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| Corporate | CCG CO15 Safeguarding Children and Children Looked After Policy |
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| Version Number | Date Issued | Review Date |
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| Consultation Process: | Head of Corporate Services |
| Formally Approved: | March 2021 |
| Approved By: | Executive Committee |
| Policy Adopted From: | CO15: Safeguarding Children and Looked After Children Policy (1) |

Equality Impact Assessment

| Date | Issues |
|---------------|-------------------|
| February 2021 | Appendix 5 and 6. |

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3 year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact cdccg.enquiries@nhs.net

Version Control

| Version | Release Date | Author | Update comments |
|---------|--------------|--|--|
| V1 | April 2020 | Designated Nurse for Safeguarding and Looked After Children | New policy template |
| V1.1 | March 2021 | Designated Safeguarding Children and Children Looked After Professionals | <p>Policy updated to:</p> <ul style="list-style-type: none"> • amend the term 'Looked After Children' to 'Children Looked After' • reflect the refreshed Looked After Children: roles and competencies for health care staff (2020) • amend 'Whistle Blowing' to 'Raising Concerns' in line with CCG Policy • update sections outlined below <ul style="list-style-type: none"> ○ Related Documents ○ Legislation ○ Statutory Guidance ○ Best Practice ○ References • Update Appendix 1 – Reporting Concerns • Equality Impact Assessment reviewed |

Approval

| Role | Name | Date |
|----------|---|--------------------|
| Approval | Combined Working Group Combined Management Group | 10 March 2020 (1) |
| Approval | Executive Committee | 9 March 2021 (1.1) |

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1. Introduction

For the purposes of this policy, NHS County Durham Clinical Commissioning Group will be referred to as the 'CCG'.

The CCG aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, their carers, public, staff, stakeholders and the use of public resources.

The CCG is required to fulfil its legal duties under the Children Act 1989, Section 11 of the Children Act 2004, Statutory Guidance on [Promoting the Health and Well-being of Looked After Children \(DH, 2015\)](#) and statutory responsibilities in [Working Together to Safeguard Children, \(HM Government, 2018\)](#). All staff working within the CCG's health economy that commission or provide children's services must make safeguarding and promoting the welfare of children an integral part of the care they offer to children and their families.

This policy outlines how, as a commissioning organisation, the CCG will fulfil its legal duties and statutory responsibilities effectively, both within its own organisation, and across the health economy in the area via its commissioning arrangements. The CCG will ensure there are in place robust structures, systems, standards and an assurance framework for provider organisations in respect of safeguarding children and promoting the health of looked after children, which are in accordance with the legal structure and with the Safeguarding Children Partnership requirements. The CCG will also ensure that it complies with the requirements of the NHS England [Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework \(NHSE 2019\)](#), providing assurance to NHS England and NHS Improvement of such compliance as part of the CCG assurance framework

The CCG's arrangements will ensure that both its own functions and those services provided on its behalf are discharged with regard to the need to safeguard and promote the welfare of children, including children looked after.

The CCG champions the rights of all children and young people to be protected from abuse, neglect and exploitation and to have the right to be happy, healthy, safe and productive in their contributions to society.

This policy should be read in conjunction with the [CCG Safeguarding Declaration](#), the CCG Safeguarding Children and Children Looked After Strategy and the Safeguarding Training requirements as outlined in [Safeguarding Children and Young People: roles and competencies for health care staff \(2019\)](#) and [Looked After Children: roles and competencies for health care staff \(2020\)](#)

1.1 Status

This policy is a corporate policy.

1.2 Purpose and scope

- 1.2.1 This policy aims to ensure that no act or omission by the CCG as a commissioning organisation, or via the services it commissions, puts a child at risk and rigorous systems are in place to proactively safeguard and promote the welfare of children and to support staff in fulfilling their obligations.

- 1.2.2** This policy describes how the CCG will discharge the responsibility for ensuring its own organisation, and the health services it commissions, fulfil their duty to safeguard and promote the welfare of children, including children looked after. The CCG will ensure compliance with the requirements of Section 11 of the Children Act 2004, *Statutory Guidance on promoting the health and well-being of Looked After Children* (DH, 2015) and *Working Together to safeguard children*, (HM Government, 2018).
- 1.2.3** This policy applies to all staff employed by the CCG, including any agency, self-employed or temporary staff.
- 1.2.4** All managers must ensure their staff are made aware of this policy and how to access it and ensure its implementation within their line of responsibility and accountability.
- 1.2.5** All CCG staff have an individual responsibility for the protection and safeguarding of children and must know what to do if concerned that a child is being abused or neglected. Details of what to do if a staff member has a concern about a child's safety and welfare are available in Appendix 1.

[‘What to do if you are worried a child is being abused,’](#) HM Government 2015.

2. Definitions

The following terms are used in this document:

2.1 Child or young person:

A ‘*child*’ is defined as anyone who has not yet reached their 18th birthday (HM Government, 2018). For the purpose of this document ‘*children*’ means ‘*children and young people*’. The fact that a child has reached their 16th birthday, is living independently, is in further education, is a member of the armed forces, is in hospital or is in custody, does not alter his or her status or entitlement to protection under the 1989 (HMSO, 1989) or 2004 Children Acts (HMSO, 2004).

2.2 Looked After Children :

(It should be noted that in response to user feedback, agencies in County Durham use the term “Children Looked After”(CLA) rather than Looked After Children (LAC) which is the term used in statutory guidance)

A child who is being looked after by their local authority is known as a child in care or a looked after child. They might be living:

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

They might have been placed in care voluntarily by parents or, children's services may have intervened because a child was at significant risk of harm. An easy to understand definition of a Child Looked After and the impact of how being looked after can be found on the NSPCC website [here](#)

Safeguarding and promoting the welfare of children is defined under the Children Acts 1989 and 2004 and Working Together as:

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

(HM Government, 2018).

2.3 Child Protection is part of safeguarding and promoting welfare and refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. *Working Together* (HM Government, 2018) defines four categories of abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

(See Appendix 3 for full definitions of each category)

2.4 The Concept of Significant Harm: some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. It 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.

2.5 Contextual Safeguarding

Children can suffer and/or be at risk of suffering other forms of abuse such as:

- Child Sexual Exploitation (CSE)
- Criminal Exploitation
- Domestic Violence and abuse, of which additional categories of coercive and controlling behaviour came into effect in December 2015
- Female Genital Mutilation
- Forced Marriage
- Radicalisation of children (PREVENT and Channel Programme)
- Child Trafficking and Modern Slavery which can include, forced labour and domestic servitude (child care, cleaning), county lines (the transfer of drugs from one area to another), criminal activities, sexual exploitation, forced marriage and benefit fraud

(See Appendix 4 for a full explanation of definitions and forms of abuse listed above)

2.6 Special Educational Needs and Disabilities (SEND)

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

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

2.7 Voice of the child

Children in care and those where there are safeguarding concerns are one of the most vulnerable groups in our society however their voices are invariably lost (CQC 2016). Many children report they do not feel involved in their care and did not see the point of accessing support. It is paramount that we listen to children and engage them in planning services they need across all levels of ability including those children with complex physical, emotional and psychological needs. All staff should seek to hear and act on the voice of the child and gain an understanding the child's lived experience. Children should be empowered to share their experiences and help to improve and reshape services. All children should be at the centre of all policy development and service delivery.

3. Principles of Safeguarding Children

In developing this policy the CCG recognises that safeguarding children is everyone's responsibility and that there is the need for effective joint working between agencies and professionals who have different roles and expertise if those vulnerable children in society are to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all levels. Under Section 11 of the Children Act 2004, there are key arrangements that both the CCG, and the organisations from whom the CCG commissions services, should have in place to maintain a culture that reflects the importance of safeguarding and promoting the welfare of children (HM Government, 2018; Department of Education, 2012; NHS England 2019). These requirements include:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
- a senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's/agency's safeguarding arrangements
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis' Freedom to Speak Up Review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed
- clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies
- arrangements which set out clearly the processes for sharing information, with other practitioners and with safeguarding partners
- a designated practitioner (or, for health commissioning and health provider organisations/agencies, designated and named practitioners) for child safeguarding. Their role is to support other practitioners in their organisations and agencies to recognise the needs of children, including protection from possible abuse or neglect. Designated practitioner roles should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively
- safe recruitment practices and ongoing safe working practices for individuals whom the organisation or agency permit to work regularly with children, including policies on when to obtain a criminal record check
- appropriate supervision and support for staff, including undertaking safeguarding training
- creating a culture of safety, equality and protection within the services they provide

In addition:

- employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role

- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and the procedures to be followed if anyone has any concerns about a child's safety or welfare
- all practitioners should have regular reviews of their own practice to ensure they have knowledge, skills and expertise that improve over time

Working Together to Safeguard Children (HM Government 2018 pg 56)

- 3.1** The Children Act 1989 provides a comprehensive framework for the care and protection of children. The fundamental principle that underpins the act is that **the welfare of the child is paramount.**
- 3.2** The CCG has a statutory duty under the Children Act 2004 to make arrangements for ensuring that its own functions, and services provided on its behalf, are fulfilled with regard to the need to safeguard and promote the welfare of children.
- 3.3** NHS England and NHS Improvement and the CCG are required to review their arrangements with organisations from which they commission services so as to improve their oversight of safeguarding. Under delegated co-commissioning arrangements CCGs are responsible for ensuring that the GP services commissioned have effective safeguarding arrangements and will be required to provide assurance to NHS England and NHS Improvement that their processes are effective. (NHSE 2019)
- 3.4** Working Together to Safeguard Children (HM Government, 2018) sets out how organisations and individuals should work together to safeguard and promote the welfare of children and provides clear direction for those responsible for commissioning and providing health services.
- 3.5** *Safeguarding Children and Young People Roles and Competencies for Health Care Staff*, (RCPCH, 2019) and *Looked After Children: roles and competencies of health care staff*, (RCPCH, 2020) set out levels of competencies, which all staff working in health care settings are expected to achieve. All staff must ensure they have the required skills, knowledge and competency for their role as set out in the respective documents. These competencies are the minimum requirement for safeguarding children training and are used by the Care Quality Commission when inspecting health services.
- 3.6** The National Institute for Clinical Excellence (NICE) *Guidance 89 When to Suspect Child Maltreatment*, 2009 gives guidance about when health staff should consider and when they should suspect child maltreatment and what to do about it.
- 3.7** *Statutory Guidance on Promoting the Health and well-being of Looked After Children* (DH, 2015) outlines the roles and responsibilities which should be complied with by health staff. In addition, NICE Guidance 28, *Looked After Children and Young People* (NICE, 2013) sets out the expectations of both commissioners and providers in meeting the needs of looked after children.
- 3.8** This CCG Policy should be used in conjunction with the safeguarding children partnership procedures, which outline what staff must do where child abuse or neglect is considered, suspected or alleged.

(See Appendix 1 for details of area specific safeguarding children procedures)

4. Governance and accountability

- 4.1 The CCG must gain assurance from all commissioned services, both NHS and independent healthcare providers. The CCG must assure itself that each has effective safeguarding arrangements in place. Such assurance consists of performance reporting against both standard contract and local quality requirements which are in place across all main providers. Assurance will be gained via the Clinical Quality Review Group, commissioner visits attendance at provider steering groups/committees where in existence, and via provider assurance to the Safeguarding Children Partnership in the form of a Section 11 audit.

The CCG governing body is provided with such assurance via regular reporting from the Designated Nurses referencing the outcomes of the above processes, reporting on the progress and learning from any serious case reviews in progress and on the implications for the CCG of any changes in national or local policy. The safeguarding and children looked after reporting arrangements to the CCG are as follows:

- regular assurance reports to the CCG Quality Committee
- annual reports to Governing Body for both safeguarding and children looked after
- exception reporting to the Executives in Common in the event of serious case review initiation/publication and/or major changes to legislation/ government policy.

- 4.2 The CCG will ensure effective leadership, commissioning and governance of safeguarding children services across the local health community by:

- ensuring a robust governance structure is in place to support the work of the Safeguarding Children Partnership and the CCG Governing Body in delivering safeguarding and children looked after responsibilities. The CCG Executive Lead for Safeguarding Children and Children Looked After is the Director of Nursing and Quality who is supported in this role by the Designated Professionals.
- ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding and looked after children and that the CCG's commissioning, contracting, contract monitoring and quality assurance processes fully reflects this
- ensuring that safeguarding and children looked after is a standing agenda item on the provider services' Clinical Quality Review Groups
- ensuring service specifications, invitations to tender and service contracts fully reflect safeguarding and looked after requirements as outlined in this policy with specific reference to the clear standards for service delivery.
- monitoring safeguarding and looked after children compliance both within the CCG and across commissioned services, addressing weaknesses as a matter of priority.
- reviewing Child Safeguarding Practice Reviews or Learning Reviews and their subsequent action plans and ensuring that learning from these is reflected in the strengthening of commissioning, quality assurance and practice.
- ensuring a system is in place for escalating risks.
- ensuring there is commitment to the Multi-Agency Safeguarding Hub (MASH) and information sharing in relation to Multi-Agency Risk Assessment Conferences (MARAC), Multi-Agency Public Protection arrangements (MAPPA) and PREVENT/Channel

- 4.3** The Safeguarding Children Partnership has the lead responsibility for keeping children safe, as set out in the guidance under the Children Acts of 1989 and 2004. This includes the prevention of significant harm or the risk of significant harm, as well as the wider remit of ensuring every child's welfare is safeguarded. The CCG has a shared equal responsibility with the other statutory safeguarding partners. The Designated Nurse and Doctor are either both or singly members of the respective sub groups. The Designated Nurse and Designated Doctor for looked after children are also members of the Multi Agency Looked After Children arrangements.

5. Safeguarding and Children Looked After Standards

5.1 Health and Care Providers

Clear service standards for safeguarding children and promoting their welfare will be included in all commissioning arrangements, as appropriate to the service, in accordance with the key requirements of:

- the Children Act 2004, as described in the statutory section of Working Together to Safeguard Children (HM Government, 2018),
- Promoting the Health of Looked After Children (DH, 2015),
- the National Service Framework (NSF) specifically standard 5 (HM Government, 2005),
- standards outlined by the CQC (CQC, 2009 and 2013),
- and the Accountability and Assurance Framework (NHSE , 2019)
- Homelessness Reduction Act 2017

5.2 CCG and other place based system leadership

CCGs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding.

5.3 Recruitment and Personnel Processes

The CCG will ensure that safe recruitment processes are adhered to in accordance with the NHS employers' regulations and Vetting and Barring Scheme Regulations identified in the Vulnerable Groups Act 2006.

5.4 Allegations against staff and volunteers

- 5.4.1 The CCG as well as ensuring providers have policies in place for managing allegations against staff, are required to have policies in place to manage allegations against CCG staff. This policy must be read in conjunction with the CCG managing allegations policy.

5.4.2 Designated Officer for Allegations Against Staff

The CCG has nominated the Director of Nursing and Quality as the Designated Officer to whom allegations or concerns should be reported and the Designated Nurse for Safeguarding and Children Looked After as the deputy for the Designated Officer.

5.4.3 Raising Concerns

The CCG Raising Concerns (Whistleblowing) Policy enables concerns about malpractice to be raised at an early stage and in the right way without fear of reprisals or concern for safety. Safeguarding children issues should continue to be referred through Safeguarding Children procedures.

5.5 Supervision

5.5.1 Designated and Named Professionals should receive one to one supervision as a minimum on a quarterly basis and have access to ad hoc supervision as required. These supervision meetings must be formally documented and should be professionally facilitated.

5.5.2 Support and supervision regarding safeguarding children is available from the Designated and Named Professionals to all employees of the CCG. The level of the employee's involvement with children will determine the frequency of the supervision and this will be agreed in discussion with the Designated Professionals.

5.6 Incidents, Near Misses and Statutory Reviews

5.6.1 The CCG will ensure that all providers have in place policies, by which employees record any near misses, incidents, unmet needs or serious incidents in relation to safeguarding children on their incident management forms and systems.

5.6.2 All providers and commissioners will notify the Designated Nurse Safeguarding Children of serious incidents when the child/children could become the subject of a Child Safeguarding Practice Review or Learning Review. The CCG has a statutory duty to work together with the Safeguarding Children Partnership concerned with conducting the review in accordance with Chapter 4 of *Working Together to Safeguard Children* (HM Government, 2018).

5.6.3 The CCG must ensure that all actions following the review are carried out according to the timescale and terms of reference set by the Review Panel.

5.6.4 The CCG will monitor the relevant recommendations for provider organisations arising from Child Safeguarding Practice Reviews or Learning Lessons Reviews, via the respective Clinical Quality Review Groups.

6. Implementation

6.1 This policy will be available to all CCG Staff for use via the shared intranet and the internet sites.

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

7. Training Implications

- 7.1** The sponsoring Director will ensure that the necessary training or education needs and methods required implementing the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.
- 7.2** The training required to comply with this policy are outlined in the *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff* (RCPCH 2019) and *Looked After Children: roles and competencies of health care staff* (RCN, RCPCH, 2020).
- 7.3** All CCG staff will adhere to the mandatory safeguarding children training programme and complete the level of training commensurate with their role and responsibilities.
- 7.4** The CCGs will keep a training database detailing the uptake of all staff training so that Directors can be alerted to unmet training needs.
- 7.5** The Designated Nurses for Safeguarding and Children Looked After will ensure CCG staff, including Governing Body members are aware of any new guidance or legislation and any recommendations from Local and National Child Safeguarding Practice Reviews and Internal Management Reviews.

8. Related Documents

8.1 Other CCG related policy documents

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- Confidentiality and Data Protection Policy
- Domestic Abuse in the Workplace
- Equality and Diversity Policy
- Incident Reporting and Management Policy
- Information Access Policy
- Internet and e-mail acceptable use policy
- Managing Allegations against staff policy
- Mental Capacity Act and Deprivation of Liberty Safeguarding Policy
- Prevent Policy
- Raising Concerns Policy (Whistleblowing)
- Recruitment and Selection Policy
- Safeguarding Adults Policy
- Safeguarding Children and Children Looked After Strategy
- Serious Incident Management Policy
- Substance Misuse Policy

8.2 Legislation

- Adoption and Children Act (2002)
www.opsi.gov.uk/acts/acts2002/20020038.htm
- Children Act 1989 (1989) London: HMSO
<http://www.legislation.gov.uk/ukpga/1989/41/contents/enacted>
- Children Act 2004 (2004) London: HMSO
http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf
- Children (Leaving Care) Act (2000)
www.opsi.gov.uk/acts/acts2000/00035-a.htm
- Care Leavers (England) Regulations 2010
http://www.legislation.gov.uk/uksi/2010/2571/pdfs/uksi_20102571_en.pdf
- Human Rights Act 1998. London: HMSO.
www.opsi.gov.uk/ACTS/acts1998/19980042.htm
- Homelessness Reduction Act 2017
<http://www.legislation.gov.uk/ukpga/2017/13/contents/enacted>

8.3 Statutory Guidance

- HM Government (2018) Working Together to Safeguard Children
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf
- Department of Health et al (2015) Promoting the Health and well-being of Looked After Children
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf
- HM Government (2014) The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf
- HM Government (2020) *Female Genital Mutilation. Multi Agency Statutory Guidance.*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912996/6-1914-HO-Multi_Agency_Statutory_Guidance_on_FGM_-_MASTER_V7_-_FINAL_July_2020.pdf

8.4 Best practice guidance

- HM Government (2015) *What to do if you're worried a child is being abused*
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What to do if you re worried a child is being abused.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
- HM Government (2018) *Information sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers*
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information sharing advice practitioners safeguarding services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)
- Royal College Paediatrics and Child Health et al (2019) *Safeguarding Children and Young people: Roles and Competencies for Health Care Staff*
<https://www.rcn.org.uk/professional-development/publications/pub-007366>

8.5 References

- NHSE (2019) *Safeguarding vulnerable people in the reformed NHS Accountability and Assurance Framework* Published in electronic format only
<http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>
- RCN, RCPCH (2020) *Looked After Children: roles and competencies of health staff.*
<https://www.rcpch.ac.uk/resources/looked-after-children-lac>

9. Monitoring, Review and Archiving

9.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

9.2 Review

9.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

9.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

9.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

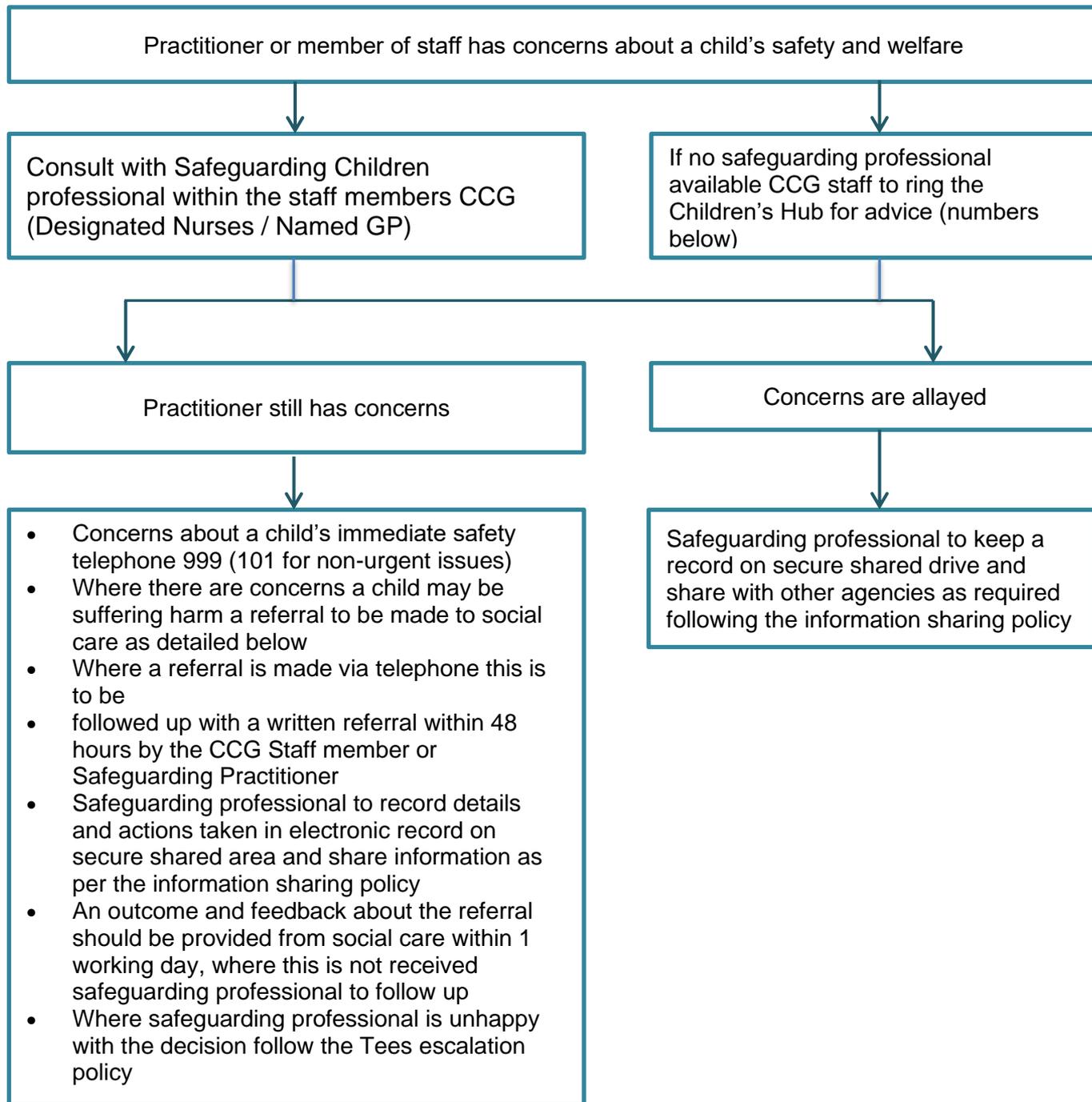
NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

9.3 Archiving

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

Appendix 1

Reporting concerns about a child



| | Office hours | Out of hours | Secure Email |
|---|--------------|--------------|--|
| Durham Children's Services | 03000 267979 | 03000 267979 | First.contact@durham.gov.uk |
| Durham Safeguarding Children Partnership Procedures | | | |
| https://www.proceduresonline.com/durham/scb/ | | | |

Appendix 2

Schedule of Duties and Responsibilities

| | |
|---|--|
| Council of Members | The council of members has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents. |
| Chief Officer | <p>The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.</p> <p>The Accountable Officer is accountable for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through CCG commissioning arrangements.</p> <p>This role is supported by the Director of Nursing and Quality who holds delegated responsibility and is the executive lead for Safeguarding Children and Children Looked After. The Designated Nurses and the respective Designated Doctors for Safeguarding and Children Looked After advise the Governing Body on safeguarding children and Children Looked After matters.</p> |
| Policy Authors | <p>The Designated Nurses for Safeguarding and Children Looked After are responsible for:</p> <ul style="list-style-type: none"> • generating and formulating this policy document • identifying the need for any change to the document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional standards and local/national directives • establishing mechanisms for regular monitoring of compliance • notifying the Director of Nursing and Quality should any revision to this document be required. |
| Executive Lead for safeguarding children | <p>The CCG Director of Nursing and Quality, as executive lead will take responsibility for governance and organisational focus on Safeguarding Children and Children Looked After and will represent the CCG at the Safeguarding Children Partnership. The Director of Nursing and Quality will work closely with, and performance manage the Designated Professionals for Safeguarding Children, Children Looked After and Unexpected Deaths in Childhood.</p> <p>The Director of Nursing and Quality will also ensure the CCG has effective professional appointments, systems, processes and structures in place, ensuring that there is a programme of training and mentoring to support the Designated Professionals.</p> <p>The Director of Nursing and Quality is the Sponsoring Director for this policy and is responsible for ensuring that:</p> <ul style="list-style-type: none"> • this policy is drafted, approved and disseminated in accordance with the Policy for the Development and Approval of Policies • the necessary training required to implement this document is identified and resourced. • mechanisms are in place for the regular evaluation of the implementation and effectiveness of this document. |

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| <p>Designated Professionals</p> | <p>The Designated Professionals for Safeguarding Children and Children Looked After will take a strategic and professional lead on all aspects of the NHS contribution to Safeguarding Children and promoting the health and well-being of Children Looked After across the CCG area, which includes all commissioned providers. They will:</p> <ul style="list-style-type: none"> • work with the Director of Nursing and Quality to ensure robust Safeguarding Children and Children Looked After assurance arrangements are in place within the CCG and provider services • provide advice and expertise to the CCG's governing body, the Safeguarding Children Partnership and to professionals across both the NHS and partner agencies • provide professional leadership, advice, support and professional supervision to the named professionals in each provider organisation • be responsible for the development, monitoring and reviewing of safeguarding and children in care practice by all provider trusts/services and independent contractors. • take the strategic health lead for Provider Serious Incidents, Child Safeguarding Practice Reviews and Learning Lesson Reviews and take responsibility for ensuring that learning is embedded across the CCG's health economies. • take a strategic lead in ensuring all Safeguarding Children and Children Looked After policies are in place and are current. • be responsible for ensuring that the Child Safeguarding Practice Review process links in appropriately with the Serious Incident and Child Death Overview Panel (where the incident involves the death of a child) reporting process and governance arrangements. • have close working relationships with the Safeguarding Adults Team to ensure that there are effective information flows where there are issues in relation to vulnerable children and adults. <p>The Designated Doctor for unexpected deaths in childhood is responsible for:</p> <ul style="list-style-type: none"> • providing expert medical advice to the Child Death Review Process, commissioning advice on required medical services and the organising of such services. • evaluating the lessons learnt from the Child Death Overview Panel and ensure that recommendations are disseminated and shared across the health economy. <p>The Designated Professionals for Children Looked After will:</p> <ul style="list-style-type: none"> • ensure the health needs of the population of children in care in the CCG area are identified and services are commissioned and provided to meet their needs in accordance with legislation and government policy. • advise the CCG Governing body on the implementation of national policy and legislation as it relates to the health service contribution in promoting the health of children in care. • provide advice to local health providers on questions of planning, strategy, performance monitoring and audit in relation to health services for children in care. • advise and assist local commissioning bodies in fulfilling their responsibilities to improve the health and well-being of children looked after. |
|--|--|

| | |
|--------------------------------------|--|
| Named GP | The Named GP will lead and support the development of practice within Primary Care (GPs) which includes training standards and compliance with statutory guidance. |
| Managers and Children's Leads | Executive Leads, Managers and Children's Leads have responsibility for: <ul style="list-style-type: none"> • ensuring they are aware of their responsibilities to safeguard children within Section 11 of the Children Act 2004 and that they carry out their responsibilities in relation to safeguarding children. • ensuring staff are aware of the contact details of the Designated Professionals for Safeguarding Children and Children Looked After. • identifying the need for any changes to the procedures and guidance as a result of becoming aware of changes in practice and advising the Designated Nurses for Safeguarding Children and Children Looked After accordingly. • ensuring that all staff undertake mandatory safeguarding children and children looked after training at the appropriate level for their role, in accordance with government guidance and CQC requirements and that a record of this training is maintained. |
| CCG Staff | All staff, including temporary and agency staff are responsible for: <ul style="list-style-type: none"> • compliance with the Safeguarding and Looked After Children Policy and the Safeguarding Children Partnership Procedures. Failure to comply may result in disciplinary action being taken. • ensuring they familiarise themselves with their role and responsibility within the safeguarding children procedures and related guidance and being aware of who to contact if they have concerns about a child. • identifying the need for any change to the procedures and guidance as a result of becoming aware of changes in practice and advising their line manager accordingly. • identifying training needs in respect of these procedures and guidance and informing their line manager • attending the mandatory safeguarding children training in accordance with the CCG Safeguarding Children and Children Looked After Training Strategy. |
| Commissioning Support Staff | Whilst working on behalf of the CCG, Commissioning Support staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation. |

Appendix 3

Detailed Definitions of Categories of Abuse

Physical Abuse:

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse:

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse:

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

Neglect:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

Appendix 4

Additional forms of abuse where children are suffering and/or are at risk of suffering harm

Child Sexual Exploitation

“Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology” (DfE 2017 p. 5).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

Child Criminal Exploitation

Child criminal exploitation is increasingly used to describe this type of exploitation where children are involved, and is defined as:

Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.

Criminal exploitation of children is broader than just county lines, and includes for instance children forced to work on cannabis farms or to commit theft.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741194/HOCountyLinesGuidanceSept2018.pdf

Domestic Violence and Abuse:

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

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse”:

- psychological
- physical
- sexual
- financial
- emotional

Controlling and Coercive Behaviour

In December 2015 controlling and coercive behaviour became an offence which can carry a 5 years' imprisonment. The definitions are as follows:

- Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
- Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

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

Female Genital Mutilation (FGM):

"FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child" (DH Commissioning services to support women and girls with female genital mutilation, p.3)

<https://www.gov.uk/government/collections/female-genital-mutilation>

Forced Marriage:

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

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

PREVENT:

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

The 'Channel' programme, is a multi-agency meeting which identifies and provides support for people at risk of radicalisation.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799 Revised Prevent Duty Guidance England Wales V2-Interactive.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf)

Child Trafficking and Modern Slavery

The modern slavery act gained royal assent in 2015 and gives law enforcement the tools to tackle modern slavery. Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold (NSPCC). Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another. Children can be trafficked for: forced labour and domestic servitude (child care, cleaning), county lines (the transfer of drugs from one area to another), criminal activities, sexual exploitation, forced marriage and benefit fraud. Perpetrators of child trafficking usually work as a network of individuals or groups and their crimes are often organised and continually advanced to avoid detection and prosecutions are rare. (NSPCC).

The Home Office estimates there are 13,000 victims and survivors of modern slavery in the UK; 55% of these are female and 35% of all victims are trafficked for sexual exploitation.

Section 54 of the UK Modern Slavery Act (2015) requires commercial organisations operating in the UK who have an annual turnover above £36m to produce a Slavery and Human Trafficking statement each year. The statement should set out the steps a business is taking to address and prevent the risk of modern slavery in operations and supply chains. This obligation is also known as the Transparency in Supply Chains (TISC) clause.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/177033/DFE-00084-2011.pdf

Reporting Child Trafficking and Modern Slavery

Where staff has concerns that a child is a victim of trafficking or modern slavery they should report this to the local police and children's services as listed in this policy. There is a national referral mechanism (NRM) which has been put in place to identify adult and child victims and provide support and help from a variety of organisations.

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-trafficking/>

Appendix 5

Equality Impact Assessment Screening

Step 1

As a public body organisation we need to ensure that all our strategies, policies, services and functions, both current and proposed have given proper consideration to equality and diversity, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership, Carers and Health Inequalities).

A screening process can help judge relevance and provides a record of both the process and decisions made.

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Alison Ferguson
Role: Designated Nurse Children Looked After

Title of the service/project or policy:

CCG CO15 Safeguarding and Children Looked After Policy

Is this a:

Strategy / Policy

Service Review

Project

If other, please specify:

What are the aim(s) and objectives of the service, project or policy:

That staff employed by, or seconded to, the CCG are aware of their roles and responsibilities in relation to safeguarding and promoting the welfare of children and young people and in the course of their role meet the CCG statutory duties in this area.

Who will the project/service /policy / decision impact?

Consider the actual and potential impacts:

- Staff
- service users/patients
- other public sector organisations
- voluntary / community groups / trade unions
- others, please specify:

| Questions | Yes | No |
|---|-----|----|
| Could there be an existing or potential impact on any of the protected characteristic groups? | Yes | |
| Has there been or likely to be any staff/patient/public concerns? | Yes | |
| Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom? | Yes | |
| Could this piece of work affect the workforce or employment practices? | Yes | |
| Does the piece of work involve or have an impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations | Yes | |

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document.

Governance, ownership and approval

| Please state here who has approved the actions and outcomes of the screening | | |
|--|---|------------|
| Name | Job title | Date |
| Alison Ferguson | Designated Nurse Children Looked After | 04.02.2021 |

Appendix 6

Equality Impact Assessment

Step 2 Evidence Gathering

| | |
|---|---|
| Name of person completing EIA: Alison Ferguson | |
| Title of policy/strategy/guidance: CCG CO15 Safeguarding and Children Looked After Policy | |
| Existing: <input checked="" type="checkbox"/> New/proposed: <input type="checkbox"/> Changed: <input type="checkbox"/> | |
| <p>What are the intended outcomes of this policy/service/process? Include outline of objectives and aims</p> <p>That staff employed by, or seconded to, the CCG are aware of their roles and responsibilities in relation to safeguarding children and promoting the welfare of children and young people in care in the course of their role meet the CCG statutory duties in this area.</p> | |
| <p>Who will be affected by this policy/strategy /guidance? (please tick)</p> <p><input type="checkbox"/> Consultants <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors</p> <p><input checked="" type="checkbox"/> Staff members <input type="checkbox"/> Patients <input type="checkbox"/> Public <input type="checkbox"/> Other</p> <p>If other please state:</p> | |
| Current Evidence/Information held | Outline what current data/information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made? |
| (Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other) | <p>Please see below Health Profile data</p> <p> cd health profiles.pdf</p> |

Step 3 Full Equality Impact Assessment

The Equality Act 2010 covers nine 'protected characteristics' on the grounds upon which discrimination and barriers to access is unlawful.

Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:

Age

A person belonging to a particular age

There is no impact on any staff member belonging to a particular age group.

If training is required for this policy each CCG has accessible venues with good IT facilities for presentations with several screens placed within each room.

Disability

A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

The policy is available on the internet and will be made available in other formats where required, such as Braille, Audio, easy read etc.

Communications should be available in a range of formats for people with sensory and learning disabilities, e.g. Braille, audio, video, Easy Read etc., to ensure engagement in an exclusive way.

Arrangements should be made for venues that are accessible to all e.g. ramps for wheelchairs, disabled toilets, hearing loops, signing, interpreters/translators (where requested).

If training is required for this policy each CCG has accessible venues with good IT facilities for presentations with several screens placed within each room.

Gender reassignment (including transgender) and Gender Identity

Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

The content of the policy does not include vocabulary that should cause offense.

Marriage and civil partnership

Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters

Within safeguarding children and children looked after references are made to parents (with no distinction between married and civil partnership) there are however legal implications in respect of parental responsibility that may need to be considered if a member of staff needs to make a referral about a child.

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

There are no implications for pregnancy or those members of staff on maternity or paternity leave.

Race

It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

The policy does not negatively impact on race, however there are issues associated with race and culture that need to be considered so that the service provided is accessible and appropriate. These are addressed in Safeguarding Children Partnership arrangement guidelines. For example staff are aware that interpreters may be needed where there are language barriers and information can be provided in other languages.

Religion or Belief

Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Although the policy does not negatively impact on people on the grounds of religion or belief, there may be issues associated with religion or belief that need to be considered. For example Forced Marriage, Female Genital Mutilation, Honour Based Violence.

Sex/Gender

A man or a woman.

The policy has no impact as it does not discriminate between males and females

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Policy uses appropriate language no additional considerations are required

Carers

A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

The policy is accessible on the CCG intranet whilst staff are at work.

Other identified groups relating to Health Inequalities

such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.

(Health inequalities have been defined as “Differences in health status or in the distribution of health determinants between different population groups.”

Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)

Other groups have been considered however as the policy is for staff there are no additional impacts on health inequalities.

Step 4 Engagement and Involvement

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

The CCG Designated Nurses for Safeguarding and Children Looked After have been involved with the revision of the CCG Safeguarding Children and Children Looked After Policy.

If no engagement has taken place, please state why:

Step 5 Methods of Communication

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- | | |
|---|---|
| <input checked="" type="checkbox"/> Verbal – meetings | <input type="checkbox"/> Verbal - Telephone |
| <input type="checkbox"/> Written – Letter | <input type="checkbox"/> Written – Leaflets/guidance booklets |
| <input type="checkbox"/> Written - Email | <input checked="" type="checkbox"/> Internet/website |
| <input type="checkbox"/> Other | <input type="checkbox"/> Intranet page |

If other please state:

Step 6 Potential Impacts Identified – Action Plan

| Ref no. | Potential/actual Impact identified | Protected Group Impacted | Action(s) required | Expected Outcome | Action Owner | Timescale/ Completion date |
|---------|------------------------------------|--------------------------|--------------------|------------------|--------------|----------------------------|
| | None identified. | | | | | |

Sign off

| | |
|---------------------------------------|---------------------|
| Completed by: | Alison Ferguson |
| Date: | 04.02.2021 |
| Presented to: (appropriate committee) | Executive Committee |
| Publication date: | March 2021 |