

**NHS VALE OF YORK CLINICAL  
COMMISSIONING GROUP**

**SHADOW GOVERNING BODY MEETING**



**Meeting Date: 20 September 2012**

**Report's Sponsor:**

Dr Cath Snape  
GP Governing Body Member

**Report Author:**

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**1. Title of Paper: Safeguarding Children – The Transition from PCT to CCG Responsibility**

**2. Strategic Objectives supported by this paper**

Achieving high quality care for patients. Safeguarding is particularly relevant to domains 4 and 5 of the NHS Outcomes Framework 2012/13 – patient experience and protecting people from avoidable harm

**3. Executive Summary**

This paper aims to clarify the proposed arrangements to ensure continued access to designated professionals for safeguarding children and LAC for the CCG in their roles as commissioners of health care, during transition and post authorisation, including interim policies.

**4. Risks relating to proposals in this paper**

Risks around the transition from PCT to CCG responsibilities are mitigated through the establishment of robust handover arrangements.

**5. Summary of any finance / resource implications**

Future investment in safeguarding/Looked After Children's team will need to be agreed by the CCG however implications contained within report are cost neutral as resources will transfer from the PCT.

**6. Any statutory / regulatory / legal / NHS Constitution implications**

Safeguarding of both children and adults is a fundamental requirement for registration and compliance with the Care Quality Commission Outcome 7 of Essential Standards for Quality & Safety.

Commissioners duty to comply with legislation including, The Children Act, 2004 and Working Together to Safeguard Children, 2010, Promoting the Health and Wellbeing of Looked After Children (LAC) 2009, and The Health and Social Care Act 2012

## **7. Equality Impact Assessment**

There are no negative impacts on groups protected by safeguarding arrangements and a positive impact on children and young people.

## **8. Any related work with stakeholders or communications plan**

Policies for approval have been developed through the multi agency partnerships and associated forums. Further work will be undertaken with CCGs to develop increased understanding of this complex area of care prior to full authorisation of CCGs.

## **9. Recommendations / Action Required**

The Shadow Governing Body is asked to:

- accept and approve the proposed arrangements
- approve the interim policies in respect of allegations against a professional employed by the Vale of York CCG, and the safeguarding children's policy
- note that a further policy on training is under development and will be brought to a future Board meeting for approval

## **10. Assurance**

Matters relating to safeguarding children will be discussed and considered at the Quality and Performance Committee, and matters will be escalated to the Board as necessary. Safeguarding policies are included in all provider contracts and are monitored through the monthly Contract Management Board structures. Multi agency progress is coordinated and reported via the Local Safeguarding Children's Board structures of which the CCG Board leads will be an integral part.

For further information please contact:

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# **NHS VALE OF YORK CLINICAL COMMISSIONING GROUP**

**Shadow Governing Body Meeting: 20 September 2012**

## **Safeguarding Children – Update on the Transition from PCT to CCG Responsibility**

### **1. Background**

- 1.1 The NHS Commissioning Board (NHSCB) have issued interim advice on securing children's safeguarding in the future NHS. The advice makes clear that both CCGs and the NHSCB will be statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children. This includes specific responsibilities for looked after children (LAC) and for supporting the Child Death Overview process.

Both CCGs and the NHSCB will have a statutory duty to be members of Local Safeguarding Children Boards (LSCBs), working in partnership with local authorities to fulfil their safeguarding responsibilities. The NHSCB will also have a duty to oversee safeguarding, providing oversight and assurance of CCGs' safeguarding arrangements and supporting CCGs in meeting their responsibilities.

- 1.2 The Operating Framework 2012/13 states that PCT clusters will need to ensure a sustained focus on robust safeguarding arrangements, including working in partnership through Local Safeguarding Children Boards (LSCBs), and to ensure ongoing access to the expertise of designated professionals in line with local need, working with CCGs to ensure they are well prepared for their safeguarding responsibilities and that robust local arrangements, including future input to LSCBs are put in place.
- 1.3 The Director of Nursing from NHS North Yorkshire and York has undertaken work with designated safeguarding nurses and doctors including Looked After Children's (LAC) teams, across North Yorkshire to ensure that interim arrangements for safeguarding remain robust until completion of transition by April 2013, and that CCGs have clarity as to the support they can receive from this group of specialist practitioners both during transition and post 2013.

### **2. Proposed arrangements to manage the transition**

- 2.1 The transition from PCT to CCGs carries risks in relation to:
- 2.1.1 The emerging CCGs current level of understanding of their statutory commissioning and provider roles in relation to safeguarding children, which needs to be developed.

- 2.1.2 To address this, the local safeguarding teams have been meeting with CCGs and have developed a 'newsletter' containing relevant policies and detailed advice on a range of matters of particular interest. The local team under the leadership of the Nurse Director for NHS North Yorkshire and York have been consulted with on plans to transfer the safeguarding function into the CCGs.
- 2.1.3 The CCGs' ability to fulfil statutory functions by retaining/utilising the designated clinical specialists may be limited by the size of the team and the ability to split to cover the separate CCGs.
- 2.1.4 To address this, and following discussions with the team and the four main CCGs in North Yorkshire, it has been proposed that the Children's safeguarding team (nursing and medical staffing including administrative support) will be hosted by Scarborough and Ryedale CCG, with one Designated Nurse for Safeguarding Children, aligned to Harrogate & Rural District CCG and Hambleton, Richmondshire & Whitby CCG, and a second aligned to Vale of York and Scarborough CCGs.
- 2.2 While each CCG remains accountable, a memorandum of understanding/service level agreement will be developed to ensure that advice and support on safeguarding children is provided via this team to the other CCGs. This arrangement retains the 'whole' team approach and enables stronger peer support and cover for sickness and annual leave etc. Arrangements in regard to future investment, recruitment etc will be led by SRCCG and agreed via each the CCGs to whom cover will be provided.

### **3. Policy framework and authorisation**

- 3.1 The CCG authorisation process requires the CCG to demonstrate proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commissioning all the services for which they are responsible. Within this the CCG needs to demonstrate that it meets best practice in relation to safeguarding and has systems and processes in place to fulfil its specific duties of cooperation and partnership.
- 3.2 The Designated Nurses have prepared a document that has been shared with CCG leads, which details the range of policies, procedures and arrangements that each CCG needs to put in place to provide strong framework for the governance and assurance of safeguarding children arrangements. The detailed work on this will presented to the CCG Quality and Performance Committee with relevant policies escalated the CCG Shadow Governing Body for approval.

- 3.3 The first two policies for approval and which accompany this paper are as follows:
  - 3.3.1 Policy, Procedures and Guidance for Responding to Allegations of Abuse or Neglect of a Child Against An Employee of the Vale of York CCG
  - 3.3.2 Safeguarding Children Policy
- 3.4 The CCG safeguarding training policy will be brought to a subsequent Shadow Governing Body meeting.



Vale of York  
Clinical Commissioning Group

**Item 5 (1)**

## **Policy, Procedures & Guidance for Responding to Allegations of Abuse or Neglect of a Child Against An Employee of Vale of York CCG**

To Be Read In Conjunction With:

- a) Vale of York CCG Child Protection Policy &
- b) North Yorkshire or City of York Safeguarding Children Board Allegations Against Persons Working With Children including Volunteers & Foster carers.

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Safeguarding Children  
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Version 1

Approved by Vale of York Clinical Commissioning Group  
Shadow Governing Body

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## **1. POLICY:**

- 1.1 Relevant legislation and statutory guidance:
  - The Children Act 1989
  - The Children Act 2004
  - Working Together to Safeguard Children 2010
- 1.2 A child is defined as any person under the age of 18 years.
- 1.3 The policy applies irrespective of whether or not the allegation relates to current, recent or historical behaviour, to all situations which indicates that a person has:
  - behaved in a way that has harmed a child, 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 or young people
- 1.4 Vale of York CCG is subject to s11 of the Children Act 2004 which outlines specific organisations' roles & responsibilities in relation to safeguarding & promoting the welfare of children & young people. This organisation is committed to the need to safeguard and promote the welfare of children and takes seriously the health and welfare of children accessing its services and considers the welfare of children to be paramount.
- 1.5 The CCG will take all allegations of harm to children made against any member of the CCG or employee<sup>1</sup> seriously. Where such allegations are made the matter will always be responded to in line with the relevant Local Safeguarding Children Board procedures.
- 1.6 The CCG will support and advise member(s) of staff against whom the allegation has been made, in line with advice from the Local Authority Designated Officer (LADO) and subject to considerations relating to the integrity of an investigation.
- 1.7 The responsibility to investigate concerns rests with Children's Social Care and the Police, subject to advice from the LADO. Enquiries under s.47 of The Children Act 1989 (i.e. child protection enquiries) **always** take precedence over internal & disciplinary investigations.
- 1.8 All allegations and concerns relating to these procedures **must immediately** be reported to the line manager or the Designated Nurse for Safeguarding Children, or the Vale of York CCG Senior Managing Officer for Allegations Against Staff (SMO) (see Appendix 1). Failure to report or act upon information or a concern may result in disciplinary action.



- 1.9 The CCG will support any employee who reports legitimate concerns (e.g. under 'whistle blowing procedures' or through any other route) relating to the conduct of any member of staff in relation to a child/children.
- 1.10 On becoming aware of an allegation of concerns reference should also be made to the CCG Performance Management, Disciplinary and Serious Untoward Incident Policies and Procedures, and North Yorkshire, & City of York, Safeguarding Children Board's "Procedures for Allegations Against Persons Working With Children including Volunteers & Foster carers".

<sup>1</sup> *Throughout this document the term 'employee' or 'member of staff' will be used to mean any one who works for, or whose services are contracted by, the CCG, either in a paid or voluntary capacity working on or off the CCG premises and sites.*

## **2. PROCEDURE:**

### **2.1. Scope:**

2.1.1 This procedure applies to allegations where there is reasonable cause to suspect that a child (anyone under 18 years of age) is suffering, or is likely to suffer, significant harm as a consequence of the actions of any CCG member or employee. It also applies to cases where allegations are made that indicate that a person is unsuitable to work with children & young people in their current role, or in any capacity. This procedure should therefore be used in respect of all cases in which it is alleged that a person working within, for, or commissioned by the CCG, or a member of the CCG 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 s/he is unsuitable to work with children or young people.

2.1.2 Allegations may arise in a number of ways from a number of sources e.g. a concern, a suspicion, a complaint or report from a child, parent or other adult within or outside of the CCG, or from information arising from a disciplinary, criminal or child protection investigation.

2.1.3 This procedure applies to **all** information relating to 2.1.1 whether or not the person reporting wishes to make a formal complaint.

### **2.2 Initial Response:**

2.2.1 Any member of staff who has a concern or has received information that an employee has behaved in a way outlined in 2.1.1 **must** report this to the Senior Manager for Allegations Against Staff (SMO - see Appendix 1 for details) **without delay both verbally and in writing**.

2.2.2 The member of staff, or managers within the CCG, **must not** attempt to undertake any enquiries or to seek to determine whether the allegation is true or not.

2.2.3 However it is acknowledged that immediate action may need to be taken to protect the child/children (e.g. removal of a member of staff from the premises), and any evidence should be secured and preserved (e.g. mobile telephone, computer etc) subject to advice from the SMO, police or Local Authority Designated Officer (LADO – see Appendix 1 for details).

2.2.4 The individual's line manager may make limited enquiries as to the whereabouts of the employee against whom the allegation has been made.

- 2.2.5 No discussion should occur between any manager within the CCG and the employee against whom the allegation has been made prior to discussion with the SMO who will advise further.
- 2.2.4 Where it is believed that a child is at immediate risk, the Police should be contacted by telephoning 999.
- 2.2.5 If the SMO may be implicated in the allegation or there is a concern that they may not have followed the CCG procedures, then the matter should be reported to the LADO, Safeguarding Children Lead within the CCG & the Designated Nurse.
- 2.2.6 Where staff receive an allegation against someone from another organisation this should be reported to the LADO, although advice may be sought from the SMO or Designated Nurse.
- 2.2.7 Any member of staff receiving details of an allegation or concern must make a full record of the allegation including:
- *when* the allegation was made,
  - *to whom* the allegation was made,
  - recording the actual words used by the child or whoever made the allegation, and
  - any actions taken

This record should be signed, if possible, by the child or person making the allegation, dated, timed and held securely.

- 2.2.8 The line manager of the person receiving the allegation should collate all documentation & relevant information available at the time the allegation was made.
- 2.2.9 On receiving information regarding an allegation/concern the SMO will, prior to contacting the LADO, gather the following information in order to establish **the known facts** of the allegation:
- Names, addresses, and dates of birth of the child or children concerned and the employee concerned;
  - Details of any potential witness to the event/concern;
  - Details of the employee's employment record, including any previous allegations/concerns;
  - The account of the person receiving the allegation or witnessing the event;
  - Information regarding any other known paid or voluntary work that the employee undertakes with either children or vulnerable adults;
  - Whether the employee has any children of their own or who they care for (such as grandchildren, step-children);
  - Any other information which may be of relevance;
  - Any actions already taken;
  - Information regarding the legal status of any particular child concerned.

2.2.10 In all circumstances of concern or allegation being made, the SMO must consult with the LADO within one working day of the concern arising/the allegation being made. Following consultation by the SMO with the LADO & the Police, and agreement by these individuals the employee against whom an allegation has been made may be informed about the nature of the allegation, or that an allegation has been made

### 2.3.0 Consultation with LADO:

2.3.1 Consultation by the SMO with the LADO will consider:

- Is the allegation demonstrably false? *i.e. is there clear evidence to suggest that the event(s) did not take place?*
- Could the child have suffered/be at risk of suffering significant harm? *If so, the LADO will consult with a Social Care manager to consider convening a Child Protection Strategy Meeting under section 47 of The Children Act 1989.*
- Could a criminal offence have been committed? *If so, the LADO will consult with the Police to consider holding a Strategy Meeting.*
- Could the person have behaved towards a child in a way that indicates he/she is unsuitable to work with children? *If so, a Strategy Meeting will be held and the LADO will advise the CCG as to what action they should take.*
- Does none of the above apply? *If so, the LADO will advise what, if any, internal action should be taken by the CCG.*

2.3.2 If an Allegations Against Staff Strategy Meeting is to be held then no action will be taken by the CCG prior to the outcome of the meeting, unless agreed with the LADO, Social Care & the Police in order to provide information for the meeting or to safeguard the welfare of a child/children.

2.3.3 The CCG SMO and LADO will exchange confirmation in writing about their discussions, including any actions taken or planned, within 24 hours of that discussion.

2.3.4 Following informing the LADO, and subject to advice received, the SMO will also inform the following of the allegation, within one working day:

- The relevant Director of Human Resources
- Vale of York CCG Lead for Safeguarding Children
- Vale of York CCG Director of the service in which the employee against whom an allegation has been made normally works
- The Designated Nurse for Safeguarding Children

The purpose of informing the above is to indicate what action has been taken or is proposed, and to determine any immediate action necessary to protect the child(ren) or any other children with whom the employee may have access, and to protect any evidence.

Consideration will be given as to whether the Vale of York CCG Operating Officer needs to be informed at this stage.

- 2.3.5 It is recognised that such allegations or concerns can have a profound effect on the victim, the employee against whom an allegation has been made and colleagues, and so it **is essential that confidentiality is maintained with information only being shared with those who need to know about the allegation**. Any breaches of confidentiality beyond information sharing with those who need to know about the allegations may result in disciplinary action being taken.

#### **2.4.0 Referral to Children's Services (Social Care):**

- 2.4.1 If child protection enquiries or a criminal investigation is initiated, the member of staff against whom the allegation has been made will be contacted (by a person agreed at the Allegations Against Staff Strategy Meeting) and told:

- The nature of the allegation
- How the enquiries will be conducted
- Any conditions preventing discussion/contact with relevant persons

This information will be confirmed in writing to the member of staff against whom the allegation has been made.

- 2.4.2 The person against whom the allegation has been made should also be advised of:

- Their right to contact and seek advice from their Professional Association, Trade Union or a legal representative
- The possible outcomes of the enquiries e.g. criminal and/or disciplinary action
- Agreements for ongoing support and provision of information
- How decisions will be made regarding referral for consideration of inclusion on those lists preventing or restricting their work with children and young people
- Any information which will be passed to registering bodies e.g. Nursing and Midwifery Council, General Medical Council etc.

#### **2.5.0 Strategy Meetings:**

- 2.5.1 The CCG SMO will discuss with the CCG Lead for Safeguarding Children who should attend the Allegations Against Staff Strategy Meeting to represent the CCG. Consideration should be given to the attendance of:

- Lead for Safeguarding Children
- Relevant Director of Human Resources
- CCG Operating Officer
- Designated Nurse &/or Doctor for Safeguarding Children
- Vale of York CCG Senior Manager for Allegations Against Staff (SMO)

- Director/Manager of the member of staff against whom the allegation has been made
- Any other professional leads as appropriate and agreed by the CCG Operating Officer

The employee who is the subject of the allegation **will not** be invited/entitled to attend the Strategy Meeting.

2.5.2 In addition to the initial Allegations Against Staff Strategy Meeting mentioned above, subsequent meetings will be held **at a minimum of monthly intervals** and must address (unless otherwise agreed by the LADO):

- Progress and results of enquiries
- Investigation strategy
- Agency cooperation
- Outcome of objectives
- Adherence to timescales
- Reasons for any delays and, where appropriate, how these should be addressed and resolved, and by whom
- Therapeutic and support needs of the child/children concerned
- Support needs of staff who have received the allegation
- Consider how to manage any media interest
- Support for member of staff against whom the allegation has been made
- Appropriate applications for Criminal Injuries Compensation
- Actions to be taken by the CCG
- Future relevant needs of the CCG (and any other relevant organisations).

2.5.3 A final meeting will be held at the end of child protection enquiries or criminal investigation to review the case, categorise the allegation (see section G14) and plan any further actions required, including any issues to be shared with the Local Safeguarding Children Board or the CCG regarding need for procedural review, training, risk management etc.

2.5.4 Outcomes of any CCG internal procedures must be reported to the LADO & the Chair of the Allegations Against Staff Strategy Meeting.

2.5.5 If the allegations are **substantiated** then the internal CCG process will be dealt with under the CCG Disciplinary Policy & Procedures. This should also include the CCG undertaking an internal enquiry to ascertain what lessons can be learned by the organisation and how to apply those lessons.

2.5.6 Consideration must also be given as to the need to inform relevant professional bodies such as GMC, NMC etc, and the Independent Safeguarding Authority (or its successor organisation the Disclosure &

Barring Service, planned to become operational from December 2010) of the substantiated allegation

## **2.6.0 When an Allegation is Unsubstantiated:**

- 2.6.1 Where, following police or social care investigations, it is concluded that the allegation is unsubstantiated, the chair of the Allegations Against Staff Strategy Meeting will prepare a report of the enquiry and forward this to the Vale of York CCG Senior Manager for Allegations Against Staff (SMO), to enable to the CCG to consider what further action, if any, should be taken.
- 2.6.2 Allegations may be unsubstantiated from a criminal perspective either because they do not reach the threshold for criminal prosecution, or because a person has not been convicted on the burden of proof of 'beyond all reasonable doubt', or because it is not perceived to be in the public interest to proceed with a prosecution. However, there may be sufficient evidence for the case to be considered under internal CCG disciplinary procedures where the burden of proof is on 'the balance of probability'.
- 2.6.3 Consideration must also be given by the CCG as to the need to inform any professional regulatory body (e.g. NMC, GMC etc) or the Independent Safeguarding Authority (or its successor organisation the Disclosure & Barring Service, planned to become operational from December 2010) of the unsubstantiated allegation.
- 2.6.3 Where concerns remain about an employee's conduct or behaviour in relation to children, internal enquiries should continue and may include the commissioning of a specialist assessment to consider the risk that the employee/volunteer may pose.
- 2.6.4 Where the employee is also employed by another employer, the CCG will consider the necessity to inform that employer of any relevant concerns. A balance will need to be struck between maintaining the employee/volunteer's confidentiality, and breaching that confidentiality if it is in the wider public interest to do so. Information will only be disclosed on a 'need to know' basis.
- 2.6.5 Where the allegation is demonstrably false it must be considered whether the child is in need of any services from any relevant organisation, or whether the child may have been abused by someone else.
- 2.6.6 The investigation will continue to completion irrespective of whether the person remains employed (on a paid or voluntary capacity) by the CCG.

## **2.7.0 Action on Conclusion of the Case:**

- 2.7.1 Investigations into allegations against employees, including the outcome, will be placed on the employee's personal file. Where it is found that the employee **did not** commit the alleged act or that there are no grounds for concern, the employee should be notified in writing of the decision and that no further action will be taken. The CCG will consider the employee's need for ongoing support e.g. counselling.
- 2.7.2 If an allegation is substantiated (whether or not the person is dismissed, or the CCG ceases to use the person's services, or the person resigns or stops providing services), the CCG SMO and the LADO will discuss the need to inform any professional regulatory body (e.g. NMC, GMC etc) or the Independent Safeguarding Authority (or its successor organisation the Disclosure & Barring Service, planned to become operational from December 2010) of the unsubstantiated allegation. If such a referral is to be made it should be made within **1 month** of the conclusion of the case.
- 2.7.3 In all cases where the allegation is substantiated, disciplinary proceedings will be instigated by the CCG.
- 2.7.4 If on conclusion of the case it is decided that the person who has been under investigation is to return to work, the CCG SMO should advise the relevant Director(s)/ Managers how best to facilitate this, and what support may facilitate the employee to do so after what has, most probably, been a very stressful experience. This should include consideration of contact with the person(s) who made the allegation and/or the child who was the subject of the allegation, and any needs for monitoring or training (and where appropriate the parameters e.g. time frame/review periods for such monitoring or training).

## **2.8.0 Monitoring:**

- 2.8.1 The LADO will report regularly to the CCG SMO:
- Any instances where the CCG has failed to deal with an allegation in accordance with the CCG or City of York/North Yorkshire Safeguarding Children Board Allegations Against Staff Procedures;
  - Any concerns regarding interagency working in respect to an allegation against a member of staff.
- 2.8.2 An Annual Report will be provided by the LADO to the relevant Safeguarding Children Boards which will include:
- Number of allegations by category
  - Number of allegations by agency
  - Number of Allegations Against Staff Strategy Meetings held
  - Number of Children's Social Care enquiries held
  - Number of Police investigations held
  - Number of employee disciplinary investigations held
  - Outcomes of the above (substantiated, unsubstantiated, unfounded, deliberately invented)



- Timescales adherence
- Procedural compliance
- Interagency issues

## **GUIDANCE:**

G1.1 Children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of children by a professional, staff member or volunteer must therefore be taken seriously & treated in accordance with consistent procedures.

## **G2 Definitions:**

G2.1 A child is a boy or girl who has not yet reached their eighteenth birthday.

### G2.2 Physical Abuse

Physical 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. (DCSF 2010)

### G2.3 Emotional Abuse

Emotional abuse 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 that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the 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 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. (DCSF 2010)

### G2.4 Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (DCSF 2010)

### G2.5 Sexual Abuse

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. The activities may involve physical

contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. (DCSF 2010)

G2.6 Physical intervention or the restraint of a child is permitted where it is believed that the child poses a risk to themselves, others or a serious risk to property. However, the use of pre-emptive or inappropriate restraint may be considered abusive.

G2.7 Allegations of child abuse may be either regarding CURRENT abuse or HISTORICAL abuse, i.e. abuse that is ongoing or recent, or abuse that occurred a number of years ago. Whether or not an allegation against an employee is regarding current or historical abuse, that allegation must be acted upon as per these procedures.

### **G3 GUIDANCE RE SCOPE:**

G3.1 If concerns arise about the person's behaviour in regard to his/her own children or occurring outside of their employment with the CCG, Police &/or Social Care will inform the CCG in order to assess whether there may be implications for children with whom the person has contact through their work.

G3.2 All allegations should, in the first instance, be considered as requiring a child protection response. However, following a Strategy Meeting, less serious allegations may be dealt with under the CCG performance management, disciplinary or complaints processes.

G3.3 Any allegation made against a member of CCG staff of the physical punishment of a child whilst carrying out their duties should be dealt with under these procedures.

G3.4 Other situations where these procedures apply include:

- Abuse of trust – involving a child in sexual activities where a professional relationship of trust exists;
- Grooming – developing a relationship with a child or young person with the intention of perpetrating sexual harm;
- Offences suggesting a person may pose a risk of harm to children, including:
  - Possession of child pornography
  - Serious assault on an adult
  - Perpetration of domestic abuse
  - Serious drug offences
  - Cumulative concerns, including multiple unfounded / inconclusive allegations of abuse
  - Concerns indicating neglect or emotional harm.
  - Allegations of abuse relating to an employee/volunteer's previous employment or events in their past.

#### **G4 GUIDANCE RE STRATEGY MEETINGS:**

- G4.1 It is not the role of the Strategy Meeting(s) to decide whether a person should be suspended, although the meeting may recommend a course of action regarding suspension. Therefore, the CCG will consider whether the employee against whom the allegation has been made should be suspended (without prejudice), or re-deployed to a non-patient/client area.
- G4.2 Once the an employee has been made aware of the allegation they should be treated fairly, with honesty and be offered support throughout the investigation process, as should other members of staff affected by the situation. The concerns should be clearly explained to them (where appropriate and as recommended by the Strategy Meeting), as should the employment processes regarding the allegation, with details of timescales and personnel involved.
- G4.3 The pace of internal processes will often be dependent upon enquiries made by other agencies, such as Social Care & the Police. However, all internal processes must be completed as quickly as possible, without impeding a thorough investigation. The member of staff/volunteer should be advised to seek support from their union or professional body, and be made aware of the support available within the CCG.
- G4.4 When reaching decisions on further actions, the members of the Strategy Meeting will balance the welfare of the child (which must remain paramount) and the interests of the member of staff.

#### **G5 GUIDANCE RE SUSPENSION:**

G5.1 The CCG must decide whether it is necessary to suspend during investigation, without prejudice, the employee against whom the allegation has been made. This decision must be very carefully considered and should not be undertaken without good reason. The decision should be made with the advice of the Police if there is a belief that a criminal offence may have been committed.

G.5.2 Suspension should always be considered where:

- There is cause to suspect a child is at risk of significant harm, or
- The allegation warrants investigation by the police, or
- The allegation is so serious that it might be grounds for dismissal or
- Where it is necessary to allow the conduct of an investigation to proceed unimpeded

A Risk Assessment must be completed by Human Resources in consultation with the SMO to determine whether the member of staff

should be suspended. This Assessment must be recorded and a copy kept on the file.

G.5.3 Any decision to suspend a member of staff must always involve the relevant Human Resources department, and the need to seek legal advice should be considered. The SMO cannot make decisions about suspension but will offer advice to the relevant Human Resources department regarding the child safeguarding/protection issues.

G.5.4 In the case of an incident where it is not practicable to obtain immediate advice, for example, at the weekend, a reasonable course of action as an interim measure would be to send the individual(s) home. Although legally this may be regarded as a suspension, at this stage the proper process of suspension will not have been taken. Also, the action is reversible should the Head of Human Resources in consultation with the SMO subsequently decide to take alternative action. If the decision is subsequently to suspend then the normal process should be carried out immediately.

G.5.5 The suspension must be carried out face to face with the member of staff concerned, wherever possible. He/she should be provided with the opportunity to be accompanied at the meeting to suspend him or her by a Trade Union or professional association representative or a work colleague.

G.5.6 The process must be handled sensitively. The member of staff should be informed that an allegation has been made against him/her and that suspension is being considered as a precautionary measure pending a full investigation of the case. The member of staff should be given as much information **as is consistent with not interfering with an investigation into the allegation as agreed with the SMO and LADO**. The member of staff should be informed that his/her status is not affected by the suspension.

G.5.7 When called to an interview where suspension is a possible outcome, the member of staff should be advised to seek the advice and assistance of his or her Trade Union or professional association. A work colleague may assist an individual who is not a member of either a Trade Union or Professional Association.

G.5.8 Given the need to preserve all available forensic evidence the member of staff should be asked to return any patient records or CCG documentation, keys and laptops, including declaration of computer passwords as appropriate and under supervision, collect any personal belongings which he/she might require during the period of suspension.

G.5.9 It may also be appropriate to seek to agree with the member of staff what his/her colleagues will be told concerning the reason for his/her absence.

G.5.10 Written confirmation of the suspension should be despatched within one working day, giving the reasons for suspension. Wherever possible, written confirmation should be prepared and handed to the individual at the meeting.

G.5.11 Where suspension is considered appropriate the CCG should also consider if possible alternatives to suspension could be used e.g. transfer of duties not involving contact with children, additional supervision/support.

#### **G6 GUIDANCE REGARDING CONFIDENTIALITY:**

G6.1 It is recognised that allegations of abuse or harm to a child can have a profound effect on the victim & his/her family, the employee against whom the allegation was made, and colleagues of the employee. For this reason it is imperative that all concerned understand the need to maintain the confidentiality of those affected.

G6.2 All information shared should only be on a 'need-to-know' basis, with all decisions, including the rationale for those decisions, regarding the sharing, or withholding of information carefully recorded and stored securely.

#### **G7 SUPPORT FOR THE CHILD & FAMILY WHO HAVE MADE THE ALLEGATION:**

G7.1 Abuse or harm of a child is serious and causes the child & their family significant levels of distress.

G7.2 Mechanisms of support for the child & family should always be discussed at the Allegations Against Staff Initial Strategy meeting. It is probably that a Social Worker will be allocated to be involved in the investigation & will also have a role in supporting the child & family.

G7.3 A representative of the CCG should also be appointed to support the child & family throughout the process of the investigation, and to provide them with relevant information to ensure that their rights are respected, and that they feel listened to & supported. Where possible the family should initially be offered the support of a member of staff already known to them.

#### **G8 SUPPORT FOR THE EMPLOYEE AGAINST WHOM THE ALLEGATION HAS BEEN MADE:**

G8.1 Vale of York CCG accepts that it is distressing for an employee if an allegation is made against them, and as part of the CCG's duty of care undertakes to ensure that the employee has appropriate support. This

support will be given both during the investigation (and the employee's suspension if this step has been taken) & beyond its completion if necessary. Support offered and given must be handled sensitively & carefully to ensure that no evidence is lost or contaminated; advice may need to be sought from the police as to boundaries of support offered.

G8.2 As soon as an employee is made aware of the allegation or concerns, a named person (selected in consultation with the employee) should be identified to act as a support for the employee and to ensure that communication is effective between all parties concerned. The employee must be made aware that any information which they share with the named person may have to be passed on to the police, social services or the CCG if felt to be relevant to the investigation.

G8.3 The employee should be advised to seek legal advice & to contact their union and/or professional body.

### **G9 LEGAL CONSIDERATIONS:**

G9.1 Enquiries into allegations made against an employee of Vale of York CCG may commonly involve three related strands:

- Child protection enquiries, relating to the safety & welfare of children;
- Police enquiries into a possible criminal offence;
- Disciplinary procedures, where an allegation may amount to misconduct.

Whilst these three related strands add complexity, it is essential that enquiries adhere as far as possible to accepted investigative practice, with the child's welfare ALWAYS considered paramount.

G9.2 Criminal Investigation may be undertaken by the Police, who have a duty & responsibility to investigate all potentially criminal offences.

### **G10 GENERAL PRINCIPLES AND GUIDANCE**

G10.1 All allegations should be responded to with common sense and will always entail discussion and advice with the SMO, and a Named or Designated Nurse or Doctor for the CCG as well as advice from Human Resources.

G10.2 Investigations should be proportionate to the circumstances of the allegation, its seriousness and the impact on the child/children.

G10.3 Consideration of and investigations into allegations should be expeditious, fair, thorough and independent.

G10.4 Those considering/ investigating allegations should always be alert to signs or patterns which indicate that abuse could be widespread or organised either within or outside of the organisation the person works and where appropriate initiate the North Yorkshire Safeguarding

Children Board/City of York Safeguarding Children Board Complex Abuse Procedures

G10.5 Where investigation of the allegation is required this could involve:

- A police investigation of a possible criminal offence
- Enquiries and assessment by Social Care about whether a child is in need of protection and/or services
- Consideration of disciplinary action

G10.6 Whilst the purpose of Children Act 1989 (section 47) is to allow the local authority to assess whether legal action should be taken to protect the child, the local authority has a general duty to safeguard and promote the welfare of children in need in their area (Children Act 1989 & 2004). Consequently, allegations against those who work with children may not strictly amount to 'section 47 enquiries' (where the allegation relates to the persons work), however similar processes should be followed to determine the action necessary to safeguard the welfare of the child/ren.

G10.7 The child/ren concerned should receive appropriate support.

G10.8 The child/ren concerned and their parents/carers should be helped to understand the process and kept informed throughout. However, the LADO should be consulted regarding when and how to inform parents to ensure that this does not impede the proper exercise of enquiry, disciplinary or investigative processes.

G10.9 The CCG should, as soon as possible, inform the employee against whom an allegation has been made, about the nature of the allegation, how enquiries will be conducted and the possible outcome. **However, the LADO should be consulted before informing the member of staff to ensure that this does not impede the proper exercise of enquiry, disciplinary or investigative processes.**

G10.10 The employee against whom an allegation has been made should be: treated fairly and honestly; provided with support; helped to understand the concerns expressed and processes; kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process. They should be advised to contact their union or professional association. Human Resources should be consulted at the earliest opportunity in order that appropriate support can be provided via the CCG's occupational health or employee welfare arrangements. If they are suspended the CCG should make arrangements to ensure that they are informed about developments in the workplace.

G10.11 Other than in an emergency no action should be taken by Police and Social Care before consulting with the LADO.



- G10.12 Investigating agencies should, in all child protection enquiries, specifically ask about any current or previous work with children or young people, (paid or voluntary) undertaken by the person who is subject of the allegation.
- G10.13 If any person suspects that an allegation is not being properly responded to, they should report this to the LADO.
- G10.14 Enquiries must be conducted within confidentiality principles in order that information can be given freely and without fear of victimisation, and that the rights of all parties are preserved. Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated/ considered. Information therefore should be restricted to those who have a 'need to know' in order to: protect children; facilitate enquiries/investigations; manage related disciplinary or complaint procedures.
- G10.15 The Police should take the lead on whether information is given to the press or media, and only after a person is charged with an offence, (except in exceptional circumstances e.g. an appeal to trace a suspect. In such cases, the reasons should be documented and partner agencies consulted beforehand.)
- G10.16 When there is insufficient evidence to support a criminal prosecution, disciplinary or regulatory procedures may still be appropriate, as the level of evidence required in these is 'the balance of probabilities' rather than 'beyond reasonable doubt.'
- G10.17 Arrangements should be in place to ensure that evidence/information gathered in the course of a Social Care enquiry or Police investigation are made available to the employer for disciplinary, regulatory or complaint proceedings.
- G10.18 Following the conclusion of protection and criminal processes, if further enquiries are pursued for the purpose of a disciplinary, regulatory or complaint investigation, these should be arranged in a way that, wherever possible avoids the repeated interviewing of children or other vulnerable witnesses. It may therefore be necessary for those who conducted the initial enquiry or investigation to give statements for / evidence at any disciplinary or similar hearing.
- G10.19 If an allegation relating to a child is made about a person who also undertakes paid or unpaid care of vulnerable adults, the CCG vulnerable adults' procedure should be followed.
- G10.20 Every effort should be made to reach a conclusion in all cases including those where the person refuses to cooperate and/or ceases to provide their services (e.g. resigns or retires), in order to establish if the allegation is substantiated. **'Compromise agreements' must not**

**be used** i.e. where a member of staff agrees to resign and a future reference is agreed.

G10.21 The disciplinary policies, 'whistle blowing' and allegations procedures of the CCG should reflect this guidance and procedures.

## **G11 CONFLICT OF INTEREST**

G11.1 It is essential that all allegations are considered objectively.

G11.2 Any person involved in the consideration and/or investigation of an allegation must declare any possible conflict of interest in their personal or professional life e.g. if the allegation relates to someone known to them such as a relative, friend, colleague, (including colleagues worked with regularly in another agency,) or someone from an organisation to which they are affiliated e.g. religious, social, etc.

G11.3 When enquiries/ investigations are required there should be due consideration given to ensuring objectivity by, for example,

- Use of staff within the organisation who are sufficiently separate from the line management of those against whom the allegation is made
- An arrangement with another police authority/ local authority
- The appointment of independent investigator(s) to undertake the investigation or oversee the process

## **G12 RECORD KEEPING**

G12.1 All involved should keep clear and comprehensive records. The CCG SMO should compile a summary of: the allegation, actions taken, decisions made and reasons for them and, on completion, provide a copy to the employee. The CCG records should be retained on the employee's confidential personal file until normal retirement age or for ten years, whichever is the longer. Where disciplinary action has been taken and if it is a Child Protection matter, the CCG reserves the right to retain the documentation indefinitely.

G12.2 Where a child has made an allegation, a copy of the statement or the record made of it should be kept on the section of the child's records which is not open to disclosure, together with a written record of the outcome of the investigation.

## **G13 TIMESCALES**

G13.1 It is in everyone's interest for cases to be dealt with as quickly as possible whilst ensuring any investigations are sufficiently thorough. *Working Together 2010* suggests target indicative timescales which are reflected in these procedures. These should be achievable in most cases, however there is recognition that more serious or complex investigations may take longer.

## **G14 ALLEGATION CATEGORIES**

G14.1 **Unsubstantiated:** Where there is *insufficient evidence* to prove or disprove the allegation.

G14.2 **Unfounded:** Where there is evidence that *disproves* the allegation.

G14.3 **Deliberately invented/malicious:** There is evidence that not only disproves the allegation, but also proves a *deliberate intent to deceive*.

G14.4 **Displaced:** When an allegation is made *to draw attention to child protection issues* elsewhere.

G14.5 **Misinterpreted:** A *misunderstanding*, e.g. where inaccurate meaning has been ascribed to words or actions.

G14.6 **Substantiated.**

## **APPENDIX 1: ROLES & RESPONSIBILITIES**

### **A1. ROLE OF SENIOR MANAGER FOR ALLEGATIONS AGAINST STAFF (SMO):**

A1.1 The Senior Managers for Allegations Against Staff have overall responsibility for ensuring that procedures are followed at an operational level.

A1.2 The Senior Managers for Allegations Against Staff responsibilities include:

- Ensuring that the CCG procedures regarding Allegations Against Staff are properly applied & implemented;
- Providing advice, information & guidance for the CCG staff;
- Being the Senior Manager with each CCG to whom ALL allegations or concerns are reported;
- Clarifying information regarding details of specific allegations;
- Gathering any additional information which may have a bearing on the allegation, e.g. previous known concerns, other related incidents etc;
- Providing the subject of the allegation with information & advising them to inform their union or professional body in accordance with advice from the LADO;
- Requesting advice from Social Care should the allegation be unfounded, as the child or young person may be in need of services themselves, or the Police may need to be involved if the allegation is deemed to be deliberately malicious or invented;
- Attending strategy meetings where required;
- Liaison with the Human Resources lead where employers disciplinary action may be required;
- Ensuring that risk assessments are undertaken as & when required;
- Ensuring that effective reporting & recording systems are in place, which allow for the tracking of allegations through to the final outcome;
- Undertaking appropriate checks with data which the CCG may hold;
- Providing reports and information as required;
- Raising awareness of the need to empower children and young people who are in vulnerable positions, by ensuring that the CCG maintains a whistle blowing policy & complaints procedure for all children;
- Ensuring that appropriate relevant training programmes are in place for CCG staff;
- Ensuring that relevant support programmes are in place for staff, parents, children & young people in relation to allegations against staff.

A1.3 Within Vale of York CCG the role of Senior Manager for Allegations Against Staff (SMO) role is undertaken by Rachel Potts (See contacts section for contact details)

## **A2: THE LOCAL AUTHORITY DESIGNATED OFFICER (LADO)**

A2.1 Local Authorities (LAs) should designate officer(s), Local Authority Designated Officer, (LADO) to:

- be involved in the management & oversee individual cases:
- provide advice & guidance to employers & voluntary organisations;
- liaise with the police & other agencies
- monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

The LADO for City of York Council is the City of York Safeguarding Children Board Manager. (See contacts section for contact details).

The LADO's for North Yorkshire County Council are the 3 Education Safeguarding Managers covering North Yorkshire in their respective geographical areas (See contacts section for contact details)

## **A3 THE POLICE AUTHORITY DESIGNATED OFFICER (PADO):**

A3.1 The Police Authority Designated Officer role is to:

- Liaise with the LADO
- Take part in Allegations Against Staff Strategy Meetings
- Review the progress of cases where there is a police investigation
- Share information as appropriate on completion of an investigation or prosecution.

(See contacts section for contact details)

## **A4 ALLEGATIONS AGAINST STAFF STRATEGY MEETINGS:**

A4.1 Membership:

In the interests of confidentiality Allegations Against Staff Strategy Meetings membership should be kept to the minimum necessary to undertake the task. The LADO, in consultation with the SMO and/or PADO will agree who needs to attend. Membership should include:

- A Chair – this should be a Senior Manager of at least the CCG lead for Safeguarding Children or equivalent from another agency.
- A nominated minute taker (not the Chair)
- Social Care Manager & worker appointed to undertake any Child Protection enquiries
- PADO & officer appointed to undertake any police enquiries
- LADO
- Vale of York CCG SMO
- Human Resources lead (or deputy)
- Consultant paediatrician where the child may have suffered physical or sexual abuse
- Designated Nurse &/or Designated Doctor for Safeguarding Children where allegation or 'witnesses' relate to a member of health staff.

Others who may be asked to attend as appropriate are:

- Legal Advisor

- Representatives of other local authorities e.g. if the child(ren) is residing outside of their 'home' authority e.g. at residential school, foster placement etc., or the employee against whom the allegation has been made works in more than one local authority area, or lives and works in different local authority areas.
- Those responsible for the regulation, registration &/or inspection of the unit/staff member/placement e.g. CQC, OfSTED, NMC, GMC, etc.
- Fostering/placement manager where child is looked after by the local authority
- Any other relevant professional who has information or professional expertise which could assist the meeting.

**NB: where the representative of an agency is implicated through an accusation of collusion or failure to respond to previous complaints/allegations, consideration will be given to excluding that person from the meeting.**

#### A4.2 Purpose of Meeting:

- Share all relevant information
- Consider the current allegation or concern & review any previous allegations or concerns made against the employee or the organisation
- Consider the risk to the child/other children and, if appropriate, vulnerable adults
- Decide whether there should be a Child Protection Enquiry (under section 47 of The Children Act 1989) and/or a criminal investigation
- Scope & plan any Child Protection Enquiry (under section 47 of The Children Act 1989) and/or a criminal investigation
- Consider, if a Child Protection Enquiry is appropriate, whether a complex abuse investigation is applicable
- Establish a clear action plan and allocate tasks
- Identify who may need to be interviewed e.g. witnesses, staff, children
- Set time scales
- Decide who to inform and when
- Make recommendations regarding immediate suspension without prejudice, disciplinary, competency, regulatory or complaint procedures be undertaken
- Agree criteria for a re-referral should new evidence come to light which suggests that a further Allegations Against Staff Strategy meeting needs to be convened
- Consider how to manage any media interest.

#### A4.3 Additional Considerations:

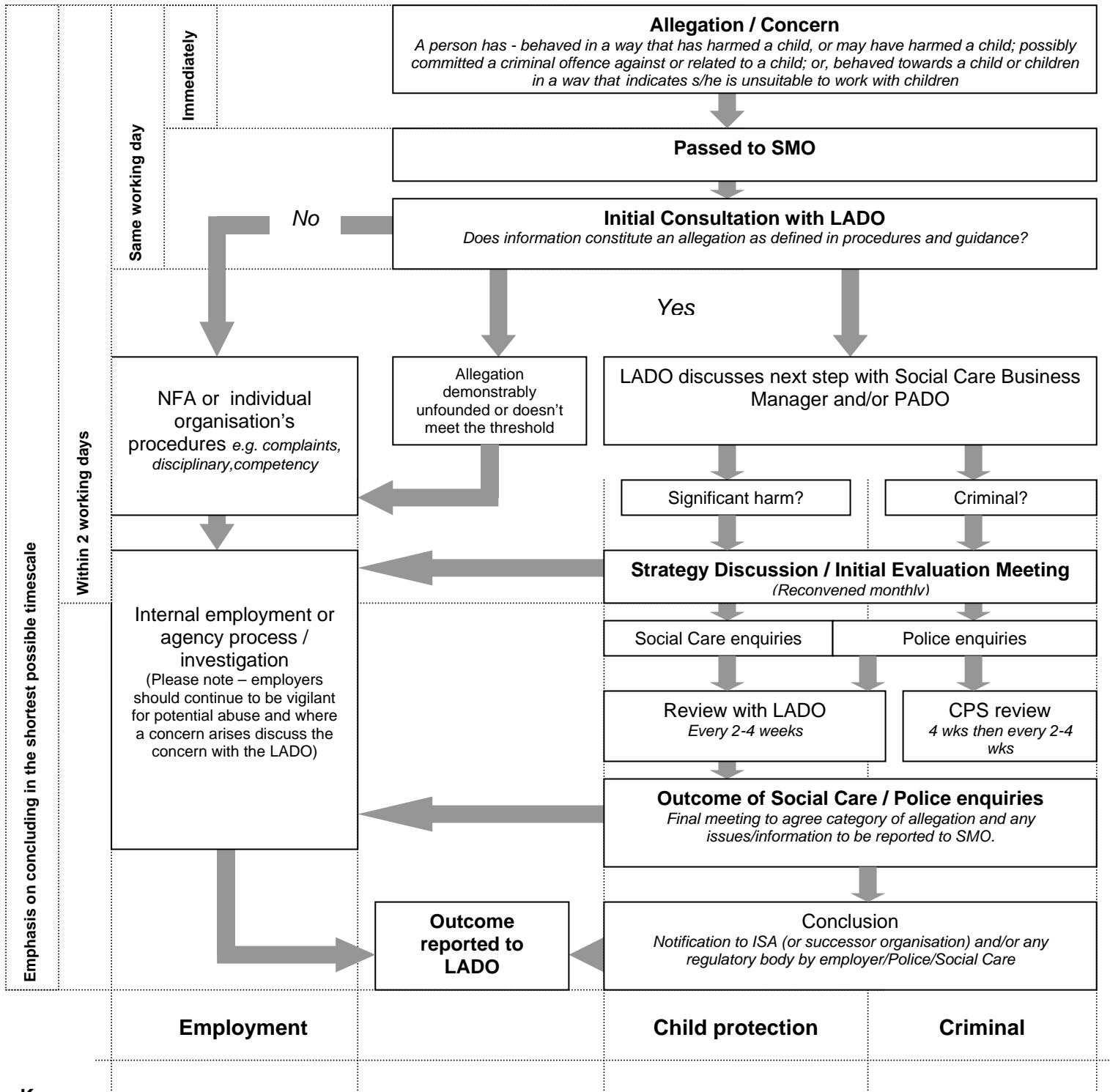
The meeting should, where appropriate:

- Ensure that all children who may have been affected are identified and considered, including any children the person has contact with in their professional and personal life e.g. own children, children of relatives and friends and children the person has contact with in any other paid or voluntary work
- Ensure that the child and witnesses are supported and make plans to address any identified needs

- Recommend to the CCG any action required to protect the interests of children whilst enquiries are conducted, including suspension or alternatives to suspension
- Consider what action may be taken if an the CCG Operating Officer refuses to suspend or transfer the member of staff as recommended by the meeting.
- Agree any conditions to be placed on the employee regarding discussion/contact with any colleagues from the CCG and children and their parents (Contact should normally only be prevented where potential witnesses could be intimidated or otherwise be at risk, or such contact would interfere with an investigation)
- Make arrangements to inform the child and parents of any children who may have been harmed and other child witness to be interviewed and consider how they will be involved, supported and information provided to them during any enquiries or investigation
- Make any necessary arrangements for individual support for all other persons, including children, parents and staff of the establishment. This could include Trade Union representation and/or legal representation as appropriate.
- Consider if any other agencies or organisations should be informed, including any regulatory or professional registering body and agree who will undertake this.
- Agree the initial information to be shared with the employee who is the subject of the allegation and who will undertake this.
- Make arrangements for the ongoing support and provision of information to the staff member who is the subject of the allegation and determine who will undertake this.
- Make arrangements to notify the CCG Operating Officer.
- Agree what information will be shared with other staff within the CCG and who will undertake this.
- Agree what information will be shared with children and their parents including those with parental responsibility in the case of Looked After Children.
- Agree how any anticipated media interest will be managed and by whom.
- Agree arrangements for regular ongoing information updates to the LADO/PADO.
- Agree arrangements for any necessary ongoing information updates to the strategy meeting attendees and recognise that the meeting may need to be quickly reconvened if information comes to light which necessitates a review of the agreed strategy.
- Set a date for the next Allegations Against Staff Strategy Meeting which should take place within 1 month.

o **F1 FLOWCHART:**

**City of York and North Yorkshire Safeguarding Children's Board's Allegations against people working with children flow chart**



**Key**

- SMO** Senior Manager within the Organisation
- LADO** Local Authority Designated Officer
- PADO** Police Authority Designated Officer
- NFA** No Further Action



## **CONTACT DETAILS:**

### **SENIOR MANAGER FOR ALLEGATIONS AGAINST STAFF (SMO),**

Vale of York CCG:

**Rachel Potts**

### **NORTH YORKSHIRE COUNTY COUNCIL LOCAL AUTHORITY DESIGNATED OFFICERS (LADOS)**

Karen Lewis (Ryedale)

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Claire Hamilton (Scarborough)

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### **CITY OF YORK UNITARY AUTHORITY LOCAL AUTHORITY DESIGNATED OFFICER:**

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Vale of York  
Clinical Commissioning Group

## Item 5(2)

Title:

### **SAFEGUARDING CHILDREN POLICY v.1.2**

Owner:

Dr Cath Snape  
Safeguarding  
Children Lead for  
Vale of York CCG

Author:

Sue Roughton &  
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Designated Nurses,  
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Children

First Issued On:

20 September 2012

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Operational Date:

To be confirmed

Review Date:

Annually or earlier  
should new national  
guidance be issued.

Consultation Process:

CCG Safeguarding  
Children Lead  
Designated  
Professionals for  
Safeguarding  
Children

Policy Sponsor:

Dr M Hayes

Ratified and Approved by:

Distribution:

All CCG members  
and staff. For  
reference in all NHS  
Contracts

Compliance:

Mandatory for all permanent & temporary employees, contractors & sub-contractors of Vale of York CCG

Equality & Diversity Statement:

This policy will be subject to a full Equality Impact Assessment

CHANGE RECORD			
DATE	AUTHOR	NATURE OF CHANGE	VERSION No
20 <sup>th</sup> September 2012	Sue Roughton & Elaine Wyllie	Amended for CCG ownership	1.2



*North Yorkshire and York*

# **SAFEGUARDING CHILDREN POLICY**

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## 1 INTRODUCTION

1.3 The Children Acts of 1989 and 2004 and the statutory guidance Working Together to Safeguard Children (2010 & subsequent versions of this document) have set out the principles for safeguarding and promoting the welfare of children and young people (i.e. anyone who has not yet reached their 18<sup>th</sup> birthday). This policy reflects the principles outlined within this document, and is in accordance with safeguarding children procedures & policies of City of York Safeguarding Children Board (CYSCB) & North Yorkshire Safeguarding Children Board (NYSCB). Multi-agency Procedures, can be accessed at [www.saferchildrenyork.org.uk](http://www.saferchildrenyork.org.uk) & [www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk) respectively.

1.2 Definition:

**Safeguarding and promoting the welfare of children** is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development; and
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.  
(Working Together to Safeguarding Children 2010)

1.3 The Children Act 2004 emphasises that we all share a responsibility to safeguard children and young people and to provide for their welfare, and that all members of the community can help to do this. The important messages are therefore that **safeguarding is everyone's responsibility, and the welfare of children is paramount.**

1.4 The Vale of York CCG has a duty to take reasonable care to ensure the quality of the services they commission, and therefore there is an expectation that provider organisations demonstrate robust safeguarding systems and safe practice within agreed local multi-agency procedures. Assurance of compliance is primarily achieved by providers through their biannual submission to the CCG of their completed Safeguarding Children Competency Framework.

1.5 This policy describes the roles and responsibilities within the CCG as a commissioning organisation in relation the safeguarding of children.

1.6 All CCG independent contractors and provider organisations are expected to follow the multi-agency procedures of City of York Safeguarding Children Board (CYSCB) & North Yorkshire Safeguarding Children Board (NYSCB) Multi-agency Procedures, comply with this policy, and assist in taking the necessary action to safeguard children experiencing or at risk of significant harm.

1.7 Employees of the CCG will follow the safeguarding children policies and procedures of the CCG.

## 2 BACKGROUND

2.1 Abuse and neglect are forms of maltreatment of a child. Someone 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 a stranger. Children may be abused by an adult or adults, or another child or children. Abuse can be wilful or unintentional, and can be seen in different forms including physical, sexual and emotional abuse and neglect.

- 2.2 Safeguarding children and young people includes any work which aims to prevent abuse or to protect those who may already be experiencing abuse. Effective safeguarding depends on a culture of zero tolerance of abuse, where concerns can be raised with confidence that action will be timely, effective, proportionate and sensitive to the needs of those involved. The Munro Review (2011) gave particular emphasis to the importance of effective, early intervention for vulnerable children & families.
- 2.3 The wide body of research into child abuse & maltreatment over the last 50 years, the Munro Review 2011, the reports of the public inquiries into the deaths of children (Brandon et al 2007, 2009 & 2011), plus the reports of the recommendations from local & national Serious Case Reviews, have shaped current & emerging legislation and guidance.
- 2.4 Of particular note are the high profile child death inquiry chaired by Lord Laming, "*The Victoria Climbié Inquiry*", in 2002, and his second report in 2009 following the death of Baby Peter Connelly in Haringey. These reports highlighted ongoing themes reported in many other child death inquiries: failures to intervene early enough, inadequate information sharing, poor record keeping, a lack of accountability, poor management support, a lack of child protection supervision, and poor training of workers and managers.
- 2.5 Public awareness continues to improve and there is an increasing expectation that service providers have systems in place to identify early indicators of abuse, prevent abuse wherever possible, and that they act quickly and effectively, in partnership with other relevant agencies, to safeguard children and young people when it is discovered that they are, or may be, experiencing abuse or significant harm.

### **3 POLICY STATEMENT**

- 3.1 The CCG will adopt a zero tolerance approach to child abuse & neglect, and will work to ensure that its policies and practices are consistent with agreed local multi-agency procedures, and meet the organisations legal obligations.

Specifically:

- 3.1.1 Where concerns are raised, the CCG is committed to a proportionate and timely response to safeguard the particular child (children) and young people within a multi-agency framework.
  - 3.1.2 The CCG is committed to sharing information required by other agencies, within agreed protocols and legislation, in order to safeguard children and young people who may be at risk of abuse/significant harm.
  - 3.1.3 The CCG is committed to analysing and sharing any learning from incidents and investigations in order to improve practice and minimise the risk of abuse & significant harm of children.
- 3.2 As a commissioning organisation, the CCG will work with partner agencies & partner CCGs across North Yorkshire & York in order to develop quality systems, promote safeguarding practice across the CCG area, and to effectively monitor performance of all health care providers in relation to safeguarding children and young people.

Specifically:

- 3.2.1 All organisations providing services commissioned by the CCG are required to demonstrate commitment to safeguarding children and young people, and to working within agreed national & local guidance and legislation.
- 3.2.2 The CCG will actively contribute to multi-agency responses regarding concerns of abuse within its own and commissioned services.
- 3.2.3 All NHS Trusts within North Yorkshire & York that are commissioned by the CCG are expected to actively contribute to the work of the CYSCB & NYSCB and their sub groups.
- 3.2.4 All providers who deliver services commissioned by the CCG are required to meet the minimum safeguarding standards as set out in section 6 of this policy.

## **4 SCOPE**

- 4.1 This document, along with CYSCB & NYSCB Procedures, relates to children and young people up to 18 years of age, and their parents &/or carers.
- 4.2.1 This policy applies to Vale of York CCG **and to** all services commissioned by the CCG, in relation to children (and their parents &/or carers) normally resident within the CCG area.
- 4.2.2 This includes: all employees, locums and agency staff, contractors, volunteers, students and any other learners undertaking any type of work experience or work related activity on or on behalf of the CCG.

## **5 EQUALITY AND DIVERSITY STATEMENT**

- 5.1 In line with the CCG's Equality and Diversity Policies, this policy aims to safeguard all children and young people who may be at risk of abuse, irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender or sexual orientation.
- 5.2 All Vale of York CCG staff and providers must respect the alleged victim's (and their family's/ carers) culture, religious beliefs, gender and sexuality. However this must not prevent action to safeguard children and young people who are at risk of, or experiencing, abuse. Support in clarifying or understanding diversity issues can be sought from the Equality and Diversity department within the Commissioning Support Unit.
- 5.3 Approaches to child protection & safeguarding children must be person centred, with the welfare of the child as paramount. All staff and providers must take into account the individual's race, religion/belief, language, gender or sexuality when assessing risks and formulating individual protection plans.
- 5.4 All reasonable endeavours must be used to establish the child, young person and family's/carer's preferred method of communication, and to communicate in a way they can understand. This will include ensuring access to an interpretation service where people use languages (including signing) other than English. Every effort must be made to respect the person's preferences regarding gender and background of the interpreter.



## 6 SAFEGUARDING CHILDREN STANDARDS FOR PROVIDERS

Safeguarding Children standards for service providers are set out in *Working Together to Safeguarding Children (2010)*; *Children Act 1989 & 2004*; and *CQC Review of Safeguarding Children (2009)*. These standards relate to ALL providers i.e. NHS Trusts, Social Enterprises, & Voluntary organisations commissioned by Vale of York CCG.

There are additional standards required of all commissioned NHS Trusts which are listed in italics below.

### **6.1 Policy and Procedures**

- 6.1.1 The provider will ensure that it has up to date organisational safeguarding children/child protection policies and procedures, which reflect and adhere to the Local Safeguarding Children Board (LSCB) procedures.
- 6.1.2 The provider will ensure that organisational safeguarding children/child protection policies and procedures give clear guidance on how to recognise and refer safeguarding children/child protection concerns, and ensure that all staff have access to these and know how to use them.
- 6.1.3 The provider will ensure that all safeguarding children/child protection policies and procedures are consistent with, and referenced to, safeguarding legislation, national policy / guidance and multi-agency LSCB procedures.

### **6.2 Governance**

- 6.2.1 The provider will identify a person(s) with lead responsibility for safeguarding children.
- 6.2.2 The provider will cooperate with any request from LSCBs to contribute to multi-agency audits, evaluations, investigations and Serious Case Reviews including, where required, the production of an Individual Management Review for Serious Case Reviews.
- 6.2.3 The provider must ensure that they have a documented system in place for identifying, analysing and referring any complaints which raise safeguarding children concerns (including potential neglect) and allegations against professionals.

*Additional standards for NHS Trusts only:*

- 6.2.4 *The provider will identify a Named Nurse and Named Doctor or Named Professional as required in statutory guidance (*Working Together to Safeguard Children 2010*) with lead responsibility for promoting good professional practice and providing advice and expertise relating to safeguarding children. These professionals should support their Trust in its clinical governance role by ensuring that safeguarding children audits are undertaken, and by conducting their Trust's Individual Management Review in any Serious Case Review process.*
- 6.2.5 *The provider will identify a Board level Executive Director with lead responsibility for safeguarding children.*
- 6.2.4 *The provider will review the effectiveness of its its organisational safeguarding arrangements at least annually, and provide assurance through an annual safeguarding children report to Vale of York CCG.*

- 6.2.7 *The provider must have in place robust audit programmes to assure itself that safeguarding children systems and processes are working effectively.*
- 6.2.8 *The provider will consider the organisational implications of any local Serious Case Review(s), and will devise an Action Plan to ensure that any learning is implemented across the organisation. The Action Plan will be updated every 8 weeks & the updated copy shared with relevant Designated Nurse for Safeguarding Children & the relevant LSCB Serious Case Review Panel.*
- 6.2.9 *The provider will ensure that there is an effective system for identifying and recording safeguarding children concerns, patterns and trends through it's governance arrangements including; risk management systems, patient safety systems, complaints, Patient Advice & Liaison Services (PALS) and human resources functions, and that these are referred appropriately, according to multiagency safeguarding procedures.*
- 6.2.10 *The provider will identify and analyse the number of complaints and PALS contacts that include concerns of abuse or neglect, and include this information in their annual safeguarding children report to their Board, with a copy of that report being sent to the CCG Lead for Safeguarding Children & Designated Nurse, Nurse Consultant for Safeguarding Children.*
- 6.2.11 *The provider should identify and analyse the number of Patient Safety Incidents and Serious Incidents that include concerns of abuse or neglect and include this information in their annual report to their Board, with a copy of that report being sent to the CCG Lead for Safeguarding Children & Designated Nurse, Nurse Consultant for Safeguarding Children.*

### **6.3 Multi-agency working and responding to concerns**

- 6.3.1 The provider will ensure that any allegation, complaint or concern about child abuse or neglect that they receive, from any source, is managed effectively and referred according to the LSCB multi-agency safeguarding children procedures.
- 6.3.2 The provider will ensure that all allegations against members of staff (Including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) are referred to the relevant LSCB Local Authority Designated Officer (LADO) according to local multi-agency safeguarding children procedures.
- 6.3.3 The provider will ensure effective contribution to Child Protection Conferences and other child protection meetings through attendance & reports submitted as per LSCB Procedures, by appropriate and informed representatives and/or practitioners.

*Additional standard for NHS Trusts only.*

- 6.3.4 *The provider will ensure executive representation on the LSCB and contribution to their sub groups from senior members of staff.*
- 6.3.5 *The provider will have in place an Allegations Against Professionals who Work with Children or Families Policy.*

### **6.4 Recruitment and employment practice**

- 6.4.1 The provider must ensure that they have in place safe recruitment policies and practices which meet the NHS Employment Check Standards, including enhanced Criminal Record Bureau (CRB) checks / Independent Safeguarding Authority Vetting & Barring Scheme Registration for all eligible staff. This includes staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.

- 6.4.2 The provider will ensure that CRB checks are repeated for eligible staff in line with current national guidance / requirements.
- 6.4.3 The provider must ensure that their employment practices meet the requirements of the Independent Safeguarding Authority (ISA) and that referrals are made to the ISA, where indicated, for their consideration in relation to inclusion on the barred list.
- 6.4.4 The provider should ensure the all contracts of employment (including volunteers, agency staff, locums and contractors) include an explicit responsibility for safeguarding children.
- 6.4.5 The provider will ensure that all safeguarding children concerns relating to a member of staff (including volunteers, agency staff, locums and contractors) are effectively investigated in line with LSCB Procedures, and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding children cases.

## **6.5 Training**

- 6.5.1 The provider will ensure that all staff and volunteers undertake safeguarding training appropriate to their role and level of responsibility (as per Safeguarding Children: Roles & Competencies for Health Care Staff 2010), and that this will be identified in an organisational training needs analysis and training strategy & delivery plan.
- 6.5.2 The provider will ensure that all staff (including volunteers, agency staff, locums and contractors) undertake safeguarding awareness training on induction (within a maximum of 6 months of employment), including information about how to report concerns within the service or directly, as per LSCB multi-agency procedures.
- 6.5.3 The provider will ensure that all staff who provide care or treatment undertake safeguarding training in how to recognise and respond to abuse, at an appropriate level (as per Safeguarding Children: Roles & Competencies for Health Care Staff 2010).
- 6.5.4 The provider will ensure that all Staff (including volunteers, agency staff, locums and contractors) who provide care or treatment understand the principles of the Mental Capacity Act 2005 & consent legislation at the point of induction, and further training as appropriate to role.

*Additional standards for NHS Trusts only.*

- 6.5.5 *The provider will undertake regular training needs analyses to determine which groups of staff require further safeguarding children training. This will be agreed with the Vale of York CCG Safeguarding Children Lead, and as a minimum will include all professionally registered staff with team leadership roles undertaking training in how to recognise and respond to child abuse & neglect.*
- 6.5.6 *The provider will ensure that its contribution to the provision of multiagency training is proportionate to its multiagency training requirement.*

## **6.6 Supervision**

- 6.5.1 The provider will develop and implement a Child Protection/Safeguarding Children Supervision policy to ensure that all staff who work predominantly with children, young people and adults who are parents will have access to regular Child Protection/Safeguarding Children Supervision delivered by appropriately trained supervisors, at a frequency as demanded by national standards for relevant professionals.

## **7 PERFORMANCE AND MONITORING OF PROVIDERS**

- 7.1 Providers performance in relation to safeguarding children will be managed primarily through contract monitoring arrangements and the Safeguarding Children Competency Framework for Providers.
- 7.2 The CCG may require providers to produce additional information regarding their safeguarding children work, in order to monitor compliance with this Policy.
- 7.3 In addition to the standards required by this Policy, legislation, national guidance or other stakeholders, the CCG may also use local quality and incentive schemes to identify additional safeguarding children standards or related targets for providers.
- 7.4 The CCG may receive and use information from other agencies and organisations where this is relevant to the performance management of the provider in relation to safeguarding children. This may include information from:
- City of York Safeguarding Children Board and it's sub groups
  - North Yorkshire Safeguarding Children Board & it's sub groups
  - North Yorkshire Police
  - Service user / advocacy groups
  - Local Authority departments
  - NHS Providers and contractors
  - Care Quality Commission
  - National NHS Commissioning Board (inc Local Area Teams)
  - Health & Well Being Boards
  - CHIMAT
- 7.5 The Vale of York CCG annual safeguarding children report to the Vale of York CCG Quality and Performance Committee will summarise trends, unresolved risks and safeguarding activity from commissioned services.

## **8 SHARING INFORMATION**

- 8.1 Vale of York CCG is committed to sharing information with other agencies, in a safe and timely manner, where this is necessary for the purposes of safeguarding children and young people, and in accordance with the law and multi-agency LSCB procedures, and relevant professional guidance. This may include personal and sensitive information.
- 8.2 All providers of services commissioned by Vale of York CCG, and CCG Members, are required to share information with other agencies, in a safe and timely manner, where this is necessary for the purposes of safeguarding children and young people, and in accordance with the law and local LSCB multi-agency procedures. This may include personal and sensitive information about:
- the child or young person(s) at risk of or experiencing abuse or neglect
  - family members & carers
  - staff
  - members of the public
- 8.3 All providers are also required to share anonymised and aggregated data where requested, for the purposes of monitoring and developing safeguarding children practice.
- 8.4 Referrals into multi-agency procedures from providers, independent contractors and the CCG will be monitored by, and activity reported to, the CYSCB & NYSCB.

## **9 MANAGEMENT OF SAFEGUARDING CHILDREN RELATED SERIOUS INCIDENTS (Safeguarding SIs)**

- 9.1 All serious incidents involving children must be reported to the commissioning CCG in accordance with the CCG Serious Incident Policy.
- 9.2 Where a Serious Incident meets the reporting criteria for a Safeguarding SI these will be reported by the CCG to the National Commissioning Board Local Area Team via the STEIS system. These will subsequently be performance managed by the Local Area Team.
- 9.3 The CCG will lead the health investigation into Safeguarding Serious Incidents, and the providers will provide reports and attend meetings as required, to a specific set timeline.
- 9.4 In cases where the LSCB commission a Serious Case Review, this process runs in parallel with the health led SI process.
- 9.5 All suspicions of fraud in safeguarding children cases will be reported to the CCG Local Counter Fraud Specialist, Director of Finance &/or the National Fraud and Corruption Line. This is in accordance with the CCG Counter Fraud and Corruption Policy.
- 9.6 The relevant Local Authority or Police may inform the CCG of any potentially serious child protection referrals within services commissioned by the CCG, including services commissioned from independent contractors.
- 9.7 Any senior CCG manager dealing with any claims, complaints, disciplinary or performance issues will be responsible for seeking advice regarding any safeguarding children risks and making referrals to the multi-agency procedures according to this policy.

## **10 ALLEGATIONS OF ABUSE or NEGLECT AGAINST STAFF WHO WORK WITH CHILDREN, YOUNG PEOPLE OR THEIR FAMILIES**

- 10.2 All other allegations that a member of staff has caused, or been complicit in, abuse or neglect (i.e. where there is no immediate and clear evidence that it is false or malicious) must be reported to the Local Authority Designated Officer (LADO) & Designated Nurse for Safeguarding Children, and managed according to Provider & LSCB multi-agency safeguarding children procedures.
- 10.4 Managers in provider services must consider the need for temporary suspension or redeployment (without prejudice) under the disciplinary policy, based on potential risk to the alleged victim or evidence, whilst any investigation takes place.
- 10.5 The provider must ensure that all other concerns relating to the conduct or capability of staff are monitored, and that any safeguarding children related concerns are managed in accordance with this policy and LSCB multi-agency procedures.
- 10.6 Providers must also ensure that any safeguarding children concerns arising from disclosures made during the course of any investigation or other Human Resources processes are managed in accordance with this policy and LSCB multi-agency procedures.
- 10.7 Where appropriate any allegations that a member of staff has caused, or been complicit in, abuse or neglect will be reported to the Independent Safeguarding Authority (or successor organisation) for consideration.

10.7.1 Any allegations that a CCG member of staff (or CCG Member) has caused, or been complicit in, abuse or neglect will be managed according to the CCG Allegations Against Professionals who Work with Children or Families Policy.

## 11 DOCUMENT CONTROL

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment</b>

## 12 SIGNATURE SHEET

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I have read and fully understand the contents of this policy.

Date	Print Name	Signature

## APPENDIX A RELATED POLICY AND GOVERNMENT GUIDANCE

### The Children Acts 1989 and 2004:

The Children Act 2004 reinforces the statutory duty on the NHS to contribute to the achievement of the five outcomes identified for children and young people in the Children's Bill 2004, and to co-operate in the functioning of their Local Safeguarding Children's Boards (LSCBs). The abiding principle of The Children Act 1989 continues: that is the welfare of the child is paramount. However, key agencies (under the Children Act 2004) have a new **duty** to safeguard and promote the welfare of children, not merely to co-operate with Social Services duty to do so (as in the 1989 Act). In exercising this duty, under Section 11 of the 2004 Act, there is a requirement on health to co-operate in arrangements to improve information sharing, common assessment of children's needs and provision of services, increased mandatory training of staff in how to recognise and raise child protection concerns, and in fulfilling the requirements of joint inspection criteria.

### Every Child Matters - Change for Children Programme (ECM):

ECM outlined a framework for national and radical change in the whole system of children's services. There is now an increasing emphasis on early identification and intervention, and the development of shared responsibility, across all organisations, for safeguarding children and for services for children in need, not simply those in need of protection. Also required is strong committed leadership from expert practitioners in safeguarding children with proven track records of multi agency working and shared responsibility. The ECM programme set out five priority outcomes for children:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic security.

All these outcomes are interrelated; however this document concentrates on the staying safe element, which is based upon:

- the sound assessment of the child needs;
- the parents capacity to respond to the child and keep them safe from significant harm;
- the wider family circumstances.

### Working Together to Safeguard Children 2010 (& subsequent versions):

This is comprehensive statutory guidance which puts into clear focus the Children Act 2004 & 1989, and Every Child Matters agenda. The duty of all agencies to promote the welfare of children will be audited and monitored by the Local Safeguarding Children Boards (LSCB). Working Together to Safeguard Children has extensive guidance on the role and function of LSCBs and of all partner agencies, including independent contractors and voluntary organisations. Working Together to Safeguard Children contains guidance on Child Death Reviews & associated Panels which consider all child deaths (not including still-births or intra-uterine deaths), not only those which occur in special or suspicious circumstances. There is improved statutory guidance on Serious Case Reviews, information sharing, fictitious and induced illness, domestic abuse, and significant harm, all of which have implications for training and working practices.



## National Service Framework for Children, Young People and Maternity Services (NSF) 2004

Safeguarding children is embedded throughout all of the standards, with Standard 5 highlighting the specific practices required. This includes multi-agency working to safeguard children from harm by clarifying roles and thresholds, facilitation of quality, up to date local population profiles and information, robust needs assessment, and the provision of integrated services. Underpinning this is the effective supervision of staff, clear and accurate record keeping and performance management and development.

## Health and Social Care Act 2008 - Care Quality Commission (CQC) registration

From April 2010, health and social care providers will be required to register with the CQC in order to be allowed to operate. This is to ensure that providers are meeting essential standards of safety and quality.

## Framework for the Inspection of Children's Services:

This sets out the principles to be applied by an Inspectorate or Commission, when assessing any children's service. It defines the key judgements to be made during multi-agency inspections and forms the inspection criteria in the reviews of local arrangements for safeguarding children and young people. The framework is informed by the Joint Chief Inspector's Reports on Arrangements to Safeguard Children in 2002, 2005 and 2008.

## Safeguarding Children: Roles & Competencies for Health Care Professionals 2010:

This sets out the necessary levels of training & competencies of health staff in order for them to adequately be able to protect children and young people from harm. All health staff must have the competences to recognise child maltreatment and to take effective action as appropriate to their role. They must also clearly understand their responsibilities, and should be supported by their employing organisation to fulfil their duties. All health care organisations have a duty outlined in legislation to make arrangements to safeguard and promote the welfare of children and young people, and to co-operate with other agencies to protect individual children and young people from harm. Chief Executive officers have a responsibility to ensure that all staff are able to meet this requirement. All staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about child protection. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carers health or behaviour. To fulfil these responsibilities, all health staff should have access to appropriate safeguarding training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and information sharing.

## **Appendix B: Definitions**

### **Children:**

In this document, as in The Children Acts 1989 and 2004, **a child** is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has become sixteen years of age, is living independently or is in Further Education, or is a member of the armed forces, is in hospital, in prison or a young offenders institution does not change their status, or their entitlement to services or protection, under the Children Act 1989.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

### **Physical Abuse:**

Physical 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.

### **Emotional Abuse:**

Emotional abuse 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 that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the 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 causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Sexual Abuse:**

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 (e.g. 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 is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (usually defined where there is a significant age difference of 3 years or more).

### **Neglect:**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or

treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. *(Extract from Working Together to Safeguard Children 2010)*

### **Significant Harm:**

Some children are in need because they are suffering or likely to suffer significant harm. This concept was first introduced in the Children Act 1989 and is the measure by which the local authority may intervene in family life to protect 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.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of whether the significant harm threshold is met includes:

- the degree and the extent of physical harm,
- the duration and frequency of abuse and neglect,
- the extent of premeditation,
- the presence or degree of threat, coercion, sadism, and bizarre or unusual elements
- the presence of a violent assault, suffocation or poisoning.

More often, significant harm is a compilation of events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological well-being &/or development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional &/or physical neglect that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports.

### **Concerns:**

This refers to any suspicion, allegation, or other concern relating to the safety or wellbeing of a child or young person who may be experiencing, or at risk of, abuse. Individuals do not need 'proof' in order to raise concerns under the safeguarding children procedures.

### **Multi-Agency Procedures:**

This refers to the locally agreed multiagency child protection procedures coordinated through the CYSCB & NYSCB they can be accessed at [www.saferchildrenyork.org.uk](http://www.saferchildrenyork.org.uk) & [www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk) respectively.

### **Provider:**

This refers to all organisations, independent contractors and individuals who provide services that are commissioned by Vale of York CCG, and extends to all their employees, locums and agency staff, sub-contractors, volunteers, students and learners undertaking any type of work experience placement or work related activity.

### **Safeguarding and promoting the welfare of children:**

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

## **APPENDIX C            REFERENCES AND RELEVANT INTERNET LINKS**

City of York Safeguarding Children Board – Interagency Safeguarding Procedures (2009)

[www.saferchildrenyork.org.uk](http://www.saferchildrenyork.org.uk)

North Yorkshire Safeguarding Children Board – Interagency Procedures (2009)

[www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk)

Every Child Matters.

[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

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- Care Quality Commission (2009) *Safeguarding Children – A review of arrangements in the NHS for Safeguarding Children*  
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- Children Act 1989  
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- Children Act 2004  
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- Data Protection Act 1998  
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<http://www.workingtogetheronline.co.uk/>
- Department of Health (2002) *“Safeguarding Children – A Joint Chief Inspectors’ Report on Arrangements to Safeguard Children (2002)”*  
London, Department of Health
- Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services,*  
Department of Health and Department for Education and Skills:  
London
- Department of Health (2010) Confidentiality: NHS Code of Practice (Supplementary Guidance: Public Interest Disclosures)
- Disability Discrimination Act (2005)  
HMSO: London

Fraud Act (2006)  
HMSO: London

GMC (2012)

Protecting Vulnerable Children  
General medical Council: Manchester

Health & Social Care Act (2008)  
HMSO: London

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Information Sharing: Guidance for practitioners  
and Managers

Home Office (1993)

Safe from Harm: A Code of Practice for Safeguarding The Welfare of  
Children in Voluntary Organisations in England and Wales  
HMSO: London

Human Rights Act (1998)  
HMSO: London

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The Protection of Children in England: A progress report.  
The Stationery Office: London

Munro E (2011)

The Munro Review of Child Protection – Final Report  
Department of Education: London  
<http://www.education.gov.uk/publications>

Murray M, & Osborne C (2009)

Safeguarding Disabled Children: Practice Guidance  
Department of Children, Schools and Families: London

Ofsted (2005)

Safeguarding Children: The second joint chief inspectors report on  
arrangements to safeguard children (2005)  
Ofsted: London  
<http://www.safeguardingchildren.org.uk/>

Race Discrimination Act (1976)  
HMSO: London

RCPCH (2010)

Safeguarding Children and Young People: Roles & Competencies for  
Health Care Staff 2010;  
RCPCH: London  
<http://www.rcpch.ac.uk/sites/default/files/safeguarding%20children.pdf>

The Protection of Children Act  
(1999)  
HMSO: London

The Victoria Climbié Inquiry Report.  
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