North Tyneside
Clinical Commissioning Group

Corporate	CCG CO15 Safeguarding Children Policy

Version Number	Date Issued	Review Date
V4	June 2019	June 2022

Prepared By:	Lead Nurse Safeguarding Children and Adults
Consultation Process:	North Tyneside CCG Quality and Safety committee
Formally Approved by CCG Governing Body:	June 2019

Document History

Version	Date	Significant Changes
Version 1	24th September 2014	First issue
Version 2	24 November 2015	Significant changes to include (1) new national guidance and (2) greater focus on the essential role of the CCG, including arrangements to seek assurance from providers.
Version 3	1st February 2018	No significant changes.
Version 4	4th June 2019	Changes include definitions and training needs analysis from revised national guidance and Intercollegiate guidance. Addition of emerging issues for practitioners

Equality Impact Assessment

Date	Issues
June 2019	See section 19 of this document

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, the policy and procedure documents may become invalid.

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

Contents

1. Introduction

1.1 All staff employed by North Tyneside Clinical Commissioning Group (CCG) must know what their duties and responsibilities are, with regard to safeguarding and promoting the welfare of children and must act in accordance with this policy and procedure when the situation or circumstances require them to do so.

1.2 This policy reflects the principles contained within the United Nations Convention on the Rights of the Child, ratified by the UK Government in 1991 and also the European Convention of Human Rights (1998).

1.3 The Children Acts (1989, s.27 and s.47) and (2004, s.11), places a duty on all agencies including Health, to work together to safeguard and promote the welfare of children and to make arrangements for ensuring that their functions, and services provided on their behalf, are discharged with regard to the duty to safeguard children.

1.4 North Tyneside CCG has a statutory duty to ensure that providers, from whom they commission services, have appropriate safeguarding children arrangements in place that are compliant with the relevant legislation and guidance:

1.5 The statutory guidance Working Together to Safeguard Children clarifies the role of CCGs in relation to commissioned services as follows:
"*Clinical commissioning groups are one of the statutory safeguarding partners and the major commissioners of local health services. They are responsible for the provision of effective clinical, professional and strategic leadership to child safeguarding, including the quality assurance of safeguarding through their contractual arrangements with all provider organisations and agencies, including from independent providers*" (Working together 2018).

2. Definitions

(As per the statutory guidance Working Together to Safeguard children HM Gov 2018).

2.1 Children

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 their status or entitlements to services or protection.

2.2 Safeguarding and promoting the welfare of children

This is the process of protecting children from abuse or neglect and/or preventing impairment of their health or development. This includes ensuring children are growing up in circumstances consistent with the provision of safe and effective care so as to enable them to have optimum life chances and to enter adulthood successfully.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes, (HM Gov. 2018).

2.3 Child Protection

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

2.4 Definition of child 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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children (HM Gov. 2018).

The four main categories of abuse are as follows:

2.5 Physical abuse

A form of abuse 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.

2.6 Emotional abuse

This is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

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.

2.7 **Sexual abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

2.8 **Neglect**

The persistent failure to meet a child's basic physical and/or psychological needs, is 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.
- Neglect of, or unresponsiveness to, a child's basic emotional needs.

Other forms of abuse include the following:

2.8.1 Domestic abuse

Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality (Responding to domestic abuse: a handbook for health professionals Home Office 2005). Witnessing domestic abuse is child abuse, and teenagers can also suffer domestic abuse in their relationships.

2.8.2 Female Genital Mutilation (FGM)

Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The procedure has no health benefits for girls and women (WHO 2017).

Female genital mutilation (FGM) is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such. Cases should be dealt with as part of existing structures, policies and procedures on child protection and adult safeguarding. FGM is illegal in the UK
(Multi-agency Statutory Guidance on Female Genital Mutilation, HM Government April 2016)
Please consult appendix 1 for referral pathway

2.8.3 Adolescent/Parent Violence and abuse - APVA

Adolescent to parent violence and abuse (APVA) may be referred to as 'adolescent to parent violence (APV)' 'adolescent violence in the home (AVITH)', 'parent abuse', 'child to parent abuse', 'child to parent violence (CPV)', or 'battered parent syndrome'.

There is currently no legal definition of adolescent to parent violence and abuse. However, it is increasingly recognised as a form of domestic violence and abuse, depending on the age of the child, it may fall under the government's official definition of domestic violence and abuse.

It is important to recognise that APVA is likely to involve a pattern of behaviour. This can include physical violence from an adolescent towards a parent and a number of different types of abusive behaviours, including damage to property, emotional abuse, and economic/financial abuse. Violence and abuse can occur together or separately. Abusive behaviours can encompass, but are not limited to, humiliating language and threats, belittling a parent, damage to property and stealing from a parent and heightened sexualised behaviours. Patterns of coercive control are often seen in cases of APVA, but some families might experience episodes of explosive physical violence from their adolescent with fewer controlling, abusive behaviours. Although practitioners may be required to respond to a single incident of APVA, it is important to gain an understanding of the pattern of behaviour behind an incident and the history of the relationship between the young person and the parent.

Any concerns relating to APVA should be discussed with the Safeguarding team and / or Children's Social Care.

For further guidance
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732573/APVA.pdf

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

2.8.4 Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual.

Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (Working Together to Safeguarding Children 2018).

Any member of staff who has reasonable cause to believe that a child or young person is suffering sexual exploitation should make a referral to NT children's services.

2.8.5 Trafficking of Children and Young people/Modern Slavery

Child trafficking is child abuse. It's defined as recruiting, moving, receiving and harbouring children for the purpose of exploitation (HM Department for Education (DfE) and Home Office, 2011; Child trafficking is a form of modern slavery (HM Government, 2014). Trafficking and modern slavery are forms of criminal exploitation.

Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another.

The NSPCC definition of Child trafficking and modern slavery is as follows:

Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold. Children are trafficked for:

- Child sexual exploitation
- Benefit fraud
- Forced marriage
- Domestic servitude such as cleaning, childcare and cooking
- Forced labour in factories, shops and agriculture
- Criminal activities such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVD's and bag theft.

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.

2.8.6 Private Fostering

Definition: A private fostering arrangement is essentially one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more.

A close relative is defined by the Children Act 1989 as a Grandparent, Sister, Brother, Aunt or Uncle (whether of the full or half blood or by marriage), Step Parent

A private foster carer may be:

- a friend of the family
- the parent of a friend of the child

- Someone previously unknown to the child's family who is willing to privately foster the child.
- extended family members, such as a cousin or great aunt

A child in a private fostering arrangement is not Looked After by the Local Authority. Parents retain full parental responsibility for the child. The private foster carer is responsible for providing the day-to-day care of the child in a way that promotes and safeguards his/her welfare. Overall responsibility for safeguarding and promoting the child's welfare remains with the parent or other person with parental responsibility. This includes ensuring there is appropriate financial provision to meet the child's needs.

Private fostering arrangements can be a positive response from within the community to difficulties experienced by families. Nonetheless, privately fostered children remain a diverse and potentially vulnerable group.

Reasons for private fostering include:

- Living apart from their families
- Children studying at language schools
- Minority ethnic children whose parents are working or studying in the UK
- Children with parents overseas
- Parental illness

There is a legal requirement for parents and private foster carers to notify the local authority on a proposed private fostering arrangement six weeks before the arrangement is made.

Take Action: If any member of staff becomes aware of private fostering arrangements in the course of their work. The member of staff must ask the parent and/or carer if they have informed the Local Authority. If they have not, advise them that you are required to notify the Local Authority and make a referral to Children's Social Care for a welfare assessment.

2.9 The Concept of Significant Harm

The Children Act 1989 introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Such intervention includes the duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm and also consists of the threshold for obtaining care orders under section 31 of the Act.

A Court may make a Care Order (committing the child to the care of the Local Authority) or Supervision Order (putting the child under the supervision of a social worker or a probation officer) in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm and the harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (section 31).

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

3. Information Sharing, Confidentiality and Consent

Information sharing is critical to safeguarding and promoting the welfare of children and young people. Government information sharing guidance (DH 2018) highlights the following **seven golden rules** for information sharing:

1. Remember that the Data Protection Act is **not** a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be **open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent **where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case. It is advisable to always seek advice and support from Designated Nurse or Named GP Lead in the first instance. Also available for advice are the Executive Director of Nursing, Medical Director or Accountable Officer.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Remember, the child's safety and welfare is the overriding consideration.

If in any doubt, staff must seek advice from the Designated Nurse/ doctor / Named GP for Safeguarding Children or Children's Social Care.
Link to guidance: *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Gov 2018):*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

3.1 Making a referral to Children's Social Care

Please consult appendix 2: flow chart for how to make a referral to Children's Social Care.

For further guidance also refer to *DFE. What to do if you're worried a child is being abused (March 2015).*

Link to website:
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

4. Purpose and scope of this policy

4.1 This policy outlines how as a commissioning organisation, the CCG will discharge its responsibility for ensuring its own organisation, and the health providers from whom it commissions services, fulfil their duty to:

- Safeguard and promote the welfare of children who reside in North Tyneside.
- Work together with other organisations via North Tyneside Safeguarding Children Board (NTSCB)

4.2 This policy clarifies how the CCG will monitor and obtain assurance with regard to the adequacy and quality of the safeguarding children arrangements of the organisations from whom it commissions services from.

4.3 This policy applies to all staff employed by North Tyneside CCG including agency, self-employed and temporary staff.

5. Duties and responsibilities

The table below clarifies the duties, accountability, roles and responsibilities:

Council of Practices	The council of practices has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents
The Chief Accountable Officer	The Chief Accountable Officer is ultimately accountable and 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. <u>Key Responsibilities RCPCH (2019) :</u> • To ensure that the role and responsibilities of the Executive Director of Nursing & Chief Operating Officer are met in relation to safeguarding children • To ensure that the organisation adheres to relevant national guidance and standards for safeguarding and looked after children. • To promote a positive culture of safeguarding children to include ensuring there are procedures for safer staff recruitment; whistle blowing; appropriate policies for safeguarding children (including regular updating); and that staff and the public / patients are aware that the organisation takes child protection and looked after children issues seriously and will respond to concerns about the welfare of children. • To appoint an Executive Director lead for safeguarding and looked after children. • Ensuring that effective safeguarding quality assurance processes are in place via a variety of mechanisms including through contractual arrangements with all provider organisations. • To ensure there is appropriate access to advice from Named and Designated professionals for safeguarding and looked after children. • To ensure that a training strategy in relation to safeguarding, children is developed and implemented. • To ensure and promote appropriate, safe, multiagency / interagency partnership working practices and information sharing practices operate within the organisation.

Executive Director of Nursing & Chief Operating Officer (C.O.O) **Accountable to:** Governing Body and CCG Chief Accountable Officer **Reports to:** CCG Chief Accountable Officer.	The Executive Director of Nursing & C.O.O. has responsibility for safeguarding and looked after children, reports to the Clinical Executive, the Quality and Safety committee and to the Governing Body on the performance of their delegated responsibilities and provides leadership in the long term strategic planning for safeguarding children, supported by the Named and Designated professionals. <u>Key Responsibilities of the Executive Director of Nursing & Chief Operating Officer RCPCH (2019)</u> • To ensure that safeguarding and looked after children is positioned as core business in strategic and operating plans and structures within the CCG. • To oversee, implement and monitor the ongoing assurance of the adequacy and quality of safeguarding and looked after children arrangements within the CCG and commissioned provider organisations. • To ensure the adoption, implementation and auditing of policy in relation to safeguarding and looked after children. • To ensure the appointment of the Named GP and Designated Professionals for safeguarding and looked after children. • To lead and line manage the Named GP and Designated Professionals for safeguarding children. • To ensure support and supervision, appropriate training and mentoring of the Named and Designated professionals for safeguarding and looked after children. • To work in partnership with other groups including commissioners, providers of health care, local authorities and police to secure high quality, best practice in safeguarding / child protection and looked after children arrangements. • To ensure that serious incidents relating to safeguarding children are reported immediately and managed effectively. • To ensure representation of the CCG and North Tyneside Safeguarding Children's Board (NTSCB).

Designated Doctor and Nurse for safeguarding children. **Accountable to:** The Executive Director of Nursing & C.O.O. **Reports to:** The Executive Director of Nursing & C.O.O.	The Designated Doctor and Nurse have a strategic professional lead role across every aspect of health service contribution to safeguarding children within all provider organisations commissioned by the CCG **and** across the health community. As clinical experts and strategic leaders they are a vital source of advice and expertise for the CCG, NHS England, and the local authority, NTSCB and provider organisational boards across the health community. <u>The Designated Doctor and Nurse have the following key roles and responsibilities (RCPCH 2019):</u> • To work closely with the Executive Director of Nursing to ensure effective safeguarding children arrangements are in place within the CCG and provider organisations. • To provide advice, expertise and support to other health professionals within the NHS and partner agencies. • To provide professional leadership, advice, support and supervision to the Named professionals in each provider organisation within the CCG area. • Monitor and review safeguarding practice by all health provider services and independent contractors within the CCG area. • To monitor and report to the CCG any issues in relation to the providers' performance including capacity issues in relation to safeguarding children specialist roles and governance arrangements. • Strategic health lead for Serious Case Reviews ensuring that lessons learnt are disseminated across CCG's health community. • Strategic lead in ensuring the CCG has safeguarding children policies in place that are current and fit for purpose. • Provide expert advice to service planners and the commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of children.

Designated Doctor for Child Deaths **Accountable to:** The Executive Director of Nursing & C.O.O. **Reports to:** The Executive Director of Nursing & C.O.O.	<u>Designated Doctor for Child Deaths – specific responsibilities from (Working Together. HM Gov. 2018):</u> • To lead on the development of an effective communication system to ensure that relevant professionals (i.e. coroner, police and local authority social care) are informed of the death; • To chair multi-agency discussions in relation to the child death. • To provide expert medical advice to the Child Death Review process and advise commissioners on required medical / health services. • In conjunction with Child Death Overview Panel (CDOP) members, evaluate the lessons learnt via the CDOP process and ensure that the recommendations are disseminated and shared across the health economy.
The Designated Doctor and Nurse for Looked After Children (LAC). **Accountable to:** The Executive Director of Nursing & C.O.O. **Reports to:** The Executive Director of Nursing & C.O.O.	The Designated doctor and nurse roles are to assist service planning/ and to advise the CCG in fulfilling their responsibilities as commissioner of services to improve the health of looked after children. The Designated role is a strategic one, separate from any responsibilities for individual children or young people who are looked after. <u>The Designated Doctor and Nurse for Looked After Children (LAC) have the following key roles and responsibilities RCPCH (2015), DH et al (2015):</u> • To lead and support all activities necessary to ensure that organisations within the health community meet their responsibilities for looked after children. • To provide advice to the CCG, local authority and providers, on questions of planning, strategy, commissioning and the audit of quality standards ensuring appropriate performance indicators are in place in relation to health services for looked after children, including those placed outside the local area. • To ensure expert health advice on looked after children is available to statutory and voluntary agencies. • Work with other professionals taking a strategic overview of the service to ensure robust clinical governance of local NHS services for looked after children. • Advise and input into the development of practice guidance and policies for all health staff and ensure that performance against these is appropriately

	audited. • Provide advice on monitoring of elements of contracts, service level agreements and commissioned services to ensure the quality of provision for looked after children • To ensure there are systems and processes in place to identify the health needs of the population of looked after children in the care of North Tyneside Local Authority.
The Named GP for Safeguarding Children **Accountable to:** The Executive Director of Nursing & C.O.O. **Reports to:** The Executive Director of Nursing & C.O.O.	NHS England is responsible for ensuring, in conjunction with local CCG clinical leaders, that there are effective arrangements for the employment and development of Named GP/Named Professional capacity for supporting primary care within the local area. This capacity is funded through the primary care budget. (NHS England 2015). The Named GP supports North Tyneside CCG and NHS England in ensuring Primary Care services discharge their statutory duties under Section 11 of the Children Act 2004. The Named GP has a key role in improving professional practice within primary care. <u>The Named GP for safeguarding children has the following key roles and responsibilities: (NHS England (2015) and RCPCH (2019):</u> • To provide advice to NHS England, the CCG, statutory and voluntary agencies on health matters with regard to safeguarding children. • To work closely with the Executive Director of Nursing & C.O.O, other specialist safeguarding children professionals and commissioners to improve practice. • To take a lead in writing the general practice components of serious case reviews, independent management reviews, section 11, single and multi-agency audits. • To inform and report to the CCG, NHS England if appropriate, any concerning issues identified, with regard to the overall performance of Primary Care in relation to safeguarding children. • To provide supervision, expert advice and support to GPs and other primary care staff on safeguarding issues. • To develop and deliver training, ensure safeguarding children training is in place, monitor compliance, evaluate impact and report back findings to the CCG.

CCG Safeguarding Committee.	North Tyneside CCG Safeguarding Committee reports directly to the Quality and Safety Committee, which is a committee of the Governing Body. The aim of the Committee is to provide assurance to the Quality and Safety Committee, and the Governing Body, that the CCG and the health providers that the CCG commissions services from, have safe and effective safeguarding arrangements in place with regard to children.
CCG Managers	North Tyneside CCG managers are responsible for: • Ensuring their staff are aware of, and understand these policies and procedures. • Ensuring that all staff undertake mandatory safeguarding children training that is at the appropriate level for their role, in line with the recommended frequency, and that a record of the training is maintained.
All CCG Staff	All staff, including temporary and agency staff, are responsible for: • 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. • Uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation whatever their race, religion, first language, ethnicity, gender, sexuality, age, level of understanding and ability to communicate, health, disability, political or immigration status. • Comply with North Tyneside CCG's safeguarding children policy and procedures including making a referral to Children's Social Care and / or seeking advice when there is concern that a child has been harmed or may be at risk of harm. • Be alert to the possibility of significant harm and maltreatment to children through abuse, neglect and

	exploitation. • Be able to recognise indicators of significant harm maltreatment and know how to act upon concerns for a child. • Understand and acknowledge that safeguarding children is paramount, overrides any duty of confidentiality and that sharing relevant information is critical to protecting children from abuse and neglect. • Undertake safeguarding children training, as per this policy and mandatory training requirements. • Identify their own training needs with regard to safeguarding children and inform their line manager.

6. Implementation

6.1 This policy will be available to all staff for use in relation to the Safeguarding of Children

6.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described

7. Training implications

All staff must undertake safeguarding children training that is appropriate to their role and level of responsibility as per the Royal College of Paediatrics and Child Health Intercollegiate Guidance, RCPCH (2019).

https://www.rcn.org.uk/professional-development/publications/007-366

All CCG employed staff will be expected to complete their safeguarding training as per the Safeguarding Children Training Needs Analysis and plan for North Tyneside CCG, in Appendix 3.

All interim and agency staff are also required to be compliant with safeguarding training

8. Supervision for CCG staff

The CCG must ensure that the Designated Professionals and the Named GP receive appropriate supervision as per the RCPCH (2019).

The Designated Doctors and Nurses should receive regular safeguarding supervision / peer review and undertake reflective practice from outside the employing organisation (this should be funded by the employing organisation and be provided by someone with safeguarding / child protection expertise).

The Named GP should receive supervision from the Designated Doctor, Safeguarding Children and this will be monitored by his / her line manager.
The named GP and Designated professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and national level, according to professional guidelines (attendance should be recorded.

9. Managing allegations against staff

The CCG has a Freedom to Speak Up: Raising Concerns Policy recognises the importance of building a culture that allows all staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour. This will also include behaviour that is not linked to child abuse but that has pushed the boundaries beyond acceptable limits. Open honest working cultures where people feel they can challenge unacceptable colleague behaviour and be supported in doing so, help keep everyone safe. Where allegations have been made against staff, the standard disciplinary procedure and the early involvement of the Local Authority Designated Officer (LADO) may be necessary.

All staff must discuss any concerns they have with the Designated Nurse for Safeguarding Children or the Executive Director of Nursing.

The LADO should be informed **within one working day** of all allegations that come to the employer's attention that 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; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children (section 11 Children Act 2004 & Working Together 2018).

Referrals should be made to North Tyneside Children's Social Care (NTCSC) by contacting the 'Front Door' on 0345 2000109.

10. Recruitment to CCG

All recruitment must comply with NHS Employment Check Standards guidance and the Disclosure and Barring Service (DBS).

The DBS's role is to assist employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children and adults. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Link to DBS website: https://www.gov.uk/government/organisations/disclosure-and-barring-service

Link to NHS Employment Check Standard: http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards

11. Related documents

11.1 Other related policy documents

Confidentiality & Data Protection Policy

Information Governance and Information Risk Policy

Information Access Policy

Information Security Policy

Records Management Policy & Strategy

Serious Incidents Management Policy

Freedom To Speak Up: Raising Concerns (Whistle Blowing) Policy

Managing Allegations Against Staff Policy

Internet/Intranet Acceptable Use Policy

Complaints Policy and Procedure

Deprivation of Liberty Safeguards (DoLS) Policy

Mental Capacity Act Policy

Safeguarding Adults Policy

Serious Incident & Management Policy

Workplace – Domestic Abuse Policy

Risk management policy.

Recruitment policy.

Training policy. North Tyneside and Northumberland Safeguarding Adults Board Policies and Procedures **Link to website:** http://my.northtyneside.gov.uk/category/1033/safeguarding-adults

North Tyneside Safeguarding Children Board Policies and Procedures **Link to website:** http://www.northtynesidelscb.org.uk/

11.2 Legislation and statutory requirements

- Children Act 1989.Children Act 2004.
- Children and Social Work Act 2017
- Human Rights Act 1998.
- Sexual Offences Act 2003.
- Equality Act 2010.Statutory guidance on Promoting the Health and well-being of Looked After Children 2015. Working Together to Safeguard Children: a guide to inter-agency workingto safeguard and promote the welfare of children (2018).

12. Monitoring, Review and Archiving

12.1 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.

12.2 Review

12.2.1 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.

12.2.2 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.

12.2.3 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.

12.3.1 Archiving

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

13. Standards regarding Providers' Safeguarding Children arrangements and the responsibility of North Tyneside CCG to monitoring compliance

13.1 Independent Contractors such as GPs and other health provider organisations are required to have safeguarding children policies in place that are compliant with national legislation, statutory and best practice guidance. The CCG will provide advice and support when required.

13.2 Where private or voluntary organisations are commissioned by the CCG to provide services to children, they should as a matter of good practice follow national guidance; although it is not a statutory requirement, they would need to be able to justify non-compliance to the CCG and.
Safeguarding arrangements for providers that the CCG commissions services from are summarised in the NHS England's NHS Standard Contract 2015/16 (March 2015)

The CCG must ensure that all providers, from whom they commission services, adhere to the Standards set out in relevant legislation and statutory guidance in relation to safeguarding children. Please refer to appendix 4 (pg. 40), for details of the minimum Standards.

The CCG requires assurance that the organisations it commissions services from, are achieving these Standards. These will be monitored through contracting, quality and performance mechanisms, for example Providers' performance dashboard, the statutory section 11 self-assessment and audit findings.

14 Document Consultation, Approval & Ratification Process

14.1 Document Consultation

This document has been updated by the Lead Nurse Safeguarding Children and Adults Designated Nurse Safeguarding Children on behalf of North Tyneside CCG. In preparing the document for official ratification by the Quality and Safety Committee, the following stakeholders were consulted upon and their comments added to the document as appropriate:

- CCG Executive Director
- Designated Professionals.
- Named GP.

14.2 Document Approval and Ratification

North Tyneside CCG's governing Body has the authority for the approval and ratification of this document. The Quality and Safety Committee as ensured that there has been appropriate consultation and has considered the content of the document in terms of current best practice, guidelines, legislation and mandatory and statutory requirements before recommending it for approval to the Governing Body. In considering the document for approval the committee also took into account the results and recommendations of the Equality Analysis.

14.3 Document Development

The Quality and Safety Committee and nominated author are responsible for the development, review, implementation, performance management and distribution of this Policy.

15 Version Control and Review Section

Version control of this document is the responsibility of the Executive Director of Nursing & Chief Operating Officer who must ensure that timely reviews are completed.

This Policy document will be reviewed at least every three years by the CCG Safeguarding Children Committee or as and when significant changes make earlier review necessary.

16 Distribution

This policy is available for all staff to access via GP Team net and CCG website safeguarding page and a hard copy in CCG headquarters.

All staff will be notified of a new or revised document via the internal communication systems.

17 Monitoring Compliance with this policy

North Tyneside CCG will monitor compliance with this policy - see table below.

No.	Monitoring/audit arrangements of compliance with policy and methodology	Reporting		
		Source	Committee	Frequency
1.	**Safeguarding Children training (CCG staff)**			
	Review of training data	CCG data	CCG Safeguarding Team & Quality and safety Committee	Quarterly
2.	**CCG Risk register:**			
	Review and updating risk register in relation to safeguarding children.	Complaints. Performance Dashboard. Serious Incidents	CCG Quality and safety Committee.	Quarterly
3.	**Standards from Provider Performance Dashboard (developed by CCG for Providers from whom they commission services)**			
	Review of data provided.	Provider performance dashboard	CCG Safeguarding Team & Safeguarding Committee and	Quarterly
4.	**Providers compliance with safeguarding children arrangements:**			
	Review of practice where there has been serious harm caused to a child / young person. Review and analysis of data in relation to significant incidents in relation to safeguarding children from Independent practitioners and commissioned health providers.	Notification or reports from the following: SIRMS system – Primary Care and independent contractors. Commissioned health providers & data via SLEs and Serious Incident reports. Local Authority	CCG Serious Incident (SI) Panel. CCG Safeguarding Committee and Quality and safety Committee.	Immediately when required and quarterly.

No.	Monitoring/audit arrangements of compliance with policy and methodology	Reporting		
		Source	Committee	Frequency
		and other partner agencies. General public and patients.		
	Review and analysis of the Children Act 2004 section 11 audit undertaken by providers and partner agencies	Section 11 audits from providers and partner agencies	CCG Safeguarding Committee	Quarterly

18. Bibliography and references

Department of Education (2017). Child sexual exploitation: definition and guide for practitioners.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278849/Safeguarding_Children_and_Young_People_from_Sexual_Exploitation.pdf

Department of Health. *Children Act 1989* The Stationery Office. London.
http://www.legislation.gov.uk/ukpga/1989/41/contents/enacted

Department of Health. *Children Act 2004.* The Stationery Office. London.
http://www.legislation.gov.uk/ukpga/2004/31/contents

Department of Health et al (2015) *Promoting the health and wellbeing of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England*.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

Department of Health. (2005) *Responding to domestic abuse: a handbook for health professionals.* The Stationery Office. London.
http://www.domesticviolencelondon.nhs.uk/uploads/downloads/DH_4126619.pdf

Equality Act 2010 London HMSO
http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

HM.Gov. (2016) *Multiagency statutory guidance on female genital mutilation*
https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

HM. Gov. (2018) *Information Sharing: Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers* The Stationery Office. London.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

HM. Gov. (2014) The Right to Choose: *Multi-agency statutory guidance for dealing with forced marriage.* The Stationery Office. London.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf

HM Government. *What to do if you're worried a child is being abuse.* Nottingham: DfES Publications. (2015). 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

HM. Gov. (2018) *Working Together to Safeguard Children*: *a guide to inter-agency working to safeguard and promote the welfare of children* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

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

HM Gov. (2009) *The Vetting and Barring Scheme guidance* https://www.gov.uk/government/organisations/disclosure-and-barring-service

Human Rights Act 1998. London: HMSO. http://www.legislation.gov.uk/ukpga/1998/42/schedule/1

HM Gov. (2017). *MAPPA Guidance 2012 version 4.2.* The Stationary Office. London. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380617/mappa-guidance-2012-part1.pdf

National Institute for Health and Clinical Excellence (2017) Child abuse and neglect. The Stationery Office. London. *https://www.nice.org.uk/guidance/ng76/resources/child-abuse-and-neglect-pdf-1837637587141*

NHS England. (2015) *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework.* https://www.engage.england.nhs.uk/survey/revised-safeguarding-framework/user_uploads/draft-framwrk.pdf

NHS England (2017) Prevent Training and Competencies Framework https://www.england.nhs.uk/wp-content/uploads/2017/10/prevent-training-competencies-framework-v3.pdf

Nursing and Midwifery Council (2015). *The code: Standards of conduct, performance and ethics for nurses and midwives.* http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revised-new-nmc-code.pdf

Royal College Paediatrics and Child Health (RCPCH). *Safeguarding Children and Young people: Roles and Competencies for Health Care Staff.* Intercollegiate Document supported by the Department of Health (2019)

https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies-healthcare-staff

Royal College of Paediatrics and Child Health (RCPCH) Looked after children: Knowledge, skills and competences of health care staff. Intercollegiate Role Framework (2015).
http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf

Safelives website (domestic abuse information)
http://www.safelives.org.uk/

Sexual Offences Act 2003. London: HMSO.
http://www.legislation.gov.uk/ukpga/2003/42/contents

The Children (Private Arrangement for Fostering) Regulations (2005) S.I.No. 1533.
http://www.legislation.gov.uk/uksi/2005/1533/pdfs/uksi_20051533_en.pdf

19. Contacts

Executive Director of Nursing: Chief Operating Officer
Dr Lesley Young - Murphy
Tel: 0191 293 1146
Email: lesley.young-murphy@nhs.net

Head of Safeguarding & Designated Nurse Safeguarding Children
Jan Hemingway
Tel: 0191 2931194
Email: janhemingway@nhs.net

Designated Nurse Safeguarding Adults
Adrian Dracup
Tel: 0191 2931194
Email: adracup@nhs.net

Designated Nurse Looked after Children & Designated Clinical Officer Special Educational Needs and Disabilities (DCO SEND)
Anne Foreman
Tel: 0191 2931164
Email: Anne.foreman2@nhs.net

Lead Nurse Safeguarding Children and Adults
Trish Grant
Tel: 0191 293 1190
Email: patricia.grant@nhs.net

Named GP Safeguarding Children and Adults
Dr Riaan Swanepoel
Tel: 07789437146
Email: riaanswanepoel@nhs.net

Designated Doctor Safeguarding Children
Dr Mike Vincent
Tel: 0344 8118111
Email: michael.vincent@northumbria-healthcare.nhs.uk

Designated Doctor Looked after Children
Dr Belinda Bateman
Tel: 0344 8118111
Email: Belinda.Bateman@northumbria-healthcare.nhs.uk

20 Equality Analysis

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.

STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	**Jan Hemingway**
Title of service/policy/process:	**Head of Safeguarding NTCCG**
Existing: □ **New/proposed:** □ **Changed:** √□	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
The Policy defines the course of action CCG staff must take to protect adults at risk of harm from abuse and or neglect. For the purposes of this document, 'adult at risk' will hereafter be referred to as 'adult'. All staff employed by North Tyneside Clinical Commissioning Group (NTCCG), must know what their duties and responsibilities are, with regard to safeguarding and promoting the welfare of adults and must act in accordance with this policy and procedure when the situation or circumstances require them to do so.	

Who will be affected by this policy/service /process? (please tick)

√ **Staff members**

□ **Other**

If other please state:

What is your source of feedback/existing evidence? (please tick)

□ **National Reports** √ **Staff Profiles**

□ **Staff Surveys** □ **Complaints/Incidents**

□ **Focus Groups** √ **Previous EIAs**

□ **Other**

If other please state:

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	N/A
Staff Profiles	N/A
Staff Surveys	N/A
Complaints and Incidents	N/A
Staff focus groups	N/A
Previous EIA's	N/A
Other evidence (please describe)	N/A

STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)
Age A person belonging to a particular age
No impact identified
Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
No impact identified
Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self-perception
No impact identified
Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters
No impact identified
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context
No impact identified
Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities
No impact identified
Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition -
No impact identified
Sex/Gender A man or a woman None
No impact identified
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
No impact identified
Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person
No impact identified

 **STEP 3 - ENGAGEMENT AND INVOLVEMENT**

How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics?
No engagement undertaken as this policy has received minor amendments only.
Please state how staff engagement will take place:
N/A

 **STEP 4 - METHODS OF COMMUNICATION**

What methods of communication do you plan to use to inform staff of the policy?
x Verbal – through focus groups and/or meetings **□ Verbal - Telephone** **□ Written – Letter** **□ Written – Leaflets/guidance booklets** **□ Email x Internet** **□ Other**
If other please state:

 **STEP 5 - SUMMARY OF POTENTIAL CHALLENGES**

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1	None

 **STEP 6- ACTION PLAN**

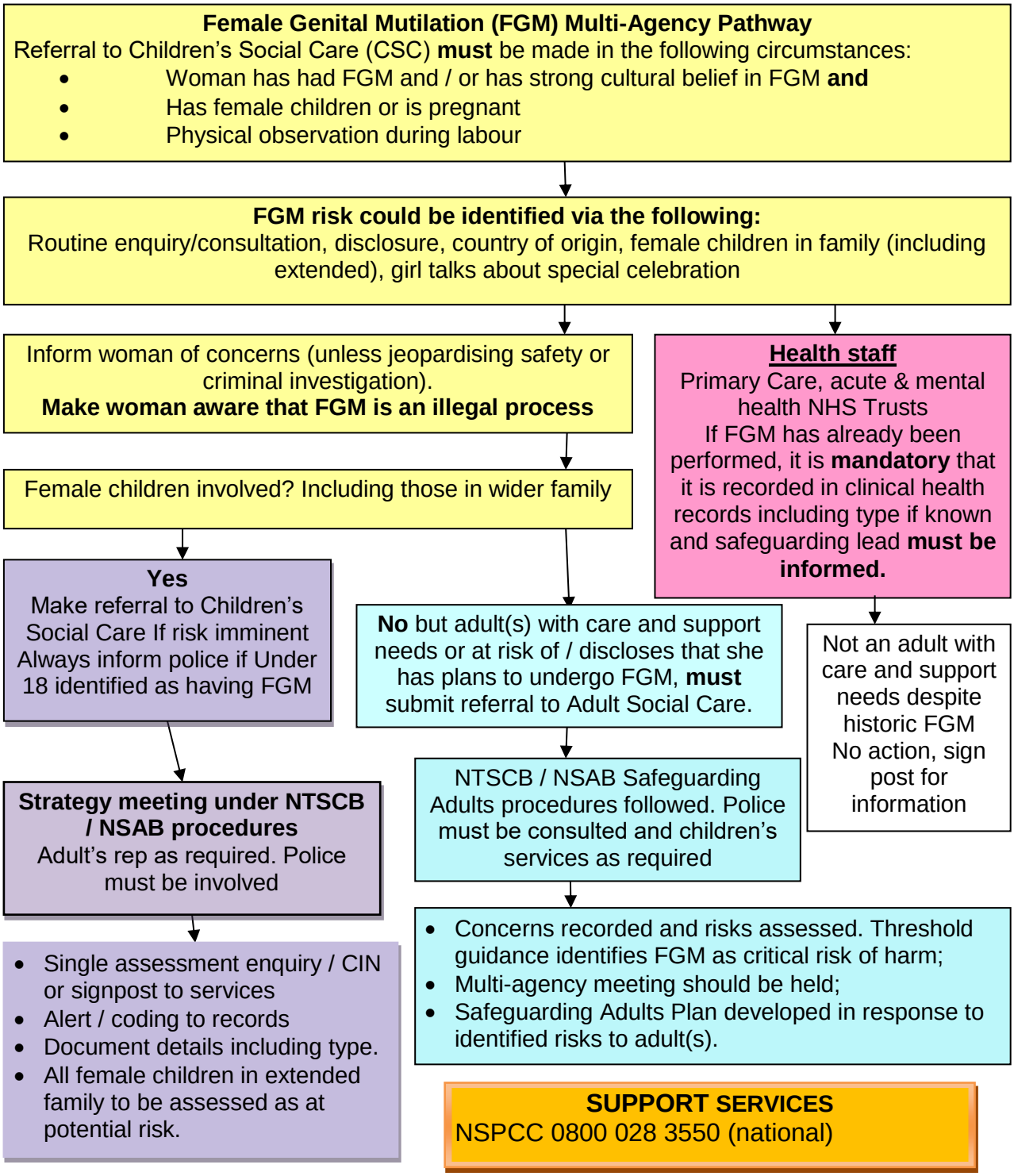
Ref no.	Potential Challenge / Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?

SIGN OFF

Completed by:	**Jan Hemingway**
Date:	**June 2019**
Presented to: (appropriate committee)	**Quality and Safety**
Publication date:	**June 2019**

Appendix 1


Female Genital Mutilation (FGM) Multi-Agency Pathway
Referral to Children's Social Care (CSC) must be made in the following circumstances:
Woman has had FGM and / or has strong cultural belief in FGM and
Has female children or is pregnant
Physical observation during labour
FGM risk could be identified via the following:
Routine enquiry/consultation, disclosure, country of origin, female children in family (including extended), girl talks about special celebration
Inform woman of concerns (unless jeopardising safety or criminal investigation).
Make woman aware that FGM is an illegal process
Female children involved? Including those in wider family
Health staff
Primary Care, acute & mental health NHS Trusts
If FGM has already been performed, it is mandatory that it is recorded in clinical health records including type if known and safeguarding lead must be informed.
Yes
Make referral to Children's Social Care If risk imminent
Always inform police if Under 18 identified as having FGM
No but adult(s) with care and support needs or at risk of / discloses that she has plans to undergo FGM, must submit referral to Adult Social Care.
Not an adult with care and support needs despite historic FGM
No action, sign post for information
Strategy meeting under NTSCB / NSAB procedures
Adult's rep as required. Police must be involved
NTSCB / NSAB Safeguarding Adults procedures followed. Police must be consulted and children's services as required
Single assessment enquiry / CIN or signpost to services
Alert / coding to records
Document details including type.
All female children in extended family to be assessed as at potential risk.
Concerns recorded and risks assessed. Threshold guidance identifies FGM as critical risk of harm;
Multi-agency meeting should be held;
Safeguarding Adults Plan developed in response to identified risks to adult(s).
SUPPORT SERVICES
NSPCC 0800 028 3550 (national)

Appendix 2

Procedure for making a referral to Children's Social Care or making a referral for family support

Member of staff has concerns or reasonable cause to believe a child or young person is at risk of harm from abuse, neglect or exploitation.

If unsure, staff **must** seek advice from the CCG Safeguarding Team. **If risk of harm imminent, refer to Children's Social Care immediately.**
CSC: 0345 2000109
Out of hours 0191 200 6800
Policy and procedure on how to make a referral: http://www.northtynesidelscb.org.uk/

Member of staff still has concerns

Member of staff must refer via telephone to Children's Social Care on **0345 2000109** and then follow this up in writing within 48 hours.
Children's Social Care will provide the referral form.
A copy of the referral and any discussions must be kept by the referrer and passed on to the Designated Nurse for filing.
Please include DETAIL of concerns when making a referral.

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

Social worker feeds back to referrer on the next course of action (usually within 3 days).
If no feedback is received, the member of staff must discuss this with the CCG Safeguarding Team if they do not feel confident about contacting Children's Social Care.

Member of staff no longer has concerns

No further child protection action required, however it may be useful for the member of staff to discuss the case with the CCG Safeguarding Team who will advise on the most appropriate provider, if the offer of further assessment, early help or support services are thought to be appropriate.

Keep a detailed record of the following:

- Incident
- Discussions
- Rationale for decision **not** to make a referral to Children's Social Care.

If at any point during the process you are unhappy about the response from children's social care, **you must escalate your concerns and seek advice.**

North Tyneside's Safeguarding Children's Boards' (NTSCB) Policies and Procedures can be accessed via the link below; they incorporate further information and guidance regarding specific circumstances e.g. Child Sexual Exploitation and Fabricated and Induced Illness: http://www.northtynesidelscb.org.uk/

Appendix 3

NT CCG Safeguarding Children Training Needs Analysis / Strategy

Staff Group	Standard	Training Level	Frequency	Delivery
ALL STAFF : A mandatory session of at least **30 minutes duration** should be included in the **general staff induction programme or within six weeks** of taking up post within a new organisation. Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.				
All staff staff working in healthcare settings	CCG Safeguarding Policy	**LEVEL 1** (Content must include female genital mutilation (FGM) and child sexual exploitation (CSE) and trafficking. Basic understanding children's rights and relevant legislation	Refresher training equivalent to a **minimum** of 2 hours over a 3 year period.	• CCG induction. • E-Learning
	Prevent	Prevent level 1 Basic Awareness	Refresher training 3 yearly.	E-learning or face to face.
Governing Body Members	CCG Safeguarding Policy	**LEVEL 1,** Plus section 11 roles and responsibilities**.** (content must include female	Refresher training equivalent to a minimum of 2 hours over a 3 year period.	• CCG induction. • E-Learning. All Governing Body members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional knowledge based competencies by virtue of

Staff Group	Standard	Training Level	Frequency	Delivery
		genital mutilation (FGM) and child sexual exploitation (CSE) and trafficking)		their Governing Body membership, as outlined below. This will require a tailored package to be delivered which encompasses level 1 knowledge, skills and competences, as well as Governing Body level i.e. quality assuring providers systems and processes, and thereby ensuring they are meeting their safeguarding responsibilities. Designated safeguarding professionals within commissioning organisations provide expert advice to commissioners.
	Prevent	Prevent level 1 raising awareness	Refresher training 3 yearly.	E-learning or face to face.
Non clinical and clinical staff who, within their role, have contact (however small) with children and young people, parents/carers or adults who may pose a risk to children. Administrators for safeguarding teams and Looked After Children teams	Intercollegiate document (2019)	**LEVEL 2** (Level 1 competencies plus additional competencies including County lines, Gillick competence, ability to refer to Children's social care	3 yearly.	It is expected that the knowledge, skills and competence for level 2 would have been acquired within individual professional education programmes. Over a three-year period refresher training equivalent to a **minimum** of **4 hours**. Training, education and learning opportunities should include • Multi-disciplinary learning. • Scenario-based discussion. • Case studies. • Lessons from research and audit. • Learning from regular multi-professional and / or multi-agency staff meetings, or vulnerable child and family meetings. • Critical incidents and significant unexpected events. • Peer discussions. Training should be appropriate to the speciality and roles of participants, encompassing for example:

Staff Group	Standard	Training Level	Frequency	Delivery
& CCG clinical staff including GPs working in the CCG.				• The importance of early help. • Domestic violence. • Vulnerable adults and impact on parenting. • Learning disability and potential impact on parenting. • Communicating with children and young people.
	Prevent	Prevent level 1 raising awareness	Refresher training 3 yearly.	E-learning or face to face.
None in CCG		**LEVEL 3**		
Named GP	Intercollegiate document (2019)	**LEVEL 4**	3 yearly.	Named professionals should attend a **minimum** of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as: • Management, appraisal, supervision and training. Named professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and National level, according to professional guidelines and attendance should be recorded. Named professionals should complete a management programme with a focus on leadership and change management within three years of taking up their post.
	Prevent	Workshop to Raise awareness of PREVENT level 3 (WRAP 3)	WRAP to be completed within 12months of commencing role with subsequent	Face to face or e-learning.

Staff Group	Standard	Training Level	Frequency	Delivery
			Annual updates	
Designated Professionals Safeguarding Children.	Intercollegiate document (2019)	**Level 5**	3 yearly.	Designated professionals should attend a **minimum of 24** hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as: • Management, appraisal, supervision, training. • The context of other professionals' work. Designated professionals should participate regularly in support groups or peer support networks for specialist professionals at a local, regional, and national level according to professional guidelines (and their attendance should be recorded). Additional training programmes such as the newly developed RCPCH level 4/5 training for paediatricians should be undertaken within 3 years of taking up the post.
	Prevent	Workshop to Raise awareness of PREVENT level 3 (WRAP)	WRAP to be completed within 12months of commencing role with subsequent Annual updates.	Face to face or e-learning.

Minimum Standards for Providers regarding their Safeguarding Children arrangements

	Minimum Standards for Providers regarding their Safeguarding Children arrangements.	CCG monitoring arrangements
1.	**Recruitment**	
	All providers must have safe recruitment and vetting systems in place.	Section 11 audit, annually
2.	**Policy**	
2.1	All providers must have up to date organisational safeguarding children policy and procedures that are compliant with the relevant legislation, statutory and best practice guidance.	Section 11 audit, annually. Provider performance dashboard qtrly
3.	**Governance**	
3.1	All providers must have a Board Level Executive Director with lead responsibility for safeguarding children.	Section 11 audit, annually & Provider safeguarding Children annual report, NHS standard contract.
3.2	All providers must have a Named Nurse, Doctor and midwife where appropriate as per the Working Together Guidance (2018).	Quarterly provider performance Dashboard, NHS contract. Section 11 audit, annually
3.3	A Mental Capacity and Deprivation of Liberty Lead and must ensure that the Co-ordinating Commissioner is kept informed of the identity of the persons holding those positions.	Quarterly provider performance Dashboard, NHS contract. Section 11 audit, annually
3.4	A Prevent Lead and must ensure that the Co-ordinating Commissioner is kept informed of the identity of the persons holding those positions.	Quarterly provider performance Dashboard, NHS contract. Section 11 audit, annually
3.5	All providers must comply with the requirements and principles in relation to the safeguarding of children and adults, including in relation to deprivation of liberty safeguards.	Quarterly provider performance Dashboard & Provider safeguarding Children annual report Section 11

	Minimum Standards for Providers regarding their Safeguarding Children arrangements.	CCG monitoring arrangements
	All providers must monitor the effectiveness of their organisational safeguarding arrangements and provide an annual safeguarding children report to their board.	audit, annually.
3.6	All providers must complete and submit an annual statutory section 11 audit.	Section 11 audit, annually
3.8	All providers must develop action plans with regard to the recommendations from any Case Reviews and ensure that recommendations are implemented and that learning is disseminated across the organisation.	Data from Case Review sub-group bi-monthly.
3.9	All providers must ensure that there is an effective system for monitoring the number of referrals to Children's Social Care to enable the identification of any significant change and trends.	Quarterly provider performance Dashboard & Performance sub-group
3.10	All providers must record and monitor the number of referrals to the Local Authority Designated Officer (LADO) in relation to allegations or concerns regarding staff posing a risk to children.	Quarterly provider performance Dashboard & Provider safeguarding Children annual report. Performance sub-group. Annual LADO report
3.11	All providers must report and record Serious safeguarding children incidents via the Serious Incident (SI) process as per the NHS England Serious Incident Framework (2013).	The number and details of reported SI's are monitored by NECS and the CCG on a monthly basis via the SI Panel.
3.12	The provider must have an identified person / team with lead responsibility for safeguarding children to include compliance with national strategies e.g. MAPPA, MARAC, Child Sexual Exploitation (CSE) and female genital Mutilation (FGM).	Section 11 audit, annually
4.	**Multi-agency working and responding to concerns**	
4.1	All providers must ensure effective contribution to the child protection process to include attendance at safeguarding child protection conferences/meetings when required and the submission of a written report.	Performance sub-group .
5.	**Training**	

	Minimum Standards for Providers regarding their Safeguarding Children arrangements.	CCG monitoring arrangements
5.1	All providers must ensure that their staff undertake safeguarding training appropriate to their role and level of responsibility as per the Royal College of Paediatrics and Child Health Intercollegiate Guidance: Safeguarding children and young people: roles and competencies for health care staff (2019).	Quarterly provider performance Dashboard & Provider safeguarding Children annual report.
6.	**Supervision**	
6.1	All providers must have a supervision policy setting out the frequency and model of supervision for all groups of staff. The policy should meet the requirements of National Guidance.	Quarterly provider performance Dashboard