

Safeguarding Children Policy

October 2020

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Committee Approved:	Quality and Clinical Governance Committee
Approved date:	Month / Year
Review Date:	Month / Year
Equality Impact Assessment:	Completed
Sustainability Impact Assessment:	Completed
Target Audience:	Council of Members, Governing Body and its Committees and Sub-Committees, CCG Staff, agency and temporary staff & third parties under contract
Policy Number:	NY-119
Version Number:	1.0

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POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
1.0	Designated nurses for Safeguarding	New Policy Development	Quality and Clinical Governance Committee	Oct 2020

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1.0 Introduction

- 1.1 North Yorkshire CCG adopts a zero tolerance approach to child abuse and neglect, and will work to ensure that its policies and practices are consistent with agreed local multi-agency procedures, and meet the organisation's legal obligations.
- 1.2 This policy outlines how, as a commissioning organisation, the North Yorkshire CCG will fulfil its legal duties and statutory responsibilities effectively both within the CCG and across the health economy in North Yorkshire via commissioning arrangements. As such, the CCG will ensure that there are in place robust structures, systems and quality standards for safeguarding children, and for promoting the health and welfare of Looked After Children, which are in accordance with the legal structure and with the multi-agency Safeguarding Children Partnership of North Yorkshire (Appendix 1).

2.0 Purpose

- 2.1 The Children Acts of 1989 and 2004 and the associated statutory guidance, 'Working Together to Safeguard Children', (HM Gov, 2018) set out the principles for safeguarding and promoting the welfare of children and young people across all agencies.
- 2.2 'Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework' (NHS E&I, 2019) describes the safeguarding roles, duties and responsibilities of all organisations in the NHS.
- 2.3 This policy outlines how North Yorkshire CCG will discharge these duties in order to protect the safety and welfare of all children.
- 2.4 This will also be in accordance with agreed multi-agency safeguarding children procedures of the North Yorkshire Safeguarding Children Partnerships.

3.0 Definitions / Explanation of Terms

- 3.1 Definitions in relation to the following terms used within this document are taken from statutory guidance (HM Government, 2018):
- 3.2 "**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
- 3.3 '**Safeguarding**' and '**promoting the welfare of children**' – this is defined as:
 - protecting children from maltreatment
 - preventing impairment of children's health or development
 - ensuring that 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

3.4 ‘**Child Protection**’ – this is one element of safeguarding children practice and refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

3.5 ‘**Abuse**’ - this is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

3.6 Statutory guidance (HM Government, 2018) identifies the different categories of abuse:

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

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

Sexual abuse – involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. 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. They 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child Sexual Exploitation – this is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in

exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Child Criminal Exploitation - Child criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- In exchange for something the victim needs or wants.
- For the financial or other advantage of the perpetrator or facilitator.
- Through violence or the 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 also occur through the use of technology

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers);
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

3.7 **'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

3.8 **CONTEST and PREVENT** (Radicalisation of vulnerable people)

- Contest is the Government's Counter Terrorism Strategy, which aims to reduce the risk from international terrorism, so that people can go about their lives freely and with confidence.
- Contest has four strands which encompass;

PREVENT: to stop people becoming terrorists or supporting violent extremism.

PURSUE: to stop terrorist attacks through disruption, investigation and detection.

PREPARE: where an attack cannot be stopped, to mitigate its impact.

PROTECT: to strengthen against terrorist attack, including borders, utilities, transport infrastructure and crowded places.

- Prevent focuses on preventing people becoming involved in terrorism, supporting extreme violence or becoming susceptible to radicalisation. Alongside other agencies, such as education services, local authorities and the police, healthcare services have been identified as a key strategic partner in supporting this strategy.
- CCG staff may identify children and young people who are vulnerable to radicalisation because they may have a heightened susceptibility to being influenced by others.
- The key challenge for the health sector is to be vigilant for signs that someone has been or is being drawn into terrorism.
- CCG staff who have concerns that children may be becoming radicalised should seek advice and support from the Designated Professionals for Safeguarding Children or dedicated PREVENT Lead.
- The Designated Professionals for Adult Safeguarding act as the PREVENT leads for the CCGs and advises on concerns following the referral pathway in line with the policy and procedure

4.0 Scope of the Policy

- 4.1 The policy applies to NHS North Yorkshire CCG and all its employees and must be followed by all those who work for the organisation, including the Governing Body, those on temporary or honorary contracts, secondments, pool staff, contractors and students.

5.0 Duties / Accountabilities and Responsibilities

5.1

CCG	<p>Statutory guidance states that CCGs are required to demonstrate compliance with Section 11 of the Children Act, 2004. This places a duty on organisations and individuals for ensuring their functions and any services they contract out to others, are discharged with the regard to the need to safeguard and promote the welfare of children.</p> <p>As the major commissioners of local health services, CCGs are responsible for quality assurance of safeguarding children standards through contractual arrangements with all provider organisations including from independent providers. (HM Government, 2018) See Appendix 1 for the safeguarding children standards for CCG commissioned services.</p>
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	<p>Under statutory guidance issued in 2018 in relation to the Children and Social Work Act 2017, CCGs, together with the police and local authority, are under a duty to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area.</p> <p>CCGs are required to secure the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Doctor for Deaths in Childhood. (NHS CB, 2018)</p> <p>CCGs are also required to employ a Named GP to advise and support GP safeguarding practice leads. GPs should have a lead and deputy lead for safeguarding within the practice, who should work closely with the Named GP based within the CCG. (HM Government, 2018).</p>
CCG Governing Body	The CCG Governing Body is responsible for the safeguarding children arrangements within the CCG; and is responsible for reviewing and maintaining an effective system of internal control, including systems and resources for managing all types of risk associated with safeguarding children.
CCG Accountable Officer	<p>The Accountable Officer is accountable and responsible for ensuring that the CCG's contribution to safeguarding and promoting the welfare of children is discharged effectively. This includes the new specific partnership responsibilities under the Children and Social Work Act (2017).</p> <p>The Accountable Officer is also responsible for ensuring the CCG is compliant with Section 11 of the Children Act 2004; this is discharged through the Executive Lead for Safeguarding Children.</p>
Executive Lead for Safeguarding	The Executive Lead for Safeguarding Children is the Chief Nurse, who is responsible, along with the Accountable Officer, for ensuring that the CCG discharges its duties in relation to safeguarding children.
Designated Professionals Team	<p>The Designated Professionals Team should be taken as referring to the Designated Nurses and Doctors for Safeguarding Children, the Designated Doctor for Deaths in Childhood and the Nurse Consultant for Safeguarding Children and Adults in Primary Care.</p> <p>The Designated Professionals are clinical experts and take a strategic and professional lead on safeguarding children across the health economy of North Yorkshire and York. They are also required to act as a vital source of safeguarding advice and expertise for all relevant organisations and agencies but particularly the CCG, NHS England, and the local authority, and for advice and support to other health practitioners across the health economy. (HM Government, 2018).</p>

	<p>The Designated Professionals work closely with all Named Doctors and specialist nurses for safeguarding children across the health economy to support the implementation of this agenda: ensuring safe processes, up to date internal procedures, and training strategies to meet the learning and development needs of staff.</p> <p>The Designated Professionals will access advanced training and supervision commensurate with their roles as per national guidance (RCN, 2019 or subsequent iterations).</p> <p>The Designated Professionals report to the Executive Lead for Safeguarding within the CCG and to relevant quality structures.</p>
Named GP	<p>The role of the Named GP is to act as safeguarding champions for General Practice in their locality. They take a strategic and professional lead on ensuring that safeguarding children is embedded in the practice, training policies and procedures. They work closely with the Designated Professionals and Primary Care Safeguarding Leads to act work as a source of expert advice to Primary Care.</p>
CCG Personnel	<p>All CCG personnel have an individual responsibility for the protection and welfare of children and must know what to do if concerned that a child is being abused or neglected.</p> <p>Advice regarding individual cases can be accessed from the CCG Safeguarding Children Team who will also record and store information in accordance with information governance requirements.</p> <p>Contact details:</p> <p><u>CCG Safeguarding Children Team :</u></p> <p>Karen Hedgley (07946 337290)</p> <p>Elaine Wyllie (07917 800793)</p> <p>Jacqui Hourigan (07920 26640)</p> <p>Janette Griffiths (07909 686821)</p> <p>Nicky Hields (07738 898819)</p> <p><u>Designated Doctors Safeguarding Children:</u></p> <p>Natalie Lyth (01845 521681)</p> <p>Dr Sarah Snowden (01904 726195)</p> <p>If you consider that a child is in immediate danger you should call the police (999)</p> <p>Guidance may also be found in “<i>What to do if you’re worried a child is being abused, Advice for practitioners</i>” 2015, accessible at:</p> <p>https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2</p> <p>Where abuse or neglect is suspected or known, staff are required to</p>

	<p>make a referral to Children's Social Care in accordance with relevant multi-agency procedures.</p> <p>Procedures and safeguarding children referral information can be accessed via the following website:</p> <p>http://www.safeguardingchildren.co.uk</p>
CCG Human Resources Services	<p>The CCG Human Resources Services will ensure that:</p> <ul style="list-style-type: none"> • Safe recruitment policies and practice are in place which meet current NHS Employment Check Standards in relation to all staff, including those on fixed-term contracts, temporary staff, locums, bank staff, agency staff, volunteers, students and trainees. • Post-recruitment employment checks are repeated in line with all contemporary national guidance and legislation. • Employment practices meet the requirements of the Disclosure and Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies where indicated, for their consideration in relation to barring. • All contracts of employment (including staff on fixed-term contracts, temporary staff, locums, bank staff, agency staff, volunteers, students and trainees) include an explicit reference to staff responsibility for safeguarding children and adults. • The CCG, via the Designated Professionals, HR Services and relevant personnel within the multi-agency safeguarding partnerships will ensure that all safeguarding children concerns relating to a member of CCG staff are effectively investigated, and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases. The CCG Allegations against People Who Work with Vulnerable Persons Policy should be followed along with multi-agency procedures from the Safeguarding Children Partnerships. • HR Services will work with the Designated Professionals to support the CCG regarding the reporting and management of Serious Safeguarding Incidents notified by the CCG and provider organisation

5.2 Responsibilities for Approval: This Policy should be approved by the North Yorkshire Clinical Commissioning Group Quality and Clinical Governance Committee.

6.0 Policy Document Requirements Details: The way in which this policy must operationalised, including roles and responsibilities of CCG staff, is described in table 5.1

7.0 Public Sector Equality Duty

- 7.1 In line with the CCG's Equality and Diversity Policies, this policy aims to safeguard all children and young people who may be at risk of abuse, irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender or sexual orientation. Approaches to safeguarding children must be child centred, upholding the welfare of the child as paramount. (Children Acts, 1989 and 2004).
- 7.2 All CCG staff must respect the alleged victim's (and their family's/ carers) culture, religious beliefs, gender and sexuality. However this must not prevent action to safeguard children and young people who are at risk of, or experiencing, abuse. Support in clarifying or understanding diversity issues can be sought from the Equality and Diversity department within the commissioning support organisation.
- 7.3 All reasonable endeavours must be used to establish the child, young person and families/carer's preferred method of communication, and to communicate in a way they can understand. This will include ensuring access to an interpretation service where people use languages (including signing) other than English. Every effort must be made to respect the person's preferences regarding gender and background of the interpreter.

8.0 Consultation

- 8.1 No formal consultation is required for this policy
- 8.2 Partner agencies may seek assurance that this policy is in place as part of the CCGs statutory requirement to be compliant with Section 11 of the Children Act (2004)

9.0 Training

- 9.1 All CCG staff must 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 safeguarding partnership procedures and the Safeguarding Children and Young People Competencies for Health Care Staff Intercollegiate Document (RCN, 2019 or subsequent iterations)
- 9.2 The CCG Safeguarding Children Training Strategy describes how staff can access training and the levels of training required, commensurate with their role.
- 9.3 The CCG will keep a training database detailing the uptake of all staff training so that Line Managers can be alerted to unmet training needs.

10.0 Monitoring Compliance with the Document

- 10.1 Audit of awareness of safeguarding children processes will be undertaken via agreed personnel appraisal processes.
- 10.2 Breaches to this policy will be exception reported to CCG quality structures.

11.0 Arrangements for Review

- 11.1 This policy will be reviewed two years from the date of issue. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

12.0 Dissemination.

- 12.1 Staff will be made aware of this policy through a briefing within the staff newsletter.

13.0 Associated Documentation: This policy should be read in conjunction with the following CCG policies:

- Recruitment and Selection Policy
- Disciplinary Policy
- Whistle Blowing Policy
- Training and Development Policy
- Allegations Against People Who Work with Vulnerable Persons Policy

14.0 References

Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/contents>

Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents>

HM Government (2018) *Working Together to Safeguard Children*

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

DH (2015) *Promoting the Health and Wellbeing of Looked After Children*

<https://www.gov.uk/government/publications/promoting-the-health>

RCN (2019) *Safeguarding Children and Young People: Roles and competences for health care staff. Intercollegiate Document Third Edition*

<https://www.rcn.org.uk/professional-development/publications/pub-007366>

NHS (2019) Safeguarding Children, Young People and Adults at Risk in the NHS:

Safeguarding Accountability and Assurance Framework

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-children-young-people-adults-at-risk-saaf-1.pdf>

15.0 Appendices

Appendix 1: Safeguarding Children Standards for CCG Commissioned Services

In accordance with statutory guidance *Working Together* (2018) the CCG has safeguarding children standards for all commissioned services, these include:

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.

Policies / Strategies

- Each provider must have comprehensive and up to date safeguarding children policies and procedures which are in line with HM Government statutory guidance, the CQC and agreed multi-agency procedures and guidance, and take account of guidance from any relevant professional bodies. The policies should include a child's right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. The policies 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 centred, focused on positive outcomes, informed by evidence and rooted in child development.

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 multi-agency safeguarding 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 (RCPCH, 2019 or subsequent iterations)

- A training database should be maintained which details the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned.
- Relevant staff groups 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.

Safe Recruitment and Vetting Procedures

- Safe recruitment policies and practices including the necessary Disclosure and Barring Service (DBS) checks for all staff working with children must be in place and must ensure that no person who is barred by the Disclosure and Barring Service is recruited.

Managing Allegations Against Staff

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

Effective Inter-agency Working

- The provider policies and procedures should be in line with and conducive to working in partnership with other agencies in accordance with safeguarding partnership policies and procedures.

Information Sharing

- Providers should have in place or have adopted local policies and procedures for sharing information about children and young people in line with legislation.

Supervision

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

Response to Incidents and Complaints

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

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

Case Review Processes

- Providers will cooperate with any safeguarding children multi-agency partnerships or the National Panel conducting a local or national Serious Child Safeguarding Practice Review, ensuring that any lessons emerging from the Review are clearly identified, implemented, and embedded in practice.

Child Death Reviews

- Providers involved with the management of child deaths, must be familiar with Safeguarding Children Partnership procedures for reviews of the deaths of children normally resident in the local area.
- They must have arrangements in place to respond to the death of a child and the child death review process, including providing staff with the time and resources to fully engage in the process.