

SAFEGUARDING CHILDREN POLICY AND PROCEDURE

Responsible director:	Director of Quality and Nursing
Responsible officer:	Designated Nurse (Safeguarding and Looked After Children)
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1. INTRODUCTION

- 1.1 Airedale, Wharfedale and Craven (AWC), Bradford Districts (BD) and Bradford City (BC) Clinical Commissioning Groups (known hereinafter as the CCGs) fully recognise their responsibility for protecting and safeguarding the welfare of children. The CCGs acknowledge their responsibility to take all reasonable steps to promote safe practice and to protect children from harm, abuse or exploitation (Appendix A: Roles and responsibilities) and to work with service providers to ensure high standards of safeguarding practice across the health economy of the district.
- 1.2 All CCGs have a legal duty under Section 11 of the Children Act 1989 and 2004 to make appropriate arrangements to safeguard and promote the wellbeing of children. The statutory guidance 'Working Together to Safeguard Children' (DCSF, 2015) has set out the principles for doing so.
- 1.3 CCGs have a duty to take reasonable care to ensure the quality of the services commissioned by them and there is an expectation that provider organisations demonstrate robust safeguarding systems and safe practice within agreed local multi-agency procedures. The way in which this duty is discharged is set out in the CCG Safeguarding Commissioning Policy.
- 1.4 All CCG clinicians and staff are expected to follow multi-agency procedures, comply with this policy and take or assist in any necessary actions to safeguard children experiencing or at risk of harm.

2. POLICY AIM

- 2.1 The policy is aimed at the continual improvement of services for children in terms of equity, effectiveness, safety, efficiency and child-centeredness. The purpose of the safeguarding children policy and procedure is to provide a framework for the safe and effective safeguarding of children within the CCGs ensuring that:
 - The organisation is conforming to the standards required in section 11 of The Children Act 2004 and in the Care Quality Commission Essential Standards outcome 7 (regulation 11), the Accountability and Assurance Framework (NHS Commissioning Board 2015) and in the statutory guidance Working Together to Safeguard children (2015).
 - Staff understand their responsibilities in respect of safeguarding children and know how to access the policies, procedures, training and advice which enable them to practice effectively and to fully participate in the multi-agency safeguarding of children.
 - All staff employed by the CCGs are alerted to the possibility of child abuse or neglect. Within their working role, staff should recognise any child where there is a safeguarding concern, respond appropriately and understand their responsibility in the management of a child. This includes awareness of the impact of adult issues on children e.g. parental mental ill-health, parental substance misuse and domestic abuse.

- 2.2 The following policy should be read and used in conjunction with the interagency procedures of the Bradford Safeguarding Children Board (BSCB) accessed on the below link;

<http://westyorkscb.proceduresonline.com/index.htm>

or

North Yorkshire Procedures at <http://www.safeguardingchildren.co.uk/child-protection-procedures.html>

Other national guidance can be found in;
Working Together to Safeguard Children (2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

“What to do if you’re worried a child is being abused (2006)”

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-04320-2006>

3. POLICY STATEMENT

- 3.1 The CCGs will adopt a zero tolerance approach to child abuse and will work to ensure that its policies and practices are consistent with agreed multi-agency procedures and meet the organisations’ statutory obligations.
- 3.2 The CCGs will work with partner agencies to develop quality systems, promote safeguarding practice across the district and monitor performance of providers in relation to safeguarding children and young people. (Appendix B: Useful contact details).

4. SCOPE

- 4.1 This document along with BSCB / North Yorkshire Safeguarding Children Board Procedures is focused upon children and young people up to 18 years of age.
- 4.2 This policy applies to all clinicians and employees of the CCGs, including all employees and agency staff, contractors, volunteers, students and any other learners undertaking any type of work experience or work related activity.
- 4.3 The policy is therefore relevant to organisations and staff providing commissioning support to the CCGs.

5. DEFINITIONS

- 5.1 Safeguarding Children and young people means:
- Protecting them from maltreatment
 - Preventing impairment of health and development
 - Ensuring that children and young people are growing up in circumstances consistent with the provision of safe and effective care
- 5.2 Abuse and neglect are forms of maltreatment. Someone may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused within a family or an institutional or community setting, by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children. Abuse can be wilful or unintentional and can be seen in many different forms including physical, sexual and emotional abuse and neglect (Appendix C: Definitions).
- 5.3 Staff in contact with adults need to be aware that problems faced by clients who have parenting responsibilities are often likely to affect children and other family members. However this information is not always shared and opportunities to put preventative support in place for the children and family are missed. Where an adult receiving services is a parent or carer, sharing information where appropriate with colleagues in children's services could ensure that any additional support required for their children can be provided early.
- 5.4 Safeguarding children and young people includes any work which aims to prevent abuse or to protect those who may be already experiencing abuse. Effective safeguarding depends on a culture of zero tolerance of abuse, where concerns can be raised with confidence and that action will be timely, effective, proportionate and sensitive to the needs of those involved.
- 5.5 There is an expectation that all organisations have systems in place to identify early indicators of abuse, and that staff act quickly and effectively in partnership with other relevant agencies to safeguard children and young people when it is discovered that they are experiencing abuse. (Appendix D: What to do if you are concerned – flow chart)

6. EQUALITY AND DIVERSITY STATEMENT

- 6.1 This policy is applied in accordance with the CCGs public sector equality duty, whereby the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups. The policy aims to safeguard all children and young people who may be at risk of abuse, irrespective of age, disability, gender reassignment, marital status, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 6.2 All CCG clinicians, staff and providers from whom it commissions services must respect the alleged victim's (and their family's) identity and culture however this must not prevent action to safeguard a child or young person who is at risk or experiencing abuse.

- 6.3 Approaches to child protection must be person centred. All staff and providers must take into account the individual's identity and culture, when assessing risks and formulating individual protection plans.
- 6.4 All reasonable endeavours must be used to establish the child, young person and family's preferred method of communication and to communicate in a way people can understand. This will include ensuring access to the interpreters' service where people use languages (including British Sign Language) other than English. Every effort must be made to respect the person's preferences regarding gender of the interpreter.

7. CORE PRINCIPLES IN SAFEGUARDING CHILDREN

Multi Agency Working

- 7.1 Successive serious case reviews have shown that effective multi-agency approaches and communication between agencies are at the heart of and are of fundamental importance to safeguarding and protecting the wellbeing of children and young people. Successful interventions and positive outcomes for children cannot be achieved if agencies work in isolation. The shared goal in multi-agency working is the welfare of the child which must always be kept in focus.
- 7.2 The CCGs are therefore committed to multi-agency approaches to safeguarding children work and will ensure a proportionate contribution to the work of the Bradford and North Yorkshire Safeguarding Children Boards and sub-groups.
- 7.3 The CCGs will actively contribute to multi-agency responses regarding concerns of abuse within commissioned services.
- 7.4 Where concerns are raised, the CCGs are committed to a proportionate and timely response to safeguard the particular child (children) and young person /people within a multi-agency framework.
- 7.5 The CCGs will ensure that they have procedures and systems of working that ensure safeguarding concerns are referred to Bradford/ North Yorkshire Children's Specialist Services as indicated in BSCB/ NYSCB procedures.
- 7.6 The CCG is committed to analysing and sharing any learning from incidents and investigations, in order to improve practice and minimise risk of abuse.

Sharing Information

- 7.7 The CCGs are 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, in a safe and timely manner, in accordance with the law and multi-agency procedures. This may include personal and sensitive information.

8. GOVERNANCE ARRANGEMENTS

CCG internal governance arrangements

- 8.1 The CCGs have clearly identified roles and responsibilities for safeguarding children which are detailed in Appendix A
- 8.2 The Chief Officer of each CCG has Governing Body level responsibility for safeguarding within the CCG.
- 8.3 The Director of Quality has lead responsibility for safeguarding across Airedale, Wharfedale and Craven CCG (AWC CCG), Bradford City CCG (BC CCG) and Bradford Districts CCG (BD CCG) and reports jointly to the Chief Clinical Officer of AWC CCG and the Chief Officer of BC CCG and BD CCG.
- 8.4 The Designated Nurse (Safeguarding and Looked after Children), Deputy Designated Nurse Safeguarding Children) and Designated Doctors (Safeguarding), report to the Director of Quality. The Named GPs report to the Designated Nurse.
- 8.5 The CCGs Governing Bodies receive an annual safeguarding children report. Other reports pertaining to safeguarding children are provided to the quality committees that in turn report to the Governing Bodies. Risk registers are used to escalate high level strategic safeguarding risks to the Governing Body.
- 8.6 The Designated Nurse (Safeguarding and Looked after Children) and Deputy Designated Nurse (Safeguarding Children) receive notification about all serious incidents (SIs) and provide NHS England Local Area Team with a safeguarding review and scrutiny of SI reports and action plans from providers.
- 8.7 Complaints which include concerns about abuse will be shared with a member of the CCG Safeguarding Team and reported according to local guidance into multi-agency safeguarding procedures.

9. HEALTH LEADERSHIP AND SUPPORT

- 9.1 The safeguarding practitioners (Designated professionals, Named GPs and Adult Safeguarding practitioners) work collaboratively as a shared resource across the three CCGs.
- 9.2 Members of the safeguarding children team provide leadership, information and support to the CCGs in the discharge of their safeguarding duty.
- 9.3 As the local health leaders, the CCGs take a responsibility for promoting the safeguarding and wellbeing of children across the health economy of the district and leading the development of health focussed safeguarding initiatives, including working closely with partner agencies of the Bradford and North Yorkshire Safeguarding Children Boards.
- 9.4 The CCGs' annual safeguarding children report to the quality committees and Governing Bodies will summarise trends, unresolved risks and safeguarding

activity from commissioned services to inform the CCGs' quality assurance and commissioning functions.

10. TRAINING AND DEVELOPMENT

- 10.1 Line managers in partnership with the BDCT learning and development team will identify the level of training appropriate for all posts with reference to the Intercollegiate Document: Safeguarding Children and Young People: roles and competencies for health care staff (2014). Advice is available from the safeguarding team around this.
- 10.2 As a minimum requirement, all new starters will attend the safeguarding awareness training (children & adults) session as part of their induction programme within 3 months of starting employment
- 10.3 The CCGs may also identify additional training for staff who:
- have regular contact with children/young people
 - review packages of care
 - manage complaints or concerns
 - review SIs requiring investigation
 - have professional leadership roles
 - have corporate responsibilities related to safeguarding
- 10.4 Staff may attend further safeguarding children training appropriate to their specific role where this need is agreed as part of their Joint Performance Development Review
- 10.5 Line managers are responsible for checking that staff have attended the required training as part of induction review (for new starters) and Joint Performance and Development Review processes.

11. MANAGEMENT OF SAFEGUARDING CHILDREN SERIOUS INCIDENTS

- 11.1 All Serious Incidents involving children must be reported in accordance with local policies and NHS England WYAT Standard Operating Procedures (2017).
- 11.2 All safeguarding children Serious Incidents applicable to the CCGs will be reported to the NHS England area team patient experience lead via the STEIS system and will be performance managed by the area team from then on.
- 11.3 The Designated Nurse will lead the investigation and the providers (including member practices) will submit reports and attend meetings as required to a specific set timeline.
- 11.4 In cases where there a serious case review is commissioned the Designated Nurse will lead the health contribution and write health overview reports when required.

11.5 Any senior manager acting on behalf of the CCGs when dealing with any claims, complaints, disciplinary or performance issues will be responsible for seeking advice regarding any safeguarding risks and making referrals to the multi-agency procedures according to this policy.

12. SAFE RECRUITMENT OF STAFF

12.1 The CCGs are alert to the possibility that individuals employed by them or other organisations may pose a risk of causing harm to children. The CCGs have a selection process following national guidelines and local policy including appropriate Disclosure and Barring Service checks on employees where required.

13. ALLEGATIONS OF ABUSE AGAINST CLINICIANS AND STAFF

13.1 The CCGs will ensure that all allegations of abuse against clinicians and staff, including where there is clear evidence that they are false or malicious, will be recorded and monitored using the organisation's incident management policy.

13.2 Allegations that a clinician or member of staff has caused or been complicit in abuse or neglect (i.e. where there is no immediate evidence that it is false) must be reported to the Local Authority Designated Officer (LADO) and managed according to local multi-agency safeguarding children procedures. Liaison with NHSE LAT will take place where CCG staff or members are subject to LADO reporting.

13.3 CCG managers must also consider the need for temporary exclusion or redeployment under the disciplinary policy based on potential risk to the alleged victim or other children whilst investigation takes place.

13.4 The CCGs will ensure that all other concerns relating to the conduct or capability of staff are monitored and that any safeguarding related concerns are managed in accordance with this policy and local multiagency procedures.

13.5 The CCGs will ensure that any safeguarding concerns arising from disclosures made during the course of an investigation or other human resources process are managed in accordance with this policy and local multi-agency procedures.

14. SUPERVISION

14.1 The requirement for staff supervision where children are considered to be at risk of significant harm is well documented (Lord Laming, Victoria Climbié Inquiry (2003), The National Service Framework for Children Young People and Maternity Services (2004). Working to ensure children are protected from harm requires sound professional judgments to be made; it is demanding and at times stressful for the staff carrying out this work. All staff should have access to advice and support from their managers and named and designated professionals.

- 14.2 Consistent, high quality supervision is the cornerstone of effective safeguarding of children and young people and should be seen to operate effectively at all levels within the organisation (NSF for children, young people and maternity services Core standards DH DfES 2004).
- 14.3 Supervision is an accountable, formal and agreed process which supports, assures and develops the knowledge, skills and values of an individual, group or team. Its purpose is to improve the quality of their work to achieve agreed outcomes (Providing Effective Supervision: Skills for Care & CWDC 2007).
- 14.4 Effective supervision is essential to professional development, providing opportunity to put concerns into perspective and address issues that might otherwise be overlooked. Supervision enables reflection on actions already taken and planning for actions needed to develop. This helps the supervisee to develop confidence in decision making.
- 14.5 CCG staff requiring supervision are: Named and Designated doctors, Designated Nurses, Specialist Safeguarding Practitioners and front-line staff working with children.
- 14.6 The Safeguarding supervisor will be an appropriately qualified designated professional who has recognised supervision skills, training and up to date knowledge in legislation, policy and research relevant to safeguarding children; they should be fully accountable for the advice they give.
- 14.7 The model used by the CCG will be Tony Morrison 4x4x4 based around Kolb's reflective cycle and will reference Signs of Safety, the assessment model currently being used across the district.
- 14.8 A supervision contract will be agreed and signed by the supervisor and supervisee (Appendix E: Sample Agreement).
- 14.9 Learning outcomes from Supervision will be recorded and agreed (Appendix F: Sample supervision record).
- 14.10 Designated Doctors, Nurses and Named GPs will provide advice and guidance to staff with regards to the identification and management of safeguarding concerns.

APPENDIX A: ROLES AND RESPONSIBILITIES WITHIN THE CCG

Role	Outline of responsibilities
Governing Body	<p>Provide Governing Body representation to the quality committees.</p> <p>Ensure that a lead director with executive responsibility for Safeguarding Children has been identified.</p> <p>Undertake Safeguarding Children training appropriate to their role and responsibilities.</p>
Clinical Board	<p>Ensure that the CCGs have effective systems and resources in place to meet its legal obligations, monitor safeguarding activity and to safeguard children and young people who may be at risk of or experiencing abuse, within commissioned services.</p> <p>Identify a lead director with executive responsibility for Safeguarding Children.</p>
Quality Committees	<p>Receive assurance re provider performance.</p> <p>Receive an annual report in relation to safeguarding children activity, risks and development.</p> <p>Approve CCGs policy and procedural documentation relating to safeguarding children.</p> <p>Monitor the effectiveness of safeguarding children systems and controls and make recommendations to the Governing Body.</p>
Chief Officer	<p>The Chief Officer is responsible for ensuring that the Governing Body receives relevant information regarding safeguarding issues within CCGs and commissioned services, in order to inform the decisions of the Governing Body.</p>
Director of Quality	<p>Ensure that CCGs have in place policy and assurance systems to monitor the safeguarding performance of commissioned services.</p> <p>Provide executive leadership on safeguarding issues to commissioners.</p> <p>Ensure senior health commissioning representation on the Bradford/North Yorkshire Safeguarding Children Boards and sub groups.</p> <p>Provide management and leadership to the safeguarding team.</p>
Designated Nurse (Safeguarding and Looked After Children) and Deputy Designated Nurse (Safeguarding Children)	<p>As outlined in Working Together to Safeguard Children (2015) chapter 2.17 and in addition:</p> <p>Represent the CCGs at the BSCB/NYSCB and sub-groups as required and report back any issues likely to impact on the CCGs or their commissioned services.</p> <p>Liaise with the Children's Safeguarding and Reviewing Units and advise the relevant CCG officers and managers regarding cases of suspected abuse within their area of responsibility.</p> <p>Liaise with the Head of Corporate Services, Director of Quality, NHSE and LADO regarding the monitoring of safeguarding allegations against staff.</p>

	<p>Provide professional advice to the organisation and teams regarding CCGs and multi-agency safeguarding procedures.</p> <p>Lead and support the development of safeguarding children documentation and practice across health organisations.</p> <p>Provide advice and support the commissioning and contract management process to ensure that commissioned services have appropriate safeguarding systems and monitoring in place.</p> <p>Inform the Quality Committees of safeguarding children activity, developments and potential risks via an annual report and by exception reporting.</p> <p>Support and advise the work of Contract Management Boards and Quality and Performance Groups.</p> <p>Contribute to the management of Serious Incidents requiring investigation where appropriate.</p> <p>Liaise with and advise risk management colleagues regarding risk registers in relation to safeguarding children.</p>
Designated Doctors	As outlined in the Intercollegiate Document (Royal College of Paediatrics and Child Health 2014).
SUDIC paediatricians	Since 2008 local Safeguarding Children Boards have the responsibility for managing the Child Death Overview Panels procedures (HM Government 2015) These duties are outlined at http://westyorkscb.proceduresonline.com/chapters/p_sudi.html
Named GPs	As outlined in Working Together to Safeguard Children (2015) chapter 2:15
Head of Corporate Services	<p>Ensure that Disclosure and Barring Service checks are carried out in accordance with legal requirements and national guidance.</p> <p>Ensure that concerns about staff are monitored according to current national guidance and that HR systems are compliant with any succeeding legal requirements or guidance in respect of the protection of children and young people.</p> <p>Ensure that recruitment procedures comply with NHS Employment Check Standards and legal requirements in relation to the protection of children.</p> <p>Ensure that systems are in place to monitor allegations against staff and to inform managers and other agencies in line with CCGs legal requirements and agreed multi-agency policy and procedures.</p>
CCG managers	<p>Ensure the implementation of CCGs and multi-agency safeguarding children policy and procedures applicable within their sphere of responsibility.</p> <p>Ensure that safeguarding concerns are reported using organisational and multi-agency procedures.</p> <p>Identify support for staff who raise safeguarding concerns.</p> <p>Identify potential safeguarding related risks within their area of responsibility and ensure that risks which cannot be managed are escalated to the CCGs</p>

	<p>risk register.</p> <p>Ensure that systems are in place to monitor staff attendance on identified safeguarding children training relevant to their role, according to agreed CCGs' guidelines.</p> <p>Ensure that implications for the safeguarding of children and young people are considered in all service developments.</p>
<p>All CCG clinicians and staff</p>	<p>Work actively to identify and safeguard children and young people who may be experiencing or at risk of abuse.</p> <p>Support and work within agreed CCGs and multi-agency child protection policy and procedures relevant to their role and responsibility.</p> <p>Attend safeguarding children training appropriate to their role and responsibilities and draw any learning needs (in relation to safeguarding children) to the attention of their manager.</p> <p>Take immediate action to minimise risk to children and young people where abuse is suspected.</p> <p>Report suspicion of abuse or neglect using organisational or multi-agency procedures.</p> <p>Report serious crimes or situations, where a person is at immediate risk due to a crime, to the police.</p> <p>Report suspicions of fraud according to the Fraud and Corruption Policy.</p> <p>Report concerns to a senior manager or via the Whistleblowing Policy where they feel unable to report to their line manager or remain concerned that the child(ren) is/are still at risk.</p> <p>Report concerns directly to Children's Specialist Services (or the police if they believe a crime has been committed) when they feel unable to raise concerns within the organisation or believe that their concern has not been acted upon.</p> <p>Work within professional codes of practice.</p> <p>Identify the need for additional safeguarding advice and support and seek this from the CCGs Safeguarding Team or Children's Safeguarding when required.</p>
<p>WSYBCSU governance and risk team</p>	<p>Work with members of the CCGs child safeguarding team to ensure that governance and risk management arrangements effectively monitor performance in relation to safeguarding children.</p> <p>Work with members of the CCGs child safeguarding team to identify safeguarding related issues and ensure that these are effectively managed where appropriate within multi-agency child protection procedures.</p>

APPENDIX B: USEFUL CONTACT DETAILS

AIREDALE BRADFORD AND WHARFEDALE CONTACT DETAILS

POLICE SAFEGUARDING UNIT – 01274 376116

Emergency contact 999

Non-urgent contact 101

CHILD PROTECTION / CLINICAL COMMISSIONING GROUPS (CCGs) SAFEGUARDING

For general advice and support contact: **TEAM MOBILE 07432 719806**

Sue Thompson – Designated Nurse (Children)	Phone: 01274 256082 Mobile: 07904 332588 Email: sue.thompson2@bradford.nhs.uk
Jude MacDonald - Deputy Designated Nurse (Children)	Phone: 01274 237344 Mobile: 07967 593661 Email: jude.macdonald@bradford.nhs.uk
Louise Clarke – Named GP Safeguarding Children	Mobile: 07814 025779 Email: louise.clarke@bradford.nhs.uk
Valerie Wilson - Named GP Safeguarding Children	Mobile: 07973 427928 Email: Valerie.wilson@bradford.nhs.uk
Emma Savin - Named GP Safeguarding Children	Mobile: 07971186312 Email: Emma.Savin@bradford.nhs.uk
Kirsty King - Named GP Safeguarding Children	Mobile: 07432 721848 Email: Kirsty.King@bradford.nhs.uk
Mandy Robinson – Domestic Violence Manager	Mobile: 07506 367566 Email: Amanda.Robinson@bradford.nhs.uk
Kim Dibb Safeguarding Team Administrators Daniel Porter	Phone: 01274 237645 Email: safeguarding.admin@bradford.nhs.uk

CHILDRENS' SOCIAL CARE SERVICES

Children's Initial contact point Phone: 01274 437500

ADULT PROTECTION / CLINICAL COMMISSIONING GROUPS (CCGs) SAFEGUARDING

For general advice and support contact:

Matt O'Connor – Designated Nurse (Adults)	Phone: 01274 237331 Mobile: 07949 886909 Email: matt.o'connor@bradford.nhs.uk
Helen Hart – Deputy Designated Nurse (Adults)	Phone: 01274 237426 Mobile: 07958 476997 Email: Helen.hart@bradford.nhs.uk

Seemab Khan – Named GP Safeguarding (Adults)

Mobile: 07904 648171

Email: Seemab.khan2@bradford.nhs.uk

SAFEGUARDING ADULTS TEAM

For advice (Monday-Friday office hours) contact the Adult Protection Unit: Phone: 01274 431077

To make a safeguarding adult alert please use the online form at:

<http://www.bradford.gov.uk/makeanalert>

Telephone referral line for adults and children who have urgent social care needs:

Out of Hours Emergency Duty Social Work Team: Phone: 01274 431010

CRAVEN CONTACT DETAILS

NORTH YORKSHIRE CHILD PROTECTION / CLINICAL COMMISSIONING GROUPS (CCGs) SAFEGUARDING

See above for key CCG professionals

NORTH YORKSHIRE CHILDRENS' SOCIAL CARE SERVICES

For referrals / advice in office hours contact:

Phone 01609780780

For referrals / advice outside office hours contact:

Phone: 01609 780780

<http://www.safeguardingchildren.co.uk/worried-about-child.html>

NORTH YORKSHIRE SAFEGUARDING ADULTS

To make a safeguarding adult alert please use the online inter-agency safeguarding adults alert form

at: <http://www.northyorks.gov.uk/article/24309/Safeguarding-vulnerable-adults>

For referrals / advice in office hours contact:

Phone: 0845 034 9410

For referrals / advice outside office hours contact:

Phone: 0845 034 9417

APPENDIX C: DEFINITIONS

Children

In this policy 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 16 years of age is living independently or is in further education, or is a member of the armed forces, or is in hospital, or 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. This includes fabricated and induced illness (FII) and female genital mutilation (FGM).

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, including child sexual exploitation, 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.

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 2015)

Children's Safeguarding and Reviewing Unit (CSRU)

Children's Safeguarding and Reviewing Units provide support to agencies or individuals involved in safeguarding children work. CSRUs work closely with the police and arrange and co-ordinate strategy meetings and child protection case conferences where there is concern that children and young people are subject to significant harm. CSRUs are also the contact point for referrals to the LADO in cases of allegations of abuse by members of staff.

Significant harm

Some children are in need because they are suffering or likely to suffer significant harm. This 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 in their best interests 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 the severity of ill-treatment may include:

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

More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological 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, physical or sexual abuse 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 is at risk of, abuse. Individuals do not need 'proof' in order to raise concerns under the safeguarding children procedures.

Multi-agency procedures

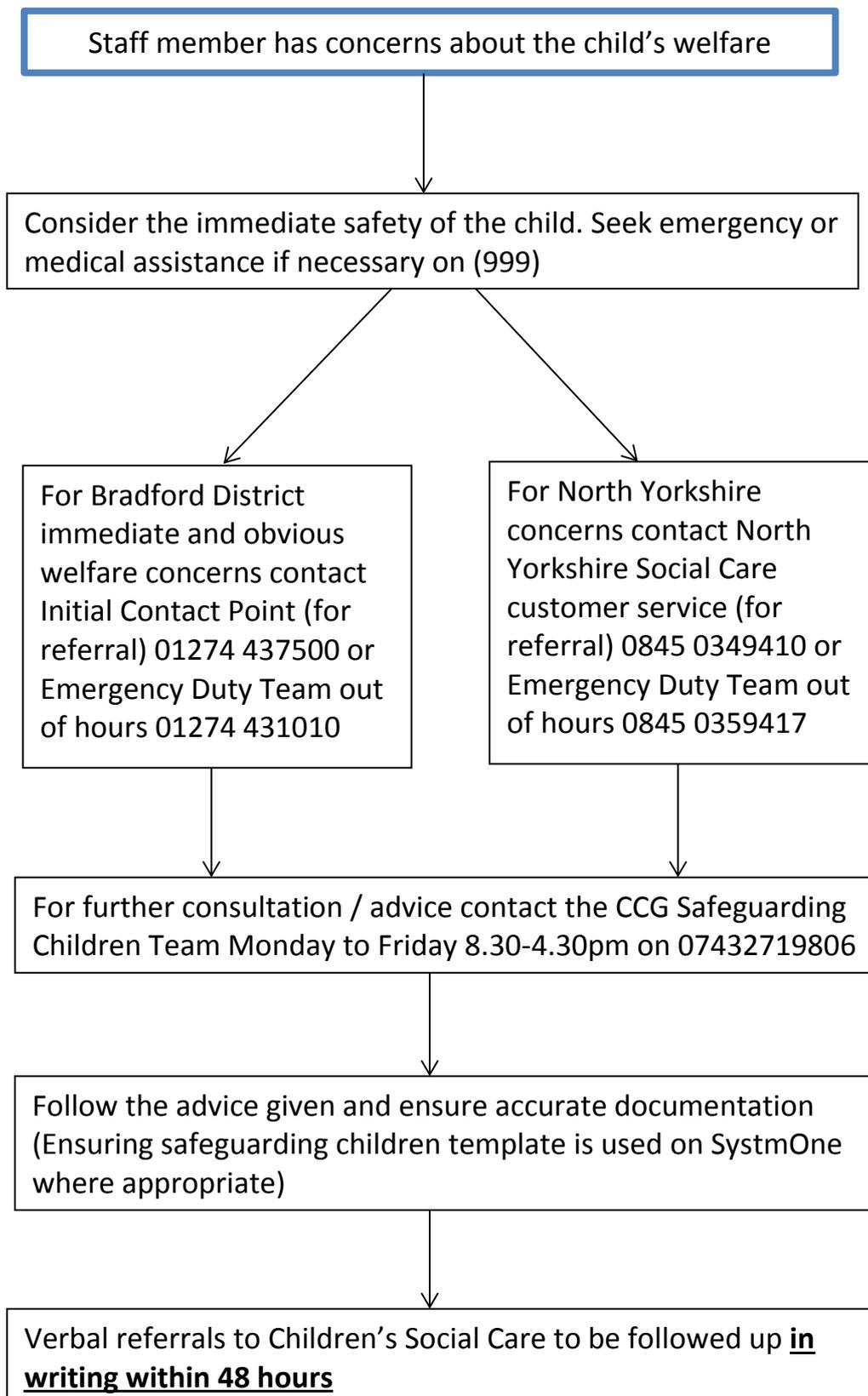
This refers to the locally agreed multi-agency child protection procedures coordinated through the safeguarding children board.

Provider

This refers to all organisations, independent contractors and individuals who provide services that are commissioned by the CCGs, 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.

APPENDIX D: WHAT TO DO IF YOU ARE CONCERNED ABOUT ABUSE OR HARM

(0-18 YEARS) FLOWCHART



APPENDIX E: SAFEGUARDING SUPERVISION AGREEMENT



**Safeguarding
Children Team**

Airedale, Wharfedale and Craven - Bradford Districts - Bradford City
CCGs working together

Airedale, Wharfedale and Craven
Bradford Districts
Bradford City

CCGs working together



SAFEGUARDING SUPERVISION AGREEMENT

- We agree to meet at least for the purpose of safeguarding children supervision. We will prioritise these sessions, and only cancel them in extenuating circumstances.
- We will endeavour to start and finish sessions on time.
- We will meet at a venue which is suitable for all participants and which offers privacy and a minimum of interruption to the session.
- We will be aware of our accountability under the NMC Code of Conduct and the Bradford Safeguarding Children Board policies and procedures.
- Information discussed within the sessions will be kept confidential to participants unless disclosure is indicated by the above guidelines.

Signature of Supervisor

Date

.....

.....

Signature of Supervisee

Date

.....

.....

APPENDIX F: PERSONAL SUPERVISION TEMPLATE



**Safeguarding
Children Team**

Airedale, Wharfedale and Craven - Bradford Districts - Bradford City
CCGs working together

Airedale, Wharfedale and Craven
Bradford Districts
Bradford City

CCGs working together



Supervision Notes

Supervisor		
Supervisee		
Date		

Notes
Learning
Notes taken and typed by

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