

**SAFEGUARDING CHILDREN,  
LOOKED AFTER CHILDREN AND  
ADULTS AT RISK**

**COMMISSIONING POLICY**

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## REVIEWERS

This document has been reviewed by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
Su Vincent	10/4/14	Designated Nurse for Safeguarding Children	V1, V1.2
Jane Atkinson	10/4/14	Lead Nurse for Safeguarding vulnerable adults	V1, V1.2
Su Vincent	16/5/17	Designated Nurse for Safeguarding Children	V2
Jane Atkinson	16/5/17	Designated Nurse for Safeguarding Adults	V2
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## APPROVALS

This document has been approved by:

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Quality and Safety committee	July 2014	V1.2
Quality and Safety Committee	16 January 2018	V2

NB: The version of this policy posted on the intranet must be a PDF copy of the approved version.

## DOCUMENT STATUS

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

## RELATED DOCUMENTS

These documents will provide additional information:

Working together to safeguard children	March 2015
Safeguarding children and young people: roles and competences for health care staff INTERCOLLEGIATE DOCUMENT	March 2014
Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework	July 2015
CQC Essential Standards of Quality and Safety	2010
Mental Capacity Act	2005
Safeguarding Adults: The Role of NHS Commissioners	2011
Looked After Children Knowledge skills and competencies for healthcare staff	March 2015

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## **1.0 INTRODUCTION**

- 1.1 NHS Dudley Clinical Commissioning Group (CCG), as with all other NHS bodies, has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people (including those looked after) that reflect the needs of the children they deal with; and to protect vulnerable adults from abuse or the risk of abuse. This policy supports the advice and guidance laid out in the Dudley Safeguarding Children and Adult Procedures and Guidance and should be read in conjunction with these.
- 1.2 All NHS Trusts are required to register with the Care Quality Commission for the services they provide. As part of this registration each Trust must declare its position with regard to compliance with the Health and Social Care Act (Regulated Activities) Regulations 2008, and the Care Quality Commission (Registration) Regulations 2009. Safeguarding is covered by Regulation 11 and by Outcome 7 in the associated guidance. The Care Quality Commission may seek evidence that regulations and guidance have been complied with. All GP practices and other primary medical services have had to be registered with the CQC by April 2013, under the Health and Social Care Act 2008.
- 1.3 As a commissioning organisation, Dudley CCG is required to ensure that all health providers from whom it commissions services (both public and independent sector) have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect vulnerable adults from abuse or the risk of abuse. The CCG should also ensure that health providers are linked into the local safeguarding children and adult boards and that health workers contribute to multi-agency working.
- 1.4 Safeguarding is central to the quality of care and the NHS Outcomes Framework (Dept. of Health, 2010), particularly: Domain 4: Ensuring people have a positive experience of care. Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.
- 1.5 This policy has two functions: it details the roles and responsibilities of Dudley CCG as a commissioning organisation, of its employees and GP practice members. The policy also provides clear service standards against which healthcare providers (including independent providers, voluntary, community and faith sector (VCFS)) will be monitored to ensure that all service users are protected from abuse and the risk of abuse.

## **2.0 SCOPE**

- 2.1 This policy aims to ensure that no act or omission by Dudley Clinical CCG as commissioning organisation, or via the services it commissions, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.
- 2.2 Where Dudley Clinical CCG is identified as the lead commissioner it will notify associate commissioners of a provider's non-compliance with the standards contained in this policy or of any serious untoward incident that is considered to be a safeguarding issue.

### **3.0 PRINCIPLES**

3.1 In developing this policy Dudley Clinical CCG recognises that safeguarding children and vulnerable adults is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if those vulnerable groups in society are to be protected from harm. Historically many Serious Case Reviews (SCR's) and Domestic Homicide Reviews (DHR's) have recognised the importance of recognising safeguarding as a continuum and that often children may be cared for by vulnerable adults. Focus should not be limited to the individual but should recognise the impact that parental and family behaviours can have on the wellbeing of vulnerable people and acknowledge the holistic picture of the family.

3.2 In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- A commitment of senior managers and board members to seek continuous improvement with regards to safeguarding both within the work of the CCG and within those services commissioned;
- Clear lines of accountability within the CCG for safeguarding;
- Service developments that take account of the need to safeguard all service users, and is informed, where appropriate, by the views of service users;
- Staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regards to safeguarding children, adults at risk, children looked after and the Mental Capacity Act;
- Safe working practices including recruitment and vetting procedures;
- Effective interagency working, including effective information sharing.

### **4.0 DEFINITIONS**

#### **Children**

4.1 In this policy, as in the Children Acts 1989 and 2004, a child refers to anyone who has not yet reached their eighteenth birthday. 'Children' therefore means children and young people throughout.

#### **Children's Safeguarding**

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

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

#### **Child protection**

4.3 Is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.  
(Working Together to Safeguard Children 2015)

## Child In Need

- 4.4 Children who are defined as being 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (section 17(10) of the Children Act 1989), plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:
- what will happen to a child's health or development without services being provided; and
  - the likely effect the services will have on the child's standard of health and development.
- 4.5 Local authorities have a duty to safeguard and promote the welfare of children in need.
- 4.6 Under section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:
- 'harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
  - 'development' means physical, intellectual, emotional, social or behavioural development;
  - 'health' means physical or mental health; and
  - 'ill treatment' includes sexual abuse and forms of ill-treatment which are not physical.

## Looked After Child

- 4.7 A child is looked after by the Local Authority if he or she has been provided with accommodation for a continuous period of more than 24 hours, in the circumstances set out in sections 20 and 31 of the Children Act 1989, or is placed in the care of a local authority by virtue of an order made under part IV of the Act. They might be living: with foster parents, at home with their parents under the supervision of social services, in residential **children's** homes.

## The concept of significant harm

- 4.8 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 Definitions threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.
- 4.9 A court may make a care order (committing the child to the care of the local authority) or supervision order (putting the child under the supervision of a social worker or a probation officer) in respect of a child if it is satisfied that:
- the child is suffering, or is likely to suffer, significant harm; and
  - the harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (section 31).

## **Adult with care and support needs**

- 4.10 Whilst there is no formal definition of vulnerability within health care, some people receiving health care may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances. The risks that increase a person's vulnerability should be appropriately assessed and identified by the health care professional/VCFs/care home provider at the first contact and continue throughout the care pathway (DH 2010).
- 4.11 Under Section 59 of the Supporting Vulnerable Groups Act 2006, a person aged 18 years or over is also defined as a vulnerable adult where they are 'receiving any form of health care' and 'who needs to be able to trust the people caring for them, supporting them and/or providing them with services.'

## **Adult safeguarding**

- 4.12 The principles for adult safeguarding are as follows (DH, 2011):

**Empowerment** - Presumption of person led decisions and informed consent.

**Protection** - Support and representation for those in greatest need.

**Prevention** - It is better to take action before harm occurs.

**Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.

**Partnership** - Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

**Accountability** - Accountability and transparency in delivering safeguarding

## **Adults at risk**

- 4.13 A person aged 18 or over and who:
- is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority
  - receives direct payments in lieu of adult social care services funds their own care and has social care needs
  - otherwise has social care needs that are low, moderate, substantial or critical
  - falls within any other categories prescribed by the Secretary of State
  - is or may be in need of community care services by reason of mental or other disability, age or illness
  - who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation;
- 4.14 and is at risk of *significant harm*, where harm is defined as ill-treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion).

*Note: definition suggested by Law Commission and under review. For the purpose of this policy the term adult at risk can be used interchangeably with vulnerable adult.*

- 4.15 Definitions of abuse are contained within the glossary section of the policy.

## **5.0 ACCOUNTABILITY**

### **5.1 Safeguarding accountabilities of CCGs include:**

- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements (See Appendix 2)
- Appropriate arrangements to co-operate with local authorities in the operation of Local Safeguarding Children Boards (LSCBs) and Safeguarding Adult Boards (SABs)
- Securing the expertise of a designated doctor and nurse for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood
- Having a safeguarding adult lead and a lead for the Mental Capacity Act, supported by the relevant policies and training.

5.2 The CCG's leadership arrangements for adult safeguarding should include responsibility for ensuring that the CCG commissions safe services for those in vulnerable situations, including effective systems for responding to abuse and neglect of adults and effective interagency working with local authorities, the police and third sector organisations. CCG leads for safeguarding adults need to have a broad knowledge of healthcare for older people, people with dementia, people with learning disabilities, people with mental health conditions and victims of domestic abuse.

## **6.0 GOVERNANCE**

6.1 Working Together to Safeguard Children (2015) sets out how organisations and individuals should work together to safeguard and promote the welfare of children, and the duty on all agencies, under s27 and 47 of the Children Act 1989, and s10 and s11 of the Children Act 2004, to make arrangements to safeguard and promote the welfare of children. Organisations must, by law, have procedures under which staff can raise concerns about possible abuse within the organisation without themselves feeling victimised ("whistleblowing").

6.2 Although adult safeguarding is not currently underpinned by the same legislative framework, the Safeguarding Vulnerable Groups Act 2006 and the Mental Capacity Act 2005 have had significant influence on healthcare provision and CCGs are required to ensure that they commission services from providers who are compliant with this legislation. The existing guidance is through No Secrets (2000) which has undergone significant consultation and it is expected that adult safeguarding will be placed on a greater statutory footing with the likely establishment of a statutory multi-agency safeguarding Board and a statutory requirement for agencies to cooperate in preventing and responding to adult abuse and neglect. Dudley already has a multi-agency safeguarding board.

## **7.0 CLINICAL COMMISSIONING GROUP RESPONSIBILITIES**

- Ensure that the CCG has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding children and vulnerable adults (see appendix 1 and 3)
- Ensure that service plans /specifications/contracts/invitations to tender etc. include reference to the standards expected for safeguarding children and vulnerable adults.

- Ensure that CCG staff and those in services contracted by the CCG are trained and competent to be alert to potential indicators of abuse or neglect in children and know how to act on their concerns and fulfil their responsibilities in line with multi-agency Safeguarding Board policies and procedures.
- Ensure that any system and processes that include decision making about an individual patient (e.g. funding panels) takes account of the requirements of the Mental Capacity Act 2005; this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act.
- Ensure a culture of listening to and engaging in dialogue with vulnerable groups, taking account of their wishes and feelings both in individual decisions and the establishment or development and improvement of services.
- Have processes in place to ensure they can make adult care placements (such as in care homes, nursing homes or independent hospitals) based on knowledge of standards of care and safeguarding concerns.
- Maintain effective working relationships and partnership working with multi-agency safeguarding forums; e.g. LSCBs and SVABs. The CCG will be a member of the respective child/vulnerable adult Safeguarding Board and will adhere to and endorse the multi-agency policies and procedures developed by those Boards.

## **8.0 TRAINING**

- 8.1 All health organisations have a legal duty under Section 11 of the Children Act 2004 to ensure that their staff and staff employed by services they commission to deliver health services are trained to be alert to potential indicators of abuse and neglect of children and to be able to respond appropriately to their role in addressing such concerns for the care and safety of a child. An annual audit of the health economy's safeguarding arrangements and section 11 responsibilities is undertaken by the Local Safeguarding Children Board.
- 8.2 The Intercollegiate Document, "Safeguarding Children and Young People: Roles and Competencies for Health Care Staff" (2014) provides clear guidance on the competencies required for all healthcare staff in order to safeguard children and young people. Similarly, guidance is available on the training requirements for staff to meet adult safeguarding, Mental Capacity Act and domestic abuse competencies.
- 8.3 CCGs must ensure that staff within the organisation are trained in safeguarding to a level commensurate to their roles, and identified through regular performance appraisal.

## **9.0 CHILD PROTECTION AND ADULT SAFEGUARDING CONCERNS**

- 9.1 If staff have concerns for a vulnerable child or adult, then they should consult the Local Authority Safeguarding website <http://safeguarding.dudley.gov.uk/#> and follow the procedures.
- 9.2 To make an adult or child safeguarding referral you should contact the local authority:

### Children Safeguarding

Single Point of Access 0300 555 0050  
Out of hours 0300 555 8574

## **10.0 MANAGEMENT OF SAFEGUARDING RELATED SERIOUS INCIDENTS (SIS)**

- All serious untoward incidents involving a safeguarding risk must be reported in accordance with Dudley CCG Risk Management Strategic Framework policy and procedures.
- All safeguarding SI's reported to Dudley CCG will be reported to the NHSE Regional Team (RT) via the STEIS system and will be performance managed by the RT from then on.
- Dudley CCG will lead the investigation and the providers will provide reports and attend meetings as required to a specific set timeline.
- In cases where there is to be a Serious Case Review or Serious Adult Review (SCR/SAR) these processes will run concurrently with the SI systems according to guidance from the RT and in conjunction with the Safeguarding Boards
- Any suspicions of fraud in safeguarding cases will be reported in accordance with policy.
- Any member of Dudley CCG staff 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.

## **11.0 ALLEGATIONS AGAINST MEMBERS OF STAFF**

- 11.1 All organisations must adhere to legislation and statutory guidance in managing allegations against staff which indicate they may pose a risk to children or vulnerable adults. Such allegations may arise if it is felt that:
- A person has behaved in a way that has harmed or may have harmed a child or vulnerable adult.
  - Possibly committed a criminal offence against or related to a child or vulnerable adult; or
  - Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children or young people.
- 11.2 All such allegations of abuse against staff, including where there is clear evidence that they are false or malicious, will be recorded and monitored using the organisations incident management policy.
- 11.3 All allegations that a 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) if related to a child and managed according to local multiagency safeguarding children procedures.
- 11.4 Managers must also consider the need for temporary exclusion or redeployment under the disciplinary policy based on potential risk to the alleged victim whilst investigation takes place.
- 11.5 The CCG must 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.

- 11.6 Any safeguarding concerns arising from disclosures made during the course of an investigation or other Human Resources process should be managed in accordance with this policy and local multiagency procedures.

## **12.0 SAFER RECRUITMENT**

- 12.1 Recruitment policies and procedures must comply with all relevant legislation and guidance relating to staff working with children. All statutory and public organisations (including non-regulated activity) which employ staff and/or volunteers to work with or provide services for children have a duty to safeguard and promote the children's welfare. This includes ensuring that safe recruitment and selection procedures are adopted and that at least one member of the panel must have undertaken safe recruitment and selection training and one who is knowledgeable and experiences in safeguarding and child protection issues.
- 12.2 Further information can be found following the link below.  
<http://westmidlands.procedures.org.uk/pkplz/regional-safeguarding-guidance/recruitment-supervision-and-training/>

### **Disclosure and Barring Service (DBS)**

- 12.3 The (DBS) replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). Their core purpose is to prevent unsuitable people from working or volunteering with children and vulnerable adults by providing a registration system with continuous updating of their criminal history information for the ISA.
- 12.4 The key changes to the disclosure and barring scheme include:
- abolishing registration and monitoring requirements
  - redefining the scope of 'regulated activities' - those are the activities involving close work with vulnerable groups, including children, which a barred person must not do
  - abolishing 'controlled activities'
- 12.5 A barring function will be maintained. The definition of a "regulated activity" in relation to children is narrowed and covers fewer job roles. However Healthcare provision (including physical and mental health care) remains a regulated activity and staff will require a DBS check. There is no statutory guidance on how often the checks have to be completed however best practice would suggest an annual self-disclosure from the staff member.
- 12.6 All staff working in a regulated position would require the DBS check at an enhanced level to include the barred list check. Any exceptions to this will be flagged to the Designated Nurse and Chief Nurse. All members of the CCG should have a DBS check and the CCG Board will require an enhanced DBS. The Designated Senior Nurses and Board Safeguarding Lead must have an enhanced DBS with barred list check.
- 12.7 Further information can be found below  
<https://www.gov.uk/disclosure-barring-service-check/overview>
- Under the Safeguarding Vulnerable Groups Act (2006), all employers must be registered with the Independent Safeguarding Authority (ISA) and comply with the vetting and barring scheme;

- There should be a system in place to ensure that managers who are interviewing for posts involving working with children and adults at risk have attended Safer Recruitment Training;
- All job descriptions should reflect requirements for staff to have due regard for safeguarding;
- A Named Senior Officer (NSO) must be identified who will lead on allegations against staff working with children. The NSO must ensure any allegations involving children in work or personal life are reported to Local Authority Designated Officer and Designated Nurse;
- There are transparent systems in place to enable staff, patients and families to raise concerns that impact on the welfare or safeguarding needs of individuals or groups. These should be clearly available to all who come into contact with the service.

### 13.0 POLICY REVIEW

- 13.1 This policy will be reviewed every 3 years, or earlier dependent upon relevant new legislation and national guidance being published.

### 14.0 REFERENCES

#### Legislation

Children Act (1989), London: HMSO  
 Children Act (2004), London: HMSO  
 Care Act 2014  
 Mental Capacity Act 2005  
 Adoption and Children Act 2002  
 Domestic Violence, Crime and Victims Act 2004  
 Serious Crime Act 2015  
 Children and family Act 2014

#### Statutory and Non-statutory guidance

- Department for Constitutional Affairs (2007) Mental Capacity Act 2005: Code of Practice, TSO: London
- HM Government (2015) What to do if you're worried a child is being abused: advice for practitioners. London : HMSO
- DFE (2017) Child sexual exploitation: definition and guide for practitioners. London: DFE.
- Department of Health et al (2015) *Statutory guidance on Promoting the Health and well-being of Looked After Children*, Nottingham, DCSF publications
- HM Government (2007) *Safeguarding children who may have been trafficked*, DCSF publications
- HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004*, DCSF publications
- HM Government (2008) *Safeguarding Children in whom illness is fabricated or induced*, DCSF publications
- HM Government (2009) *The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage*, Forced Marriage Unit: London
- HM Government (2015) *Working Together to Safeguard Children*, Nottingham, DCSF publications

- Ministry of Justice (2008) *Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005*, London TSO
- NHSE (2015) Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework
- Children's Workforce Development Council (March 2010) Early identification, assessment of needs and intervention. The Common Assessment Framework for Children and Young People: A practitioner's guide, CWCD
- DH (March, 2011) Adult Safeguarding: The Role of Health Services [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124882](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882)
- DH (May, 2011) Statement of Government Policy on Adult Safeguarding [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_126748](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126748)
- DFE (2015) Information Sharing: Guidance for practitioners and managers, London: DFE
- RCPCH (2014) Safeguarding children and young people: roles and competences for health care staff INTERCOLLEGIATE DOCUMENT
- National Institute for Clinical Excellence (NICE) (2009) Clinical Guideline 89: When to suspect child maltreatment
- Law Commission (May, 2011) Adult Social Care Report <http://www.justice.gov.uk/lawcommission/publications/1460.htm>
- Royal College Paediatrics and Child Health et al (2014) Safeguarding Children and Young people: Roles and Competencies for Health Care Staff. Intercollegiate Document supported by the Department of Health

### **Best practice guidance**

- Department of Health (2004) Core Standard 5 of the *National Service Framework for Children Young People and Maternity Services* plus those elements beyond standard 5 that deal with safeguarding and promoting the welfare of children
- Department of Health (2009) *Responding to domestic abuse: a handbook for health professionals*
- Department of Health (2010) *Clinical Governance and adult safeguarding: an integrated approach*, Department of Health
- HM Government (2011) *Multi-agency Practice Guidelines: Female Genital Mutilation*
- HM Government (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage*, Forced Marriage Unit: London
- National Institute for Health and Clinical Excellence (2009) *When to suspect child maltreatment*, Nice clinical guideline 89
- Department of Health (2006) *Mental Capacity Act Best Practice Tool*, Gateway reference: 6703
- Department of Health (2015) Female genital mutilation risk and safeguarding: guidance for professionals. London DoH

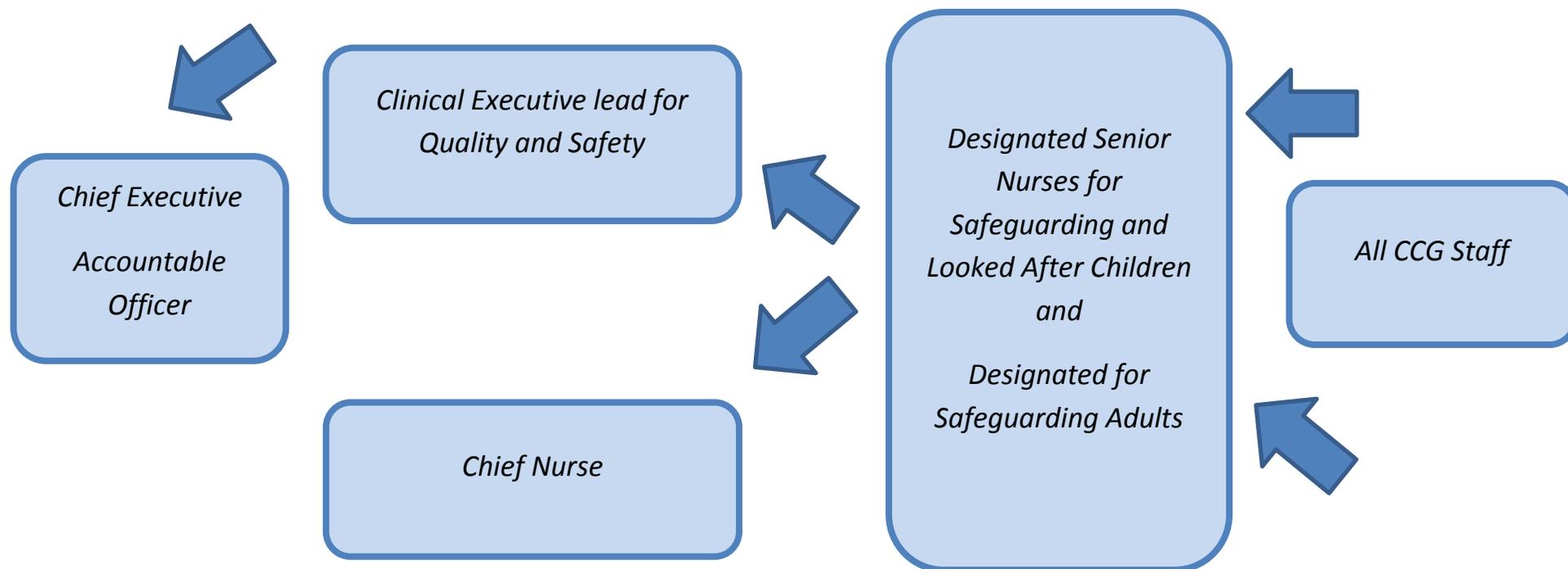
## Appendix 1 - CCG safeguarding requirements from providers

<b>COMMUNITY SERVICES</b>	<b>MENTAL HEALTH/L.D</b>	<b>ACUTE (including MIDWIFERY)</b>	<b>GP/DENTAL (other independents)</b>
<b>Evidence of registration with C.Q.C</b>			
<b>Evidence that the organisation meets the statutory requirement of carrying out C.R.B checks on relevant employees and adheres to relevant legislation and statutory guidance in recruitment &amp; employment of their staff</b>	<b>Evidence that the organisation meets the statutory requirement of carrying out C.R.B checks on relevant employees and adheres to relevant legislation and statutory guidance in recruitment &amp; employment of their staff</b>	<b>Evidence that the organisation meets the statutory requirement of carrying out C.R.B checks on relevant employees and adheres to relevant legislation and statutory guidance in recruitment &amp; employment of their staff</b>	<b>Evidence that the organisation meets the statutory requirement of carrying out C.R.B checks on relevant employees and adheres to relevant legislation and statutory guidance in recruitment &amp; employment of their staff</b>
<b>Evidence that a Board Level Executive Director Lead for Safeguarding has been identified.</b>	<b>Evidence that a Board Level Executive Director Lead for Safeguarding has been identified.</b>	<b>Evidence that a Board Level Executive Director Lead for Safeguarding has been identified.</b>	<b>Evidence that a Board Level Executive Director Lead for Safeguarding has been identified.</b>
<b>Evidence there is a named/lead professional to provide leadership and advice on safeguarding children matters within the organisation.</b>	<b>Evidence there is a named/lead professional to provide leadership and advice on safeguarding children matters within the organisation.</b>	<b>Evidence there is a named/lead professional to provide leadership and advice on safeguarding children matters within the organisation.</b>	<b>Evidence there is a named/lead professional to provide leadership and advice on safeguarding children matters within the organisation.</b>
<b>Evidence of current approved and implemented safeguarding children strategy.</b>	<b>Evidence of current approved and implemented safeguarding children strategy.</b>	<b>Evidence of current approved and implemented safeguarding children strategy.</b>	<b>Evidence of current approved and implemented safeguarding children strategy.</b>

<b>Evidence of a current approved and implemented safeguarding children policy.</b>	<b>Evidence of a current approved and implemented safeguarding children policy.</b>	<b>Evidence of a current approved and implemented safeguarding children policy.</b>	<b>Evidence of a current approved and implemented safeguarding children policy.</b>
<b>Evidence of a current approved and implemented safeguarding children training plan.</b>	<b>Evidence of a current approved and implemented safeguarding children training plan.</b>	<b>Evidence of a current approved and implemented safeguarding children training plan.</b>	<b>Evidence of a current approved and implemented safeguarding children training plan.</b>
<b>Evidence of a current approved and implemented safeguarding children supervision policy or protocol.</b>	<b>Evidence of a current approved and implemented safeguarding children supervision policy or protocol.</b>	<b>Evidence of a current approved and implemented safeguarding children supervision policy or protocol.</b>	<b>Evidence of a current approved and implemented safeguarding children supervision policy or protocol.</b>
<b>Evidence that robust audits are in place to ensure safeguarding systems and processes are functioning effectively.</b>	<b>Evidence that robust audits are in place to ensure safeguarding systems and processes are functioning effectively.</b>	<b>Evidence that robust audits are in place to ensure safeguarding systems and processes are functioning effectively.</b>	<b>Evidence that robust audits are in place to ensure safeguarding systems and processes are functioning effectively.</b>
<b>Evidence of reporting to Commissioner all serious safeguarding children incidents (SIs)</b>	<b>Evidence of reporting to Commissioner all serious safeguarding children incidents (SIs)</b>	<b>Evidence of reporting to Commissioner all serious safeguarding children incidents (SIs)</b>	<b>Evidence of reporting to Commissioner all serious safeguarding children incidents (SIs)</b>
<b>Provision of internal management report as required for all Sis</b>	<b>Provision of internal management report as required for all Sis</b>	<b>Provision of internal management report as required for all Sis</b>	<b>Provision of internal management report as required for all Sis</b>
<b>Evidence of reporting to the Local Authority Designated Officer all incidents of allegations against staff (under App 5 Working Together)</b>	<b>Evidence of reporting to the Local Authority Designated Officer all incidents of allegations against staff (under App 5 Working Together)</b>	<b>Evidence of reporting to the Local Authority Designated Officer all incidents of allegations against staff (under App 5 Working Together)</b>	<b>Evidence of reporting to the Local Authority Designated Officer all incidents of allegations against staff (under App 5 Working Together)</b>

<b>Evidence of safeguarding supervision % uptake for staff as identified within the supervision policy</b>	<b>Evidence of safeguarding supervision % uptake for staff as identified within the supervision policy</b>	<b>Evidence of safeguarding supervision % uptake for staff as identified within the supervision policy</b>	<b>Evidence of safeguarding supervision % uptake for staff as identified within the supervision policy</b>
<b>Evidence of % of staff trained as identified within the training/strategy/plan</b>	<b>Evidence of % of staff trained as identified within the training/strategy/plan</b>	<b>Evidence of % of staff trained as identified within the training/strategy/plan</b>	<b>Evidence of % of staff trained as identified within the training/strategy/plan</b>
<b>Numbers of children referred to children's social care as a result of child protection concerns</b>	<b>Numbers of children referred to children's social care as a result of child protection concerns</b>	<b>Numbers of children referred to children's social care as a result of child protection concerns</b>	<b>Numbers of children referred to children's social care as a result of child protection concerns</b>

Appendix 2: Dudley CCG governance structure



Appendix 3 Safeguarding Structure within Dudley

