

Safeguarding Children Policy

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Policy Validity Statement

This policy is due for review on the date shown above. After this date, policy and process documents may become invalid.

Policy uses should ensure that they are consulting the currently valid version of the documentation.



Version Control

Version	Release Date	Author	Update comments
V1	28 February 2013	Liane Cotterill	Policy adopted by Clinical Commissioning Group (CCG) as part of policy suite developed by NECS.
V1.1	2 April 2014	Liane Cotterill	Re-styled to CCG policy standard
V2	January 2015	Carol Drummond	<p>Definitions updated to include Domestic Abuse, Prevent, Children at risk of sexual exploitation, female genital mutilation, exec lead for safeguarding children.</p> <p>Paragraphs 9.3 and 9.6 removed and section renumbered.</p> <p>Section 9.12 DBS to be carried out every 3 years for staff.</p> <p>Section 9.13 updated.</p> <p>Duties and responsibilities updated.</p> <p>Safeguarding Children and Young People Roles and Competencies for Health Care Staff, Intercollegiate Document, 2014</p> <p>The CCG as a matter of good practice will ensure a DBS is undertaken for relevant staff every 3 years</p> <p>Appendix 5 in Working Together to Safeguard Children, 2010.</p> <p>Statutory guidance updated.</p> <p>Best practice guidance updated.</p> <p>Appendix B updated.</p>
V3	December 2016	Carol Drummond	Natural Review.

Approval

Role	Name	Date
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Approval	QPS Committee	December 2016 (3)

Review

This document will be reviewed twelve months from its issue date and then every two years after its first review.

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1. Introduction

For the purposes of this policy, NHS South Tyneside Clinical Commissioning Group will be referred to as “the CCG”.

The CCG aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the CCG will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

The CCG is required to fulfil its legal duties under the Children Act 1989, Section 11 of the Children Act 2004, Statutory Guidance on promoting the health and well-being of Looked After Children (DH, 2015) and statutory responsibilities in *Working Together to Safeguard Children*, HM Gov. (2015). All staff working within the CCGs’ health economy that commission or provide children’s services must make safeguarding and promoting the welfare of children an integral part of the care they offer to children and their families.

This policy outlines how as a commissioning organisation the CCG will fulfil its legal duties and statutory responsibilities effectively both within its own organisation and across its local health economy via its commissioning arrangements. The CCG will ensure it has in place robust structures, systems, standards and an assurance framework, which are in accordance with the legal structure and with Local Safeguarding Children Boards within the CCG area.

The CCG’s arrangements will ensure that both its own functions and services provided on its behalf are discharged with regard to the need to safeguard and promote the welfare of children.

The CCG champions the rights of all children and young people not to be abused, neglected or exploited and to have the right to be happy, healthy, safe and productive in their contributions to society.

1.2. Status

This policy is a corporate policy.

1.3. Purpose and scope

This policy describes how the CCG will discharge its responsibility for ensuring its own organisation and the health services it commissions, fulfill the duty to safeguard and promote the welfare of children. The CCG will ensure compliance with the requirements of Section 11 of the Children Act 2004, Statutory Guidance on promoting the health and well-being of Looked After Children (DH, 2015) and *Working Together to Safeguard Children*, 2015.

This policy applies to all staff employed by the CCG – including any agency, self-employed or temporary staff.

All managers must ensure their staff are made aware of this policy and how to access it and ensure its implementation in their line of responsibility and accountability.

All CCG personnel have an individual responsibility for the protection and safeguarding of children and must know what to do if concerned that a child is being abused or neglected.

'What to do if you are worried a child is being abused,' HM Government
<https://www.education.gov.uk/publications/eOrderingDownload/6840-DfES-IFChildAbuse.pdf>

2. Definitions

The following terms are used in this document:

2.1 Working Together to Safeguard Children, HM Gov. 2015 definitions

Child or young person: In this document, as in the Children Acts 1989 and 2004, a *'child'* is anyone who has not yet reached their 18th birthday. For disabled children this will be inclusive of those up to and including 18 years of age. The fact that a child has reached 16 years of age, is living independently or is in further education does not change their entitlement to services or protection under the Children Act 1989 Where *'child'* or *'children'* is used in this document, this refers to children and young people.

Safeguarding and promoting the welfare of children: Is the process of protecting children from abuse or neglect and/or preventing impairment of their health or development. This includes ensuring children are growing up in circumstances consistent with the provision of safe and effective care so as to enable them to have optimum life chances and to enter adulthood successfully.

Child Protection: This is part of safeguarding and promoting children's welfare. Child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. *Working Together* defines four categories of abuse:

Physical abuse – this 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 – this is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. Emotional abuse may involve conveying to children they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. Emotional abuse may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse – this involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. It may not necessarily involve a high level of violence. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. This may also include non-contact activities, such as involving children in looking at or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual Abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect – this is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the 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). Neglect may involve failing to protect a child from physical and emotional harm or danger, not ensuring adequate supervision (including the use of inadequate care-givers) or not ensuring access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

The Concept of Significant Harm - some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. It gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

2.2 Domestic Abuse

Domestic abuse is defined by the Home Office as “Any incident of controlling, coercive or threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, **aged 16 and over**, who are or have been intimate partners or are family members, regardless of gender and sexuality.” This definition includes honour-based violence, forced marriage and female genital mutilation.

The impact of domestic abuse can range from loss of self-esteem to loss of life.

Domestic abuse happens in all communities, regardless of gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy or maternity.

2.3 Prevent- part of the counter-terrorism strategy in the UK

Prevent **aims to reduce the number of people becoming or supporting violent extremists**. Prevent is one of the most challenging parts of the counter terrorism strategy, because it operates in a **pre-criminal space**, before any criminal activity has taken place. It is important that CCG staff are aware of the strategy and consider this under the banner of safeguarding.

<https://www.gov.uk/government/publications/counter-terrorism-strategy-contest>

2.4 Children at Risk of Sexual Exploitation

Sexual exploitation can take many forms from the seemingly ‘consensual’ relationship where sex is exchanged for attention, accommodation or gifts, to serious organised crime and child trafficking (human trafficking is the movement of a person from one place to another into conditions of exploitation, using deception, coercion, the abuse of power or the abuse of someone’s vulnerability – Serious and Organised Crime Agency).

Sexual exploitation results in children and young people suffering harm, and causes significant damage to their physical and mental health. Children involved in any form of sexual exploitation should be treated primarily as the victims of abuse and their needs carefully assessed; the aim should be to protect them from further harm and they should not be treated as criminals. Any practitioner who suspects that a child may be at risk of sexual exploitation should follow the LSCB procedures

Concerns that a child may be at risk of sexual exploitation should be discussed with a manager and/or designated professional for safeguarding and a decision made as to whether there should be a referral to Children’s Social Care.

2.5 Female Genital Mutilation (FGM)

FGM is child abuse, therefore if any child (under-18s) or vulnerable adult has symptoms or signs of FGM, or if you have good reason to suspect they are at risk of FGM having considered their family history or other relevant factors, they must be referred using existing safeguarding procedures, as with all other instances of child abuse.

2.6 Executive Lead [for Safeguarding Children]

The Executive Board Lead for Safeguarding Children is the Director of Nursing , Quality and Patient safety

The Safeguarding Children's lead in the CCG is the Head of Safeguarding, who holds the statutory post of Designated Nurse Safeguarding Children.

3. Safeguarding Children

The Children Act 1989 provides a comprehensive framework for the care and protection of children. The fundamental principle that underpins the act is that the welfare of the child (under 18 years) is paramount.

From 1 April 2013 the CCG has a statutory duty under the Children Act 2004 to make arrangements for ensuring that its own functions, and services provided on its behalf, are fulfilled with regard to the need to safeguard and promote the welfare of children.

The NHS England and CCGs are required to review their arrangements with organisations from which they commission services so as to improve their oversight of safeguarding, and to ensure their GP practices have adequate leadership and training with regard to safeguarding children.

The publication in March 2015 of the Government's updated and revised *Working Together to Safeguard Children* statutory guidance addresses Lord Laming's principal recommendations. *Working Together* sets out how organisations and individuals should work together to safeguard and promote the welfare of children and provides clear direction for those responsible for commissioning and providing health services.

Safeguarding Children and Young People Roles and Competencies for Health Care Staff, Intercollegiate Document, 2014 and *Looked After Children: knowledge, skills and competencies of health staff* (RCN,RCPCH, 2012) set out levels of competencies, which all staff working in health care settings are expected to achieve. All staff must ensure they have the required skills, knowledge and competency for their role as set out in this document. These competencies are the minimum requirement for safeguarding children training and are used by the Care Quality Commission when inspecting health services.

The National Institute for Clinical Excellence (NICE) *Guidance 89 When to Suspect Child Maltreatment*, 2009 gives guidance about when health staff should consider and when they should suspect child maltreatment and what to do about it.

This CCG Policy should be used in conjunction with South Tyneside Safeguarding Children Board safeguarding children procedures, which state what staff must do where child abuse or neglect is considered, suspected or alleged.

3.1 Governance and Accountability

The CCG Governing Body is responsible for making certain all its provider services have arrangements in place to meet statutory requirements relating to safeguarding and promoting the welfare of children and young people and that these arrangements are being complied with. The CCG governing body will assure itself that safeguarding children is a priority across the health economy and will receive regular reports and updates with reference to safeguarding children matters across its health economy.

The CCG will ensure effective leadership, commissioning and governance of safeguarding children services across the local health economy by:

- Ensuring a robust governance structure is in place to support the work of the South Tyneside Safeguarding Children Board and the CCG governing body in delivering safeguarding children responsibilities.
- Ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding children and that the CCG's commissioning, contracting, contract monitoring and quality assurance processes fully reflect this.
- Ensuring service specifications, invitations to tender and service contracts fully reflect safeguarding requirements as outlined in this policy with specific reference to the clear standards for service delivery.
- Monitoring safeguarding children compliance both within the CCG and across commissioned services, addressing weaknesses as a matter of priority.
- Reviewing Serious Case Reviews and their subsequent action plans and ensuring that learning from these is reflected in the strengthening of commissioning, quality assurance and practice, as relevant under s13 of the Children Act 2004.
- Ensuring a system is in place for escalating risks.

The South Tyneside Safeguarding Children Board (LSCB) have the lead responsibility for keeping children safe, as set out in the guidance under the Children Act 2004. This includes the prevention of significant harm or the risk of significant harm, as well as the wider remit of ensuring every child's welfare is safeguarded. The Executive Lead with responsibility for safeguarding children and the designated nurse and designated doctor for safeguarding children are members of the South Tyneside Safeguarding Children Board.

3.2 Safeguarding Children Standards

In accordance with the Children's NSF Standard 5, (2004) and the CQC Essential Standards for Quality and Safety, Outcome 7 (2009) and *Working Together* (2015) CCGs are ensuring clear service standards for safeguarding children and promoting their welfare are included in all commissioning arrangements as appropriate to the service. These include:

3.2.1 Leadership and Accountability

- A lead senior manager who is informed about, and who takes responsibility for the actions of their staff in safeguarding and promoting the welfare of children.
- A senior lead for children and young people to ensure their needs are at the forefront of local planning and service delivery.
- Safeguarding children is integral to clinical governance and audit arrangements, and there is a clear line of accountability and responsibility for this.

3.2.2 Policies / Strategies

- Each provider must have comprehensive up to date safeguarding children policy and procedures, which are in line with Government, CQC and LSCB guidance and take account of guidance from any relevant professional body. The policy should include a child's right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. This policy must be accessible to staff at all levels.
- Clear priorities for safeguarding and promoting the welfare of children should be explicitly stated in providers' key policy documents and strategies.
- Clear principles should underpin direct work with children and families, which are child centered, focused on positive outcomes, informed by evidence and rooted in child development.

3.2.3 Staff training and Continued Professional Development

- Staff should be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with their Local Safeguarding Children Boards requirements.
- A staff training strategy and programme should be in place that includes the levels of safeguarding children training appropriate to staff's roles and responsibilities. And compliant with the *Safeguarding Children and Young People Roles and Competencies for Health Care Staff*, Intercollegiate Document, 2014 and *Looked After Children: knowledge, skills and competencies of health staff* (RCN, RCPCH, 2012)
- A training database detailing the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned.

- Staff as appropriate should be made aware of any new guidance or legislation and any recommendations from local and national serious case reviews and internal management reviews with regards to safeguarding children.

3.2.4 Safe Recruitment and Vetting Procedures

Safe recruitment policies and practices including the necessary Criminal Records Bureau checks or equivalent checks via the Disclosure and Barring Service for all staff working with children must be in place and must make certain no person who is barred by the Independent Safeguarding Authority is recruited.

3.2.5 Managing Allegations Against Staff

Procedures for dealing with allegations of abuse against staff and volunteers, including referral to the Local Authority Designated Officer (LADO) must be in place. The procedures should clearly reference following Local Safeguarding Board procedures in particular referral to the LADO.

3.2.6 Effective Inter-agency Working

- Staff should be aware of and where relevant trained to identify the need for early help and where appropriate use the Early Help Process..
- Staff should work together with other agencies in accordance with their LSCB policies and procedures.

3.2.7 Information Sharing

- Providers should have in place or have adopted local policies and procedures for sharing information where there are concerns for the welfare of a child.
- Senior Managers should promote good practice in information sharing according to the published national guidance; *Information Sharing; Guidance for Practitioners and Managers* DCSF 2008.

3.2.8 Supervision

- Each provider should have a safeguarding children supervision policy in place, which has been agreed with the Designated Nurse Safeguarding Children and meets the requirements of national guidance and the Local Safeguarding Children Board.
- Staff should be aware how to contact their own Named Professional(s) for safeguarding or Safeguarding Children Lead for supervision /consultation.

3.2.9 Response to Incidents and Complaints

- There should be a policy with regard to incidents, errors and complaints relating to any aspect of safeguarding children and it should include the requirement to inform the Named or Safeguarding lead within the organisation/practice.

- Procedures are in place for reporting Serious Incidents to the CCG via the Incident Reporting and Investigation Policy and Procedure and Policy and Procedure for the Management of Complaints

3.2.10 Serious Case Review (SCRs)

- Providers will cooperate with any Local Safeguarding Children Board conducting a Serious Case Review and will ensure any lessons coming out of the Review are learnt, fully shared and implemented.

3.2.11 Child Death Reviews

- Providers involved with the management of child deaths, must be familiar with Local Safeguarding Children Board procedures for unexpected deaths in childhood.
- They must have arrangements in place to respond to the death of a child and the review process, including providing staff with the time and resources to fully engage in the process.

3.3 **Recruitment and Personnel Processes**

The CCG will ensure that safe recruitment processes are adhered to in accordance with the NHS employers' regulations, the Disclosure and Barring Service Independent Safeguarding Authority, Vetting and Barring Scheme Regulations identified in the Vulnerable Groups Act 2006. The CCG as a matter of good practice will ensure a DBS is undertaken for relevant staff every 3 years

3.4 **Allegations against staff and volunteers**

South Tyneside Safeguarding Children's Board safeguarding children procedures explain the agreed arrangements for responding to allegations against staff, carers and volunteers. When the behaviour of a member of staff gives rise for concern these procedures must be followed. The procedures apply when an allegation or concern has arisen that a person who works with children has:

- Behaved in a way that has harmed a child, 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 he/she is unsuitable to work with children.

3.4.1 **Designated Officer for Allegations Against Staff**

LSCB partner agencies and all other employers of adults, who work with children, either substantive or contracted, should designate a senior manager to whom allegations or concerns should be reported. A Deputy for the designated officer should also be identified.

3.4.2 The Designated Officer has overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with LSCB procedures and its own organisation procedures.
- Instigating a serious incident if appropriate.
- Resolving any inter-agency issues.
- Liaising with the LSCB as required.

On receiving an allegation, and if the allegation meets the criteria, the Designated Officer will report it to the applicable Local Authority Designated Officer (LADO) within one working day. The LADO's role is to:

- Be involved in the management and oversight of individual cases and monitor their progress.
- Provide advice and guidance to employers and voluntary organisations.
- Liaise with the police and other agencies.

Any member of staff to whom an allegation or concern is first reported should treat the matter seriously and follow human resources procedures for dealing with allegations against staff.

The aim of the procedure is to afford greater safeguarding to children with regard to those working with them and to allow for allegations and concerns to be dealt with expeditiously, fairly, thoroughly and avoiding delays. See the LSCB procedure for Managing Allegations against Adults Who Work with Children.

3.5 Whistle Blowing

The Whistle Blowing Policy enables concerns about malpractice to be raised at an early stage and in the right way without fear of reprisals or concern for safety. Safeguarding children issues should continue to be referred through LSCB procedures.

3.6 Incidents, Near Misses and Serious Case Reviews (SCRs)

The CCG will assure itself that all providers have in place policies, which ensure that employees record any near misses, incidents, unmet needs or serious incidents in relation to safeguarding children on their incident management forms and systems. All near misses, incidents or unmet needs will be investigated and managed by the relevant line manager in accordance with their incident management policies.

All providers and commissioners will notify the Designated Nurse Safeguarding Children of serious incidents when the child/children could become the subject of a Serious Case Review. The CCG has a statutory duty to work in partnership with the LSCB concerned with conducting a Serious Case Review as in accordance with Chapter 4 of *Working Together to Safeguard Children*, 2015.

Serious Case Reviews are conducted when:

- A child dies, including by suicide, and when abuse or neglect are known or suspected to be a factor in the death.
- A child has been seriously harmed and the case gives rise to concern about inter-agency working (Chapter 4 *Working Together to Safeguard Children*, 2015).

The Designated Safeguarding Nurse will inform the local Area Team & the Care Quality Commission within five days when a Serious Case Review is commissioned.

The CCG will commission an Individual Management Review (IMR) with regard to any services delivered through independent commissioned providers. The Executive Lead for safeguarding or their nominated deputy will formally sign off the IMR for the organisation.

All Individual Management Reviews commissioned across the CCG's health economies will be submitted to the CCG as commissioner of the service. It is expected that each provider trust will have a robust sign off process by its board level lead and that reports received will have been subject to this scrutiny process.

The Designated Nurse/Doctor will ensure that there is a review and evaluation of the practice of all involved health professionals. The designated professionals, in conjunction with the relevant Safeguarding Children's Board will quality assure the process ensuring that Individual Management Review action plans meet the expected standard.

Organisations will ensure that named and designated professionals are given sufficient time and necessary support to complete both individual management reviews.

Staff who have been involved in cases that are subject to Serious Case Reviews will be supported by their managers and the relevant named or designated professionals.

The CCG must ensure that the review, and all actions following the review, are carried out according to the timescale and terms of reference set by the LSCB Serious Case Review Panel.

The CCG will act on the relevant recommendations arising from Serious Case Reviews, which will be monitored by the Designated and Named Assurance Group.

4. Duties and Responsibilities

<p>Council of Practices</p>	<p>The Council of Practices has delegated responsibility to the governing body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.</p>
<p>Chief Officer</p>	<p>The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.</p> <p>The Chief Officer is accountable for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through CCG commissioning arrangements.</p> <p>This role is supported through a Director who holds delegated responsibility and is the Executive Lead for Safeguarding Children. A Designated Nurse and Doctor advise the governing body on safeguarding children matters.</p>
<p>Executive Lead</p>	<p>The Executive Lead for safeguarding children will take responsibility for governance and organisational focus on safeguarding children and will represent the CCG at the Local Safeguarding Children's Boards. The Executive Lead will work closely with and performance manage the Designated Nurse. The Medical Director will performance manage the Designated Doctor for safeguarding children</p> <p>The Executive Lead for safeguarding children will ensure the CCG has effective professional appointments, systems, processes and structures in place, ensuring that there is a programme of training and mentoring to support the Designated Nurse and Doctor for Safeguarding Children.</p>
<p>Designated Professionals</p>	<p>The Designated Nurse and Doctor who are responsible for safeguarding children will take a strategic and professional lead on all aspects of the NHS contribution to safeguarding children across the CCGs' area, which includes all commissioned providers. They will:</p> <ul style="list-style-type: none"> • Work with the Executive Lead for safeguarding children to ensure robust safeguarding children assurance arrangements are in place within the CCG and provider services. • Provide advice and expertise to the CCG governing body and to the Local Safeguarding Children Board (LSCB) and to professionals across both the NHS and partner agencies. • Provide professional leadership, advice, support and professional supervision to the named professionals in each provider organisation. • Be responsible for the development, monitoring and reviewing of safeguarding practice by all provider trusts/services and independent contractors. • Take the strategic health lead for Serious Case Reviews and take responsibility for providing the NHS health overview reports of all individual management reviews ensuring that lessons learnt are disseminated across CCG's health economy.

<p>Designated Professionals continued</p>	<ul style="list-style-type: none"> • Take a strategic lead in ensuring all safeguarding children policies are in place and current. • The Designated Nurse for Safeguarding Children is responsible for ensuring that the Serious Case Review process links in appropriately with the Serious Incident reporting process and governance arrangements. • The Designated Doctor for unexpected deaths in childhood is responsible for providing expert medical advice to the Child Death Review Process, commissioning advice on required medical services and the organising of such services. • Evaluate the lessons learnt from the Child Death Overview Panel and ensure that recommendations are disseminated and shared across the health economy. • Ensure there is a programme of safeguarding children training for health professionals across all health providers (including independent contractors) that meets CQC requirements. <p>The Designated Doctor and Designated Nurse for Looked After Children will:</p> <ul style="list-style-type: none"> • Ensure the health needs of the population of looked after children in the CCG area are identified and services are commissioned and provided to meet their needs in accordance with legislation and government policy. • Advise the CCG Governing Body on the implementation of national policy and legislation as it relates to the health service contribution in promoting the health of looked after children. • Provide advice to local health providers on questions of planning, strategy, performance monitoring and audit in relation to health services for looked after children. • Advise and assist local commissioning bodies in fulfilling their responsibilities to improve the health of looked after children.
<p>Named GP for Safeguarding Children</p>	<p>To fulfil the role of the Named GP as outlined in “<i>Working Together to Safeguard Children</i>” (DH 2015)</p> <p>To work closely with other Named and Designated Professionals in supporting all activities necessary to ensure that the CCG meets its responsibilities in safeguarding children and be responsible to and accountable within the managerial framework of their employer.</p>
<p>Managers</p>	<p>Managers are responsible for ensuring their staff are aware of which part/s of <i>Working Together</i> are relevant to their job function and that they carry out their responsibilities in relation to safeguarding children. Managers will ensure that all staff undertake mandatory safeguarding children training at the appropriate level for their role, as in accordance with government guidance and CQC requirements and that a record of this training is maintained.</p>

<p>All Staff</p>	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided. <p>All staff must:</p> <ul style="list-style-type: none"> • Uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation whatever their: <ul style="list-style-type: none"> ➢ Race, religion, first language or ethnicity. ➢ Gender. ➢ Sexuality. ➢ Age (dependent upon the level of understanding). ➢ Health or disability. ➢ Political or immigration status. • Be alert to the possibility of significant harm to children through abuse or neglect, be able to recognise indicators of maltreatment and know how to act upon concerns for a child. For guidance on acting on concerns for a child see Appendix A. • Undertake mandatory/safeguarding children training, commensurate to their role and responsibilities. See <i>Safeguarding Children and Young People Roles and Competencies for Health Care Staff</i>, Intercollegiate Document, 2014, <i>Looked After Children: knowledge, skills and competencies of health staff</i> (RCN, RCPCH, 2012) and mandatory training for staff. • Understand that safeguarding children is paramount and can override any duty of confidentiality and that sharing information is critical to protecting children from abuse and neglect (<i>Information Sharing Guidance for Practitioners and Managers</i>, DCSF, 2009.)
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5. Implementation

This policy will be available to all Staff for use in the circumstances described on the title page.

All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

6. Training Implications

All staff in the CCG will be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with LSCB procedures and the *Safeguarding Children and Young People Competencies for Health Care Staff Intercollegiate Document* (RCPCH 2014) and *Looked After Children: knowledge, skills and competencies of health staff* (RCN, RCPCH, 2012).

All CCG staff will adhere to the mandatory safeguarding children training programme and complete the level of training commensurate with their role and responsibilities.

The CCG will keep a training database detailing the uptake of all staff training so that Directors can be alerted to unmet training needs.

The Designated Nurse will ensure CCG staff are aware of any new guidance or legislation and any recommendations from Local and National Serious Case Reviews and Internal Management Reviews.

6.1 Supervision

Designated Professionals should receive one to one supervision as a minimum on a quarterly basis and have access to ad hoc supervision as required.

The Designated professionals for safeguarding children are responsible for provision of safeguarding children supervision and support to the Named professionals within the CCG both on a formal basis quarterly and on an ad hoc basis.

Support and supervision regarding safeguarding children is available from the Designated Professionals to all employees of the CCG. The level of the employee's involvement with children will determine the frequency of the supervision and this will be agreed in discussion with the Designated Professionals.

7. Related Documents

7.1 Related Policy documents

- Confidentiality & Data Protection Policy
- Information Governance and Risk Policy
- Information Access Policy
- Information Security Policy
- Records Management Policy & Strategy
- Serious Incidents Management Policy

7.2 Relevant Legislation

- Adoption and Children Act (2002)
www.opsi.gov.uk/acts/acts2002/20020038.htm
- Children Act 1989 (1989) London: HMSO
<http://www.legislation.gov.uk/ukpga/1989/41/contents/enacted>
- Children Act 2004 (2004) London: HMSO
http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf
- Children (Leaving Care) Act (2000)
www.opsi.gov.uk/acts/acts2000/00035-a.htm
- Care Leavers (England) Regulations 2010
http://www.legislation.gov.uk/uksi/2010/2571/pdfs/uksi_20102571_en.pdf
- Equality Act 2006
Provisions relating to Human Rights and discrimination on grounds of race, religion or belief, sexual orientation amend the Disability Discrimination Act 1995.
- Freedom of Information Act 2001
Trust policies and procedures are subject to disclosure under the Freedom of Information Act.
- Human Rights Act 1998. London: HMSO.
www.opsi.gov.uk/ACTS/acts1998/19980042.htm
Rights and freedoms protected under the European Convention on Human Rights.
- Sexual Offences Act 2003. London: HMSO.
www.opsi.gov.uk/ACTS/acts2003/20030042.htm
- The Children (Private Arrangement for Fostering) Regulations (2005) S.I.No. 1533.
www.everychildmatters.gov.uk/socialcare/safeguarding/privatefostering

7.3 Statutory Guidance

- Care Quality Commission, 2009 Essential Standards for Quality
http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf
- Care Quality Commission, 2013 Children looked after and safeguarding reviews (CLAS) Lines of enquiry
http://www.cqc.org.uk/sites/default/files/media/documents/20130617_final_review_of_child_safeguarding_and_looked_after_children_terms_of_reference.doc
- Department of Education (2009) *Safeguarding Children and Young People from Sexual Exploitation: Supplementary guidance to Working Together to Safeguard Children*
www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00689-2009
- Department of Education (2009) *Statutory guidance on children who run away and go missing from home or care.*
www.education.gov.uk/childrenandyoungpeople/safeguarding/a0066653/young-runaways
- Department of Health et al (2015) *Statutory guidance on Promoting the Health and well-being of Looked After Children*, Nottingham: DCSF publications
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108592.pdf
- HM Government (2011) *Safeguarding children who may have been trafficked: Practice Guidance* London: DofE publications
<https://www.education.gov.uk/publications/eOrderingDownload/DFE-00084-2011.pdf>
- HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004* London: DCSF publications
<https://www.education.gov.uk/publications/eOrderingDownload/DFES-0036-2007.pdf>
- HM Government (2010) *The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage*, London: Forced Marriage Unit
<http://www.fco.gov.uk/resources/en/pdf/travel-living-abroad/when-things-go-wrong/fmu-right-to-choose.pdf>
- HM Government (2015) *Working Together to Safeguard Children*. London: The Stationary Office.
<https://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN.PDF>

- Ofsted (2013) Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers (single inspection framework) and reviews of Local Safeguarding Children Boards
www.ofsted.gov.uk/resources/130216

7.4 Best practice guidance

- Children's Workforce Development Council (March 2009) *Early identification, assessment of needs and intervention. The Common Assessment Framework for Children and Young People: A practitioner's guide*. London: CWCD
<https://www.education.gov.uk/publications/standard/publicationdetail/page1/W91/0709>
- DofE (2012) *Tackling Child Exploitation: Action Plan* London: DofE
<http://media.education.gov.uk/assets/files/pdf/c/tackling%20child%20sexual%20exploitation%20action%20plan.pdf>
- Department of Health (2003) *Confidentiality: NHS Code of Practice*. London: Department of Health Publications.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253
- Department of Health, Department for Education & Employment & Home Office (2003) *Keeping Children Safe*. London: The Stationery Office.
Available on linked site:
www.dfes.gov.uk/everychildmatters.
- Department of Health and Department for Education and Skills (2004) *National Service Framework for Children, Young People and Maternity Services*. London: Department of Health: Core Standard 5 plus those elements dealing with safeguarding and promoting the welfare of children
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServicesInformation/fs/en
- Department of Health (2009) *Responding to Domestic Abuse: A Handbook for Health Professionals*. London: Department of Health.
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en
- Department of Health (2009) *Improving Safety, Reducing Harm. Children, young people and domestic violence. A practical toolkit for front-line practitioners*.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110865.pdf

- Foreign and Commonwealth Office & Home Office (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage*. Forced Marriage Unit: London
<http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf>
- Foreign and Commonwealth Office (2011) *Female Genital Mutilation. Multi Agency Practice Guidance*.
<http://www.fco.gov.uk/resources/en/pdf/travel-living-abroad/when-things-go-wrong/multi-agency-fgm-guidelines.pdf>
- General Medical Council (2009) *Confidentiality: protecting and providing information*. Information available at
http://www.gmc-uk.org/confidentiality_sep_2000.pdf_25416426.pdf
- HM Government (2004) *Every Child Matters: Change for Children programme*. London: Stationery Office
www.everychildmatters.gov.uk
- HM Government (2006) *What to do if you're worried a child is being abused* Nottingham: DfES Publications.
https://www.education.gov.uk/publications/standard/publicationDetail/Page1/D_FES-04320-2006
- HM Government (2008) *Information Sharing: Guidance for practitioners and managers* London: DCSF publications
www.everychildmatters.gov.uk/delivering-services/information-sharing/
- HM Government (2009) *The Vetting and Barring Scheme guidance*
www.everychildmatters.gov.uk/social-care/safeguarding/vetting-and-barring/
- National Institute for Health and Clinical Excellence (2009) – When to suspect child maltreatment. London: National Institute for Health and Clinical Excellence.
www.nice.org.uk/CG89
- NMC Guidelines for Records and Record Keeping (2010)
<http://www.nmc-uk.org/Documents/Guidance/nmcGuidanceRecordKeepingGuidanceforNursesandMidwives.pdf>
- Nursing and Midwifery Council (2015) *The Code – Standards of conduct, performance and ethics for nurses and midwives*. London: NMC.
<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3954>
- Royal College Paediatrics and Child Health et al (2014) *Safeguarding Children and Young people: Roles and Competencies for Health Care Staff*. Intercollegiate Document supported by the Department of Health
http://www.rcn.org.uk/_data/assets/pdf_file/0004/359482/REVISED_Safeguarding_03_12_10.pdf

- Royal College of General Practitioners (RCGP) & NSPCC (2011) *Safeguarding Children and Young People: A toolkit for General practices*
http://cms.rcgp.org.uk/shadow/pdf/CIRC_2Safeguarding%20Children%20Young%20PeopleA%20Toolkit%20for%20General%20Practice.pdf
- Royal College of Practitioners (2012) *Responding to domestic abuse : Guidance for General Practices*
<http://www.rcgp.org.uk/news/2012/may/new-guidance-helps-general-practices-respond-to-domestic-abuse.aspx>

7.5 Local Safeguarding Children Board

Policies, procedures and practice guidance are accessible via:

<http://southtynesidescb.proceduresonline.com>

7.6 References

- Care Quality Commission (2009) *Guidance about compliance: Essential Standards of Quality and Safety* London: CQC
- Department of Children, Schools and Families (2009) *The Protection of children in England: action plan. The Government's response to Lord Laming.* London: The Stationery Office.
- Employees Guide to the Data Protection Act and Maintaining Confidentiality (1998)
- HM Government (2006) *Making Safeguarding Everyone's Business – response to the second joint Chief Inspectors' Report on Safeguarding Children* London: Department for Education and Skills.
www.everychildmatters.gov.uk/socialcare/safeguarding/
- Laming, H. (2003) *The Victoria Climbié Inquiry.* London: The Stationery Office.
www.victoria-climbié-inquiry.org.uk/finreport/finreport.htm
- Lord Laming (2009) *The protection of children in England: A Progress Report.* London: The Stationery Office.
<https://www.education.gov.uk/publications/eOrderingDownload/HC-330.pdf>
- NHS Commissioning Board (2012) *Arrangements to secure children's and adult safeguarding in the future NHS* (published in electronic format only)
<http://media.education.gov.uk/assets/files/pdf/a/interim-safeguarding.pdf>

7.7 Useful websites:

- Department of Health
<https://www.gov.uk/government/organisations/department-of-health>
- Department of Education
<http://www.education.gov.uk/>

- Home Office
www.homeoffice.gov.uk/
- Private fostering
www.everychildmatters.gov.uk/socialcare/safeguarding/privatefostering/
- Substance misuse
www.everychildmatters.gov.uk/health/substancemisuse/

8. Monitoring, Review and Archiving

8.1 Monitoring

The governing body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

The governing body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'version control' table on the second page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.3 Archiving

The governing body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

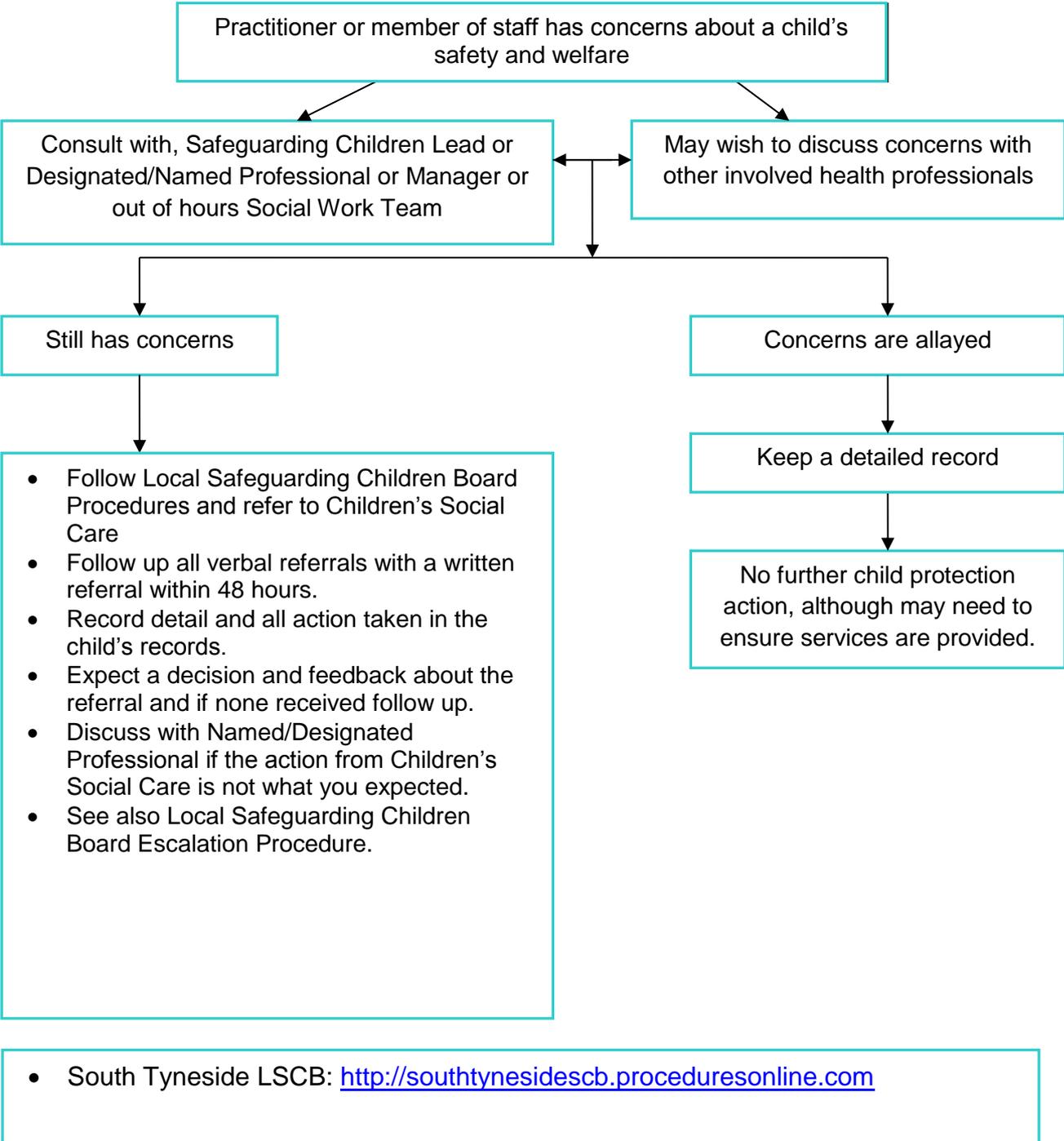
9. Equality Analysis

A full Equality Impact Assessment has been completed:



EIA - Safeguarding
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Appendix A



Appendix B

Levels of Safeguarding Children Training/ staff group

Level	Staff Groups	Courses	Frequency / Refresher
Level 1	All staff working in healthcare settings receptionists, administration staff, catering, transport, maintenance staff	Initially via corporate induction 30 minute presentation or within 6 weeks of taking up the post	Over a 3 year period, staff should receive refresher equivalent to a minimum of 2 hours e-learning is appropriate
Level 2	All Clinical and non -clinical staff who have any contact with children or their carers i.e. health care students, clinical laboratory staff, pharmacists, ambulance staff, dentists, dental care practitioners, audiologists, opticians, adult physicians, surgeons, anaesthetists, radiologists, nurses working in adult/community services (including practice nurses), allied health care practitioners and all other adult orientated secondary care health care professionals including technicians.	Undertaken via single agency /LSCB provision - this may be face to face or approved e-learning courses Training should include multi-agency and scenario-based discussions- incorporating for example early help, domestic abuse, vulnerable adults, learning disabilities and communicating with children and young people.	Over a 3 year period, staff should receive refresher equivalent to a minimum of 3-4 hours Training at level 2 will include the training required at Level 1 and negate the need to undertake refresher training at Level 1

<p>Level 3</p> <p>Core competencies</p>	<p>All clinical staff who working with children, young people and/or their carers who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person.</p> <p>This includes GP's, forensic physicians, urgent and unscheduled care staff, mental health staff, (adult and CAMHS), child psychologists, child psychotherapists, adult learning disability staff, learning disability nurses, health professionals working in substance misuse services, youth offending team staff, paediatric allied health professionals, sexual health staff, school nurses, health visitors, all children's nurses, midwives, child psychologists, obstetricians, all paediatricians, paediatric radiologists, paediatric surgeons, children's/paediatric anaesthetists, paediatric intensivists and paediatric dentists.</p>	<p>Any staff who are moving into a senior post and have not attained the relevant knowledge at Level 3 will within a year of appointment will attain the competency level. (A minimum of 8 hours)</p> <p>Training should be multi-disciplinary and interagency, which may be delivered internally or externally. It should include personal reflection and scenario based discussion drawing on case studies.</p>	<p>Over a 3 year period, staff should receive refresher equivalent to a minimum of 6 hours this equates to 2 hours per annum.</p>
<p>Level 3 additional competencies</p>	<p>Paediatricians, paediatric intensivists, forensic physicians, dentists with a lead role in child protection, forensic physicians, child and adolescent mental health psychiatrists, child psychologists, child psychotherapists, GPs, children's nurses, school nurses, child and adolescent mental health nurses, children's learning disability nurses, midwives and health visitors, specialist nurses for looked after children.</p>	<p>Any staff who are moving into a senior post and have not attained the relevant knowledge at Level 3 core and additional will within a year of appointment will attain the competency level. (A minimum of 12-16 hours)</p>	<p>Over a 3 year period, staff should receive refresher equivalent to a minimum of 12-16 hours.</p>

<p>Level 4</p>	<p>Specialist roles-Named professionals i.e. named nurses, named doctors, named GPs, named midwives, named health professionals in ambulance services.</p>	<p>Named professionals within 3 years of taking up the post complete a management programme with a focus on leadership and change management</p> <p>Training should include management and supervision training and should participate regularly in support groups or peer support networks for specialist professionals</p> <p>Additional training programmes such as RCPCH level 4/5 training for Paediatricians should be undertaken within 3 years of taking up the post</p>	<p>Over a 3 year period, staff should receive refresher equivalent to a minimum of 24 hours</p> <p>Training at Level 4 will include the training required at level 1-3 and will negate the need to undertake refresher training at those levels</p>
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<p>Level 5</p>	<p>Specialist roles- Designated professionals Designated Drs and Nurses. Lead Paediatricians, Consultants / Lead nurses.</p>	<p>As outlined for levels 1-4 With additional specific training with regard to strategic roles and responsibilities</p> <p>Additional training programmes such as RCPCH level 4/5 training for Paediatricians should be undertaken within 3 years of taking up the post</p>	<p>Over a 3 year period, staff should receive refresher equivalent to a minimum of 24 hours</p>
<p>Board Level</p>	<p>Chief Executive Officers, Trust and Health Board Executives and Non-Executive Directors / members, commissioning body Directors</p>	<p>Level 1 mandatory training either e-learning or corporate delivery</p> <p>Board members are required to ensure that the role and responsibility of the NHS organisation board in relation to safeguarding children are met- this will require a tailored package</p>	