

Policy Title: Safeguarding Children Policy

Policy Number: SWLCCGCL03

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Approved By	SWL CCG Governing Body and SWL QPOC
Applies To	South West London CCG (SWL CCG), Governing Body Members, Committee Members and all staff working for South West London CCG

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Controlled Document

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Target Audience	South West London CCG (SWL CCG), Governing Body Members, Committee Members and all staff working for South West London CCG, or the associated Health and Care Partnership (HCP)
Brief Description	This policy outlines how SWL Clinical Commissioning Group (CCG), as a commissioning organisation, will fulfil its legal duties and statutory responsibilities within the organisation and across the health economy in South West London.

	<p>The purpose of the Policy is to ensure that robust structures, systems and quality standards are in place to ensure SW London CCG complies with statutory requirements to safeguard children and young people.</p>
<p>Action Required</p>	<p>Following ratification at the CCG Governing Body, the Accountable Officer (through the Chief Nurse and Executive Director of Quality South West London, supported by each of the Place Based Leaders/ Executive Locality Directors) will ensure that:</p> <ul style="list-style-type: none"> • the requirements of this policy will be raised at all team meetings, confirming the requirements with the Chairs of each Committee and each of the Clinical Commissioning Group Executive Directors. • The Chief of Staff South West London will establish and maintain a corporate register of all policies and their status, and will ensure that these are appropriately reflected on the website. • All members of CCG staff will ensure they are aware of their responsibilities in relation to the Policy and adhere to the requirements of the Policy as it relates to their role.

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1. Introduction

All health professionals working directly with children and young people have a clear responsibility to ensure that safeguarding and promoting children and young people's welfare is a central and integral part of the care they offer.

Health professionals, who come into in-direct contact with children, through working with parents or carers also need to be fully informed about their responsibilities to safeguard and promote the welfare of children and young people.

South West London CCG is committed to taking all reasonable steps to promote safe practice and to protect children at risk from harm, abuse and exploitation and will achieve this by ensuring that safeguarding is embedded within all its commissioning functions. It will provide support to commissioned services in the management of their safeguarding children and young people arrangements and seek assurance that they are able to fulfil their statutory responsibilities.

Clinical Commissioning Groups are one of the statutory safeguarding partners under the safeguarding arrangements to be implemented in the Children and Social Work (2017) and Working Together statutory guidance (2018). SWL CCG recognises the strength in working collaboratively to address this safeguarding in partnership with both local authorities & Local Safeguarding Children Partnerships. This guidance document sets out how SWL CCG will work with others to safeguard and promote the welfare of children at risk of harm.

This guidance must be used in conjunction with Working Together to Safeguard Children (2018) and the London Child Protection procedures (2019).

1.1 Policy Statement

The purpose of this policy is to set out the roles and responsibilities of the CCG (as a commissioning body), its employees and those providers from whom it commissions services, to comply with the statutory requirements to safeguarding children and young people.

1.2 Legal, Statutory, Mandatory, and Best Practice Requirements

There is extensive guidance, national regulations, reports and legislation that govern how services should be provided, managed and monitored including:

- The Children Act 1989 and 2004
- Working Together to Safeguard Children (DOH 2018).
- Child Death Review Statutory and Operational Guidance (England) (2018)
- Children's and Families Act 2014
- HM Government: Statutory Guidance on Promoting the Health and Well-being of Looked After Children 2015
- Department of Education: What to do if you are worried a child is being abused (2015)
- Every Child Matters – change for Children (2009)
- London Child Protection Procedures and Supplementary Procedures 2019.
- When to suspect child maltreatment NICE 2009.

- Department of Health/Department of Education: National Service Framework for children, Young People and Maternity Services: standards 5 & 11.2 (2004)
- Keeping Children Safe in Education (2014)
- Information Sharing: Advice for practitioners providing safeguarding services (DfES 2015).
- Data Protection Act 1998.
- Human Rights Act 1998.
- Intercollegiate Safeguarding Children and Young People: Roles and competencies for healthcare staff (2019)
- CQC standards
- NHS Assurance and Accountability 2013 (revised in 2015)
- Promoting the Health of Looked after Children (2015)
- Prevent –Duty Guidance (2015)
- NHS Assurance and Accountability for Safeguarding Children and Vulnerable People (2015)
- Children and Social Work Act 2017
- Female Genital Mutilation Risk and Safeguarding Guidance for Professionals (2015)
- The Female Genital Mutilation (FGM) Enhanced Dataset Information Standard (2015)
- The Serious Crime Act (2015)

1.3 Scope

This policy applies to all staff employed by the CCG, including any agency, self-employed or temporary staff.

All CCG personnel have an individual responsibility for the protection and welfare of children and must know what to do if concerned that a child is being abused or neglected.

1.4 Definitions

Definitions in relation to the following terms used within this document are taken from statutory guidance (HM Government, 2018): Safeguarding Children Policy.

Please refer to Appendix 1 for full list of definitions.

1.5 Duties and Responsibilities

Governing Body

The CCG has delegated responsibility to the Governing Body for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.

The Accountable Officer

The Accountable Officer has overall responsibility for the strategic direction and operational management, including ensuring that process documents comply with all legal, statutory and good practice guidance requirements.

The Accountable Officer for holds the ultimate responsibility for health service arrangements to safeguard and promote the welfare of children and adults. Responsibilities, enshrined in law under Section 11 and Section 13 of the Children Act 2004 to:

- Discharge their functions with regards to safeguarding and promoting welfare of children [s.11 (1)]
- Have regard to any guidance given to them for the purpose by the Secretary of State [s.11(4)]
- Engage and participate as a partner agency on the Local Safeguarding Children Board [s13]

The Chief Nurse and Executive Director of Quality

The CCG Chief Nurse and Executive Director of Quality, as Executive Lead Safeguarding Children will, with support from the Designated Nurses, ensure SWL CCG has effective staffing, systems, processes and structures in place, ensuring that there is a programme of training and mentoring to support staff within the CCG. The Chief Nurse and Executive Director of Quality is responsible for ensuring that:

- This policy is drafted, approved and disseminated.
- The necessary training required to implement this document is identified and resourced.
- Mechanisms are in place for the regular evaluation of the implementation and effectiveness of this document.
- The Accountable Officer and governing body members are made aware of any concerns relating to a commissioned service.
- The CCG has in place assurance processes to ensure compliance with Safeguarding Children legislation, guidance, policy, procedures, Codes of Practice, quality standards, and contract monitoring of providers.

Designated Professionals 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 support the Executive Lead for Safeguarding Children in the CCG role within the Safeguarding Children Partnerships and hold other key roles supporting the work of the Partnerships on subgroups and panels.

Designated professionals provide expert advice to ensure the range of services commissioned by SWL CCG take account of the need to safeguard and promote the welfare of children. This includes:

- Provision of advice on the monitoring of the safeguarding aspects of SCCG contracts.
- Provision of advice, support and clinical supervision to the named professionals in each provider organisation.
- Provision of skilled advice to the LSCP on health issues and be fully involved in the new safeguarding arrangements.
- Play an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed.
- Provide skilled professional involvement in child safeguarding processes in line with LSCP procedures.
- Review and evaluate the practice and learning from all involved health professionals and providers commissioned by SWL CCG, as part of Child Safeguarding Practice Reviews and serious incidents.
- Inform the LSCP of any relevant serious incidents where social care has not been involved.

Designated professionals will require specific safeguarding supervision

The designated professionals are also available to provide advice and support for other health professionals across the health economy.

Local Executive Leads

The CCG executive lead has delegated Executive Leadership for the Local Safeguarding Children Partnership to the Directors of Quality. This includes:

- Speak with authority for the safeguarding partnership they represent
- Take decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters
- Hold their own organisation or agency to account on how effectively they participate and implement the local arrangements (Working Together 2018)

Named GP

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

CCG Staff

All staff, including temporary and agency staff, are responsible for actively co-operating with managers in the application of this policy to enable the CCG to discharge its legal obligations.

1.6 Principles for Best Practice

The principles for best practice apply to all CCG staff

All staff should practice in a way that safeguards children against harm, promotes their welfare and strives to ensure that all have opportunities to achieve their full potential. Staff must ensure that safeguarding is embedded in all SWL CCG policies practice.

All staff should uphold the right of the child to be safeguarded from harm and exploitation whatever their unique characteristics including:

- Race, religion, first language or ethnicity;
- Gender or sexuality;
- Age;
- Health or disability;
- Location or placement;
- Criminal behaviour;
- Political or immigration status.

Information received regarding any allegations of abuse or neglect must always be taken seriously.

Working in partnership with families is important and forming facilitative and enabling relationships with carers will benefit most children at risk in the short and long term (unless doing so compromises the child or adults immediate or long term welfare). This will be limited in terms of the CCGs responsibilities and provision of services, but none the less must be considered when directly commissioning services particularly for those with long term complex needs

Managers and staff should ensure that risks in relation to safeguarding practice are reported promptly using the CCG risk register.

Collaboration and partnership working are key factors in securing successful outcomes for safeguarding and promoting the welfare of children. A multi-disciplinary and multi-agency approach to identification, planning and review should be the norm for all families and individuals where intervention is considered necessary.

2. Duties and Responsibilities

SWL CCG is the major commissioner of local health services and needs to assure itself that the organisations from which they commission have effective safeguarding arrangements.

SWL CCG is required to demonstrate that there are appropriate systems in place for discharging their responsibilities for safeguarding, including:

- Plans to train CCG staff in recognising and reporting safeguarding issues
- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements.
- Appropriate arrangements to co-operate with local authorities in the operation of local safeguarding children partnerships and the health and wellbeing board.
- Ensuring effective arrangements for information sharing.
- Securing the expertise of designated doctors and nurses for safeguarding children and looked after children and a designated paediatrician for unexpected deaths in childhood.

SWL CCG will ensure that all health providers of services they commission – including Foundation Trusts, NHS Trusts, Independent Contracts, Third Sector and Social Enterprises have comprehensive single and multi-agency safeguarding policies and procedures. These safeguarding policies and procedures must be in line with and informed by the Local Safeguarding Children Partnership (LSCP) guidelines and The London Child Protection Procedures (2019). They must be easily accessible for staff at all levels within each organisation. NHS Standard Contracts require providers to comply with the local Commissioner’s Safeguarding Policies. Where providers subcontract parts of provision SWL CCG will require assurance that the organisation is Sec11 Children Act 2004 compliant and has the required policies and structures to safeguard children.

Contract managers and commissioners will be guided by relevant guidance and policies. Commissioners are required to work collaboratively with the CCG safeguarding team to ensure that statutory requirements are fulfilled.

SWL CCGs will ensure that, safe recruitment processes are in place and meet the requirements of disclosure and barring legislation.

All staff must be able to access the London Child Protection Procedures and know where to find any associated local and national guidance. In addition, they must seek the support of a member of the CCG safeguarding team or other relevant safeguarding expert if they have any safeguarding concerns relating to a child or young person.

3. Local Safeguarding Arrangements

CCG’s along with the police and the local authority are now safeguarding partners with equal responsibilities defined under the Children Act 2004 (as amended by the Children and Social Work Act, 2017). They have equal and joint responsibility for local safeguarding children arrangements. In situations that require a clear, single point of leadership, all three Partners should decide who would take the lead on issues that arise. It places greater accountability on senior leaders for each agency: the council Chief Executive, the accountable officer of a CCG and the Chief Officer of Police.

SWL CCG are partners with six Local Children’s Safeguarding Partnerships. The Executive Lead from SWL CCG for each LSCP will be delegated by the Chief Nurse Executive Director of Quality to the Place based Director of Quality

The three safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents (Working Together 2018).

4. Addressing safeguarding children concerns relating to the safety and wellbeing of children and young people

Safeguarding children and young people is everybody’s responsibility.

The first points of reference and main procedure manuals for practitioners across the South West London health economy are: -

- HM Government Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and promote the Welfare of Children (2018)
- The London Child Protection Procedures (2019) and Associated Guidance
- Local Safeguarding Children Partnerships guidance and protocols

SWL CCG staff must make a referral to children's social care (this is the agency that is responsible for investigating children) whenever they suspect that a child or adult is suffering or likely to suffer from significant harm. Appendix 2.

Staff employed by SWL CCG and Independent Contractor Service providers are encouraged to contact their place-based CCG Safeguarding team for advice on safeguarding children if discussion is needed prior to referral to social care and/or to inform professional judgement regarding any child or adult for whom they hold concerns. It remains the responsibility of the person who has the concern to make the referral.

Professionals should discuss any concerns with the family/individual and where possible seek their agreement to make a referral to social care. However, if the professional believes this discussion would put the child/young person at increased risk of harm they should refer to social care explaining why they have not shared their concern with the parent or sought consent. Professionals who refer to social care should confirm referrals in writing on the appropriate form within 24 hours.

If the referrer has not received an acknowledgement within one working day, they should contact social care to ascertain outcome of the referral.

If the referrer remains unclear regarding the outcome of their referral or if there is a difference of opinion regarding the outcome, the referrer should contact their place-based CCG safeguarding team for further discussion. This could result in implementing the LSCP escalation policy

When considering children, thought must be given to adult issues which may impact on parenting capacity and mental capacity, for example domestic violence, parental substance misuse or parental mental ill health . Please refer to SWL CCG Mental Capacity Act Policy

Where it becomes apparent that families with children in the resident population are not registered with a GP, the professional in receipt of that information should facilitate registration as soon as possible.

5. Training

The Children Act (2004) emphasises the importance of a highly skilled and competent children's workforce. In response to this the DFES (2005) developed common core skills and knowledge for the Children's Workforce.

All permanent and locum staff directly employed by SWL CCG must access training at the appropriate level in line with Children & Young People: Roles & Competencies for Health Care Staff Intercollegiate

Document (2019) to ensure that safeguarding issues for children are identified and referred appropriately. All staff employed or contracted by SWL CCG must be competent in safeguarding at the appropriate level and able to contribute to service commissioning, planning and delivery appropriate to their role in a manner that is in the best interests of children and young people.

It is expected that Provider organisations will ensure that they have staff who are compliant with Children & Young People: Roles & Competencies for Health Care Staff Intercollegiate Document (2019).

6. Supervision

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.

Designated Doctors and Nurses should receive regular (minimum 3 monthly) safeguarding supervision / peer review and undertake reflective practice from outside the employing organisation (if there is a cost, this should be funded by the employing organisation and be provided by someone with safeguarding / child protection expertise).

Designated Doctor and Nurse Safeguarding Children will provide safeguarding supervision to CCG practitioners working directly with children.

Designated professionals will provide safeguarding supervision to the named professionals employed within commissioned services (minimum 3 monthly). To meet this requirement, the designated professionals will need to access additional training and supervision. This function is underpinned by statutory guidance (2018).

Named GP's (where employed) should receive supervision from the Designated Doctor, Safeguarding Children

The Named GP and Designated professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and national level, according to professional guidelines

7. Quality Assurance

SWL CCG must receive assurance that the organisations from which it commissions services have effective safeguarding arrangements in place.

SWL CCG safeguarding designated professionals will ensure that there are adequate monitoring arrangements in place to provide this assurance or alert the CCGs to any identified risks. The safeguarding team will work in partnership with commissioning and contract managers in order to ensure that any risks are addressed and mitigated effectively.

SWL CCG is not directly responsible for commissioning primary medical care but through delegated commissioning they have a duty to support improvements in the quality of primary medical care.

The CCG safeguarding designated professionals will support continuing development of safeguarding in primary care practice including via the role of the Named GP for safeguarding.

The named GP for safeguarding children will monitor safeguarding arrangements for children across GP practices and ensure that there are processes in place to address any gaps in services.

The CCG safeguarding designated professionals will develop processes and systems which will enable all independent contractor services to continue to identify, support and address the needs of vulnerable children and young people at risk.

The CCG must be assured that its own safeguarding arrangements are fit for purpose and compliant with statutory requirements. The safeguarding designated professionals will be responsible for monitoring these arrangements and providing reports to the CCG governing body via the established governance processes. Any significant identified risks will be escalated to the Director of Quality

8. Clinical Governance & Risk Management

Serious Incidents

Part of the monitoring process will include reviewing the numbers of serious incidents involving children. This will be highlighted in the quarterly reporting and in the annual report. Annual reporting will include trends, learning and actions taken to improve practice (SI Framework NHS England 2015). All serious incidents involving children must be reported to the Designated Nurse

Once a serious incident has been identified, it must be reported to the Director of Quality and the Accountable Officer who will monitor the progress and outcomes.

Child Safeguarding Practice Reviews

The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel (the Panel) and at local level with the safeguarding partners.

Child Safeguarding Practice Reviews (CPR's) may be commissioned under the criteria as set out in Chapter 4 of Working Together to Safeguard Children (2019).

Incidents that constitute a review include those where a child aged 0 -18 has died or has been significantly injured or impaired as a result of abuse or neglect. The abuse or neglect can be attributed to the child's family, extended family, or social network but equally applies to significant harm from organisational abuse and neglect for example caused by those who are caring for children in a professional capacity, including health professionals, teachers and care workers.

The local authority must notify any event that meets the above to the National Panel. They should do so within five working days of becoming aware that the incident has occurred.

The CCG is responsible for providing and/or ensuring the availability of appropriate expertise and advice and support to the Local Safeguarding Children Partnerships (CSCP) with respect to any aspect of health for example primary care, mental health (adult and child) sexual health – and for co-ordinating the health component of a CPR.

Following the notification of a serious incident to the National Panel the safeguarding partners should promptly undertake a rapid review of the case, in line with any guidance published by the Panel. The aim of this rapid review is to enable safeguarding partners to:

- gather the facts about the case, as far as they can be readily established at the time
- discuss whether there is any immediate action needed to ensure children's safety and share any learning appropriately
- consider the potential for identifying improvements to safeguard and promote the welfare of children
- decide what steps they should take next, including whether or not to undertake a child safeguarding practice review

This review is to be completed and submitted to the Panel with 15 working days. The Panel will review and inform the Local Safeguarding Partnership whether there is a requirement for the LSCP to undertake an Local SCPR or whether the Panel will undertake the SCPR in cases where there is likely to be national interest.

Designated Professionals for safeguarding children must be involved in, and immediately informed of any incident that triggers a review, and they will coordinate and evaluate the health services inputs into the review as laid out in Working Together to Safeguard Children (2018)

Decisions, progress and outcomes must be reported regularly to the Executive Lead for Safeguarding for the attention of the Accountable Officer. This includes:

- The progress of the Review
- Any Court activity (dates and outcome).
- Any implications for staff involved.
- Any media attention and media management plans.

The Executive Lead and Designated Nurse will be expected to liaise with the Safeguarding Lead at NHS England – London Region.

9. Child Death Reviews

It is a statutory requirement for a child death review to be carried out for all children regardless of the cause of death. (Working Together 2018).

Full guidance on the Child Death review Process is available in Child Death Review: Statutory and Operational Guidance (England, 2018). <https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england>

SWL CCG is responsible for ensuring there is a Designated Doctor for child deaths for each of the 6 Local Authority areas served by the CCG. Each area has published their processes for Child Death Reviews on their respective Local Safeguarding Children Partnership website.

SWL CCG have agreed with partner agencies (social care and police) the statutory process for Child Death Overview Panel. This panel thematically reviews all child deaths in South West London.

10. Management of allegations of abuse against staff

SWL CCG will ensure that commissioning, provider and contracted services have systems in place to manage allegations of abuse against staff.

If any member of staff is aware of an issue relating to the abuse of a child or young person by a colleague, they have a duty to report this via the agreed process. This will be a matter of utmost confidentiality and should only be reported via the appropriate route, which in the first instance for the CCG is the Chief Nurse or Place based Director of Quality, who will, with the support from Human Resources contact the local LADO team.

If any member of staff becomes aware of an issue relating to the abuse of a child or by a service provider, they must discuss with the designated nurse safeguarding children who will seek the guidance of the local authority designated officer (LADO) for children

Staff can discuss their concerns with a member of the safeguarding team but this must be anonymous in the first instance in order to maintain confidentiality.

11. External Inspections

SWL serves six Local Authorities, which are subject to external inspections. These include:

Joint Area Targeted Inspections: (JTAI) these are inspections of services for vulnerable children and young people (JTAI) which include the following inspectorates:

- Ofsted,
- Care Quality Commission (CQC),
- Her Majesty's Inspectorate of Constabulary (HMIC)
- Her Majesty's Inspectorate of Probation (HMIP)

JTAI inspections are thematic, reviewing specific areas of safeguarding. Each theme is set for 6-12 months.

Care Quality Commission Children Looked After Safeguarding Inspections (CQC CLAS): look at the quality and effectiveness of the arrangements that health care services have made to ensure children are safeguarded and how health services promote the health and wellbeing of looked after children and care leavers.

The designated safeguarding professionals are responsible for working with health providers and partner agencies to ensure they are prepared for short notice inspections.

During either inspection it is expected that designated professionals will support the health economy and provide cross cover support.

12. Review

This policy has been reviewed in accordance with SWL CCGs' governance. This policy will be reviewed in accordance with the timescale specified at the time of approval.

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

For ease of reference for reviewers or approval bodies, changes should be noted in the *Document Review Control Information* table on the front page of this document.

The policy will be reviewed annually and in accordance with:

- legislative changes,
- best practice guidance,
- significant incidents reported;
- new vulnerabilities;
- changes to organisational structure; and
- the introduction of new systems and processes.

13. Internal References

- Safeguarding Adults Policy
- Child Death Review Policy

14. Monitoring

To ensure the CCGs' compliance with this policy, the children safeguarding team will ensure:

- CCG safeguarding training compliance is above 95%
- Provide an annual safeguarding report

If you have any suggestions for the improvement of this Policy, please contact the Chief Nurse and Executive Director of Quality with your suggestions, for consideration.

15. Equality Impact Assessment

An Equality Impact Assessment must be carried out as part of the development of each Policy. Please check the draft Assessment at Appendix 1 and amend it accordingly. All public authorities have a

legal responsibility to assess their activities, and to set out how they will monitor any possible negative impact upon equality in terms of the protected characteristics of age, disability, gender, gender identity, marriage or civil partnership, pregnancy and maternity or paternity, race, religion or belief, and sexual orientation. If a negative impact is identified you will need to take action to reduce that impact.

An Equality Impact Assessment has been completed for this Policy (Appendix 1), and no negative impact upon persons with protected characteristics has been identified.

16. Change History

Policy Number	Effective Date	Significant Changes
?.1	??/??/2???	
?.2		
?.3		

Appendix 1 Definitions

Definitions in relation to the following terms used within this document are taken from statutory guidance (HM Government, 2018): Safeguarding Children Policy

Child/Young person

A “child” or “young person” is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education does not change their entitlement to services or protection under the Children Act 1989. Where ‘child’ or ‘children’ is used in this document, this refers to children and young people.

Safeguarding and promoting the welfare of children

This is the process of:

- protecting children from maltreatment
- preventing impairment of their health or development.
- ensuring children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

Child Protection

This is one element of safeguarding children practice and promoting children’s welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Physical abuse

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

Emotional abuse

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

Sexual abuse

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

Child sexual exploitation

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

Neglect

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

abandonment) b. protect a child from physical and emotional harm or danger c. ensure adequate supervision (including the use of inadequate caregivers) d. ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Extremism

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

Safeguarding partners

A safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 as: (a) the local authority, (b) a clinical commissioning group for an area any part of which falls within the local authority area, and (c) the chief officer of police for an area any part of which falls within the local authority area. The three safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. To fulfil this role, the three safeguarding partners must set out how they will work together and with any relevant agencies as well as arrangements for conducting local reviews.

Child death review partners

A child death review partner in relation to a local authority area in England is defined under the Children Act 2004 as (a) the local authority, and (b) any clinical commissioning group for an area any part of which falls within the local authority area. The two partners must make arrangements for the review of each death of a child normally resident in the area and may also, if they consider it appropriate, make arrangements for the review of a death in their area of a child not normally resident there. They must also make arrangements for the analysis of information about deaths reviewed under this section. The purposes of a review or analysis are (a) to identify any matters relating to the death or deaths that are relevant to the welfare of children in the area or to public health and safety, and (b) to consider whether it would be appropriate for anyone to take action in relation to any matters identified.

Child criminal exploitation

As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Appendix 2 Local Authority Safeguarding Referral contact referral details:

Croydon	
Telephone	0208 255 2888
Practitioner advice line	0208 726 6464
Out of Hours	0208 726 6400
Online referral	https://my.croydon.gov.uk/MashReferrals?qWname=New&qServiceRef=ChildReferral
Kingston and Richmond	
Telephone	020 8547 5008
Out of Hours	020 8770 5000
Online referral	https://www.richmond.gov.uk/services/children_and_family_care/single_point_of_access/single_point_of_access_for_professionals/make_a_referral_to_spa
Merton	
Telephone	020 8545 4226 or 020 8545 4227
Out of Hours	020 8770 5000
Online referral	http://www.merton.gov.uk/health-social-care/children-family-health-social-care/safeguardingchildren/multi-agency-safeguarding-hub.htm
Sutton	
Telephone	020 8770 6001
Out of Hours	020 8770 5000
Online referral	https://docs.google.com/forms/d/e/1FAIpQLSePLWJRikTC_D3AmrZGi6bC_gQZ00L7KYgZcS5wckrFm4ok8bg/viewform
Wandsworth	
Telephone	020 8871 6622
Out of Hours	020 8871 6000
Online referral	https://www.wandsworth.gov.uk/health-and-social-care/children-and-families/report-a-concern-about-a-child/

Appendix 3 Equality Impact Assessment

	Mandatory Questions	Yes/No/NA	Comments
1.	Does the Policy affect any group less or more favourably than another on the basis of:		
	Age?	No	
	Disability?	No	
	Gender?	No	
	Gender identity?	No	
	Marriage or civil partnership?	No	
	Pregnancy and maternity or paternity?	No	
	Race?	No	
	Religion or belief?	No	
	Sexual orientation?	No	
2.	Is there any evidence that any groups are affected differently by the Policy and if so, what is the evidence?	No	
3.	Is any impact of the Policy likely to be negative?	No	
4.	If any impact of the Policy is likely to be negative, can the impact be avoided and if so, how?	NA	
5.	If a negative impact can't be avoided, what, if any, are the reasons the Policy should continue in its current form?	NA	
6.	Where relevant, does the Policy support the FREDA principles: Fairness, Respect, Equality, Dignity and Autonomy?	Yes	

If you have identified a potential discriminatory impact of this Policy, please contact the Chief of Staff.