

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

Accessible Information Standards

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact stynccg.enquiries@nhs.net



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	February 2019	Carol Drummond	Natural Review.
V4	February 2021	Victoria Cotter	Natural Review.

Approval

Role	Name	Date
Approval	QPS Committee	February 2015 (1)
Approval	QPS Committee	December 2016 (2)
Approval	QPS Committee	May 2019 (3)
Approval	QPS Committee	April 2021 (4)

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. Aims and Objectives

Aim

To provide a framework for staff to understand their responsibilities in enabling the safe and effective safeguarding of children within NHS South Tyneside Clinical Commissioning Group (the CCG).

Objectives

- Protect children from harm
- Ensure the CCG is adhering to the standards listed in this policy
- Ensure all staff are aware of their responsibilities in respect of safeguarding children
- Employees know how to access the policies, procedures, training and advice which enable them to practice effectively and to fully participate in the multi-agency safeguarding of children

2. 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. (2018). 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 organization, 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 and Adult Partnership 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.

2.1 Status

This policy is a corporate policy.

2.2 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 up to the age of 18 years of age.

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*, 2018.

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>

3. Definitions

3.1 Safeguarding and promoting the welfare of children means:

- Protecting children from maltreatment
- Preventing impairment of their mental and physical health or development
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

3.2 Abuse and neglect are forms of maltreatment. Someone may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused within a family or an institutional or community setting, by those known to them, or, by a stranger/s. They may be abused by an adult or adults, or another child or children. Abuse can be willful or unintentional and can be seen in many different forms including physical, sexual and emotional abuse and neglect (Appendix B: Definitions).

- 3.3** There is an expectation that all organisations have systems in place to identify early indicators of abuse, and that staff act quickly and effectively in partnership with other relevant agencies to safeguard children and young people when it is discovered that they are experiencing abuse. (Appendix A: What to do if you have concerns procedural flow chart)

4. 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 2018 of the Government's revised *Working Together to Safeguard Children* statutory guidance addresses the principal recommendations addressed in The Wood Report (2016). The review set out the recommendations for making local safeguarding children boards (LSCBs) more effective. *Working Together* sets out how the three safeguarding partners, 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, 2019 and *Looked After Children: knowledge, skills and competencies of health staff* (RCN, RCPCH, 2015) 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*, 2017 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 and Adult Partnership safeguarding children procedures, which state what staff must do where child abuse or neglect is considered, suspected or alleged.

4.1 Governance and Accountability

Executive Lead [for Safeguarding Children]

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

The Safeguarding Children Statutory lead in the CCG is the Designated Nurse Safeguarding Children.

The CCG Governing Body is responsible for making certain all its NHS 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 Partnership 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 Safeguarding Practice 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 and Adult Partnership have the 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 Partnership.

4.2 Safeguarding Children Standards

In accordance with the Children's NSF Standard 5, (2004) and the CQC Fundamental Standards for Quality and Safety, (2017) and *Working Together* (2018) 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:

4.2.1 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.

4.2.2 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.

4.2.3 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 Partnership 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, 2019 and *Looked After Children: knowledge, skills and competencies of health staff* (RCN, RCPCH, 2015)
- 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.

4.2.4 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.

4.2.5 Managing Allegations Against Staff and volunteers

South Tyneside Safeguarding Children's 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.

The Designated Officer for Allegations Against Staff should be a senior manager to whom allegations or concerns will be reported. A Deputy for the designated officer should also be identified.

- The CCG will ensure that all allegations of abuse against clinicians and staff, including where there is clear evidence that they are false or malicious, will be recorded and monitored using the organisation's incident management systems.
- Allegations that a clinician or member of staff has caused or been complicit in abuse or neglect (i.e. where there is no immediate evidence that it is false) must be reported to the Local Authority Designated Officer (LADO) and managed according to local multi-agency safeguarding children procedures. Liaison with NHS England will take place where CCG staff or members are subject to LADO reporting.
- CCG managers must also consider the need for temporary exclusion or redeployment under the disciplinary policy based on potential risk to the alleged victim or other children whilst investigation takes place.
- The CCG will ensure that all other concerns relating to the conduct or capability of staff are monitored and that any safeguarding related concerns are managed in accordance with this policy and local multi-agency procedures.
- The CCG will ensure that any safeguarding concerns arising from disclosures made during the course of an investigation or other human resources process are managed in accordance with this policy and local multi-agency procedures.

4.2.6 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 policies and procedures.

4.2.7 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 advice for safeguarding practitioners - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

4.2.8 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 and Adult Partnership .
- Staff should be aware how to contact their own Named Professional(s) for safeguarding or Safeguarding Children Lead for supervision /consultation.
- The requirement for staff supervision where children are considered to be at risk of significant harm is well documented (Lord Laming, Victoria Climbié Inquiry (2003), The National Service Framework for Children Young People and Maternity Services (2004). Working to ensure children are protected from harm requires sound professional judgments to be made; it is demanding and at times stressful for the staff carrying out this work. All staff should have access to advice and support from their managers and named and designated professionals.
- Consistent, high quality supervision is the cornerstone of effective safeguarding of children and young people and should be seen to operate effectively at all levels within the organisation (NSF for children, young people and maternity services Core standards DH DfES 2004).
- Supervision is an accountable, formal and agreed process which supports, assures and develops the knowledge, skills and values of an individual, group or team. Its purpose is to improve the quality of their work to achieve agreed outcomes (Providing Effective Supervision: Skills for Care & CWDC 2007).
- Effective supervision is essential to professional development, providing opportunity to put concerns into perspective and address issues that might otherwise be overlooked. Supervision enables reflection on actions already taken and planning for actions needed to develop. This helps the supervisee to develop confidence in decision making.

- CCG staff requiring supervision are: Named and Designated Doctors, Designated Nurses, Specialist Safeguarding Practitioners and front-line staff working with children.
- The Safeguarding supervisor will be an appropriately qualified designated professional who has recognised supervision skills, training and up to date knowledge in legislation, policy and research relevant to safeguarding children; they should be fully accountable for the advice they give.
- Designated Doctors, Nurses and Named GPs will provide advice and guidance to staff with regards to the identification and management of safeguarding concerns.

4.2.9 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.

4.2.10 Child Safeguarding Practice Review (CSPRs)

- Providers will cooperate with any Local Safeguarding Children arrangements in conducting a Child Safeguarding Practice Review and will ensure any lessons coming out of the Review are learnt, fully shared and implemented.

4.2.11 Child Death Reviews

- Providers involved with the management of child deaths, must be familiar with Local Safeguarding Children 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.

4.3 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

4.3.1 The Designated Officer has overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with local procedures and its own organisation procedures.
- Instigating a serious incident if appropriate.
- Resolving any inter-agency issues.
- Liaising with the safeguarding partnership 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 local procedure for Managing Allegations against Adults Who Work with Children.

4.4 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 the safeguarding partnership procedures.

4.5 Incidents, Near Misses and Child Safeguarding Practice Reviews (CSPRs)

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 Case Review. The CCG has a statutory duty to work in partnership with the agencies concerned with conducting a Review as in accordance with Chapter 4 of *Working Together to Safeguard Children*, 2018.

Safeguarding Practice 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*, 2018).

The Designated Safeguarding Nurse will inform NHSE within five days when a Safeguarding Practice 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 Partnership arrangements 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 Child Safeguarding Practice 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 local arrangements and the national child safeguarding practice review panel and Serious Case Review Panel.

The CCG will act on the relevant recommendations arising from Safeguarding practice reviews, which will be monitored by the Designated and Named Assurance Group.

5. 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 partnership arrangements 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 safeguarding practice 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>” (HMG 2018)</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 intercollegiate 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, 2019, <i>Looked After Children: knowledge, skills and competencies of health staff</i> (RCN, RCPCH, 2015 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>, HMG, 2018.)
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6. 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.

7. 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 local procedures and the *Safeguarding Children and Young People Competencies for Health Care Staff Intercollegiate Document* (RCPCH 2019) and *Looked After Children: knowledge, skills and competencies of health staff* (RCN, RCPCH, 2015).

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.

7.1 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.

8. Related Documents

8.1 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

8.2 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)
<https://www.legislation.gov.uk/ukpga/2000/35/contents>
- 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)
<http://www.legislation.gov.uk/uksi/2005/1533/made>
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8.3 Statutory Guidance

- Care Quality Commission, 2009 Fundamental Standards for Quality and patient safety
http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf
- 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 (2014) *Statutory guidance on children who run away and go missing from home or care.*
<https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care>
- Department of Health et al (2015) *Statutory guidance on Promoting the Health and well-being of Looked After Children*, Nottingham: DCSF publications <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>
- 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 (2018) *The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage*, London: Forced Marriage Unit
<https://www.gov.uk/guidance/forced-marriage>
HM Government (2018) *Working Together to Safeguard Children*. London: The Stationary Office. <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- Ofsted (2018) 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
<https://www.gov.uk/government/publications/inspecting-local-authority-childrens-services-from-2018>

8.4 Best practice guidance

- 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
- HMG (2018) *Keeping Children Safe in Education*. London: The Stationery
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- HMG (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 if children
<https://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services>
- HMG (2017) *Responding to Domestic Abuse: A Handbook for Health Professionals*. London <https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals>
- HMG(201309) *Multi-agency practice guidelines: Handling cases of Forced Marriage*. Forced Marriage Unit: London
<https://www.gov.uk/government/publications/handling-cases-of-forced-marriage-multi-agency-practice-guidelines-english>
- HMG (2018) *Female Genital Mutilation. Multi Agency Practice Guidance*.
<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>
- General Medical Council (2018) *Confidentiality: protecting and providing information*. Information available at
<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality>
- HM Government (2015) *What to do if you're worried a child is being abused* .
<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-04320-2006>
- HMG (2008) *Information Sharing: Guidance for practitioners and managers* London: <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- HMG (2009) *The Vetting and Barring Scheme guidance*
<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>
- 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 (2019) <http://www.nmc-uk.org/Documents/Guidance/nmcGuidanceRecordKeepingGuidanceforNursesandMidwives.pdf>
- Nursing and Midwifery Council (2018) The Code – Standards of conduct, performance and ethics for nurses and midwives. London: NMC.
<https://www.nmc.org.uk/standards/code/>
- Royal College Paediatrics and Child Health et al (2019) *Safeguarding Children and Young people: Roles and Competencies for Health Care Staff*. Intercollegiate Document supported by the RCN
<https://www.rcn.org.uk/professional-development/publications/007-366>
- Royal College of Practitioners (2012) *Responding to domestic abuse : Guidance for General Practices* <https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/domestic-violence.aspx>
- Policies, procedures and practice guidance are accessible via:
<http://southtynesidescb.proceduresonline.com>

8.5 References

Care Quality Commission, 2009 Fundamental Standards for Quality and patient

- Employees Guide to general data Protection Regulations(GDPR) (2018)
- Wood Review of local safeguarding boards (2016) HMG

8.6 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/

9. Monitoring, Review and Archiving

9.1 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.

9.2 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.

9.3 Archiving

The governing body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

10. Equality Analysis

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Vicky Cotter

Job Title: Designated Nurse Safeguarding Children

Organisation: South Tyneside CCG

Title of the service/project or policy: **Safeguarding Children Policy**

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

To provide a framework for staff to understand their responsibilities in enabling the safe and effective safeguarding of children within NHS South Tyneside Clinical Commissioning Group (the CCG).

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

The policy is applicable to all staff irrespective of protected characteristics. The safeguarding of children and young people is of paramount importance for all service users.

If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: “If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening	
Presented to (Appropriate Committee)	Publication Date
QSPC	April 2021

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

Please send a copy of this screening documentation to: NECSU.Equality@nhs.net for audit purposes.

Equality Impact Assessment: Policy – Strategy – Guidance (STEP 2)

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

This document is to be completed following the STEP 1 – Initial Screening Assessment

STEP 2 EVIDENCE GATHERING

Name(s) and role(s) of person completing this assessment:

Name: Vicky Cotter

Job Title: Designated Nurse Safeguarding children

Organisation: South Tyneside CCG

Title of the service/project or policy: Safeguarding Children Policy

Existing **New / Proposed** **Changed**

What are the intended outcomes of this policy/ service / process? (Include outline of objectives and aims;

Aim

To provide a framework for staff to understand their responsibilities in enabling the safe and effective safeguarding of children within NHS South Tyneside Clinical Commissioning Group (the CCG).

Objectives

- Protect children from harm
- Ensure the CCG is adhering to the standards listed in this policy
- Ensure all staff are aware of their responsibilities in respect of safeguarding children
- Employees know how to access the policies, procedures, training and advice which enable them to practice effectively and to fully participate in the multi-agency safeguarding of children

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Consultants**

- **Nurses**
- **Doctors**
- **Staff**
- **Service User / Patients**
- **Others, please specify** [Click here to enter text.](#)

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	Changes are being made due to legislation and working practice changes.

STEP 3: FULL EQUALITY IMPACT ASSESSMENT

PLEASE NOTE THE INFORMATION OUTLINED IN THE TEXT BOXES LISTS PROMPTS FOR GUIDANCE PURPOSES. PLEASE INPUT INFORMATION OR DELETE AS APPROPRIATE.

<p>The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful.</p> <p>Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:</p>
<p>Age <i>A person belonging to a particular age</i></p> <p><u>Guidance Notes</u></p> <ul style="list-style-type: none"> • Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate). • Could the policy discriminate, directly or indirectly against people of a particular age? https://www.equalityhumanrights.com/en/advice-and-guidance/age-discrimination • Has the content within the document been checked for any potential offensive/discriminatory language of this particular group? • Are there any discriminatory practices/processes outlined within the document? • If training is required for this policy/strategy/guidance/process – outline what considerations have been mad for an older workforce i.e. accessibility considerations, venues, travel etc. • Outline if appropriate methods of communication have been carefully considered to ensure they reach all age groups. Is documentation available in alternative formats as required? • If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s). • What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement
<p>The Safeguarding children policy relates to children up to the age of 18. This is in line with legislation for children up to this age. This is an internal policy for staff use for the benefit of service users. Adults are not covered in the policy in line with legislation.</p>

Disability

A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people with a disability?
<https://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination>
- What steps are being taken to make reasonable adjustments to ensure processes/practices set out are 'accessible to all'?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- If training is required for this policy/strategy/guidance/process – outline what considerations have been made for people with a disability and/or sensory need i.e accessibility considerations, venues, travel, parking etc.
- Outline if appropriate methods of communication have also been carefully considered for people with a disability or sensory need. Is documentation available in alternative formats as required? Such as easy read, large font, audio and BSL interpretation as required.
- Are websites accessible for all and/or have information available stating how people can access information in alternative formats if required?
- Has the Accessible Information Standard been considered?
<https://www.england.nhs.uk/ourwork/accessibleinfo/>
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, *consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).*

The safeguarding children policy for staff relates to children of all abilities. The policy does not discriminate for anyone with a physical or mental impairment.

Gender reassignment (including transgender) and Gender Identity

Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
<https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Please see useful terminology website for info: <https://www.transgendertrend.com/transgender-terminology/>
- Are there any discriminatory practices/processes outlined within the document that may impact this protected group?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

The safeguarding children policy for staff is applicable for all children irrespective of gender

identity.

Marriage and civil partnership

Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
<https://www.equalityhumanrights.com/en/advice-and-guidance/marriage-and-civil-partnership-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this protected group?
- Do all procedures treat both single and married and civil partnerships equally?
- Is there equal access to recruitment, personal development, promotion and retention for staff?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

The safeguarding children policy relates to all children and for use by staff and does not discriminate based on marital status.

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff on maternity that may not be able to attend scheduled training.
- Will the processes outlined impact on anyone who is pregnant, on maternity leave or have caring responsibilities? For example impact on flexible working arrangements etc.
- Is there equal access to recruitment, personal development, promotion and retention for staff?
- Are processes in place to update people that may currently be on maternity leave on their return?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

The safeguarding children policy relates to all children and for use by staff and does not discriminate based on maternity related concerns or pregnancy

Race

It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have a particular race?
<https://www.equalityhumanrights.com/en/advice-and-guidance/race-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of people from a particular race?
- Are there any discriminatory practices/processes outlined within the document that may impact a particular race?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

The safeguarding children policy relates to all children and for use by all staff and does not discriminate based on race

Religion or Belief

Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
<https://www.equalityhumanrights.com/en/advice-and-guidance/religion-or-belief-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact a particular religion or belief?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

The safeguarding children policy relates to all children and for use by staff and does not discriminate based on religion or beliefs

Sex/Gender

A man or a woman.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against either men or women?
<https://www.equalityhumanrights.com/en/advice-and-guidance/sex-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language against men and/or women?
- Are there any discriminatory practices/processes outlined within the document that may impact men or women?
- Does someone of a particular sex fair less or receive less favourable treatment as a result of this policy/strategy/ guidance?

- Are men or women treated differently as a result of the information set out within the document?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

The safeguarding children policy relates to all children and for use by staff and does not discriminate based on gender.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic? <https://www.equalityhumanrights.com/en/advice-and-guidance/sexual-orientation-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of people with a particular sexual orientation?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- NHS Employers guide: <https://www.nhsemployers.org/your-workforce/plan/diversity-and-inclusion/policy-and-guidance/sexual-orientation>
- Sexual orientation monitoring guidance (to be used as appropriate): <https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/>
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

The safeguarding children policy relates to all children and for use by staff and does not discriminate based on sexual orientation.

Carers

A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

The safeguarding children policy relates to all children and for use by staff and does not discriminate based on caring responsibilities.

Other identified groups relating to Health Inequalities

such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.

(Health inequalities have been defined as “Differences in health status or in the distribution of health determinants between different population groups.”

Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

The safeguarding children policy relates to all children and for use by staff and does not discriminate based on any health related inequalities.

STEP 4: ENGAGEMENT AND INVOLVEMENT

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

Guidance Notes

- List the stakeholders engaged
- What was their feedback?
- List changes/improvements made as a result of their feedback
- List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.

The safeguarding children policy has been circulated to key stakeholders within the organisation. No feedback has been received

If no engagement has taken place, please state why:

[Click here to enter text.](#)

STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Verbal – meetings | <input type="checkbox"/> Verbal - Telephone | |
| <input type="checkbox"/> Written – Letter | <input type="checkbox"/> Written – Leaflets/guidance booklets | |
| <input checked="" type="checkbox"/> Written - Email | <input checked="" type="checkbox"/> Internet/website | <input checked="" type="checkbox"/> Intranet page |
| <input type="checkbox"/> Other | | |

If other please state: [Click here to enter text.](#)

Step 6 – Accessible Information Standard Check

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information

and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

<https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

Tick to confirm you have you considered an agreed process for:
<input checked="" type="checkbox"/> Asking people if they have any information or communication needs, and find out how to meet their needs.
<input checked="" type="checkbox"/> Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.
If any of the above have not been implemented, please state the reason: Click here to enter text.

STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

GOVERNANCE, OWNERSHIP AND APPROVAL

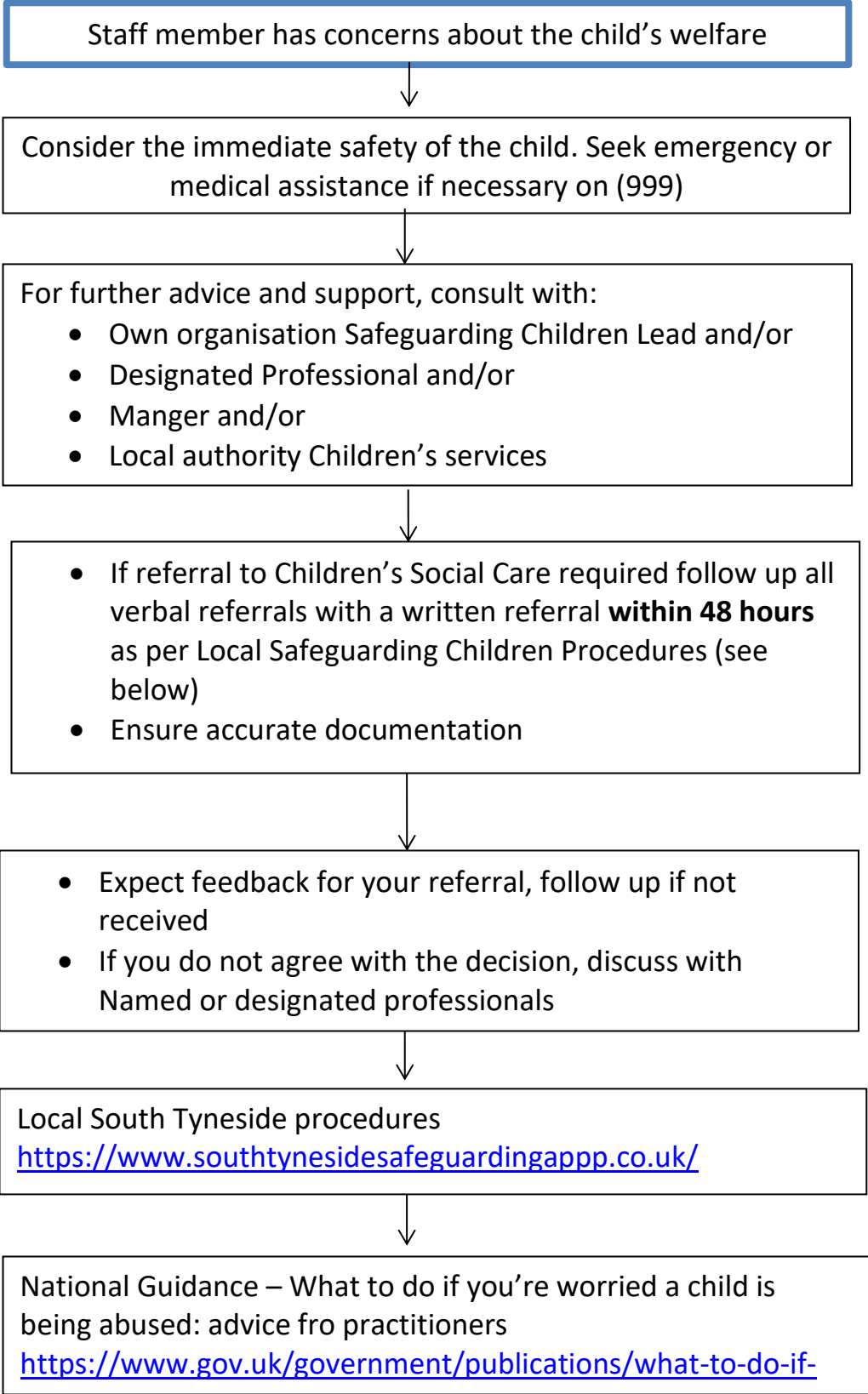
Please state here who has approved the actions and outcomes of the screening

Presented to (Appropriate Committee)	Publication Date
QSPC	April 2021

1. Please send the completed Equality Impact Assessment with your document to: NECSU.Equality@nhs.net
2. Make arrangements to have the Equality Impact Assessment added to all relevant documentation for approval at the appropriate Committee.
3. Publish this Equality Impact Assessment alongside your document.
4. File for audit purposes as appropriate

For further advice or guidance on this form, please contact the NECS Equality Team:
NECSU.Equality@nhs.net

**Appendix A –
What to do if you are concerned about the abuse or harm of a child 0-18 years**



Appendix B

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.

Child Protection:

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.

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.

Physical abuse

A form of abuse which 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

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.

Neglect

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.

Sexual abuse

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.

Child sexual exploitation (CSE)

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 living in a home with 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.

A child centered approach to safeguarding

Children may be vulnerable to neglect and abuse or exploitation from within their families or from individuals they come across in their day-to-day lives. These threats can take a variety of forms, including; sexual, physical and emotional abuse, neglect, bullying, domestic abuse, including controlling and coercive behavior, exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. The child centred approach is fundamental to safeguarding which means keeping the child at the focus.

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>

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.

Assessment of risk outside the home

As well as threats to the welfare of children from within the families, children may be vulnerable to abuse or exploitation from outside the family. Assessments of children in such cases, or those children who may be alleged perpetrators, should consider whether wider environmental factors and contextual issues are present in a child's life and are a threat to their safety and/or welfare.

Child sexual exploitation (CSE)

CSE is a form of sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact: it can also occur through the use of technology.

Child criminal exploitation (CCE)

Where an individual or group take advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into criminal activity

- a. In exchange for something the victim needs or wants, and/or
- b. For the financial or other advantage of the perpetrator or facilitator and/or
- c. Through violence or threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can occur through the use of technology.

County Lines

A term used to describe gangs and organized criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

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.

The Serious Violence Strategy published by the Home Office in 2018 details CCE and County lines in more detail.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf#:~:text=The%20Serious%20Violence%20Strategy%20represents%20a%20very%20significant,wrong%20path,%20encouraging%20them%20to%20make%20positive%20choices

Extremism

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or

denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremist groups make use of the internet to radicalise and recruit and to promote extremist material.

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

Teenage relationship abuse

The Home Office definition of domestic abuse includes 16 and 17 year olds and includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners regardless of gender or sexuality.

Bullying

Deliberately hurtful behaviour. It is usually repeated over a period of time, and occurs where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical, verbal and emotional. The damage inflicted by bullying can often be underestimated. Bullying can cause significant distress to children so much so it affects their health and development. Under the Children Act 1989, a bullying incident should be addressed as a child protection concern when there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm'.

Appendix C – Useful contact details

South Tyneside CCG safeguarding team			
Generic Secure Mailbox - stynccg.safeguard@nhs.net			
SAFEGUARDING CHILDREN			
Name	Role	Telephone	Email
Victoria Cotter	Designated Nurse for Safeguarding Children	07385382817	Victoriacotter@nhs.net
Lisa Westland	Designated Nurse for Looked after Children	07469571873	lisa.westland1@nhs.net
Dr Dawn Elliott	Named GP for Safeguarding Children	07917796810	dawn.elliott1@nhs.net
Dr Sunil Gupta	Designated Doctor for Safeguarding, Looked After Children and Child Death	07570117551	sunil.gupta5@nhs.net
SAFEGUARDING ADULTS			
Name	Role	Telephone	Email
Sharon Thompson	Designated Nurse for Safeguarding Adults	07917559901	Sharon.thompson27@nhs.net
Dr Funmi Nixon	Named GP for Safeguarding Adults	07903876680	funmi.nixon@nhs.net
SAFEGUARDING ADULTS AND CHILDREN			
Name	Role	Telephone	Email
Chloe Busby	Named Nurse for Primary Care	07939 282031	Chloe.busby@nhs.net
REFERRAL CONTACT DETAILS			
SAFEGUARDING CHILDREN			
Phone: 0191 424 5010 (Monday to Thursday - 8.30am to 5pm, Friday - 8.30am to 4.30pm)			
Phone: 0191 456 2093 (outside of the above office hours)			
isit-referrals@southtyneside.gov.uk			
https://www.southtyneside.gov.uk/article/35807/Worried-about-a-child-			
SAFEGUARDING ADULTS			
0191 424 6000 or email LetsTalk@southtyneside.gov.uk			
https://www.southtyneside.gov.uk/article/35879/Worried-about-an-adult-			

Appendix D

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, including those non-clinical staff working for independent contractors (such as GPs, dentists) within the NHS, as well as volunteers across healthcare services.	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

<p>Level 2</p>	<p>All Clinical and non -clinical staff who in their role, have contact (however small) with children, young people and /or their parents/carers or adults who may pose a risk to children</p> <p>This includes administrators and reception staff for looked after children and safeguarding teams, GP practice safeguarding administartors, GP practice managers, clinic reception managers, health care students including medical, relevant allied health professional students and nursing students, patient advocates, phlebotomists</p>	<p>Undertaken via single agency /LSCB provision - this may be face to face or approved e-learning courses. The timeframe for this initial training should not exceed 12 month period</p> <p>Training should include multi-agency and scenario-based discussions drawing on case studies and lessons from research and audit-incorporating for example early help, domestic abuse, vulnerable adults, learning disabilities and communicating with children and young people.</p>	<p>Over a 3 year period, staff should receive refresher equivalent to a minimum of 4 hours</p> <p>Training at level 2 will include the training required at Level 1 and negate the need to undertake refresher training at Level 1</p>
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<p>Level 3</p> <p>Core competencies</p>	<p>All clinical staff who working with children, young people and/or their carers and/ or any adult who could pose a risk to children and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and / or parenting capacity (regardless of whether there have been previously identified child protection / safeguarding concerns or not).</p> <p>This includes GP's, forensic physicians and nurses, urgent and unscheduled care staff, mental health staff, (adult and CAMHS), child psychologists, child psychotherapists, adult learning disability staff, learning disability staff, health professionals working in substance misuse services, looked after children nurses, 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. It is expected that Drs in training (inc foundation level) who have posts in these affiliated specialities with significant children/ young person contact, will require L3 training.</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 8 hours.</p> <p>Training at L3 will include the training required at L1&2 and will negate the need to undertake refresher training at these levels</p>
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<p>Level 3 additional competencies</p>	<p>Paediatricians, paediatric intensivists/ surgeons, forensic physicians, dentists with a lead role in child protection, forensic physicians, child and adolescent mental health psychiatrists, child psychologists, child psychotherapists, GPs, GP practice safeguarding leads, 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>
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<p>Level 4</p>	<p>Specialist roles-Named professionals for safeguarding children and young people i.e. named nurses, named doctors, named GPs, named midwives, named health professionals in ambulance organisations.</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 1 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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Level 5	Specialist roles- Designated professionals Designated Drs and Nurses. Lead Paediatricians, Consultants / Lead nurses.	<p>As outlined for levels 1-4</p> <p>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 1 year of taking up the post</p> <p>Designated professionals should participate regularly in support groups or peer support networks for specialist professionals at a local, regional and national level</p>	Over a 3 year period, staff should receive refresher equivalent to a minimum of 24 hours
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<p>Board Level</p>	<p>Chief Executive Officers, Trust and Health Board Executives and Non-Executive Directors / members, commissioning body Directors</p> <p>All Boards should have access to safeguarding advice and expertise through designated or named professional</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>	
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