Safeguarding Children Policy

2017-2018

Inspiring Better Health and Wellbeing
Document Control: 04.

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<td>Title</td>
<td>Safeguarding Children Policy</td>
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<tr>
<td>Document Number</td>
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<tr>
<td>Author</td>
<td>Moira McGrath</td>
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<tr>
<td>Date Created</td>
<td>August 2018</td>
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<tr>
<td>Date Last Amended</td>
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<tr>
<td>Version</td>
<td>04.</td>
</tr>
<tr>
<td>Approved By</td>
<td>Clinical Quality and Performance Committee</td>
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<tr>
<td>Date Approved</td>
<td>2018</td>
</tr>
<tr>
<td>Review Date</td>
<td>August 2019</td>
</tr>
<tr>
<td>Responsible Person/Owner</td>
<td>Sally Rogers</td>
</tr>
<tr>
<td>Constitutional Document Y/N?</td>
<td></td>
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<tr>
<td>Requires an Equality Impact Assessment Y/N?</td>
<td>N</td>
</tr>
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Amendment History:

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<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Comment on Changes</th>
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<tr>
<td>02.</td>
<td>August 2016</td>
<td></td>
</tr>
<tr>
<td>03.</td>
<td>August 2017</td>
<td>Reviewed - Minor amendments</td>
</tr>
<tr>
<td>04.</td>
<td>August 2018</td>
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NB. The version of the policy posted on the intranet must be a PDF copy of the approved version.

Document Status: This is a controlled document. Whilst this document may be printed the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

This policy applies to all NHS Eastern Cheshire Clinical Commissioning Group (CCG) staff.

The Safeguarding Children Policy sets out the Clinical Commissioning Group’s approach to safeguarding children to ensure that:

1. No act or omission on behalf of the organisation puts a child inadvertently at risk.
2. Rigorous systems are in place to proactively safeguard children and young people from abuse or the risk of abuse and promote their welfare.
3. Support is available to staff in fulfilling their obligations.
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1.0 INTRODUCTION

1.1 NHS Eastern Cheshire Clinical Commissioning Group (CCG) is committed to safeguarding and promoting the welfare of children and young people.

1.2 NHS Eastern Cheshire Clinical Commissioning Group as with NHS bodies and other local organisations have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard, and promote the welfare of children when carrying out their functions. The responsibility for this join up locally rests with the three safeguarding partners (local authority, CCG and Chief Officer of police) who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in the local area (Working Together to Safeguard Children, 2018).

1.3 In discharging these statutory duties / responsibilities we must take account of:


b) Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2018).


e) The policies and procedures of Cheshire East Local Safeguarding Children Board

1.4 As commissioning organisations we are responsible for the provision of effective clinical, professional and strategic leadership to child safeguarding, including the quality assurance of safeguarding through our contractual arrangements with all provider organisations and agencies, including independent providers. We also have responsibilities for looked after children and for supporting the Pan Cheshire Child Death Overview Process.

1.5 We will ensure we work closely with NHS England through our regional team to ensure there are effective safeguarding and looked after children arrangements across the local health community.

1.6 This policy details the roles and responsibilities of NHS Eastern Cheshire Clinical Commissioning Group as a commissioning organisation, and that of its employees.

1.7 This policy is mandatory for all employees of the Clinical Commissioning Group, including Governing Body members.
2.0 WHAT OUR COMMITMENT MEANS

2.1 In developing this policy NHS Eastern Cheshire Clinical Commissioning Group recognises that safeguarding children is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise. This is crucial in protecting the most vulnerable groups in society from harm. In order to achieve effective joint working there must be constructive relationships at all levels.

2.2 This will be promoted and supported by NHS Eastern Cheshire Clinical Commissioning Group by having:

a) The commitment of Governing Body members and senior managers to safeguard children.

b) Clear lines of accountability for the commissioning and / or provision of services designed to safeguard and promote the welfare of children.

c) A senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisations safeguarding arrangements.

d) A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services.

e) Clear whistleblowing procedures in place and creating an environment where staff feel able to raise concerns, and feel supported in their safeguarding role.

f) Clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their own organisation or by other agencies

g) Arrangements in place for interagency working and effective arrangements for information sharing.

h) Appropriate supervision and support for staff including undertaking safeguarding training and mandatory induction.

i) Safe working practices in place including recruitment and vetting procedures.

j) The expertise of a Designated Nurse and Doctor for Safeguarding Children and for Looked after Children and a Designated Paediatrician for unexpected deaths in childhood, aligned to each Clinical Commissioning Group.

k) A culture of safety, equality and protection in the services we commission / provide.

l) Supporting improvements to the quality of primary medical care. The Designated Professionals and Named GPs for Safeguarding Children will contribute to this improvement through safeguarding training, multi-agency audit of practice and the dissemination of lessons learnt through learning reviews to GP practices.
3.0 SCOPE AND PURPOSE OF THE POLICY

3.1 The Safeguarding Children Policy sets out NHS Eastern Cheshire Clinical Commissioning Group’s approach to ensure that:

a) No act or omission on behalf of the organisation puts a child inadvertently at risk.

b) Rigorous systems are in place to proactively safeguard and promote the welfare of children from abuse, or the risk of abuse.

c) Support is available to staff in fulfilling their obligations.

3.2 This policy applies to all employers and employees of NHS Eastern Cheshire Clinical Commissioning Group.

4.0 ROLES, RESPONSIBILITIES AND DUTIES OF STAFF

4.1 Chair - The Chair is responsible for the effective operation of the Governing Body with regard to child protection and safeguarding children and young people and children in care and care leavers. The key responsibilities of the Chair are to:

a) Ensure the role and responsibilities of NHS Eastern Cheshire Clinical Commissioning Group in relation to child protection / safeguarding and children in care and care leavers are met.

b) Promote a positive culture of safeguarding children and children in care and care leavers across the Governing Body through assurance that appropriate policies and procedures are in place and are being followed (safe recruitment, whistle blowing, safeguarding children and children in care) and that staff are aware NHS Eastern Cheshire Clinical Commissioning Group takes child protection seriously and will respond to concerns about the welfare of children.

c) Ensure there are robust governance processes in place to provide assurance on safeguarding / child protection and children in care and care leavers.

d) Ensure good information is shared between NHS Eastern Cheshire Clinical Commissioning Group’s Governing Body and senior management on safeguarding, child protection and children in care and care leavers.

4.2 Accountable Officer - As Accountable Officer, the Chief Officer of NHS Eastern Cheshire Clinical Commissioning Group is responsible for providing strategic leadership/providing a culture of supporting good practice with regard to child protection/safeguarding and children in care within the organisation and promoting collaborative working with other agencies. The key responsibilities of the Accountable Officer are to:

a) Ensure the role and responsibilities of the Governing Body in relation to child protection, safeguarding and children in care and care leavers are met.

b) Be jointly and equally accountable with safeguarding partners (local authority and chief officer of police) for local safeguarding arrangements. Should this responsibility be delegated to a Governing Body lead they remain accountable for any action or decision taken on behalf of the Clinical Commissioning Group.
c) Ensure the organisations adhere to relevant national guidance and standards for child protection, safeguarding and looked after children and care leavers.

d) Promote a positive culture of safeguarding children, including ensuring there are appropriate policies and procedures in place (safe recruitment, whistle blowing and safeguarding children) which are regularly updated, and that service users are aware NHS Eastern Cheshire Clinical Commissioning Group take child protection seriously and will respond to concern about the welfare of children.

e) Appoint the Executive Nurse Director of Quality and Safeguarding as the Executive Director lead for safeguarding and looked after children and care leavers.

f) Promote good child protection and safeguarding practice throughout the organisations.

g) Provide appropriate access to advice from Designated Professionals.

h) Ensure effective child protection, safeguarding and looked after children training and supervision is resourced and delivered.

i) Ensure that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy covered by NHS Eastern Cheshire Clinical Commissioning Group through commissioning arrangements and in line with the statutory duties of Working Together to Safeguard Children statutory guidance (HM Government, 2018).

j) Ensure appropriate, safe, multiagency / interagency partnership working practices and information sharing practices operate NHS Eastern Cheshire Clinical Commissioning Group.

4.3 Executive Nurse Director of Quality and Safeguarding - The Executive Nurse Director of Quality and Safeguarding has been identified as the Nurse Director Lead by the Chief Accountable Officer. The Executive Nurse Director Lead is responsible for child protection, safeguarding and looked after children and care leaver issues. The Executive Nurse Director of Quality and Safeguarding will provide leadership in the long term strategic planning for safeguarding / child protection, looked after children and care leaver services for children across the organisations supported by the Designated Professionals. The key responsibilities of the Executive Nurse Director Lead is to:

a) Ensure that safeguarding is positioned as core business in strategic and operating plans and structures and is closely linked to the Joint Strategic Needs Assessment.

b) Oversee, implement and monitor the ongoing assurance of safeguarding and looked after children and care leavers arrangements.

c) Ensure the adoption, implementation and auditing of policy and strategy in relation to safeguarding and looked after children and care leavers.

d) Ensure the appointment of Designated Professionals.

e) Ensure that provider organisation safeguarding and looked after children and care leaver arrangements are quality assured.

f) Ensure support of the designated professionals in implementing safeguarding and looked after children and care leaver arrangements.
g) Ensure there is a programme of training and mentoring to support those with responsibility for safeguarding and looked after children and care leavers.

h) Work in partnership with other organisations and agencies to secure high quality, best practice in child protection, safeguarding children and looked after children and care leavers.

i) Ensure that serious incidents related to safeguarding are reported immediately and managed effectively.

j) Ensure that contract specifications drawn up with NHS Eastern Cheshire Clinical Commissioning Group as commissioning organisations include clear service standards for safeguarding children. These service standards, ‘NHS Eastern Cheshire Clinical Commissioning Group Commissioned Services Standards for Safeguarding Children and Vulnerable Adults, (2018)’ include standards for training, policies, and provide links to the Local Safeguarding Children Board. The service standards are monitored through a safeguarding assurance framework.

k) Ensure that all staff within the organisation have safeguarding children training at the required level as defined in the Safeguarding Children and Young People: Roles and competences for health care staff Intercollegiate Document (2014), Looked after Children: Knowledge, skills and competences of health care staff Intercollegiate Role Framework (March 2015) and in line with the NHS Eastern Cheshire Clinical Commissioning Group Safeguarding Children Training Strategy (2018).

l) Ensure that there are arrangements in place to ‘hear the voice of the child’ in safeguarding and looked after children and care leaver services.

m) Ensure that arrangements are in place for the NHS Eastern Cheshire Clinical Commissioning Group to commission appropriate services for looked after children including initial and review health assessments, and that robust health plans are in place for any child looked after by the Local Authority.

n) Present the annual safeguarding children and looked after children and care leavers reports to the Governing Body members.

o) Appoint and performance manage the Designated Doctors and Nurses for Safeguarding Children and Looked after Children and care leavers.

4.4 Lay Members - The lay members’ key responsibilities are to:

a) Provide scrutiny and challenge to the CCGs in respect of their arrangements to safeguard and promote the welfare of children and young people, including those in care.

b) Act as a champion for children and young people, including those in care.

4.5 Designated Doctors and Nurses For Safeguarding Children - The Designated Doctors and Nurses for Safeguarding Children responsibilities are to:

a) Promote excellent professional practice in NHS Eastern Cheshire Clinical Commissioning Group.

b) Provide expert advice to all health professionals, the local authorities (Cheshire East Council), and the Local Safeguarding Children Board in the Local Authority area.

c) Provide strategic advice and guidance to NHS South Cheshire and NHS Vale Royal Clinical Commissioning Groups Governing Body.
d) Take the strategic lead on all aspects of safeguarding and child protection, including Child Exploitation, Female Genital Mutilation, Domestic Abuse and other harmful practices that are identified in any future national guidance.

e) Co-operate with other agencies (including voluntary and private healthcare organisations) to promote the welfare of children and young people.

f) Provide advice to ensure the range of services commissioned by NHS Eastern Cheshire Clinical Commissioning Group take account of the need to safeguard and promote the welfare of children.

g) Ensure that service plans / specifications / contracts / invitations to tender include references to the standards expected for safeguarding children.

h) Provide advice on the monitoring of the safeguarding aspects NHS Eastern Cheshire Clinical Commissioning Group contract.

i) Provide advice, support and clinical supervision to the Designated Professional Looked after Children and Care Leaver, Named GP and the Deputy Designated Nurse in the Clinical Commissioning Group and named professionals in each provider organisation.

j) Provide skilled advice to the Local Safeguarding Children Board on all health issues and contribute to the work of the Local Safeguarding Children Board through the relevant board and their sub groups.

k) Be fully involved in the new safeguarding arrangements (Working Together to Safeguard Children, 2018).

l) Promote, influence, and develop relevant training, on both a single and inter-agency basis to ensure the training needs of health staff are addressed.

m) Ensure that all NHS Eastern Cheshire Clinical Commissioning Group staff are aware that people using services might be suffering from abuse and that they need to exercise vigilance to mitigate against risk. They should be trained and competent to be alert to the potential indicators of abuse and neglect and know how to act on those concerns in line with local guidance.

n) Provide skilled professional involvement in child safeguarding processes in line with Cheshire East Local Safeguarding Children Board procedures.

o) Provide expert health input to multi-agency safeguarding initiatives and developments.

p) Contribute to national or local child safeguarding practice reviews and multi-agency case audits.

q) Contribute to the dissemination of learning from child safeguarding practice reviews and audits to all NHS Eastern Cheshire Clinical Commissioning Group staff and health providers when appropriate.

r) Liaise with NHS England North on safeguarding children arrangements

s) Support the planning of training programmes for independent contractors.
t) Work with NHS England North and NHS Eastern Cheshire Clinical Commissioning Group work on all aspects of safeguarding and child protection, including Child Exploitation, Female Genital Mutilation, Domestic Abuse and other harmful practices.

4.6 **The Designated Doctor** for Safeguarding Children is employed by a provider organisation but has a reporting link to the Director of Quality & Safeguarding with regard to the designated role.

4.7 **Designated Nurse And Doctors For Looked after Children and Care Leavers** - The Designated Doctors and Nurse for Looked after Children and Care Leavers responsibilities are to:

a) Provide strategic and clinical leadership.

b) Provide expert advice to all health professionals, the local authorities, and the Local Safeguarding Children Board and the Corporate Parenting Committee in the respective Local Authority areas.

c) Provide advice on services commissioned by NHS Eastern Cheshire Clinical Commissioning Group for looked after children and care leavers.

d) Ensure arrangements are in place to monitor the quality of health assessments completed with looked after children and care leavers.

e) Work with the Local Authorities to improve outcomes for looked after children and care leavers.

4.8 **Managers** - The responsibility of Managers is to:

a) Ensure staff can access safeguarding children procedures, policies and guidance.

b) Support staff who instigate whistleblowing and escalation procedures.

c) Ensure staff, are aware of their responsibilities under this policy, and that it is fully implemented within their area of responsibility.

d) Provide leadership to staff.

e) Ensure that staff work, effectively with professionals from other agencies and organisations.

f) Ensure operational implementation of this policy into practice and taking appropriate action should any breach of this policy take place.

g) Ensure that service plans / specifications / contracts include reference to the safeguarding standards expected for safeguarding children.

h) Commissioning managers will ensure safeguarding arrangements are considered during the development and commissioning of services.

i) Contract managers will ensure the *Commissioned Services Standards for Safeguarding Children and Adults at Risk* (2018) are included in provider contracts and that a process is in place to ensure the timely return of completed audits so that the safeguarding assurance process can be implemented.
j) Ensure that the recruitment and selection process guidance is followed during recruitment of staff working with children, or handling information on children, including that references are always verified, a full employment history is always available with satisfactory explanations for any gaps in employment history, that qualifications are checked and that Disclosure and Barring Checks are undertaken in line with national and local guidance.

k) Ensure staff, attend safeguarding children and looked after children training at the appropriate level according to their responsibilities to safeguard and promote the welfare of children.

l) Ensure that safeguarding and looked after children training is discussed with staff during annual Performance Development Reviews and included in individual staff development plans.

m) Ensure staff, are released from their work area to attend single and multi-agency safeguarding children and looked after children and care leavers training according to staff roles and responsibilities.

n) Ensure safeguarding responsibilities are reflected in all job descriptions and the Knowledge and Skills Framework (KSF) relevant to the job role.

4.9 Individual Staff Members - The responsibility of individual staff members is to:

a) Be alert to the potential indicators of abuse or neglect in children and know how to act on those concerns in line with local guidance.

b) Take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding children and children in care.

c) Understand the principles of confidentiality and information sharing in line with local and government guidance.

d) When requested, to contribute to multi-agency meetings that takes place to safeguard and protect children.

e) Be aware of and utilise escalation and whistleblowing policies when child safeguarding concerns are not being addressed within the organisation or by other agencies.

f) Discuss with their line manager when they are aware of circumstances, difficulties or problems in their working life which may adversely affect their working relationships and ability to safeguard children. This should be discussed with their line manager so that appropriate support can be provided.

4.10 Staff members who are employed or contracted but do not directly deliver services to individuals are expected to act in accordance with:

Cheshire East Local Safeguarding Children Board procedures http://www.cheshireeastlscb.org.uk/homepage.aspx


Where they identify a concern related to the safety and welfare of a child or young person.

4.11 Appendix 1 identifies the specific actions required by individual staff members who have a concern about a child’s safety and welfare.
5.0 CLINICAL QUALITY AND PERFORMANCE COMMITTEE

5.1 The NHS Eastern Cheshire Clinical Quality and Performance Committee is responsible for:

a) Receiving safeguarding children, children in care and care leaver reports on a quarterly basis. The reports will include safeguarding children and children in care information, progress reports, safeguarding children dashboard and safeguarding children standards annual audit reports by exception.

b) Receiving information and updates from the Local Safeguarding Children Board including lessons learned from incidents reported to the Local Safeguarding Children Board that lead to national and local Child Safeguarding Practice Reviews.

c) Receiving and monitoring updates on external safeguarding reviews, including Care Quality Commission safeguarding reviews and inspections.

6.0 CONFIDENTIALITY AND INFORMATION SHARING

6.1 Effective sharing of information between the CCG practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe.

6.2 Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children which must always be the paramount concern.

6.3 All staff should aim to gain consent to share information but should be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared without consent if a practitioner believes there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner.

6.4 All practitioners should be confident in the process and conditions under the Data Protection Act 2018 and the General Data Protection Regulations (GDPR) which allow them to store and share information for safeguarding purposes.

6.5 There are some circumstances when employees may be expected to share information about a child, for example when child abuse is alleged or suspected. In such cases individuals have a duty to pass information on without delay in line with the Local Safeguarding Children Board’s procedures. Employees must document when, with whom and for what purpose information was shared.

6.6 Disclosure should be justified in each case and guidance should be sought from the Designated and Named Professionals for Safeguarding Children in cases of uncertainty. The Designated Professionals may seek guidance from NHS Eastern Cheshire Clinical Commissioning Group legal representatives.

6.7 Useful information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers is available on the following website: https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice
7.0 WHAT TO DO IF YOU ARE WORRIED THAT A CHILD IS BEING ABUSED

7.1 All staff should exercise vigilance in their work to mitigate against the risk that children using NHS Eastern Cheshire Clinical Commissioning Group services might be suffering from abuse. If any member of staff becomes concerned that a child may be suffering from abuse or neglect they must follow the guidance set out in the flow chart "What to do if you are worried that a child is being abused." If in need of advice you should contact the Designated Nurse or Doctor for Safeguarding Children. See Appendix A

7.2 All staff including those commissioning services for children and young people need to be aware of the additional vulnerabilities of some children and to be alert to the potential need for early help for a child who:

a) is disabled and has specific needs
Children and Families Act 2014

b) has special educational needs (whether they have a statutory educational, health and care plan

c) is a young carer
Cheshire Young Carers UK - Support for Young Carers | CYC

d) is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups

e) is frequently missing from care or from home
Children who run away or go missing from home or care - GOV.UK

f) is at risk of modern slavery, trafficking or exploitation

g) is at risk of being radicalised or exploited
Protecting children from radicalisation: the prevent duty - GOV.UK

h) is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse

i) is misusing drugs or alcohol themselves

j) has returned home to their family from care

k) is a privately fostered child - Private fostering occurs when a child under the age of 16 (under 18, if disabled) is provided with care and accommodation by a person who is not a parent, person with parental responsibility for them or a relative in their own home. A child is not privately fostered if the person caring for and accommodating them has done so for less than 28 days and does not intend to do so for longer.

l) Children at risk of forced marriage and honour based violence.
https://www.gov.uk/guidance/forced-marriage
8.0 DOMESTIC VIOLENCE AND ABUSE

8.1 The Home Office defines domestic violence and abuse as:

'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. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, or emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and / or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.'

The Government definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

8.2 Domestic abuse affects significant numbers of children and young people and their families causing immediate harm as well as damaging future life chances. NHS Eastern Cheshire Clinical Commissioning Group will have a view to this when commissioning services in line with the Cheshire Domestic Abuse Partnership Strategies:

Cheshire East

8.3 NHS Eastern Cheshire Clinical Commissioning Group as members of the Local Safeguarding Children Board will follow the multi-agency guidance set out in their policies and procedures:

Cheshire East:
http://www.proceduresonline.com/pancheshire/cheshire_east/p_dom_viol_abuse.html

9.0 RESPONDING TO ALLEGATIONS AND SUSPICION OF CHILD ABUSE AGAINST STAFF

9.1 Organisations and agencies working with children and families should have clear policies for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
9.2 The Clinical Commissioning Group should ensure that they have clear policies in place setting out the process, including timescales for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with children should be reported immediately to NHS Eastern Cheshire Clinical Commissioning Group Executive Nurse Director of Quality and Safeguarding (Named Senior Officer) and / or the Designated Nurse for Safeguarding Children. In the case of General Practitioners, the Chief Accountable Officer should be notified in the first instance. Allegations of abuse made against a worker will be discussed with / referred to the Local Authority Designated Officer in accordance with Local Safeguarding Children Board procedures.

9.3 Allegations of abuse made against a worker will be discussed with / referred to the Local Authority Designated Officer in accordance with Local Safeguarding Children Board procedures.

9.4 Further guidance can be found on Cheshire East Local Safeguarding Children Boards website:


9.5 If NHS Eastern Cheshire Clinical Commissioning Group removes an individual (paid worker or unpaid volunteer) from work in regulated activity with children (or would have, had the person not left first) because the person poses a risk of harm to children, a referral must be made to the Disclosure and Barring Service to consider whether to add the individual to the barred list. This applies irrespective of whether a referral has been made to the local authority children's social care and or the designated officer or team of officers. It is an offence to fail to make a referral without good reason.

9.6 The following document provides clear advice on appropriate and safe behaviours for all adults working with children in paid or unpaid capacities, in all settings and in all contexts:


10.0 DISPUTE RESOLUTION

10.1 Safeguarding partners and relevant agencies must act in accordance with the arrangements for our area and will be expected to work together to resolve any disputes locally.

10.2 Designated professionals should be made aware of any professional or interagency disagreements. If the matter cannot be resolved then a professional meeting should be instigated according to Local Safeguarding Children Board Procedures.

10.3 The Local Safeguarding Children Board Resolution Pathway and Escalation Policy is available on the website:

Cheshire East
http://www.cheshireeastlscb.org.uk/professionals/escalation.aspx
11.0 SAFEGUARDING CHILDREN QUALITY AND AUDIT

11.1 NHS Eastern Cheshire Clinical Commissioning Group have a process in place to ensure that all service plans / specifications / contracts / invitations to tender include reference to the standards expected for safeguarding children.

11.2 The Commissioned Services Standards for Safeguarding Children and Adults at Risk (2018) safeguarding children audit tools will be formally issued by NHS Eastern Cheshire Clinical Commissioning Group to all applicable organisations at the contract meeting. The audit tool will be completed by the provider organisation and all standards rated Red, Amber or Green (RAG rated). An action plan is expected to be submitted with the completed audit tool to address all Amber and Red rated standards. The safeguarding self-assessment audit will be repeated annually.

11.3 Following return of the annual safeguarding self-assessment audit by healthcare providers, NHS Eastern Cheshire Clinical Commissioning Group will be reviewed and action plans monitored.

11.4 Main providers will complete and return a monthly Safeguarding Children Dashboard, including the safeguarding audit standards action plan updates when appropriate. Exceptions are reported via quarterly exception reporting arrangements and monitored through quality assurance meetings with providers.

11.5 NHS Eastern Cheshire Clinical Commissioning Group will contribute to Cheshire East Local Safeguarding Children Board multi-agency safeguarding audits through the Designated Professionals. The Clinical Commissioning Group will provide assurance to the Local Safeguarding Children Board that their statutory safeguarding responsibilities are in place through Section 11 audits and reports to the Board as requested.

12.0 INVOLVEMENT OF SERVICE USERS

12.1 NHS Eastern Cheshire Clinical Commissioning Group is committed to listening to the voice of children and young people in the commissioning and redesign of health services.

12.2 NHS Eastern Cheshire Clinical Commissioning Group will promote this culture through engagement with service users, child participation groups, HealthWatch Cheshire and involving young people in activities including staff interview panels.

12.3 Children’s views and opinions will also be heard through provider organisation audits, Local Safeguarding Children Board multi-agency case audits and looked after children and care leaver forums.

13.0 SAFEGUARDING CHILDREN TRAINING

13.1 NHS Eastern Cheshire Clinical Commissioning Group has a Safeguarding Children Training Strategy. The training framework is in line with the recommendations of: Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (Intercollegiate Document 2014) and Looked after children: Knowledge, skills and competences of health care staff (Intercollegiate Role Framework March 2015).
13.2 Staff will be enabled to participate in training on safeguarding and promoting the welfare of children on both a single and interagency basis. The training will be proportionate and relevant to the roles and responsibilities of each staff member, as identified by their manager.

13.3 All staff will undertake level 1 e-learning package as part of their induction programme. This will be completed within six weeks of taking up post within the Clinical Commissioning Group. This should provide key safeguarding / child protection information, including vulnerable groups, the different forms of child maltreatment, and appropriate actions to take if there are concerns.

13.4 Following induction, the majority of Clinical Commissioning Group staff, apart from the Chair, Chief Executive, Directors, Governing Body members including lay members and the Designated Professionals will require a 3 yearly update of safeguarding children level 1 training. This will be available via an e-learning training package. However, managers should ensure that members of staff who fall into any other category as outlined in the training framework, access the relevant single or multi-agency training.

13.5 The Chair, Chief Accountable Officer, Directors and Governing Body members will require level 1 training (or training commensurate to their role e.g. GPs require level 3 training) and Governing Body focused training.

13.6 All staff must access mandatory safeguarding training as outlined in Appendix B.

**14.0 CHILD SAFEGUARDING PRACTICE REVIEWS**

14.1 The purpose of a child safeguarding practice review is to identify improvements to be made in safeguarding and promoting the welfare of children. Learning is relevant locally but it has a wider importance for all practitioners working with families.

14.2 The Designated Professionals will disseminate learning from child safeguarding practice reviews across the health economy as appropriate.

14.3 NHS Eastern Cheshire Clinical Commissioning Group have a statutory duty to work in partnership with the Local Safeguarding Children Board / safeguarding partnership arrangements, in conducting local and national child safeguarding practice reviews in accordance with Working Together to Safeguard Children (HM Government, 2018).

14.4 The Designated Safeguarding Professionals will inform NHS England North and the Care Quality Commission (CQC) when a child safeguarding practice review is commissioned.

14.5 NHS Eastern Cheshire Clinical Commissioning Group will contribute fully to child safeguarding practice reviews which are commissioned by the Local Safeguarding Children Board / safeguarding partnership.
14.6 NHS Eastern Cheshire Clinical Commissioning Group have a statutory duty to contribute to all children safeguarding practice reviews according to the methodology chosen by the Local Safeguarding Children Board / safeguarding partnership.

14.7 NHS Eastern Cheshire Clinical Commissioning Group will ensure that the Designated Professionals’ are given sufficient time and necessary support to participate in child safeguarding practice reviews.

14.8 The Governing Body must ensure the review and all their agreed actions following the review, are carried out according to the timescale set out by Cheshire East Local Safeguarding Children Board / safeguarding partnership.

14.9 The Quality and Performance Committee will monitor the progress of identified recommendations and supporting action plans for issues relating to NHS Eastern Cheshire Clinical Commissioning Group.

15.0 CATEGORIES OF ABUSE

15.1 For children’s safeguarding, the definitions of abuse are taken from Working Together to Safeguard Children (HM Government, 2018). Abuse and neglect are forms 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 an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

a) 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 to a child.

a) 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.

c) 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.

d) **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);
- Ensure access to appropriate medical care or treatment.

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

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### 16.0 REFERENCES AND INTERNET LINKS

16.1 In developing this Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of the Local Safeguarding Children Board.

a) **British Dental Association Home Page:** *Child protection and the dental team*  
[https://bda.org/childprotection](https://bda.org/childprotection)

b) **Cheshire East Local safeguarding Children Board**  

c) **Children Act 1989**  

d) **Children Act 2004**  

e) **Children Rights and Alliance for England:** *Children’s Rights and the Law*  

f) **Child and Social Work Act 2017**  

g) **Child Exploitation and Online Protection (CEOP) Thinkuknow (Supporting children to stay safe online) home page website**  
[https://www.thinkuknow.co.uk/](https://www.thinkuknow.co.uk/)

h) **Department of Education 2017** *Care of unaccompanied migrant children and child victims of modern slavery*  
i) Department of Education (2012) *Child abuse linked to faith or belief: national action plan*  

j) Department of Education 2017 *Child sexual exploitation: definition and guide for practitioners*  

k) Department of Education 2015 *Children Act 1989: care planning, placement and case review*  

l) Department of Education 2014 *Children Act 1989: court orders*  

m) Department of Education 2014 *Children Act 1989: private fostering*  

n) Department of Education (2014) *Children who run away or go missing from home or care statutory guidance*  
https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care

o) Department of Education 2014 *Listening to and involving children and young people*  

p) Department of Education (2017) *Preventing bullying*  

q) Department of Education and Departments of Health, *Special Educational Needs and Disabilities*  
https://www.gov.uk/childrens-services/special-educational-needs

r) Department of Education and Home Office (2017) *Safeguarding unaccompanied asylum seeking and refugee children policy paper*  

s) Department of Health et al (2015) *Statutory guidance on Promoting the Health and well-being of Looked After Children, Nottingham, DCSF publications*  

T) Department of Health (2013) *Guidance for health professionals on domestic violence*  

u) Department of Health (2013) *Handling cases of forced marriage: multi-agency practice guidelines* (English)  

w) Department of Health *Identifying and supporting victims of human trafficking Guidance for health staff*  

x) Department of Health and Social Care Information Centre (2015) *FGM enhanced dataset: guidance on NHS staff responsibilities*  

y) Disclosure and Barring Service *Home Page*  
https://www.gov.uk/government/organisations/disclosure-and-barring-service

z) Disclosure and Barring Service (2017) *Making barring referrals to the DBS*  
https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs#contents

aa) Foreign & Commonwealth Office and Home Office (2018) *home page*  


c) HM Government (2018) *Information sharing advice for safeguarding practitioners*  
https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

d) HM Government (2016) *Multi-agency statutory guidance on female genital mutilation*  


e) HM Government (2015) *Prevent duty guidance*  

ff) HM Government (2008) *Safeguarding children in whom illness is fabricated or induced*  

g) HM Government (2011) *Safeguarding children who may have been trafficked*  
https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance

NHS ECCCG Safeguarding Children Policy V04.

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nn) Infed YMCA George Williams College *home page Serious and Organised Crime Toolkit: An Interactive Toolkit for Practitioners working with young people* [http://infed.org/mobi/socotoolkit](http://infed.org/mobi/socotoolkit)


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NHS ECCCG Safeguarding Children Policy V04.
APPENDIX A

What To Do if you are worried a child is being abused

PRACTITIONER HAS CONCERNS ABOUT CHILD’S WELFARE

Practitioner discusses with manager and/or other senior colleagues, as they think appropriate

Still has concerns

No longer have concerns

No further Child Protection action at this stage although may need to act to ensure other services provided.

Feedback to referrer on next course of action – Refer to contact Children’s Social Care if no feedback received within 72 hours

Social worker and manager acknowledge receipt of referral and decide on next course of action within one working day

Single assessment process in line with local protocol

Concerns about the child’s immediate safety

For Advice Prior to Referral

NHS EASTERN CHERISHORE CCG

Named GP
Dr Naomi Leese
07795 04299
naomi.leese@nhs.net

Named GP
Dr Rosie Goodwin
07825 281924
rosie_goodwin@nhs.net

Designated Nurse
Moira McGrath
07721 519020
01270 275243

Dr. A Thirumurugan
01270 255141
A.thirumurugan@mch.nhs.uk

ALL AREAS
Out of Hours contact:
Consultant Paediatrician
On call – [BLEEP]
Macclesfield District General Hospital 01625 491000
Mid Cheshire Hospital Trust 01270 255141

17 August 2018
# APPENDIX B

## SAFEGUARDING CHILDREN TRAINING CHART

<table>
<thead>
<tr>
<th>COURSE</th>
<th>FREQUENCY</th>
<th>STAFF</th>
<th>KNOWLEDGE, SKILLS, ATTITUDES AND VALUES AND COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induction</td>
<td>On commencement of employment</td>
<td>All staff</td>
<td>See Intercollegiate Documents (March 2014 and March 2015)</td>
</tr>
<tr>
<td>Programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1</td>
<td>Every 3 years for non-clinical staff.</td>
<td>All NHS Eastern Clinical Commissioning Group staff (apart from those staff identified as requiring a different level - see below).</td>
<td>See Intercollegiate Documents (March 2014 and March 2015)</td>
</tr>
<tr>
<td>Level 2</td>
<td>3–4 hours over a 3 year period.</td>
<td>All staff whose work brings them directly into contact with children, young people, parents and carers.</td>
<td>See Intercollegiate Documents (March 2014 and March 2015)</td>
</tr>
<tr>
<td>Level 3</td>
<td>12–16 hours over a 3 year period.</td>
<td>Clinical staff working with children, young people, parents and carers. This includes GPs and children continuing care team.</td>
<td>See Intercollegiate Documents (March 2014 and March 2015)</td>
</tr>
<tr>
<td>Level 4</td>
<td>24 hours over a 3 year period</td>
<td>Specialist roles – named professionals</td>
<td>See Intercollegiate Documents (March 2014 and March 2015)</td>
</tr>
<tr>
<td>Level 5</td>
<td>24 hours over a 3 year period</td>
<td>Specialist roles - designated professionals</td>
<td>See Intercollegiate Documents (March 2014 and March 2015)</td>
</tr>
<tr>
<td>Governing</td>
<td>Every 3 years</td>
<td>Chair of the Governing Body, Chief Officer, Directors and Members</td>
<td>See Intercollegiate Documents (March 2014 and March 2015)</td>
</tr>
<tr>
<td>Body</td>
<td></td>
<td></td>
<td>(Level 1 e-learning and specific Governing Body learning)</td>
</tr>
</tbody>
</table>