

Buckinghamshire Clinical Commissioning Group Safeguarding Policy

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1.0 INTRODUCTION

Buckinghamshire Clinical Commissioning Group (now referred to as the 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, that reflect the needs of the children they deal with; and to protect vulnerable adults from abuse or the risk of abuse or neglect. This policy details the safeguarding arrangements which must be in place to ensure the CCG fulfils its statutory duties and responsibilities.

In discharging these statutory duties/responsibilities account must be taken of:

- *Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework* (NHS Commissioning Board March 2015)
- *Working Together to Safeguard Children* (HM Government March 2018)
- *Statutory Guidance on Promoting the Health and Well-being of Looked After Children* (DH 2015)
- *No Secrets* (DH and Home Office 2000)
- *Mental Capacity Act 2005: Code of Practice* (Department for Constitutional Affairs 2007)
- *Safeguarding Adults: The Role of Health Services* (DH 2011).
- The policies and procedures of Buckinghamshire Safeguarding Children Partnership (BSCP) and Buckinghamshire Safeguarding Adults Board (BSAB).
- The Coronavirus Act 2020 made easements to a number of legislative requirements relating to safeguarding activity
[Care Act easements: guidance for local authorities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/care-act-easements-guidance-for-local-authorities)

As a commissioning organisation the 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; that health providers are linked into the Buckinghamshire Safeguarding Children Board (BSCP) and Buckinghamshire Safeguarding Adult Board (BSAB) and that health workers contribute to multi-agency working.

This policy has two functions. It details the roles and responsibilities of the

1. The CCG as a commissioning organisation, and
2. Its employees and GP member practices.

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.

1.1 Scope

This policy aims to ensure that no act or omission by Buckinghamshire CCG as a commissioning organisation, or via the services it commissions and any sub-contracting arrangement that may be in place, 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.

Where Buckinghamshire CCG is identified as the Co-ordinating Commissioner it will notify the Associate Commissioners of a provider's non-compliance with the standards contained in this policy or of any serious untoward incident that has compromised the safety and welfare of a child/vulnerable adult resident within their population.

1.2 Principles

In developing this policy Buckinghamshire 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. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- A commitment from 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 regard to safeguarding children, adults at risk, looked after children and the Mental Capacity Act.
- Appropriate supervision and support for staff in relation to safeguarding practice.
- Safe working practices including recruitment and vetting procedures.
- Effective interagency working, including effective information sharing.

The above principles reflect the expectations of the NHS Safeguarding Assurance and Accountability Framework (2015) and statutory guidance as referenced within this policy. The CCG will monitor themselves on an annual basis and report to the CCG Governing Body on the findings including any actions required to ensure full compliance.

Buckinghamshire CCG is committed to a human rights based approach, which ensures that employees and the community we serve are treated with fairness, respect, equality, dignity and autonomy (FREDA) and that individuals or groups are not discriminated against on the basis of their protected characteristics.

In line with equality legislation, this policy aims to safeguard children, young people and adults who may be at risk of abuse irrespective of their protected characteristics as outlined in the Equality Act 2010. The nine protected characteristics are age, gender, race, disability, marriage / civil partnership, maternity / pregnancy, religion / belief, sexual orientation and gender reassignment.

1.3 Definitions

Children: In this policy, as in the Children Act 1989 and 2004, **a child** is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people under 18 years of age.

Safeguarding and promoting the welfare of children is defined in *Working Together to Safeguard Children (2018)* as:

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

Child Protection: Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are identified as suffering, or are likely to suffer, significant harm.

Young Carers: A young carer is someone aged 18 or under who helps look after a relative with a disability, illness, mental health condition, or drug or alcohol problem (NHS Choices 2018)

Looked After Children: The term 'Looked After Children and Young People' is generally used to mean those looked after by the state. Looked After Children and Young People' is relevant to national legislation, which differs between England, Northern Ireland, Scotland and Wales. This includes those who are subject to an interim care order, care order (The Children Act 1989 section 31, 38) or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' (The Children Act 1989, section 20) children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents. We refer to these children as 'children in care'.

Adult Safeguarding: The Principles for Adult Safeguarding (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.

Vulnerable Adult: 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).

Under Section 59 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 at Risk: 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, 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).
- For the purpose of this policy the term adult at risk is used interchangeably with vulnerable adult.

Prevent (Radicalisation of vulnerable people): Prevent is one of the 4 key principles of the CONTEST strategy, which aims to stop people supporting or engaging in acts of terrorism. It operates in the pre-criminal space before any criminal activity related to terrorism has taken place. The Prevent Strategy addresses all forms of terrorism including extreme right wing but continues to prioritise according to the threat posed to our national security.

- **Radicalisation** is defined as "the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups" by the governments Prevent Duty Guidance.
[Revised Prevent duty guidance: for England and Wales - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- **Violent Extremism** as defined by the Crown Prosecution Service (CPS) as the demonstration of unacceptable behaviour by using any means or medium to express views which:
 - foment, justify or glorify terrorist violence in furtherance of particular beliefs;
 - seek to provoke others to terrorist acts;
 - foment other serious criminal activity or seek to provoke others to serious criminal acts;
 - foster hatred which might lead to inter-community violence in the UK.

Categories of abuse are detailed in Appendix 1

Capacity, Consent and DoLS/LPS

The Mental Capacity Act (MCA) 2005 empowers people to make decisions for themselves as far as possible and to protect people who may not be able to take some decisions. The MCA underpins health and social care commissioning and practice and applies to those aged 16 years and over in England and Wales.

Individuals will be presumed to have capacity unless they are assessed as lacking capacity using the MCA assessment. The assessment of capacity must be time and decision specific and the individual concerned will be supported to make their own decisions based on an awareness of the choices available. Where an individual lacks the capacity to make a particular decision, the decision will be made in accordance with the best interest principles as described in the MCA 2005.

Where a person lacks capacity or requires support, they should have access if required, to an Independent Mental Capacity Advocate to represent their interests. It must not be assumed that a lack of capacity to make a particular decision is a lack of capacity to make *any* decisions regarding care or lifestyle choice.

All service providers that are funded by the NHS have a legal duty to meet the requirements of the MCA 2005. The CCG as commissioners will ensure that the services that they commission are complying with the MCA.

Making a perceived unwise decision is not a reason in itself to question capacity and care must be taken not to treat the MCA Act as a safeguarding tool but to apply it for empowerment and autonomy.

Deprivation of Liberty Safeguards (DoLS/LPS)

An adult may only be lawfully deprived of his or her liberty in this country either through the Criminal Justice System, the Mental Health Act 1983 or the Deprivation of Liberty Safeguards 2007 (DoLS). Authorisation is the scrutiny brought to any restriction or restraint in a hospital or care home to ensure it is the less restrictive option and in the recipient's best interests. From March 2014, the application of the law around deprivation of liberty extended to those who have care provided by the state in their own homes or in supported living arrangements. This is commonly referred to as 'Judicial DoLS'.

Local Authorities are the only Supervisory Body to authorise DoLS in care homes and hospitals. Restrictions to individuals receiving care in private homes and supported living may only be authorised by the Court of Protection at the present time. The CCG Safeguarding Adult Lead ensures appropriate training and advice is provided to CCG staff.

The CCG has a responsibility for commissioning safe and appropriate healthcare for those who may not have capacity to consent to treatment. They must ensure commissioned services are compliant with the Mental Capacity Act and Deprivation of Liberty Safeguards and that this is specified in all relevant contracts.

The Liberty Protection Safeguards (LPS) were introduced in the Mental Capacity (Amendment) Act 2019 and will replace the Deprivation of Liberty Safeguards (DoLS) system. The planned implementation of LPS is due to commence from April 2022.

The LPS creates a new role for CCGs and NHS Trusts in authorising arrangements. In England. If the arrangements are mainly taking place in an NHS hospital, in most cases the Responsible Body will be the 'Hospital Manager' (which in most cases will be the NHS Trust responsible for that hospital). If the arrangements that result in a deprivation of liberty are being carried out mainly through NHS Continuing Healthcare (CHC), the Responsible Body will be the relevant CCG.

Currently, when a 16- or 17-year-old needs to be deprived of their liberty, an application must be made to Court of Protection. Under the LPS scheme, Responsible Bodies will be able to authorise a deprivation of liberty without needing to go to court. This will be the responsibility of the Local Authority.

2.0 ROLES AND RESPONSIBILITIES

2.1 General Roles and Responsibilities of the CCG

The CCG, as a statutory NHS body, has a statutory duty to ensure adults and children are safeguarded. The section 11 audits as per Children Act 2004 ensure services for children are safe and effective.

The CCG as the commissioner of local health services is responsible for ensuring that the organisations (both public and independent) from which they commission services, have effective safeguarding arrangements in place through contractual arrangements with all provider organisations.

As the commissioning organisation, the 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. These policies should be in line with statutory requirements and informed by the BSCP and BSAB procedures.

The CCG should also ensure that health providers are affiliated to the local safeguarding children and safeguarding adult boards/partnership and that health staff contribute to multi-agency working.

Central to this is ensuring that the CCG's commissioning arrangements clearly specify safeguarding expectations and responsibilities in contracts. Monitoring will also be supported by, and linked to the outcome of CQC safeguarding inspections.

The CCG is responsible for ensuring that safeguarding is integral to service development, quality improvement, clinical governance and risk management arrangements.

The CCG is responsible for securing the expertise of Designated Professionals on behalf of the local health system. The Designated safeguarding professionals play an integral role in all parts of the commissioning cycle, from procurement to quality assurance. The CCG has a clinical executive lead for both Safeguarding Children & Adults.

The accountability for safeguarding sits with the Chief Officer of the CCG. Any failure to have systems and processes in place to protect children and vulnerable adults in the commissioning process, or by providers of health care that the CCG commissions would result in failure to meet statutory and non-statutory constitutional and governance requirements.

2.2 Chief Officer

- Ensures that the health contribution to safeguarding and promoting the welfare of children and vulnerable adults is discharged effectively across the whole local health economy through the organisation's commissioning arrangements.
- Ensures that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all service users are safeguarded from abuse or the risk of abuse.

- Ensures that safeguarding children and vulnerable adults is identified as a key priority area in all strategic planning processes.
- Ensures that safeguarding children and vulnerable adults is integral to clinical governance and audit arrangements.
- Ensures that all providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding which are in line with the BSCP / BSAB policies and procedures, and are easily accessible for staff at all levels.
- Ensures that all contracts for the delivery of health care include clear service standards for safeguarding children and vulnerable adults; these service standards are monitored thereby providing assurance that service users are effectively safeguarded.
- Ensures that all staff in contact with children, adults who are parents/carers and vulnerable adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and vulnerable adults, know how to act on those concerns in line with local guidance.
- Ensures the CCG works in partnership with key statutory and voluntary agencies
- Ensures that all health organisations which the CCG has commissioning arrangements with have links with the BSCP and BSAB; that there is appropriate representation at a relevant level of seniority; and that health workers contribute to multi-agency working.
- Ensures that any systems 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.

2.3 CCG Board Lead with responsibility for safeguarding

- Role is that of an Executive Clinician.
- Ensures that the CCG has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding and children looked after.
- Ensures that service plans/specifications/contracts/invitations to tender etc. include reference to the standards expected for safeguarding children and vulnerable adults.
- Ensures that safer recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.
- Ensures that all staff who are in contact with children and or adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.

2.4 CCG Safeguarding Team

- To ensure that the CCG fulfils its statutory functions for safeguarding as detailed in statutory and national guidance, providing assurance to executive leads for safeguarding, that there is a systematic approach to safeguarding across the CCG which includes clear standards and CCG policy for delivery across the adults and children agendas.
- Ensure the CCG meets the requirements of the MCA, including Deprivation of

Liberty Safeguards/LPS.

- Ensure that safeguarding children and adults at risk is an integral part of the CCG's clinical governance framework.
- Promote, influence and develop safeguarding training – on a single and interagency basis - to meet the training needs of staff.
- Provide clinical advice on the development and monitoring of the safeguarding aspects of CCG contracts.
- To review and evaluate the practice and learning from all health professionals as part of the any statutory and informal review processes.
- To provide advanced expert knowledge and advice on safeguarding children and adults to a wide range of professional groups and organisations/agencies.
- To undertake statutory designated safeguarding functions as outlined in statutory guidance (DH 2018 / HM 2015) and detailed in the Intercollegiate Documents (RCPCH 2018). The Designated Doctor and Nurse functions to be incorporated into the job role/plan of those individuals designated to hold the role of designated nurse and designated doctor for safeguarding children and children looked after.
- To provide an annual report on safeguarding which will be considered by the Governing Body.

Designated Doctor and Nurses

The CCG has contractual arrangements in place to secure the expertise of Senior Paediatricians to undertake the roles of Designated Doctor for safeguarding children and Looked After Children. They take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the health economy in Buckinghamshire. Designated professional roles and responsibilities are explicitly defined in job descriptions and sufficient time, funding, supervision and support should be allowed to fulfil their safeguarding responsibilities effectively. Further information can be found in the intercollegiate document Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2018).

Named Doctors, Nurses and Professionals

The CCG supports Health Providers with their responsibilities for identifying named doctors, nurses and other health professionals who will take a professional lead within their organisation on safeguarding children / adult matters. Safeguarding roles and responsibilities for both adults and children will be clearly identified within job descriptions with reference to competencies identified in the intercollegiate document for safeguarding children (2018), interpreted as appropriate for adults at risk. Named professionals will be supported by the Designated Doctor and Designated Nurse.

The CCG will ensure, through commissioning arrangements, that paediatricians with expertise in examining, identifying and assessing children and young people who may have experienced abuse or neglect are available to undertake medical examinations under child protection procedures.

Deprivation of Liberty/Liberty Protection Safeguards and Mental Capacity Act Lead

The CCG is required to have a designated MCA Lead responsible for providing support and advice to clinicians in individual cases and supervision for staff in areas where cases are prevalent or complex. The role includes compliance with MCA, audit, governance, policy and provision of training. This role also has responsibility for DoLS/LPS and is part of the Designated Nurse for Safeguarding Adults role.

Prevent Lead

The Designated Nurse for Safeguarding Adults is the CCG's lead for Prevent. All CCG's are required to have a Prevent Lead for the organisation to advise on radicalisation from a health and multi-agency perspective and monitor effectiveness of arrangements to tackle extremism in the county and across the Thames Valley.

Domestic Abuse

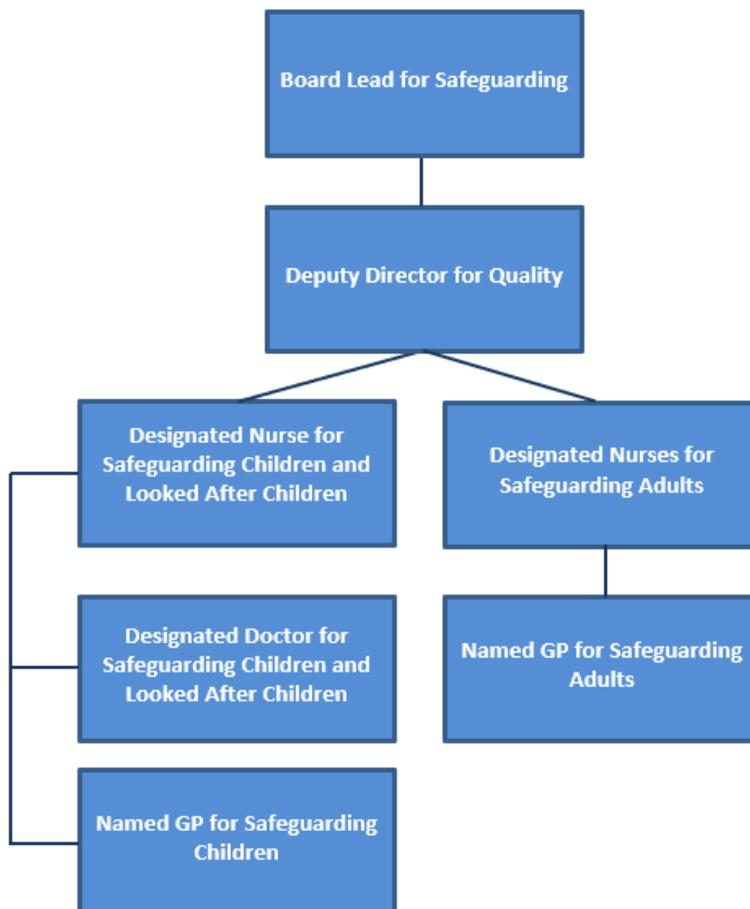
The CCG is represented by the safeguarding professionals, who participate in strategic groups in Buckinghamshire tackling Domestic Abuse, Domestic Homicide Reviews and disseminate learning through the organisation.

2.5 Individual Staff Members including GP Member Practices

- To be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with local guidance.
- To undertake training in accordance with their roles and responsibilities as outlined by the training frameworks of the BSCP and BSAB so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults at risk.
- Understand the principles of confidentiality and information sharing in line with local and government guidance.
- All staff are to contribute, when requested to do so, to the multi-agency meetings established to safeguard children and adults at risk. Appendices at the back of this document provide guidance as to what action needs to be taken where there are concerns that a child or an adult at risk is being abused.

3.0 GOVERNANCE ARRANGEMENTS

Buckinghamshire CCG's Safeguarding Team Overview



3.1 Safeguarding Steering Group (SSG)

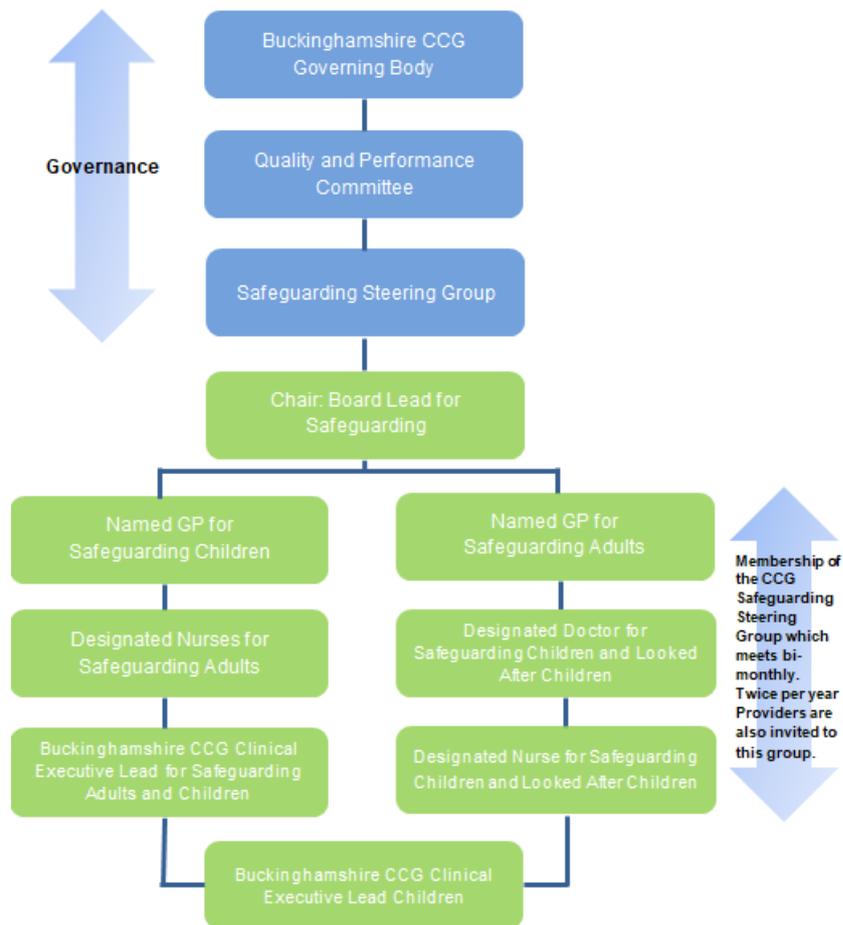
To ensure that safeguarding is integral to the governance arrangements of the CCG the SSG is a bi-monthly meeting. The SSG reports into the Quality and Performance sub-committee of the CCG Governing bodies on a quarterly basis. On a bi-annual basis this group also includes provider representation.

The purpose of the SSG is to provide assurance on the effectiveness of the safeguarding arrangements in place within commissioned services and within the CCG and will ensure that safeguarding is integral to quality and audit arrangements within the CCG.

The SSG will also ensure that the CCG is kept informed of national and local initiatives for safeguarding children and adults at risk and will oversee the implementation of learning from reviews and audits that are aimed at driving improvements to safeguard children and adults at risk.

The SSG will not replicate existing multi/single agency forums. In addition to the reporting arrangements above an annual safeguarding report will be submitted to the governing body following Quality and Performance Subcommittee approval with exception reporting on issues of significance e.g. serious case review reports, inspections' findings.

Safeguarding Steering Group Governance and Membership

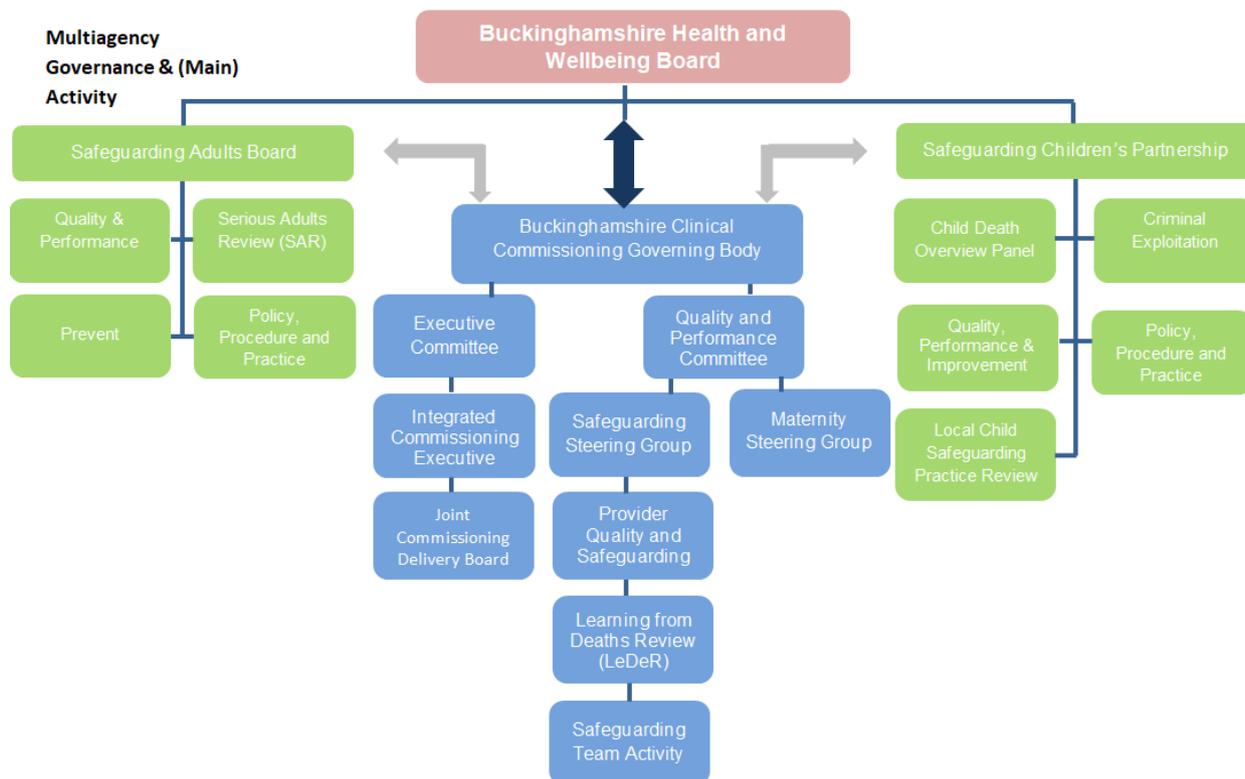


3.2 Interagency Working

As described in the Care and Support Statutory Guidance 2014 the CCG must cooperate with the local authority in the exercise of their functions relevant to care and support including those to protect adults.

The CCG has senior representation on the BSAB and on its subcommittees by relevant professionals. This arrangement ensures the availability of appropriate expertise and advice and support to the BSAB in respect of specialist health functions such as primary care and medical forensics.

Through the commissioning arrangement the CCG will ensure that all health organisations, including those in the third sector, independent healthcare sector and social enterprises with whom they have commissioning arrangements, are familiar with the BSAB and the BSCP policies and procedures.



3.3 Safeguarding Training and Development

Working Together to Safeguard Children (2018) states that health organisations are responsible for ensuring that their staff is competent to carry out their responsibilities for safeguarding and promoting the welfare of children.

Organisations must also create an environment where staff are able to raise concerns and feel supported in their safeguarding role.

All CCG staff must be able to recognise children who may be at risk of harm and able to respond appropriately to protect them and promote their welfare.

Provider services contracted by the CCG should ensure that their staff are trained appropriately and are competent to recognise and respond to potential indicators of abuse or neglect in children and adults at risk. Staff groups have different training needs depending on their degree of contact with children and young people and / or adults who are parents or carers, their level of responsibility and independence of decision making.

The minimum requirements for training for all staff are defined in the intercollegiate guidance Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2018). Guidance on levels of training can be found here and individual agencies will take responsibility in ensuring compliance.

Staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and all professionals should have regular reviews of their own practice to ensure their CPD requirements are met (Working Together 2018). Staff should receive updates or refresher training in accordance with the

intercollegiate guidance and receive written briefings of any changes in legislation and practice from named or designated professionals.

The CCG supports, promotes and participates in interagency training provided by the BSCP, BSAB and other independent providers. This is recognised as an effective training method for staff who works predominantly with children/young people and/or their parents/carers.

All commissioned services will have a tiered approach to safeguarding training and development detailed in a training strategy which reflects the training competencies in the Intercollegiate Safeguarding Children and Young People: roles and competencies for healthcare staff (2018).

All health providers will ensure that staff employed by their organisations have training recorded on a training database.

The CCG will monitor uptake and compliance of training by staff in those services commissioned by them, and monitor the effectiveness of training within its assurance tool, dashboard and quality reports. All providers will be required to report on the effectiveness of their workforce training within contracts with the CCG.

3.4 Supervision

All CCG staff are to have access to child protection support, advice and supervision through the Designated Professionals. The Designated Professionals receive regular supervision from an external supervisor funded by the CCG.

For services commissioned and contracted by the CCG, all members of staff whose work brings them into direct contact with children, families and adults at risk should have access to regular structured supervision. This must be clearly defined in the internal safeguarding procedures of that organisation.

3.5 Safer Recruitment and Allegations Management

All organisations providing services for children, or provide staff or volunteers to work with or care for children, should operate a procedure for handling allegations which is consistent with this policy document, CCG procedures and Chapter 2 of Working Together, 2018.

The CCG will ensure that recruitment and human resource management procedures in addition to commissioning processes,(including contractual arrangements), take into account the need to safeguard and promote the welfare of children and young people. Arrangements for appropriate checks on new staff and volunteers and adoption of best practice in the recruitment of new staff and volunteers must be in place.

The statutory scheme administered by the Disclosure and Barring Service (DBS) provides checks for people working with children and adults at risk of abuse and neglect. It also maintains lists of people who are barred from regulated activity involving children and adults at risk of abuse and neglect.

Procedures will be followed where it is alleged that any staff member has:

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

The CCG has procedures for dealing with allegations of abuse against members of staff or volunteers and has contractual arrangements with providers that ensure these procedures are in place.

4.0 IMPLEMENTATION

4.1 Method of Monitoring Compliance

The standards expected of the CCG and all healthcare providers are detailed in Procedure for Monitoring Safeguarding Children and Vulnerable Adults via Provider Contracts. A performance dashboard is monitored monthly, reported quarterly and an annual audit completed using the RAG definitions outlined within the contract. This procedure was developed in order to standardise the monitoring and escalation approach across Buckinghamshire.

Note: all allegations of abuse made against a worker and any Serious Untoward Incident against a child or vulnerable adult to be notified to the relevant safeguarding professional in the CCG i.e. child or adult related case for the CCG (see section 5.1 for contact details)

The effectiveness of the policy will be monitored on an annual basis.

5.0 BREACHES IN POLICY

This policy is mandatory. Where it is not possible to comply with the policy, or a decision is taken to depart from it, this must be notified to the Deputy Chief Officer for the CCG so that the level of risk can be assessed and an action plan can be formulated (see section 5.1 for contact details).

Where the CCG is a Co-ordinating commissioner, it will notify associate commissioners of a provider's non-compliance with the standards contained in this policy, including action taken where there has been a significant breach.

5.1 Contact Details

Name	Role	Telephone number
Gilly Attree	Designated Nurse Safeguarding Children and Looked After Children	07768023100
Paula Whittaker	Designated Nurse for Safeguarding Adults	07909887852
Jo Tippett	Designated Nurse for Safeguarding Adults	07824551056

For non-urgent enquiries, please contact safeguarding.bucksccg@nhs.net

6.0 APPENDICES

Appendix 1

6.1 What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child or an adult; it may be a single act or repeated acts. Someone may abuse or neglect a child or adult by inflicting harm or by failing to act to prevent harm. Children and adults may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger, for example via the internet. Children 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 or adult. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child or adult. Rough or inappropriate handling constitutes physical abuse including restraint and involuntary isolation or confinement. Physical abuse may include medical mistreatment such as withholding medication, inappropriate use of medicines or medical procedures e.g. unnecessary catheterisation.

Psychological/ Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child or adult such as to cause severe and persistent adverse effects on the child's emotional development or the adult's emotional wellbeing. 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 include not giving the child or adult opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children or threats, humiliation and bullying imposed on adults. In a child 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. In an adult it may be enforced isolation, deprivation of choice, dignity or privacy. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children or adults. Some level of emotional abuse is involved in all types of maltreatment of a child or adult, though it may occur alone.

Sexual abuse

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

abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can children or other adults at risk.

Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. A child is under the age of 13 is not legally able to consent to any sexual activity and therefore this would constitute rape under Section 5 of the Sexual Offences Act 2003.

Child Criminal Exploitation

Child exploitation can take many forms including but not limited to;

- **Grooming** is when someone gets close to a child in order to abuse them. This can happen online or face-to-face, and it can be done by strangers or someone familiar. Groomers will hide their true intentions and may spend a long time gaining the child's trust before the abuse starts.
- **Sexual exploitation** is when boys or girls are tricked or forced into performing sexual acts, possibly with multiple perpetrators of abuse. They might receive gifts, money or affection, be given alcohol or drugs, or be tricked into believing they are in a consensual relationship.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

- **Criminal exploitation** is when young people are forced to commit crimes that benefit the exploiter. They might be forced to beg, to steal, to sell pirate DVDs, or to grow or deal drugs. 'County Lines' is when gangs and drug dealers use children to transport and sell drugs across the country, using 'county line' mobile phone numbers for different regions.
- **Forced or child marriage** is when a young person is forced to marry against their will. It can be a form of modern slavery as the young person is treated as something to be traded, and then used for sex and housework.

Neglect or acts of omission

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child or adult from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or

- Ensure access to appropriate medical care or treatment.

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

Self-Neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.

Financial or material abuse

Financial or material abuse includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discriminatory abuse

Discriminatory abuse includes forms of harassment, slurs or similar treatment; because of race, gender, identity, age, disability, sexual orientation or religion.

Organisational abuse

This includes neglect, poor care practice within an institution or care setting such as a hospital or care home, or in relation to care provided in a person's home. This can range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of structure, policies, processes or practices within an organisation.

Modern Slavery

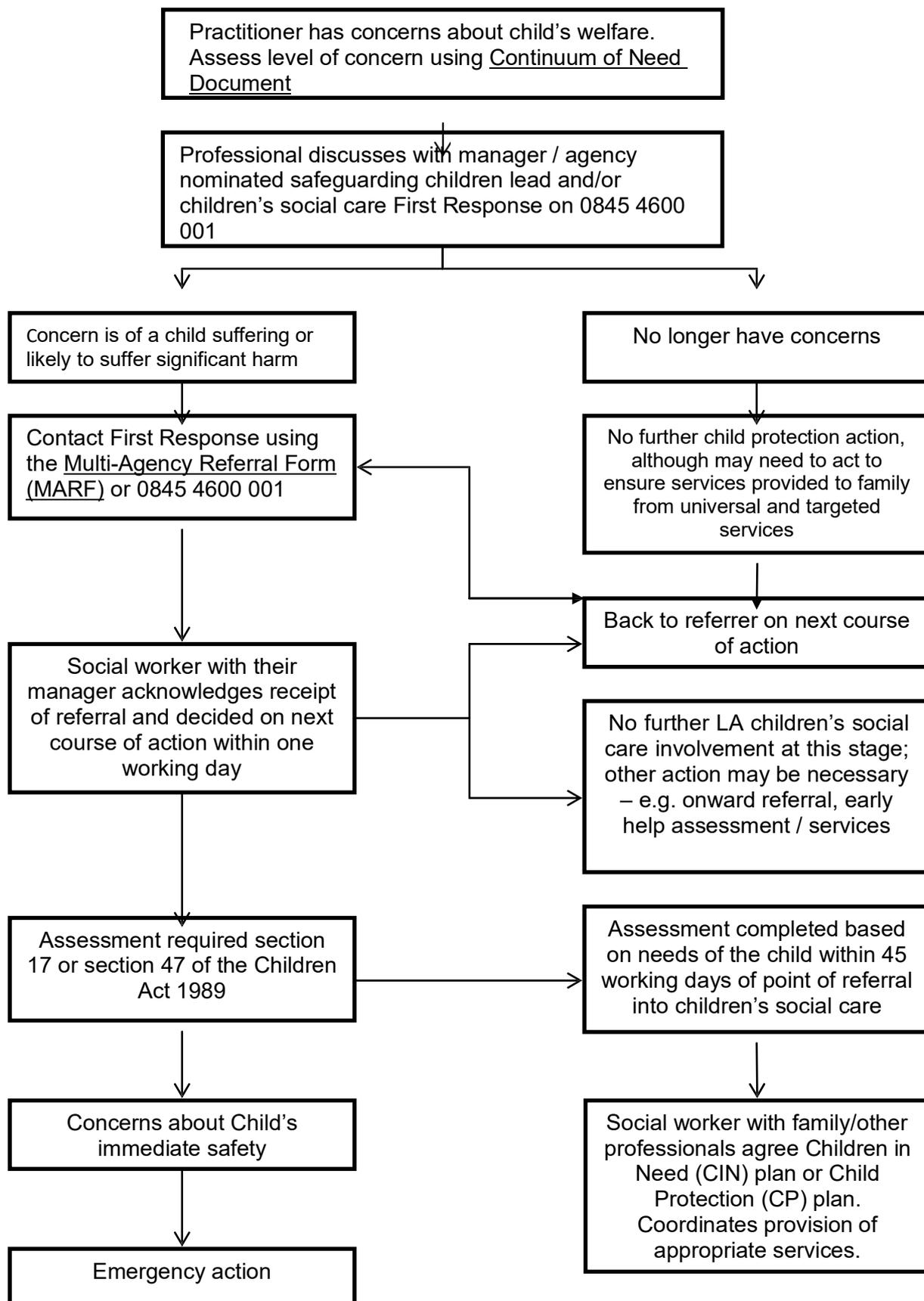
Modern slavery encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Domestic Abuse

Domestic abuse includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Appendix 2

6.2 What to do if you are concerned about a child being abused

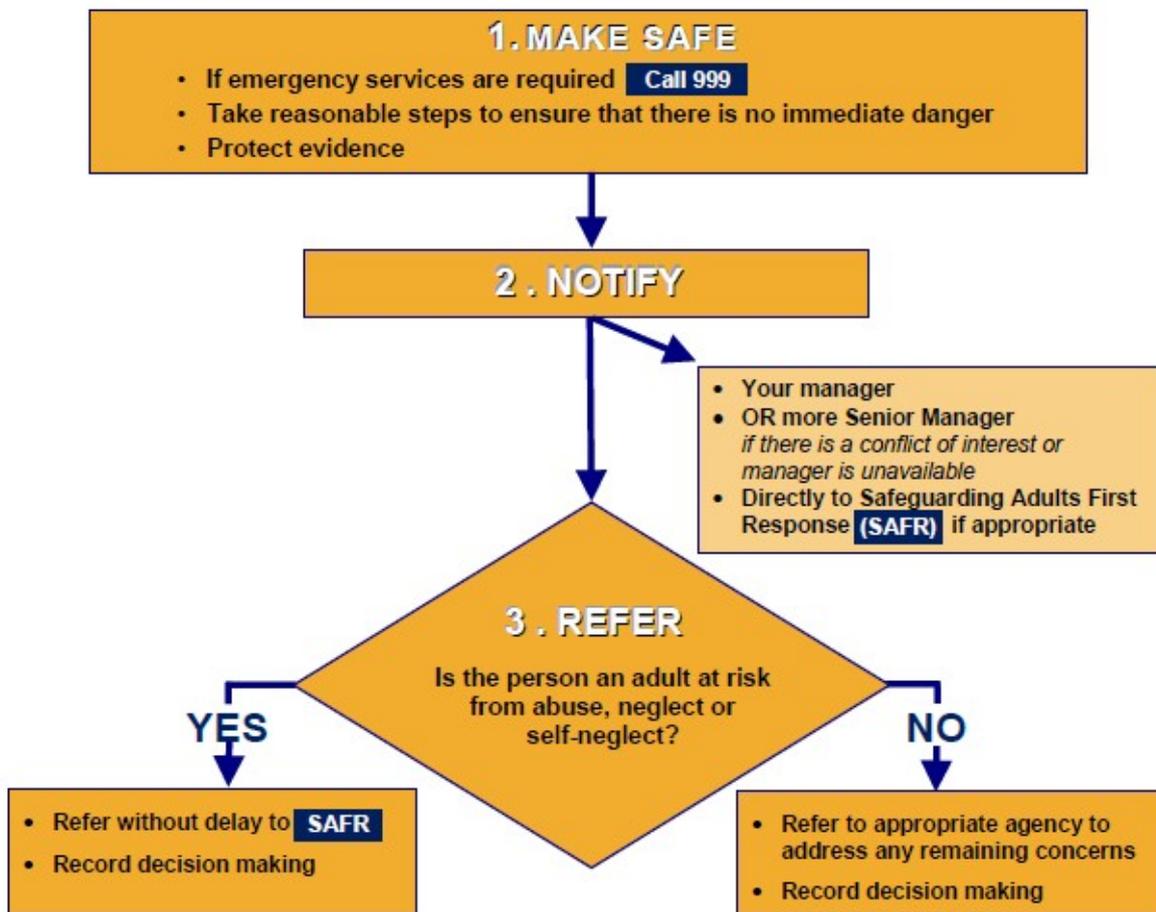


Appendix 3

6.3 How to report Safeguarding Concerns



How to Report Safeguarding Concerns 3 Step Guide



Who to contact for advice or to make a referral

Concerns about an Adult	➔ Safeguarding Adults First Response SAFR E: safeguardingadults@buckscc.gov.uk	0800 137 915
Concerns about a Child	➔ First Response E: cypfirstresponse@buckscc.gov.uk	0845 460 0001
Concerns out of hours Adult / Child	➔ Out of hours, emergency duty team	0800 999 7677
Your organisation's Safeguarding Lead	➔ Safeguarding Lead name: <input type="text"/>	Tel: <input type="text"/>
		Email: <input type="text"/>

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www.bsab.org.uk
Buckinghamshire Safeguarding Adults Board

