

Index No: S12

**POLICY FOR
SAFEGUARDING CHILDREN**

Version:	4
Date ratified:	23 rd May 2013
Ratified by: (Name of Committee)	QGC
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Name of responsible committee for the Policy	Safeguarding Children Committee
Date issued for publication:	February 2013
Review date:	February 2016
Expiry date: (Date 3 months following review date)	May 2017
Equality impact assessed by: (name, job title and department)	Chaman Verma Equality and Diversity Lead for KGH
Date impact assessed:	November 2010
Registration Requirements Outcome Number(s) (CQC)	7
NHSLA standard	
CNST standard	

 Index No.S12 Policy for Safeguarding Children
 Version 2

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Index No.	S12 POLICY for SAFEGUARDING CHILDREN
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Approval and Authorisation

Completion of the following signature blocks signifies the review and approval of this process.

Name	Job Title	Signature	Date
QGC	Quality Governance Committee	Clare Culpin.....	2013

Local Committee approval (where applicable)

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Change History

Version	Date	Author	Reason
3	November 2010	Karen McMahon	Required update
4	February 2013	Karen McMahon	Policy review

Impact Assessment

Undertaken by	Date
Karen McMahon	November 2010

A translation service is available for this policy. The Interpretation/Translation Policy, Guidance for Staff (I55) is located on the library intranet under Trust wide policies.

CONTENTS

		Page
1.0	Policy Statement	1
2.0	Introduction	1
3.0	Scope of the Policy	1
4.0	Definitions	2
5.0	Aim of the Policy	2
6.0	Roles and Responsibilities	2
7.0	Training and Professional Development	6
8.0	The Trust Safeguarding Children Team	7
9.0	Referrals to A&CS – Child Protection/Child in Need	7
10.0	Documentation and Communication	9
11.0	Transfer of records to Police in criminal Investigations	9
12.0	Risk Management and Incident Reporting	10
13.0	Child Abuse Allegations against a member of Staff	11
14.0	Serious Case Reviews (SCR)	11
15.0	Audit and Evaluation	12
16.0	Reference Documents and Web Links	13
17.0	Process for implementation and dissemination of this Policy	15
18.0	Monitoring of this Policy	15
	Appendix 1 Safeguarding Children in Northamptonshire Contacts list	
	Appendix 2 Interagency Referral Form	
	Appendix 3 Policy Request Form	
	Appendix 4 Checklist	

1. Policy Statement

- 1.1 Kettering General Hospital NHS Foundation Trust (The Trust) supports the view that children and young people must be valued and protected and is committed to promoting the welfare of children and to protecting them from the risks of harm.
- 1.2 The Trust has a legal duty under Section 11 of the Children Act 2004 to ensure that safe working systems are in place for staff working with children and families, and staff working with adults with children in their care.
- 1.3 The Trust champions the rights of all children and young people not to be abused, neglected or exploited and they have the right to be happy, healthy, safe and productive in their contribution to society.
- 1.4 The Trust aims to safeguard and promote the welfare of all children and young people, whilst ensuring equal access regardless of race, religion, first language, ethnicity, gender or sexuality, age, health status or disability, political or immigration status. All services provided are delivered in a nondiscriminatory manner, respect the individuality of the child and are child- centered.

2. Introduction

- 2.1 The Children Act 1989 provides a comprehensive framework for the care and protection of children. The fundamental principle that underpins the Children Act 1989 is that the welfare of the child is paramount. Achieving positive outcomes for children requires all those with responsibility for assessment and provision of services to work together according to an agreed plan of action.
- 2.2 In addition, the Children Act 2004 sets out duties for a wide range of bodies. Each body must carry out its functions having regard to the need to safeguard and promote the welfare of children. This duty extends to contracted services.
- 2.3 All those who come into contact with children and families in their everyday work, including professionals who do not have a specific role in relation to child protection have a duty to safeguard and promote the welfare of children.
- 2.4 “Working Together to Safeguard Children” (DoH 2013) acknowledges that patterns of family life vary and there is no one perfect way to bring up children. Parenting can be challenging, and parents themselves require and deserve support. A wide range of services are available to provide this support and in the majority of cases it should be the decision of parents when to ask for help and advice in bringing up their children. Only in exceptional cases should there be compulsory intervention in family life, for example, where it is necessary to safeguard a child from significant harm/neglect.
- 2.5 Whilst recognising that child-rearing practices are highly diverse and that all differences are to be valued and understood, it is also important that any judgments about the care and protection of children are based on objective assessment of facts. Sensitivity to parental behavior, culture, religion, or ideology must not mean that children from any background receive a lower level of care or protection. It is equally important that assumptions are not made based on stereotypical views of divergent cultural values and types of parenting. Effective measures to safeguard children should not be seen in isolation from the wider range of support services available to meet the needs of children and their families.
- 2.6 Lord Laming, in his original report following the death of Victoria Climbié in 2000, recognised that those who take on the work of protecting children at risk of deliberate harm, face a tough and challenging task, because, in every judgment they make, staff have to balance the rights of a parent with that of the protection of the child (Laming 2003).

3. Scope of the Policy

- 3.1 This policy applies to all staff working in the Trust and all independent staff contracted to the Trust

- 3.2 Every member of staff has an individual responsibility for the protection and safeguarding of children and young people
- 3.3 All managers must ensure that their staff are aware of, and able to access the policy, and ensure its implementation in their line of responsibility and accountability

4. Definitions

- 4.1 **Safeguarding and promoting the welfare of children:** the process of protecting children, including the unborn from abuse or neglect, preventing impairment of their health and development, and securing that they grow up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter childhood successfully
- 4.2 **Child Protection:** The process of protecting individual children identified as suffering, or at risk of suffering, significant harm as a result of abuse or neglect.
- 4.3 **Child:** Anyone who has not yet reached their 18th birthday. It can also include a person aged 18,19 or 20 who has been looked after by the Local Authority after they turned 16yrs or has a learning disability. There are separate safeguarding adults procedures that protect people aged 18 or over.
(As defined in Working Together to Safeguard Children 2013 and the LSCBN procedures 2010)

5. Aim of the Policy

- 5.1 To ensure all staff, including contracted staff are aware of their roles and responsibilities for safeguarding children within this policy, and to provide a framework of accountability at all levels
- 5.2 To underpin all advice, guidance, training and supervision of staff (including contracted staff), in safeguarding children
- 5.3 To ensure that the work of KGH is underpinned by evidence-based national safeguarding children statutory and best practice guidance from documents listed in the reference list.

6. Roles and Responsibilities

6.1 Organisational Responsibilities

Overall responsibility and accountability for safeguarding and protecting children lies with the Trust Board in accordance with the Children Act 2004.

- 6.1.1 The organisation has a duty of care under Section 11 of the Children Act 2004 to provide evidence of the following:
- That they can demonstrate that they are meeting their responsibilities to safeguard and promote the welfare of children in accordance with the Children Act 1989, as set out in Working Together to Safeguard Children 2013 and the Framework of Assessment of Children in Need 2004.
 - That they can demonstrate a clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children.
 - They can demonstrate clear Governance arrangements.
 - That they can demonstrate that service development takes into account the need to safeguard and promote the welfare of children and is informed, where appropriate by the views of children and families.
 - That there is a funded safeguarding children training strategy to ensure all staff at all levels receive relevant training that is linked to a core knowledge and competencies framework.

- That there are safe and robust recruitment procedures that help prevent unsuitable people from working with children. Those who are responsible for recruitment should have suitable training.
 - The Trust has a Policy and Procedure for the use of CRB Disclosure on Recruitment and Retention of Temporary and Permanent Staff. The purpose of the Disclosure service is to assess applicants' suitability for employment in positions where the jobholder has access to patients and data information relating to patients.
 - The Trust has a process in relation to the management of Allegations and Concerns of Abuse Made Against Staff Working with Children & Young People, which is congruent with the Statutory Guidance detailed in Working Together (2013) sections 6.32 - 6.42 and the LSCBN procedures 2010 Section 5.
 - That the organisation supports effective inter-agency working, following national and local guidance (Working Together to Safeguard Children 2013 and the Framework for Assessment of Children in Need 2004) and local practice guidance from the Local Safeguarding Children Board Northamptonshire (LSCBN).
 - That the organisation promotes effective information sharing, supported by national and local guidance and protocols.
- 6.1.2 Discharging section 11 duties will also take into account standards 1-11 of the National Service Framework (NSF) 2004, particularly standard 5, which specifically deals with safeguarding and promoting the welfare of children.

6.2 Professional Responsibilities

- 6.2.1 All professionals have a duty to safeguard children by recognising their potential vulnerability and needs, and ensuring children and young people's interests are represented at all levels of the organisational and clinical activity.
- 6.2.2 Children and young people can be identified as of particular vulnerability in a variety of settings and under a number of different circumstances, as follows:
- Disabled children (physical, emotional, learning disabilities etc.)
 - Sick children in hospital setting, hospice or a children's home
 - Children in families where domestic violence/abuse is present
 - Children in families where drug/alcohol use is affecting parenting
 - Children in families where parents/carers have mental health issues/learning difficulties/problems coping with parenthood
 - Children growing up with parents in prison
 - Children in families where the child is a "young carer" for parent/carer who are physically/mentally ill or disabled
 - Children who are primary carers of younger children
 - Children who seek asylum alone
 - Looked after children
 - Children placed for adoption
 - Young people in custodial settings
 - Children living in un-registered private fostering arrangements
 - Children who are bullied
 - Children of young/unsupported parents
 - Children living in poverty/poor housing
 - Children who regularly do not attend appointments (DNA)
 - Children who change address, school and/or carers frequently
 - Children who are disadvantaged on the grounds of race, religion or ethnicity
 - Children who are trafficked
 - Children whose first language is not English

- Children who are at risk of abuse or neglect from the impact of any of the above or for any other reason

6.2.3 It is imperative that all staff are able to:

- Recognise abuse or neglect
- Know where to access guidance, procedures, advice and support
- Understand the principles of information sharing when children are in need or at risk
- Refer to the appropriate agency within appropriate timescales
- When appropriate, contribute effectively to subsequent multi-agency working to protect children

6.2.4 The roles and responsibilities of all staff groups within the Trust regarding safeguarding children are outlined in the statutory guidance section of Working Together to Safeguard Children (2013), and all staff and managers should be aware and carry out those responsibilities.

6.3 Individual Responsibilities

All staff should work to promote children's rights as detailed in the articles of the UN Convention on the Rights of the Child 1989. This is congruent with the Human Rights Act 1998.

6.3.1 Chief Executive Officer

- Responsible for ensuring that the health contribution to safeguarding children and promoting their welfare is resourced and discharged effectively.

6.3.2 Board Members (Executive and Non-Executive)

- Consider the requirement of safeguarding children and promotion of their welfare in all activities related to their role.
- Maintain knowledge base through reports, bulletins, training and development sessions
- Have a continued awareness of current safeguarding children issues and Trust responsibilities and accountability.

6.3.3 Named Professionals

- Should have specific expertise in care of the unborn, children's health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children.
- The focus of the named professionals is safeguarding children within the Trust.
- Have a key role in promoting good practice within the Trust and provide advice and expertise for fellow professionals.
- Responsible for ensuring audits on safeguarding are undertaken, and safeguarding children issues are part of the Trust's Quality Assurance Framework.
- Provide expert opinion to CMTs upon request for the Trust's internal case reviews.
- Responsible for ensuring a safeguarding children strategy is in place.
- Responsible for ensuring that staff have access to relevant policies and procedures through the Trust intranet
- Provide clinical supervision upon request
- That on receipt of information about Missing Children and Families the Named Nurse ensures the appropriate IT checks are done and the information is disseminated to the A&E lead nurse and the Head of Midwifery to ensure they disseminate this information sensitively and in a timely manner within their practice areas, to increase the likelihood of identifying those children and families.
- Provide health information to agencies upon request and through the MASH (Multi Agency Safeguarding Hub).
- Datix incidents where safeguarding procedures have not been adhered to

6.3.4 Heads of Nursing/Midwifery, Clinical Leads, Senior/Operational Managers

- Ensure that safeguarding children and promoting their welfare is considered in all activity related to their role and included in development plans for their staff.

- Have a continued awareness of current safeguarding children issues, responsibilities and maintain knowledge base through reports, bulletins and attending training sessions.
- Ensure staff adhere to and complete the Deliberate Self Harm Pathway (DSH) and Interagency Referral to A&CS for all children under 18yrs who attend A&E with DSH.
- Ensure safeguarding children clauses are written into policies, procedures, contracts and job specifications in conjunction with the HR Department.
- Ensure the safe recruitment of staff in areas where their roles can influence vulnerable children in line with HR processes.
- Ensure that all staff are CRB checked to the appropriate level for their role and have access to safeguarding children training in their induction and thereafter as per the Trust's Training Strategy.
- Ensure all staff for which they are responsible are offered and receive training and supervision appropriate to their need.
- Ensure attendance at training and supervision are monitored and audited annually, contributing to the annual Safeguarding Children Report.
- Ensure safeguarding children information is cascaded to staff groups in a timely manner.
- Ensure that all staff have access to current policies, procedures and guidelines regarding safeguarding children.
- Ensure that they take immediate and appropriate action regarding any allegations against staff working with children from any source.
- Co-ordinate any safeguarding children audit and monitor action plans on behalf of their CMT and present findings according to the safeguarding children committee audit calendar.
- Know where to seek specialist advice and support when dealing with managerial issues such as complaints or incidents if there is a safeguarding children element.
- Encourage regular attendance at the Safeguarding Children Committee to inform the Safeguarding agenda and cascade information and effect changes in a timely manner.
- Ensure staff are performance managed regarding safeguarding children as part of the Knowledge and Skills Framework and competency framework.
- Staff are made aware of the Trust's Records Management Policy (available on the Intranet - policy No.IG/7).
- Staff have access to Information and Publications relating to safeguarding children.
- Safeguarding is included in the Care Quality Indicators for Nursing (CQIN) and identified issues escalated immediately for appropriate action.

6.3.5 Clinical staff (including contracted staff and those working with adults)

- Ensure attendance at safeguarding children training at the appropriate level for their role as outlined in the Trust's Training Strategy
- Ensure they have the knowledge and skills in order to recognise children's vulnerability and take appropriate action to promote the welfare of children, this includes completing the DSH Pathway.
- To be able to protect children by recognising abuse and neglect and make appropriate referrals to Adult and Children's Services (A&CS formerly CYPS and still overtly referred to as CYPS by staff), and where appropriate contribute to multi-agency activity in a child protection conference.
- To be aware of their own roles and responsibilities and recognise limits and boundaries to the role
- Ensure they are receiving safeguarding children supervision where necessary at the appropriate level for their role
- Ensure they have access to and are able to locate the LSCBN procedures, information sharing guidance and all other health agency guidance on safeguarding children and children in need.
- Ensure they have access to and can access Safeguarding Adults and Domestic Violence procedures. Where a referral is made regarding suspected abuse towards a vulnerable adult ensure due regard is given to children who may also be at risk and a referral made to A&CS.
- Ensure they access all up to date information re safeguarding children from the bulletins.
- To take part in audits and evaluations regarding safeguarding children
- To respect the laws of confidentiality, however in child protection circumstances confidentiality and its limits will be governed by the need to protect the child's welfare.

- The sharing of personal information about children and families held by them is not disclosed without the consent of the data subject. However, the law permits the disclosure of confidential information necessary to safeguard children in the public interest; i.e. the public interest in child protection may over-ride the public interest in maintaining confidentiality. (Data Protection Act 1998, Information Sharing Practitioner's Guide, 2006)
- Encourage engagement with children/young people wherever possible during consultation with patients, and consider their needs/wishes wherever possible, so the voice of the child is heard.

6.3.6 Non-Clinical staff

- Ensure they attend safeguarding children training at the appropriate level for their role as outlined in the Training Strategy.
- Ensure they have access to LSCBN procedures on safeguarding children and children in need, including policy and guidance on sharing information appropriately to safeguard children.
- To be able to recognise possible abuse and neglect, know who to seek guidance and support from and assist with making appropriate referrals to A&CS.
- To be aware of their own responsibilities and recognise the limits and boundaries to their role.
- To know where to access advice and support regarding safeguarding children.

7. Training and Professional Development

- 7.1.1 The Trust acknowledges that safeguarding children activity is often complex and stressful. In order to ensure staff have the level of knowledge required regarding safeguarding children, all staff should have their need for the appropriate level of safeguarding children training assessed, and line managers should ensure that all staff attend mandatory training and maintain training records. The training department record all staff who have attended training at all levels on the Trust's OLM training database, and produce monthly training data for each CMT to address compliance. These are discussed at the KGH safeguarding children committee.
- 7.1.2 All new staff to the Trust must attend safeguarding children training at induction at either level 1 or level 2 depending on their role within the organisation.
- 7.1.3 Level 1 training is mandatory for non-clinical staff who work in the healthcare setting, and requires an update every 3 years as a minimum. This is delivered using a DVD and supplementary leaflets on Safeguarding and Prevent awareness.
- 7.1.4 Level 2 training is mandatory for all clinical staff and non-clinical staff who have regular contact with children in any setting and requires an update every 3 years. This includes Prevent awareness.
- 7.1.5 Level 3 training is mandatory for all staff (including bank and agency staff) who work regularly and routinely with children, young people and parents. Staff groups who are required to undertake this level of training are clearly outlined in the Training Strategy. This requires an update every 3 years as a minimum. It is suggested that staff attend internal study one year, then attend free training through the LSCBN the following year on related subjects such as domestic violence, mental illness and the effect on parenting capacity etc. The prospectus for LSCBN training is available on the intranet safeguarding site.
- 7.1.6 The PREVENT Department of Health Training Programme is delivered to key staff groups including frontline staff working in A&E, MAU, PAU, Pastoral staff etc. This helps to raise awareness to ensure staff are able to identify the signs that someone may be potentially vulnerable to radicalisation; interpret this signs correctly; and access the relevant support through the appropriate referral channels.
- 7.1.7 Contracted staff must also access training keeping with the national guidance in the intercollegiate document, Roles and competencies for Health Care Staff, RCPCH (2010).
- 7.1.8 The Trust should ensure the Named Professionals receive training outlined in the RCPCH guidance (2010) and Working Together to Safeguard Children (2013).
- 7.1.9 The Safeguarding Board Lead and Trust Board members should access regular appropriate training to support their role.

- 7.1.10 The majority of the training is delivered in house by the Named Professionals. There are e-learning packages available for level 1, 2 and 3 and these can be accessed through the Training and Development Department. Level 3 training is available externally through the LSCBN which is free of charge. Staff who attend this training should advise the training department of their attendance in order for their competency to be recorded on OLM.
- 7.1.11 All health professions, irrespective of whether they are primarily working with adults or with children and young people, must be aware of their duty to recognise and act on concerns about suspected child abuse.
- 7.1.12 The Trust will ensure that child protection training programmes are reviewed and updated annually in line with current legislation to provide practitioners with skills appropriate to their needs.

8 The Trust Safeguarding Children Team

- 8.1 The Trust has a duty to ensure there is senior accountability for safeguarding children. This has been delegated to the Director of Nursing and Quality, who represents the Trust at the LSCBN Board meeting and chairs the internal safeguarding children committee.
- 8.2 The Trust has the responsibility to ensure there is a Named Nurse, Named Midwife, and Named Doctor for Child Protection in post, with clear lines of accountability to her/his line manager and to the countywide Designated Nurse / Doctor for Safeguarding Children.
- 8.3 Information in respect of contact details for the Trust's Named Professionals, and all other Health Trusts in Northamptonshire is available on the Trust intranet page, and a copy can be found in Appendix 1 of this policy document.
- 8.4 Out of normal working hours child protection advice is available from the paediatric consultant / middle grade doctor on-call within the Trust. Contact can be made via the main KGH switchboard 01536 492000. Advice and support can also be sought from the Clinical Site Managers, senior Paediatric nursing staff on Skylark Ward ext 2291/2292 or from A&CS Duty Worker 0300 126 1000 (press option 1) or the Out of Hours Team 01604 626938.
- 8.5 A documentation audit is undertaken across the Trust annually by the Named Professionals.
- 8.6 Information about Missing Children and families/ Children believed to be Sexual Exploited, is cross referenced with the IT system and circulated promptly to relevant staff for their information and action. Information received is forwarded to the Lead Nurse for A&E; and the Lead Midwife for Midwifery for their dissemination and appropriate action.
- 8.7 The Trust's Named Child Protection Professionals will present an annual report on child protection matters to the Trust Board, and regular updates as required.

9. Referrals to A&CS – Child Protection or Child in Need

- 9.1 All new 'safeguarding' (Section 47 and Section 17, Children Act 1989) referrals should be made by telephone to the Duty Social Worker of the centralized referral team (ICT). They will consider the information and prioritise the referrals. The most concerning referrals will be transferred to the Multi-Agency Safeguarding Hub (MASH), who will elicit more information from other agencies in a timely manner. A professionals meeting is held in MASH between the Social Worker, Police and Health Representative. They will make a decision as to what further action (if any) is required and will refer the child protection cases to the Joint Child Protection Team (JCPT) for a strategy meeting. Referrals that need to be made outside of normal working hours should be directed to the Duty Officer of the Out of Hours Team (appendix 1). This information is available on the Trust Intranet page and it is highlighted at all training sessions.

- 9.2 Telephone referrals must be followed up in writing within 24 hours using the interagency A&CS standard referral form - this was previously known as the NACPC1 form (see the new referral form appendix 2). This form also needs to be forwarded to the Safeguarding Office. The interagency form is available electronically and should be completed and emailed to ICT when IT systems are available. In the meantime, fax the referral to the numbers at the top of the page in line with the Trust faxing procedures.
- 9.3 Northamptonshire County Council's A&CS has a statutory duty to make or cause to be made, enquiries where circumstances indicate that a child is suffering or likely to suffer significant harm (Children Act 1989, Section 47).
- 9.4 All Agencies, including Kettering General Hospital NHS Foundation Trust, have a statutory duty, identified in Section 11 of the Children Act (2004) to assist and provide information in support of such child protection enquiries.
- 9.5 Where the outcome of enquiries result in a child protection conference, all agencies must ensure attendance at a conference when invited. Should an invited professional be unable to attend, every effort to send a suitable representative should be made. If this is not possible apologies must be communicated. It is important that, whether attending or not, a report is sent in advance of the scheduled conference, where appropriate and in accordance with the LSCBN 2010 procedures.
- 9.6 Where the referral is in respect of a child accommodated or residing outside the area covered by the Trust, the referral must be made to the relevant A&CS department in the area in which the child resides. In these cases the ICT duty worker can signpost you in the right direction. A copy of the referral must also be made to the Safeguarding Named Nurse for monitoring purposes.
- 9.7 Parents and where appropriate, children and young people should be informed when a referral is made to the A&CS. They should also be made aware of the content of any report. However, there may be some circumstances where these referrals are made without client knowledge for example: if the child may be put at increased risk; if there are immediate risks to the practitioner making the referral, or in circumstances where either sexual abuse or fabricated or induced illness is suspected and the perpetrator is not verified.
- 9.8 All new 'child in need' referrals (Section 17, Children Act 1989) also need to be referred using the interagency referral form (appendix 2). For referrals about a child in need it is important to discuss your concerns with the child/family, and stress to them that you want to refer them for support. You will need to obtain their consent prior to sharing information with A&CS, unless you have reason to believe that the child will be at risk of significant harm if you do not share this information. If you have concerns for the safety of the child then a referral will need to be made without the consent of the child/family. Your reasons for referring without consent will need to be documented clearly in the records. If you are unsure of what to do then seek further advice. Consent is obligatory for 'child in need' referrals. A&CS may consider a Common Assessment Framework (CAF) may be the best course of action, whereby key professionals will work with the child and family over a period of time to improve situations and support families. The number of CAFs are likely to increase in the future as A&CS will concentrate on the Tier 4 cases. (Integrated Working Procedures 2013)
- 9.9 In these circumstances the social worker needs to be informed about the parental level of knowledge in respect of the referral. This also needs to be clearly written on the interagency referral form.
- 9.10 A copy of the referral must be retained in the patient's records. A copy of the referral also needs to be forwarded (for information/data collection) to the Named Nurse within 24-hours (see appendix 1 for address). Referrals are requested to be sent electronically via email to ICT and the safeguarding box. Faxing referrals is to be phased out as and when staff have the facility to email/scan referrals in accordance with IG arrangements. It is the responsibility of the referrer to ensure that they are satisfied with the response from A&CS, to ensure the child has been safeguarded. The outcome of the referral should be documented in the patient's records. If you are not satisfied with the response see section 9.13

- 9.11 All child protection concerns should be discussed with a line manager, Matron, named or designated child protection professional. All allegations or disclosures of abuse or neglect must be treated seriously and reported to A&CS through the ICT.
- 9.12 It is important that any information recorded, and/or reported is current, timely, legible, factual and not based on opinion or conjecture.
- 9.13 If staff are not satisfied with the response to a referral or where staff have concerns about a child being at risk of significant harm but feel their concerns are not being taken seriously, they should seek advice and support regarding their concerns from other sources. This includes escalation to a more senior social care colleague. If appropriate, the LSCBN policy in relation to professional disagreements should be applied (LSCBN 2010).
- 9.14 When staff are not satisfied with the advice given by the Trusts' Named Professionals, they should pursue the following options.
- Discuss with their line manager or supervisor.
 - Seek advice from the Named Professionals working in other local health trusts (contact details available on intranet and Appendix 1).
 - Seek advice from the Designated Professionals (Appendix 1)
 - Seek advice from the A&CS Team (See Appendix 1).
- 9.15 The Safeguarding and Quality Assurance Service (SQAS) has an overview of child protection activity within the county. Staff wishing to establish whether a child or family are already known to local A&CS or whether a child or his/her sibling(s) have a child protection plan, they can contact SQAS as follows: -

Office hours - 01604 654040
Out of hours - 01604 626938

You should always follow up on your concerns, regardless of whether the family is known to A&CS already or not.

10. Documentation and Communication

- 10.1 Information sharing and recording of information will comply at all times with the Trust policies and professional codes of conduct relating to Confidentiality, Data Protection Act (1998), Access to Health Records Policy (2013), Human Rights Act (1998) and Information Sharing: Practitioners Guide (2006)
- 10.2 Trust staff will be made aware of the current countywide child protection / safeguarding documentation, and be confident in their ability to use it. This will be achieved through a robust induction programme for all staff and regular updating.
- 10.3 Where possible Trust staff should be working on the 'one set record' only philosophy, as recommended by Lord Laming, Victoria Climbié Inquiry 2003. All information exchanged or shared with other agencies will be documented in the clinical records.
- 10.4 Written records must be kept, fully documenting any concerns, allegations or disclosures of abuse, noting dates, times and incidents. Any discussions with parents, managers, A&CS or other agencies/professionals must be documented. A&CS should respond to the referrer in writing and copy the Named Nurse into the correspondence in order for the outcome to be recorded on the database and Medway to close the loop. Staff are requested to forward outcome correspondence to the Named Nurse to ensure a copy is filed in the patient's notes with the interagency referral form.

- 10.5 Staff should listen carefully to any child who discloses abuse and record any information obtained from an interview with a child immediately in the child's health record. Staff must not promise confidentiality in respect of such information or attempt to interrogate the child for more information.
- 10.6 Practitioners will know how to contact their Named Child Protection Professionals (Appendix 1), within the Trust for advice and support on child protection issues. This will be achieved through a robust induction programme and ongoing training, provided by the Trust and the LSCBN.

11. Transfer of records to police in criminal investigations

- 11.1 In the event of a child death or serious assault, Northamptonshire Police may request the child's and family members' health records to assist them in their enquiries (appendix 3).

The process to be followed is –

- 11.1.1 Prior to collection, the police will telephone the Medical Records Department to make the request for copy records. The records required will be identified and a date and time for collection negotiated (within 2 working days).
- 11.1.2 The police will need to provide written confirmation that consent has been granted by the child or person with parental responsibility for the child. In the absence of consent the investigating officer should complete a Section 29 form stating the reason for the request. This consent/Section 29 form should remain with the original records.
- 11.1.3 Following this request the records should be photocopied. The copy of the records will be handed to the police and the original retained by medical records. If the records are to be secured/locked down, then the records will be retained by the Quality Governance Department. Should the police have previously specified that they require the originals, you will retain the photocopy and hand them the original records, but this will be under exceptional circumstances.
- 11.1.4 The date and time the records are handed to the police should be entered on both the copy and the original under the last entry and signed by both parties.
- 11.1.5 When the police have completed their investigation and are finished with the photo-copied records, they will: -
- Destroy them if there is no further action.
 - Retain them in a secure place with other documentation relating to the enquiry if a prosecution is to take place. Following the prosecution the records will be kept for the same period as the associated police records.
- 11.1.6 If the police have removed the original records, they will be returned to the Clinical Risk Manager, in the Quality Governance Department, KGH and a receipt will be given/sent to the returning police officer.

12. Risk Management and Incident Reporting

- 12.1 Clinical incidents should be reported according to the Trust's Incident and near miss policy, this includes guidance relating to serious untoward incidents.
- 12.2 All KGH staff will apply the Trust Risk Management strategy (R90)

13. Child Abuse Allegations against a member of staff

- 13.1 Members of KGH staff who need to raise issues of concern regarding possible child abuse by a member of Trust staff should report their concern to the Trust's Named Senior Officer: Lead Director for Safeguarding Children. The named senior officer will call on the support of the Named or Designated Nurse for Child Protection, as appropriate and necessary within the context of their investigation. If the Trust's Named Senior Officer is not available then the Local Authority Designated Officer (LADO) should be contacted. Staff should follow the guidance of Section of the Northamptonshire Inter-Agency Child Protection Procedures 2010.
- 13.2 Members of staff from other agencies who need to raise concerns should follow the procedure laid down in the Northamptonshire Inter-Agency Child Protection Procedures 2010.
- 13.3 Allegations relating to other contracted staff should be reported to the Named Senior Officer who will report it to the agency concerned.
- 13.4 If trust staff have concerns regarding possible child abuse by a member of staff from another agency, they should contact the Named Senior Officer, who will report the matter immediately to the Named Senior Officer or Designated Officer for Child Protection within that agency.
- 13.5 Patients or members of the public who have concerns regarding possible child abuse by a member of the Trust staff or a contractor, should contact the Trust's Deputy Director of Nursing and Quality, who will immediately report the concern to the Trust's Named Senior Officer: Lead Director for Safeguarding Children. The named senior officer will call on the support of the Named or Designated Nurse for Child Protection, as appropriate and necessary within the context of their investigation. If the Trust's Named Senior Officer is not available then the Local Authority Designated Officer (LADO) should be contacted. Staff should follow the guidance of Section 5 of the LSCBN procedures 2010. In relation to independent Contractors the complaints procedure should be followed. Additionally, they should inform A&CS or the Police Child Protection Unit (see Appendix 1 for contact details) if they consider that a child is at risk of harm.
- 13.6 See also the LSCBN procedures 2010, Section 5 and Section Working Together to Safeguard Children.

14. Serious Case Reviews (SCR)

- 14.1 All staff working with children and young people must be aware of the following procedure, directed by the Working Together (2013 Chapter 8) statutory guidance.
- 14.2 When a child dies (including death by suspected suicide), **and** abuse or neglect is known or suspected to be a factor in the death, the LSCBN will consider if a SCR is required into the involvement of organisations and professionals in the lives of the child(ren) and family. The prime purpose of a SCR is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. The lessons learned should be disseminated effectively, and the recommendations should be implemented in a timely manner. This will be done through the Safeguarding Children Committee at KGH. A SCR should be strongly considered under the following circumstances:
- A child sustains a potentially life threatening injury or serious and permanent impairment of physical and/or mental health and development through abuse or neglect
 - A child has been seriously harmed as a result of being subjected to sexual abuse
 - A parent has been murdered and a domestic homicide review is being initiated under the Domestic Violence Act 2004
 - A child has been seriously harmed following a violent assault perpetrated by another child or an adult
- 14.3 The Trust must ensure that staff are given sufficient time, clerical and emotional support to complete the individual management reviews (IMR), given the tight timescales and significant amount of investigative work involved for submission of information.

- 14.4 All child deaths follow the Sudden Unexpected Death Investigation (SUDI) process at KGH, and this process is supported by the Reporting and Investigation of Serious Incidents requiring investigation policy (SIRI). The completed forms are forwarded to the Northamptonshire Child Death Overview Panel (CDOP) for further scrutiny to determine if a SCR is considered to be necessary. The CDOP has an overview of all child deaths (under 18years of age) across the county and looks for trends and lessons to be learned by organisations.

15. Child Mapping Exercise

- 15.1 Where the LSCBN do not consider the case meets the requirements for a SCR, further investigation into the case can be done through a Case Mapping Exercise. This is a multi-agency piece of work conducted through several meetings to elicit information from agencies; determine what went well/otherwise; what learning there is and future actions required.

16. Audit and Evaluation

- 16.1 Safeguarding training is to be discussed and documented at annual appraisals, as identified within each staff members KSF.
- 16.2 The content of all Safeguarding Children training provided within the Trust will be reviewed and updated annually.
- 16.3 The Quality Governance Department, and the Trust's Safeguarding Children Committee will actively ensure the implementation of relevant recommendations from Serious Case Reviews, within the Trust's services.

16. Reference Documents and Web Links

DoH (2011), Building Partnerships, Staying Safe, prevent@dh.gsi.gov.uk

DoH (2006), Responding to Domestic Abuse: A handbook for health professionals, London
www.dh.gov.uk/prodconsumdh/groups/dhdigitalassets/@dh?@en/documents/digitalassest/dh412661_9.pdf

DoH (2006), What to do if you are worried a child is being abused, HMSO, London
www.dcsf.gov.uk/everychildmatters/download/?id=760
<http://www.dh.gov.uk/safeguardingchildren/index.htm>

DoH (2004), Every Child Matters, HMSO, London
www.everychildmatters.gov.uk/resources-and-practice/IG00042/

DoH (2004), Framework for Assessment of Children in Need and their families:
<http://www.dh.gov.uk/scq/qualitycp.htm>

DoH (2004), NSF for Children, Young People and Maternity Services, HMSO, London
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH4089101

HM Government (2013), Working Together to Safeguard Children, HMSO, London:
<http://www.dh.gov.uk/quality5.htm>

HMG (2008), Safeguarding Children in whom illness is fabricated or induced, DCSF, Nottingham

HMG (2007), Statutory Guidance under S11 of the Children Act, HMSO, London
www.everychildmatters.gov.uk/resources-and-practice/IG00042/

HMG (2006), Information Sharing: Guidance for Practitioners and Managers, DCSF, London

HMG (1998), Data Protection Act:
<http://www.hmsso.gov.uk/acts/acts1998/19980029.htm>

Human Rights Act (1998)

Intercollegiate Document (2010), Roles and Competencies of Health Care Staff, RCPCH

KGH (2012) Allegations a Member of Staff may have harmed a Child B.5.3

KGH (2012) Management Policy IG/7

KGH (2012) Reporting and Investigation of Serious Incident Requiring Investigation SO1

KGH (2012), Risk Management Policy R90 KGH (2012), Records

KGH (2010) Safeguarding Adults Policy S10 KGH (2009)

KGH (2009) Sudden Unexpected Death of an Infant or Child 0051 Policy

KGH (2009) Confidentiality Policy C40

Laming (2003), Victoria Climbié Inquiry, HMSO, London:
<http://www.victoria-climbié-inquiry.org.uk>

Local Safeguarding Childrens' Board Northamptonshire (2010) Interagency Child Protection Procedures,

<http://www.proceduresonline.com/northamptonshire/scb/>

NCC (2013), Integrated Working Procedures for Practitioners and Managers

NICE (2009) When to suspect child maltreatment

www.nice.org.uk/nicemedia/pdf/CG89FullGuideline.pdf

Sudden unexpected death in infancy www.rcpath.org

The Children Act 1989:

www.opsi.gov.uk/acts/acts1989/ukpga19890041en1

The Children Act 2004:

www.opsi.gov.uk/acts2004/ukpga_20040031_en_1

'UN Convention On The Rights Of The Child 1989'

<http://www.unicef.org.uk/store/downloads/D21FE68C-1A06-4CF8-82EB-4D69149C5CE1/UNCRC.pdf>

of 'Human Rights Act 1998'

www.dcsf.gov.uk/ecm/informationsharing

17. Process for the implementation and dissemination of this Policy

This policy will be implemented and disseminated via the following methods:

- The Safeguarding Children Internal Committee
- Heads of Nursing/Midwifery, Matrons and Associate Medical Directors to raise within their respective Clinical Management Teams
- The policy will be placed on the hospital intranet site
- The policy will be referred to at all safeguarding children training sessions

18. Monitoring of this policy

This policy will be monitored by the Internal Safeguarding Children Committee, and ratified by the Quality Governance Committee.

Safeguarding Children Contacts – February 2013

Cathy Sheehan– NHS Northamptonshire Designated Nurse Countywide 01604 651711 / 07917 214141 Dr James Burden – NHS Northamptonshire Named Doctor – 07827 969101 Dr Robert Finch - Designated Doctor for Looked After Children 01536 494707, 07557 191289		
Kettering General Hospital Foundation Trust (KGH) Dr Collin Royed Named Doctor 01536 491208 Karen McMahon Named Nurse 01536 492372 07515 189905 Eilish Kennedy Named Midwife 01536 493689/492895 Katy Scarr/Michelle Percival Lead Midwives, Safeguarding 01536 493689/492946 Donna Prowse Social Worker-KGH/NGH 101 x 346621 Mobile: 07872421680 Named Manager - Allegations against staff - Director of Nursing Clare Culpin 01536 492477	Northamptonshire Healthcare Foundation Trust (NHFT) Consultation Line Mon - Fri 9am-5pm 07795 110355 Safeguarding Team Office 01933 235357 Consultation Line – Mon - Fri 9am-5pm 07795 110355 Nuala Waide Head of Safeguarding 07747 480694 Val King Designated Nurse LAC 01604 657728, 07766 258391 Jan Forrester Named Nurse 07775 940168 Vacant - Children's Safeguarding Nurse 07717 856409 Alison Fairbairn Named Liaison Lead 01536 492139, 07717 009994 Dr Sachin Sankar 01604 593298 Named Manager - Allegations against staff Nuala Waide 07747 480694 Other Health Contacts Jane Napier for Dental Practitioner Enquiries – 01604 651742 Mary Stanley, Lead Nurse NHS Direct East Midlands – 0115 948 9320 Carol Dudley, St Andrews Healthcare – 01604 614347 Mark Gregory, East Midlands Ambulance Service NHS Trust–01604 674206	Northampton General Hospital NHS Trust (NGH) Dr Michelle Dominic Named Doctor 01604 634700 Julie Quincey Named Nurse 01604 544522 07545419409 Safeguarding Children's Adviser 01604 544673 07887566687 01604 544656 07879473402 Jackie Clarke Named Midwife 077486 46182 Safeguarding Midwifery Team 01604 544225 Named Manager - Allegations against staff Julie Quincey 07545419409
Child Death Review Service – Michelle Dominic, Lead Paediatrician 07887 566701 Lisa Walsh, Child Death Review Co-ordinator 01604 651725 Child Abuse Investigation Unit – 03000 111222 The Safeguarding Quality Assurance Service (SQAS) 01604 654040 (previously Northamptonshire Review & Conference Service) Medical Assessment Service - On Call Paediatrician - 01604 544525		
Adults & Children's Services Central Referral Team. Tel 0300 126 1000 (option 1) Fax 0300 126 8900		8am – 6pm Monday – Friday Out of Hours 01604 626938

Appendix 2 LSCBN 2012

**REFERRAL BY ALL AGENCIES TO
Adult and Children's Service, Safeguarding Children's Services
For children in need of family support and/or in need of protection**

Before completing this referral please can you confirm whether you have completed a Common Assessment: Yes ☐ No ☐

- If 'No' please give reason why not:
- If 'Yes' please attach CAF to this form

Referral Information:

- Please complete ALL sections and include ALL relevant information (including info shared on telephone).
- If you don't know please say so.
- Completing the form as fully as possible will enable the referral team to make informed decisions regarding the next course of action.
- The form could be returned to referrer if insufficient information is provided.
- The referral will become an integral part of any Initial Assessment (which should take 7 working days).

If the concern needs an urgent response, or if you need advice, a telephone referral should be made in the first instance (0300 126 1000) and this form sent as confirmation

Telephone ref made: Yes ☐ No ☐ If Yes, please state: Date: Time:

Social Worker:

Form completed by: Designation/Agency:
Address: Designated Person: Yes ☐ No ☐
Email: Telephone No:
Fax No:

THIS REFERRAL IS ABOUT (child's full name)		Date of Birth				
Also known as				Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Ethnicity			Religion			
Current Address i.e. where child is living				Telephone Number		
Home Address (if different from above)				Telephone Number		
School			Telephone No			
GP			Telephone No			
Names of others in household where child is living	DOB	Ethnicity	Religion	Relationship to subject child	Parental responsibility held	Also referred
					Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
					Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
					Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
					Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
					Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
					Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Names/Addresses/Tel No's of significant others	Ethnicity	Religion	Relationship to subject child	Parental responsibility held	Also referred	
				Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	

Special communication/language needs:
Other agencies/disciplines involved – please detail
Safety: Are there any issues regarding worker safety that should be taken into account in planning a response?
<ul style="list-style-type: none"> Please use the following headings, include ALL relevant information – continue on separate sheet if necessary Please limit attachments to those you consider to be essential to the assessment process. If you don't know please say so <ol style="list-style-type: none"> 1) What is the reason for making this referral now – please state this clearly at the outset 2) Child's health / Education – include info on concerns, special needs, progress and stability in school 3) Parent and Environmental factors 4) Assessment of immediate level and seriousness of risk 5) What action has already been taken / Your continuing involvement 6) What are you expecting from this referral <p>The critical factors to be taken into account, when deciding whether a child is in need, are what will happen to a child's health or development without services and the likely effect the services will have on the child's standard of health and development. (Please continue on separate sheet if necessary)</p>
Professionals must discuss their concerns about a child with the family, <u>unless doing so might place the child at risk of significant harm</u> . Please discuss any concerns you might have regarding this with the Initial Contacts Team.
Are the parents aware of this referral: Yes <input type="checkbox"/> No <input type="checkbox"/>
If No please give reasons why not:
<div style="display: flex; justify-content: space-between;"> Signature of Referrer: Date: </div>

- Referrers will be notified of outcome following completion of the initial assessment
- Referrers should contact Initial Contacts Team if no outcome received

The expectation is that completed referrals should be emailed to

cypsnccinitialcontact@northamptonshire.gcsx.gov.uk

**Address: Initial Contact Team, Adult and Children's Services, Safeguarding and Children's Services
2nd Floor, John Dryden House, 8-10 The Lakes, Northampton NN4 7YD
(If you are unable to email, please fax referral to 0300 126 8900 AND 01536 491237)**

Tel No: 0300 126 1000 (please select Option 1)

**Please also email a copy of the completed referral to the KGH safeguarding Office
childsafeguarding@kgg.nhs.uk – also please telephone CYPS on 0300 126 1000 (select option 1) to
confirm email receipt**

NORTHAMPTONSHIRE POLICE

Data Protection implications must be considered **before** information is disclosed or transferred and all requests for information must be documented.

Page 19 of 23

Purpose <ul style="list-style-type: none"> To assist with an assessment of risk Yes/No To include in a report to court Yes/No Other – please provide details: 		
Has consent to this request for disclosure of information been obtained from the individual concerned? Yes/No		
Any other supporting information:- <div style="border-top: 1px dotted black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dotted black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dotted black; height: 10px; margin-top: 5px;"></div>		
Person Requesting Information: (This is the named individual requesting the information, who has the responsibility for using the information received in accordance with the aforementioned principles). Print Name: Position: Signed: Date: Contact Tel No: Date Required by: Secure Fax number for receipt of information:		
Authorising Signature: Print Name: Position: Signed: Date:		
<div style="display: flex; justify-content: space-between;"> For completion by Northamptonshire Police Our ref: </div> Information Disclosed: <div style="display: flex; justify-content: space-between;"> Supervisor/Designate Officer approval: Approval required <input type="checkbox"/> Approval not required <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Name: Position: Signature: </div> <p>Details of individual disclosing information: (This is the named individual who is authorised to disclose the information in accordance with the stated purpose and with due regard to the Data Protection Principles)</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Name: Position: Signature: </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Contact Tel No: Email: Date </div>		

Appendix 4

Checklist

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes! No! Unsure	Comments & Comment Author
1.	Title		
	Is the title clear and unambiguous?	Yes	
	If the document has been updated, has the title been changed?	No	Document being updated following production of Working Together 2010 and Local Safeguarding Children's Board Interagency Procedures 2010
	Is it clear whether the document is a guideline, policy, protocol, procedure or guideline?	Yes	Policy
2.	Rationale		
	Are reasons for development of the document stated?	Yes	In policy statement
3.	Development Process		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders, users, patients, public, voluntary groups or other Trusts or organisations?	Yes	Health Human Resources Users PCT colleagues A&CS colleagues
4.	Content		
	Is the content of the document clear?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		

	Title of document being reviewed:	Yes! No! Unsure	Comments & Comment Author
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	Safeguarding Children Committee
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	Human Resources have been involved in process of updating the policy
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	Document included in all safeguarding children training
8.	Document Control		
	Does the document identify where it will be held?	Yes	Intranet
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards ^{or} KPIs to support the monitoring of compliance with and effectiveness of the document?		Markers of Good Practice Annual Review by Commissioners, NSF (2004)
	Has a method of monitoring been agreed with timescales?	Yes	Review 2013 or more frequently if required
	Is there a plan to review or audit compliance with the document?	Yes	Review 2013 or more frequently if required
10.	Review Date		
	Is the review date identified?	Yes	November 2012
	Is the frequency of review identified? If so is it acceptable?	Yes	

	Title of document being reviewed:	Yes! No! Unsure	Comments & Comment Author
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?	Yes	Karen McMahon via the Safeguarding Children Committee
12.	Has it been diversity impacted including the completion of the assessment tool?	Yes	