harming a child or who pose a risk to children (LADO)

It is essential, in order to safeguard vulnerable children, that any concerns are shared within 1 working day, where there are any allegations that a member of staff may have:

- behaved in a way that has, or may have harmed a child;
- possibly committed a criminal offence against or related to a child;
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children or young people.

Allegations may relate to the person's behaviour at work, at home or in another setting. Whether or not the allegation relates to current, recent or historical behaviour it must be considered and discussed.

Guidance for the Management of Allegations against Persons who work with Children is contained within the West Yorkshire Consortium and Barnsley Child Protection Procedures

16. Multi-Agency Public Protection Arrangements (MAPPA)

Staff may be working with a service user who is subject to, and monitor under MAPPA arrangements. These cover the management of individuals who pose a risk of harm to children. In these circumstances, staff should ensure that appropriate information is shared with the MAPPA panels as and if requested.

Staff should consult the Trust policy on MAPPA.

17. Induced or Fabricated Illness

Detailed guidance on the management of cases where induced or fabricated illness is suspected is available in the West Yorkshire Consortium and Barnsley Safeguarding Children Boards Procedures.

18. Domestic Violence

Staff should be aware of the inter-relationship between domestic violence, adult mental health problems or learning disability and child protection. A referral should be made to Children's Services if a child lives in a household where domestic violence is believed to be a factor and which may lead to them being in need of support or protection.
Staff should follow the West Yorkshire Consortium and Barnsley Safeguarding Children Procedures to identify if a referral to MARAC is required.

Further information can be obtained via the Domestic Abuse Intranet page

http://nww.swyt.nhs.uk/wellbeing/domestic-abuse/Pages/More-information.aspx

19. Serious Case Reviews (SCRs)

Working Together to Safeguard Children (HM Government 2015) sets out criteria for the circumstances when Local Safeguarding Children Boards should instigate a multi-agency serious case review.

The purpose of a serious case review is to:

- Establish where there are lessons to be learned from a case about the way in which local professionals and agencies work together to safeguard children.
- Identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result, and hence improve inter-agency working and better safeguarding of children.

Each agency involved in the case must carry out an independent management review to contribute to the overall serious case review. This review is very similar to a Serious Incident (SI) Panel Investigation. The Trust's Named Nurse will lead the process and will secure all appropriate case records. The Team will work with colleagues to carry out the investigation and write the report. Affected services will be expected to draw up an action plan in response to the report's recommendations.

The implementation of Serious Case Review Action Plans will be monitored by the Safeguarding Children sub-committee, alongside the Local Safeguarding Children Board's SCR sub-group.

Similarly to Serious Untoward Incidents (SI's) some serious cases are also subject to independent inquiries commissioned by regional or national government bodies.

SWYPFT is committed to ensuring that the lessons learnt from SCR's both locally and nationally will be translated into the policies and practice of the Trust. The Named Nurses will have a lead role in ensuring the cascading of learning takes place through mandatory training, targeted sessions to services and bespoke training to teams of services.

The sharing of information from a SCR will be in-line with the Trust Policy 'Media management, including social media

http://nww.swyt.nhs.uk/docs/Documents/690.doc

20 Compliance and Monitoring Arrangements.

The activities that the Trust and its staff undertake to safeguard children are reviewed, monitored and scrutinised by the 4 Local Safeguarding Children's Boards (LSCB) in Kirklees, Calderdale, Wakefield and Barnsley including the Trust internal supporting policies and statements. Audits are undertaken by all LSCB's scrutinising how effectively SWYMHT are executing the statutory responsibilities laid out in Section 11 of the Children Act 2004.

The staff awareness survey will be used to audit to what extent staff are aware of the policy and the responsibilities that accompanies it.

Feedback from partner agencies is viewed as a key indicator. Information sharing and effective inter-agency working are statutory duties laid out in the Children Act 2004 and failures to do so by any partner agency are quickly identified and a solution sought.

In the unfortunate circumstances of a child being killed or seriously injured as a result of abuse and neglect a Serious Case Review is undertaken in which the practice and supporting policies of the organisations providing care to both the child and its family will be scrutinised in the finest detail by a panel appointed by the LSCB. As a result recommendations will be made and an action plan drawn up.

Training figures will be analysed to ensure action is taken to ensure service areas respond to support staff accessing training.

Regular briefing meetings will take place between the Named Nurses and lead Director to ensure key issues are discussed, reviewed and actions considered.

Appendix 4

Guidance on Minimising Risk and Promoting Welfare of Children as Part of an Adult's CPA Process or other Care Planning Process

1. Introduction

Staff must consider the needs of children and support the needs of their parents or carers on a routine basis whether or not there are immediate and obvious child protection concerns in all services delivered by the Trust. Part 2 covers how staff can do this as part of their day-to-day work with adult patients/service users. Part 3 will highlight key actions that may need to be taken if staff have child protection concerns that warrant the involvement of Children's Social Services.

2. Processing Request for Service

When making decisions about accepting requests and case allocation staff should do the following:

Routinely record basic details about patient's children whether or not they live with their children, namely:

- first name and surname
- gender
- date of birth
- relationship to patient
- who has parental responsibility
- where children live if not resident with patient
- expected date of delivery for pregnant women
- health visitor (for children under five)
- school/nursery
- ethnicity
- preferred language spoken

If there are safeguarding concerns check whether children are known to the Local Authority (LA) Children's Social care service and whether they are or have been subject to a Child Protection, Child in Need or Early Help plan.

Consider whether there are any child protection concerns or family support needs that warrant a request for service to Children's Social Care or any other family support service run by another agency or organisation.

Consider whether the patient's illness is having a detrimental impact on their parenting capacity and whether this is taken into account when prioritising allocation of cases.

Consider whether the child/children are providing unacknowledged support to the patient, without whom the patients' condition would be liable to deteriorate – e.g. children take on additional domestic responsibilities, don't bring friends home, don't attend school, accompany parents to appointment or activities etc.

3. Specific and Specialist Assessments including Mental Health Act Assessments

Consideration for the protection of other persons must include the impact on the welfare of any children if their parent or carer is admitted to hospital. Children must not be left unsupported with caring responsibilities if the patient is not hospitalised. Staff should make a request for service to Local Authority Children's Social services if the family needs additional support.

Where possible, the presence of children should be ascertained before the assessment and Children's Social services involved in planning the assessment if there are likely to be childcare needs, whether or not the patient is hospitalised. It is good practice to take account of the views of children and any information they may have about their parent's illness.
Research shows that patients and their children benefit if children are given information about their parents illness, the roles of professionals, what is happening and what will happen next.

Staff should ensure children have not been left at school, nursery or other venue waiting to be collected.

If there is a delay in carrying out a Mental Health Act assessment staff must ensure that the welfare of children is not compromised and that they are safe and supported. This may require communication and liaison with Children's Social Services, the child's school, or other family members.

Please note: Interventions required to safeguard or protect a child from any form of harm or abuse including the impact of witnessing distressing incidents must take precedent over any assessment of the adult including a Mental Health Act assessment.

The detention and treatment of children and young people with a mental disorder is regulated by the Mental Health Act (2008) and the Children Act 2004. A 16 or 17 year old with capacity cannot be detained on basis of parental consent. Further advice on the Mental Health Act and Mental Capacity Act can be obtained via

http://nww.swyt.nhs.uk/mental-health-law/Pages/Mental-Capacity-Act.aspx

4. Risk Assessments

Staff should have honest discussions with their service user about any potential risk to children arising from their illness, addiction or situation.

Consideration should be given to the level of insight a service user may have about the impact of their illness or situation on their children including any actual or potential risk.

Risks will vary according to the age of the child and research shows that children under four, especially infants, are particularly vulnerable.

The potential impact of puerperal psychosis should be considered when working with pregnant women or women with infants.

Where appropriate the perinatal mental health pathway should be followed
http://nww.swyt.nhs.uk/perinatal-mental-health/Pages/default.aspx

All risk assessments must include an assessment of any current or potential risk to children in the household and/or in the wider community or to future children.

Risks include:

- Risks of injury to a child as result of an adult's aggressive or dangerous behaviour.
- Child involved in an adult's delusional state or suicidal ideation (NPSA 2009).
- Neglect especially of children under five (see Appendix 1 for further details).
- Impact on the child's emotional state.
- Living in a household where there is domestic violence.
- The impact of an adult patients/service users declining mental ability to care for their children, prioritise children's needs;
- Lack of insight into how their mental illness may emotionally impact on their children.

NB: This list is not exhaustive.

Information must be clearly recorded in the comprehensive risk assessment, the child protection risk assessment and the service user's on-going care record and risk management plan.

If the service user lives apart from their children, staff must find out the extent of the contact he/she has with their children and whether it constitutes any risk.

If identified risks could lead to actual or potential significant harm to children this warrants a child protection investigation under section 47 of the Children Act 1989 and staff must make a request for service to Local Authority Children's Services and provide full written analysis about the risks identified.

All referrals must be logged on Datixweb and copy of the referral forwarded to the Safeguarding team.

SystmOne users can 'task' the safeguarding children team informing them that a request for service has been completed and the team will access the appropriate form from SystmOne.

5. Needs Assessments

Staff should consider patients/service users parenting support needs. Staff should discuss with the service user their own concern's about how their illness or situation is affecting their confidence and functioning as a parent and any support they may need in their parenting role.

Staff should talk to the service user about their perceptions of how their illness or situation is affecting their children and in what ways. If the patient does not live with their children staff should discuss with them how they perceive this arrangement is affecting them and their children.

Staff should be aware of relevant services that could provide parenting support for parents with children of all ages.

6. Contingency and Emergency Planning

Staff should ensure that they ask and clearly record full and accurate details of who will look after the children in case of emergency. They should satisfy themselves that the arrangement will keep the children safe and well.

Staff should provide, as required, information and support for alternative carers and children about what is happening to their parent/relative.
If there are no appropriate family member's available staff should engage in a joint planning process with Local Authority Children's Services about arranging emergency foster care.

Children's services must be informed by law if the alternative carers are not close relatives and the situation may constitute a private fostering arrangement. If it is an emergency placement such as in response to a mental health act assessment, notification should take place within 48 hours.

Activities including requests for service to social care, assessments and joint visits with partner agencies to asses a child in relation to child protection must take priority over all other clinical and non-clinical activity.

Staff must contact the Safeguarding Children Team if they have any queries.

7. Pregnant Women and Expectant Fathers

The needs of pregnant women and their unborn children must be considered at the earliest opportunity whether or not there are obvious child protection concerns. Staff should consider pregnant patients/service users as well as male patients/service users with a pregnant partner or other patients/service users in close contact with a pregnant woman. In order to address any needs a multi-disciplinary planning meeting or Care Programme Approach (CPA) review if applicable should be convened.

There are two types of pre-birth planning meetings:

- Pre-birth Strategy Meeting
- Pre-birth Initial Child Protection Conference

Staff should first ascertain whether the situation warrants a Pre-Birth Strategy Meeting. If one or more of the criteria set out below are met staff should make a request for service to the Local Authority Children's Services for them to instigate the meeting. It will be chaired by a Children's Services Manager.

The criteria are as follows:

- There has been a previous unexplained death of child while in the care of either parent.
- A parent or other adult in the household has committed an offence on the government list of offences posing a risk to children (formerly known as Schedule 1 offender).
- A sibling in the household is subject to a child protection plan.
- A sibling has previously been removed from the household either temporarily or by court order.
- Domestic violence is known to have taken place.

- The degree of parental mental illness/impairment /substance misuse/ learning disability/ physical illness is likely to significantly impact on the baby's safety or development.
- There are concerns about parental ability to self-care and/or to care for the child - e.g. unsupported or learning disabled mother.
- Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child.

If the criteria are not met, co-ordinated support should be available to pregnant women as part of their routine care management. A CPA or multi-agency review should be convened by the Care Co-ordinator.

The CPA or multi-agency review must be held as soon as possible after staff become aware of the pregnancy. Consideration must also be given to any risk a mentally ill father may present to a new baby and/or mother and the impact of a birth on a mentally ill father. Pre-birth planning for male service users with pregnant partners should be considered.

The meeting must include all agencies involved in the pregnant woman's maternity care and the parents-to-be must be invited and informed about its purpose. Local Authority Children's Services should also be invited.

The care plan must ensure that the needs and safety of the unborn baby are considered early enough to arrange support.

The care plan must ensure that the pregnant woman is offered appropriate support and advice during pregnancy and following birth.

If child protection concerns arise before, at, or after the meeting then the appropriate West Yorkshire Consortium or Barnsley Safeguarding Children Boards Procedures Section on pre-birth and assessment must be followed.

If there is a need for a Section 47 Child Protection Investigation there may need to be a Core Assessment and a Pre-Birth Initial Child Protection Conference. This is usually held around 10 weeks prior to the expected delivery date or earlier if a premature birth is likely.

All staff are obliged to respond in detail to requests for information sought as part of a pre-birth assessment by children's social care agencies. This must include an analysis of the impact that a person's mental illness or situation may have on the ability to parent a child and any significant contributing factors such as a history of violence, non-compliance and family history must be shared.

Information may also be sought for individuals no longer using services, in these instances the case should be considered by the MDT, all records should be reviewed and considered and a comprehensive response given. Whilst the actual parenting ability of an individual may not be able to be assessed, the significance of historical factors can be reported on and the relevance to an individual's ability to parent a child.

If the request for information is unclear it the responsibility of the care coordinator if the individual is known to services or the Team Manager if they are not known to services to contact the practitioner requesting the information and seek clarification.

8. Clinic Arrangements for Patients with Children

Staff should consider the child care arrangements of patients when offering appointments. If patients need to take or collect children from school these times should be avoided if possible.

Staff should be aware in advance of whether a patient, may need to bring a child with them to an appointment and have arrangements in place as to how to deal with this situation that are agreed and understood by all relevant staff.

If children are brought to an outpatient area consideration should be given as to the suitability and safety of the environment for children and clear expectations provided about the supervision of children.

If it is necessary that a member of staff must transport a service user's child or children in their car, the staff member must ensure that children are secured safely and within the law. Please refer to the Trust 'Travel at Work' Policy for further guidance.

9. Children Visiting Relatives in Hospital

Staff must comply with the Trust's guidance on child visiting inpatient areas - Policy for Adult and Children Visiting to Inpatients in Hospitals (including handling of non-patient visitors to the Trust). This document can be found on the Trust Intranet Policy page.
http://nww.swyt.nhs.uk/docs/Documents/Forms/AZ.aspx

Inpatient services must have suitable and safe designated space for visits by children to take place. This applies to services run by the Trust and those commissioned or bought from the private or independent sector.

Staff should ensure that any visits by children to inpatients units are in the child's best interests.

A 'Child Visiting Plan', must be discussed and recorded and placed in the service user's notes.

Staff within the Yorkshire Centre for Forensic Psychiatry will comply with the Centre's specific policy.

10. Under 18 admissions

In exceptional circumstances where a young person aged 16 or 17 is presenting an extreme risk to themselves and others and all options have been explored by CAMHS, an emergency admission to an adult ward may be required until a place in an appropriate unit is identified. This holding position should not exceed 72 hours and the young person should be moved to an appropriate unit as soon as possible.

In the event that a young person is admitted to the ward a Datix should be recorded as Amber. Where a young person is detained under the Mental Health Act the Care Quality Commission (CQC) should be notified via the local mental health administration office and reported to the Mental Health Act Committee. A member of the safeguarding children team will review the Datix and offer advice and support. Further information can be obtained via contacting the safeguarding children team.

http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx

11. Transport of Children in Vehicles

The Trust is unable to provide a dedicated transport service for children of service users in staff vehicles, not least because of the need to have a number of car seats available for children of different sizes. However, where this is unavoidable, the Trust is sensitive to individual needs, particularly in the event of an emergency. Please refer to the Trust 'Travel at Work' Policy for further guidance.

12. Leave Arrangements

Staff must be aware of when and where service users are going on leave. The leave plan must consider the impact on children when the patient is on leave and must be clearly recorded on the pro forma provided in the policy.

If a patient does not usually reside with their own or other children, appropriate checks must be made as to whether they are likely to be visiting or staying in a household with children and whether this poses any risks or practical problems for the household.
Staff must ensure that leave arrangements comply with plans made at Child Protection Conferences or as part of a child protection care plan.

13. Discharge Planning

Discharge arrangements must take account of any impact on children in the family, household or wider community. There must be a clear Discharge Plan to evidence this.

Discharge planning meetings should routinely invite Children's Services staff, if they are already involved with the family. It there is a child under 5, the health visitor should be invited. Schools may also need to be informed of the discharge of a child's parent/carer. Discharge letters should be copied, with the service user's knowledge, to relevant health and social care children's professionals involved with the family.

In the event of a person (this includes parents, carers, and/or other adults) entering an adult mental health service either in the community or as an in-patient and being identified as living in the same house with a child under 5 years, the child's health visitor should be informed and involved in all care planning from then on.

14. Carer's Assessment including Young Carers

If a service user has children under the age of 18, staff should discuss with the service user whether the children are carrying out any caring responsibilities for their parent/s, siblings, grandparents or other relatives.

Staff should ascertain from the service user and child/young person what impact this caring role has on their own development, education, leisure activities etc.

Children under 16 with caring responsibilities are entitled to a Child in Need Assessment carried out jointly with the Local Authorities Children's services. Staff should discuss this option with the family and make a referral where required. Young people over 16 with caring responsibilities are entitled to a Carer's Assessment.

Staff should pay very close attention to the needs of children who may be providing care to an adult or adults. They should also find out about young carer's groups and offer to facilitate the child or young person to attend.

15. Closing or Transferring a Case

Before closing or transferring a case to another team, staff must consider the impact on the children or unborn child if the service discontinues contact with the family.

If Local Authorities Children's Services are involved in the case they must be invited to any transfer or closure/discharge meeting and be sent a copy of the discharge report. If children are subject to a child protection care plan, staff should ensure transfer or closure plans are discussed first with the Core Group.

Discharge letters should be copied, with the parent's knowledge, to relevant health and social care children's professionals involved with the family.

16. Incident Reporting

See Incident management and patient safety policy and procedures

The Trust's incident reporting system Datixweb includes sections for recording information about children involved or affected by an incident.

The incident may have a practical or emotional impact on children – e.g. suicide or attempted suicide of parent living in a household with violence.

Staff must ensure that children are safe after an incident. Where a pregnant woman is involved staff must ensure there is no risk to an unborn child. A maternity check-up should be arranged if necessary.

Datixweb must be completed and ratified in the event of an incident which compromises the welfare of a child.

The Comprehensive risk assessments on RIO to be completed to reflect risk (or equivalent risk assessment if on other electronic system) and the triangulation of information, Datix care plans and updated risk assessments evident.

The Reviewing Manager will have to consider 'Did this safeguarding concern arise from an act or omission within SWYPFT care?'

To assist staff with the question, the following guide has been produced. The Reviewing Manager needs to consider: what is meant by 'an act and an omission' on behalf of the Trust, this is not apportioning blame, it is acknowledging where we (the Trust) could improve and consider lessons learnt to support the prevention of potential future incidents. This guidance document can be accessed on the Safeguarding Children internet page

http://nww.swyt.nhs.uk/safeguarding-children/Pages/default.aspx

The Named Nurse and the Safeguarding Children Nurse Advisors will be consulted in all investigations that affect children or pregnant women.

All child protection referrals must be reported as an incident on Datix when making referrals to children's social care, staff have already assessed a child as being at risk of significant harm and therefore this must be viewed as an incident.

17. Legal Proceedings

If staff in Calderdale, Kirklees or Wakefield are working with any patient who is the subject of any criminal or public or private family court proceedings concerning children and they are requested to provide a statement they must inform the Named Nurses and the Trust's Legal Affairs at Fieldhead Hospital.

If staff working in Barnsley are working with any patient who is the subject of any criminal or public or private family court proceedings concerning children and they are requested to provide a statement they must inform the Named Nurses and the Information Governance Team.

18. Use of Interpreting Services

It is good practice that professional, accredited interpreters are used rather than children, partners or other family members for patients who need such services.

Appendix 5
Action to be taken in Child Protection Emergencies

A Child protection emergency can be present in any number of ways:

- An adult requires emergency treatment as an inpatient this may include detention under The Mental Health Act (1993) and there is no suitable adult to care for the child/children.

- A child observing emotionally distressing and inappropriate behaviour of an adult, this may include a child being part of an adults delusions or suicidal thinking (NPSA 2008) with no protective factors present such as a responsible family member who could care for the child elsewhere until the situation can be managed.

- A child presenting with injuries for which there is no clear explanation and where treatment has not previously been sought.

- A child of insufficient age or maturity is at home without adult supervision and/ or caring for other children.

- Where entry to a house for the purpose of assessment or treatment of an adult service user is sought but is refused and child/children are known to be in the house.

This list is not exhaustive and a child protection emergency is any situation where the immediate welfare or safety of a child is viewed to be at risk.

Action required to safeguard a child:

- Immediate referral to children's social care services, emphasising the urgent nature of the referral and the assessed risk.

- If the response available from children's social care is not viewed as immediate enough 999 should be rung, the police and if necessary ambulance attendance should be requested.

- Only if time permits a manager and or the Named Nurse should be contacted for advice and support, this may require escalation to a Director – **however these actions must not prevent the immediate and necessary action to safeguard a child.**

Following the incident:

Comprehensive clinical record must be completed and verified.

- A Datixweb incident report must be completed; this may include a management review of the incident.

- Support should be offered to the staff involved, this may include a debrief by the Named Nurse or access to staff counselling

Appendix 6

ormal System for Escalating Professional Concern

Criteria

If the professional is unable to resolve a concern through discussion/meeting within an agreed timescale; discussion regarding the concern must take place with appropriate senior personnel. It remains the responsibility of the professional to continue to attempt to resolve the concern.

Rationale

The purpose of this procedure is to ensure that a robust mechanism exists to resolve professional concerns and disputes before they have significant impact on the delivery of care.

Process

Both the West Yorkshire Consortium and Barnsley Safeguarding Children Board Procedures contain detailed guidance on Resolving Professional Disagreements.

Barnsley Safeguarding Children Board Procedures:
http://www.proceduresonline.com/barnsley/scb/chapters/p_resol_profess_disagree.html

West Yorkshire Consortium Safeguarding Board Procedures:
http://westyorkscb.proceduresonline.com/chapters/p_res_profdisag.html

Appendix 7

Roles and Responsibilities of Safeguarding Children Links Within South West Yorkshire Partnership Foundation Trust

1. General Issues

Most, but not all, areas/departments where staff who work with children, where staff work with adults/carers who have children, and where staff may come into contact with children and young people will identify and support safeguarding children links.

- The Links will provide an essential link between practice areas across the Trust and the Named Nurse for Safeguarding Children. Supporting staff in ensuring children are the focus for consideration even when the primary intervention is with the adult.
- Safeguarding Links are vital in supporting the Trust to execute its statutory responsibilities to safeguard children. It is essential that Safeguarding Links are fully supported and empowered by managers to carry out these responsibilities and to support others in their responsibilities to safeguard children.
- Each Link will have up-to-date knowledge of the West Yorkshire Consortium and Barnsley Safeguarding Children Boards Procedures.
- Each Link should be aware of the Named and Designated Professionals for Safeguarding Children and know how to access them.
- Safeguarding Children Links will alert the Named Nurse to any serious or significant incident or concern relating to the welfare of a child.
- Safeguarding Links will inform the Named Nurse for Safeguarding Children of any gaps identified within the services within their area of work relating to safeguarding children.

2. Support/Supervision

- The safeguarding children Link will act as a resource to staff within their area on issues relating to safeguarding children and will signpost staff as appropriate.
- Links will encourage staff within their area of responsibility to access individual supervision as required from a safeguarding children supervisor or Named Nurse.
- Links will support staff within their area of responsibility to access appropriate advice when referring a child or family to children's and young people's social services.
- Links will seek advice, support and supervision from the Named Nurse or Designated Nurse as required.

3. Meetings

- The safeguarding children link will be required to attend regular update meetings organised by the Named Nurse, although attendance at every one is not expected these meetings will be scheduled to take place on a monthly basis.
- The Named Nurse will use the meeting to cascade information from the locality and wider Trust Safeguarding Children's Board and its sub groups.
- The meetings will provide a forum to share new development in safeguarding and protection, ensure systems are in place to enable safe practice, assist in the development and implementation of safeguarding policies and procedures, and disseminate lessons learned from serious case reviews and to share information relating to safeguarding children.

- The Safeguarding Children Links will be required to keep staff within their area of responsibility up dated around current safeguarding issues arising from the Safeguarding Links meetings. Staff will be encouraged to keep written records of how and what information is shared.
- Copies of minutes of the Safeguarding Links meetings will be circulated to the Links, and their managers.

4. Training

- Safeguarding Links will be encouraged to access as a minimum Local Safeguarding Board multi agency training to maintain their knowledge and skills.
- Safeguarding Links will be responsible for ensuring that all new staff within their area of responsibility has safeguarding children addressed in the work place induction.
- Safeguarding Links may act as a source of information for staff requiring further information or who have a particular interest in safeguarding children.

5. References

Children Act (2004), London: HMSO
Department for Education and Skills (2006), *What to do if you are worried a child is being abused*, London: Department for Education and Skills
Department of Health (2011), NHS Standard Contracts for 2012/13
HM Government (2010), *Working Together to Safeguarding Children, A guide to inter-agency working to safeguard and promote the welfare of children*, London: TSO
Royal College of Paediatrics and Child Health, (RCPCH) (2010), *Safeguarding Children and Young People: Roles and Competences for Health Care Staff (Intercollegiate Document)*, London: RCPCH

Appendix 8

Missing Children Notification Form

CHILDREN MISSING FROM KNOWN ADDRESS

CONFIDENTIAL

This form should be completed when a health professional providing care to a child, becomes aware that a child/unborn child, is missing from a known address and they have no forwarding information.

Checks should be made with named family contacts and other health professionals and agencies that are known to be working with the child/family to try and establish their whereabouts.

Child Name: **AKA:**

Child's DoB/EDD:

Date Child Last Seen:

Child's Last Known Address:

CHECKS WITHIN THE LOCAL AREA	**YES**	**NO**
Check Electronic Health Record e.g. SystmOne, RiO		
Check with Children's Social Care /allocated Social Worker/List of Children subject to Child Protection Plans as appropriate		
Check GP Practice with whom registered.		
Check with Health Visitor/School Nurse as appropriate		
Contact Nursery/School attended. (Children Missing from Education Guidelines may have been initiated).		
Check with family members as appropriate		
Check with Housing as appropriate		

Additional Comments:

Signed: Date:

Date information passed to Named Nurse:

NB. This form should be filed with the child's records and logged on Datixweb.

Appendix 9

Safeguarding Children Supervision Guidance

1. Introduction

It is recognised that the Trust currently has supervision guidance for Clinical Staff embedded into policy and practice. The aim of this guidance therefore, is to provide a framework in relation to safeguarding children supervision specifically for clinical staff routinely working with children and young people, for example;

- Insight Teams;
- CAMHS;
- Children with Learning Disabilities Teams,
- Speech and Language Therapy
- Specialist Epilepsy Nurses
- Paediatric Audiology

Also any clinical staff who manage cases where an adult service user is the parent or carer of a child or young person subject to a Child Protection, Child in Need or Common Assessment Framework (CAF) Plan, or where emerging safeguarding concerns have been identified.

Supervision is a formal, accountable process involving one or more practitioners with a suitably experienced supervisor. It affords professional support and learning which enables practitioners to develop knowledge, skills and competence, assume responsibility for their own practice and enhances the safety and protection of children in complex situations (DoH 1993, Knapman and Morrison 2008, Skills for Care and Children's Workforce Development Council (CWDC 2007).

Working to ensure children are protected from harm requires sound judgements to be made (HM Government 2015), and effective and accessible safeguarding supervision is essential if staff are to put into practice the critical thinking required to understand child protection cases and complete holistic, analytical assessments (Brandon et al 2009).

Landmark et al (2004) suggest that, not only does supervision create an arena to explore thoughts, feelings and reactions to complex situations, but also the opportunity to reflect on successful situations, a concept which is often lost in everyday practice.

The safeguarding children supervision process is different from, and supplementary to, the day to day consultation/advice provided by the Named Professionals and is in addition to mandatory clinical supervision.

2. Purpose

Section 11 of the Children Act 2004 and Working Together 2015 (HM Government 2015) places a statutory duty on organisations to discharge their function having regard to the need to safeguard and promote the welfare of children and to ensure that all practitioners involved in day to day work with children and families have access to advice, support and supervision. As such all relevant training and development needs are supported by the organisation.

Safeguarding children supervision should ensure that:

- Staff at all levels undertake their roles and responsibilities with regard to the right of the child to be protected and have their welfare promoted at all times;
- Individual practitioners have the appropriate skills to provide an effective service through the identification of their training and development needs;
- Practice is soundly based and consistent with Local Safeguarding Children Board and organisational policies and procedures;
- All staff are working within the legislative framework on making arrangements to safeguard and promote the welfare of children under the Children Act 2004 (Section 11) and Children Act 1989, and that they are working in accordance with intra and inter-agency policies and procedures and within national service frameworks;
- Staff at all levels are able and supported to manage the emotional impact of child protection and safeguarding work;
- The focus is maintained on the child and drift is avoided;
- Practitioners maintain a degree of objectivity and any fixed views are challenged;
- The evidence base for assessment decisions is tested and assessed.

3. Definition

Supervision is a formal, accountable process involving one or more practitioners with a suitably experienced supervisor. It affords professional support and learning which enables practitioners to develop knowledge, skills and competence, assume responsibility for their practice and enhance the safety and protection of children in complex situations (DoH 1993, Morrison 2005, Skills for Care and CWDC 2007).

4. Duties

4.1 Executive Management Team

The Executive Management Team will be responsible for approving this policy.

4.2 The Executive Director of Nursing, Clinical Governance and safety

The Executive Director of Nursing and Quality is the Lead Director for Safeguarding Children.

The lead director will be responsible for engaging relevant stakeholders in the development of the policy and ensuring appropriate arrangements are in place for managing any resource implications, including dissemination and training and for ensuring the most current version is in use and obsolete versions have been archived and withdrawn from circulation.

The Executive Director of Nursing and Quality will link with the District Directors and Director of Human Resources to identify any problems with the operationalisation or monitoring of this policy.

4.3 The Safeguarding Children Sub-Committee of the Clinical Governance and Clinical Risk Committee

The Safeguarding Children Sub-Committee of the Clinical Governance and Clinical Risk Committee will be responsible for reviewing and amending the policy, scrutinising the implementation and effectiveness of the policy and providing assurance to the Trust Board.

4.4 The Named Nurse for Safeguarding Children

The Named Nurse for Safeguarding Children is responsible for monitoring and reporting on the take up of safeguarding children supervision as part of the Children Act 2004 Section 11 monitoring requirements.

The Named Nurse for Safeguarding Children will draw the relevant manager's attention to any performance issues.

4.5 General Managers, Associate Medical Directors, Heads of Services, Clinical Leads, Service Managers, Consultants, Medical Tutors and Team Managers

General Managers, Associate Medical Directors, Service Managers, Consultants, Medical Tutors and Team Managers are responsible for ensuring that safeguarding children supervision occurs in line with this policy and practitioners have protected time to meet their supervision needs. They are also responsible for ensuring that personal staff records are updated in relation to accessing safeguarding children supervision for the purpose of collating information for audit.

4.6 Clinical Staff

Practitioners routinely working with children and young people and all clinical staff who manage cases where an adult service user is the parent or carer of a child or young person subject to a Child Protection, Child in Need or Early Help Assessment, or where emerging safeguarding concerns have been identified, are responsible for ensuring that they access appropriate safeguarding children supervision in line with this policy.

5. Principles and Requirements

All staff identified as requiring safeguarding children supervision because of the nature of their caseload or the nature of a particular case will have an allocated safeguarding children supervisor who has completed a programme of safeguarding supervision skills training, with whom to discuss case management issues and the emotional impact of child protection and safeguarding work.

In the event of an allocated supervisor being unavailable due to sickness absence etc., it is the responsibility of the supervisee to access safeguarding children supervision from another supervisor within the Trust.

Safeguarding supervision should not be considered an optional extra, however it is recognised that there is a requirement to have a flexible approach to it's delivery. This policy, therefore, reflects a framework which may be adapted to a number of models where more than one professional is working with the same child or family:

- One to one supervision
- Multi-professional group supervision
- Uni-professional group supervision
- Peer supervision

Group supervision may be appropriate where more than one professional is working/or is likely to be working with the same child or family and the process is able to remain case focussed with due consideration and address being given to individual practice and professional needs. Group supervision may also be appropriate where the professional team is small in size. This type of forum may also be appropriate for trainees and students in terms of developing their skills in Safeguarding Children.

This policy has been developed to reflect the needs of individual services and as such there may be different approaches adopted within different areas.

In addition to planned safeguarding children supervision a practitioner can request an unscheduled supervision session if unexpected concerns arise or in order to facilitate a timely response so promoting a 'no delay principle'. This should clearly differentiate from access to the Named Professionals for consultation and advice which is usually provided by telephone or open forum and does not offer the same personal one to one discussion and emotional space.

Safeguarding children supervision will be based on a written contract which should be reviewed by the supervisor and supervisee annually (Please refer to Trust Safeguarding Intranet pages 2a).

A caseload profiling exercise should be completed by the supervisee prior to safeguarding children supervision session. This will enable the practitioner to identify those cases for which they require safeguarding supervision. Particular attention should be drawn to those children and families who may not be subject to a framework of child protection or children in need but who continue to cause concern. Also those children who are subject to a plan which does not appear to be achieving identified outcomes and children who have previously been subject to a plan in the past twelve months.

At every session a Safeguarding Children Supervision record will be produced which will include any actions identified in order to safeguard children. A review of the actions should take place at the following supervision session.

Although the usual levels of confidentiality are maintained in relation to safeguarding children supervision, any factors which prevent or hinder staff from accessing

safeguarding children supervision or any concerns regarding the supervisees safeguarding practice will be brought to the individual's Manager's attention.

6. Paediatric Audiology and Specialist Epilepsy Nurses:

Safeguarding children is intrinsic to the daily work of these practitioners. As such clinical and/or management supervision should include the identification of safeguarding issues and where appropriate the individual practitioner should be referred to the Safeguarding Team for specialist advice or direct safeguarding supervision.

Practitioners who practice under the supervision of Paediatric Audiologists and Specialist Epilepsy Nurses should access clinical and/or management supervision from the supervising professional which should include the identification of any safeguarding elements.

Team leaders or managers are expected to access safeguarding children supervision either collectively or individually on a three monthly basis.

7. Child and Adolescent Mental Health Service, Speech and Language Service, Children with Learning Disability Service, Early Intervention in Psychosis Service and Substance Misuse Services:

All practitioners should access clinical and/or management supervision from their clinical supervisor or line manager. It is acknowledged that at times clinical supervision may encompass management s and vice versa. Safeguarding children is intrinsic within their everyday practice and as such should be encompassed within clinical and management s. Any issues arising from clinical or management supervision which require specialist advice in relation to safeguarding children should be referred in to the Safeguarding Team.

Individuals who are identified as requiring safeguarding children supervision on a one to one basis will be provided with this on request.

There is an expectation that line managers should access safeguarding supervision on a three monthly basis with the dedicated Named Nurse for Safeguarding Children. This will provide the opportunity to discuss individual case management or practice issues.

Advice and consultation will be available to the services outside planned safeguarding children supervision. Where a member of the Safeguarding Team is not immediately available, a message can be left or individual team members can be contacted via mobile phone. If the situation requires an immediate response in order to safeguard a child, professionals must contact the Police and Children's Social Care.

All supervision records should be subsequently signed by the supervisor and the supervisee and photocopied. It is the responsibility of the supervisee to record within the clinical record that they have accessed safeguarding children supervision and any actions arising from this. Records will be subject to audit at regular intervals.

8. Young People's Outreach team:

YPOS forms part of the service offer provided by CAMHS. As such, all practitioners within the service should access clinical and/or management supervision on a monthly basis from their line manager. Any issues arising from clinical or management supervision which require specialist advice in relation to safeguarding children should be referred in to the Safeguarding Team.

Safeguarding children group supervision is currently provided on a three monthly basis to the team and this will continue to be provided by the dedicated Named Nurse for Safeguarding Children.

There is an expectation that line managers should access safeguarding supervision on a three monthly basis with the dedicated Named Nurse for Safeguarding Children. This will provide the opportunity to discuss individual case management or practice issues.

Advice and consultation will be available to the service outside planned safeguarding children supervision. Where a member of the Safeguarding Team is not immediately available, a message can be left or individual team members can be contacted via mobile phone. If the situation requires an immediate response in order to safeguard a child, professionals must contact the Police and Children's Social Care.

All supervision records should be subsequently signed by the supervisor and the supervisee and photocopied. It is the responsibility of the supervisee to record within the clinical record that they have accessed safeguarding children supervision and any actions arising from this. Records will be subject to audit at regular intervals.

9. Safeguarding Children Team:

Safeguarding children supervisors from the Safeguarding Children Team, including Named Professionals, will be responsible for maintaining access to safeguarding children supervision from an appropriately experienced professional on at least a three monthly basis as a minimum requirement. This may be from within the Trust or externally.

In the event of an allocated supervisor being unavailable due to sickness absence etc., it is the responsibility of the supervisee to access safeguarding children supervision from another supervisor within their service.

10. References

Brandon M, Bailey S, Belderson P, Gardner R, Sidebotham P, Dodsworth J, Warren C and Black J (2009), Understanding serious case reviews and their impact: a biennial analysis of serious case reviews 2005-07, Department for Children, Schools and Families: London

Children Act 2004, London: HMSO

Children Act 1989, London: HMSO

Department of Health (1993), A vision for the Future. Report of the Chief Nursing Officer, London: HMSO

HM Government (2010), Working Together to Safeguard Children, London: Department for Children, Schools and Families:

Landmark B, Wahl J, Bohler A (2004), Group supervision to support competency development. Int J Palliat Nurs, 2004; 10: 542–8.

Knapman J and Morrison T (2008), Making the most of Supervision in Health and Social Care, Brighton: Pavillion

Skills for Care and Children's Workforce Development Council (CWDC) (2007), Providing Effective Supervision, Leeds: CWDC

11. Associated Documents

This policy should be read in conjunction with the following documents**:**

Professional Codes of Practice

Safeguarding Children and Young People: roles and competencies for health care staff, Intercollegiate Document (2010), London: Royal College of Paediatrics and Child Health

SWYPFT (2011) Policy and Procedures on the Protection, Safeguarding and Promoting the Welfare of Children (Incorporates Guidance on Child Visiting and Safeguarding Children Supervision Policy)

West Yorkshire Consortium Safeguarding Children Boards Procedures and Barnsley Safeguarding Procedures (2011)

Safeguarding Supervision Guidance

Contract for Safeguarding Children Supervision

Name of Supervisee –

Name of Supervisor –

Frequency / Duration of Supervision Sessions – Minimum of 3 monthly for minimum of 1 hour.

The supervisor will:

- Encourage the utilisation of reflection to facilitate the supervisee's critical analysis of practice.
- Create a forum which facilitates the supervisee to explore values, assumptions and attitudes in relation to practice.
- Provide professional support.
- Constructively challenge elements of practice where required.
- Ensure that the supervisee remains focused on the child and where required considers the needs of other children in the family.
- Promote effective interagency working and information sharing.
- Ensure that Local Safeguarding Children Board policies and procedures are adhered to.
- Agree any actions required and identify timescales for their implementation with the supervisee.

The supervisee will:

- Complete a caseload profiling exercise prior to safeguarding children supervision.
- Identify families of concern for discussion within the supervision framework.
- Present case files for children and families discussed within supervision where practically possible.
- Utilise reflection to facilitate professional development.
- Maintain professional accountability and responsibility for their actions.
- It is the responsibility of the supervisee to record within the clinical record that they have accessed safeguarding children supervision and any actions arising from this.

N.B. Personal issues discussed within the context of supervision will remain confidential unless it becomes clear that withholding information may place a child/young person/adult or family at risk.

Contract agreed

Supervisee …….. Date …….

Supervisor …….. Date ……..

Contract to be renewed annually to maintain clarity over responsibilities

Safeguarding Children Supervision Record and Action Plan

Action Plan

Date	
Supervisee's Name	
Supervisor's Name	
Review of issues/actions discussed at last session (if applicable):	
Issues/children discussed at today's session as identified via the caseload profiling exercise:	
Action agreed for each issue or child	

Date of Next Meeting:
Signed (Supervisee)
Signed (Supervisor)

Cc

Supervisee

Supervision File

Safeguarding Supervision

Contact Sheet/Record of Supervision

Name: ……

Date	Notes	Signature

SUPERVISION RECORD

IN NEED / CHILD PROTECTION PLAN

Supervisor …… Supervisee…….

Venue …… Date …….

Names	DOB	Address	School	Category

Date CP PLAN …… Family last seen ……..

Key Worker ……

Triggers for concern

Housing/Employment	Y	N	Race and Culture	Y	N
Parenting Skills	Y	N	Physical Abuse	Y	N
Neglect	Y	N	Emotional Abuse	Y	N
Domestic Abuse	Y	N	Fabricated Illness	Y	N
Sexual Abuse	Y	N	Special Needs – Child	Y	N
Mental Ill Health	Y	N	Learning Disability – Adult	Y	N
Alcohol/Drug Misuse	Y	N		Y	N
			- Child		

Professionals Involved

GP	Social Worker	EWO
Paediatrician	Family Support Worker	Teacher
Psychiatrist	Sure Start	CLDT
Psychologist	Home Start	Paed. Outreach
Speech Therapy	Family Centre	Nursery Nurse
School Nurse	Police	Family Nurse Partnership
Health Visitor	Subs misuse	CASH
CPN	Probation Officer	Other:
Midwife	Pathways	

Records Signed Y / N

CONCERNS

Child's Developmental Needs (to include health, education, emotional and

Behavioural development, family and social relationships, social presentation, self-care skills)

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Parenting Capacity (to include basic care, ensuring safety, and emotional warmth, and stimulation, guidance and boundaries and stability, strengths and weakness analysis

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Family and Environmental Factors (to include wider family, housing, employment, social/ community integration, strengths and weakness analysis)

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Current Concerns – Child Protection / Children in Need

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Care Plan

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Signature …….. **Designation …….**

Signature …….. **Designation …….**

Appendix 10

Equality Impact Assessment Tool

Equality Impact Assessment Template to be completed for all Policies, Procedures and Strategies

January 2016

Date of Assessment: _____

	Equality Impact Assessment Questions:	Evidence based Answers & Actions:
1	**Name of the document that you are Equality Impact Assessing**	Policy and Procedures on the Protection, Safeguarding and Promoting the Welfare of Children (incorporating the Safeguarding Children Supervision Guidance).
2	**Describe the overall aim of your document and context?** **Who will benefit from this policy/procedure/strategy?**	Delivering services to children, young people and families is increasingly complex. For SWYPFT These complexities arise from a number of factors such as; working across four local authorities; the number of partners with responsibilities for commissioning and delivering services; an ever changing legislative, policy and financial landscape; strategic and operational changes within the workforce. Despite these complexities there is an emphasis to ensure quality is maintained. This Policy is designed to support all staff within Calderdale, Kirklees, Wakefield and Barnsley whatever their role in the organisation and whoever they work with, in fulfilling their legal duty to safeguard and promote the welfare of children. This policy will benefit all staff within Calderdale, Kirklees, Wakefield and Barnsley and by supporting the staff to execute their duties within the safeguarding arena with a secondary benefit to the children and families within the communities we work.
3	**Who is the overall lead for this assessment?**	**Tim Breedon**
4	**Who else was involved in conducting this assessment?**	**Safeguarding Team; Heads of Service and Senior managers by virtue of the Trust wide Policy and Procedures group**
5	**Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy?** **What did you find out and how have you used this information?**	The Trust is committed to improving the outcomes for children and young people. Ultimately this policy is developed within the statute that is the Children Act 1989, 2004; with the guidance document known nationally as 'Working Together''. The guidance document Working Together is a practical operational document that describes a framework as to how partner agencies should work together. It is developed due to the learning from both National and Local serious case reviews – so as such the consultation process that underpins the development of this policy is borne from statutory investigative processes. SWYPFT is committed to the safeguarding agenda and actively becomes involved with any consultation processes that will impact on the statutory guidance.

6	**What equality data have you used to inform this equality impact assessment?**		To inform this equality impact assessment the data produced by each of the four local authorities has been scrutinised.
7	**What does this data say?**		The data informs us that there are significant differences in the communities that this organisation provides services to and as such this policy needs to consider those differences whilst still exercising our statutory duty to safeguard children.
8	**Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group unfavourably:**	**Yes/No**	**Evidence based Answers & Actions. Where Negative impact has been identified please explain what action you will take to remove or mitigate this impact.**
8.1	**Race**	**Yes**	We are aware that the trust footprint varies greatly across the four regions. As an organisation we have not previously collated any specific data as to whether there is evidence to suggest that belonging to one of the identified groups with protected characteristics, significantly affects the execution of safeguarding duties by SWYPFT staff. **<u>Action</u>** To complete an audit within the CAPE plan 2017 – 2018, one year from this policy being ratified to determine if any of the protected characteristics bears any relevance on the safe operational application of safeguarding procedures by SWYPFT staff.
8.2	**Disability**	**Yes**	
8.3	**Gender**	**Yes**	
8.4	**Age**	**Yes**	
8.5	**Sexual Orientation**		
8.6	**Religion or Belief –**		
8.7	**Transgender**	**No**	
8.8	**Maternity & Pregnancy**	**No**	
8.9	**Marriage & Civil partnerships**	**No**	
8.10	**Carers*Our Trust requirement***	**No**	
9	**What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy:-**		Monitoring the compliance with this policy is completed by the safeguarding children team in the notifications received through the DATIX process.
9a	**Promotes equality of opportunity for people who share the above protected characteristics;**		**We feel that this policy promotes equality for opportunity for people who share the protected characteristics as safeguarding endeavours to protect all people from abuse or harm in order for them to achieve their full potential. We do not, however, have the data to support this statement and as such the action plan will address this.**
9b	**Eliminates discrimination, harassment and bullying for**		**We feel that this policy does not condone any actions that would be perceived to be considered as discriminatory,**

	people who share the above protected characteristics;	**harassing or bullying. The trust is committed to the values and vision as described within the introduction section of this policy.**
9c	**Promotes good relations between different equality groups;**	**This policy promotes that all people have the right to live a life free from abuse and harm in order to achieve their full potential.**
9d	**Public Sector Equality Duty – "Due Regard"**	
10	**Have you developed an Action Plan arising from this assessment?**	**Yes there are some actions identified that will be incorporated within the 2017 – 2018 CAPE plan for the safeguarding team**
11	**Assessment/Action Plan approved by (Director Lead)**	**Sign: Date:** **Title:**
12	***Once approved, you must forward a copy of this Assessment/Action Plan to the Equality and Inclusion Team:*** **inclusion@swyt.nhs.uk** **Please note that the EIA is a public document and will be published on the web.** **Failing to complete an EIA could expose the Trust to future legal challenge.**	

Appendix 11 - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any policy document when submitted to EMT for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	YES	
	Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	YES	
2.	**Rationale**		
	Are reasons for development of the document stated?	YES	
3.	**Development Process**		
	Is the method described in brief?	YES	
	Are people involved in the development identified?	YES	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	YES	
	Is there evidence of consultation with stakeholders and users?	EMT	
4.	**Content**		
	Is the objective of the document clear?	YES	
	Is the target population clear and unambiguous?	YES	
	Are the intended outcomes described?	YES	
	Are the statements clear and unambiguous?	YES	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	YES	
	Are key references cited?	YES	
	Are the references cited in full?	YES	
	Are supporting documents referenced?	YES	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	YES	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	**Dissemination and Implementation**		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Is there an outline/plan to identify how this will be done?	YES	
	Does the plan include the necessary training/support to ensure compliance?	N/A	
8.	**Document Control**		
	Does the document identify where it will be held?	YES	
	Have archiving arrangements for superseded documents been addressed?	YES	
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	YES	
	Is there a plan to review or audit compliance with the document?	YES	
10.	**Review Date**		
	Is the review date identified?	YES	
	Is the frequency of review identified? If so is it acceptable?	YES	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible implementation and review of the document?	YES	