Barnsley Hospital Quality in Care

Barnsley Hospital NHS
NHS Foundation Trust

SAFEGUARDING CHILDREN POLICY

Implemented September 2010

Sponsoring Director: Chief Nurse
Last reviewed August 2017

Document Control

Author:	Safeguarding Department	
Contact:	01226 432092	
Document Reference:	POLICY ID: GEN 6.17	
Document Impact Assessment:	Yes: July 2017	
Version:	V3	
Status:	For approval	
Publication date:	August 2017	
Review date:	August 2019	
Approved by (Executive):	Trust Board	Date:
Ratified by:	Safeguarding Steering Group: Patient Safety and Harm Group:	Date: 24.07.17 Date: 15.08.17
Distribution:	Barnsley Hospital NHS Trust intranet Please note that the intranet version of this document is the only version that is maintained. Any printed copies must therefore be viewed as “uncontrolled” and as such, may not necessarily contain the latest updates and amendments	

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1.0 Introduction

"Safeguarding children and the action we take to promote the welfare of children and protect them from harm is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play." (Department of Health, 2013). As a Trust we have a statutory duty to work in partnership with other agencies to safeguard children (Section 11- Children Act 2004). The effective safeguarding of children can only be achieved by putting children at the centre of everything we do, and by each organisation playing their part in working together to meet the needs of children and families (Department of Health, 2015).

2.0 Objectives

- To provide staff with a robust framework to ensure that cases of child abuse do not go undetected and internal and multi-agency procedures are followed as appropriate.
- To ensure Barnsley Hospital NHS Foundation Trust (BHNFT) meets is statutory duties under Section 11 of the Children Act 2004, and complies with recommendations made by Barnsley Safeguarding Children Board (BSCB).
- To ensure that the staff who undertake this demanding work are adequately supported and trained.
- Ensure the Board of Directors and the Chief Executive have assurance that appropriate systems are in place.

3.0 Scope

This policy reflects the guiding principles on child protection issued by the DOH 'Working Together to Safeguard Children' 2015'. It is an overarching policy and does not stand alone. It is supported with a suite of policies, procedures and guidance, relating to safeguarding children, and should be applied in conjunction with these (see below). In particular, staff must adhere to the Barnsley Safeguarding Children Procedures. These have been agreed by key agencies, and should guide all actions where safeguarding concerns exist.

These can be found on the Barnsley Safeguarding Children website and staff should bake the time to familiarise themselves with them.

- Policy for the Management of Missed Appointments and Non Engagement with Health Professionals for Children and Young People (under 18)
- Domestic Abuse Policy
- Staff Domestic Abuse Policy
- Female Genital Mutilation Management Policy
- Safeguarding Children Procedures at BHNFT
- Safeguarding Guidelines
- Joint Child Safeguarding Procedures for BHNFT and Children's Social Care
- Skeletal Survey Procedures
- Paediatric Head Injury Guidelines
- Resolving Professional Disagreements
- Supervision Policy
- Recruitment and Retention Policy
- Recruitment and Selection Policy
- Managing Allegations against Staff Policy

- Whistle Blowing
- Prevent Policy

All the above can be accessed via the Safeguarding intranet page, or Policy Warehouse.

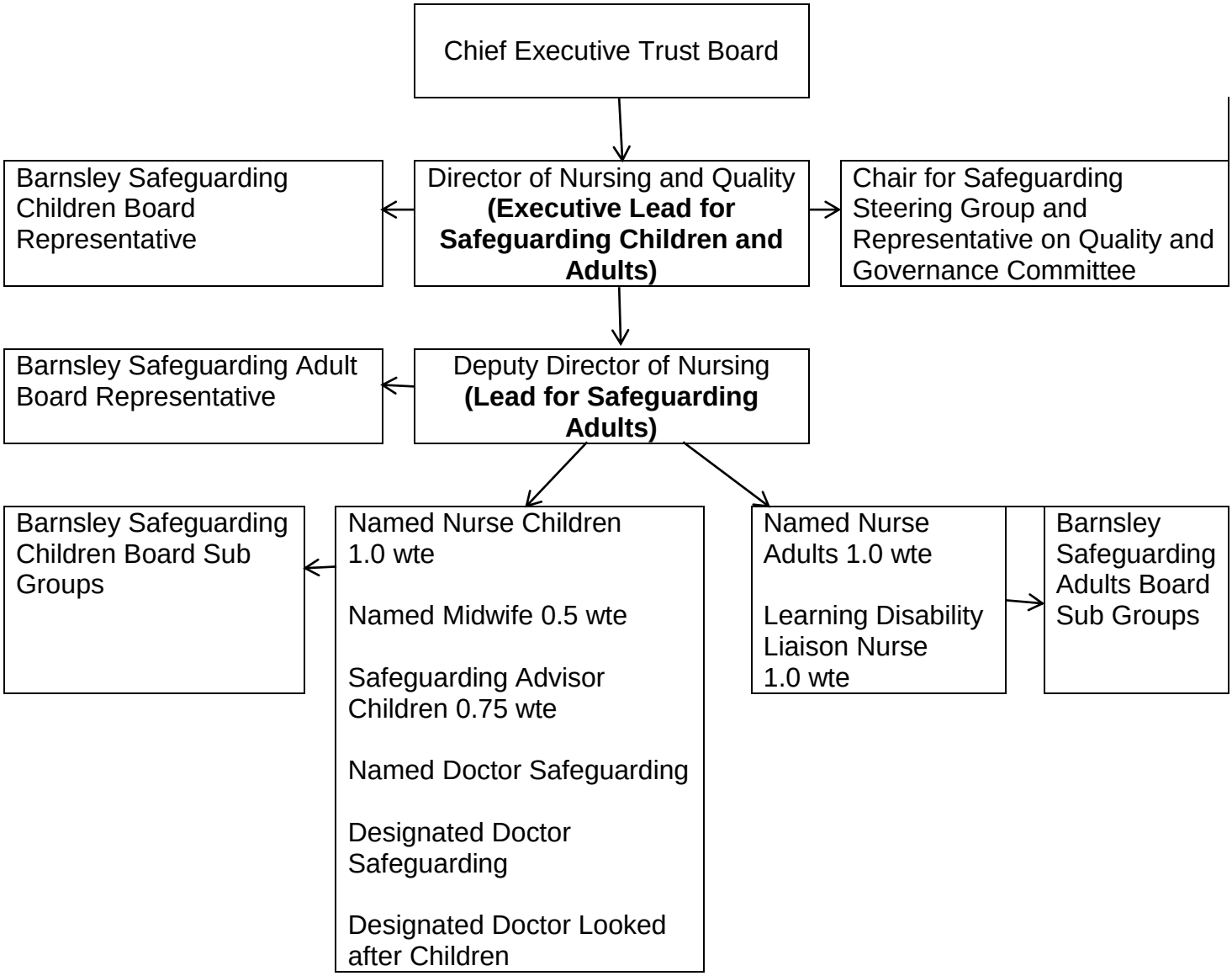
This policy applies to all staff, including volunteers, agency workers and students in training. It applies to all children (including unborn babies) up to 18 years of age, irrespective of whether the children are service users in their own right, or children cared for by service users receiving services from the Trust. Additionally, it applies to children in the wider community that come to the attention of Trust staff in the course of their work. It may apply to children over 18 where extended duties of care apply i.e. looked after children or those with disabilities. Staff should also be encouraged to refer into adult safeguarding any concerns they have for those aged over the age of 18, but for whom they consider to be vulnerable. Please refer to the Safeguarding Adults Policy found on Policy Warehouse.

4.0 Roles and Responsibilities

4.1 Responsibility of Trust Board and Chief Executive

The Trust Board and Chief Executive have overall accountability for ensuring effective child protection procedures and resources are in place to safeguard children, and ensuring themselves that the Trust is effectively discharging its duties under section 11 of the Children Act, 2004). At BHNFT this duty is delegated to the Director of Nursing and Quality and Governance Committee. The Trust is additionally responsible to ensure that the appropriate personnel are in place to meet statutory requirements and undertake relevant safeguarding duties on behalf of the Trust. Please refer to the flowchart below for details of the Trust governance structure and safeguarding personnel.

Trust Governance Structure Flowchart



4.2 Responsibility of the Director of Nursing and Quality

The Director of Nursing and Quality will be the Executive Lead responsible for Safeguarding Children. This includes ensuring appropriate governance systems are in place and there is an organisational focus on safeguarding children. Working closely with the safeguarding team, they will ensure that:

- Appropriate procedures are in place, accessible and adhered to as appropriate
- Procedures are updated regularly in line with local requirements, national guidance and findings from audit reports/reviews
- The Quality and Governance Committee is up to date with progress (in terms of safeguarding) and highlight any areas of concern/risk and any mitigation
- That the Trust works in partnership with the Barnsley Safeguarding Children Board (BSCB) and co-operates in the effective discharge of its functions
- Representing the Trust on the Barnsley Safeguarding Children Board

4.3 Responsibility of the Safeguarding Steering Group

The Trust Safeguarding Steering Group is responsible for overseeing safeguarding activity and ensuring appropriate policies, procedures and governance systems are in place. Additionally, that appropriate systems are in place to support staff in undertaking their safeguarding function. The Named and Designated professionals are members of this group, which is Chaired by the Director of Nursing and Quality. For more details please see Terms of Reference.

4.4 Responsibility of the Named Nurse/Midwife Safeguarding Children

- Providing expert advice and support to all BHNFT Staff.
- Strives to ensure that all staff working in BHNFT are aware of their responsibilities relating to Safeguarding Children.
- Ensure appropriate policies, guidance and procedures are in place to support staff and the effective delivery of this policy.
- Ensure there is an appropriate Supervision Policy in place that is adhered to and meets the needs of staff. Monitor compliance with this and effectiveness of the supervision delivered.
- Ensure an appropriate training strategy/programme is in place and that training compliance targets are achieved.
- Represent the Trust on appropriate safeguarding children groups and at appropriate meetings.
- Undertake internal reviews relating to child protection in accordance with 'Working Together to Safeguard Children (2015)'
- Undertake Serious Incident Reports as appropriate.
- Provide progress reports to the Director of Nursing and Quality and Governance as appropriate, including the submission of an annual report.
- Ensure that an appropriate audit programme is in place to monitor the effectiveness of practice and that remedial action is implemented where required.
- Collate evidence to support the Trust's compliance with the Care Quality Commissions regulatory standards.
- Work closely with the BSCB and co operate in the effective discharge of its functions.
- Provide professional advice to all staff, managers and executive teams on matters regarding safeguarding.
- Play a key part in the child death process as per local guidance.

4.5 Responsibility of Named and Designated Doctors for Child Protection and Looked after Children

- Responsible for providing leadership, training, advice and support to medical staff in relation to Safeguarding Children and Looked after Children.
- Will undertake with the Named Nurse/Midwife, safeguarding reviews in accordance with 'Working Together to Safeguard Children' (2015).
- Will represent the Trust at appropriate BSCB sub groups and at other appropriate safeguarding meetings.
- The Designated Doctors will provide a medical strategic lead for safeguarding children.

For Looked after Children and those being adopted:

- A Community Paediatrician will be responsible for completing a comprehensive initial health assessment within 20 days of a Child/Young Person coming into care.
- The Medical Advisor (MA) to the Adoption Panel is responsible for providing a written health report on each child being considered for adoption.
- The MA is responsible for providing a written report to the agency on the health of prospective adopters, Foster carers and Special Guardians which will include interpretation of health and lifestyle information provided by the applicant and their GP.
- The MA is responsible for sharing all appropriate information with prospective adopters and meets with them to discuss the needs of the child/ren with whom they are matched.
- The MA to the Adoption Panel is a full panel member. She/he has a responsibility to take part in panel consideration of cases and to contribute to the panel recommendation.
- The MA advises on particular health matters that arise in connection with the adoption process, offers support and advice to other health professionals on health issues relevant to adoption, works closely with other health professionals and partner agencies, offers training on adoption to health personnel, prospective adopters and partner agencies.

4.6 Responsibility of the Director of Human Resources

- Ensure that Employment Policies incorporate the requirements of 'Safer Recruitment', including Criminal Records Bureau checks and the Independent Safeguarding Authority requirements.
- Ensure that the Trust induction programme include safeguarding children training for all new employees and volunteers.
- Appropriate whistle blowing procedures are in place and a culture of safeguarding and promoting the welfare of children is encouraged.
- Working jointly with the safeguarding team in managing allegations against staff inline with the Safeguarding Allegations against Staff Policy and Procedure.

4.7 Responsibility of Managers

- Ensure staff have received safeguarding children training in accordance with the Barnsley Hospital NHS Foundation Trust Training Strategy and Corporate Curriculum.
- Ensuring staff received protected time to undertake safeguarding children supervision and training.
- Ensure staff adhere to relevant policies and procedures.
- Ensure appropriate policies are followed when concerns are raised regarding staff.
- Ensure relevant staff access supervision as per policy.

4.8 Responsibility of Staff

- All staff have a legal and professional obligation under the Children Act 2004 and professional codes of conduct to take appropriate actions to safeguard and

protect children in their care.

- It is the responsibility of all staff to ensure that they are familiar with their responsibilities under this policy, the Barnsley Safeguarding Children Board Procedures and other relevant safeguarding policies and procedures . All staff have a duty to ensure the child remains at the centre and that the child is listened to.
- Staff treating adult patients must ensure they ask about any dependants or persons they have caring responsibilities for.
- Staff must consider the welfare and needs of children (who may not be their patient) when treating adults with childcare responsibilities.
- Staff should make enquiries regarding children who have an alert on their file. If these children are subject to a child protection plan, are looked after children or have safeguarding concerns identified, then concerns should be shared with other professionals as appropriate and they should ensure no child is discharged whilst concerns for their safety and wellbeing remain.
- Staff will make referrals to Social Care in accordance with the BSCB procedures when they believe a child is in need of protection.
- Staff should not discharge children from their care where there are concerns about the child's safety and welfare. All concerns should be fully explored.
- Staff will share information with other agencies in accordance with the Children Act (2004), Barnsley Child Protection Procedures and the 'One Barnsley' Information Sharing Protocol.
- Where there is a difference of opinion in relation to the diagnosis, safety or welfare of a child, the matter should be brought to the attention of the Designated/Named Doctor and/or Named Nurses or Midwife for Safeguarding Children as soon as possible and the multi-agency professional disagreements policy should be followed.
- Staff will access appropriate training and will build on their knowledge as appropriate in accordance with the BHNFT Training Strategy and the BHNFT Corporate Curriculum.
- Staff will report any untoward incidents or near misses.
- Staff will assist where appropriate with audit processes.
- Staff will access safeguarding supervision (as appropriate) in accordance with safeguarding children protection supervision policy.
- Staff will report any concerns in line wit the prevent strategy. This policy should be read in conjunction with the Prevent Policy.

4.9 Specific Staff Groups

4.9.1 Emergency Department (ED) Staff

The primary role of all staff working in the Emergency department with regard to safeguarding children, is to express concern rather than make a diagnosis of child abuse. They may be the first professionals to identify a child in need or at risk of significant harm. Therefore staff should be able to recognise abuse and be familiar with local procedures for making enquiries to find out whether a child is subject to a safeguarding children plan.

Staff in ED should be aware of the need to safeguard the welfare of children when treating the parents/carers of children. They should also be alert to parents/ carers who seek medical advice from a variety of sources in order to conceal the repeated

nature of a child's injuries. If a child from the same household presents repeatedly in a way that is concerning, staff should act on their concerns in accordance with local policy.

Guidelines are available for ED staff and can be accessed on the safeguarding intranet page or by following the link below.

Safeguarding guidelines

4.9.2 Paediatric Services

Paediatric staff have an enhanced role in safeguarding children and should be fully conversant with relevant safeguarding policies, procedures, protocols and guidance.

Guidelines are available and can be accessed on the safeguarding intranet page or by following the link below.

Safeguarding guidelines

4.9.3 Maternity Services

Maternity services have an enhanced role in safeguarding in both helping to promote the welfare of pregnant woman and her unborn child or new-born. All midwives should be fully conversant with relevant safeguarding policies, procedures, protocols and guidance.

Guidelines are available and can be accessed on the safeguarding intranet page or by following the link Safeguarding guidelines

5.0 Procedures for Specific Concern

5.1 Concerns relating to the abuse or neglect of a child

All staff must follow the Barnsley Safeguarding Children procedures when they have concerns about a child and make referrals into Social Care as appropriate. The policies and procedures listed earlier should also be used and followed as appropriate.

5.2 Patients who are carers of children

Adult and adolescent patients should routinely be asked if they have dependents or caring commitments as part of their assessment. This information about dependents is integral to the welfare of children and should be recorded at the first contact. This is particularly important during acute illnesses, some mental health conditions, parents with a learning disability and substance misuse issues (including alcohol). Any member of staff who is concerned about a patient's ability to care for their dependants and feels a child may be at risk of neglect or abuse should contact the safeguarding children team on 2092. The impact of any illness or disease must be considered in relation to a patient's ability to fulfil their caring responsibilities and safeguarding procedures followed as appropriate.

6.0 Domestic Abuse

- Children may suffer directly or indirectly if they live in households where there is domestic abuse. Most domestic abuse takes place with a child in the room or in an adjoining room (National Children's Home Action for Children, 2002). Moreover health staff are in a prime position to identify victims of domestic abuse and offer the appropriate help and support.
- If a member of staff is concerned that an adult or child may be suffering from domestic abuse or its impact, irrespective of whether there are children, advice on how to respond can be found in the BHNFT Domestic Abuse Policy, BSCB Child protection Procedures or the Department of Health handbook on Responding to Domestic Abuse all available via the safeguarding intranet page. Domestic Abuse Guidelines . Please note Social Care should be informed of all incidents of violence where there are children in the home. Additionally staff can contact the safeguarding team on 2092.

7.0 Young People and Parents/Carers who misuse substances or alcohol

- Where a young person presents under the influence of substances including alcohol, staff should follow the Pathway for Management of Alcohol and Substance Misuse in under 18s Substance Misuse Pathway, in order that we make the most of this opportunity to offer the young person specialist help and advice.
- Equally it is essential that when caring for adults, staff should consider the caring responsibilities of substance misusing parents as they may not be known to any other services or be in treatment. Remember that this may be the first time the child or children have been identified as living with a parent who has a substance misuse problem. For further information see the BSCB Child Protection Procedures BSCB Procedures and contact the safeguarding children team for further advice and support (2092).

8.0 Young People and Parents/Carers with Mental Health or Self Harm Issues

- Self-harm is when somebody intentionally damages or injures their body. It can be a way of coping with or expressing overwhelming emotional distress. Sometimes when people self-harm they intend to die but often the intention is more to punish themselves, express their distress or relieve unbearable tension. Self-harm can also be a cry for help (NHS Choices 2014).
- If a young person presents having self harmed the Pathway for Management of Young People Presenting at the Emergency Department with Mental Health and or Self Harm Issues (including overdose) should be followed Self harm pathway .
- When an adult who has caring responsibilities presents with mental health issues, again staff should consider if this may be having an impact on any children they have care of and should discuss their concerns with the safeguarding department on 2092.

9.0 Children and Forced Marriage or Honour Crimes

A forced marriage is one that takes place under duress, where one or both partners do not consent. An honour crime is abduction or assault related to shame or 'Izzat' and can be associated with attempting to escape from a forced marriage. Further information about forced marriages and honour crimes can be found on the Foreign and Commonwealth website at
http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf

If a member of staff has a concern that a child may be involved in a forced marriage or honour crime, the assessment teams in Social Care should be informed on 772423. Further advice can be accessed from the Hate and Hidden crime team on (01226 774991/774966).

10.0 Female Genital Mutilation

Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. There is a duty on staff to report any cases of FGM they become aware of or any intention to undertake FGM whether in this country or aboard. Staff should follow the BHNFT FGM policy and report/discuss all cases of FGM to the Safeguarding Department on 2092. Please see policy and guidance on FGM available on the safeguarding intranet page FGM

11.0 Children who are not brought for appointments/parents who do not engage

- The National Service Framework for Children (Core standards 2004) states that: "Children and young people failing to attend clinic appointments following referral from their general practitioner or other professional may trigger concern, given that they are reliant on their parent or carer to take them to the appointment. Failure to attend can be an indicator of family's vulnerability, potentially placing the child's welfare in jeopardy."
- Policy for the Management of Missed Appointments and Non Engagement with Health Professionals for Children and Young People (under 18). - describes the process that should be followed to identify if there is any cause for concern when children fail to engage with or access health services; and how to act on any concerns raised. This document can be accessed on the Safeguarding Children website on the Intranet http://bdghnet/Departments/protection/. Additionally the Safeguarding Children Team can be contacted for advice and support on 2092.

12.0 Suspected and Fabricated or Induced Illness

- Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer, exaggerates or deliberately causes symptoms of illness in the child (NHS Choices 2016).
- The Safeguarding Children Team can advise about symptoms that might indicate a fabricated or induced illness. The process for referring suspected cases of fabricated or induced illness are defined in the Barnsley Child Protection Procedures BSCB Procedures. Further information can be obtained from the 'When to suspect fabricated or induced illness' (DCSF, 2008) document.
- Children with suspected fabricated illness might present to a range of specialists. In addition their carer's may be in receipt of mental health services, and the professionals involved may have concerns about the welfare of the child/ children.

13.0 Looked After Children (LAC)

- The term LAC is used to describe any child who is in the care of the local authority or who is provided with accommodation by the local authority Social Services Department for a continuous period of more than 24 hours. These children may live in a foster placement or in children's home and are considered to be extremely vulnerable due to their past and current circumstances. This status may be applicable until that young

persons 19th birthday (Working Together 2015).

- Looked after Children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect. They are also at increased risk of child sexual exploitation – see below (Children and Young People missing from Care and Vulnerable to Sexual Exploitation 2014). All instances where a LAC presents in hospital should be notified to the child's Social Worker. If you need advice regarding a looked after child contact the Safeguarding Children Team on 2092.

14.0 Child Sexual Exploitation (CSE)

- Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (DFE, 2017).
- As a health care provider, BHNFT and its staff are a key part of the multiagency partnership within Barnsley and the surrounding areas in identifying potential and actual victims of sexual exploitation and ensuring that they are protected from harm. Where staff suspect that a child might be at risk of sexual exploitation, they should seek support from the Safeguarding Department on 2092. Any child at risk of harm as a result of sexual exploitation should be referred to Social Care using the request for service form. Additional guidance and information related to child sexual exploitation can be located on the Safeguarding Children intranet site.
- Where it is suspected that a child might be a victim of sexual exploitation, staff should also consider the possibility of child trafficking, as it is widely known that many victims of sexual exploitation are trafficked both into and around the United Kingdom. Where trafficking is considered, staff should again seek advice from the Safeguarding Department on 2092 and refer to Social Care (772423) and the Police as appropriate.

15.0 Modern Slavery

The UN defines Human Trafficking as: "The movement of people, by means such as force, fraud, coercion or deception, with the aim of exploiting them." There are five main types of exploitation: forced marriage, forced prostitution, domestic servitude, forced labour and forced criminality. For more details please refer to the safeguarding intranet page Modern Slavery and contact the safeguarding department for further advice or support.

16.0 Children and Young People not registered with GP's

As part of routine care it should be established which GP a patient is registered with. Being registered with a GP gives access to the advantages of universal health surveillance, immunisations and access to a GP during times of illness. If a child or young person is found not to be registered, the family should be encouraged to register as soon as possible and liaison should take place with the health visitor or school nurse to make them aware. This is the responsibility of the professional discovering that an individual is not registered. Where there are concerns for the welfare and safety of a child they should not be discharged from hospital care.

17.0 Discharge of Children where Safeguarding concerns exist

If concerns have been identified and communicated about the safety and welfare of a child, they should not be discharged until the consultant in charge of their care is satisfied that there is an agreed safeguarding plan in place (Laming, 2003). In all suspected cases of Non Accidental Injury, the Joint child safeguarding procedures should be followed.

18.0 Sharing Information

- All staff who have access to children or to sensitive information relating to children need training on sharing information. Further details can be found in the Information Sharing Guide. BHNFT is a partner in the Barnsley Safeguarding Children Board and as such has agreed to share information in a necessary, proportionate, relevant, timely and secure manner consistent with the Trust's Information Governance standards, policies and procedures. The 'One Barnsley' document provides full and further guidance on information sharing.
- The overriding principle in safeguarding children is to protect the child and secure the best possible outcome for the child. The needs of children must always be regarded as paramount as their age and vulnerability renders them powerless to protect their own interests. Fears about sharing information should never stand in the way of the need to promote the welfare and protect the safety of children. Effective information sharing between professionals and local agencies is essential for effective identification, assessment and service provision (DOH 2013).

19.0 Referring to Social Care

- Where there are concerns for the safety and welfare of a child a referral should be made to Children's Social Care using a Request for Service form. The process is described in the BSCB Procedures. The request should be sent to the safeguarding team for checking and onward referral and a copy saved in the patient file. Please use the following e mail to send requests - barnsleysafeguardingchildren@nhs.net. In urgent circumstances the referral should be sent directly to Social Care and copy sent to the safeguarding team. Staff should also ensure they receive a satisfactory response in terms of the actions to be taken and where this response is not deemed to be adequate, concerns should be escalated to the safeguarding team as per the multi-agency Resolving professional disagreements procedures.
- If Trust staff have concerns that a child may have a Child Protection Plan, or are concerned about a child but require more information to inform their assessment and decision as to whether a referral is required to Social Care, then the Children's Services in the relevant area must be contacted to conduct the search. In Barnsley this is achieved by ringing 772400 and providing details. Please remember to ask for your current concerns to be logged for future reference. For children outside the Trust area, the Children's Service office in the geographic area concerned should be contacted.

20.0 Resolving differences of opinion

It is the responsibility of all staff to bring to the attention of a member of the safeguarding team, cases where there is a difference of opinion in relation to the diagnosis, safety or welfare of a child (Laming 2003). They will then take responsibility for negotiating and liaising with relevant professionals to ensure the safety and welfare of the child is achieved. The Safeguarding Team can be contacted on 2092. This is in line with the Resolving

professional disagreements procedures.

21.0 Serious Case Reviews

- Whenever a case involves an incident leading to the death or serious injury of a child with whom abuse is suspected or confirmed, the Trust may be requested by the Local Safeguarding Children Board (LSCB) to carry out an internal management review or detailed chronology. This will form part of the Serious Case Review process or learning event to establish whether there are lessons to be learned from the case about the way in which professionals and agencies work together to safeguard children. When the BSCB notify BHNFT of a potential serious case review, the Named Nurse/Named Midwife for Safeguarding Children must withdraw the case notes from circulation and ensure that a photo-copy of the notes is available for professionals to work from. The original notes must be secured safely until the LSCB advise that the Serious Case Review process is complete and the original notes can be re-patriated. It is the responsibility of the Named Nurse/Named Midwife to ensure this happens.
- The members of staff involved in the review process will include the Designated/Named Doctor, Named Nurse and Named Midwife for Safeguarding Children. The report must be submitted within the requested time scale. The Named Director is responsible for ensuring that internal reviews meet the criteria set by the LSCB. All completed Internal Management Reviews (IMR) or reports must be signed off prior to submission by the Chief Nurse (Named Director).
- The lessons from the Serious Case Review will be embedded into practice through in-house training, safeguarding supervision, child protection forum and child protection updates, newsletters for staff.

22.0 Child Death Process

The child death process must be followed in the event of any death of a child or young person under the age of 18 years within the Trust. The child death flowchart and procedures located on the safeguarding intranet page should be followed Child death Procedures. For an unexpected death (defined as the death of a child, in any setting, that was not anticipated as a significant possibility 24 hours before the death, or where there was a similarly unexpected collapse leading to or precipitating the events that led to the death) the rapid response process should be followed.

23.0 Allegations of Abuse against Staff

All staff are accountable to ensure that no child is harmed either by itself or another member of staff whilst the child is in hospital. Any allegations of harm by a member of staff to a child must be reported to the safeguarding department on 2092 or Human Resources as soon as possible. Staff should refer to the Procedure for Managing Allegations against Staff for further guidance. The Local Authority Designated Officer (LADO) must be notified of any allegations of harm to a child by a member of staff as soon as possible. Staff should be aware of the Trust Policy “Managing Allegations against Staff. Out of hours, in urgent circumstances, the appropriate Manager/Director on call should be contacted.

24.0 Safer Recruitment

The Disclosure and Barring Service (DBS) became operational in December 2012. The primary role of this service is to help employers in England and Wales make safer recruitment decisions. It is a legal requirement for employers to check whether a person is

barred from working with children prior to employing them. BHNFT currently carries out DBS checks on any prospective employee who has applied to work with children accessing its services (BHNFT Recruitment and Selection Policy). Staff are then asked to sign a self declaration annually as part of their appraisal.

25.0 Staff Support

- The Trust recognises that there is a need to ensure that support is readily available for staff involved in child protection cases. In the first instance, the line manager should provide this support. Safeguarding Supervision is provided in line with BHNFT's Safeguarding Supervision policy, to all staff on an ad-hoc basis and to relevant staff groups on a formal basis.
- Where staff are contacted by the Police and/ or Local Authority in relation to providing statements and potential court appearances, it is the responsibility of the individual member of staff to contact the safeguarding team to discuss what support they will need during this process.

26.0 Multi-Agency Public Protection Arrangements (MAPPA)

The principal responsibility for protecting the public from sexual and violent offenders rests with the criminal justice agencies. However, the effectiveness of public protection often requires more that just a criminal justice response (2012). BHNFT has a duty to co-operate with MAPPA. BHNFT is represented at MAPPA by the Designated Nurse who will feedback to the Safeguarding Department, as required and at the discretion of the MAPPA Chair, for them to take appropriate action as necessary.

27.0 The Prevent Strategy

Staff should be aware of the Department of Health's contribution to the national Prevent counter-terrorism strategy (2011) which focuses on preventing people becoming terrorists or supporting terrorism and provides guidance on how to address situations which cause concern where health care workers encounter someone (client or colleague) who may in the process of being radicalised towards terrorism or may be vulnerable to becoming involved in this process, in order for appropriate support to be supplied to such individuals. Please refer to the BHNFT Prevent policy for further details – available via the policy warehouse. All staff are required to attend Prevent training. Please note young people can be particularly vulnerable to radicalisation.

28.0 Alerts

- Alerts will be placed on Lorenzo, by the safeguarding department, as required to protect or act in the best interests of children, or to protect staff. Alerts will be added for the following categories of concern: children on a plan, looked after children, those at potential risk of female genital mutilation, those at risk of child sexual exploitation, where there are concerns of fabricated illness, where there is domestic abuse in a household (and a parent or carer has been discussed at MARAC), where a child is missing.
- Alerts will also be added to adult files if there are concerns regarding an unborn baby or the case has been discussed at MARAC and the person is felt to be at risk of domestic abuse. An alert will also be added, at the request of the Designated Nurse, for MAPPA offenders who may pose a risk. Alerts may be added for other reasons at the discretion of a member of the Safeguarding Team.

- Alerts will be reviewed and removed as appropriate. For children on a plan the alert will be removed at their 18th birthday or twelve months after the plan is discontinued. For Looked after children the alert will be removed when they are no longer looked after or reach their 19th birthday. For all other alerts, the alert will remain active until the 18th birthday, or it is felt that the alert is no longer required. This decision will be taken by a member of the safeguarding department but is likely to need input from other agencies i.e. outcome of a professionals meeting/case discussion.

29.0 Historical Abuse

Occasionally a client may disclose they have been a victim or perpetrator of abuse historically. Should this occur please discuss the issue with a member of the safeguarding team and refer to the Barnsley safeguarding Children Procedures for guidance.

30.0 Training

All staff working for BHNFT should access Safeguarding Children Training. The level of training available should be appropriate to the level of contact the staff member has with children and families within the organisation. This is identified in the Trust Safeguarding Training Strategy.

31.0 Monitoring and Compliance and Effectiveness of this Policy

Regular audit of compliance, with this policy and associated processes and procedures will take place and be reported to the Safeguarding Steering Group. Any incidents will be reported via the Datix incident reporting system and where appropriate to the Named Nurses/Midwife Safeguarding Children. Any untoward incidents will also be reported through the Patient Safety Board and the Trust. An Annual Report will be submitted to the Trust Board.

32.0 Equality Impact Statement

- The Trust understands the business case for equality and diversity and will make sure that this is translated into practice. Accordingly, all policies and procedures will be monitored to ensure their effectiveness.
- Monitoring information will be collated, analysed and published on an annual basis as part Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact. The information collected for monitoring and reporting purposes will be treated as confidential and it will not be used for any other purpose.
- Barnsley NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their gender, gender reassignment, race, disability, age, sexual orientation, religion or religious/philosophical belief or marital status or civil partnership.

This policy has been assessed against the protected characteristics and does not have an impact against the same.

33.0 References

Department for Education (2017) Child Sexual Exploitation. HMSO,London.

Department of Health (2006) Standards for Better Health, HMSO, London.

DCSF (2012) Safeguarding Children and Young People from Sexual Exploitation: Executive Summary. HMSO, London.

HM Government (2015) Working Together to Safeguard Children, HMSO, London.

Laming, Lord (2003) The Victoria Climbie Inquiry. HMSO, London.

National Children's Home Action for Children (2002) The Hidden Victims: Children and Domestic Abuse. London: NCH Action for Children.

NHS Choices (2016)
http://www.nhs.uk/conditions/Self-injury/Pages/Introduction.aspx

NHS Choices (2016)
http://www.nhs.uk/conditions/Fabricated-or-induced-illness/Pages/Introduction.aspx

NMC – The Code (May 2008) – Standards for conduct, performance and ethics for nurses and midwives.

NICE (2009) When to suspect child maltreatment. Nice Clinical Guidance 89. London. NICE

NICE (2010) Looked After Children and Yong People. Nice Guidance PH28. London.

Research in Practice (2014) Children and Young People missing from Care and Vulnerable to Sexual Exploitation. Darlington.

Royal College of Paediatrics and Child Health (2014) Intercollegiate document Roles and Competencies for Healthcare staff. Royal College of Paediatrics. London.

34.0 Abbreviations

Barnsley Safeguarding Children Board (BSCB)

Barnsley Hospital NHS Foundation Trust (BHNFT)

Emergency department (ED)

Child Sexual Exploitation (CSE)

Looked After Children (LAC)

35.0

EQAULITY IMPACT ASSESSMENT TEMPLATE
INITIAL ASSESSMENT STAGE 1 (part 1)

Department:	Safeguarding Children		**Division:**	Corporate
Title of Person(s) completing this form:-	A Fawcett		**New of Existing Policy/Service**	Existing
Title of Policy/Service/Strategy being assessed:	Safeguarding Children		**Implementation Date:**	August 2017
What is the main purpose (aims/objectives) of this policy/service?				
Will Patients, carers, the public or staff be affected by this service? **Please tick as appropriate**		Yes	No	If staff, how may individuals/which group of staff are likely to be affected?
	Patients	Y		
	Carers	Y		
	Public	Y		
	Staff	Y		
Have patients, carers, the public or staff been involved in the development of this service **Please tick as appropriate**	Patients			If yes, who did you engage with? Please state below:
	Carers			
	Public			
	Staff			
What consultation method(s) did you use?	Not applicable			

DATA COLLECTION AND CONSULTATION

In relation to this service/policy/procedure – Do you currently record/have any of the following data?

Protected Characteristic	Indicate Yes or No	If Yes – state where recorded
Age	N	
Sex	N	
Ethnicity	N	
Religion or Belief	N	
Disability	N	
Sexual Orientation	N	
Gender Re-assignment	N	
Marriage & Civil Partnership	N	
Pregnancy & Maternity	N	
Carer Status	N	

Please indicate Yes or No

Equality Impact Assessment Stage 1 Part 2

What does this data tell you about each of the above protected characteristics? Are there any trends/inequalities?

Not applicable

What other evidence have you considered? Such as a 'Process Map' of your service (assessment of patient's journey through service)/analysis of complaints/analysis of patient satisfaction surveys and feedback from focus groups/consultations/national and local statistics and audits etc.

The Policy has been developed based on national guidance and procedures for safeguarding children and takes into account issues of equality and diversity.

Equality Impact Assessment Stage 1 Part 3

ACCESS TO SERVICES

What are your standard methods of communication to service users? N/A

Please tick as appropriate

Communications Method	Yes	No
Face to Face Verbal Communication		
Telephone		
Printed Information (eg; leaflets/posters)		
Written Correspondence		
Email		
Other (please specify)		

If you provide written correspondence is a statement included at the bottom of the letter acknowledging that other formats can be made available on request? N/A

Please tick as appropriate

Yes	No

Are your staff aware how to access Interpreter and translation services? N/A

Interpreter & Translation Service	Yes	No
Telephone Interpreters (other languages)		
Face to Face Interpreters (other languages)		
British Sign Language Interpreters		
Information/Letters translated into audio/braille/larger print/other languages?		

ACCESS

Please tick as appropriate – N/A

	Yes	No
Is the building where the service is located wheelchair accessible?		
Does the reception area have a hearing loop system?		
Does the building where the service is located have a unisex wheelchair accessible disabled toilet?		
Does the building have car parking space reserved for Blue Badge holders?		
Does the building have any additional facilities for disabled people such as a wheelchair, hoist, specialist bath etc?		
Does the building/hospital where the service is provided have access to prayer and faith resources?		

Equality Impact Assessment Stage 1 Part 4

Protected Characteristics	Positive Impact High Low None	Negative Impact High Low None	Reason/comments for positive impact Why it could benefit any/all of the protected characteristics	Reason/comments for negative impact Why it could benefit any/all of the protected characteristics	Resource implication Y/N
Men	High				
Women	High				
Younger People (17-25) and children	High				
Race or Ethnicity	High				
Learning Disability	High				
Hearing Impairment	High				
Visual Impairment	High				
Physical Disability	High				
Mental Health need	High				
Gay/Lesbian/ Bi Sexual	High				
Trans	High				
Faith Groups (please specify)	High				
Marriage & Civil partnership	High				

Pregnancy & Maternity	High				
Carer Status	High				
Other Group (please specify)	High				
Applies to ALL Groups	High		The Policy should aim to safeguard all children without discrimination.		

INITIAL ASSESSMENT (PART 5)

Have you identified any issues that you consider could have an adverse (negative) impact on people from the following groups?

IF 'NO IMPACT' IS IDENTIFIED Action: No further documentation is required.

IF 'HIGH YES IMPACT' IDENTIFIED Action: Full Equality Impact Assessment Stage 2 From must be completed

a In relation to each group, are there any areas where you are unsure about the impact and more information is needed?

b How are you going to gather this information?

c Following completion of the Stage 1 Assessment, is Stage 2 (a full assessment) necessary? NO

Assessment completed by:	A Fawcett	**Date Completed:**	August 2017
Line Manager:	A Bielby	**Date:**	
Head of Department:	A Bielby	**Date:**	

When is the next review? Please note review should be immediately on any amendments to your Policy/Procedures/Strategy/Service.

	2 year	

Title of Service Policy being assessed:	
Assessment Date:	
Is the Service/Policy aimed at a specific group of users?	

STAGE 2 – FULL ASSESSMENT & IMPROVEMENT PLAN

MUST be completed if any negative issues have been identified in Stage 1

Protected Characteristic	What adverse (negative) impacts were identified in Stage 1 and which groups were affected?	What changed or actions do you recommend to improve the service to eradicate or minimise the negative impacts on specific groups identified?	Lead	Time-Scale
Men Younger People (17-25) and children Older People (50+) Race or Ethnicity Learning Disability Hearing Impairment Physical Disability Mental Health Need Gay/Lesbian/Bisexual Transgender Faith Groups (please specify) Marriage & Civil Partnership Pregnancy & Maternity Carers Other Group (please specify) Applies to ALL Groups				

How will actions and proposals be monitored to ensure their success? **Which Committee will you report to? (ie; Divisional DQEC/Governance Meeting)**	
Who will be responsible for monitoring these actions?	

36.0 Appendix
Version Control

Version	Date	Comments	Author
1	2015	Implemented	Angela Fawcett
2	July 2016	Reviewed and amended	Angela Fawcett
3	Aug 2017	Reviewed and amended	Angela Fawcett

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Safeguarding Steering Group	24/7/17
Patient Safety and Harm Group	15/8/17