Foundation Sykes Samantha Trust

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Developed by:	SSFT Chair and Trustee with safeguarding understanding and significant experience

Leads	SSFT Chair
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Policy and Procedures on the Protection, Safeguarding and Promoting the Welfare of Children.

1. Introduction

Mission Statement Samantha Sykes Foundation Trust (SSFT):

The advancement of the health, for victims of child sexual exploitation who are below, and including, the age of 25, supporting the work of specialist services who promote activities, which have a proven beneficial effect on health & well-being and advancement of education for the public benefit of young people, below the age of 25, from the care system

To support looked-after children and care leavers to access further and higher education through the provision of funds for equipment, services, support or any other function which will help them to attain their full potential.

Our values are very important to us; and we know that the attitudes of our Trustee's volunteers and those who work on behalf of the Samantha Sykes Foundation Trust (SS-FT) can have a huge impact on the quality of care we provide.

Equality and diversity are at the heart of SSFT values and throughout the development of this policy we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share relevant protected characteristics. This policy will not discriminate, either directly or indirectly.

PLEASE NOTE; For the purpose of this document the generic term 'Young Person' will be adopted to describe someone up to the age of 25.

2. Purpose and Scope of this policy

This Policy is designed to support Trustees, volunteers and anyone who carries out work on behalf of SSFT, whatever their role in the organisation and to work in partnership and fulfil their legal duty to safeguard and promote the welfare of children.

The Trust lead for safeguarding children and vulnerable adults, ensures that safeguarding is a standing item on all Trustee meetings.

2.1 Charitable organisations have an overall duty to:

- Take all reasonable measures to ensure that they minimise risk of harm to the welfare of children.
- Take appropriate action when there are child protection concerns, by or working to agreed local policies and procedures, in full partnership with other agencies.
- To work together where appropriate with schools and children's social services, supporting and safeguarding vulnerable, looked after and adopted children, through a joined-up approach addressing their needs.

- This policy addresses how the needs of children should be routinely considered within the work undertaken by SSFT.

- This Policy addresses how we can comply with local Safeguarding Children Boards Procedures that are for all agencies to follow and work in partnership towards.

https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees

Local Authority Children's Services have key legal powers to protect children, however government legislation and guidance spells out that all agencies, including Registered Charities work effectively to safeguard children and adults at risk of harm or abuse in a pro-active way. This is set out in the statutory guidance that accompanies the Children Act 1989; 2004, entitled '*Working Together to Safeguard Children – a guide to inter-agency working together to safeguard and promote the welfare of children', (HM Government 2018).* In addition, *'Working Together to Safeguard Children -A guide to multi-agency working to help, protect and promote the welfare of children', (HM Government 2023).*

2.2 Children and Young People affected by this Policy

The Policy applies to the following:

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

2.3 Development Process

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

3. Definition of Safeguarding Children and Child Protection

Working together to Safeguard Children 2023 states that safeguarding and promoting the welfare of children means the process of:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home including online

- preventing impairment of children's mental and physical health or development and ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework

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

4. Duties

4.1 Legal Duties of Samantha Sykes Foundation Trust to Keep Children Safe and Promote their Welfare

Legal Duties under the Children Act 1989 and 2004

The Principles of the Children Act 1989 are:

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

Other key sections of the Act are:

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

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

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

- Section 47 of the Children Act 1989 places a duty on any Registered Charity (and other bodies) to help a local authority with its enquires where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm, unless doing so would be unreasonable in all the circumstances of the case.

PREVENT/ CONTEST

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

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

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

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

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

- Information can be obtained regarding Prevent on:

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

Vetting and Barring

- SSFT ensure that therapist and counsellors working directly with children on behalf of the charity i.e. self-employed therapists, have undergone appropriate Disclosure and Barring Service checks where relevant.

LADO

- Appendix 3, point 15.

4.2 All Trustee's, volunteers and those working on behalf of SSFT may play a role in relation to safeguarding and promoting the welfare of children in one or more of the following ways:

- identifying children who are being, or have been abused or neglected
- making referrals to Children's' Services if a child is in need of support or protection
- contributing to Section 47 child protection enquiries and child protection conferences and reviews
- contributing and providing information for pre-birth assessments this may include information of a historical nature and require professional opinion and analysis
- providing information for other agencies and courts where necessary
- treating children who are being, or have been abused or neglected

- supporting parents to care for their children and keep them safe
- identifying when the impact of a client's mental illness or substance misuse is impairing their child's health and development and taking action to safeguard the child
- contributing to multi-agency assessments of children and their families
- liaising with other services for children (for example, health visitors, school nurses, GP's)
- treating or working with adults who have been a subject of child abuse
- accessing safeguarding supervision

4.3 The Chair of the Board of Trustee's

The Chair of the Board of Trustee's is SSFT's lead for Safeguarding Children

It is imperative that 'safeguarding children and adults at risk lies at the heart of everything we do.'

The Chair of the Board of Trustees will assume responsibility for any connectivity to local safeguarding networks as appropriate.

Trustee's, volunteers and those carrying our work on behalf of SST can contact the Chair of the Trustee Board to help with;

- Thinking about information gathering, record keeping, risk assessments etc.
- Decisions about making referrals to Local Authority Children's Services.
- Preparing reports for and attending child protection meetings.
- Reporting attendance at conferences etc.
- Preparing a chronology for court reports, serious case reviews, child protection meetings etc.
- Their role when service users are involved in any type of court proceedings regarding children.
- Planning for pregnant women and male clients who have a pregnant partner.
- Any other issue staff wish to explore regarding children.
- Issues where staff are unhappy with clinical / practice decisions to safeguard a child.
- Where staff are concerned that the abuse or neglect is linked to poor practice within SSFT, this can be reported to the Chair of the Trustee's.

4.8 All Trustee's, volunteers and those undertaking work on behalf of SSFT

It is the responsibility of all Trustee's, volunteers and those undertaking work on behalf of SSFT to;

- know who and how to contact the key safeguarding professionals to seek advice around safeguarding children's issues

5. Principles

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

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

6. Equality Impact Assessment

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

7. Dissemination and Implementation Arrangements (including training)

This policy will support and enhance the established Local Safeguarding Board Child Protection Procedures and be promoted within Trustee meetings as appropriate.

7.1 Training

All persons working directly with children and young people on behalf of SSFT, will be expected to have Safeguarding Children training level 3, as a minimum requirement every 3 years.

7.3 Supporting Staff

The issues that arise in child protection cases are often complex and challenging; in acknowledging this SSFT will provide support for all staff and volunteers where required.

8. Process for Monitoring Compliance and Effectiveness

An audit record of any advice or direction provided by SSFT will be maintained in line with GDPR requirements.

9. Ratification Process

This document will be ratified by the Board of Trustee's.

10. Review and Revision Arrangements

This policy will be reviewed in 2022 or in light of National or Local Guidance or Policy development.

11. Version control

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

12. References

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West Yorkshire Consortium Safeguarding Children Boards Procedures 2018 and Barnsley Safeguarding Procedures (2018)
University of Bedfordshire 2017, Contextual Safeguarding; An overview of the operational, strategic and conceptual framework. Firmin, C.
Home Office 2018, Criminal exploitation of children and vulnerable adults: County Lines Guidance

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

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

Local Safeguarding Children Boards Procedures when outside West Yorkshire and Barnsley (Available via the safeguarding children page on the internet

The protocol for the prevention of abuse to vulnerable adults

Guidelines for dealing with domestic violence

Relevant professional body Code of Conduct

Appendix 1:

Definition of Abuse (Children)

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bulling, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

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

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers);
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Staff also need to be aware of vulnerable groups such as those with disabilities, children living away from home, asylum seekers, children and young people in hospital, children

in contact with the youth justice system, victims of domestic abuse and those vulnerable due to religion, ethnicity etc. and those who may be exposed to violent extremism.

Appendix 2

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

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

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

Effective Early help relies upon local agencies working together.

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

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

Key benefits of the Early Help Assessment (EHA):

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

Appendix 3

Compliance with West Yorkshire Consortium & Barnsley Safeguarding Children Boards Procedures

1. Introduction

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

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

3. SSFT Trustee's, volunteers and those working on behalf of SST must familiarise themselves with West Yorkshire Consortium and Barnsley Safeguarding Children Boards Procedures and comply with them. A link can be found on the Safeguarding Children page.

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

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

Please contact the Chair of the Board of Trustee's for further information

5. Involvement in Formal Child Protection Processes

SS-FT volunteers, Trustee's and those providing direct interventions on behalf of SS-FT, have a role in the safeguarding and protection of children which may include:

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

6. Making a Request for Service into Children's Services

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

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

In making a child protection request for service, staff are identifying a child or children as being at risk of significant harm this in essence is an incident and should be logged on the SS-FT incident log.

Referrals should be made in line with the local authority guidelines and followed up in writing within 24 hours of initial phone call.

Children's Service's should acknowledge referrals as per their policy.

CHILD PROTECTION EMERGENCIES (SEE APPENDIX 4)

7. Record Keeping

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

- risk assessment

- needs assessment
- contingency plans
- incident reporting forms

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

SS-FT volunteers, Trustee's and those providing direct interventions on behalf of SS-FT who are dealing with cases where there is a child/children at risk, must keep full factual records of what is said by all parties, details of all findings and observations, this should include some analysis of the risk. Telephone conversations must also be recorded.

8. Information Sharing

It is recognised that information sharing can be a contentious issue and that SS-FT representatives can feel constrained from sharing information by their uncertainty about when they can do so lawfully. It is best practice to discuss concerns with client's of any intention to share information unless by doing so there would be increased risk to a child or children. Legally, SS-FT and its representatives, can share confidential information with the client's consent and if the information is in the public interest it can be shared without the client's consent.

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

Practitioners should use their judgement when making decisions about what information to share, and should follow national guidance. If in doubt refer to the Chair of the Trustee Board. The most important consideration is whether sharing information is likely to support the safeguarding and protection of a child.

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

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

The guidance document is:

- Information sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015).

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

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

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

9. Child protection concerns must always override:

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

SS-FT volunteers, Trustee's and those providing direct intervention on behalf of SS-FT, may also be directed by the court to provide written reports in a range of court proceedings involving children. Please notify the Chair of the Board of Trustee's.

10. Children Who Live outside the SSFT Area

If a child who is the subject of concern does not live within the boundaries of the charity's work, the person concerned should contact the relevant Children's Services Department in the area where the child resides.

11. Out of Hours Child Protection Concerns

If a volunteer, Trustee or any person working on behalf of SS-FT needs to make an out of hour's child protection referral you should contact the Emergency Duty Team (EDT) for the relevant area. In the event of the EDT worker being unavailable and the situation being urgent staff should call the police.

You should discuss this with the Chair of the Board of Trustee's (this can be done following the referral process if to do so prior to the referral being made, would delay the protection of a child).

12. Child Protection Conferences and Meetings

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

- Child Protection Professionals Strategy Meeting

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

SS-FT volunteers, Trustee's or those working on behalf of SS-FT, must comply with requests to attend these meetings and share relevant information in order to support decision making and planning which would keep a child safe. This may well involve the production of a report. The Chair of the Board of Trustee's can support individuals at such meetings or delegate that function to another Trustee where appropriate.

13. Dealing with Differences of Opinions

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

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

These concerns must be discussed with the Chair of the Board of Trustee's, where consideration will be given to commencing the locally agreed multi-agency 'resolving professional disagreements' process and a plan agreed.

14. Responsibility for notifying 'Missing' Children/Families

If professionals become concerned that a child in the following circumstances goes missing or cannot be traced, this information must be passed immediately to the relevant Children's Social Care Services team holding case responsibility. If it is thought that the child is in immediate danger the Police must be contacted.

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

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

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

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

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

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

If a professional becomes concerned that a child or family who do not meet the above criteria goes missing or cannot be traced they should make notify children's social care.

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

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

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

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

16. Multi-Agency Public Protection Arrangements (MAPPA)

Should volunteers or those providing paid services on behalf of SS-FT, be working with a client who is subject to, and monitored under MAPPA arrangements. These cover the management of individuals who pose a risk of harm to children. In these circumstances, staff should ensure that appropriate information is shared with the MAPPA panels as and if requested.

17. Perplexing presentations

Detailed guidance on the management of cases where perplexing presentations (previously known as fabricated or induced illness) is suspected is available to access via Safeguarding Children Boards Procedures.

18. Domestic Violence

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

19. Contextual Safeguarding

Contextual Safeguarding is an approach to understanding and responding to, young people's experiences of significant harm beyond their families, 'harm outside the home'. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial

abuse can undermine parent-child relationships. Contextual Safeguarding, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

Contextual Safeguarding seeks to understand the power of group dynamics and how such dynamics are corroded by learned behaviours that can centre on violence, retribution, honour and respect. The context aspect of safeguarding moves away from a more broad-brush approach and in particular seeks to develop a better understanding of how vulnerable children and young people and in particular boys and young men can and are often diverted to that which offers 'more' than parental guidance. This is not however to deny the impact that peer relations have on vulnerable young women and girls.

20. Criminal exploitation

Criminal exploitation is also known as 'county lines' and is when gangs and organised crime networks exploit children to sell drugs. Often these children are made to travel across counties, and they use dedicated mobile phone 'lines' to supply drugs.

Gangs are deliberately targeting vulnerable children, those who are homeless, living in care homes or trapped in poverty. These children are unsafe, unloved, or unable to cope, and the gangs take advantage of this.

These gangs groom, threaten or trick children into trafficking their drugs for them. They might threaten a young person physically, or they might threaten the young person's family members. The gangs might also offer something in return for the young person's cooperation, it could be money, food, alcohol, clothes and jewellery, or improved status – but the giving of these gifts will usually be manipulated so that the child feels they are in debt to their exploiter, they become trapped in county lines, the young people involved feel as if they have no choice but to continue doing what the gangs want.

No one really knows how many young people across the country are being forced to take part, but The Children's Commissioner estimates there are at least 46,000 children in England who are involved in gang activity. It is estimated that around 4,000 teenagers in London alone are being exploited through child criminal exploitation, or 'county lines'.

Tragically the young people exploited through 'county lines' can often be seen by professionals as criminals, however these vulnerable children need to be recognised as victims of trafficking and exploitation and they need to receive support to deal with the trauma they have been through

21. Accumulation of minor injuries

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

Not Independently Mobile: a baby who is not crawling, bottom shuffling, pulling to stand, cruising or walking independently. Includes all children under the age of six months and

any children with a disability who are not able to move independently. Babies who can roll or sit independently are classed as non-mobile.

Not independently mobile: an infant (under 12 months old) who is not pulling to stand, cruising or walking independently. It includes children with a disability who are non-mobile.

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

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

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

22. Survivors of abuse and parenting.

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

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

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

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

23. Private Fostering

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

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

24. Child Safeguarding Practice Reviews (previously known as Serious Case Reviews (SCRs)

Working Together to Safeguard Children (HM Government 2018) sets out criteria for the circumstances when Local Safeguarding Children Boards should consider a reviews of serious child safeguarding cases and instigate a multi-agency response.
The purpose of Child Safeguarding Practice Review is to:

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

Each agency involved in the case may carry out an independent management review to contribute to the overall Child Safeguarding Practice Review; this will depend on the model of practice adopted by the Independent Overview Author. This review is very similar to a Serious Incident (SI) Panel Investigation. SS-FT's Chair to the Board of Trustee's wil lead this process and work with colleagues to carry out the investigation and write the report.

The implementation of Child Safeguarding Practice Review Action Plans will be monitored by the Board of Trustee's and the Local Safeguarding Children Board's Child Safeguarding Practice Review sub-group.

25. Compliance and Monitoring Arrangements.

The activities that the SS-FT undertake to safeguard children may be reviewed, monitored and scrutinised Local Safeguarding Children's Boards.

An SS-FT associates awareness survey will be used to audit to what extent our volunteers, Trustee's and those providing direct interventions to children and young people are aware of the policy and the responsibilities that accompanies it.

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

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Appendix 4

Guidance on Minimising Risk and Promoting Welfare of Children as Part of a care plan to support an adult:

1. Introduction

Those undertaking direct work on behalf of SS-FT, must consider the needs of children and support needs of their parents or carers on a routine basis whether or not there are immediate and obvious child protection concerns. Part 2 covers how staff can do this as part of their day-to-day work with adult clients. Part 3 will highlight key actions that may need to be taken if staff have child protection concerns that warrant the involvement of Children's Social Services.

2. Processing Request for Service

When making decisions about accepting requests and case allocation, those delivering direct work on behalf of SS-FT, should do the following:

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

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

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

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

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

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

4. Risk Assessments

Honest discussions with clients about any potential risk to children arising from the circumstances in which they find themselves, should be undertaken.

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

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

Information must be clearly recorded
Any incident or referral to the Local Authority should be recorded on the incident monitoring log and a copy of the referral kept securely

5. Needs Assessments

Client's parenting support needs should be considered. A discussion should take place, where appropriate, about the client's own concern's about how their problems/situation is affecting their confidence and functioning as a parent and any support they may need in their parenting role.

Those providing the interventions should talk to the client about their perceptions of how their problems/situation is affecting their children and in what ways. If the client does not live with their children, it may be appropriate for those providing the interventions to discuss with them how they perceive this arrangement is affecting them and their children.

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

6. Contingency and Emergency Planning

Children's services must be informed by law if children are being looked after by alternative carers who are not close relatives and the situation may constitute a private fostering arrangement. If it is an emergency placement, notification should take place within 48 hours.

Staff must contact the Chair of the Trustee Board if they have any queries.

7. Pregnant Women and Expectant Fathers

The needs of pregnant women and their unborn children must be considered at the earliest opportunity whether or not there are obvious child protection concerns. Those providing interventions should consider pregnant clients and their partners as well as male clients with a pregnant partner or other clients in close contact with a pregnant woman.

8. Clinic Arrangements for clients with Children

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

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

9. Carer's Assessment including Young Carers

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

10. Closing or Transferring a Case

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

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

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

11. Legal Proceedings

If Representatives of SS-FT, who are working with any client who is the subject of any criminal or public or private family court proceedings concerning children and they are requested to provide a statement they can access support from the Chair of Trustees.

12. Use of Interpreting Services

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

Appendix 5
Action to be taken in Child Protection Emergencies

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

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

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

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

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

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

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

Action required to safeguard a child:

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

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

- Only if time permits, the Chair of the Board of Trustees should be contacted for advice and support, this may require escalation – **however these actions must not prevent the immediate and necessary action to safeguard a child.**

Following the incident:

Comprehensive clinical record must be completed.

- An incident report must be completed

- Support should be offered to the SSFT representative

Appendix 6

Formal System for Escalating Professional Concern

Criteria

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

Rationale

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

Process

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

West Yorkshire Consortium Safeguarding Board Procedures:
West Yorkshire Consortium Inter Agency Safeguarding and Child Protection Procedures (proceduresonline.com)

Rotherham Safeguarding Children Board Procedures:
4.2 Safeguarding Children and Young People involved in Organised or Multiple Abuse, and other Complex Investigations (proceduresonline.com)

Barnsley Safeguarding Children Board Procedures:
Safeguarding children policies and procedures (barnsley.gov.uk)

Sheffield Safeguarding Children Board Procedures:
Sheffield Children Safeguarding Partnership Child Protection and Safeguarding Procedures Manual (proceduresonline.com)

Doncaster Safeguarding Children Board Procedures:
Doncaster Safeguarding Children Board Online Procedures (proceduresonline.com)

Other Local Authority area procedures can be found online, all Local Authority areas should also have guidance for resolving professional disagreements accessible via the internet.

Appendix 7

Missing Children Notification Form

CHILDREN MISSING FROM KNOWN ADDRESS

CONFIDENTIAL

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

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

Child Name: **AKA:**

Child's DoB/EDD:

Date Child Last Seen:

Child's Last Known Address:

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

Additional Comments:

Signed: Date:

Date information passed to Children's Social Care

4. Duties

4.1 The Board of Trustees

The Board of Trustees are responsible for approving this Policy

4.2 The Chair of the Boad of Trustee's

The Chair of the Board of Trustee's is the Lead for Safeguarding Children.

4.3 Clinical Staff

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

5. Principles and Requirements

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

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

Group supervision may be appropriate where more than one professional is working/or is likely to be working with the same child or family and the process is able to remain case focussed with due consideration and address being given to individual practice and professional needs. Group supervision may also be appropriate where the professional team is small in size.

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

At every session a Safeguarding Children Supervision record will be produced which will include any actions identified in order to safeguard children. A review of the actions should take place at the following supervision session. Safeguarding supervision should take place on a 3 monthly basis.

Example Safeguarding Children Supervision Record and Action Plan

Action Plan

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

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

Cc

Supervisee

Supervision File

Safeguarding Supervision

Contact Sheet/Record of Supervision

Name: ……

Date	Notes	Signature

Appendix 8

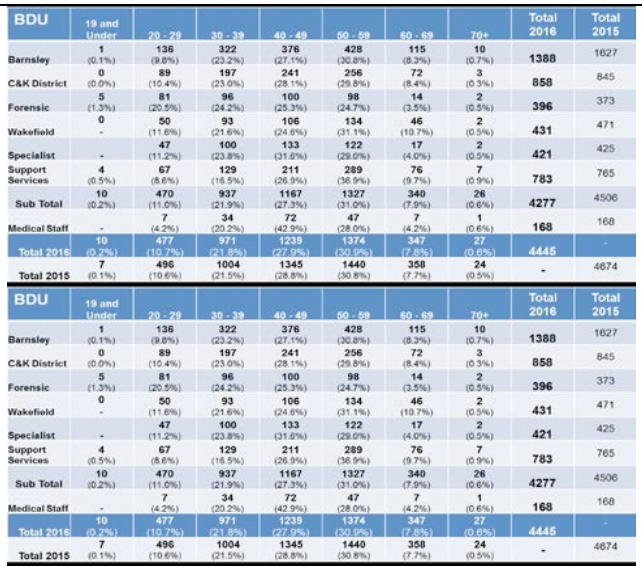
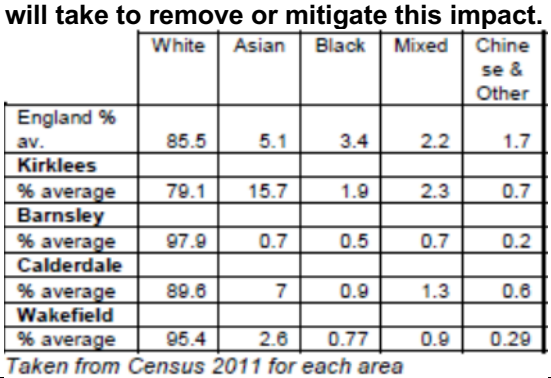
Equality Impact Assessment Tool

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

March 2020

Date of Assessment: _____

	Equality Impact Assessment Questions:	**Evidence based Answers & Actions:**
1	**Name of the document that you are Equality Impact Assessing**	Policy and Procedures on the Protection, Safeguarding and Promoting the Welfare of Children
2	**Describe the overall aim of your document and context?** **Who will benefit from this policy/procedure/strategy?**	Delivering services to children, young people and families is increasingly complex. For SSFT these complexities arise from a number of factors such as; working across a number of local authorities; the number of partners with responsibilities for commissioning and delivering services; an ever changing legislative, policy and financial landscape. Despite these complexities there is an emphasis to ensure quality is maintained. This Policy is designed to support all volunteers, Trustee's and those working on behalf of SSFT in fulfilling their legal duty to safeguard and promote the welfare of children. This Policy will also benefit the children, young people and families within the communities we work.
3	**Who is the overall lead for this assessment?**	**Chair of the Board of Trustee's**
4	**Who else was involved in conducting this assessment?**	**Trustees**
5	**Have you involved and consulted people who use your service and others, in developing this policy?** **What did you find out and how have you used this information?**	The Trust is committed to improving the outcomes for children and young people. Ultimately this policy is developed within the statute that is the Children Act 1989, 2004; with the guidance document known nationally as 'Working Together''. The guidance document Working Together is a practical operational document that describes a framework as to how partner agencies should work together. It is developed due to the learning from both National and Local Child Practice Reviews – so as such the consultation process that underpins the development of this policy is borne from statutory investigative processes. SSFT is committed to the safeguarding agenda and actively becomes involved with any consultation processes that will impact on the statutory guidance. Trustee's and the Trust advocate for children and young people were consulted in developing this policy.
6	**What equality data have you used to inform this equality impact assessment?**	To inform this equality impact assessment the data produced by each of the four local authorities mentioned within the policy has been scrutinised.

			 **disability** **• The gender split is 76.8% female and 23.2%male** **• 46.6% of staff chose not to disclose their religion.** **• 73% of staff are heterosexual; sexual orientation not known for 24%.** **• 57% are married; 8.3% divorced or separated.** **Ethnicity:** **• 8 % of our staff are from a BAME background** 
7	**What does this data say?**		The data informs us that there are significant differences in the communities where SSFT operate and as such this policy needs to consider those differences whilst still exercising our statutory duty to safeguard children.
8	**Taking into account the information gathered above, could this policy affect any of the following equality group unfavourably:**	**Yes/No**	**Evidence based Answers & Actions. Where Negative impact has been identified please explain what action you will take to remove or mitigate this impact.**  *Taken from Census 2011 for each area*

8.1	**Race**	**No**	As an organisation we have not previously collated any specific data as to whether there is evidence to suggest that belonging to one of the identified groups with protected characteristics, significantly affects the execution of safeguarding duties by SSFT 8.1 White / Asian / Black / Mixed / Chinese & Other England % av. 85.5 / 5.1 / 3.4 / 2.2 / 1.7 **Kirklees** % average 79.1 / 15.7 / 1.9 / 2.3 / 0.7 **Barnsley** % average 97.9 / 0.7 / 0.5 / 0.7 / 0.2 **Calderdale** % average 89.6 / 7 / 0.9 / 1.3 / 0.6 **Wakefield** % average 95.4 / 2.6 / 0.77 / 0.9 / 0.29 *Taken from Census 2011 for each area* **8.2** **Disability groups** Day to day activities limited by disability: Not at all / A little / A lot England % av. 47.2 / 13.2 / 4.2 **Kirklees** % average 45.5 / 12.5 / 13.7 **Barnsley** % average 76.1 / 11.3 / 12.6 **Calderdale** % average 56.5 / 12.2 / 13.8 **Wakefield** % average 77.93 / 9.33 / 8.31 *Taken from Census 2011 for each area* **8.3** Male / Female England % av. 49.2 / 50.8 **Kirklees** % average 49.4 / 50.6 **Barnsley** % average 49.1 / 50.9 **Calderdale** % average 48.9 / 51.1 **Wakefield** % average 49 / 51 *Taken from Census 2011 data* **8.4**
8.2	**Disability**	**No**	
8.3	**Gender**	**Yes (some our work focusses on female only services)**	
8.4	**Age**	**No**	
8.5	**Sexual Orientation**	**No**	
8.6	**Religion or Belief –**	**No**	
8.7	**Transgender**	**No**	
8.8	**Maternity & Pregnancy**	**No**	
8.9	**Marriage & Civil partnerships**	**No**	
		N	

	0-15	16-29	30-44	45-64	65+
England % av.	18.9	18.6	20.3	22.4	16.9
Kirklees					
% average	15.8	18.5	20.3	22.2	15.8
Barnsley (2011 data)		16-24	25-44	45-59	60+
% average	18.5	10.8	26	20.9	23.8
Calderdale					
% average	19.6	16.4	20.1	24.2	16.6
Wakefield					
% average	18.4	17.2	19.6	24.2	17.6

Taken from Census 2012 data unless specified

8.5

	Living in a civil partnership
England % av.	0.01
Kirklees	
% average	0.01
Barnsley (2011 data)	
% average	0.2
Calderdale	
% average (2011 data)	0.3
Wakefield	
% average	0.01

Taken from 2012 census data unless specified

8.6

	Christian	Buddhist	Hindu	Jewish	Sikh	Muslim	Other	No religion
England % av.	71.8	0.3	1	0.5	0.7	10.1	0.2	15.1
Kirklees								
% average	67.2	0.2	0.3	0.1	0.7	10.1	0.2	14
Barnsley								
% average	59.4	0.5	1.5	0.5	0.8	5	0.4	24.7
Calderdale								
% average	60.6	0.3	0.3	0.1	0.2	7.8	0.4	30.2
Wakefield								
% average	66.4	0.16	0.25	0.04	0.12	2.0	0.3	24.4

Taken from 2011 Census data

8.9

av.			0.2	9.0	6.9	2.7
Kirklees						
% average	48.4	32.4	0.2	9.3	6.8	2.8
Barnsley						
% average	46.6	34.6	0.2	9	6.9	2.7
Calderdale						
% average	46.7	32.1	0.3	10.5	7.3	3.0
Wakefield						
% average	48.2	30.9	0.18	10.5	7.5	2.6

Source unknown

9	**What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy: -**	**Monitoring the compliance with this policy is through meetings and consultation with those directly involved with children on behalf of SS-FT**
9a	**Promotes equality of opportunity for people who share the above protected characteristics;**	**We feel that this policy promotes equality for opportunity for people who share the protected characteristics as safeguarding endeavours to protect all people from abuse or harm in order for them to achieve their full potential. We do not, however, have the data to support this statement and as such the action plan will address this.**
9b	**Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;**	**We feel that this policy does not condone any actions that would be perceived to be considered as discriminatory, harassing or bullying. The trust is committed to the values and vision as described within the introduction section of this policy.**
9c	**Promotes good relations between different equality groups;**	**This policy promotes that all people have the right to live a life free from abuse and harm in order to achieve their full potential.**
9d	**Public Sector Equality Duty – "Due Regard"**	
10	**Have you developed an Action Plan arising from this assessment?**	**NO**
11	**Assessment/Action Plan approved by (Trustee Lead)**	**Sign: Date:** **Title:**

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

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

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

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