

Merton CCG and Wandsworth CCG Safeguarding Children and Young People Policy

February 2019

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1. Introduction

1.1 Merton CCG and Wandsworth CCG, as commissioners of health services, have a duty to safeguard and promote the welfare of children and young people. This duty applies to both internal functioning and arrangements in the CCG and to those services that are commissioned by the CCG. This policy sets out the legal and statutory requirements as relates to safeguarding children and how Merton CCG and Wandsworth CCG seek to comply and meet these duties and responsibilities.

1.2 Key legislation and guidance which provides the framework to which Merton and CCG and Wandsworth CCG adhere includes:

- Children Act 1989 / 2004

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

- Working Together to Safeguard Children 2018

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

- Promoting the Health and Wellbeing of Looked After Children 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

- Safeguarding Children and Young People; roles and competencies for healthcare staff 2019

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

- Looked After Children: Knowledge Skills and Competency of Health Care Staff

<https://www.rcpch.ac.uk/resources/looked-after-children-lac>

1.3 Merton CCG and Wandsworth CCG are committed to commissioning high quality services which safeguard and promote the wellbeing of children and young people. In addition, Merton CCG and Wandsworth CCG seek to listen to children's experiences and to commission services which are responsive to the views of children and to reach out to engage with children and young people known to experience complex health issues.

1.4 Safeguarding children duties for commissioners of health services, as a minimum requirement are outlined by NHS England (NHSE 2015 p.20):

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements.
- Clear policies setting out their commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
- Training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff are competent to carry out their responsibilities for safeguarding.
- Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of Local Safeguarding Children's Boards (LSCBs), Safeguarding Adults Boards (SABs) and Health and Wellbeing Boards.
- Ensuring effective arrangements for information sharing.
- Employing, or securing, the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Paediatrician for unexpected deaths in childhood.
- Having a Designated Adult Safeguarding Manager (DASM), which should include the Adult Safeguarding lead role and a lead for the MCA, supported by the relevant policies and training.

1.5 This policy makes clear both the collective and individual expectations for CCG employees, including volunteers to adhere to safeguarding legislation, statutory guidance, professional codes of conduct and CCG human resources and recruitment policies.

1.6 The policy demonstrates how Merton CCG and Wandsworth CCG meet their safeguarding children and young people responsibilities and duties through robust governance and performance systems and processes. This policy applies to all MCCG and WCCG employees, including volunteers, and is to be read in conjunction with the London Safeguarding Procedures, MSCB / WSCB policies and CCG policies relating to training, recruitment and selection, managing allegations against staff, disciplinary and performance and voicing concerns at work (whistleblowing).

2. Vision and Key Aims

2.1 Our Vision:

Our vision is for the children and young people of Merton and Wandsworth to have access to safe, effective, responsive health services enabling them to achieve the best possible start in life, positive health outcomes and to have their views and experiences heard.

2.2 The aim of this policy is to make clear to Merton and Wandsworth CCG staff and volunteers the following:

- Individual duties in regard to child safeguarding training and accessing safeguarding children supervision and advice.

- The process for reporting child abuse and neglect to statutory agencies – police and children’s social care.
- CCG safeguarding governance arrangements that demonstrate a commitment to safeguarding children and promoting a culture of best practice.

3. Scope of this policy

- 3.1 All members of staff including volunteers have a responsibility to consider the safety and welfare of all service users. This document details duties and responsibilities in respect to the safeguarding of children and young people.
- 3.2 This document applies to all employees (whether paid or unpaid) of the CCG across all areas of service delivery – clinical and non-clinical.
- 3.3 A child is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, living independently, in further education, a member of the armed forces, in hospital or in custody in the secure estate remains a ‘child’ in relation to entitlements to services or protection under the legislative framework. (pg.102 Working Together to Safeguard Children 2018).
- 3.4 Child abuse is any form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. The four categories of child abuse are physical, sexual emotional and neglect. Children may be abused in a family, institutional or community setting. They may be abused by an adult or adults, or another child or children. New and emerging forms of abuse include children sexual exploitation (CSE), cyber bullying and the use of social media / internet to ‘groom’ children.
- 3.5 Physical abuse is a form of abuse which involves hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating and any act 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.
- 3.6 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities. The child may not be aware that the activity is abusive. Sexual abuse may involve physical contact however; an emerging form of sexual abuse is the use of the internet to ‘groom’ children in preparation for sexual abuse, including the use of and production of indecent images of children using webcams.
- 3.7 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 includes:
- harm to an unborn child as a result of substance misuse
 - failure to provide adequate food, clothing and shelter
 - failure to protect a child from physical and emotional harm or danger
 - failure to provide supervision – including inappropriate carers
 - failure to access medical care and treatment
 - unresponsiveness to a child’s emotional needs
- 3.8 Emotional abuse is persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. This form of abuse includes actions that cause the child to:

- feel unloved, worthless and inadequate
- unable to express their views
- feel frightened and fearful
- miss opportunities to learn and develop – including making friendship groups

3.9 An emerging form of emotional abuse is through the use of the internet and social media cyber bullying.

3.10 A young carer is a child or young person under the age of 18 years who has a caring responsibility for another person and as such is entitled to an assessment under the Care Act 2014.

4. Roles and Responsibilities

4.1 The CCG

The CCGs are one of the statutory safeguarding partners under the safeguarding arrangements to be implemented in the Children and Social Work 2017 and statutory guidance (2018). As a commissioner of health services, the CCGs are therefore responsible for the provision of effective clinical, professional and strategic leadership to child safeguarding. This includes the quality assurance of safeguarding through contractual arrangements with all provider organisations and agencies, including from independent providers.

4.2 The Accountable Officer

The Accountable Officer is responsible for ensuring that the CCGs have arrangements in place to commission services which safeguard children and young people and that systems and processes within the CCGs meet statutory and non-statutory constitutional and governance requirements. It is the Accountable Officer who will be ultimately responsible for providing the strong leadership which will be critical in the implementation of the safeguarding partnership arrangements which will supersede the safeguarding children boards under the Children and Social Work Act 2017 (Working Together to Safeguard Children 2018).

4.3 The Governing Body Safeguarding Children Lead

The Accountable Officer holds the Governing Body lead role for safeguarding children, ensuring that the Governing Body is fulfilling its legal and statutory duties.

4.4 The Director of Quality and Governance

The Director of Quality and Governance is the Executive officer responsible for safeguarding children policy and practice within the CCGs. The Director of Quality and Governance will represent the CCG at the Safeguarding Children Boards. It should be noted that in 2019 the Safeguarding Children Boards move into new arrangements - Safeguarding Children Partnerships.

4.5 Designated Doctor and Nurse Safeguarding Children

The Designated Doctor and Nurse Safeguarding Children roles provide expert advice to the CCGs and lead the provision of a high quality, safe, effective and professional safeguarding of children (Working Together to Safeguard Children 2018). The Designated professionals will attend the Safeguarding Children Boards and hold other key roles supporting the work of the

Board on subgroups and panels. This function will transfer to the Safeguarding Partnerships once these are in place.

4.6 **Designated Doctor and Nurse Children Looked After**

The Designated Doctor and Nurse Children Looked After roles will provide expert advice to the CCGs and lead the provision of a high quality, safe and effective services for children looked after (Working Together to Safeguard Children 2018).

4.7 **Named GP**

The Named GP roles will provide expert advice to the CCG and in addition will advise and support the GP designated leads within each practice.

4.8 The designated and named roles are referred to in the statutory guidance (Chapter 2 - Working Together to Safeguarding Children 2018).

4.9 **Director of Commissioning / Commissioning Managers**

Commissioners of services will set out clear expectations of provider agencies and monitor compliance. In issuing and monitoring contracts commissioning managers should adhere to the NHS National Contract and the London Child Protection Procedures (2017).

4.10 **CCG Staff and Volunteers**

It is the responsibility of all CCG employees and volunteers to:

- Follow the CCG policies, the London Child Protection Procedures (2017) and Local Safeguarding Children Board Policies.
- Attend mandatory safeguarding children training as required for their role as outlined in the CCG Training Strategy and the RCPCH (2019).
- Know how to access safeguarding advice and support within the CCG.
- Know how to seek safeguarding advice from Merton MASH / Wandsworth IPOC and if needed make a referral (Appendix 1).
- Work collaboratively with other agencies to safeguard children and young people in Merton and Wandsworth.

4.11 **Allegations against staff**

It is the responsibility of all CCG staff and volunteers to report to their line manager and the designated doctor / nurse any concern about the conduct of a staff member that may have harmed or placed a child at risk. Allegations may be related to staff having:

- Behaved in a way that has harmed a child or may have harmed a child.
- Committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

4.11.1

http://www.londoncp.co.uk/chapters/alleg_staff.html?zoom_highlight=LADO

4.12 **Local Safeguarding Children Board (LSCB)**

The CCG is represented on the LSCB by the Director of Quality and Governance, the Designated Doctor and the Designated Nurse.

- 4.13 The Safeguarding Children Partnerships are evolving and the structure and CCG representation will be reviewed in light of these changes.

5. Statutory duties and guidance as relating to Prevent, Female Genital Mutilation, Child Sexual Exploitation, Domestic Violence and Contextualised Safeguarding

5.1 Prevent

- 5.1.1 Prevent is part of the Government's overall counter-terrorism strategy, CONTEST. The aim of the Prevent is to reduce the threat to the UK from terrorism by stopping people from becoming terrorists or supporting terrorism. The Counter-Terrorism and Security Act 2015 places a duty on certain bodies, such as CCGs, in the exercise of their functions, to "have due regard to the need to prevent people from being drawn into terrorism". Prevent therefore works in the pre-criminal space to divert individuals before they put themselves or others at risk of harm.
- 5.1.2 The CCGs report on both the delivery of counter terrorism awareness training and workshops raising awareness of Prevent (WRAP) training and on referrals made under the Channel protocol to NHS England. This is a mandatory requirement for all health agencies.
- 5.1.3 In any case where vulnerability to exploitation and radicalisation is identified, a referral under the Channel protocol should be considered. In these cases, the issue should be discussed with the CCG's Designated Safeguarding Adult Lead, who will support the referral process from the outset – refer to the CCG Safeguarding Adult Policies and Procedures 2018.

5.2 Female Genital Mutilation (FGM)

- 5.2.1 Female Genital Mutilation (FGM) is a form of physical abuse and violence against women and girls. FGM is a harmful cultural practice with serious health consequences for girls and women. FGM is illegal in England and Wales under the Female Genital Mutilation Act 2003, as amended by the Serious Crime Act 2015.
- http://www.londoncp.co.uk/chapters/sg_ch_risk_fgm.html
- <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>
- 5.2.2 Mandatory reporting - The Serious Crimes Act (section 74) 2015 requires all regulated health and social care professionals and teachers in England and Wales to report to the police cases they come across in the course of their professional duties where they:
- Are informed by a girl under 18 that an act of FGM has been carried out on her; **or**
 - Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.
- 5.2.3 The report is to be made within 1 working day and failure to report FGM will be dealt with by the relevant professional body. The report can be made to the police using the 101 line; however, if

there are urgent safeguarding concerns, requiring immediate action by the police to protect the child, a call to the emergency 999 line is required.

5.2.4 The CCG adheres to statutory guidance, the London Procedures (2017) and any relevant LSCB procedures as relates to FGM.

5.3 Child Sexual Exploitation

5.3.1 Child Sexual Exploitation (CSE) is a form of sexual abuse. It occurs when an individual or individuals take sexual advantage of a child or young person (anyone under 18) for his or her own benefit.

http://www.londoncp.co.uk/chapters/sg_sex_exploit_ch.html#indicators

5.4 Domestic Abuse

5.4.1 The Home Office definition of domestic abuse was updated in 2013 to include young people aged 16 years:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality".

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

5.4.2 **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.

5.4.3 **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." (Controlling or Coercive Behaviour Statutory Guidance 2015).

5.4.4 Children living in families where there is domestic abuse are at risk of harm. Children who witness domestic abuse will experience emotional distress and are at risk of abuse. A third of children witnessing domestic abuse will experience abuse (NSPCC 2011).

5.4.5 Domestic abuse is a factor in over 50% of serious case reviews:

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/533826/Triennial Analysis of SCRs 2011-2014 - Pathways to harm and protection.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/533826/Triennial_Analysis_of_SCRs_2011-2014_-_Pathways_to_harm_and_protection.pdf)

5.4.6 The CCGs will work with partner agencies and participate in local arrangements to safeguard children and young people at risk of harm through living in situations where they experience domestic abuse. The CCGs in discharging commissioning functions adhere to the London Procedures:

http://www.londoncp.co.uk/chapters/sg_ch_dom_abuse.html

5.5 Contextualised Safeguarding

5.5.1 Children and young people may be vulnerable to abuse or exploitation from individuals outside their own families. These are 'extra-familial' risks which may be associated with:

- School / educational establishment
- Peer groups
- Wider community
- Online

Children and young people may be vulnerable to multiple extra familial risks through exploitation by criminal gangs and organised crime groups (county lines), trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation.

5.5.2 The CCGs will work with partner agencies and participate in local arrangements to safeguard children and young people at risk of harm from outside the family. The CCGs adhere to the London Procedures:

http://www.londoncp.co.uk/chapters/gang_activity.html?zoom_highlight=county+lines

6. Commissioning

6.1 The commissioning process will promote the wellbeing and safeguarding of children and young people through contracting, service performance frameworks and through a commitment to supporting partnerships.

- Contracts with provider organisations that include safeguarding duties and responsibilities as directed by the Children Act 1989 / 2004 and associated statutory guidance.
- Performance frameworks and contract monitoring includes safeguarding performance indicators.
- Developing partnerships with patients, public and multi -agency partners.

6.2 Service specifications drawn up by the CCGs will include clear service standards for safeguarding. Commissioners will seek to ensure safeguarding children duties and responsibilities are integral to contracts and service level agreements. This includes a minimum set of service standards to which mainstream provider services should adhere. For smaller (e.g. third sector) contracts, commissioners will agree a sub-set of these standards appropriate to the size and complexity of the organisation.

6.3 By monitoring the service standards of all providers, the CCGs will be assured that the required safeguarding children standards are being met across Merton and Wandsworth.

6.4 The CCGs will ensure that all providers have comprehensive and effective arrangements in place to safeguard and promote the wellbeing of children and young people, which are compliant with statutory duties and responsibilities as directed by national legislation and local policy. Safeguarding children arrangements include:

- Governance arrangements demonstrating clear lines of responsibility and accountability throughout the organisation and the inclusion of statutory safeguarding roles.
- Training programmes to ensure staff receive appropriate training for their role and responsibilities, as directed in the guidance from the RCPCH (2019).
- Access to Safeguarding Children supervision for staff working with children young people and families.
- Safeguarding Children policies and procedures which are reviewed and accessible to staff.
- Partnership arrangements in place as evidence, by attendance and contribution to the LSCB (and Safeguarding Partnerships as they develop in 2019).

6.5 The CCGs will ensure that managers of commissioned services are clear about their roles and responsibilities as relate to promoting the wellbeing and safeguarding children through a robust induction and training programme and access to support, expert advice and supervision from the CCG Safeguarding Leads, including the Designated Doctor and Nurse Safeguarding Children.

7. Safeguarding Training and Supervision

7.1 CCG staff including volunteers will have access to safeguarding children training appropriate to their role and responsibility. Compliance with mandatory training is monitored by the CCG through Workforce. Training compliance is reported to the CCG safeguarding committee in the Safeguarding Children quarterly reporting cycle.

7.2 The CCGs have a safeguarding training strategy which is reviewed annually. Safeguarding children training strategies and arrangements are under review to ensure compliance with the Safeguarding Children and Young People; roles and competencies for healthcare staff (2019) in regard to competences and levels of training required.

7.3 Safeguarding supervision is an essential element to ensure that the welfare of the child remains the focus of practice and the 'voice' of the child is heard. The function of safeguarding supervision is to promote reflective practice and review the impact of decisions made on the child.

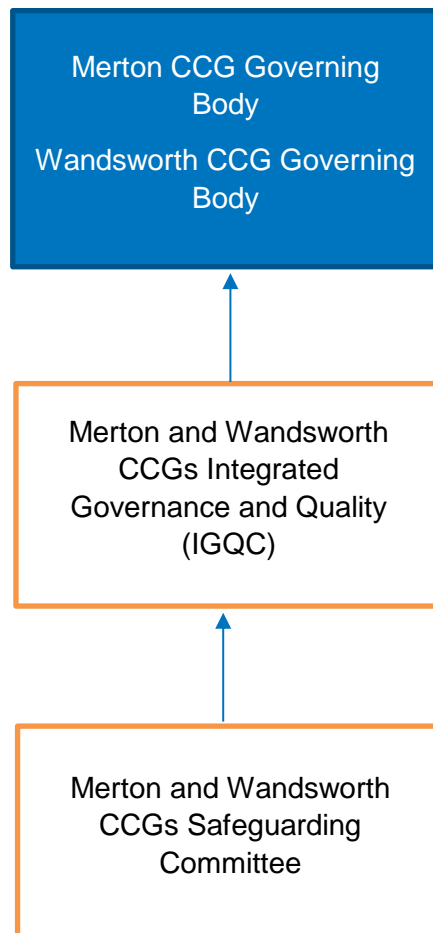
7.4 The Designated Doctor and Nurse Safeguarding Children will provide safeguarding supervision to CCG practitioners working directly with children. In addition, the designated professionals will provide safeguarding supervision to the named professionals employed within commissioned services. To meet this requirement, the designated professionals will need to access additional training and supervision. This function is underpinned by statutory guidance (2018). The safeguarding support officer will maintain a spreadsheet of supervisors, supervisees and sessions.

7.5 Safeguarding supervision will be recorded as to occurrence; however, the content of supervision will remain confidential. Confidentiality will be breached in the event of a disclosure which places a child at risk.

8. Governance Arrangements

- 8.1 The CCG Governing Bodies receive assurance as to the effectiveness of safeguarding children arrangements in the CCGs and commissioned services through the receipt and approval of the Safeguarding Children Annual Report.
- 8.2 The quarterly and annual reports include performance of both the CCG and commissioned services identifying any safeguarding risks, serious incidents and any learning from serious case reviews. These reports are received by the Safeguarding Committee. Summary minutes are received by the Integrated Governance and Quality Committee (IGQC).
- 8.3 The CCG governance structure is illustrated below:

CCG Governance Structure 2019



Appendix 1: Making a Referral to Children Social Care – Merton Multi Agency Safeguarding Hub (MASH). Wandsworth IPOC (Initial Point of Contact)

Merton: Urgent referrals relating to Child Protection

- Contact MASH on 020 8545 4226 or 020 8545 4227 (Out of hours: 020 8770 5000)
- Follow up with a completed Child Protection Referral Form within 24 hours
- Link for the form: www.merton.gov.uk/casa-forms

Merton MASH Contacts:

MASH Team
12th Floor, Merton Civic Centre
London Road, Morden
SM4 5DX

Telephone/Email/Fax
020 8545 4226 or
020 8545 4227 or
020 8770 5000 (out of hours)
020 8545 4204 (fax)

mash@merton.gov.uk

Wandsworth IPOC:

The new front door to Children's Services is called the Initial Point of Contact (IPOC).

020 8871 6622 (9am-5pm Mon-Fri)

020 8871 6000 (out of hours)

ipoc@wandsworth.cjsm.net

<https://thrive.wandsworth.gov.uk/kb5/wandsworth/fsd/advice.page?id=ZH-8d8rfKC0>

Appendix 2 – CCG Safeguarding Children Leads:

CCG Safeguarding Leads will provide expert advice and support to both Merton CCG staff and commissioned services.

Liz Royle - Designated Nurse Merton and Wandsworth

07515 192239

liz.royle@swlondon.nhs.uk

liz.royle@nhs.net

Dr Benedicta Ogeah - Merton Designated Doctor Safeguarding Children

bogeah@nhs.net

020 8296 3593

07827 880135

Dr Karen Worthington - Merton Named GP Safeguarding Children –

k.worthington@nhs.net

Dr Peter Green - Wandsworth Designated Doctor Safeguarding Children

petergreen2@nhs.net

07951 587607

020 8725 3757

Dr Claire Taylor Wandsworth - Named GP Safeguarding Children

clairetaylor5@nhs.net

CCG – Looked After Children Leads:

Dr Avril Washington - Wandsworth Designated Doctor Looked After Children

avril.washington@nhs.net

Nick Silva - Merton Designated Doctor Looked After Children

Nick Silva nicholas.silva@nhs.net

Lin Graham Ray - Designate Nurse Merton & Wandsworth CCGs

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07880 534306