

Safeguarding Children Policy

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Author	Designated Nurse Safeguarding Children
Reference No	CO15

Policy Validity Statement

This policy is due for review on the date shown above. The policy will remain valid, but must be reviewed within each 2 year period.

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

Version Control

Version	Release Date	Author	Update comments
V1	28 February 2013	Senior Governance Manager, NECS	Policy adopted by Clinical Commissioning Group (CCG) as part of policy suite developed by NECS.
V2	11 November 2015	Designated Nurse	Review following revised Statutory Guidance.
V3	November 2016	Designated Nurse	Reviewed and Updated.

Approval

Role	Name	Date
Approval	Governance & Risk Committee	2013
Approval	Governance & Risk Committee	11 th November 2015
Approval	Governance & Risk Committee	9 th November 2016

Review

The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 2 year period.

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1 Introduction

For the purposes of this policy South Tees (ST) 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. This includes relationships with patients their carers' public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the CCG 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 and 2004. Section 11 of the Children Act 2004, places a duty upon a range of organisations and individuals including CCGs, to ensure their functions and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children (Working Together 2015). Responsibilities of the CCG are set out in the statutory guidance *Working Together to Safeguard Children*, (HM Gov. 2015) and *Promoting the health and well-being of Looked After Children* (DH, DfE 2015).

All staff working within the CCGs' health and social care 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. 'Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework' states that CCGs needs to "assure themselves that the organisations from which they commission services have effective safeguarding arrangements in place" (p.20, NHS England 2015). The Health and Social Care Act (2012) also places a legal duty on CCGs to work together with local authorities in promoting integration of health and social care services.

This policy outlines how as a commissioning organisation the CCG will fulfil its legal duties and statutory responsibilities effectively both within their own organisation and across the local health economy via their commissioning arrangements. The CCG will ensure robust structures, systems, standards and an assurance framework, which are in accordance with both the legal structure and the 2 Local Safeguarding Children Boards (LSCB) of Middlesbrough and Redcar and Cleveland.

Effective safeguarding arrangements in every local area should be underpinned by three key principles:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part.
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.
- Think Family agenda

1.1 Status

This policy is a corporate policy.

1.2 Purpose and Scope

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

This policy applies to all staff employed by ST CCG including those on fixed term contracts, temporary staff, bank staff, locums, agency staff, contractors, volunteers (including celebrities), students and any other learners undertaking any type of work experience.

All CCG personnel have an individual responsibility for the protection and welfare of children. They should be able to recognise indicators of abuse and must know what to do if concerned that a child is being abused or neglected. **A simple flowchart outlining this is available at Appendix 1** ('What to do if you're worried a child is being abused' DH 2015).

All ST CG employees must be mindful of their responsibility to safeguard children. They should be able to recognise indicators of abuse and know how to act upon concerns. Staff should seek advice from their line manager or another senior manager when they have a safeguarding concern. They can also seek advice and support from the safeguarding team.

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.

2 Definitions

2.1 Definitions in relation to the following terms used within this document are taken from various referenced sources.

2.1.1. **Child:**

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 (Working Together to Safeguard Children 2015).

2.1.2. **Looked After Child (LAC):**

An easy to understand definition of a Looked After Child can be found on the NSPCC website following the link below. A child who is being looked after by their local authority is known as a child in care or a looked after child. They might be living:

- with foster parents
- at home with their parents under the supervision of social services
- in residential children's homes
- other residential settings like schools or secure units.

They might have been placed in care voluntarily by parents struggling to cope. Or, children's services may have intervened because a child was at significant risk of harm.

https://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-in-care/MORE_DETAIL

2.1.3. **Safeguarding and promoting the welfare of children:**

- 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 life chances

2.1.4. **Child Protection / Child In Need and provision of services:**

Child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm (Working Together 2015). Section 47 of the Children Act 1989 states authorities must make enquiries to enable them to decide whether they should take action to safeguard or promote the child's welfare where the local authority:

- (a) are informed that a child who lives, or is found, in their area (i) is the subject of an emergency protection order, or (ii) is in police protection; or
- (b) have reasonable cause to suspect that a child who lives, or is found in their area is suffering, or is likely to suffer, significant harm (Working together 2105)

Section 17 of the Children Act 1989 states a **child in need** is when:

- (a) the child is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority under Part III of the act
- (b) the child's health or development is likely to be significantly impaired, or further impaired, without the provision of such services
- (c) the child is disabled

2.1.5. **Abuse:**

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 (e.g. via the internet). They may be abused by an adult or adults, or another child or children. Working Together to Safeguard Children (2015) defines the four categories of abuse as:

- **Physical Abuse:**
- **Emotional Abuse:**
- **Sexual Abuse:**
- **Neglect:**

The full definitions of abuse can be found in Appendix 2

2.1.6. **Child Sexual Exploitation (CSE):**

“Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

This definition of child sexual exploitation was created by the UK National Working Group for Sexually Exploited Children and Young People (NWG) and is used in statutory guidance for England.

The full definition of CSE can be found in Appendix 2 and the link below

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/what-is-child-sexual-exploitation/>

2.1.7. **Domestic Violence and Abuse:**

The new government definition of domestic violence and abuse implemented from March 2013 is:

“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 or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse”:

- psychological
- physical
- sexual
- financial
- emotional

<https://www.gov.uk/guidance/domestic-violence-and-abuse>

2.1.8. **Female Genital Mutilation (FGM):**

“FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls’ and women’s bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child”. (Department of Health 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418549/2903842_DH_FGM_Commissioning_Accessible.pdf

2.1.9. **Forced Marriage:**

The updated government overview from March 2016 states forced marriage is where one or both people (children and adults) do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

<https://www.gov.uk/guidance/forced-marriage>

2.1.10. **Prevent:**

Prevent is part of a counter-terrorism strategy, CONTEST. Its aim is to stop people (both children and adults) becoming terrorists or supporting terrorism. *Prevent* will address all forms of terrorism but continue to prioritise according to the threat posed to our national security. Preventing terrorism will mean challenging extremist (and non-violent) ideas that are also part of a terrorist ideology. *Prevent* will also mean intervening to stop people moving from extremist groups or from extremism into terrorist-related activity.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

2.1.11. **Special Educational Needs Disabilities - SEND:**

Disabled children are three to four times more likely to be abused and neglected than non-disabled children and are more likely to experience multiple types and occurrences of abuse. Disabled children have additional needs and face both additional and specific risks and barriers to their protection including:

- Attitudes and assumptions such as a reluctance to believe disabled children are abused, minimising the impact of abuse and attributing indicators of abuse to a child's impairment without an exploration of possible causes or reasons underlying these
- Barriers to the provision of support services that lead to the disabled child and their family being isolated
- Impairment-related factors such as dependency on a number of carers for personal assistance, impaired capacity to resist/avoid abuse, communication impairments and an inability of the child to understand what is happening or to seek help
- A skills gap such as an inability to communicate with the disabled child and respond to their individual needs in a child protection context, inappropriate application of thresholds.

The CCG needs to ensure the equal protection of disabled children by ensuring that local arrangements to safeguard and promote the welfare of disabled children are in place,

3 Safeguarding Children Standards for CCG Commissioned Services

3.1. It is the responsibility of every NHS funded organisation and each individual working within the NHS to consistently apply the principles of safeguarding children. As part of the NHS standard contract in relation to safeguarding (Service Condition 32), the CCG will negotiate and agree with the provider organisations what contract measures are put in place to demonstrate compliance with safeguarding duties (NHS England 2016). The NHS England Accountability and Assurance Framework 2015 sets out the minimum standards that are expected for all health care providers however local arrangements will be tailored to meet local need. These include:

3.2. Provider leadership

- Demonstrate safeguarding leadership and be fully engaged with the local assurance structures such as the LSCBs

3.3 Policies / Strategies

- Comprehensive up to date safeguarding children policy which includes a chaperoning policy, accessible to all staff, and are in line with Government, CQC and LSCB guidance and take account of guidance from any relevant professional body.

3.4 Staff training and Continued Professional Development

- Effective staff training compliant with the intercollegiate document, [Safeguarding Children and Young People Roles and Competencies for Health Care Staff, Intercollegiate Document, \(RCPCH 2014\)](#) and [Looked After Children: knowledge, skills and competencies of health staff \(RCN,RCPCH, RCGP 2015\)](#)
- Staff to be alert to potential indicators of abuse and know how to act on their concerns and fulfil their responsibilities in line with their Local Safeguarding Children Boards requirements.
- Staff should be made aware of any new guidance or legislation and any recommendations from local and national serious case reviews / domestic homicide reviews with regards to safeguarding children.

3.5 Safe Recruitment and Vetting Procedures

- Safe recruitment policies and practice administered by the Disclosure and Barring Service for all staff working with children must be in place, to ensure no person who is barred by the Independent Safeguarding Authority is recruited.

3.6 Managing Allegations Against Staff

Procedures for dealing with allegations of abuse against staff and volunteers, including referral to the Local Authority Designated Officer (LADO). The procedures should clearly reference following Local Safeguarding Board procedures in particular referral to the LADO <http://www.teescpp.org.uk>

3.7 Effective Inter-agency Working

- Staff should have arrangements in place for effective inter-agency working at any level of need and should work together with other agencies in accordance with their LSCB policies and procedures.

3.8 Information Sharing

- Have in place local policies and procedures for sharing information where there are concerns for the welfare of a child. Information sharing is key in protecting children and should be promoted in accordance with the published national guidance; [*Information Sharing; Advice for Practitioners*](#) (2015)

3.9 Supervision

- A safeguarding children supervision policy in place, which has been agreed with the Designated Nurse Safeguarding Children and meets the requirements of national guidance and the Local Safeguarding Children Board.
- Staff should be aware how to contact the Designated Professionals for safeguarding for advice and support.

3.10 Response to Incidents, Complaints and Duty of Candour

- A policy with regard to incidents, errors and complaints relating to any aspect of safeguarding children to include the requirement to inform the Designated Safeguarding lead within the organisation and the CCG.
- Procedures in place for reporting Serious Incidents to the CCGs via the Incident Reporting and Investigation Policy and Procedure
- Follow statutory duty of candour promoting openness and transparency in relation to care
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/295773/Duty_of_Candour_Consultation..pdf
- A culture where staff are aware of their responsibilities to report concerns and feel supported to address any poor practice identified

3.11 Statutory Reviews

- Duty to cooperate with any Local Safeguarding Children Board where a Serious Case Review, Domestic Homicide Review or Child Death review is convened.
- Full definitions of each review in Appendix 2

3.12 Named professionals

- Identification of a Named Doctor, Named Nurse and Named Midwife where organisations provide maternity services

4 Governance and Accountability

4.1 The CCG Governing Body is responsible for assuring the organisations from which they commission have arrangements in place to meet their statutory requirements relating to safeguarding children and that these arrangements are being complied with. This can be achieved by commissioner assurance visits, Section 11 audits and attendance at provider committee meetings. In discharging the safeguarding duties the CCG will demonstrate:

- A robust governance structure and clear line of accountability in place to support the work of Middlesbrough and Redcar and Cleveland LSCBs and the CCG Governing Body in delivering safeguarding children responsibilities.
- Clear policies setting out the CCG's commitment and approach to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children. This includes having a Designated Senior Manager for Managing Allegations Against Staff who will inform the Local Authority Designated Officer (LADO).
- Having designated professionals safeguarding children and looked after children in post.
- Training CCG staff in recognising and reporting safeguarding issues, appropriate supervision arrangements and ensuring the staff are competent to carry out their responsibilities and know where to go to for advice and support
- Effective information sharing arrangements in place
- Ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding children and the CCG commissioning, contract monitoring and quality assurance processes reflects this

- Ensuring service specifications, invitations to tender and service contracts reflect safeguarding requirements as outlined in this policy with specific reference to the clear standards for service delivery
- Oversight of statutory reviews, reported incidents and subsequent action plans, ensuring that learning from these is reflected in the strengthening of commissioning, quality assurance and practice
- Effective interagency working with local authorities, the police and third sector organisations. This includes appropriate arrangements to cooperate with local authorities in the delivery of LSCB and health and wellbeing boards
- Support the development of a positive learning culture across partnerships for safeguarding children to ensure that organisations are not risk averse
- Demonstrate that the designated professionals are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice

4.2 The Local Safeguarding Children Boards have the lead responsibility for keeping children safe, as set out in the guidance under the Children Act 2004. The Executive Lead with responsibility for safeguarding children (CCG Executive Nurse) and the Designated Nurse Safeguarding Children and Looked After Children and Designated Doctor for safeguarding children are members of the local Safeguarding Children Boards.

5. Duties and Responsibilities

Council of Members	The council of members 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.
Chief Officer	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.
CCG Executive Nurse	<p>The Executive Nurse, as executive lead will take responsibility for governance and organisational focus on safeguarding children and will represent the CCG at the Local Safeguarding Children Boards. The Executive Lead will work closely with and line manages the Designated Doctor and Nurse and Named GP for Safeguarding Children.</p> <p>The CCG Executive Nurse, as 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 Designated professionals for safeguarding children. The Designated Nurse has direct access and reports to the Executive Nurse.</p>
Designated Nurse Safeguarding Children and Looked After Children (Author) and Designated Professionals	<p>The Designated Nurse and Designated professionals will take a strategic and professional lead on all aspects of the NHS contribution to safeguarding children across the CCG area, which includes all commissioned providers. To:</p> <ul style="list-style-type: none"> • Work with the Executive Nurse to ensure robust safeguarding children assurance arrangements are in place within the CCGs and provider services. • Provide advice and expertise to the CCG's governing bodies and to the Local Safeguarding Children Boards and associated groups and to professionals across both the NHS and partner agencies. • Provide professional leadership, advice and support to lead safeguarding children professionals across provider trusts/services and independent contractors. • Represent the CCG on relevant committees, networks and multiagency groups charged with the management of safeguarding children. • Lead on investigation and provision of appropriate information to inform and support reviews including serious case and independent management reviews. • Lead and support the development of safeguarding children policies and procedures in the CCG in accordance with national, regional and local requirements. • Provide advice and guidance in relation to safeguarding children training including standards. • Ensure quality standards for safeguarding children are

	<p>developed and included in all provider contracts and compliance is evidenced.</p> <ul style="list-style-type: none"> • The Designated Professionals for Safeguarding Children are responsible for ensuring that the Serious Case Review / Learning Lesson Reviews process links in appropriately with the Serious Incident reporting process and governance arrangements. • The Designated Professionals for Safeguarding Children will work closely with the Head of Quality and Safeguarding to ensure that where appropriate there is effective information flow across both adults and children's safeguarding teams
Named GP & Safeguarding Children Officer	The Named GP and Safeguarding Children officer will lead and support the development of practice within Primary Care (GPs) which includes training standards and compliance with statutory guidance. The Safeguarding Children Officer will support the role of the Designated Nurse across the health economy.
CSU Staff	Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation.
All Staff	<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.

6 Implementation

6.1 This policy will be available to all Staff within the CCG via the shared intranet and ST CCG internet site.

- All managers are responsible for ensuring that relevant staff within their own department have read and understood this document and are competent to carry out their duties in accordance with the procedures described
- Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

7 Training Implications

7.1 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 the LSCB procedures and the *Safeguarding Children and Young People Competencies for Health Care Staff Intercollegiate Document* (RCPCH, 2014) and the *Looked after children: Knowledge, skills and competences Intercollegiate Role Framework* (2015)

7.2 All CCG staff will complete the level of training commensurate with their role and responsibilities. (See Appendix 3)

7.3 The CCG will keep a training database detailing the uptake of all staff training and Line Managers can be alerted to non-compliance of training

7.4 Staff will be made aware of this policy through ST CCG website, North East Commissioning Support information intranet

8 Clinical supervision

8.1 Designated Professionals should receive one to one clinical supervision with the Executive Nurse as a minimum on a quarterly basis and have access to ad hoc supervision as required.

8.2 Support advice and guidance 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 Professional.

9 Related Documents

9.1 Other related policy documents

- IG01 Confidentiality and Data protection policy
- IG03 Information governance and risk policy
- IG06 Records Management policy and strategy
- CO16 Safeguarding Adults policy
- CO18 Serious Incident Management policy
- CO21 Managing the Impact of Domestic Abuse in the Workplace
- CO26 Managing Allegations Against Staff (Safeguarding)
- HR35 Whistleblowing policy
- HR27 Recruitment and selection policy
- HR33 Training and Development policy

The above documents can be found on the CCG website

9.2 Legislation and statutory requirements

Children Act (1989) available at:

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

(Accessed 4th February 2016)

Children Act (2004) available at:

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

(Accessed 4th February 2016)

DH, DfE (2015) *Promoting the health and well-being of looked after children.*

Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf.

(Accessed 5th February 2016)

Health and Social Care Act (2012) Available at:

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> (Accessed 4th

February 2016)

HM GOV (2015) *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children.* Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf.

(Accessed 4th February 2016)

NHS England (2015) *Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework.* Available at:

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

(Accessed 4th February 2016)

NHS England 2015/2016 *NHS Standard Contract 2015/16, Service Conditions*
Available at: <https://www.england.nhs.uk/wp-content/uploads/2015/03/14-nhs-contract-serv-conditions.pdf> (Accessed 1st April 2016)

9.3 Best practice recommendations

DH (2015) *Commissioning Services to support women and girls with female genital* Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418549/2903842_DH_FGM_Commissioning_Accessible.pdf (Accessed 1st April 2016)

GOV UK. *Domestic violence and Abuse, New definition.* Available at:
<https://www.gov.uk/guidance/domestic-violence-and-abuse> (Accessed 8th February 2016)

GOV UK. *Forced Marriage.* Available at: <https://www.gov.uk/guidance/forced-marriage> (Accessed 8th February 2016)

Hartlepool Safeguarding Children Board available at:
<http://www.lscbhartlepool.org/>

HM GOV (2011) *Prevent Strategy.* Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf (Accessed 8th February 2016)

HM GOV (2015) *Information Sharing, Advice for practitioners providing safeguarding services to children, young people, parents and carers.* Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf
(Accessed 4th February 2016)

HM GOV (2015) *What to do if you're worried a child is being abused: advice for practitioners.* Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

NSPCC. *Children in Care.* Available at: <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-in-care/> (Accessed 8th February 2016)

NSPCC. *Child Sexual Exploitation.* Available at:
<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/what-is-child-sexual-exploitation/> (Accessed 8th February 2016)

Middlesbrough Local Safeguarding Children Board (MSCB) available at:
<https://www.middlesbrough.gov.uk/social-care-and-wellbeing/safeguarding/safeguarding-children-and-young-people/middlesbrough-safeguarding-children-board-mscb>

Redcar and Cleveland Safeguarding Children Board available at:
<https://www.redcar-cleveland.gov.uk/safeguarding>

RCPCH (2014) *Safeguarding Children and Young People, Roles and Competencies for Health Care Staff, Intercollegiate Document 3RD Edition.*
Available at:
<http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20> (Accessed 5th February 2016)

RCPCH, RCN, RCGP (2015) *Looked After Children: Knowledge, Skills and competencies of health staff.* Available at:

http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf (Accessed 5th February 2016)

Stockton Local Safeguarding Children Board (SLCLB) available at:

www.stockton.gov.uk

Teeswide Child Protection Procedures available at: www.teescpp.gov.uk

10 Monitoring, Review and Archiving

10.1 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.

10.2 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 'document history' table on the front 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.

10.3 Archiving

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

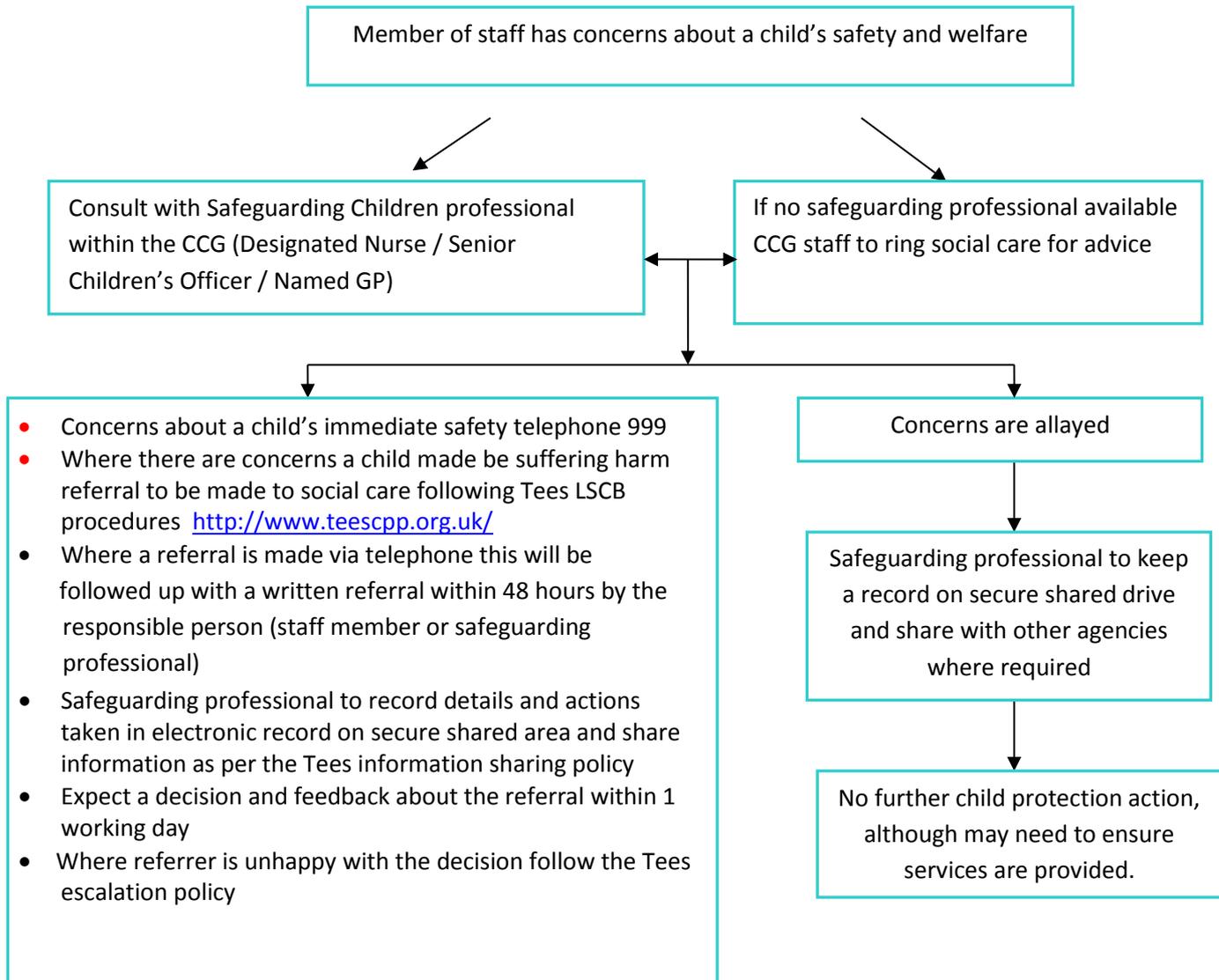
11 Equality Analysis

A full Equality Impact Assessment has been completed:



EIA - Safeguarding
Children Policy 2016.c

What to do if you're worried a child a child is being abused (2015) (adapted version)



Middlesbrough

During working hours:
Tel: 01642 726004

First Contact

Middlesbrough Wellbeing Care & Learning Department
Vancouver House
Gurney Street
Middlesbrough
TS1 9FU

Out of hours:

Emergency Duty Team
Tel: 08702 402994

Redcar & Cleveland

During working hours:
Tel: (01642) 771500

The Access Team

Redcar & Cleveland Children Services
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Out of hours:

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Definitions of Abuse

- **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. It may involve conveying to a child that 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. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- **Neglect:**

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 care-givers);
or
- ❖ ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

- **Child Sexual Exploitation (CSE):**

"Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability".

- **Statutory Reviews**

A serious case is one where:

- (a) abuse or neglect of a child is known or suspected; and
- (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child (Working together to safeguard children 2015)

A domestic homicide review is:

convened by the local community safety partnership when the defined criteria has been met following the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect.

Child death review: a review of all child deaths up to the age of 18.

Appendix 3

Levels of Safeguarding Children Training/ staff group (Safeguarding Children and Young People, Intercollegiate Document 2014)

	Staff Groups	Training Requirements	Frequency/refresher
Level 1	All staff including non-clinical managers and staff working in healthcare settings This Level would address and meet the training requirements for the majority of the CCG's employees	A mandatory session of at least 30 minutes duration should be included in the general staff induction within 6 weeks of taking up post	Over a 3 year period, staff at Level 1 should receive training equivalent to a minimum of 2 hours
Level 2	Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers There are no CCG employees who would require this training		
Level 3 Core competencies	Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection Concerns There are no CCG employees who would require this training		
Level 3 Additional competencies	Paediatricians, paediatric intensivists, forensic physicians, child and adolescent mental health psychiatrists, child psychologists, child psychotherapists, GPs, children's nurses, school nurses, child and adolescent mental health nurses, children's learning disability nurses, midwives and		

	health visitors GP Leads within the CCG would require this level of training. However, this would be addressed by NHS England		
Level 4	Named professionals	Named Professionals should complete a management programme with a focus on leadership and change management within 3 years of taking up their post	Named Professionals should attend a minimum of 24 hours of education and learning over a 3 year period.
Level 5	Designated professionals	Designated Professionals should complete a management programme with a focus on leadership and change management within 3 years of taking up their post	Designated Professionals should attend a minimum of 24 hours of education and learning over a 3 year period.