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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

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, Barnsley, Forensic and Specialist Services 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 Local Safeguarding Children's Partnerships (SCP) and Local Safeguarding Adult's Board (LSAB) and 'safeguarding' is a standing item on all care group 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.
- 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 users/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 Partnerships Procedures and Barnsley Safeguarding Children Partnership Procedures.

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 2018).

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 an alleged 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 1989; 2004, Safeguarding Policy, NHS England, 2014, Updated 2019).

3. Definition of Safeguarding Children and Child Protection

Working together to Safeguard Children 2018 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 Chief Nurse / Director of Nursing, Quality and Professions will:- Manage the PREVENT strategy and policy documents on behalf of the Trust and liaise with the PREVENT Lead Advisor and Safeguarding Team to manage the implementation and the operation of the PREVENT strategy.
- Information can be obtained regarding Prevent on:
<http://nwww.swyt.nhs.uk/prevent/Pages/default.aspx>

Vetting and Barring

- The Trust carries out Disclosure and Barring Service checks where relevant, on all staff, students and volunteers 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.

Local Authority Designated Officer (LADO)

All allegations concerning abuse of children by those who work with children must be reported to the local authority designated officer, in line with Trust policy. Please refer to Appendix 3, point 15.

- Appendix 3, point 15.

<https://swyt.sharepoint.com/sites/Human-Resources/SitePages/HR-online.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.

<https://swyt.sharepoint.com/sites/Intranet/compliance/cqc/Pages/Fundamental-standards.aspx>

Actions will be guided by the procedures set out within the Trust's Disciplinary procedures.

<https://swyt.sharepoint.com/sites/Policy-Documents/Shared 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 and supporting children and families who may need Early Help Support
- identifying children who are at risk of being abused, 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.

<https://swyt.sharepoint.com/sites/intranet/safeguarding-children/Pages/default.aspx>

Please refer to Appendices 3; Compliance with West Yorkshire Consortium & Barnsley Safeguarding Children Procedures); and 4 (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 Chief Nurse/ Director of Nursing, Quality and Professions

The Chief Nurse / Director of Quality and Professions is responsible for Safeguarding Children at Trust Board level. The Board is ultimately accountable for safeguarding children within the Trust. It does this through the quality assurance framework which includes a Joint Safeguarding Strategic and Operational 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 Safeguarding Childrens Partnerships (SCP's) in Wakefield, Calderdale, Kirklees and Barnsley. The Chief Nurse / Director of Quality and Professions is the lead director for this policy.

Both the Integrated Care Boards (ICB) and Integrated Care Systems (ICS) have a statutory responsibility 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.

The Chief Nurse / Director of Nursing Quality and Professions, the Deputy Director of Nursing, Associate Director of Nursing and the Associate and 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 Rapid Reviews and Safeguarding Practice Reviews. The Chief Nurse / Director of Quality and Professions will ensure partner agencies are aware of who to contact in relation to safeguarding concerns.

The Named Nurse for Safeguarding Children and Safeguarding Advisors attend the Safeguarding Children's Partnerships sub-groups and any other relevant child protection working party groups.

Deputy Director

The Deputy Director of Nursing, Quality and Professions supports the Director of Nursing in relation to safeguarding and attends SAB. They have oversight of the safeguarding agenda and managerial responsibilities for the Associate Director of Nursing and Quality.

Associate Director

The Associate Director Nursing, Quality and Professions has responsibility for the governance of the Safeguarding Team, whilst supporting the Deputy Director to deliver on the safeguarding agenda for the Trust.

The Assistant Director

The Assistant Director Nursing Quality and Professions supports the Associate Director through the management of the Safeguarding team to deliver on the safeguarding agenda for the Trust.

4.4 The Safeguarding Strategic Sub-Group

The Director of Nursing and Quality is the nominated chair. Relevant information from this group is then presented to the Clinical Governance and Clinical Safety Committee.

4.5 Named Professionals/Safeguarding Children Team

The Trust is legally required to have, as a minimum, a Lead Director, a Named Safeguarding Doctor and a Named Nurse for child protection. These named professionals must embody the person specification cited within the Intercollegiate Document (2019) 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 Safeguarding 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 Safeguarding Advisors scan all incidents reported on the DATIX system and alert the Directors to any trends.

The Named Nurse will provide reports to the Care Groups throughout the year that will include recommendations from any learning, 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.

<https://swyt.sharepoint.com/sites/intranet/safeguarding-children/Pages/default.aspx>

A network of Safeguarding link practitioners supports safeguarding in clinical areas has been established in practice areas. There are agreed roles and responsibilities to support the link practitioners in their roles of leading the safeguarding agenda in their clinical areas. Quarterly safeguarding link practitioner forums ensure significant issues are escalated as appropriate to the Joint Safeguarding Strategic and Operational Subgroup.

<https://swyt.sharepoint.com/sites/intranet/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 and male service users who have a pregnant partner.
- Any other issue staff wish to explore regarding children.
- Issues where staff are unhappy with clinical / 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.

<https://swyt.sharepoint.com/sites/Policy-Documents/Shared Documents/Forms/AZ.aspx>

- Escalating a case where there is professional disagreement; to advise and support with following locally agreed multi agency escalation procedures.
See Appendix 6
- 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.

<https://swyt.sharepoint.com/sites/Intranet/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
- Do not 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 Chief Nurse / Director of Nursing, Quality and Professions.
- 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 staff should complete Information governance e-learning training and refresh this training annually.

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

4.6 The Named Safeguarding 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.

<https://swyt.sharepoint.com/sites/Intranet/safeguarding-children>

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 / Matrons 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 (2019) 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 9)
- 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 Partnerships 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, demonstrate professional curiosity and seek specialist advice to protect and promote the welfare of children when required.

6. Equality Impact Assessment

This policy has no differential impact on equality as identified by the Equality Impact Assessment Tool. Please see Appendix 10.

7. Dissemination and Implementation Arrangements (including training)

This policy will support and enhance the established West Yorkshire Consortium and Barnsley Safeguarding Children Policies and Procedures as with the current policies they will be promoted through mandatory training delivered across all the Trust.

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

All 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 work towards completing 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 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 2019 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 team, under the guidance of the Named Nurse provide regular training courses and details can be found in the Trust's Training Programme.

[https://swyt.sharepoint.com/sites/Learning-and-development/SitePages/Mandatory-Training\(1\).aspx](https://swyt.sharepoint.com/sites/Learning-and-development/SitePages/Mandatory-Training(1).aspx)

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

The Safeguarding Children 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 Nurse and Named Safeguarding 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 Integrated Care Boards and Integrated Care Systems 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 9) provides a framework specifically for clinical staff routinely working with children and young people, for example:

- Early Intervention in Psychosis
- Health Integration Team
- CAMHS
- Children with Learning Disabilities Teams
- Mental Health Access Teams
- Adult Mental Health Services
- Adult Psychological Therapy Service
- Children's 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), or where emerging safeguarding concerns have been identified.

Supervision will be considered as part of the Safeguarding Strategic sub-group.

The Named Nurse and Safeguarding 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 Partnerships in Calderdale, Kirklees, Wakefield and Barnsley.

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 2025 or in light of National or Local Guidance or Policy development.

11. Version control

This document is Version 4. Changes made to reflect amendments to legislation.

12. References

Department of education (2016) Pathways to harm, pathways to protection; Triennial analysis of serious case reviews 2011 – 2014. Brandon S, Sidebotham P, Bailey S, Belderson P, Dodsworth J, Garstang J, Harrison E, Retzer A and Sorenson P.
Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 Published by the Royal College of Nursing on behalf of the contributing organisations.
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
Heath and Social care Act (2008)
HM Government (2018), 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 Nurse, 2004; 10: 542–8.
NICE Guidance NG76 Child Abuse and Neglect. 2017
NICE Guidance CG89 Child Maltreatment; When to suspect Maltreatment in under 18s. 2017
Knapman J and Morrison T (2008), Making the most of Supervision in Health and Social Care, Brighton: Pavilion
Skills for Care and Children's Workforce Development Council (CWDC) (2007), Providing Effective Supervision, Leeds: CWDC
Barnardo's (2007) *keeping the family in mind*. Ilford

HM Government (2015) *What to do if you're worried a child is being abused – Summary*. London: Department for Education and Skills

HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the children Act 2004*. London: Department for Education and Skills

Darlington, Y. Feeney, J. Rixon, K. (2005) *Practice challenges at the intersection of child protection and mental health*. Child & Family Social Work vol 10, Issue 3: pp 239-247 for Education and Skills

Kamaldeep, B. Olajide, D (1999) *Mental Health Service Provision for a Multi-cultural Society*. London: Saunders

NPSA Alert. Preventing harm to children from parents with mental health needs. NPSA, 2009.

Pritchard, C. (2006) *Mental Health Social Work – Evidence-Based Practice*. London: Routledge

Social Care Institute for Excellence (2003) *Alcohol, Drug and Mental Health Problems: working with families*. London: SCIE (Report)

Slater, M. Turner, T (2008) *Community Mental Health Care – A practical guide to outdoor psychiatry*. London: Churchill Livingstone Elsevier

Stanley, N. et al (2003) *Working on the interface: identifying professional responses to families with mental health and child-care needs*. Health & Social Care in the Community vol 11, Issue 3: pp 208-218

Tunard, J. (2004) *Parental mental health problems: key messages from research, policy and practice*. Research in Practice

Wilson, K. James, A (2007) *The Child Protection Handbook*. London: Bailliere Tindall Elsevier

SWYPFT (2019) 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 (June 2022) and Barnsley Safeguarding Procedures (June 2022)

University of Bedfordshire 2017, Contextual Safeguarding; An overview of the operational, strategic and conceptual framework. Firmin, C.

Home Office 2018, Criminal exploitation of children and vulnerable adults: County Lines Guidance

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

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

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

The protocol for the prevention of abuse to vulnerable adults

Guidelines for dealing with domestic violence

Confidentiality policy

Mandatory training policy

<https://www.calderdale.gov.uk/v2/residents/health-and-social-care/young-people/young-carers/young-carers-service>

<https://www.barnardos.org.uk/what-we-do/services/kirklees-young-carers>

<http://www.wakefield.gov.uk/schools-and-children/early-help/young-carers>

<https://www.barnsley.gov.uk/services/children-families-and-education/young-people/young-carers/>

Risk Assessment and Management strategy

Missing Service User / Patients Policy and Procedures, A Joint procedure with South and West Yorkshire Police

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

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 bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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

Providing Early Help is more effective in promoting the welfare of children than reacting later. 'Early Help', is defined in Working Together 2018 as follows:

'Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse'

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 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.

<https://swyt.sharepoint.com/sites/intranet/safeguarding-children>

Appendix 3

Compliance with West Yorkshire Consortium & Barnsley Safeguarding Children Partnership Policies and Procedures

1. Introduction

The West Yorkshire Consortium and Barnsley Safeguarding Children Partnerships Policies and 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 Partnerships.

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 legal duty to investigate under section 47 of the Act where there is reason to suspect that a child is likely to suffer, or is suffering significant harm. There is also a legal duty for Trust staff to share relevant and proportionate information in a timely manner under this section of the Children Act 1989.

Please refer to the Trust safeguarding Intranet pages and the Working Together Document 2018.

<https://swyt.sharepoint.com/sites/intranet/safeguarding-children>

3. Trust staff must familiarise themselves with West Yorkshire Consortium and Barnsley Safeguarding Children Partnership Policies and 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 marriage and honour based violence
 - bullying
 - children living away from home
 - children in custody
 - children in hospital
 - sexually exploited children
 - trafficked and exploited children
 - domestic violence.
 - Contextual Safeguarding
 - Perplexing Presentations and Fabricated and Induced Illness
 - Unaccompanied minors and children seeking asylum
 - County Lines

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 timely and proportionately 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 the 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 judgements about the registration of child onto a Child Protection Plan – *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 in a timely and proportionate manner.

If the situation warrants an assessment of a child/young person as a Child in Need or Child Protection by the Local Authority Children's Services, it is the individual member of staff's responsibility to refer a child/young person and adhere to the West Yorkshire Consortium or Barnsley Safeguarding Children Partnership's 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 documents for referrals must be uploaded into the clinical record and the incident triangulating with appropriate care plans and risk assessment.**

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

<https://swyt.sharepoint.com/sites/intranet/safeguarding-children>

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

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

- Child Awareness form
- Safeguarding node (for recording a child protection plan and relevant safeguarding information for children)
- needs assessment
- crisis and contingency plans (staying safe plan)
- leave arrangements
- discharge arrangements
- arrangements for children visiting inpatients
- incident reporting forms (Datix)

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 SystemOne 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.

The General Data Protection Regulations (2018) principles: are that information that practitioners are considering sharing should be necessary and proportionate, relevant, adequate, accurate timely, securely shared and record information that has been shared. HM Government DFE Information sharing 'Advice for practitioners providing safeguarding services to children, young people, parents and carers' July 2018. The DFE (2018) report highlighted that the 'General Data Protection Regulation (GDPR), Data Protection Act 2018 and Human Rights laws are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately'.

Practitioners should use their judgement when making decisions about what information to share, and should follow organisation procedures or consult with their manager if in doubt. The most important consideration is whether sharing information is likely to support the safeguarding and protection of a child.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

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 (2018). This document can be found by following the link from the safeguarding page on the Trust intranet.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf

- 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.
- Staff should contact Access to Health Records for external Information requests.

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 Children's Social Care 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:

- 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 Partnership for the relevant paperwork.
- Send the report to the conference chair/administrator in the timeframe advised; 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 please send a colleague or representative 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 Plan (this decision will be based on the information shared by all professionals in attendance at the conference and cannot be made beforehand).

If required the Named Nurse or Safeguarding Childrens Advisors 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 at Child Protection Case Conferences

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.

The safeguarding team can offer advice and support through the escalation process.

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.

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 Partnership policies and procedures for 'Children and Families who go Missing' if they feel the child is at risk of significant harm.

15. Allegations against persons who work with 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 person who works with children 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 Children's partnership policies and 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. Fabricated or Induced Illness (FII) and Perplexing Presentations (PP)

In FII, the child suffers harm through the misleading, erroneous or deceptive report or action of a parent/carer, so that the child is presented as ill when they are not ill, or more ill than is actually the case. The term 'perplexing presentation' is used at the early stages when a child first presents, or when other possibilities for the presentation are possible.

Detailed guidance on the management of cases where induced or fabricated illness is suspected including perplexing presentations is available in the West Yorkshire Consortium and Barnsley Safeguarding Children Partnership Policies and Procedures. Please refer to your relevant area for guidance.

18. Domestic Violence

Anyone can be a victim of domestic abuse, regardless of sex, gender reassignment, age, ethnicity, socio-economic status, sexuality, or background. The 2021 Domestic Abuse Act introduces a statutory definition of domestic abuse, and together with this statutory guidance, provides clear case studies of what abuse looks like (see Statutory Guidance Domestic Abuse Act 2021)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf

The term 'victim' is used in the 2021 Act to denote someone who has experienced domestic abuse. This includes children who have seen, heard, or experienced the effects of domestic abuse, and are related to either the victim of the abusive behaviour, or the perpetrator (section 3 of the 2021 Act).

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 Policies and Procedures to identify if a referral to the Multi-Agency Risk Assessment Conference (MARAC) is required. This would be following completion of Domestic Abuse Stalking and Harassment (DASH) risk assessment.

Further information can be obtained via the Domestic Abuse Intranet page

<http://nwww.swyt.nhs.uk/wellbeing/domestic-abuse/Pages/More-information.aspx>

19. Assessment of Risk outside the home (Contextual Safeguarding)

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking; online abuse; teenage relationship abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

20. Criminal exploitation

Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863323/HOCountyLinesGuidance_-_Sept2018.pdf

21. Accumulation of minor injuries

The safety of children and their protection is everybody's business. Although bruising is the commonest presenting feature of physical abuse in children, research has shown that children who present with a severe non-accidental injury have often been seen earlier with bruising or another injury. These injuries provide an opportunity to prevent the child suffering a more serious injury or being killed. Any bruising (however faint or small), fractures, bleeding or other injuries such as burns should be considered as potentially an indicator of child maltreatment and should be investigated appropriately.

Not Independently Mobile: a baby who is not crawling, bottom shuffling, pulling to stand, cruising or walking independently. Includes all children under the age of six months and any children with a disability who are not able to move independently. **Babies who can roll or sit independently are classed as non-mobile.**

Not independently mobile: an infant (under 12 months old) who is not pulling to stand, cruising or walking independently OR a child with significant gross motor delay due to disability.

Minor injuries may include (but are not confined to) torn frenulum; grazing, abrasions, minor cuts, blisters and injuries such as bruises, scratches, burns/scalds, eye injuries e.g. sub-conjunctival haemorrhages/corneal abrasions, bleeding from the nose or mouth, bumps to the head.

Any bruising (however faint or small), fractures, bleeding or other injuries such as burns should be considered as potentially an indicator of child maltreatment and should be investigated appropriately, regardless of the explanation given by carer.

Injury or bruising should be considered as a possible indicator of abuse in all non-mobile babies unless evidenced otherwise by a health professional using their clinical judgment and knowledge of safeguarding risk in the context of child development e.g. marks/bruising such as those caused by immunisations; medical interventions; traumatic delivery or birthmarks including Mongolian blue spot.

Specific guidance for your local area can be found at West Yorkshire Consortium and Barnsley Safeguarding Children's Partnership Policies and Procedures.

22. Survivors of abuse and parenting.

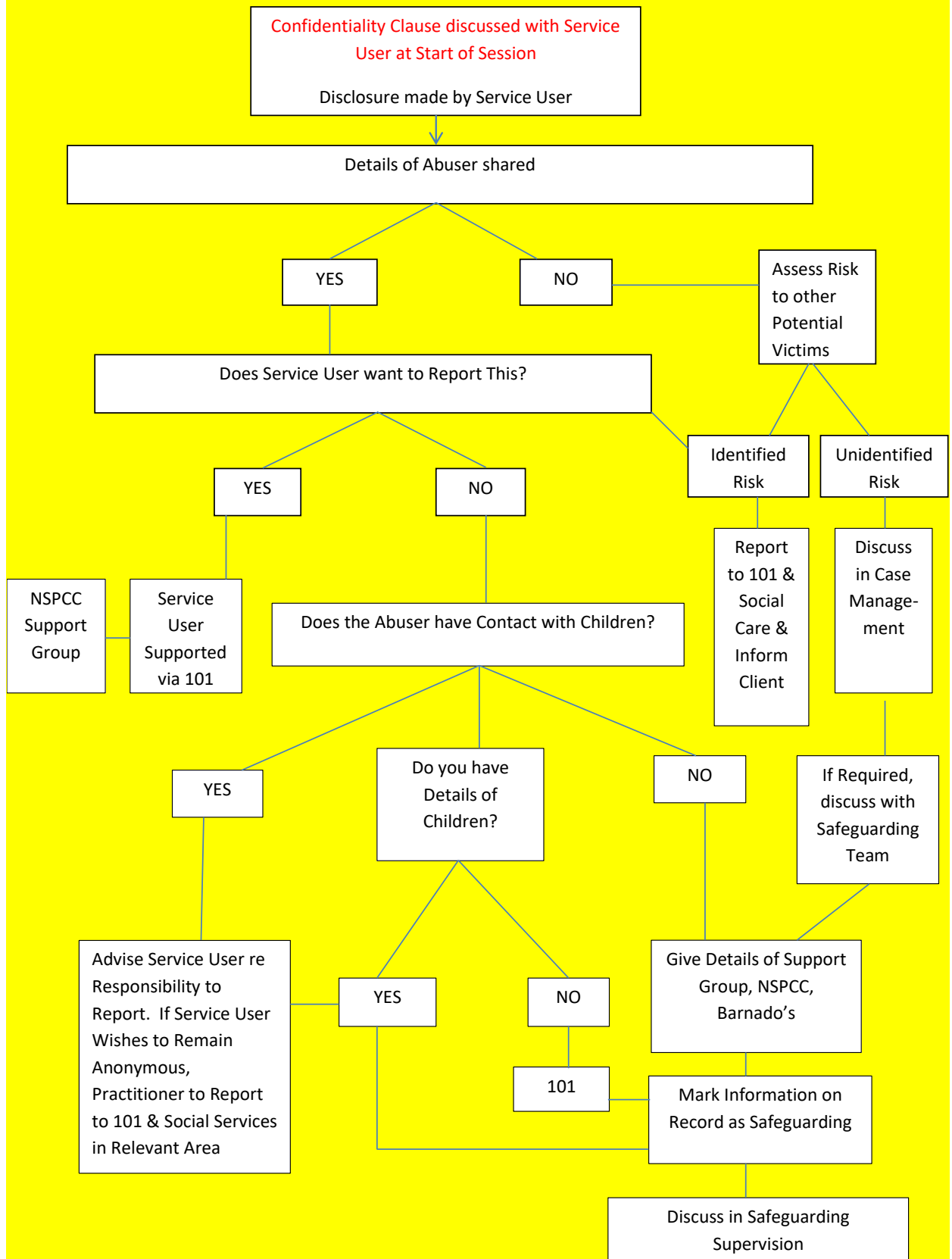
Pregnancy and childbirth can be a very unsettling experience for survivors of abuse, as the loss of control over their own body and painful experiences can be a reminder of the powerless feeling of experiencing abuse. It is very important that service users feel that they can disclose abuse history so that they can offer support and identify appropriate resources that are available if appropriate (please see link), it is important that any partner is aware that this may be a difficult time because of the abuse history.

Small children and sleepless nights can be difficult for all parents. Babies and toddlers do not understand the need for parents down time and personal space. Many toddlers go through a phase of hitting or biting at some point, which can be very traumatic for an abuse survivor.

Navigating the intimate physicality of parenting young children can be difficult for sexual abuse survivors. Nappy changing, bath times, even hugs can feel very confusing and bring up irrational fears that they will become like their abusers. It has to be recognised as another effect of the abuse itself.

As children grow up, it can be extremely anxiety inducing to allow them the increased independence that they need. Sleep overs, trips to the movies with friends, all these kinds of outings can bring up fears that they will suffer abuse as the parent did.

Disclosures of Non-Recent Child Sexual Abuse.



23. Private Fostering

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

It is imperative that the local authority are notified if a child is living with someone who is not their parent or a 'connected person' for longer than 28 days. The local authority need to be satisfied that the placement is suitable and the child is safe. To be defined as 'private fostering', the child must be living with that person for longer than 28 days and this should be continuous but can include occasional short breaks.

24. **Child Safeguarding Practice Reviews (previously known as Serious Case Reviews (SCRs)) Sometimes a child suffers a serious injury or death as a result of child abuse or Neglect. Understanding not only what happened but also why things happened as they did can help to improve our response in the future.**

Working Together to Safeguard Children (HM Government 2018) sets out criteria for the circumstances when Local Safeguarding Children Partnership's should consider a review of serious child safeguarding cases and instigate a multi-agency response.

The purpose of Child Safeguarding Practice 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 may carry out an independent management review to contribute to the overall Child Safeguarding Practice Review; this will depend on the model of practice adopted by the Independent Overview Author. 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 Child Safeguarding Practice Review Action Plans will be monitored by the Safeguarding Children sub-committee, alongside the Local Safeguarding Children Board's Child Safeguarding Practice Review 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 Child Safeguarding Practice Review 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 Child Safeguarding Practice Review will be in-line with the Trust Policy 'Media management, including social media

25. 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 Partnership's (LSCP) in Kirklees, Calderdale, Wakefield and Barnsley including the Trust internal supporting policies and statements. Audits are undertaken by all LSCP'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.

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 Nurse 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 as a Young Carer 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 to Children's Social Care for a Young Carer's Assessment 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 Child protection concerns, 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

<https://swyt.sharepoint.com/sites/Intranet/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 one year of age, 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. 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
- 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 abuse.
- Substance misuse
- 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 a copy of the referral uploaded onto either the Datix or clinical records.

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.

A Think Family Approach based assessment should be undertaken and staff should consider and capture the voice of the child.

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 make a referral to children's social care if there is no suitable immediate family member to care for the child.

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

Ensure the Child Awareness Form is completed to assist in event of contingency and emergency planning.

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

7. Pregnant Women and Expectant Fathers

SWYPFT perinatal pathway is for women who are pregnant and have mental health problems during pregnancy and the postnatal period (up to 1 year after childbirth) and women with mental health problems who are planning a pregnancy. A child under the age of 18 who is pregnant should also be considered under this pathway.

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 Partnerships 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.

Multi-Agency Pregnancy Liaison and Assessment Group (MAPLAG): Assessment and Support for High risk Vulnerable Pregnant Women and their Babies. (Wakefield and Calderdale)

Support for Women & Ante-natal Service (SWANS) Support for Pregnant Women with complex social needs and antenatal needs. Kirklees

Multi-Agency Assessment of Pregnant Women and their Babies in Cases where there is Substance Misuse; Safeguarding children living in families of drug or alcohol misuse. Barnsley

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.

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.

<https://swyt.sharepoint.com/sites/Policy-Documents/SitePages/Document-Store-Home.aspx#child%20visiting>

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 s

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 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.

USE OF FORCE ACT.

The Act applies to all mental health inpatient facilities (including 136 suites attached to same), including those in the independent sector that provide treatment for mental disorder on behalf of the NHS.

Key Points for Clinical Staff: The following sections directly affect you in the areas you work, a full copy of the Act can be found here [Mental Health Units \(Use of Force\) Act 2018 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/684211/Mental_Health_Act_2018.pdf)

<https://swyt.sharepoint.com/sites/Intranet/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 home leave. The leave plan must consider the impact on children when the patient is on leave and must be clearly recorded in the leave care plan.

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 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 socialcare staff if they are involved with the family. If 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 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 FIRM risk assessment should 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

<https://swyt.sharepoint.com/sites/Intranet/safeguarding-children>

The Named Nurse and the Safeguarding Children 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

All staff 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, Access to Health Records and the Trust's Legal Services.

18. Use of Interpreting Services

Accredited interpreters should be used rather than children, partners or other family members for service users where needed.

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 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 Occupational Health.

Appendix 6

Formal System for Escalating Professional Concern Barnsley Safeguarding Children Board Procedures:

When working in the arena of safeguarding children and young people, it is inevitable that at times there will be professional disagreement between agencies. Whilst this is accepted, it is vital that such disagreements are not allowed to adversely affect the outcomes for children and young people. Professional disagreement is only dysfunctional if it is not resolved in a constructive and timely way.

Working together effectively depends on an open approach and honest relationships between agencies. It also depends on resolving disagreements to the satisfaction of workers and agencies, with a genuine commitment to partnership.

Please refer to your local area policy and procedure when considering escalating professional concerns and discuss with the Named Nurse for Safeguarding Children.

<https://www.safeguardingchildrenbarnsley.com/>

<https://westyorkscb.proceduresonline.com/chapters/contents.html>

Appendix 7

Roles and Responsibilities of Safeguarding Children Link Practitioner 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 link practitioners are vital in supporting the Trust to execute its statutory responsibilities to safeguard children. It is essential that Safeguarding link practitioners 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 link practitioners will inform the safeguarding team of any gaps identified within the services within their area of work relating to safeguarding children.

2. Support/Supervision

- The Safeguarding 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 Partnerships 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 Child Safeguarding Practice Review 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 link practitioners meetings. Staff will be encouraged to keep written records of how and what information is shared.
- Copies of minutes of the Safeguarding link practitioners meetings will be circulated to the Links, and their managers.

4. Training

- Safeguarding link practitioners will be encouraged to access as a minimum Local Safeguarding Board multi agency training to maintain their knowledge and skills.
- Safeguarding link practitioners will be responsible for ensuring that all new staff within their area of responsibility has safeguarding children addressed in the work place induction.
- Safeguarding link practitioners 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

HM Government (2018), *Working Together to Safeguarding Children, A guide to inter-agency working to safeguard and promote the welfare of children*, London: TSO

NHS England (2015) *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework*.

Appendix 8

Safeguarding Children Supervision - Please refer to the Supervision of the clinical workforce policy (non-medical)



1. Introduction

Section 11 of the Children Act 2004 and Working Together 2018 (HM Government 2018) 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.

2. 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 will ensure that there is availability of safeguarding supervision to all staff working with children under the age of eighteen, as a minimum four times per year.

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

3. Clinical Staff

Practitioners routinely working with children and young people are responsible for ensuring that they access appropriate safeguarding children supervision in line with this policy.

4. 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 its 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.

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).

5. 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.

Appendix 9

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

Appendix 10

Equality Impact Assessment Tool

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

Date of EIA: 11.10.22

Review Date: April 2024

Completed By: Shelley Knight

	QUESTIONS	ANSWERS AND ACTIONS
1	What is being assessed? Prompt: what is the function of this document (new or revised)	<u>Policy and Procedures on the Protection, Safeguarding and Promoting the Welfare of Children (incorporating the Safeguarding Children Supervision Guidance) – Revised.</u> The overall aim of the policy is to describe the South West Yorkshire NHS Foundation Trust's approach to the management of Safeguarding Children's responsibilities and guidance. & <u>Safeguarding Adults at Risk of Abuse or Neglect (Policy) – Revised.</u> The aim of the policy is to describe South West Yorkshire NHS Foundation Trust's approach to the management of Safeguarding Adults responsibilities and guidance.
2	Description of the document Prompt: What is the aim of this document	The Policies are designed to support South West Yorkshire NHS Foundation Trust's staff and volunteers, whatever their role and whoever they work with, in fulfilling their legal duty to safeguard and promote the welfare of both adults and children. The policies support all staff and volunteers within South West Yorkshire NHS Foundation Trust to fulfil their safeguarding duties and also benefit the adults, children and families within the communities we work.
3	Lead contact person for the Equality Impact Assessment	Shelley Knight – Named Nurse Safeguarding Children
4	Who else is involved in undertaking this Equality Impact Assessment	Safeguarding Team
5	Sources of information used to identify barriers etc	We aim to understand equality and address inequality through inclusive involvement. Our priorities remain high, the standard of care we deliver is based on 4 key areas. We work with the integrated care system and our aims are to improve health, improve care, improve resources, and make this a great place to work.

Prompts: service delivery equality data – refer to equality dashboards (BI Reporting - Home (sharepoint.com)) satisfaction surveys, complaints, local demographics, national or local research & statistics, anecdotal. Contact InvolvingPeople@swyt.nhs.uk for insight What does your research tell you about the impact your proposal will have on the following equality groups?	The annual report for equality 2020/21 suggests we are working towards improving how we address inequalities across the geographical area and the communities we work with. Thousands of people use our service every year and from this we are still adapting to the diverse population we serve. We know that working with a diverse population and people with severe mental and physical health conditions who have a lower life expectancy. Services across the South West Yorkshire NHS Foundation Trust provide a high standard of care that focuses on the persons overall wellbeing and health, and we prioritise health needs by placing the person in the centre and responding to individual's needs. The figures shown in the following data demonstrates there is more work to do to ensure that our services reach and support our diverse population, workforce, and volunteers. This work will be reflected in the annual action plan for equality and inclusion, workforce, and volunteers. The data provided reflects the population statistics for our localities in respect of race equality, disability, gender, age, religion and belief, marriage, and civil partnership from census data. We also have access to JNA and public health profiles for our localities. <u>The communities we serve:</u> <u>GENERAL</u> In all communities the 2011 census tells us that on average across all areas there is a 1% difference in the population reported as male and female, with female reporting higher. Across all ages Calderdale has the highest 0-15 population at 19.6% and Barnsley has a higher working age population 30-44 at 26% and older population 60+ at 23.8%. Christianity and Islam respectively are both the highest reported religion and belief. We know that White British people make up 87% of our region's local authority population, more than the England average of 81%. The other main minority groups include Black or Black British people comprised 1%, less than the England average of 3%, while Asian or Asian British people comprised 8%, the same as the England average (2011 census). The local authorities with the largest proportions of Asian people are Kirklees (16%) and Calderdale (8%). This profile is likely to change significantly over the next 20 years with BME groups accounting for almost 80% of the UK's population growth (Policy Exchange, 2014). We know that those who report having a disability that impacts them a lot is higher than the census 2011 national average of just over 4% in our local areas range from 8% to over 13% in the communities the Trust cover. INEQUALITIES JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) INFORMATION CALDERDALE Of 326 local authority districts, Calderdale is ranked the 89 most deprived (the lower the rank, the higher the deprivation).
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	46 of Calderdale's neighbourhoods are ranked as within the 30% most deprived neighbourhoods nationally. There are around 28,200 of Calderdale's residents living in neighbourhoods ranked in 2015 as being within the 10% most deprived in England. This includes 7,000 children aged 0-15 years old. Poverty and disadvantage can impact on the overall wellbeing and development of children and contribute to the occasions when children require protection. Addressing inequalities is central to all partner agendas as we know that in Calderdale where you live can make a difference. Mental ill-health is more prevalent among LGBT people than in the wider population, although due to a lack of sexual orientation and gender-identity monitoring, there is little data on LGBT people's access of secondary mental health services. There is evidence to suggest that LGBT people experience poor care in mental health services. Research shows that LGBT people are more likely to attempt suicide compared to the wider population, with a two-fold increase in suicide attempts by LGB people. More than one in three people who are described by the Equality Act 2010 definition of gender reassignment have attempted suicide. The Department of Health's Suicide Prevention Strategy (2012) identified LGBT people as a high-risk group. In our local audit, this information did not usually appear in the Coroner's records. Certain groups of older people can be at risk of poorer mental health. For example, as many as 40% of older people in care homes experience depression (National institute for mental health in England: Facts for champions (2005)). Social isolation is a key contributory factor in depression in older people. Although less common than depression, dementia is a key issue for the older age group. The mental health needs of older people from Black and minority ethnic (BME) communities can be difficult to identify and diagnose – especially in the case of dementia. The stigma associated with the condition means that few people from BME communities may come forward for diagnosis (Projecting older people population information system). Women between aged 16 - 24 are almost three times as likely (26%) to experience a common mental health issue as males (9%). They have more anxiety conditions, eating conditions, self-harm and sexual, emotional or physical violence associated with higher rates of mental health issues. One in four women requires treatment for depression at some time. Post-natal depression affects a significant minority of women. If it is left undiagnosed and untreated, it can result in significant harm not just to women, but also to their children and wider families. Fewer men seek treatment for depression, which may in part reflect men's fear of stigmatisation than be an accurate indicator of the incidence of male depression. Male mental distress is more likely to result in violent behaviours towards self and others, so that men are three times more likely to die from suicide than women. KIRKLEES Children born into families living in the most deprived areas of Kirklees can expect to have a significantly shorter lifespan than those living in less deprived areas. National data shows an even wider gap in healthy life expectancy. Compared with their counterparts living in the most deprived IMD decile, males living in the least deprived areas can expect to live 18.9 more years in good health and females, 19.4 years.
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	Health inequalities are the differences, variations, and disparities in the health status and health outcomes of individuals and groups. Health inequities are avoidable inequalities in health between groups of people within countries and between countries. These inequities arise from inequalities within and between societies. Examples of health inequities within countries: Life expectancy at birth for men in the Calton neighbourhood of Glasgow is 54 years. This is 28 years less than that of men in Lenzie, a few kilometres away. The prevalence of long-term disabilities among European men aged 80+ years is 58.8% among the lower educated versus 40.2% among the higher educated. In Kirklees, most pregnant women are above a healthy weight at the time of their booking appointment. Mothers of Black ethnicity are more likely to be so. Most babies are breastfed when they are born, however certain groups are more likely than others to initiate breastfeeding. Culture, education, support, delivery type & self-efficacy can contribute to breastfeeding outcomes. Only 54.4% of babies born to younger (18-24) White British mothers receive any breastmilk. By 6 weeks, only 3 in 10 babies are exclusively breastfed & over half of babies don't receive any human milk. The increase in Infant Mortality in Kirklees mirrors the rise in child poverty. Locally, 3 in 4 babies are born into households within the most deprived half of neighbourhoods: National data shows that developmental inequalities are already emerging by age 2-2½ across genders and ethnicities: Smoking during pregnancy also disproportionately affects certain groups. At the time of booking, younger mothers, those of Mixed or White ethnicity and those living in the most deprived areas are more likely to smoke. A proportion of pregnant women continue to smoke throughout pregnancy; there is a similar decline across all demographic groups. 1 in 8 babies born to mothers who smoke have low birth weight, compared with 1 in 20 who are born to non-smoking mothers. More than half of Asian babies live in the most deprived IMD quintile. They are a third more likely than White British babies to be born with low birth weight, which is correlated with deprivation. BARNSELEY Life expectancy at birth for men in Barnsley in 2018-2020 is 71.1 years; significantly lower than the England rate of 79.4 years. Life expectancy at birth for women in Barnsley in 2018-2020 is 81.1 years; lower than the England rate of 83.1 years. Men, at birth, in Barnsley could expect to live 57.5 years in 'good' health (5.7 years less than men in England overall). Women, at birth, in Barnsley could expect to live 61.5 years in 'good' health (2 years less than women in England overall). Barnsley's 2019-2020 excess winter deaths rate (18.3%) is similar to the England rate of 17.4%. In 2020, 2.58% of full-term babies born to mothers from Barnsley had a low birth weight, similar to the England average of 2.86%.
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	Barnsley's population has been growing constantly since 2001. The overall population is 243,341 (2017 mid-year Office for National Statistics (ONS) estimates). Due to people living longer, the age profile of the population is changing both nationally and locally. In Barnsley there are 52,858 0-18 year olds, 143,951 19-64 year olds and 46,532 people aged 65+. Barnsley's population is ageing, and the number of residents aged 65+ is projected to reach 60,800 by 2030. Data for Barnsley from the 2011 Census shows that 96.1% of the population were White British and 3.9% were from a Black and Minority Ethnic (BME) group. Barnsley is the 38th most deprived local authority of the 317 in England (IMD 2019). Overall, as at 31 March 2018, there were 1,276 individuals in Barnsley in receipt of one or more armed forces pension or compensation awards. Of these recipients 1,203 were veterans, equal to a rate of 60.7 veterans per 10,000 population (16+); lower than the regional and national rates of 68.7 and 68.3 veterans per 10,000 population (16+). There were 1,512 children in need episodes as at 31st March 2018 for Barnsley. (The rate of children in need at 31 March 2018 per 10,000 children was 301.3). There were 310 looked after children as at 31st March 2018 for Barnsley. (The rate of looked after children in Barnsley at 31 March 2018 was 62). The number of patients with learning disabilities as recorded on GP practice disease registers for Barnsley is 1,450 (0.5%). WAKEFIELD Life expectancy has been rising. Data for 2016 show that based on current mortality rates, a baby born in Wakefield district today would live on average 78.0 years (male) or 82.0 years (female). For males this is 1.5 years less and 1.1 years for females than the national average values. It's great news that we're living longer but the stats also show that we are spending much of the extra time suffering with poor health – around 16 years of ill health for men and 19 for women. In Wakefield males have over 10 years living with a disability, for females this is over 13 years. Without increasing illness prevention activity (e.g. through people consuming less alcohol, quitting smoking and eating well), we face creating greater levels of burden on the health and care system than we are already witnessing. As a health and care system we need to look holistically viewing wider issues that affect our health such as jobs, housing and our food environment to help reduce the impact on health and care.
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	Wakefield ranks poorly for life expectancy in men and women across the district, 299 and 290 respectively. They have consistently been in this order for the 10 year period available. The rank is for each district in England and Wales which divides the country in to 346 districts, where a rank of 1 is the best. Both men and women living in the most deprived areas can also expect to spend nearly 20 fewer years in good health compared with those in the least deprived areas. Some people in deprived areas are spending nearly a third of their lives in poor health. A significant increase in Child Protection activity (Section 47 Investigations & Initial Child Protection Conferences) was seen in 2019 and 2020 with a slight decrease in volume of activity in 2021. There was a much higher percentage of Initial Child Protection Conferences held within timescale in 2020 compared with previous years with a further increase in 2021. The rate of children with a Child Protection Plan (per 10,000 population) increased significantly in 2019 and was higher than statistical neighbours and there was a further small increase in 2020. This figure has dropped in 2021. The percentage of children who became subject of a plan for a second or subsequent time reduced in 2020 and was lower in Wakefield than for statistical neighbours. This figure increased by 0.5% in 2021 but continued to stay lower in Wakefield than statistical neighbours and nationally. Workforce data As per workforce annual report 2020: The Trust currently employs 4,328 staff delivering a range of services including mental health, learning disability, forensic, some physical health and an extensive range of community services. • The Trust split of 77.9% female to 22.1% male is reflected approximately across most areas, except for Medical Staff (36%/64%). As in previous years, female staff make up over three quarters of Trust staff • As in previous years, the highest number of Trust staff fall in the age bands 40-49 and 50-59 with over 55% of the total staff being between 40 and 59. Just over 42% of medical staff are between 40 and 49. Support Services have the highest percentage of staff in the 60-69 age bands with 14% (102) being 60 or over • The data shows that 6.1% of our staff consider themselves to have a disability, the same figure as last year. The total number of staff is 266, this is an increase of 11 since last year. • The Trusts staff profile has a larger White British representation than the local demographic of the people that it serves collectively. Trust wide, 90% of the total staff in post are white British which is like previous years and equates to an over-representation of 1.3% (last year 1.1%). Mixed race staff are underrepresented by 0.2%, Chinese staff are over-represented by 0.2%, Black staff are over-represented by 1.6% and South Asian staff are under-represented by 3.2%. However, the Trust's local demographic has large variation in BAME representation and there is a significant under-representation of South Asian staff in Kirklees/Calderdale (exact figures not available due to mixed teams) • The number of staff who have not stated their religious belief (Unknown) has decreased slightly from 2018 (23%) to just below 21% currently. Staff reported as 48% Christianity, 3%Islam, 12% other and 17% Atheism. There has been a significant increase in the number of staff reporting their religion and sexual orientation. Currently 83% of staff have provided data indicating their sexual orientation, which is a slight improvement on last year's figures.
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		The local population we serve and the staff who work in our services represent a diverse population. Our public sector equality places a legal duty to ensure we do not discriminate and ensure fair and equal access to our services making sure they are cultural appropriate and that working conditions for staff offer equality of opportunity in employment and development. From the figures shown in the data there is more work to do to ensure that our services reach and support our diverse population and that workforce and volunteers continue to reflect and represent the population we serve.																																																
5a	Disability Groups: Prompt: Learning Disabilities or Difficulties, Physical, Visual, Hearing disabilities and people with long term conditions such Diabetes, Cancer, Stroke, Heart Disease etc. Accessible information standard	Disability - We are responsive to individual need as part of our mission and value-based approaches. We are committed to placing the person in the centre and adapting to our workforce, communities, carers, and service users. We have screening and assessment tools that enables staff members to assess individual's needs, capacity, and risk and safeguarding concerns This may include disabilities and or difficulties understanding information, visual and or hearing difficulties or long-term health conditions that may impact on physical and mental health abilities. <table><tr><th colspan="4">Day to day activities limited by disability</th></tr><tr><th></th><th>Not at all</th><th>A little</th><th>A lot</th></tr><tr><td>England % av.</td><td>47.2</td><td>13.2</td><td>4.2</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td></tr><tr><td>% average</td><td>45.5</td><td>12.5</td><td>13.7</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td></tr><tr><td>% average</td><td>76.1</td><td>11.3</td><td>12.6</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td></tr><tr><td>% average</td><td>56.5</td><td>12.2</td><td>13.8</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td></tr><tr><td>% average</td><td>77.93</td><td>9.33</td><td>8.31</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <i>Taken from Census 2011 for each area</i> Supporting staff with a disability – Continuing to focus on improving staff disability experience remains a priority, and we have established a Staff Disability network across the Trust and are implementing the Workforce Disability Equality Standard (WDES). The Trust encourages all staff to access Occupational Health and wellbeing services, access health checks and attend Trust wellbeing workshops.	Day to day activities limited by disability					Not at all	A little	A lot	England % av.	47.2	13.2	4.2	Kirklees				% average	45.5	12.5	13.7	Barnsley				% average	76.1	11.3	12.6	Calderdale				% average	56.5	12.2	13.8	Wakefield				% average	77.93	9.33	8.31				
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	QUESTIONS	ANSWERS AND ACTIONS																																																
5b	Gender: Prompt: Female & Male issues should be considered	Gender - Inclusivity and helping people to live well in their communities and reach their potential, regardless of gender, remains a high priority and is supported by our value-based approach. Services must continue to ensure that Safeguarding Children and Adult's guidelines are implemented and are gender sensitive and appropriate. <table><tr><th>Male</th><th>Female</th></tr><tr><td></td><td></td></tr></table>	Male	Female																																														
Male	Female																																																	

		<table><tr><td>England % av.</td><td>49.2</td><td>50.8</td></tr><tr><td>Kirklees</td><td></td><td></td></tr><tr><td>% average</td><td>49.4</td><td>50.6</td></tr><tr><td>Barnsley</td><td></td><td></td></tr><tr><td>% average</td><td>49.1</td><td>50.9</td></tr><tr><td>Calderdale</td><td></td><td></td></tr><tr><td>% average</td><td>48.9</td><td>51.1</td></tr><tr><td>Wakefield</td><td></td><td></td></tr><tr><td>% average</td><td>49</td><td>51</td></tr></table> Taken from Census 2011 data According to the Office for National Statistics (ONS) Child sexual abuse in England and Wales: year ending March 2019 females accounted for the majority of victims of sexual offences against children recorded by the police in the year ending March 2019 (80% female, 20% male) AND Girls were around twice as likely as boys to be subject to a child protection plan for sexual abuse in England or on the child protection register for sexual abuse in Wales (2 in 10,000 girls compared with 1 in 10,000 boys). Also, in the Myth of Invisible Men by the Child Safeguarding Practice Review Panel 2021 it is reported that fathers outnumbered mothers as perpetrators of identified abusive head trauma (AHT) and this is consistent with findings in international data with the fathers to mother’s ratio ranging from 2:1 to 10:1.	England % av.	49.2	50.8	Kirklees			% average	49.4	50.6	Barnsley			% average	49.1	50.9	Calderdale			% average	48.9	51.1	Wakefield			% average	49	51																																	
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% average	49	51																																																												
5c	Age: Prompt: Older people & Young People issues should be considered	Age- The Trust provides services to children and young people through to older age adults. The following table states the population age of the communities the Trust serve and there is increasing evidence that Barnsley represent a higher-than-average older population and Calderdale a higher-than-average age range of 0-15 age range. <table><tr><td></td><td>0-15</td><td>16-29</td><td>30-44</td><td>45-64</td><td>65+</td></tr><tr><td>England % av.</td><td>18.9</td><td>18.6</td><td>20.3</td><td>22.4</td><td>16.9</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>15.8</td><td>18.5</td><td>20.3</td><td>22.2</td><td>15.8</td></tr><tr><td>Barnsley (2011 data)</td><td></td><td>16-24</td><td>25-44</td><td>45-59</td><td>60+</td></tr><tr><td>% average</td><td>18.5</td><td>10.8</td><td>26</td><td>20.9</td><td>23.8</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>19.6</td><td>16.4</td><td>20.1</td><td>24.2</td><td>16.6</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>18.4</td><td>17.2</td><td>19.6</td><td>24.2</td><td>17.6</td></tr></table> Taken from Census 2011 data The Trust will ensure that Safeguarding Children and Adult’s guidelines are implemented and are inclusive and support people of all ages. Supporting Employees - The Trust is mindful that staff are choosing to work longer, and an older workforce may require consideration from a health and wellbeing perspective regarding initiatives and support to maintain them in employment.		0-15	16-29	30-44	45-64	65+	England % av.	18.9	18.6	20.3	22.4	16.9	Kirklees						% average	15.8	18.5	20.3	22.2	15.8	Barnsley (2011 data)		16-24	25-44	45-59	60+	% average	18.5	10.8	26	20.9	23.8	Calderdale						% average	19.6	16.4	20.1	24.2	16.6	Wakefield						% average	18.4	17.2	19.6	24.2	17.6
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		The Triennial Review of Serious Cares Reviews Complexity and challenge: a triennial analysis of SCRs 2014-2017 indicated that the youngest of children were disproportionately affected when being subjected to serious harm or death where safeguarding was a key factor. The largest proportion of incidents relate to the youngest children: 42 per cent were under 12 months old; 21 per cent were aged one to five; 5 per cent were aged six to ten; 17 per cent were between 11 and 15 years old; and 14 per cent were aged 16 or above.																				
5d	Sexual Orientation: Prompt: Heterosexual, Bisexual, Gay, Lesbian groups are included in this Category	Sexual Orientation - The Trust will ensure that applicable Safeguarding Children and Adult’s guidelines are implemented and supports people of all sexual orientation, which is specific to meet the needs of particular LGBTQ+ groups. Mandatory equality and diversity training highlights to trust staff adjustments that may be required to support individuals. <table><tr><td></td><td>Living in a civil partnership</td></tr><tr><td>England % av.</td><td>0.01</td></tr><tr><td>Kirklees</td><td></td></tr><tr><td>% average</td><td>0.01</td></tr><tr><td>Barnsley (2011 data)</td><td></td></tr><tr><td>% average</td><td>0.2</td></tr><tr><td>Calderdale</td><td></td></tr><tr><td>% average (2011 data)</td><td>0.3</td></tr><tr><td>Wakefield</td><td></td></tr><tr><td>% average</td><td>0.01</td></tr></table> <i>Taken from 2011 Census data</i> Supporting Employees - LGBTQ+ Network forum is a committed group that includes supporting staff from LBGtQ+ communities. This forum is a supportive group of people that encourage continuous support for staff members that may have experienced workplace harassment, negative and discriminate behaviours towards them. It is also a welcoming forum for staff members who do not identify as any of the listed category’s; but are included/invited to join to provide support and gain experience and knowledge of the wider staff network. The Trust has developed a guidance document which includes best practice in supporting people from the LGBTQ+ community. This is made available to all staff as part of their induction and on-going training needs.		Living in a civil partnership	England % av.	0.01	Kirklees		% average	0.01	Barnsley (2011 data)		% average	0.2	Calderdale		% average (2011 data)	0.3	Wakefield		% average	0.01
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% average (2011 data)	0.3																					
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5e	Religion & Belief: Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered	Religion and belief - Faith and spiritual care and support in an important component of person-centred care provided. The Trust have a spirit in mind service who play a central role in engaging faith and spiritual leaders in the communities we serve and involving them in the work of the Trust. Understanding religion and belief plays an important role in driving our offer. The Trust has a Pastoral care and Chaplaincy team, this service provides digital chaplaincy services. Appointments can be made via the service. The service provides pastoral care and is a person-centred approach. It also provides spiritual care which is a holistic approach to recovery and well-being. The information below tells us that Calderdale and Kirklees require a focus on Muslim faith, with Christian faith representing a large proportion of people who use our services in all areas. Other faiths will be reflected in geographical areas and in line with service EIAs and person-centred care and planning.																				

		<table><tr><td></td><td>Christian</td><td>Buddhist</td><td>Hindu</td><td>Jewish</td><td>Sikh</td><td>Muslim</td><td>Other</td><td>No religion</td></tr><tr><td>England % av.</td><td>71.8</td><td>0.3</td><td>1</td><td>0.5</td><td>0.7</td><td>10.1</td><td>0.2</td><td>15.1</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>67.2</td><td>0.2</td><td>0.3</td><td>0.1</td><td>0.7</td><td>10.1</td><td>0.2</td><td>14</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>59.4</td><td>0.5</td><td>1.5</td><td>0.5</td><td>0.8</td><td>5</td><td>0.4</td><td>24.7</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>60.6</td><td>0.3</td><td>0.3</td><td>0.1</td><td>0.2</td><td>7.8</td><td>0.4</td><td>30.2</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>66.4</td><td>0.16</td><td>0.25</td><td>0.04</td><td>0.12</td><td>2.0</td><td>0.3</td><td>24.4</td></tr></table> Taken from 2011 Census data The Trust will ensure that applicable Safeguarding Children and Adult’s guidelines are implemented and are inclusive and support people of all sexual orientation. Where recommendations are not met, risk and impact levels will be discussed, and actions will be identified to improve practice. Supporting Employees- All staff within the service, including administration staff are required to complete Trust mandatory training with regards to Equality and Diversity. Wellbeing support is available for everyone and can be accessed at any point, these include: - • Pastoral Care offers a person-centred approach to supporting people at all times - though especially when dealing with difficult and challenging circumstances. It encourages people to work with their own value and belief systems to find hope, healing, and spiritual wellbeing. • Spiritual Care is part a holistic approach to recovery and wellbeing which recognises the interrelatedness of body, mind and spirit. • Staff counselling and therapy service can help staff be healthy and happy at work. • Psychological support on a range of issues, looking at how it affects wellbeing at work and how we can help you feel healthier and happier. • We have links to the recovery college, Creative Minds workshops and EyUp! Charities, which can aid and promote recovery in our service users. Staff retreats have been running for several years and can help reduce stress, increase motivation and improve self-awareness. They typically offer a varied programme of activities including meditation and tai chi.		Christian	Buddhist	Hindu	Jewish	Sikh	Muslim	Other	No religion	England % av.	71.8	0.3	1	0.5	0.7	10.1	0.2	15.1	Kirklees									% average	67.2	0.2	0.3	0.1	0.7	10.1	0.2	14	Barnsley									% average	59.4	0.5	1.5	0.5	0.8	5	0.4	24.7	Calderdale									% average	60.6	0.3	0.3	0.1	0.2	7.8	0.4	30.2	Wakefield									% average	66.4	0.16	0.25	0.04	0.12	2.0	0.3	24.4
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5f	Marriage and Civil Partnership Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status are included in this category	Marriage and Civil Partnership- partnerships will be recorded and as part of person-centred care. <table><tr><td>Married</td><td>Single</td><td>In a [registered] civil partnership</td><td>Divorced</td><td>Widowed</td><td>Separated</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Married	Single	In a [registered] civil partnership	Divorced	Widowed	Separated																																																																																				
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		<table><tr><td>England % av.</td><td>46.6</td><td>34.6</td><td>0.2</td><td>9.0</td><td>6.9</td><td>2.7</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>48.4</td><td>32.4</td><td>0.2</td><td>9.3</td><td>6.8</td><td>2.8</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>46.6</td><td>34.6</td><td>0.2</td><td>9</td><td>6.9</td><td>2.7</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>46.7</td><td>32.1</td><td>0.3</td><td>10.5</td><td>7.3</td><td>3.0</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>48.2</td><td>30.9</td><td>0.18</td><td>10.5</td><td>7.5</td><td>2.6</td></tr></table> <i>Taken from 2011 Census data</i> The Trust will ensure that applicable Safeguarding Children and Adult’s guidelines are implemented and are inclusive and support everyone. Where recommendations are not met, risk and impact levels will be discussed, and actions will be identified to improve practice. From the Office of National Statistics (ONS) in 2017 the data of forced marriage cases from 1,196 cases 77.8% female 29.7% under 18 15.6% under 16	England % av.	46.6	34.6	0.2	9.0	6.9	2.7	Kirklees							% average	48.4	32.4	0.2	9.3	6.8	2.8	Barnsley							% average	46.6	34.6	0.2	9	6.9	2.7	Calderdale							% average	46.7	32.1	0.3	10.5	7.3	3.0	Wakefield							% average	48.2	30.9	0.18	10.5	7.5	2.6
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5g	Pregnancy and Maternity Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered	Pregnancy and Maternity – The Trust will ensure that applicable Safeguarding Children and Adult’s guidelines are implemented and are inclusive during pregnancy and maternity. The Trust has a specialist community peri-natal service to support service users during pregnancy and for 12 months following this. The Safeguarding children and adult’s team provide specialist training to staff on the impact of parental mental health, ICON and Safe Sleep Awareness. Supporting Staff – The Trust have policies in place to support staff during their pre-natal and post-natal stages of pregnancy and maternity. Managers co-produce pregnancy risk assessments with the staff member and identify any adaptations and support needs. It is well documented that there is potential impact of parental mental illness on children, and during the perinatal period (from pregnancy to the infant’s 1st birthday). Public Health England’s guidance on perinatal mental health 2019 informs that perinatal mental health problems affect between 10 to 20% of all women during pregnancy and the first year after having a baby. Safeguarding issues can arise because of perinatal mental health problems particularly when associated with the Trio of Vulnerabilities, substance misuse and domestic abuse.																																																															

5h	Gender Re-assignment Prompt: Transgender issues should be considered	Gender Re-assignment – The Trust trans equality policy should be referred to and used in conjunction with this policy to ensure appropriate consideration of transgender people who use services. The policy and agenda for transgender people will remain a key focus and data collection will be reviewed and improved using a campaign to support improvements to disclosure and recording. The 2021 Census report may provide further baseline data. The Trust has developed a policy that assists staff in providing appropriate care and treatment to people who are undergoing transgender procedures. The aim of the policy is to: • Ensure that Trans people are treated with dignity and respect. Ensure that Wards and Departments are supported to ensure they can comply with the legal requirements contained in the Equality Act 2010 in respect of the Transgender protected characteristic and Gender Recognition Act 2004 as well as duties contained in the Data Protection Act 1998, Human Rights Act 1998. • Ensure that information governance and health records protocols are in place to facilitate an individual's choice to change their name or gender at any time. The Trust has been awarded the rainbow tick-Gold Award is aware of the LGBT networks across its areas. The Trust will use the Rainbow tick in its programme to support LGBT and raise awareness within all aspects of volunteering. Supporting Staff - The Trust has developed LGBTQI friendly. Leaflets are available to support inclusiveness. This guidance includes best practice in supporting people from the LGBT community. This is made available to all staff and volunteers as part of their induction and on-going training needs.
5i	Carers Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered	Carers – It is likely that every one of us will have caring responsibilities at some time in our lives with the challenges faced by carers taking many forms. Many carers juggle their caring responsibilities with work, study and other family commitments. Some, younger carers, are not known to be carers and this means that the sort of roles and responsibilities that carers must provide varies widely. The Safeguarding Children's policy makes specific reference to young carer's and includes recommendations for assessment and support. Within the local footprint of South West Yorkshire Partnership NHS Foundation Trust, there is an estimated 160,000 unpaid carers. The Trust offers the following as a means of support: • Carer's champions/lead champion • Staff and carers awareness training • Carer information sessions • Carer's wellbeing workshops • Sign posting to support services. Supporting Staff - The Trust has a carers passport which supports staff whilst fulfilling their caring role and responsibilities. The Trust also has a flexible working policy which can also support staff with their caring responsibilities and work life balance.

		There are approximately 800,000 Young Carers between the age of 5-17 years according to the Childrens Society 2022. 39% of children and young people said nobody in their school was even aware of their caring responsibilities.																																																												
5j	Race Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.)	Race - The Trust considers how the Safeguarding and Children and Adults policy meets the needs of our diverse population. Specific targeted work to ensure the diverse population of Kirklees are served well and the emerging growth of an Asian population in Wakefield will be considered in all service development and delivery. Support can be provided via the Trust commissioned service to assist people whose first language is not English. Choice and Medication© Leaflets are designed to help service users, carers and family members understand their medicines better, and to make more informed decisions, best as part of a discussion with a healthcare professional. The website provides information on conditions and medications. The leaflet's provided are available in different formats and languages. The Trust also provide information relating to the Mental Health Act on different formats and languages. <table><tr><td></td><td>White</td><td>Asian</td><td>Black</td><td>Mixed</td><td>Chinese & Other</td></tr><tr><td>England % av.</td><td>85.5</td><td>5.1</td><td>3.4</td><td>2.2</td><td>1.7</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>79.1</td><td>15.7</td><td>1.9</td><td>2.3</td><td>0.7</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>97.9</td><td>0.7</td><td>0.5</td><td>0.7</td><td>0.2</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>89.6</td><td>7</td><td>0.9</td><td>1.3</td><td>0.6</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>95.4</td><td>2.6</td><td>0.77</td><td>0.9</td><td>0.29</td></tr></table> Taken from 2011 Census data Supporting Staff - The Trust created BAME in 2016 now formally known as REACH, race equality and cultural heritage network forum, this forum represents Black, Asian, and Ethnic minorities views and needs when making changes to policy and procedures. The members of the group will meet and work with the director of human resources 4 times a year. They will address inequalities, questions and concerns raised that may have had a positive or negative impact on our BAME workforce. The network forum will address key issues through discussions and influence positive changes to ensure our staff feel represented and heard. The Trust Occupational Health service have employed a Health and Wellbeing Practitioner who is dedicated to support and address health concerns within our BAME workforce. Staff can visit share point for more information regarding health and wellbeing concerns. The Trust has a network of Equity Guardians who can provide support to staff who have experienced racial discrimination and abuse from service users.		White	Asian	Black	Mixed	Chinese & Other	England % av.	85.5	5.1	3.4	2.2	1.7	Kirklees						% average	79.1	15.7	1.9	2.3	0.7	Barnsley						% average	97.9	0.7	0.5	0.7	0.2	Calderdale						% average	89.6	7	0.9	1.3	0.6	Wakefield						% average	95.4	2.6	0.77	0.9	0.29
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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	

Appendix 12 Version Control Sheet

This sheet should provide a history of previous versions of the policy and changes made

Version	Date	Author	Status	Comment / changes
1.	January 2016	Named Nurse Safeguarding Children	Draft	Changes made to reflect amendments to national and local guidance and legislation.
2.	November 2016	Named Nurse Safeguarding Children	Final	Changes made to reflect amendments to national and local guidance and legislation.
3	June 2019	Safeguarding Children Team	Final	Changes made to reflect amendments to national and local guidance and legislation.
4	October 2022	Safeguarding Children Team	Draft	Changes made to reflect amendments to national and local guidance and legislation.