Safeguarding Children and Young People Policy

Version 3
Approval Body Governing Body
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Contact for Review Quality and Patient Safety Team
<table>
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<tr>
<th>Prepared by</th>
<th>This Policy has been prepared and reviewed by the CCG Quality and Patient Safety team.</th>
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<td>Impact Assessment</td>
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<tr>
<td>Consultation</td>
<td>This is an internal document that does not need further engagement or involvement at this time.</td>
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<td>Authorised by</td>
<td>Approved by the Governing Body</td>
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<tr>
<td>What is it for?</td>
<td>This document is an updated version of the former South Norfolk CCG Policy ‘Safeguarding of Children and Young Adults’. The purpose of the Policy is to ensure that there is a corporate approach to the safeguarding.</td>
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<td>Who is it aimed at and which settings?</td>
<td>The Policy is for use by all CCG staff and the Governing Body.</td>
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<td>‘Children’s Act 2004 (Section 1)’</td>
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<td>See references and bibliography</td>
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<td>Common Core of Skills and Knowledge for the Children’s Workforce’ (DfES 2005)</td>
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<td>Training and Competences</td>
<td>All staff are to receive training and regular updates at the appropriate level for their role. It is mandatory for all staff working with children, families, and parents/carers of children to attend safeguarding children updates.</td>
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<tr>
<td>Monitoring and Evaluation</td>
<td>This policy will be monitored and reviewed for effectiveness by the Quality and Patient Safety team on a regular basis.</td>
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<tr>
<td>Appendix</td>
<td>Not applicable.</td>
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1. Introduction

The Children Act 1989 provides a comprehensive framework for the care and protection of children. The fundamental principle that underpins the Children Act is that the welfare of the child is paramount. Achieving positive outcomes for children requires all those with responsibility for assessment and provision of services to work together according to an agreed plan of action.

Section 11 of the Children Act 2004 sets out duties for a wide range of bodies including Health which is incorporated into the statutory guidance: Working Together to Safeguard Children (Department for Education 2013) which sets out how organisations and individuals have a duty to work together to safeguard and promote the welfare of children. In addition, Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework (NHS England 2013) provides specific guidance to NHS organisations which clearly sets out the responsibilities of each of the key players for safeguarding in the NHS. Both CCGs and NHS England are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children (and adults) at risk of abuse and neglect. This policy provides the framework to ensure robust and safe systems are in place to safeguard children and young people. The role of Clinical Commissioning Groups (CCG) is more than managing contracts and employing expert practitioners. It is about working with others to ensure that critical services are in place to respond to children and adults who are at risk of being harmed and delivering improved outcomes and life chances for the most vulnerable (DH, 2012 & 2013).

As an NHS body, South Norfolk CCG has a duty to make arrangements to ensure that, in discharging its functions, it has regard to the need to safeguard and promote the welfare of children. As a commissioner of local health services the CCG also needs to assure itself that the providers they commission from have effective safeguarding arrangements in place.

Health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding children and where appropriate provide support. This includes understanding risk factors, communicating effectively with children and families, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi agency assessments and reviews. The safeguarding policy applies to all staff working within the CCG.

The CCG will work with the Local Safeguarding Children’s Boards, NHS England, Local Authorities, Norfolk CCGs and other key partners to develop and improve safeguarding practice across the whole economy.

2. Purpose

The purpose of this policy is to detail how South Norfolk CCG will discharge and fulfil all its statutory safeguarding children functions both strategically and operationally.

The function of this policy is to identify roles and responsibilities of all staff across the organisation so that they are clear about what actions must be taken to safeguard children, assuring effective safeguarding arrangements are in place for the services it commissions

To assist with designing and implementing a robust system that supports the CCG to work together to minimise risk, improve outcomes for children, develop and sustain effective partnerships and ensure they are able to access the necessary clinical expertise and advice.
3. Definitions

The CCG is defined as NHS South Norfolk Clinical Commissioning Group responsible for commissioning health services for the population of South Norfolk.

These definitions below are taken from Working Together (2013):

A child is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

Safeguarding and promoting the welfare of children 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 and
- Taking action to enable all children to have the best outcomes

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Child In Need is defined under section 17 of the Children Act 1989 as a child is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.

Significant Harm is any Physical, Sexual, or Emotional Abuse, Neglect, Accident or Injury that is sufficiently serious to adversely affect progress and enjoyment of life. Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, “for example, impairment suffered from seeing or hearing the ill treatment of another”.

4. National Context

The Mandate from the Government to the NHS Commissioning Board (2012 & 2013) for April 2013 to March 2015 states:

“we expect to see the NHS working together with schools and children’s social services, supporting and safeguarding vulnerable, looked after and adopted children through a more joined up approach to addressing their needs.”

The Government response to the NHS Future Forum report (DH, 2010) states that the NHS and other health organisations have a critical role in preventing and identifying abuse, neglect and exploitation of vulnerable adults and children. The Department of Health:

- Aims to ensure that the leaders of all health organisations recognise and fulfil their safeguarding responsibilities
- Believes that safeguarding children is of paramount importance
- Expects the NHS to continue to improve processes for protecting children.

The government’s response to the Munro review of child protection (DfE, July 2011) sets out an ambition – the development of professional expertise to work with children, young people and families and continuous learning and improvement, by reflecting critically on practice to
identify problems and opportunities for a more effective system. The government expects health services to ensure that professional leadership and expertise around safeguarding are promoted in the new health systems, including the continuing key roles of named and designated professionals.

5. Local Context

Effective safeguarding arrangements in every local area should be underpinned by two key principles (HM Government, 2013):
1. Safeguarding is everyone’s responsibility; for services to be effective each professional and organisation should play their full part.
2. A child centred approach; for services to be effective they should be based on a clear understanding of the needs and views of children.

6. Duties and Responsibilities

NHS England
NHS England is represented regionally by the East Anglia Area Team. It has a statutory responsibility duty to be a member of the Local Safeguarding Children Boards (LSCBs) working in partnership with local authorities to fulfil their safeguarding responsibilities. It is also responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and improve the outcomes for children and adults at risk and their families, thereby promoting their welfare.

The Director of Nursing in each area team has the lead responsibility for safeguarding both adults and children and acts as the main conduit of advice and support to area team colleagues and the wider system.

Clinical Commissioning Group
NHS South Norfolk Clinical Commissioning Group (CCG) has a statutory responsibility to ensure that the health services and the provider organisations they commission provide a safe system that safeguards children and vulnerable adults.

South Norfolk CCG is a member of the Norfolk Local Safeguarding Children Board (LSCB) and liaises closely with the Suffolk Local Safeguarding Board. The CCG works in partnership with the local authority to fulfil their safeguarding responsibilities.

As a commissioning organisation, the CCG is required to ensure that all health providers from whom it commissions services (both public and independent sector) have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect vulnerable adults from abuse or the risk of abuse.

The CCG has demonstrated through its authorisation processes that safeguarding requirements are in place. The CCG has appropriate systems in place including:
- Staff-training
- Accountability for safeguarding reflected in CCG governance arrangements.
- Cooperation with local authorities to support LSCBs, LSCB sub groups and wellbeing boards

7. Roles and Responsibilities
**Accountable Officer**

The Accountable Officer has the responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the CCG’s commissioning arrangements.

**Director of Quality Assurance (DQA)**

The DQA is the Director with Lead for Safeguarding and will ensure that the CCG works closely with partner organisations and provides appropriate links for the Local Safeguarding Children Board and subgroups.

The DQA will work with the Local Area Director of Nursing in complying with the accountability and assurance framework and will work closely with other regulators through the East Anglia wide Quality Surveillance Group to ensure sharing and learning of key information relating to all aspects of patient safety and quality, including safeguarding.

The DQA and is responsible for ensuring that the needs of all children and young people are at the forefront of local planning and that high quality health services that meet identified quality and safety standards are commissioned.

The DQA will ensure that all commissioned services give assurance on their processes and systems for children’s safeguarding and that it is a standing agenda item at all Clinical Quality Review Group meetings.

The DQA will ensure that processes for safeguarding children are also supported in primary care member practices and specialist services, offering advice and support in collaboration with the local area team to ensure safe services.

The DQA will ensure, through reporting to the Quality and Safety Assurance Committee, that monitoring takes place of safeguarding activity to fulfil the requirements of Section 11 of the Children Act (2004), Working Together to Safeguard Children (DFE 2013), Standard 5 of the National Service Framework for Children Young People and Maternity Services (DH 2004), the Care Quality Commission Regulations (2010) and the recommendations from serious case reviews.

The DQA will ensure that the expertise of the designated professionals is used to contribute to the design and planning of services.

To fulfil all the responsibilities the DQA has support from the Designated Children Safeguarding Professionals. Review of capacity and capability to fulfil the duties is undertaken through the monitoring of the memorandum of understanding (MOU).

**Commissioning Assistant Directors**

Commissioning ADs within the CCG will ensure that service specifications of all health providers from whom services are commissioned include clear service standards for safeguarding and promoting the welfare of children, consistent with section 11 of the Children Act (2004) and statutory guidance within Working Together to Safeguard Children (DFE 2013).

Services/service level agreements should take account of:

- Safeguarding responsibilities
- Equality and diversity
- The right to family life
- The principles of information sharing in accordance with statutory and other sharing information guidance.
All services commissioned or provided are delivered, are child centred and respect the individuality of each child. These standards will then be robustly managed through the CCGs contract monitoring processes.

The Commissioning ADs will ensure that all new pathways, commissioning cases and QIPP schemes are impact assessed by the CCGs Quality Impact Assessment to ensure all consideration is given to children’s safeguarding requirements.

**Designated Professionals Safeguarding Children**

The designated professionals for children’s safeguarding will be directly employed and hosted by NHS Great Yarmouth and Waveney CCG (GYW CCG). The Director of Quality (DOQ) in GYW CCG designated professionals will support the CCG to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the CCG area.

The DOQ of host CCG on behalf of all Norfolk CCGs:

- Attends Norfolk and Suffolk Safeguarding Children’s Board and has a duty to report to and from the other CCGs
- Is a member of the Norfolk Safeguarding Children Board Leadership Group
- Oversees the reporting schedule of the Designated Safeguarding Team
- Liaises with the Area Team in matters relating to safeguarding children and primary care

Designate Professionals will support the CCG in its clinical governance role, by ensuring that safeguarding audits are undertaken, that safeguarding policies and procedures are in place and that safeguarding issues are managed through the CCGs clinical governance and processes and systems.

Designated professionals are responsible for ensuring the development, monitoring and reviewing of safeguarding practice by all provider trusts/services. Designated professionals provide professional leadership, expert advice, support and supervision to the Named professionals in each health organisation.

Designated professionals will support the LSCB local learning and improvement framework to learn from experience and improve services as a result. They will take a strategic lead in Serious Case Reviews and other reviews, as determined by the LSCB. When conducive to the methodology chosen by the LSCB, the designated professional may review and evaluate the practice of all health professionals in provider organisations within the CCG area and submit a health overview report to the LSCB.

**Local Safeguarding Children’s Board (LSCB)**

The LSCB is the statutory body responsible for safeguarding children. The functions undertaken by the LSCB reflect the requirements of the *Children Act (2004)*, and are based upon the objectives set out in Chapter 3 of *Working Together to Safeguard Children, (2013)*. The Board has an Independent Chair and membership from Local Authority, Health commissioning and providers, police and probation service, legal advisor, voluntary sector, fire service, ambulance service and a youth Lay Member. The Chief Officer is a full member of the LSCB.

**Safeguarding & Looked After Children Forums**

The CCG will work in collaboration with NHS England and other Norfolk CCGs on areas of mutual interest to avoid unnecessary duplication of work and share good practice.
Safeguarding Children and Looked After Children Designated/Named Professionals will engage with and contribute to local, regional and national forums and networks as appropriate to their roles and responsibilities.

**All Clinical Commissioning Group Staff**

All staff must always be alert to the possibility of significant harm to a child resulting from abuse or neglect, or to a child who is ‘in need’. All staff should be able to recognise the indicators and know how to act upon concerns, their depth of knowledge being commensurate with their roles and responsibilities.

All staff must be aware of the vulnerabilities of certain groups of children such as those who are disabled, ‘looked after’ or privately fostered.

All staff must be aware of the increased vulnerabilities of certain groups of adults who may find parenting difficult, for example, those experiencing domestic abuse, unmanaged mental health problems, uncontrolled substance or alcohol misuse, severe learning disabilities or those with unmet support needs.

All staff working primarily with adults who are parents or carers should always consider the effects on parenting capacity and subsequent implications for children of the adult’s illness or behaviour.

All staff must recognise that sharing information is vital for early intervention to ensure that children are protected from abuse and neglect and that the safeguarding of children is paramount and can override any duty of confidentiality.

Staff should be aware that when they have child protection concerns they can discuss them with a Designated/Named Safeguarding Professional, as required and must know how to access this support. However these discussions must never delay any emergency action that needs to be taken to protect a child.

All staff should uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation whatever their:

- Ethnicity
- Religion/belief
- Spoken Language
- Gender
- Sexual Identity
- Age
- Health
- Ability
- Location or placement
- Criminal behaviour
- Political or immigration status

All staff must be familiar with and know where to access this policy and associated policies.

All staff must ensure that they update their child protection skills and knowledge at a level commensurate with the post for which they are employed by undertaking further refresher training as appropriate and in line with the levels of competence defined by *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document*, (Third Edition March 2014)
All staff that work regularly with children are responsible for ensuring that they access on-going safeguarding children supervision in accordance with the requirements of their particular area of practice.

8. Governance Arrangements

Clearly defined safeguarding accountability and governance arrangements are essential to ensure the Clinical Commissioning Groups are able to fulfil all their statutory requirements including the proactive and effective management of risk.

Ultimate accountability for ensuring that all quality and safeguarding duties are discharged is the responsibility of the Clinical Commissioning Group Governing Body. The Governing Body will receive assurance that all responsibilities are discharged; that systems and process are in place to monitor quality issues including safety in an on-going way, that arrangements are in place to proactively identify early warnings of a failing service, arrangements are in place to deal with and learn from serious untoward incidents and never events and has established appropriate systems for safeguarding from a committee of the Governing Body, the Quality Safety Assurance Committee. The DQA is a member of this committee and will with designated professional's present safeguarding assurance reports to the committee at every meeting, exception reports as required and escalate any risks with mitigating action plans.

The Clinical Commissioning Group Governing Body will receive a comprehensive safeguarding report, including a looked after children report at least annually and exception reports when necessary.

9. Quality Assurance

The CCG will complete an annual Section 11 audit and receive feedback from the LSCB. The CCG/designated professionals will notify the Area Team NHS England and Care Quality Commission of all Serious Case Reviews.

10. Safer Employment

Recruitment
The CCG recruitment policy adheres to the principles of safer recruitment, for example:
- Safeguarding statements in job descriptions and adverts
- Seeking appropriate references (2 minimum including most recent employment)
- Checking ID and professional
- DBS checks
- Checking employment history and accounting for anomalies

11. Staff Accused/Suspected of Harming a Child or Who May Pose a Risk to Children

If a member of staff becomes aware of any information regarding another member of staff, which identifies that a child either may or has been at risk of significant harm (including the member of staff’s own child), then they must immediately report this information to the CCG lead Director or appointed deputy. If the concern is about the DQA this must be reported to the Chief Officer.
If a health professional wishes to raise a concern all providers have systems in place to raise concerns through their organisation.

12. Consent

Sharing information for safeguarding purposes would normally require the consent of a Gillick competent child or their parent. However if this agreement cannot be obtained for a child in need of protection the relevant information would nevertheless be shared with appropriate services as the need to safeguard the child would be considered to be in the wider public interest.

13. Supervision and Support

Proactive safeguarding children supervision is provided for all health professionals working with children and their families and can be accessed through the Named or Designated/Associate Designated Professionals.

14. Training

Child protection awareness will be covered within the local induction programme for all new staff, and new staff should also receive additional relevant local introductory training in safeguarding children from their supervisor/ line manager. At induction training all staff must be informed about the Safeguarding Children Policy and Procedures.

The CCG Governing Body members will receive training related to the statutory duties of the CCG.

All staff must receive training and regular updates at the competence level appropriate for their role (RCPCH 2010). The training course will need to be one which has been approved by at least one of the Local Safeguarding Children Board’s. Any member of staff unsure of their training needs should contact their line manager/training lead to discuss their requirements.

15. Monitoring

The CCG will ensure that safeguarding the welfare of children is integral to governance and audit arrangements. This policy will be monitored through the Quality and Patient Safety framework. All incidents related to safeguarding or child deaths will be reported and monitored. All serious case reviews will be coordinated by the designated professionals.
REFERENCES / BIBLIOGRAPHY


Common Core of Skills and Knowledge for the Children’s Workforce (2005) Department for Children, Schools and Families


Looked after Children: knowledge, skills and competency of health care staff Intercollegiate Role Framework, RCN, RCPCH May 2012.

Munro review of child protection: final report a child-centred system. (2011) Department of Education


Safeguarding Vulnerable People in the reformed NHS – Accountability and Assurance Framework (2013) NHS Commissioning Board


Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2013) Department of Education
# GLOSSARY

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<th>Abbreviation</th>
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<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<tr>
<td>DCSF</td>
<td>Department for Children Schools and Families</td>
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<td>DfE</td>
<td>Department for Education</td>
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<td>DH</td>
<td>Department of Health</td>
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Gillick Competence - is a term originating in England and is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

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<td>GB</td>
<td>Governing Body</td>
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<td>LSCB</td>
<td>Local Safeguarding Children’s Board</td>
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<td>NSCB</td>
<td>Norfolk Safeguarding Children’s Board</td>
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<td>RCPCH</td>
<td>Royal College of Paediatrics and Child Health</td>
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<td>SSCB</td>
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<td>SCG</td>
<td>Specialist Commissioning Group</td>
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