Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Please Note: This policy is currently under review and is still fit for purpose.

Safeguarding Children Policy

This procedural document supersedes: PAT/PS 10 v.8 – Safeguarding Children Policy

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Executive sponsor:	David Purdue, Deputy Chief Executive and Director of Nursing, Midwifery and AHP
Author/reviewer: (this version)	Elizabeth Boyle - Named Nurse for Safeguarding Children & Safeguarding Team Manager
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Target audience:	Trust-wide

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 9	16 March 2020	Updated with new Government legislation. Contextual Safeguarding. Links to local safeguarding children partnership policies and documents.	Elizabeth Boyle, Named Nurse & Safeguarding Team Manager
Version 8	7 November 2019	Page 15: Fax numbers deleted and email addresses updated	
Version 7	3 March 2017	Updated contact details for Nottinghamshire FII Guidelines New report template (Doncaster) Updated team structure New CSE Definition	Elizabeth Boyle, Named Nurse & Safeguarding Team Manager
Version 6	22 February 2016	Policy format changed and re-written. Includes a broader range of topics and guidelines to ensure a user friendly approach. Note change in title.	Elizabeth Boyle, Named Nurse & Safeguarding Team Manager
Version 5	24 April 2014	**7** Changes to the definition of safeguarding children, which reflect new "Working Together" Statutory Guidance (HM Gov 2013). **3.1** changes regarding leadership roles, assurances and contact details **3.2** changes made to management responsibilities as reflected within the new "Working Together Guidance" (HM Gov 2013) and in line Trust requirements. **3.3** Changes made to individual staff responsibilities regarding access to safeguarding procedures. Child protection checklist- replaced by Child Protection prompt list for use within Children's Service CSU. Additionally, changes also relate to information sharing, use of interpreters and individual responsibilities. There is particular reference to individual responsibility with regard to any safeguarding concerns about the behaviours of volunteers and visiting celebrities. **4.5** Changed contact details for LADOs in both Doncaster and Nottinghamshire. **6** Changes made with regard to monitoring compliance with this policy **9** Information added to the policy re- associated Trust procedural documents.	Gill Genders, Named Nurse

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1. INTRODUCTION

Everyone who comes into contact with children and families has a role to play. Working with children is complex, and all staff should be aware of boundaries between themselves as adults, and the children they come into contact with in a professional manner. As defined by law:

"A Child is anyone who has not yet reached their 18th birthday."

The Children Act 1989

The fact that a child is 16 years of age, is living independently, in further education, is in the armed forces or in custody does not change their entitlements to services or protection.

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. Whilst they play the lead role, safeguarding children and protecting them from harm is **everyone's responsibility**. Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area. This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery. All children and adults have equal rights to protection and access to services. Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer (Working Together 2018), in this instance Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

2. PURPOSE

The purpose of this policy is to ensure all staff employed by the Trust have a point of reference and clear guidance in respect of their responsibilities to safeguarding children. It provides relevant information and processes for managing risks associated with safeguarding children and child protection within the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. This policy assists each individual member of staff and volunteer to be aware of their duty to recognise and respond to safeguarding children issues by following local procedures. The policy sets out safeguarding issues which staff may encounter and actions that should be taken.

3. DUTIES AND RESPONSIBILITIES

3.1 Leadership Roles

Within the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, the Director of Nursing, Midwifery and Allied Health Professionals is the Executive Director with responsibility for Safeguarding Children. This role is supported by the Deputy Director of Nursing, Midwifery and Allied Health Professionals and the Named Nurse. The Named Nurse is the Professional Lead for Safeguarding across the Trust. These roles involve championing the importance of safeguarding and promoting the welfare of children throughout the organisation, providing assurance to the Board of Directors and external bodies that systems and processes are in place to ensure any concerns about the welfare of children and young people are identified, taken

seriously and acted upon appropriately. The Associate Directors of Nursing within the Trust also have a responsibility to assure the safeguarding of patients in their specific areas. The Trust has other specific Safeguarding Children professionals; Named Doctor, Specialist Nurses and Named Midwife working alongside the Named Nurse. The Named roles are Statutory as directed by the Government. These professionals have a key role in promoting good practice within the Trust, providing advice and expertise for fellow professionals, auditing safeguarding arrangements and working with other agencies to review and improve practice to ultimately safeguard and protect children. The Named Nurse manages the corporate Safeguarding Team. See appendix 2 for the Safeguarding Organisational structure.

3.2 Safeguarding Children Team

The Named Nurse and Specialist Safeguarding Nurses are part of the corporate Safeguarding Team. The Named Doctor and the Named Midwife are part of the Child and Families Division. The roles cover all sites of the Trust. All the Safeguarding Children Professionals work closely with designated professionals (Doctor and Nurse) in the Doncaster and Bassetlaw health communities and commissioning groups. The designated professionals take a strategic and professional lead across the health communities where the Trust is located. The corporate Safeguarding Team has an office in the Basement Corridor at Doncaster Royal Infirmary and cover office hours (Monday to Friday 9am – 5pm). See appendix 1 for a list of Safeguarding Professionals and their contact details.

3.3 Manager's Roles

Managers have a responsibility, under Section 11 of the Children Act 2004, to ensure that their staff are aware of and comply with the local safeguarding children procedures. They must also ensure there is appropriate safeguarding supervision, support and protect time for staff to undertake safeguarding training and ensure staff attain competences appropriate to their role (Working Together 2018). Managers are required to provide assurances that staff within their individual practice areas are competent to undertake safeguarding duties and that safeguarding obligations and standards are fulfilled. This is reportable to the Safeguarding Team on a quarterly basis at the Strategic Safeguarding People Board (SSPB) meetings.

Please refer to: PAT/PS 13 – Safeguarding Supervision Policy.

3.4 Individual Responsibilities

Safeguarding is everyone's responsibility. Trust staff at all levels, from strategic roles to operational roles, have a part to play in the work of the Local Safeguarding Children Partnerships within Doncaster and Nottinghamshire according to their location of work. Individual staff have a duty to follow local procedures when they have a concern about a child. There is a line of accountability for safeguarding from an individual employee up to the Chief Executive. All staff members have a line manager or supervisor to whom they report. This is part of a management and governance structure within the Trust made up of Divisions and Directorates. All staff members can also escalate safeguarding concerns directly to the Trust Safeguarding Professionals.

3.5 Safeguarding Assurances

The Safeguarding Team within the Trust are required to provide assurances relating to the arrangements in place aimed to safeguard and promote the welfare of children to the following organisations;

- The Care Quality Commission is the regulator of health and adult social care services. Their primary role is to make sure that providers have appropriate systems in place to safeguard people who use the service, and that those systems are implemented and followed in practice to ensure good outcomes for people who use the service.
- The Doncaster Clinical Commissioning Group (CCG) are the lead commissioners for safeguarding and the Trust are required to demonstrate compliance with safeguarding contractual obligations in line with Section 11 of the Children Act 2004. The Doncaster CCG ensures the Bassetlaw CCG is informed of the Trust's Safeguarding assurance status and relevant associated issues.
- The Doncaster and Nottinghamshire Safeguarding Children Partnerships. This is to demonstrate that as a partner of the Local Safeguarding Children Partnerships, the Trust is committed to safeguarding children and meets the Section 11 Children Act 2004 obligations.
- Safeguarding assurances are also provided to The Trust's Board of Directors through the Clinical Governance Committee.
- The Trust has a Strategic Safeguarding People Board (SSPB) which provides leadership and strategic direction for maintaining, developing and implementing safe and reliable safeguarding systems and processes within the Trust.
- Provide the Trust Executive Group and the Board of Directors with assurance of the Trusts compliance with statutory regulations, obligations and standards in relation to safeguarding.

3.6 Safeguarding Children when Dealing with Complaints

When applying the Complaint's Policy within the Trust, with respect to either adults or children, staff should be aware that safeguarding of patients is an imperative consideration. All staff should ensure that where needed, actions are taken to safeguard children and this must not be delayed due to the complaint's process.

4. GUIDANCE

4.1 Voice of the Child

A review into child protection services in England was conducted by Professor Eileen Munro and in her 2011 report she highlighted the importance of listening to the voice of the child and that effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the child or placing the interests of adults ahead of the needs of children (Working Together 2018). Every assessment must be informed by the views of the child as well as the family. Children should, wherever possible, be seen alone and local authority children's social care has a duty to ascertain the child's wishes and feelings regarding the provision of services to be delivered.

4.2 Sharing Information

Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision with regard to safeguarding children and early information sharing is the key to providing effective early help where there are emerging problems. Fears about sharing information must not be allowed to stand in the way of the need to protect children. To ensure effective safeguarding arrangements, no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care (Working Together 2018). The Caldicott review in 2013 made it clear that **"The duty to share information can be as important as the duty to protect patient confidentiality."**

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies. The culture should be one where the interests of the child are put first through championing the appropriate sharing of information and dealing robustly with staff who block, hinder or fail to share (Working Together 2018). Sometimes staff may need to share information with other professionals that only work during office hours. If staff need to share information outside of office hours, which is often the case, you can use the Information Sharing Form to email or post to the relevant professionals. There may also be a voicemail facility or single point of access where you can leave a message. Do not leave patient identifiable information on a voicemail system. See appendix 3. Information sharing: advice for practitioners providing safeguarding services supports frontline practitioners working in child or adult services, who have to make decisions about sharing personal information on a case by case basis.

CP-IS (Child Protection Information Sharing)

The *Child Protection – Information Sharing* (CP-IS) service is an NHS England sponsored work programme dedicated to developing an information sharing solution that will deliver a higher level of protection to children who visit NHS unscheduled care settings such as: accident and emergency; maternity; minor injury units; out of hours; paediatric wards and walk-in centres.
The information sharing focuses on three specific categories of child only:

- Those with a Child Protection Plan (CPP)
- Those children 'Looked After' by the Local Authority (LAC).
- Any unborn child that has a Child Protection Plan.

Alerts are now visible next to the child's name when they attend any of our Emergency Departments or Minor Injuries Unit.

They look like this: 

This indicates that the child is in one of the three areas above.

Staff can then access the Summary Care Record as this is where the information is held. The information is limited to the kind of plan, when the plan was instigated and the originating authority with telephone number. It will look like this:

GDPR

The Data Protection Act 2018 and General Data Protection Regulation (GDPR) do not prohibit the collection and sharing of personal information, but rather provide a framework to ensure that personal information is shared appropriately. The purpose of GDPR is to harmonise data privacy laws across Europe by standardising definitions and addressing legal uncertainty and the public's perception that their data is at risk. GDPR protects an individual's fundamental rights and freedoms, in particular, their 'Right to the Protection of Personal Data'. It's important to remember that the GDPR is not a barrier to sharing information. Sharing information with the right people can be just as important as not disclosing to the wrong person.

Consent

You do not necessarily need consent to share personal information. Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on. When you gain consent to share information, it must be explicit, and freely given. There may be some circumstances where it is not appropriate to seek consent, because the individual cannot give consent, or it is not reasonable to obtain consent, or because to gain consent would put a child's or young person's safety at risk.

Third Party Reporting

If you have been given information or believe that a crime has been committed, this must be reported to the police. Third parties should report on behalf of the victim with or without consent as safeguarding the victim takes priority over consent. On receiving crime reports, officers will investigate these. Third parties can advise the best route for this to ensure the victim's safety, however crimes will be investigated as required. Remember, the police can aim to get victimless prosecutions in some cases.

Please refer to: Crime Recording General Rules document (section 3.6 ii) or contact the Safeguarding Team.

4.3 Death of a Child or Young Person

Working Together to Safeguard Children 2018 outlines the process to follow in the event of a child death. Local Safeguarding Partnerships are responsible for ensuring a review of each child death is undertaken. Procedures should be in place to ensure a coordinated response which includes board partners and other relevant persons; this inevitably includes hospital staff. A Joint Agency Review (JAR) is a requirement to investigate the circumstances relating to all child deaths that meet the JAR criteria and to ensure the provision of support to families. The Trust has a Rapid Response to Child Deaths Team that is accessed via the switchboard in the event of the death of a child under the age of 18 years. More information and the on call rota can be found here: https://extranet.dbth.nhs.uk/safeguarding/rapid-response-to-child-deaths/.

Please refer to: PAT/T 62 – Rapid Response to Unexpected Child Deaths and Child Deaths Function Standard Operating Procedure.

4.4 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. The Department for Education (2017)

The Health Working Group (2014) note that health staff can identify children who have been, or are being, sexually exploited. They can also recognise physical, psychological and emotional health consequences of such abuse and help them with their recovery. As well as government guidance a report specifically for health professionals' has been designed to ensure a competent and confident response from all health services. There are tools available to help professionals recognise and respond to child sexual exploitation. Although this work highlights many positive attributes there is still work to be done to recognise and respond to child sexual exploitation.

Doncaster and Nottinghamshire Safeguarding Children's Partnerships are both addressing CSE with sub groups reporting to the board. The Trust incorporates CSE into the internally delivered Safeguarding training. If you suspect a child is being sexually exploited and is in immediate danger please contact the police. If there is no immediate risk, social care referrals should be made using the normal process (see 5.3). There are also referral forms specific to CSE for Doncaster (CSE Referral Form) and Nottinghamshire (Child Sexual Exploitation (CSE) Concerns Network (Operation Striver) Information Sheet); **these are NOT designed to replace the original social care referral but are to be made in addition** to help agencies collect intelligence in their bid to combat CSE.

4.5 Female Genital Mutilation (FGM)

The practice of Female Genital Mutilation (FGM) includes procedures that intentionally alter or injure female genital organs for non-medical reasons. The practice is irreversible and has no health benefits for girls or women and the procedure can cause physical morbidity and even mortality. An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM. FGM is not an issue that can be decided on by personal preference; it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls. The practice became illegal in the UK in 1985 (The Prohibition of Circumcision Act 1985) and more recently the law was updated with the Female Genital Mutilation Act in 2003, whereby it is now also illegal to take a child abroad to have the procedure performed. FGM is recognised internationally as a violation of the human rights of girls and women. There are mandatory reporting duties in place for professional that identify young girls and women with FGM.

FGM-IS (Female Genital Mutilation – Information Sharing) is a national alerting system for children where there is a history of FGM in the family. It is an alert attached to the Summary Care Record.

Please refer to: PAT/T 64 – Female Genital Mutilation: Identification, Reporting and Management.

4.6 Child Missing

When a child goes missing they are at potential risk and therefore safeguarding children arrangements includes preventing or protecting them from going missing from their home or local authority care. Whilst the police and children's social care take the lead with the issue of children who go missing from home or care, there is a responsibility on all relevant agencies to support services when a young person goes missing; for example, school, health or specialist services. Going missing can be a symptom of something going wrong in a child or young person's life. They may be being 'pushed' away from their home or 'pulled' away to something outside of their home or a combination of both (known as 'push/pull factors'). Issues often relate to relationship or boundary difficulties with parents or carers, placement quality or being placed too far away from home. It can be about peer and friendship relationship issues, conflict or bullying or because of difficulties within school. They may be being harmed in a number of tangible or intangible ways. Children who go missing for the first time, or for short periods of time, can still face a number of risks and dangers which can impact on their life.

Government guidance can be found at:

- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/275701/Statutory_guidance_missing-children.pdf
- https://www.gov.uk/government/publications/missing-children

4.7 Private Fostering

When children and young people are looked after by someone who is not their parent or close relative, this could be private fostering. This is a private arrangement between the parent or person with parental responsibility and someone else. Local Authorities do not facilitate these arrangements, but have a duty to assess and monitor to safeguard the child. Private fostering is when a child or young person is under 16 (or 18 if they have a disability) and lives with someone outside of their immediate family. This could be a friend, neighbour or 'great' relatives e.g. great auntie. If the arrangement is for more than 28 days, or expected to be for more than 28 days, children's social care should be notified.

4.8 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, 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.

Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to child.

4.9 Domestic Abuse and Violence

Domestic abuse and violence consists of abusive behaviour perpetrated by one person aged 16 and over against another person aged 16 and over with whom they are personally connected, for example, a partner, ex-partner, or family member regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial and emotional. It also includes issues which concern women from minority ethnic backgrounds, for example, forced marriage and female genital mutilation. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from support, exploiting them for personal gain, depriving them of independence and freedom and managing their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This reflects the recently proposed government definition of domestic abuse. The impact on children who see, hear or are otherwise exposed to domestic abuse perpetrated by one adult against another is such that they should also be seen to have experienced the abuse.

Statistics supplied by Womens Aid suggest one in seven (14.2%) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood. There are long and short term consequences to the child from the impact of domestic violence. These manifest themselves in various ways depending on the age or development of the child. Frontline practitioners have a key role to play in identifying children at risk of harm as a result of domestic violence.

Please refer to: PAT/PS 12 – Domestic Abuse Policy.

4.10 Considering children when working with adults

Staff working within the Trust should routinely ask all patients about their dependants and whether there are children within the family home where they live. The practitioner can then consider the impact of these health needs upon parenting capacity which can raise the risk of abuse to the child or children. Should this activity highlight safeguarding concerns, for example in cases where there is domestic abuse, substance misuse or mental health needs, and there are children within the household, a full holistic assessment should be made using local safeguarding partnerships multi-agency thresholds. If the child or children are assessed as being in need of a referral to Children's Social Care and/or other agencies this should be made following local

safeguarding partnership procedures. The responses should be documented within the health records.

4.11 Volunteers and Visiting Celebrities

Following investigations into child abuse by Jimmy Savile, a number of recommendations have been made for health services. Should Trust staff observe concerning behaviours from visiting celebrities or volunteers, immediate action should be taken in order to ensure that patients are protected. Staff should ensure their individual managers are aware of the concerns. The issue should be reported to the Safeguarding Team and escalated to senior hospital managers. All volunteers should access Safeguarding training.

Please refer to: CORP/RISK 21 – Recruitment and Management of Volunteers Policy.

4.12 Assessing Capacity to Consent to Treatment

Please refer to: PAT/PA 2 – Consent to Examination or Treatment Policy and, in some circumstances concerning 16 and 17 year olds, PAT/PA 19 – Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS).

4.13 Children that are not brought to healthcare appointments

Children that are not brought for their health appointments maybe at increased risk of harm. This can either be non-attendance and a failure to inform the hospital of the reason for not attending or where a parent/carer has contacted the hospital to inform the child will not be coming and changed the appointment. Although changing appointments may seem plausible, the Serious Case Review into the death of Peter Connolly (Department for Education), highlighted extreme disguised compliance, where his mother would change appointments until Peter's injuries that had been inflicted on him had disappeared. In some instances it may be necessary to liaise with community practitioners such as the child's Health Visitor, School Nurse or GP. If you believe that missed appointments will cause the child to be at risk of significant harm then a referral to children's social care should be made ensuring the impact of the missed appointment on the child is made clear.

Please refer to: PAT/PA 1– Referral to Hospital Access Policy.

4.14 Fabricated or Induced Illness (FII)

The fabrication or induction of illness in children is a relatively rare form of child abuse. Where concerns exist about fabricated or induced illness, it requires professionals to work together, evaluating all the available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illness. The management of these cases requires a careful medical evaluation which considers a range of possible diagnoses. At all times professionals need to keep an open mind to ensure that they have not missed a vital piece of information. By their nature, these types of cases require expert input from a range of disciplines, in particular

paediatricians. It is therefore essential that all professionals who come into contact with children, whose signs and symptoms may be being induced or fabricated, are aware that this form of abuse exists and know what to do and who to speak to within their own organisation or a statutory one, such as the police or local authority children's social care services.

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- Fabrication of signs and symptoms; this may include fabrication of past medical history.
- Falsification of hospital charts, records and specimens of bodily fluids. This may also include falsification of letters and documents.
- Induction of illness by a variety of means.

Local guidance can be found by accessing the DSCP or NSCP procedures. See appendix 4 for the FII Pathway covering Doncaster and Bassetlaw. Government guidance can be found at: https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced

5. PROCEDURE

5.1 Local Arrangements & Safeguarding Partnership Procedures

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides services to children and families living within Doncaster, Mexborough, Bassetlaw and surrounding areas. All staff are expected to be aware of the appropriate policies and procedures for safeguarding children and be able to apply them in their practice. Each Local Safeguarding Children Partnership (LSCP) has their own multi-agency thresholds which should be consulted when you are concerned a child is being abused. The full procedures and thresholds for each LSCP can be accessed via the internet, the Safeguarding Children Hive page or clicking the links below for the relevant area.

In Doncaster: staff working across all agencies are expected to follow the Doncaster Safeguarding Children Partnership (DSCP) procedures.

In Bassetlaw: staff are expected to follow the Nottinghamshire Safeguarding Children Partnership (NSCP) procedures.

5.2 Early Help

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. 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. Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. Consent **IS** required for a referral for early help services. Any professional can identify a child or family that could benefit from an early help assessment. Within the Trust, the majority of staff are expected to, with consent, share this with professionals in the universal services i.e. Health Visitor Liaison in Doncaster or Single Point of Referral in Bassetlaw.

Professionals working on the Children's Wards, SCBU/NNU or community midwives and community paediatric therapists are expected to complete the appropriate form for the area where the patient resides, then a lead professional needs to be identified, ideally someone in universal or specialist services that is more familiar with the child or assigned to a specific plan of care for the child.

Doncaster – Early Help Hub
The Early Help Hub can be contacted on 01302 734110 is the first point of contact for all enquiries from practitioners working with children and young people who are seeking advice and information about possible resources and/or advice on supporting children and families. There is an online Early Help Enquiry form available here.

Bassetlaw – Early Help Unit
The Early Help Unit can be contacted on 0115 804 1248 for help and support. Referral for early help can be made using an NSCP Early Help Assessment Form (EHAF) available here. Practitioners must log the start and completion of the EHAF with the Early Help Unit who will confirm whether there is an Early Help Assessment opened. The form must be e-mailed to early.help@nottscc.gov.uk.

5.3 Making a Referral to Children's Social Care

If you are the one who identifies the child is at risk of abuse YOU need to make the referral to children's social care. Do not pass on for someone else to do on your behalf. They are your concerns and you know all the details. (Working Together to Safeguard Children 2018)

In Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust we have our own organisational referral form for children's social care which is user friendly for busy departments with little information. As all three sites within the Trust are on geographical borders of neighbouring authorities, it may be necessary to refer to an out of area authority. If you are unsure, contact your local authority primarily or the Safeguarding Team for advice. To ensure your referral is appropriate you may wish to consult with the Local Safeguarding Children's Partnership (see 5.1) multi-agency thresholds which will enhance your decision making. It is also good practice to reference the thresholds in your referral. There is a Child Protection Referral flowchart (appendix 5) which you may want to print and display in your clinical area.

If the child is in immediate danger contact the police on 999.

How to make a Safeguarding Children's referral:	
If the child resides in Doncaster:	**If the child resides in Nottinghamshire:**
Make a telephone referral to the Doncaster Referral and Response team on 01302 737777 (Monday to Friday 8.30am – 5.00pm) or out of hours on 01302 796000. This referral should be followed up within 48 hours using the electronic referral form found on the Hive Safeguarding Children page and email to:	Make a telephone referral to the Nottinghamshire MASH on 0300 500 8090 (Monday to Thursday 8.30am – 5.00pm, Friday – 4.30pm) or out of hours on 0300 456 4546. This referral should be followed up within 48 hours using the electronic referral form found on the Hive Safeguarding Children page and email to:

childrenassessmentservice@dcstrust.co.uk and dbh-tr.safeguarding@nhs.net. Print copies for the patient records, GP, health visitor/school nurse and any other relevant professionals.	mash.safeguarding@nottscc.gov.uk and dbh-tr.safeguarding@nhs.net. Print copies for the patient records, GP, health visitor/school nurse and any other relevant professionals.

REMEMBER

- Consult the DBTH Child Protection flowchart found on the Safeguarding Children Hive page.
- Consult Local (DCSP or NSCP) Guidance and Thresholds to ensure your referral is appropriate.
- Complete the referral with as much information as you have. You may have to ask your patient or liaise with other professionals e.g. GP, School Nurse or Health Visitor for more information.
- Document in the patient record you have made the referral.
- If your referral does not meet the threshold for Child Protection consider an Early Help Referral or other service such as Project 3 (Doncaster only), CASH or CAMHS.

5.4 Safeguarding Meetings

There are a number of different safeguarding meetings which you may be required to attend. If you have important information about a child it is important you prioritise your attendance at these meetings. Make your manager aware of your attendance so they can ensure adequate cover is provided to enable you to attend the meeting. You will be required to provide a report for case conferences. Click here for the report template for Doncaster or Nottinghamshire. The Safeguarding Team are happy to support staff with report writing. Below is a list of meetings which you may be asked to attend.

Strategy Meetings

The strategy discussion/meeting should involve children's social care and the police, relevant health professionals and other bodies as appropriate (for example, children's centre/school and, in particular, any referring agency). In the case of a pre-birth strategy discussion/meeting this should involve the midwifery services. When a child may require a medical examination as part of the child protection enquiries, the Consultant Paediatrician running the Child Protection clinic on that day and out of hours the on-call Consultant Paediatrician will be part of the initial strategy discussion/meeting. The meeting will inform the need for section 47 enquiries.

Initial Child Protection Conference (ICPC)

An ICPC must be convened following a section 47 enquiry to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm.

The initial child protection conference should take place within 15 working days of:

- The first strategy meeting / discussion when the section 47 enquiries were initiated; or
- Notification by another local authority that a child subject of a child protection plan has moved into the local area.

Review Child Protection Conference (RCPC)

A RCPC is intended:

- To review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against the child protection plan outcomes;
- To consider whether the child protection plan should continue or should be changed.

Every review should consider explicitly whether the child remains at the risk of abuse and continues to require safeguarding through adherence to a formal child protection plan. If the child is considered to be suffering significant harm, the local authority should consider whether to initiate family court proceedings.

For ICPC's and RCPC's you will need to take copies of your report for other agency representatives to read.

Core Groups
The core group is the Interagency Forum for achieving the outcomes of a child protection plan. It is comprised of the professionals responsible for delivering particular aspects of the plan, and is attended by parents and children, where appropriate. The membership of the core group is agreed at an initial child protection conference, although this may be amended to include all relevant individuals jointly responsible for delivering the child protection plan. For example, if a child on a child protection plan is treated in the acute trust you may be required to be part of the core group.

Multi-agency Meetings
You may be asked to attend various other multi-agency meetings such as professional's only meetings or pre-birth planning meetings. Your contribution is extremely important and information provided is used to determine plans to ensure the safety of the child. Children are best protected when professionals are clear about what is required of them individually and how they need to work together (Working Together to Safeguard Children 2018). Staff have a responsibility to work effectively in partnership with other key agencies including voluntary and statutory agencies to prevent children and young people suffering harm and to achieve positive outcomes.

5.5 Procedures for Managing Allegations against People Who Work with Children

A framework has been developed by both Doncaster and Nottinghamshire Safeguarding Children Partnerships to manage cases where allegations are made against people who work with children. Specific roles are identified when an allegation is made against a member of staff or volunteer. The Trust is required to identify a Named Senior Officer which is the Deputy Director of Nursing, Midwifery and Allied Health Professionals on behalf of the Director of Nursing, Midwifery and Allied Health Professionals. A Senior Manager is identified for each individual case. An investigation will be carried out by the Senior Manager in conjunction with a representative of Human Resources Team after taking advice from the Local Authority Designated Officer (LADO). The Safeguarding Team provide the liaison with the LADO. Any enquiries for the LADO should be directed to the Deputy Director of Nursing, Midwifery and Allied Health Professionals or, in their absence, the Named Nurse.

Doncaster LADO: 01302 737748 Nottinghamshire LADO: 0115 8041272

5.6 Serious Incidents

Serious Incidents relating to safeguarding children are reported to Doncaster Clinical Commissioning Group (DCCG) as the lead CCG for Safeguarding Children. All Serious Incidents relating to children should be reported to the DCCG in line with the Trust policy. This document provides definitions of Serious Incidents, including those relating to abuse or children. The Safeguarding Team should be informed of any serious incident relating to a child so that any safeguarding concerns can be identified.

Please refer to: CORP/RISK 15 – Serious Incident (SI) Policy.

5.7 Safe Recruitment

Working Together to Safeguard Children 2018 dictates organisations should have specific policies in place to ensure that safe recruitment practices are robust and criminal record checks are completed when employing individuals whom the organisation will permit to work regularly with children. The Trust ensures that a safe recruitment process is in place for all new staff and volunteers expected to have contact with children and families. This involves a Disclosure and Barring Service check and uptake of references prior to appointment. The Trust is required to report any concerns regarding the suitability of employees, agency workers and volunteers who work with adults or children to the Disclosure and Barring Service.

Please refer to: CORP/EMP 17 – Working with Vulnerable Adults & Children – Disclosure and Barring Service (DBS).

5.8 Internal Adverse Events

Internal adverse events relating to safeguarding children are managed in line with CORP/RISK 6 – Central Alerting System Policy**.** Specific reporting codes relate to Safeguarding Children adverse events which all Trust staff should utilise. Externally raised adverse events relating to safeguarding children are managed by the Designated and Named professionals or the relevant Division on a case-by-case basis.

6. TRAINING/SUPPORT

6.1 Training

The level of Safeguarding Training you require depends on your role. You can refer to the Intercollegiate Documents for Adults and Children for more information or speak to your line manager. All professionals should have regular reviews of their own practice and safeguarding training needs as part of their PDR (Performance Development Review). Safeguarding training of any level should be updated every three years. Training attendance is recorded by the Education Department. Dependent on their role, Specialist Safeguarding Children Professionals require training at Level 4 & 5 which is accessed externally to the Trust.

Please see appendix 6 Safeguarding Training Guide for a full overview of training requirements. The Safeguarding Training page on the Hive contains all relevant information.

6.2 Learning & Improvement

Professionals and organisations protecting children need to reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well. Conversely, when things go wrong there needs to be rigorous, objective analysis of what happened and why, so that important lessons can be learnt and services improved to reduce the risk of future harm to children (HM Government 2018). There are various models of learning across organisations and dependent on the case being reviewed. These are not always external reviews; there can be facilitated learning within the Trust. Organisations should embed a culture of continuous learning and improvement. Professionals should be involved and invited to contribute their perspectives without fear of being blamed. Staff who are required to take part in such reviews will be fully supported by their management and the Safeguarding Team. Serious Case Reviews are a requirement of the LSCP's when abuse or neglect of a child is known or suspected and the child has died or been seriously harmed and there is cause for concern as to the way in which the authority, the Local Safeguarding Children Partnership or other relevant persons who have worked together to safeguard the child (Working Together to Safeguard Children 2018).

6.3 Supporting Staff

A significant responsibility of the Trust's Safeguarding Professionals relates to facilitating safeguarding support and supervision. The role of the Named Professionals is clear in government documentation that supporting others to recognise the needs of children and rescue from possible abuse is a key aspect of their work. The Safeguarding Team are available during office hours to give advice and support staff with safeguarding concerns. If staff require support out of hours in addition to management processes, it is recommended they contact the appropriate Children's Social Care Team; see 5.3 for further details.

All staff are reminded that should they be approached by Solicitors, CAFCASS, or others requiring legal statements, it is necessary to contact the Safeguarding Team to facilitate the process. Further, should staff require assistance writing reports relating to Safeguarding issues the Named Safeguarding Professionals provide support and they should refer to CORP/COMM 4 – Complaints, Concerns, Comments and Compliments Resolution and Learning.

Regular supervision systems are in place for Trust staff. All staff are responsible for accessing supervision relevant to their role and as guided by the Safeguarding Supervision Policy. The process of supervision is underpinned by the principle that each practitioner remains accountable for his/her own practice and as such his or her own actions within supervision. If required the Safeguarding Team can facilitate child protection supervision to staff within the Trust on an ad-hoc basis, either on a one to one, in teams or a group.

Good quality safeguarding supervision can help to:

- keep a focus on the patient
- avoid drift
- maintain a degree of objectivity and challenge fixed views
- test and assess the evidence base for assessment and decisions

- address the emotional impact of work.

Please refer to: PAT/PS 13 – Safeguarding Supervision Policy.

7. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

7.1 Evaluating Practice

The Trust has a duty to evaluate safeguarding practice in order to provide assurance to the Board of Directors and to the Local Safeguarding Children Partnerships. This is also evidence of compliance with the Health & Social Care Standard 7 for the NHS, which is required for registration with the Care Quality Commission (CQC). Relevant performance indicators are evaluated annually and actions plans formulated as appropriate. Additionally, audits of safeguarding practice are completed in line with the Trust's Strategic Safeguarding People Board (SSPB) annual work plan and the Safeguarding Team Audit Calendar. Whilst the Safeguarding Team within the Trust ensure the Annual Safeguarding Audits are completed, representatives are required to assist with audit activities applicable to their area divisions and directorates.

The Named Nurse produces quarterly and annual Safeguarding Reports for the Trust's Clinical Governance and Quality Committee and to Clinical Commissioning Groups to provide assurance of compliance with all relevant standards. Doncaster CCG as the lead for Safeguarding holds a regular Safeguarding Assurance Group where safeguarding assurances are provided.

Issues monitored:	Monitoring conducted by:	How often:	Reviewed/reported to:
Ongoing monitoring of the quality of referrals to Children's Social Care.	The Safeguarding Children Professionals.	Quarterly overview	Issues are addressed with individual staff members and their managers.
Evaluation of Safeguarding Children Training.	The Safeguarding Children Professionals.	Following each training session.	Results inform training development and planning.
Implementation of the Annual Safeguarding Audit Calendar – includes audits relating to safeguarding activities within the Trust and includes knowledge of learning from Serious Case Reviews, knowledge of issues such as Domestic Violence etc.	The Safeguarding Team in conjunction with divisions and directorates.	Annual Safeguarding Audit Calendar.	Results are reviewed by the Safeguarding Team within the Trust.
Audit of Trust compliance regarding Section 11 of the Children Act 2004/Markers of Good Practice Audit	The Safeguarding Team.	Determined by Local Safeguarding Children Partnerships.	Results are reported to the Doncaster Clinical Commissioning Group and the Doncaster and Nottinghamshire Safeguarding Children Partnerships.
Markers of Good Practice Audit.	The Safeguarding Team.	Two yearly basis.	Results are reported to the Bassetlaw Clinical Commissioning Group and the Nottinghamshire Safeguarding Children Partnership.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the CORP/EMP 27 – Equality Analysis Policy and the CORP/EMP 4 – Fair Treatment for All. The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See appendix 6).

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- PAT/PS 12 – Domestic Abuse Policy
- PAT/PA 19 – Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)
- PAT/PS 8 – Safeguarding Adults Policy
- PAT/PS 13 – Safeguarding Supervision Policy
- PAT/T 62 – Rapid Response to Unexpected Child Deaths and Child Deaths Function Standard Operating Procedure
- CORP/RISK 15 – Serious Incident (SI) Policy
- CORP/COMM 4 – Complaints, Concerns, Comments and Compliments Resolution and Learning
- CORP/RISK 6 – Central Alerting System Policy
- PAT/PA 1(amended June 2019) – Referral to Hospital Access Policy
- PAT/PA 28 – Privacy and Dignity Policy
- PAT/PA 34 – Interpretation and Translation Services Policy
- PAT/PS 15 – De-escalation: Principles and Guidance including restraint
- CORP/RISK 21 – Recruitment and Management of Volunteers Policy
- CORP/EMP 4 – Fair Treatment for All
- CORP/EMP 17 – Working with Vulnerable Adults and Children – Disclosure and Barring Service (DBS)
- CORP/EMP 27 – Equality Analysis Policy
- PAT/T 64 – Female Genital Mutilation: Identification, Reporting and Management
- PAT/PA 2 – Consent to Examination or Treatment Policy

10. REFERENCES

Child sexual exploitation: definition and guide for practitioners HM Government, Department for Education.

Tackling Child Sexual Exploitation: Action Plan HM Government, Department for Education.

What to do if you're worried a child is being abused: advice for practitioners HM Government, Department for Education.

Information sharing: advice for practitioners providing safeguarding services HM Government, Department for Education.

Haringey serious case reviews: child A (Baby P) HM Government, Department for Education.

The Children Act 1989. HM Government.

The Children Act 2004. HM Government.

Working Together To Safeguard Children HM Government 2018.

The Munro Review of Child Protection, Interim Report: The Child's Journey. Munro, E. HM Government, Department for Education.

Royal College of Paediatricians and Child Health (2014) Safeguarding Children & Young People: Roles and Competencies for Health Care Staff RCPCH.

Child sexual exploitation: health working group report HM Government, Department for Health and Social Care.

Safeguarding children in whom illness is fabricated or induced HM Government, Department for Education.

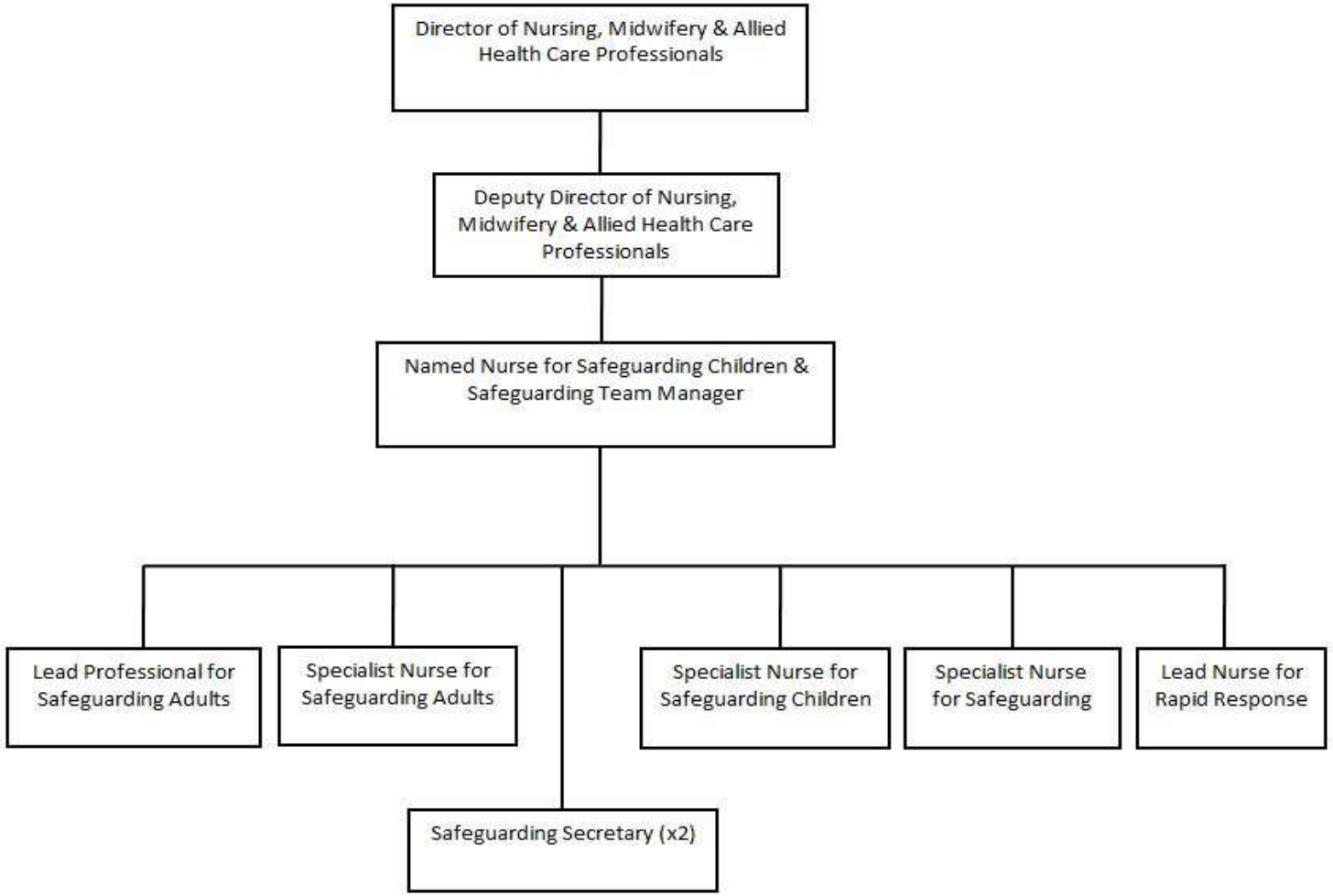
Due Diligence Processes for Slavery and Human Trafficking Trust Modern Slavery Statement

APPENDIX 1 - SAFEGUARDING TEAM CONTACT DETAILS

SAFEGUARDING TEAM CONTACT INFORMATION	
Safeguarding Office & Secretaries	642437 dbh-tr.safeguarding@nhs.net dbth.safeguardingadultsreferral@nhs.net - Adults referrals only
Elizabeth Boyle Named Nurse for Safeguarding Children & Safeguarding Team Manager	642436 07768033175 elizabeth.boyle4@nhs.net
Anne Lundy Specialist Nurse for Safeguarding Children	642432 07771345500 alundy@nhs.net
Vacant post Specialist Nurse for Safeguarding	642432 07917554594
Pat Johnson Lead Professional for Safeguarding Adults	642434 07810683409 pat.johnson8@nhs.net
Amanda Timms Specialist Nurse for Safeguarding Adults	642435 07880055321 amanda.timms1@nhs.net
Gill Genders Lead Nurse Rapid Response (Child Deaths)	642433 07557845149 g.genders@nhs.net
Debbie Rees-Pollard Named Midwife for Safeguarding Children	642791 07979906347 dpollard@nhs.net
Dr Lavleen Chadha Named Doctor for Safeguarding Children	Via DRI switchboard 01302 366666 lavleen.chadha@nhs.net
Dr Bushra Ismaiel Designated Doctor for Safeguarding Children	Via DRI switchboard 01302 366666 bushra.ismaiel1@nhs.net

THE HIVE SAFEGUARDING PAGES	
Safeguarding Team	https://extranet.dbth.nhs.uk/safeguarding/
Safeguarding Children	https://extranet.dbth.nhs.uk/safeguarding/safeguarding-children/
Safeguarding Adults	https://extranet.dbth.nhs.uk/safeguarding/safeguarding-adults/
Domestic Abuse	https://extranet.dbth.nhs.uk/safeguarding/domestic-abuse/
Safeguarding Documents	https://extranet.dbth.nhs.uk/safeguarding/safeguarding-documents/
Rapid Response to Child Deaths	https://extranet.dbth.nhs.uk/safeguarding/rapid-response-to-child-deaths/
Prevent	https://extranet.dbth.nhs.uk/safeguarding/prevent-2/
Safeguarding Training	https://extranet.dbth.nhs.uk/safeguarding/safeguarding-training/
Safeguarding Newsletter	https://extranet.dbth.nhs.uk/safeguarding/safeguarding-newsletter/

APPENDIX 2 - SAFEGUARDING ORGANISATIONAL STRUCTURE


Director of Nursing, Midwifery & Allied Health Care Professionals
Deputy Director of Nursing, Midwifery & Allied Health Care Professionals
Named Nurse for Safeguarding Children & Safeguarding Team Manager
Lead Professional for Safeguarding Adults
Specialist Nurse for Safeguarding Adults
Specialist Nurse for Safeguarding Children
Specialist Nurse for Safeguarding
Lead Nurse for Rapid Response
Safeguarding Secretary (x2)

APPENDIX 3 - INFORMATION SHARING GUIDANCE

Sharing Information about Children

You need to alert another professional involved in the care of a child admitted to your ward/department but it is not a social care referral.

Although information about children attending hospital is routinely shared with community health practitioners such as Health Visitors, School Nurses and GP's this is often electronic and there may be a time delay. If you need to alert another professional to a child's attendance or admission you can contact them yourself by phone or e-mail using the Information Sharing form.

If you become aware that a child in your care already has social worker and this attendance has not raised a new child protection concern you can ring the social worker direct with the information. If you do not know the name and number of the social worker contact Doncaster 01302 737777 or Bassetlaw 0115 804 1131.

If this visit to your department requires a follow up by a health professional in the community, for example the health visitor:

- In Doncaster, leave information for the Liaison Health Visitor who will share the information with the appropriate team or you can ring Single Point of Contact on 01302 566776.

- In Bassetlaw, contact Single Point of Access (SPA) at Retford on 01777 274422 from 7am to 9pm every day and leave a message for the relevant practitioner. If you do not know the name of the practitioner, SPA will locate them by the name of the child from their system and send a message or put you through to the correct person.

APPENDIX 4 - CHILD PROTECTION FLOWCHART

Consult the DBTH Child Protection flowchart found on the Safeguarding Children Hive page.

APPENDIX 5 - FII PATHWAY

Doncaster & Bassetlaw Teaching Hospitals
Preliminary Pathway for when Health Professionals have a perplexing case or suspect concerns about Possible Fabricated or Induced Illness.

Health Professional suspects **possible concerns** then:
(For Nottinghamshire also read ***Guidance on management of Children & Young People presenting with perplexing presentations to secondary healthcare)***
Seek advice from their Named Doctor if you are a Doctor; or Named Nurse if you are a Nurse or Allied Health Professional (In the absence of either named role, seek the advice from the other named professional).

Named Professional supports staff to assess, analyse risks in line with the NHS; HM GOV.UK (2018) & NSCP or DSCP guidance and procedures; RCPCH Child Protection Companion; Information Sharing (DH 2018).
To include a **DISCUSSION** with Children's Social Care/MASH to ascertain if any further information available to support the health analysis and next steps.

Preliminary Concerns Persist **or Possible** FII.

Possible FII Concerns mitigated through appropriate support service (e.g. Early Help)

Follow local safeguarding and early help support

Named Professionals to support the pulling together of a health chronology with advice and facilitate a health professionals meeting. **Clinicians should provide a report on why they are concerned, to enable analysis and discussion of the issues.**

Designated Professional will co-ordinate & chair the **health multi-disciplinary meeting/conference call**. Attendees to include all health practitioners involved and Named / Specialist Safeguarding Professionals from the organisations involved – **must include the Named Professional from the organisation raising the concern**: requesting information from partners agencies including schools and social care.

Possible FII Concerns are mitigated

The Named Professional raising the case will identify & provide the contact details for the health professionals who need to be involved. Attendees to include all health practitioners involved in the case, others may be invited with agreement of the chair.

Preliminary health concerns re **Possible** FII are identified

If concerns escalate & child is thought to be suffering harm or at risk of significant harm refer immediately to social care at any time during this process as per LSCP procedures.
If child is not known to a paediatrician a medical may be requested under S47 CA by social care.

APPENDIX 6 - TRAINING GUIDE

Safeguarding Training Guide

Introduction

Safeguarding training is mandatory for all staff. **As a health organisation we have a duty to protect and safeguard our patients under Section 11 of The Children's Act 1989 and the Care Act 2014.** Safeguarding training is delivered at various levels depending on specific roles and responsibilities and the area where you work. The requirements and levels are dictated by the Intercollegiate Documents (RCPCH 2019 & RCN 2018). If you are unsure which level of training you require and would like further guidance, see the references below or please contact: Education Centre on 01302 642055 or Safeguarding Team on 01302 642437.

Quick guide

You need to complete → / If you require ↓	Prevent Awareness	Level 1 Safeguarding Children & Adults	Prevent WRAP3	Level 2 Safeguarding Adults	Level 2 Safeguarding Children	MCA & DoLS	Level 3 Safeguarding Children
Level 1 Safeguarding	✓	✓	X	X	X	X	X
Level 2 Safeguarding	✓	✓	✓	✓	✓	✓	X
Level 3 Safeguarding	✓	✓	✓	✓	✓	✓	✓

Please note: Level 1 must be completed before Level 2 and Level 2 must be completed before Level 3. See the complete guide overleaf for more information.

References

HM Government The Children Act (1989) and (2004). HMG, London.
HM Government The Care Act 2014. HMG, London.
Royal College of Paediatricians and Child Health (2019) Safeguarding children and young people: roles and competencies for paediatricians. RCPH, London.
Royal College of Nursing (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff (Intercollegiate Document). RCN, London.
Royal College of Nursing (2019) Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (Intercollegiate Document). RCN, London.

Training available:		Who needs this training?	How to complete this training:	Where to find training dates and how to access:	To be updated:
Prevent	Awareness	All staff. *For volunteers, training will be provided as required.*	Basic Prevent awareness is completed as part of the SET booklet.	• Click here to access guidance for completing the SET Booklet. • Complete the SET booklet on My ESR.	To be completed yearly as part of SET.
	WRAP 3	All clinical staff. *For volunteers, training will be provided as required.*	WRAP3 Prevent training is completed via the government e-learning package.	• Government Prevent e-learning package: https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html. Send your certificate to the Education Centre.	To be completed every 3 years.
Level 1 Safeguarding Children & Adults		All staff. *For volunteers, training will be provided as required.*	Level 1 Safeguarding Training is completed as part of the SET booklet.	• Click here to access guidance for completing the SET Booklet. • Complete the SET booklet on My ESR.	To be completed yearly as part of SET.
Level 2 Safeguarding Children & Adults and MCA/DoLS		All clinical staff.	Level 2 Safeguarding Children & Adults and MCA/DoLS training is a half day, in house session or e-learning. It is preferable that initially this is completed at a face to face, half day session; after this, e-learning is available.	• Find in house session dates on The Hive. • Book your place by contacting the Education Centre on 01302 642055 or email dbth.training.department@nhs.net. • E-learning is available on My ESR with separate courses for Safeguarding Children, Adults and MCA & DoLS.	To be completed every 3 years.
Level 3 Safeguarding Children		All staff who have regular clinical contact with children **including** all qualified emergency department staff.	Level 3 Safeguarding Children training is initially to be completed on a full day session, either in house or externally provided by Local Safeguarding Children Partnerships (Doncaster or Nottinghamshire).	• Find in house session dates on The Hive. • To book in house training contact the Education Centre on 01302 642055 or email dbth.training.department@nhs.net. • For external training, click the links for Doncaster or Nottinghamshire. • For updates: E-learning is available on My ESR and our Local Safeguarding Children Partnerships (Nottinghamshire or Doncaster) offer both face to face and e-learning in subjects such as domestic abuse and modern slavery. Other external providers also offer level 3 sessions e.g. Women's Aid. Alternative methods may also be used as suggested in the Intercollegiate Document e.g. learning reviews, attendance at case conferences, seminars, appraisals etc. This must be verified as suitable by the safeguarding team.	To maintain Level 3 you need to evidence at least 6 hours of Level 3 study every 3 years. This does not have to be completed in one session; it can be accrued over the 3 year period. Evidence must be documented and signed by a line manager and submitted to the Education Centre. In addition, Prevent, MCA & DoLS and Level 2 Safeguarding Adults must be updated as above.

APPENDIX 7 - EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Safeguarding Children Policy PAT/PS 10 v.9	Safeguarding Team	Elizabeth Boyle	Existing Policy	February 2020

1) Who is responsible for this policy? Safeguarding Team

2) Describe the purpose of the service / function / policy / project/ strategy? All Trust Staff

3) Are there any associated objectives? Compliance with Section 11 Children Act – Duty to Safeguard and Protect Children

4) What factors contribute or detract from achieving intended outcomes? None

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation]

6) Is there any scope for new measures which would promote equality? N/A

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	NO	
b) Disability	NO	
c) Gender	NO	
d) Gender Reassignment	NO	
e) Marriage/Civil Partnership	NO	
f) Maternity/Pregnancy	NO	
g) Race	NO	
h) Religion/Belief	NO	
i) Sexual Orientation	NO	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

**If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* Detailed Equality Analysis form in CORP/EMP 27

Date for next review: February 2023

Checked by: Pat Johnson Date: February 2020