

POLICY AUTHORISATION FORM

1

NAME OF POLICY:	Safeguarding Children Policy
JOB TITLE OF AUTHOR:	Deputy Director of Nursing and Designated Nurse Safeguarding Children
SPONSOR:	Marion Andrews-Evans
NAME OF GROUP: (if applicable)	Not Applicable

2

EQUALITY AND DIVERSITY	
An Equality & Diversity assessment has been completed <i>(Please contact the Equality & Diversity Lead)</i>	Date Completed: Submitted April 2013
CONSULTATION	
NAME OF GROUP (S) (complete where relevant)	DATE CONSIDERED
Name of Local Committee or Specialist Group?	Not applicable
Name of Countywide Committee or Specialist Group? County Wide Policy YES / NO	Not applicable
Other relevant Forum/Individual?	Executive Nurse and Quality Lead

3

APPROVED BY GOVERNING BODY / AUTHORISED GROUP / DIRECTOR	
NAME i.e. Governing Body	DATE APPROVED
Integrated Governance Committee	
TO BE REVIEWED BY: (Author)	DATE TO BE REVIEWED:
Deputy Director of Nursing and Designated Nurse Safeguarding Children	April 2014

4

TO BE COMPLETED BY CO-ORDINATOR	
DATE PUT ONTO POLICY REGISTER:	
POLICY NUMBER:	
DATE PLACED ON INTRANET:	

POLICY UPDATES/CHANGES (AFTER BOARD/DESIGNATED GROUP APPROVAL)				
Date	Summary of Changes	Author/Editor	Approved by	Version

SAFEGUARDING CHILDREN POLICY

This document may be made available to the public and persons outside of the Trust as part of the Trust's compliance with the Freedom of Information Act 2000.



The most up to date policy will always be available under Policies and Procedures on the Gloucestershire Clinical Commissioning Group Intranet. If you require this document in a different language or format please contact Helen Chrystal Deputy Director Safeguarding Lead, Gloucestershire Clinical Commissioning Group.

VERSION	1
POLICY NO	GPCT 77
AUTHOR	Helen Chrystal
SPONSOR	Marion Andrews-Evans
APPROVED BY	
APPROVAL DATE	
REVIEW DATE	June 2014

CONTENTS

(This contents list is a standard list that should be followed but other items may be added as deemed appropriate)

Section	Section Heading	Page Number
1	INTRODUCTION	5
2	PURPOSE	5
3	ROLES AND RESPONSIBILITIES	5-6
4	DEFINITIONS	6-7
5	POLICY DETAILS	7-13
6	CONSULTATION	13
7	TARGET AUDIENCE	14
8	COMMUNICATIONS	14
9	TRAINING	14
10	REFERENCES	14
SUPPORTING DOCUMENTS		
	KEY CONTACTS	15
	CHILD PROTECTION FLOW CHART (WHAT TO DO)	16

1. INTRODUCTION

The Children Act 2004 places Primary Care Trusts (PCTs) under a duty to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

From April 2013 NHS Gloucestershire Clinical Commissioning Group (GCCG) took over this function. The general principles are.

- aim to ensure that all children receive appropriate and timely therapeutic and preventative interventions
- those professionals who work directly with children should ensure that safeguarding and promoting their welfare forms an integral part of all stages of care they offer
- those professionals who come into contact with children, parents and carers in the course of their work also need to be aware of their safeguarding responsibilities
- ensure that all health professionals can recognise risk factors and contribute to reviews, enquiries and child protection plans, as well as planning support for children and providing on going promotional and preventative support through proactive work. (Working together to safeguard children April 2013)

GCCG is responsible for commissioning safe services through a robust commissioning process, commissioning standards that have been ratified by the Gloucestershire Safeguarding Children's Board (GSCB). All contracted will have to demonstrate compliance to Section 11 of the Children Act 2004. (Duty to co-operate)

2. PURPOSE

The aim of this policy is to enable GCCG to demonstrate how it meets its corporate accountability for safeguarding children; to demonstrate that it meets its statutory safeguarding responsibilities, follows guidance and promotes best practice; and to work effectively with its partner agencies.

3. ROLES AND RESPONSIBILITIES

GCCG Executive body regularly monitors performance on safeguarding children. Safeguarding and promoting the welfare of children is integral to clinical governance and audit arrangements. Service specifications drawn up by GCCG commissioners include clear service standards for safeguarding and promoting the welfare of children, consistent with GSCB procedures.

The Executive Nurse for the GCCG has been identified as the responsible officer for Adults and Children safeguarding. This responsibility includes.

- keeping the board fully informed of their accountability to the GSCB
- supporting and ensuring the named professionals fulfil their responsibilities
- ensuring an annual safeguarding children report is presented to the GCCG and that other executive and non-executive directors are briefed appropriately

- ensuring safeguarding children is an integral aspect of GCCG governance arrangements; that there is organisational compliance with clinical standards and requirements for child protection; that these issues are always considered when monitoring or planning new services
- ensuring that GCCG works effectively with other relevant organisations to identify, assess and manage children and young people in need of protection
- ensuring staff in all areas respond positively and sensitively to the needs of individual children and young people; environments in which children and young people are cared for are safe and appropriate

Ultimate accountability for safeguarding children arrangements lies with the Accountable Officer of the GCCG.

All staff will be able to recognise any child where there is a safeguarding concern and respond appropriately. All GCCG staff will understand their responsibility in the management of a child where a safeguarding concern has been identified and will be able to access and follow the agreed safeguarding procedures in order to protect that child and to fully comply with all aspects of that responsibility.

4. DEFINITIONS

4.1 Safeguarding and promoting the welfare of children is defined for the purpose of this policy as

- Protecting children from maltreatment
- Preventing impairment of the child's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Everyone who comes into contact with children and families has a role to play.

4.2 'Child in Need'

Under Section 17 of the Children Act 1989 children in need are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services plus those who are disabled.

The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are what will happen to a child's health and development without services, and the likely effect the services will have on the child's standard of health and development.

Children with a new or an enduring significant disability are by definition children in need under Section 17, as are children who have been in patients in hospital for more than three months.

4.3 Child Protection

Some children are in need of protection because they have suffered or are likely to suffer significant harm. Section 47 of the Children Act 1989 gives the local authority Children and Young Peoples Directorate 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 is likely to suffer significant harm.

It identifies significant harm as the threshold that justifies compulsory intervention in family life in the best interest of the child. A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

4.4 Types of Abuse

- Physical Abuse – may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child
- Sexual Abuse – involves forcing or enticing a child or young person to take part in sexual activities including prostitution whether or not the child is aware of what is happening
- Neglect – is a 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
- Emotional abuse – is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effect on the emotional development of the child

The definition of harm also includes ‘impairment suffered from seeing or hearing the ill-treatment of another’. This includes children witnessing or hearing domestic abuse.

5. **POLICY DETAILS**

5.1 Organisational responsibilities

GCCG has corporate accountability for safeguarding children in Gloucestershire and will:

- provide a strategic lead for the health sector in interagency planning within the GCCG area
- ensure that health workers contribute to inter-agency working
- ensure that all health organisations are partners of the GSCB and that there is appropriate representation through the Director with the lead for safeguarding children (Executive Nurse and the Designated Professionals)
- include clear standards in commissioning arrangements
- be involved in the appointment of designated and Named professionals
- identify a lead director who is responsible for performance management of the designated functions
- have a non-executive director who has responsibilities for children’s issues; who will raise safeguarding children issues when needed

- ensure the adequate provision of specialist nurses and doctors to provide services for children looked after.
- Ensure there is a GP lead for safeguarding on the GCCG Board

5.2 Gloucestershire Clinical Commissioning Group will be the major commissioners of local health services and will be responsible for safeguarding quality assurance through contractual arrangements with all providers; GCCG will have in place an agreement to secure the expertise of designated professionals. (Designated doctors and nurses for safeguarding and looked after children and designated paediatricians for unexpected deaths in childhood.)

5.3 GCCG is subject to Section 11 of the Children Act 2004 which places statutory duty of care. GCCG will have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including

- a clear line of accountability for the commissioning and/or provision of service designed to safeguard and promote the welfare of children
- a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements
- a culture of listening to children and taking account of their wishes and feeling, both in individual decisions and the development of services
- arrangements which set out clearly the process for sharing information, with other professionals and with the GSCB
- a designated professional lead for safeguarding (Deputy Director of Nursing, Safeguarding Lead)
- Safeguarding recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check
- appropriate supervision and support for staff, including undertaking safeguarding training

5.4 Individual Responsibilities of staff

- All staff should consider the safeguarding and promotion of the welfare of children as a personal priority and responsibility. Shortcomings in this area can have serious implications for all involved and can require individual members of staff to account personally and publicly for their actions.
- In order to be sure themselves and to assure others that they are discharging this responsibility individual members of staff should:
 - ❖ Maintain safeguarding and child protection work generally as a priority, placing it above other work as necessary;

- ❖ Assemble information in child protection cases in a timely, organised, sensitive and reasonable way bearing in mind that these records can be disclosed and often are read by others outside the GCCG including the parents at any time. In particular a chronology of interventions should be kept, available on the top of the case record if possible but easily accessible to others who may need to see and use it when the individual member of staff is unavailable;
 - ❖ Concerns that children are at risk of or are suffering child abuse or neglect will be shared in all cases with a senior member of staff at the appropriate time and ideally as soon as possible after they become apparent. The need to do this does not mean that staff should wait in all circumstances until it has been done. There will be cases where professional judgment is required to bring about immediate, appropriate action and staff should prepare to deal with individual situations as they arise.
 - ❖ Reasons for concern, actions taken or to be taken and the reasons why those actions are appropriate should always be formulated by the professional as their management of the case progresses and these should be formally recorded as soon as time allows, in most cases contemporaneously;
 - ❖ Help and advice can be sought from the Designated. The GCC Safeguarding Children Service can also provide advice as can the Emergency Duty team or on-call paediatrician (see contact details);
- If a decision is made that a child is or may be at risk of significant harm then a referral must be made to the local authority Children and Young Peoples Department (CYPD). Detailed guidance on this process, which includes advice on information sharing and confidentiality, can be found in the Gloucestershire Safeguarding Children Board Safeguarding Children Procedures www.gscb.org.uk/procedures
 - It remains the individual professional's personal responsibility to ensure that inter-agency communication is maintained and that actions and decisions are progressed. There is no sense of 'handing on' a case where such concern has been expressed and staff should acquaint themselves with the GSCB Resolution of Professional Differences in respect of child protection cases in order to ensure that their concerns are addressed appropriately and in a timely way;
 - It is good practice to voice the concern and the actions proposed to the parents of the child(ren) involved. However there are cases where it is not. Such cases

may include circumstances where voicing of concern or suspicion may put the child or the professional at risk, or where it compromises how the case can be assessed and appropriate action taken as matters develop. These are cases where the member of staff must be prepared to act on their own professional judgment and take decisions based on the child's best interests. Obviously in such circumstances it is particularly important to record fully the reasons for concern, what was done and said at the time, how the situation was responded to and why. Staff should take particular care to prepare themselves for such cases.

- The referral must be made by the person who identifies the concern, unless internal procedures clearly identify named team leaders/managers to undertake this responsibility. Staff should be mindful that Health is not an 'investigating agency' but does have a **'duty to inform'** where there are issues concerning the welfare of children and young people.
- Once children are within the child protection process whether subject to a Child Protection Plan or not, health staff are expected to treat their cases as a priority – this means that they are more important than routine work. Multi-disciplinary meetings, especially Strategy Discussions and Child Protection Conferences should not be missed unless the chair of the meeting agrees that health has nothing at that point to contribute (e.g. the child is not being cared for within the authority area). The record should show why child protection meetings are not attended if this is inevitable (e.g. if one CPC clashes with another) and how contributions to multi-disciplinary planning have been made. The record should be made contemporaneously with the meeting.
- It is good practice where possible and appropriate to share reports for meetings with the family in advance of the meeting, not least because it can provide an opportunity for supportive or influencing interventions at key points in the parents' understanding of concerns. Care should be taken however not to undermine or challenge the work of other professionals engaging with the family and once again this calls for careful planning, and appropriate use of child protection supervision by the individual health professional concerned.

5.5 Health Services Safeguarding Children Structures

GCCG will work with Gloucestershire County Council (GCC) to commission and provide co-ordinated services and, wherever possible, integrated services. GCCG co-operates with GCC in the establishment and operation of the GSCB and as a partner agency shares the responsibility for the effective discharge of the GSCB functions in safeguarding and promoting the welfare of children. GCCG works closely with the other Gloucestershire health organisations to ensure that the health service contribution to safeguarding children is effective and co-ordinated.

5.6 Safeguarding Children Strategy

GCCG has an effective safeguarding children strategy which also supports the work of other agencies. There is in place an effective structure to ensure that all safeguarding responsibilities are carried out.

5.7 GSCB

In order to ensure the effectiveness of work to safeguard and promote the welfare of children by member organisations the GSCB has drawn up two sets of safeguarding competencies, organisational (for each member organisation) and representative (for each member for the GSCB). These inform a peer review process based on self-evaluation, performance indicators and joint audit. The aim of the GSCB is to promote high standards of safeguarding work and to foster a culture of continuous improvement. It will also identify and act on identified weaknesses in services. To avoid unnecessary duplication of work, the GSCB ensures that its monitoring role complements and contributes to the work of both the member organisations and the inspectorates

GCCG participates in this work through representation on the GSCB Monitoring and Performance subcommittee and by participation in any monitoring undertaken, such as monitoring the implementation of recommendations from Serious Case Reviews through the SCOG.

5.8 Incident Reporting

GCCG uses the SUI Reporting Process to ensure that any incidents relating to safeguarding issues within GCCG are fully investigated and the lessons learnt are cascaded to practitioners via the Safeguarding Children Operational Group and report back to IGC. This process is also linked to the Child Death Review Process.

5.9 Policies and Procedures

This policy is supported by a number of other GCCG Policies to ensure that they are able to meet their statutory safeguarding requirements, and promote best practice.

These can be accessed [on](#) GCCG intranet and include:

- Allegations Management Policy
- CRB checks Policy
- Policy on Whistle blowing.pdf
- Risk Management procedure 2008.doc
- Information Sharing Principles (v4). Doc
- Fax Protocol County May 08.doc
- Data Protection Policy Jan 07.doc
- Clinical audit Strategy.doc

GCCG has signed up to the use and application of GSCB Child Protection Procedures. The GSCB have adopted the South West Region Child Protection Procedures. These can be found on the GSCB web site www.gscb.org.uk/procedures In addition several Gloucestershire specific procedures have been developed which can also be found on

the GSCB web site.

5.10 Allegations management

If a member of staff has a concern about another member of staff or a volunteer where they have

- behaved inappropriately in a way that has harmed or may have harmed a child or
- possibly committed a criminal offence against or related to a child or
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children,

They must consult with the Designated professional and refer to GCCG Allegations Management Policy. The allegations manager for GCCG must be included in any decisions made and actions taken. Any allegations made against a member of staff must be reported to the Local Authority Designated Officer (LADO) and the PCT will cooperate fully with any subsequent investigation or recommendations made.

Staff can be confident that allegations will be dealt with fairly and in line with the GSCB and national guidance.

5.11 Safer Recruitment

Safer recruitment processes will contribute towards the aim of being a safer organisation. This includes always undertaking a face to face interview, seeking references, and always carrying out CRB checks as appropriate to the role applied for.

5.12 Multi-agency working

GCCG must demonstrate that it works effectively with its partner agencies.

5.13 Information sharing

GCCG must ensure that there are robust mechanisms in place for sharing information with partner agencies. Gloucestershire Children and Young Peoples Strategic Partnership have produced a Practitioners Guide to Information Sharing to make sure that:

- 1) information on vulnerable children and young people is passed efficiently between agencies and
- 2) each child or young person receives a service that meets their needs

If a member of staff has any doubt about sharing information they should refer to the Information Sharing agreement or speak to GCCG's Caldicott Guardian.

5.14 Collaboration

GCCG promotes a culture of multi-agency collaboration and any issues or disputes will be dealt with promptly and at the appropriate level (see GSCB Escalation Policy)

in order to demonstrate effective conflict resolution.

5.15 Child Death Review Process

'Working Together to Safeguard Children' 2013 requires that all unexpected child deaths (not expected within the last 24 hours) are reviewed. GCCG actively participates in this process through the Designated professionals. This process which is to identify any local or wider public health or safety concerns arising from a death, or from a pattern of deaths will take place regardless of any decision to carry out a Serious Case Review and will inform this process.

5.16 Serious Case Reviews

GSCB should initiate a Serious Case Review where:

- 1) Abuse or neglect of a child is known or suspected and
- 2) Either (1) the child dies, or ("") the child has been seriously harmed and there is cause for concern as to the way in which the Authority, their Board partners or other relevant persons have worked together to safeguard the child.

The decision should normally be made within 1 month of the notification of the incident. The final decision rests with the Chair of the GSCB.

The GCSB must let Ofsted and the national panel of independent experts know their decision.

The GSCB should oversee the process of agreement with partners what action they need to take in light of the SCR findings. The final report should

- provide a sound analysis of what happened in the case, and why , and what needs to happen in order to reduce the risk of recurrence;
- be written in plain English and in a way that can be easily understood by professionals and public alike; and
- be suitable for publication without needing to be amended or redacted.

6 CONSULTATION

The Executive Nurse and Quality Lead and managers and users within the CCG have been consulted on, and involved in, the development of this Policy.

7 TARGET AUDIENCE

This policy is applicable to all types of contract of employment within GCCG. For

clarification the definition of employment types is defined as:

- Substantive
- Temporary / Fixed Term Contract
- Bank
- Clinical placements
- Honorary arrangements (where not constantly supervised)
- Volunteers (where not constantly supervised)

8 COMMUNICATIONS

The policy will be made available on GCCG Intranet and Website and it will also be highlighted in the staff newsletter.

9 TRAINING

All staff in GCCG, where identified, must as a minimum, have completed a Safeguarding (Child Protection) Basic Awareness course at a level that matches their work with children and young people and/or their parents and carers. There is a staged approach to training with different staff being required to take training at different levels, dependant on their degree of contact with children and families. This includes staff working in adult services who may be in contact with adults who care for children.

10 REFERENCES

- ❖ *Children Act 1989* London HMSO
- ❖ *Children Act 2004* London HMSO
- ❖ *Working Together to Safeguard Children* HM Government 2006 and 2010
- ❖ *Working Together to Safeguard Children* HM Government 2013
- ❖ *National Service Framework for Children, young people and maternity services* Department of Health 2004
- ❖ *Every Child Matters: Change for Children Programme* Department for Education and Skills 2004 www.everychildmatters.gov.uk
- ❖ *Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004* Department for Education and Skills 2004
- ❖ *Care Matters: Time for Change* Department for Education and Skills 2007
- ❖ *Model job description for Health Authority Designated Doctor for Child Protection* Royal College of Paediatrics and Child Health 2005
- ❖ *Model job description for Health Authority Named Doctor for Child Protection* Royal College of Paediatrics and Child Health 2005
- ❖ *Standards for Better Health* Healthcare Commission 2005
- ❖ *Safeguarding Children: The third chief inspectors report on arrangements to safeguard children* Ofsted 2008

KEY CONTACTS

- ❖ GCCG Executive nurse & Quality Lead, Marion Andrews-Evans 0300421173

- ❖ Deputy Director Safeguarding Lead, Helen Chrystal 03004211607
- ❖ Designated Doctor, Imelda Bennett 07711202548

Advice:

- ❖ Paediatrician, Switch Board 08454 222222
- ❖ Access Team during office hour -01452 426565
- ❖ Out of office 01452 614194
- ❖ Police for immediate concerns, 08454 0901234

Gloucestershire Child Protection Flow Chart

