

CLIN06

Safeguarding Adults and Children Policy

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Approved by	Quality and Performance Board
Name of originator/ author	Amanda Boodhoo Surrey Wide CCG Associate Director Safeguarding / Designated Nurse Safeguarding Children
Owner (director)	Clare Stone, Director for Multi Professional Leadership Surrey Heartlands CCGs
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Version control sheet

Version	Date	Author	Status	Comments / changes since last version
1.0	03/01/2017	Amanda Boodhoo	Approved	
2.0	25/10/2017	Amanda Boodhoo	Approved	<ul style="list-style-type: none"> • Point 5 - NHSE role and responsibility removed • Points 5.1, 5.2, 5.3 updates to reflect Surrey Heartlands governance structure • Point 5.6 – Surrey wide CCG team roles and responsibilities updated • Point 5.7 - Examples of work with providers to support the safeguarding of adults at risk and children is in Appendix 3 • Point 7 Local and National Safeguarding Issues moved to App 8 • Point 7.5 Link to Multiagency Statutory Guidance for the conduct of DHR's • Point 7.7 Link to G&W Intranet page on Statutory and Mandatory Training • Point 8.8 E-Safety removed • Point 8.8 Engagement with SSAB & SSAB removed and included in Point 5.3 • Points 8.9, 8.10, 8.11, 8.12 removed • Appendix 2 Safeguarding Team Contact Details updated • Links to local, national and statutory guidance, SSCB and SSAB policies and procedures updated
3.0	01/11/2018	Amanda Boodhoo		<p>Updated:</p> <ul style="list-style-type: none"> • key legislation and guidance, including new adults intercollegiate document • Amended managing allegations to include new term of 'people in positions of trust' • Contact details updated

Version	Date	Author	Status	Comments / changes since last version
				<ul style="list-style-type: none"> • Under Roles & responsibilities (children) Included paragraph from Working together regarding new arrangement for 'safeguarding partners' • Included section on child death review • Amended - Surrey Heartlands as the host and explanation added regarding arrangement
4.0	01.11.19	Noreen Gurner-Smith		<p>Updated:</p> <ul style="list-style-type: none"> • Key legislation and guidance including Mental Capacity (amendment) Act and SAAF • Under Procedure: CPSA (Children's single point of access) added • Child safeguarding Practice Reviews included • Contact details of Countywide team updated • CSPA included and contact details • Updated Appendix 9 to include Family resilience/ Think family, Contextual safeguarding and Child criminal exploitation, Honour based violence Forced marriage and Internet/Social media and Online Safety
5.0	31.03.2020	Noreen Gurner-Smith		<p>Updated</p> <ul style="list-style-type: none"> • NHS Surrey Heartlands CCG added • Speech, language and communication needs included in equality analysis • Voice of child/voice of adults added to annual report components • Trauma informed clinical Supervision offer for Chief Nurses added • Trauma informed care
6.0	9.2.21	Linda Cunningham		2.4, 7.19.2, 7.20.2 Looked after children: Knowledge, skills and

Version	Date	Author	Status	Comments / changes since last version
		/ Rachael Redwood / Helen Milton / Noreen Gurner-Smith		competences of health care staff Intercollegiate Role Framework (March 2020) 2.5 (and bibliography) added reference to the Crime and Disorder Act 1998 and to the Homelessness Reduction Act 2017 5.5.2, 5.6.1, 5.7, 5.7.1, 5.8.1,8.2.1 Director for Multi professional Leadership 7.4.3 7.4.3 Table 3 - CCG Safeguarding children and adult reporting schedule 7.8.1 Annual provider safeguarding reports to be shared with the Associate Director for Safeguarding 7.16.1 Reports/chronologies for rapid review process and SSCP Case Review Panel 8.2.1 Surrey Heartlands Quality and Performance Board 11. Appendix 2 Contact Details updated 18. Appendix 9: Local and National Safeguarding Issues for Children and Adults
6.0	06/05/2021	Quality and Performance Board	Final	Approved

Equality statement

Surrey Heartlands Clinical Commissioning Group (CCG) is committed to promoting equality and diversity in all its activities and to promoting inclusive processes, practices and culture.

- We will strive to work to eliminate any unlawful or unfair discrimination including direct or indirect discrimination, discrimination by association, discrimination linked to a perceived characteristic, harassment and victimisation.
- We will remain proactive in taking steps to ensure inclusion and engagement for all the people who work for and with us.
- We will continue to strive towards a culture that is diverse and inclusive that recognises and develops the potential of all staff and service users.
- We recognise the business benefits and opportunities of having a diverse community of staff who value one another and realising the contribution they can make to achieving the CCG's vision.

This includes promoting equality and diversity for all irrespective of:

- age*
- disability*
- ethnic group*
- gender*
- gender reassignment*
- religion or belief*
- sexual orientation*
- marriage and civil partnership*
- pregnancy and maternity*

*Under the Equality Act (2010) these are known as “protected characteristics”.

In addition, it includes promoting equality and diversity for carers, people with diverse communication needs and veterans.

The CCG aims to meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We take into account the Human Rights Act 1998 and promote equal opportunities for all. We embrace the seven staff pledges in the NHS Constitution that represent a commitment by the NHS to provide high-quality working environments for staff. This policy is consistent with these pledges.

This document has been assessed to ensure that no employee or member of the public receives less favourable treatment based on their protected characteristics.

Members of staff, volunteers or members of the public are invited to request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Equality analysis

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups

Title of Policy: Safeguarding Adults and Children Policy	Policy Ref: CLIN06
Assessment conducted by (name, role): Amanda Boodhoo, Surrey wide Associate Director for Safeguarding	Start date for analysis: Finish date: 09.02.21
Give a brief summary of the policy. Explain its aim. All staff in the CCG. The aim is to ensure that the CCG upholds all elements of safeguarding adults, children and young people legislation and ensure staff are aware of their responsibilities to safeguard and promote the welfare of adults, children and young people	
Who is intended to <u>benefit from</u> this policy? Explain the aim of the policy as applied to this group. All CCG staff. Adults, children and young people residing in Surrey Heartlands CCG areas	
1. Evidence considered. <i>What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented?</i> Legislation, national and local guidance. Lessons from local and national Child Safeguarding Practice Reviews, Safeguarding Adults Reviews and DHR's.	
2. Consultation. <i>Give details of all consultation and engagement activities used to inform the analysis of impact.</i> No	
3. Analysis of impact <i>In the boxes below, identify any issues in the policy where equality characteristics require consideration for either those abiding by the policy or those the policy is aimed to benefit, based upon your research.</i> <i>Are there any likely impacts for this group? Will this group be impacted differently by this policy? Are these impacts negative or positive? What actions will be taken to mitigate identified impacts?</i>	

<p>a) Age</p> <p>Ageism is prejudice or discrimination on the grounds of a person's age. Ageism can affect anybody, regardless of their age</p>	<p>No adverse impact. Older people, children and young people can be at greater risk of abuse and harm. To mitigate this, the CCG works closely with commissioned providers, primary care and local authorities to ensure risks have been highlighted and mitigated.</p> <p>Under the collaborative hosting arrangements for safeguarding, NHS Surrey Heartlands CCG has an integrated approach to safeguarding to ensure that adult, children, young people and those entering transition into adulthood are able to access appropriate support</p>
<p>b) Disability</p> <p>A person has a disability (by law) if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.</p>	<p>No adverse impact. Adults, children and young people with sensory disability or speech, language and communication needs will require support to be able to access information in different ways e.g. via Braille, audio text, makaton, large font, black on yellow background etc. The CCG undertakes to provide this policy in the format required on request. The policy ensures that adults, children and young people at risk and those with disabilities are safeguarded</p>
<p>c) Gender reassignment</p> <p>Gender reassignment is a personal, social, and sometimes medical process by which a person's gender appears to others to have changed. Anyone who proposes to, starts or has completed a process to change his, her or their gender is protected from discrimination under the Equality Act. A person does not need to be undergoing medical supervision to be protected.</p>	<p>No adverse impact. Policy ensures that all vulnerable people are safeguarded against gender/ hate crimes</p>
<p>d) Marriage or civil partnership</p> <p>This is the relationship between two people who are husband and wife, or a similar relationship between people of the same sex (as defined</p>	<p>No adverse impact. Policy ensures adults, children and young people at risk are safeguarded against religious abuse and hate crimes/incidents and risk of radicalisation. Cultural blindness is the incapacity to comprehend how specific situations may be</p>

<p>by Marriage (Same Sex Couples) Act 2013).</p> <p>Civil partners must be treated the same as married couples on a wide range of legal matters.</p>	<p>seen by individuals belonging to another culture. Subsequently there is a risk that the behaviour of those adults, children and young people at risk, might become normalised. These risks have been mitigated and are highlighted within this policy and safeguarding adults and children training.</p>
<p>e) Pregnancy and maternity (adoption is covered within this)</p> <p>Pregnancy - being pregnant or expecting a baby. Maternity is the period after the birth or adoption and is linked to maternity and adoption leave in the employment context.</p>	<p>No adverse impact. Policy ensures all staff are aware of the need to safeguard all adults, children and young people at risk of harm and abuse.</p>
<p>f) Race</p> <p>Race characteristics refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.</p>	<p>No adverse impact. It is recognised that transgender adults and young people can experience barriers to services. It is important that this equality group feel able to raise safeguarding concerns and to ensure such situations are resolved. The policy ensures that concerns are dealt with confidentially and securely. Safeguarding training addresses the different forms of abuse and provides resources on how these should be reported.</p>
<p>g) Religion and belief</p> <p>Religion refers to any religion while belief comprises religious and philosophical beliefs including lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.</p>	<p>No adverse impact. Policy ensures that all staff are aware of the need to safeguard all adults, children and young people against hate crimes/incidents.</p>
<p>h) Sex</p> <p>This is defined as a person's legal sex; in the UK this is recognised as either being a man or a woman. Sex is more commonly referred to as gender identity, which is the internal sense of being male, female, a</p>	<p>No adverse impact. Policy ensures that all staff are aware of the need to safeguard adults, children and young people against hate crimes/ incidents. The same applies to fathers taking paternity leave.</p>

<p>combination of male and female, or neither male or female.</p>	
<p>i) Sexual orientation</p> <p>Refers to a persons' orientation or attraction towards; the same sex, opposite sex or to both sexes.</p>	<p>No adverse impact predicted from this policy. The Policy aims to ensure that all staff are aware of the need to safeguard all adults, children and young people against hate crimes/incidents.</p>
<p>j) Carers</p> <p>A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.</p>	
<p>If any negative or positive impacts were identified are they valid, legal and/or justifiable? Please detail.</p> <p>N/A</p>	
<p>4. Monitoring- <i>How will you review/monitor the impact and effectiveness of your actions?</i></p> <p>There is a Safeguarding Adults and Children standing item at Surrey Heartlands Integrated Care System Quality and Performance Board meeting that provides regular assurances to the Governing Body demonstrating how the CCG is discharging its safeguarding responsibilities. There is no formal process in place that monitors the impact on protected groups. The safeguarding dashboard is reported on within the Annual and the 6 month Interim Board Report.</p>	

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1. Introduction and Policy Objective

- 1.1 Safeguarding is central to the quality of care (NHS Outcomes Framework 2016/17) 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.
- 1.2 Safeguarding is firmly embedded within the wider duties of all organisations across the health system but there is a distinction between providers' responsibilities to provide safe, high quality care and support, and commissioners' responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned.
- 1.3 This policy represents the safeguarding responsibilities for Surrey Heartlands CCG to ensure effective discharge of their duty to improve the health of the whole population which includes safeguarding and promoting the welfare of adults and children at risk.
- 1.4 All adults and children have the right to live lives free from abuse and neglect. The CCG has particular responsibilities to safeguard the local population who may be unable to protect themselves from abuse or neglect.
- 1.5 From 1st April 2020, NHS Surrey Heartlands CCG is the host CCG for safeguarding children and adults including looked after children and child death review arrangements on behalf of the Surrey CCG collaborative. They work closely with other CCGs in Surrey to ensure that all commissioned services deliver high quality, safe effective care and that all organisations commissioned or contracted to provide services will in the discharge of their functions, have regard to the duty to safeguard and promote the welfare of adults and children at risk.
- 1.6 Safeguarding is everyone's responsibility. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the wellbeing, views, wishes and beliefs of adults and children is promoted within safeguarding arrangements.

2. Legislative Framework / Core Standards

2.1 The corporate responsibilities for Safeguarding Children are explicit and are predominantly informed by legislation and national directives. The CCG is required to fulfil its legal duties under the Children Act 1989, Section 11 of the Children Act 2004 as amended by the Children and Social Work Act 2017 and The Care Act 2014.

2.2 The following key guidance and legislation informs how the CCG will discharge its functions and duties to safeguard and promote the welfare of adults and children and young people and should be read in conjunction with Surrey Safeguarding Children Partnership Procedures Manual (SSCP) and Surrey Safeguarding Adults Board Procedures Manual (SSAB)

2.3 This policy sets out arrangements for safeguarding and promoting the welfare of our population. It should be read in conjunction with the following:

2.4 Children and Young People

- Children Act (1989)
- Children Act (2004)
- Children and Social Work Act (2017)
- Care Act (2014)
- Working Together to Safeguard Children (2018)
- Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework NHS (2019)
- Promoting the Health and Well-being of Looked After Children - statutory guidance (2015)
- Safeguarding children and young people: roles and competencies for health care staff, Intercollegiate document (2019)
- Looked after children: Roles and competencies of health care staff Intercollegiate document (December 2020)
- Surrey Safeguarding Children Partnership Procedures
- Children and Families Act (2014)
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)
- General Data Protection Regulation (GDPR) & Data Protection Act (2018)

2.5 Adults

- Care Act 2014.

- Care and Support Statutory Guidance (Chapter 14 – Safeguarding)
- Crime and Disorder Act 1998
- Homelessness Reduction Act 2017
- Mental Capacity Act (MCA) (2005)
- Mental Capacity (Amendment) Act (2019)
- Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework NHS (2019)
- Safeguarding adults: roles and competences for health care staff, Intercollegiate Document (2018).
- Deprivation of Liberty Safeguards (2009)
- Surrey Safeguarding Adults Board Procedures

[Links are provided in Bibliography](#)

2.6 Principles

2.6.1 Effective safeguarding arrangements in every local area should be underpinned by the following key principles:

2.6.2 Children and Young People

- **A co-ordinated approach - Safeguarding is everyone’s responsibility:** for services to be effective each professional and organisation should play their full part.
- **A child-centred approach to safeguarding:** Everyone should follow the principles of the Children Acts 1989 and 2004 as amended by the Children and Social Work Act 2017 - that state - *The child’s welfare and needs are paramount – A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.* (Working Together to Safeguard Children, HM Government 2018)

2.6.3 Adults

- The Government has issued a policy statement on adult safeguarding which sets out six principles for safeguarding adults for use by statutory bodies, including health and other agencies for both developing and assessing the effectiveness of their local safeguarding arrangements. The principles represent best practice and provide a foundation for achieving good outcomes:
 - Empowerment - presumption of person led decisions and consent.
 - Protection - support and representation for those in greatest need.

- Prevention of harm or abuse.
- Proportionality and least intrusive response appropriate to the risk presented.
- Partnerships - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability and transparency in delivering safeguarding.
- The CCG will embrace the six principles of safeguarding as a thread of good practice running through all activities when discharging its duties at all levels of the organisation.

3. Scope

- 3.1 This policy aims to ensure that no act or omission by the CCG as a commissioning organisation, or via the services it commissions, puts a service user at risk; and that the robust systems are in place to safeguard and promote the welfare of children and to protect adults at risk of harm and sets out a framework to underpin monitoring of safeguarding arrangements across the health economy.
- 3.2 This Policy is applicable to all staff employed by the CCG (permanent and temporary) working in any location who may come into contact directly or indirectly with children and pregnant women and those working in settings whose main client / patient is an adult. The key principles are also applicable to all services commissioned by the CCG.
- 3.3 Where a 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 has compromised the safety and welfare of a child / vulnerable adult resident within the population.

4. Definitions

- 4.1 The definition of safeguarding is necessarily broad as there is a wide range of risks of abuse or neglect that can result in harm to children and adults, details can be found in **Appendix 1**.
- 4.2 **Children and Young People**
- 4.2.1 For the purpose of this Policy a child (including the unborn) is defined as anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout.

Safeguarding and promoting the welfare of children is defined 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 outcomes

4.3 **Adults**

4.3.1 For the purpose of this Policy an 'adult' is defined as a person who is aged 18 or over

4.3.2 Adult Safeguarding is about protecting a person's right to live in safety, free from abuse and neglect. It is the promotion of the welfare of individuals and refers to the activity that is undertaken to protect specific adults who are at risk of harm or abuse as described in the Care Act 2014, which came into effect in April 2015 and which may affect an individual at different times during their lives.

4.3.3 An adult at risk (previously referred to as a vulnerable adult), is defined as an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs); and
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect" (Care Act 2014)

4.3.4 An adult at risk may be a person who:

- is frail due to age, ill health, physical disability or cognitive impairment, or a combination of these
- has a learning disability
- has a physical disability, a sensory impairment and/or speech, language and communication needs
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol

4.3.5 Neglect and abuse may occur within individuals' homes and communities. Neglect and abuse may also occur through care provided by regulated health and social care services.

5. Roles and Responsibilities

- 5.1 NHS Surrey Heartlands CCG as a commissioner of local health services needs to assure itself that the organisations from which it commissions have effective safeguarding arrangements in place and do so in accordance with 'Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework 2019 which clearly sets out the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and can be accessed at:
<https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>
- 5.2 Fundamentally the role of the CCG is to work with others to ensure that services are in place to respond to children and adults at risk or who have been harmed, and delivering improved outcomes and life chances for the most vulnerable. The CCG must demonstrate appropriate systems are in place for discharging statutory duties in terms of safeguarding. These include:
- 5.3 **Children:**
- 5.3.1 Clinical commissioning groups are one of the statutory safeguarding partners and the major commissioners of local health services. They are responsible for the provision of effective clinical, professional and strategic leadership to child safeguarding, including the quality assurance of safeguarding through their contractual arrangements with all provider organisations and agencies, including from independent providers. All staff and managers should be aware of those responsibilities as outlined in *Working Together to Safeguard Children* (HM Government 2018):
- 5.3.2 Under the Children Act 2004, as amended by the Children and Social Work Act 2017, Clinical commissioning groups are one of the two child death review partners (local authorities and clinical commissioning groups) and must set up child death review arrangements to review all deaths of children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area.
- 5.3.3 The CCG has a duty under **Section 11 of the Children Act 2004** to ensure the following:
- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
 - a senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's/agency's safeguarding arrangements

- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis' Freedom to Speak Up Review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed
- clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies
- arrangements which set out clearly the processes for sharing information, with other practitioners and with safeguarding partners
- A designated professional lead for safeguarding. Designated professional roles should always be explicitly defined in job descriptions and they should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively
- safe recruitment practices and ongoing safe working practices for individuals whom the organisation or agency permit to work regularly with children, including policies on when to obtain a criminal record check
- appropriate supervision and support for staff, including undertaking safeguarding training
- creating a culture of safety, equality and protection within the services they provide

5.3.4 In addition:

- Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- Staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures, which are followed if anyone has any concerns about a child's safety or welfare, and
- All professionals should have regular reviews of their practice to ensure they improve over time
- Develop clear policies for dealing with allegations against people who work with children in line with the requirement of the local safeguarding children partnership and statutory guidance
- A bi-annual audit of the health economy's safeguarding arrangements and Section 11 responsibilities is undertaken by Surrey Safeguarding Children Partnership.

5.4 **Adults:**

5.4.1 Under the **Care Act 2014**, the lead for adult safeguarding is the Local Authority, with a multi-agency approach, whereby health services are required to investigate and act to prevent harm.

5.4.2 The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. People have complex lives and being safe is only one of the things they want for themselves.

5.4.3 The CCG is also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding

5.5 **The Governing Body and Committees**

5.5.1 The Accountable Officer of the CCG is the person with responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of adults at risk and children and young people is discharged effectively across the local health economy through the CCG's commissioning arrangements.

5.5.2 Within the CCG this role is supported through the Director for Multi Professional Leadership, the Safeguarding Associate Director and Designated professionals. The CCG Board will regularly receive information relating to:

- Safeguarding performance of commissioned services
- Child Safeguarding Practice Reviews, Safeguarding Adults Reviews and Domestic Homicide Reviews from the Surrey Safeguarding Children Partnership and the Surrey Safeguarding Adult Board
- Local and national safeguarding issues
- Reports and papers regarding any specific issues requiring Board approval or decision.

5.6 **Directors and Managers**

5.6.1 The Accountable Officer has overall responsibility to ensure that the CCG must comply with all legal, statutory and good practice guidance requirements in relation to Safeguarding Adults and Children. The Accountable Officer delegates operational responsibility for Safeguarding Adults and Children to the CCG Director for Multi Professional Leadership

5.7 **Director for Multi Professional Leadership**

5.7.1 The Director for Multi Professional Leadership takes strategic leadership for safeguarding arrangements. As the Executive Lead for safeguarding, the Director for Multi Professional Leadership will provide line management for the Associate

Director of Safeguarding who will liaise with other senior members of the CCG and service providers as required. The Executive Lead for safeguarding adults and children meets regularly with the Associate Director for Safeguarding to review child and adult safeguarding.

5.7.2 The Executive Lead for safeguarding, via the Associate Director for Safeguarding ensures Surrey CCGs are represented at the Executive and Full Board of the Surrey Safeguarding Children Partnership and the Surrey Safeguarding Adults Board to ensure the designated professional expertise is effectively linked into the safeguarding arrangements.

5.8 **All Deputy Directors and Heads of Departments**

5.8.1 The Deputy/Associate Directors and Heads of Department of the CCG within their service areas/teams are responsible for ensuring that all staff act in accordance with the CCG's Safeguarding Policy, the Surrey Safeguarding Adults Board and Surrey Safeguarding Children Partnership Procedures and Guidance. Deputy/Associate Directors and Heads of Department should advise the Director for Multi Professional Leadership as Executive Lead on any risk issues in relation to safeguarding adults and children.

5.9 **All Staff and GP Member Practices**

5.9.1 All CCG staff, whether clinical or non-clinical have the responsibility to ensure they adhere to the Surrey Safeguarding Adults Board and Surrey Safeguarding Children Partnership Procedures and any policies and guidance laid down to ensure compliance. The CCG is required to ensure that they clearly identify the standards expected from their staff members with regard to ensuring the safety and welfare of adults, children and young people is promoted. Staff members employed or contracted who do **not** directly deliver services to individuals, in circumstances where they identify a concern around the safety and welfare of an adult, child or young person, are expected to ensure that they act in accordance with the SSAB and SSCP Procedures, statutory and national guidance.

5.9.2 All managers are to ensure their staff are aware of, and adhere to, the Safeguarding Policy. They are also responsible for ensuring that all staff are updated with regards to any changes in the Safeguarding Policy.

5.9.3 All employees of the CCG, partner practices and contracted support services e.g. CSU, must be mindful of their responsibility to safeguard adults, children and young people.

5.9.4 GP practices must have a lead for safeguarding children and a lead for safeguarding adults who must work closely with the CCG Named and Designated GPs and Safeguarding Designated Professionals to address quality issues in relation to safeguarding children, young people and adults at risk. GP practices

must maintain an up to date list of staff training in relation to safeguarding. GPs must ensure that they contribute effectively to safeguarding adults at risk, children and young people in need of support or protection, including provision of reports for child protection conferences.

5.10 **Surrey Wide CCG Safeguarding Team**

5.10.1 **Designated and Named Nurses and Doctors** are in post as required by legislation and statutory guidance to offer professional safeguarding expertise and advice across the health economy including the following:

- Provide advice to ensure the range of services commissioned by the CCG takes account of the need to safeguard and promote the welfare of children, young people and adults at risk.
- Provide advice on the monitoring of the safeguarding aspects of CCG contracts.
- Provide advice, support and trauma informed safeguarding supervision to the named and lead professionals in each provider organisation.
- Provide skilled advice to the SSCP and SSAB on health issues.
- Play an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis, to ensure the training needs to health staff are addressed.
- Provide skilled professional involvement in child and adult safeguarding processes in line with SSCP and SSAB procedures.
- Review and evaluate the practice and learning from all involved health professionals and providers commissioned by the CCG, as part of Child Safeguarding Practice Reviews, DHRs, SARs and serious incidents.
- Inform the SSCP and SSAB of any relevant serious incidents where social care has not been involved.
- Designated professionals will require specific safeguarding supervision.

5.11 **Designated Professionals Contact Details (Appendix 2)**

5.12 **Designated Professionals for Children Looked After**

5.12.1 The Designated Doctor and Nurses for Children Looked After provide a strategic lead in the health aspects of children in care.

5.13 **Designated Paediatrician for Child Death Reviews**

5.13.1 The Designated doctor for child death reviews works as a member of the Child Death Review Team who are responsible for the child death review process.

5.14 **Designated GP Safeguarding Adults and children and Named GP Safeguarding Children**

5.14.1 The Designated and Named GP work closely with the CCG to ensure through this role that local practices are supported to develop effective safeguarding children and adult arrangements.

5.15 **Designated MCA (Mental Capacity Act) Lead**

5.15.1 The CCG has a Designated MCA lead who is responsible for providing support and advice to clinicians in individual cases and supervision for staff in areas where these issues may be particularly prevalent and/or complex.

5.15.2 The CCG has designated the role of MCA Lead to the Designated Nurse Safeguarding Adults who also have a role in highlighting the extent to which their own organisation, and the services that they commission, are compliant with the MCA through undertaking audit, reporting to the governance structures and providing or securing the provision of training.

5.16 **Providers**

5.16.1 NHS Trusts, Foundation Trusts and Private Healthcare Providers

5.16.2 All provider health organisations are required to have effective arrangements in place to safeguard adults, children and young people and to assure themselves, regulators and their commissioners that these are working. Key examples of health work to support the safeguarding of adults at risk and children are outlined in **Appendix 3**

6. Procedure

6.1.1 All staff and volunteers, whatever the setting, have a key role in preventing abuse or neglect occurring and in taking action when concerns arise. Findings from Child Safeguarding Practice Reviews, previously Serious Case Reviews, and Safeguarding Adults Reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented.

6.1.2 Where an adult at risk or child is experiencing, or at risk of being abused, neglected or where an adult may be being harmed by others usually in a position of trust, power or authority, this must always be reported immediately. The concern may arise by:

- a direct disclosure by the adult or child
- a concern raised by staff or volunteers, others using the service, a carer or a member of the public

- an observation of the behaviour of the adult or child, of the behaviour of another person(s) towards the adult at risk or child, or of one adult towards another
- 6.1.3 If you think that someone you know, adult, child or young person, is being abused or is at risk of abuse you must inform a Manager of the organisation, and your Line Manager and/or the Designated Nurses for Adults or Children who are responsible for advising on concerns of abuse within the CCG.
- 6.1.4 It is not for staff or volunteers to second-guess the outcome of an enquiry in deciding whether or not to share their concerns.
- 6.1.5 All CCG staff and all NHS Commissioned provider services **MUST** adhere to this policy in conjunction with Surrey Safeguarding Adults Procedures information and guidance, and Surrey Safeguarding Children Partnership Procedures Manual, accessible via the following links:
- Surrey Safeguarding Children Partnership Procedures
<https://surreyscp.procedures.org.uk/>
 - Surrey Safeguarding adults multi agency procedures, information and guidance
<https://www.surreysab.org.uk/information-for-professionals/ssab-policies-and-procedures/>
- 6.1.6 The Surrey CSPA (Children's single point of access) is the single point of contact for reporting concerns about the safety of a child or young person. The Surrey MASH (Multi agency safeguarding hub) is the single point of contact for reporting concerns about the safety of an adult at risk. Both aim to improve the safeguarding response for children and adults at risk of abuse or neglect through better information sharing and high-quality and timely responses. Contact details are available in **Appendix 4**.
- 6.1.7 If you are concerned that you have not been believed or taken seriously refer to the CCG Whistleblowing Policy or:
- 6.1.8 Surrey Safeguarding Children Partnership Interagency Escalation Policy and procedure accessible at; <https://www.surreyscp.org.uk/resources-category/escalation/>
- 6.1.9 Surrey Safeguarding Adult Board Interagency Escalation Policy and Procedure at: <https://www.surreysab.org.uk/information-for-professionals/ssab-policies-and-procedures/>

6.2 MCA

6.2.1 Adults who lack capacity

- The Mental Capacity Act 2005 (MCA) provides a statutory framework which empowers and protects people aged 16 or over, who may lack capacity to make decisions for themselves. The MCA clearly states that there is a presumption of mental capacity unless an assessment of capacity shows otherwise. Adults who have capacity have the right to make their own decisions irrespective of how unwise that may appear to others. However, staff will need to be aware of the safeguarding implications around MCA and how this relate to situations where the person may lack capacity, and unable to protect themselves, therefore, at risk of harm and abuse.
- Staff must ensure that any systems and processes in place demonstrate that the rights of people who lack capacity are protected and there is evidence of an MCA assessment completed and any care implemented should be in the person's best interest. Therefore, under the MCA decisions will need to be made on the person's behalf if they lack capacity

6.3 The Deprivation of Liberty Safeguards (2009) (DoLS)

6.3.1 DoLS was introduced to protect a person who refuses care and treatment and has been deemed to lack capacity under the MCA. Therefore, staff will need to be aware that these provisions require a more detailed assessment, to determine if the person meets the criteria for a Deprivation of Liberty Safeguard (DoLS) authorisation. The DoLS authorisation will require more restrictive interventions to be implemented to protect the person. However, prior to doing this, the rights of the person need to be protected and any restrictive treatment deemed to be in their best interest should demonstrate that the least restrictive options were considered first before applying for a DoLS authorisation.

6.3.2 Mental Capacity (amendment) Act (2019) introduces reform to the process for authorising arrangements which enable people, who lack capacity to consent, to be deprived of their liberty for the purpose of delivering their care or treatment. Deprivation of Liberty Safeguards (DoLS) will be replaced by Liberty Protection Safeguards (LPS) with an implementation date of 1st October 2020. It is anticipated that DoLS will run alongside LPS for 1st year to support transition. A revised MCA Code of Practice will be published. Additional Guidance on **Mental Capacity Act** and the **Deprivation of Liberty Safeguards** is available on the Surrey County Council website, details of which can be accessed via the following links:

6.3.3 <https://www.surreycc.gov.uk/social-care-and-health/care-and-support-for-adults/information-for-professionals-partners-and-providers/understanding-the-law/mental-capacity-act-2005-deprivation-of-liberty-safeguards>

6.3.4 <https://www.surreycc.gov.uk/social-care-and-health/care-and-support-for-adults/information-for-professionals-partners-and-providers/understanding-the-law/mental-capacity-act-2005-deprivation-of-liberty-safeguards/deprivation-of-liberty-safeguards-team-and-submission-of-dols-forms>

6.4 **Duty of Candour**

6.4.1 The Care Act 2014 sets out that the CQC registration requirement places a duty on providers to be open with patients and their families about failings in their care. The CCG will ensure that service specifications, invitations to tender, service contracts and service level agreements promote dignity in care and adhere to local multiagency safeguarding policies and procedures.

6.4.2 The Duty of Candour requires all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The regulations impose a specific and detailed duty on all providers where any harm to a service user from their care or treatment is above a certain harm threshold. The Duty of Candour is a legal requirement and CQC will be able to take enforcement action when it finds breaches. Details can be accessed at:

6.4.3 http://www.cqc.org.uk/sites/default/files/20150327_duty_of_candour_guidance_final.pdf

7. **Safeguarding Within Commissioning Arrangements**

7.1 In accordance with the principles of clinical commissioning, the CCG maintains a robust scheme of contract and quality monitoring of all services provided by organisations commissioned by the CCG. They also have clinical governance processes in place that inform the scheme of contract and quality monitoring.

7.2 The CCG as commissioners will:

- Ensure commissioning arrangements work in co-operation with Local Authority, NHS England and link to the priorities of the Surrey Safeguarding Children Partnership (SSCP) and the Surrey Safeguarding Adults Board (SSAB)
- Ensure there is a senior commissioning lead for children and young people to ensure their needs are at the forefront of local planning and service delivery.
- Ensure that clinical governance arrangements are in place to assure the quality of services commissioned by the CCG.
- Commission secondary health care for children who are looked after, including those placed outside of the borough.

7.3 Contract Monitoring

7.3.1 The CCG as commissioners will:

- Ensure through Safeguarding adult and children standards in all CCG contracts with commissioned services that health services and healthcare workers contribute to multi-agency safeguarding working
- Involve the Designated Professionals in contract monitoring meetings, at least annually, for appropriate children and family health services
- Include the requirement for sharing information with the CCG and the SSCP and SSAB regarding safeguarding arrangements and outcome frameworks in all commissioning arrangements, contracts and/or service level agreements
- Ensure that Designated Professionals have been consulted on all relevant contracts and service level agreements.
- Provide assurance regarding safeguarding arrangements across the CCG and includes: annual and 6 month interim reporting including safeguarding children and adult dashboard and exceptions reporting.
- For safeguarding children as outlined in 'Working Together (2018)' CCGs will be the major commissioners of local health services and will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations.
- The safeguarding children and adults dashboard will be used as a tool to provide commissioners with assurance that providers are compliant with their safeguarding responsibilities, it will ensure that there is both quantitative and qualitative data available which demonstrate how providers are moving towards an outcomes based focus. (Table 1)

7.3.2 Table 1 - Safeguarding in Health Outcomes Framework

<ul style="list-style-type: none">• Leadership and Workforce• Training• Safeguarding Supervision• Partnership Working• Responding to Wider Social Issues, Vulnerable Groups of Children and adults at risk• Serious adults and children Incidents, CSPR, Case Reviews, DHR• Adult Issues and Early Help

7.4 Annual Reporting

7.4.1 The CCG, all NHS Trusts or Foundation Trusts and Community Providers are required to publish an annual report of safeguarding children and adults, which is to be shared with the Associate Director for Safeguarding and the following should be included:

7.4.2 Table 2 - Annual Report components

<ul style="list-style-type: none"> • Safeguarding Structure and Governance • SSCP and SSAB Participation • Education & Training • Safeguarding Children and Adult Supervision • Clinical Governance & Risk Management • Compliance with CQC Regulations • Section 11 • Employment Practice • Policies & Procedures • Mental Capacity Act (MCA) 2007 including Deprivation of Liberty • SSAB and SSCP Priority areas • Safeguarding Activity • Voice of child/ Voice of adult

7.4.3 Table 3 - CCG Safeguarding children and adult reporting schedule

Date shared:	Report		
July	Looked After Children Annual Report	Safeguarding Annual Report	Child Death Review annual report
January	Looked After Children six month update report	Safeguarding six month update report	Child Death Review six month update Report

7.5 Safe Recruitment

7.5.1 The CCG has a duty to ensure that safe recruitment processes are complied with and will act in accordance with the NHS employers regulations, including the Safeguarding Vulnerable Groups Act (HM Government, 2006), SSCP and SSAB procedures and the local HR recruitment policies.

7.6 Trauma Informed Supervision

- 7.6.1 Supervision is a process of professional support, peer support, peer review and learning, enabling staff to develop competencies, and to assume responsibility for their own practice. The purpose of clinical governance and supervision within safeguarding practice is to strengthen the protection of children and young people and adults by actively promoting a safe standard and excellence of practice and preventing further poor practice. Trauma informed supervision supports, assures and develops the knowledge, skills and values of an individual worker and provides accountability for decision-making. The trauma informed supervision model incorporates many of the same elements as the practice model that we are asking practitioners to implement with the adoption of trauma-informed care. High quality supervision is the cornerstone of effective working with all children, young people and adults and supervision is delivered to the Named professionals and Adult safeguarding leads within Surrey Health provider organisations by the appropriate Designated professionals.
- 7.6.2 As single subject experts, peer-to-peer supervision is vital to ensuring Designated Professionals continue to develop their practice in line with agreed best practice. Designated Professionals are required to attend supervision meetings regularly.
- 7.6.3 The appropriate designated professionals provide trauma informed safeguarding supervision for named professionals and adult safeguarding leads.
- 7.6.4 As part of this supervision process evidence submitted through the dashboard, annual assurance and accountability framework and Section 11 can be triangulated and assurance sought. A Supervision contract will be agreed between the Designated and Named professionals / Adult safeguarding lead.

7.7 Child Safeguarding Practice Reviews, Safeguarding Adults Reviews Domestic Homicide Reviews and Case Reviews

- 7.7.1 The CCG has a statutory duty to work in partnership with the Surrey Safeguarding Children Partnership, the Surrey Safeguarding Adults Board and/or any other Safeguarding Children Partnerships

7.8 Child Safeguarding Practice Reviews (CSPR)

- 7.8.1 In England, in accordance with the guidance in [Working Together 2018](#), Child Safeguarding Practice Reviews (CSPRs) should be considered for serious child safeguarding cases. Serious child safeguarding cases are those in which:
- Abuse or neglect of a child is known or suspected; **and**
 - The child has died or been seriously harmed.

- 7.8.2 The overall purpose of a CSPR is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively; to explore how practice can be improved more generally through changes to the system as a whole in order to safeguard and promote the welfare of children.
- 7.8.3 There are 2 types of reviews.
- **Local reviews** – where safeguarding partners consider that a case raises issues of importance in relation to their area.
 - **National reviews** – In 2018 a new [National Panel for Child Safeguarding Practice Review Panel](#) was set up by the Department for Education. This is an independent panel which can commission reviews of serious child safeguarding cases where they are complex and /or in the national interest.
- 7.8.4 Reviews should seek to prevent or reduce the risk of recurrence of similar incidents.
- 7.8.5 They are not conducted to hold individuals, organisations or agencies to account, as there are other processes for that purpose, including through employment law and disciplinary procedures, professional regulation and, in exceptional cases, criminal proceedings. The process is detailed on the Surrey Safeguarding Children Partnership (SSCP) website: <https://www.surreyscp.org.uk/case-reviews/>
- 7.8.6 **Appendix 5** illustrates the Rapid Review Process
- 7.9 **Case Reviews**
- 7.9.1 Some cases may not meet the definition of a ‘serious child safeguarding case’, but nevertheless raise issues of importance to the local area. That might, for example, include where there has been good practice, poor practice or where there have been ‘near miss’ events. Surrey Safeguarding Children Partnership may choose to undertake a local Case Review in these or other circumstances which do not meet the criteria for a child safeguarding practice review, but are considered to offer good opportunities to identify lessons for learning and ways in which multi-agency practice to safeguard children and young people can be improved locally. As with Child Safeguarding Practice Reviews, the lessons learned from a Case Review should also be disseminated effectively, and the recommendations should be implemented in a timely manner so that the changes required result, wherever possible, in children being protected from suffering or being likely to suffer harm in the future.
- 7.10 **Safeguarding Adult Reviews**
- 7.10.1 A Safeguarding Adult Review (SAR) is carried out when an adult dies as a result of abuse or neglect whether known or suspected or it is known or suspected that the adult has experienced serious abuse or neglect, and there is concern that partner

agencies could have worked more effectively to protect the adult, the process is detailed in the [SSAB Safeguarding Adult Review Procedure](#).

7.10.2 Whether a SAR or CSPR, the appropriate Designated Safeguarding Professional will inform relevant agencies including the Care Quality Commission (CQC) and NHS England Regional Team when a Review is commissioned.

7.10.3 **Appendix 6** illustrates the Safeguarding Adult Review Process

7.11 **Domestic Homicide Review (DHR)**

7.11.1 Statutory guidance places a duty on Community Safety Partnerships to make arrangements for Domestic Homicide Reviews. Health bodies are required to participate in these as requested (NHSE 2015).

7.11.2 DHRs are statutory reviews commissioned in response to deaths caused through domestic violence. They are subject to the guidance issued by the Home Office in 2006 under the Domestic Violence Crime and Victims Act 2004. The basis for the domestic homicide review (DHR) process is to ensure agencies are responding appropriately to victims of domestic abuse offering and/or putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence (SSAB 2016).

7.11.3 When victims of domestic homicide are aged between 16 and 18, there are separate requirements in statutory guidance for both a Child Safeguarding Practice Review (CSPR) and a Domestic Homicide Review (DHR). Where such reviews may be relevant to SAR (for example, because they concern the same perpetrator), consideration should be given to how SARs, DHRs and CSPRs can be managed in parallel in the most effective manner possible so that organisations and professionals can learn from the case (Care Act 2014).

7.11.4 <https://www.gov.uk/government/collections/domestic-homicide-review>

7.12 **Action Plans and Monitoring of Action Plans**

7.12.1 For health services there are at least three points at which concerns about the conduct of safeguarding arrangements may result in actions for improvement being identified. These are;

- At a time after the first notification of the case is made, usually but not exclusively, by way of responding to the report of a Serious or Adverse Incident;
- Following completion of the provider involvement chronology / report for rapid review process
- On publication of the recommendations of the final CSPR, SAR and DHR reports.

7.12.2 Providers are required to submit copies of action plans arising from all safeguarding concerns including IMR, SIs and Adverse Incidents to the relevant CCG. These will be subject to initial scrutiny by the appropriate designated professionals, who will provide advice regarding implementation for contract monitoring purposes.

7.12.3 Providers are also required to report progress against CSPR, CR, SAR, DHR and IMR action plans to the SSCP and SSAB on request. Progress against all safeguarding action plans will be routinely monitored by SSCP Health Forum and SSAB Health and Adult Safeguarding sub-group meeting.

7.12.4 **Commissioner's responsibilities**

As part of the process includes:

- All IMRs commissioned across the health economy will be submitted to the commissioners of service. Designated professionals will have a role in quality assuring on behalf of the CCGs.
- The CCG will ensure that the designated professionals are given sufficient time and necessary support to contribute to the review process.
- The designated professionals, on behalf of the commissioners, review and evaluate the practice of all involved health professionals. Designated professionals also have an important role in providing guidance on how to balance confidentiality and disclosure issues to ensure an objective, just and thorough approach to identifying lessons in the IMR.
- The CCG must ensure that the reviews, and all actions following the review, are carried out according to the timescale set out by Surrey Safeguarding Children Partnership (SSCP) Case Review Panel and the SSAB Safeguarding Adult Review Group scoping and terms of reference
- The SSCP Case Review Panel Meeting, Safeguarding Adult Review Group, SSCP Health Forum and SSAB Health and Adult Safeguarding Group will monitor the progress of identified recommendations and supporting action plans.

7.13 **Child Death Review (Statutory requirement)**

7.13.1 The death of a child is a devastating loss that profoundly affects all those involved. The process of systematically reviewing the deaths of children is grounded in respect for the rights of children and their families, with the intention of learning what happened and why, and preventing future child deaths.

7.13.2 Revised statutory guidance *Working Together to Safeguard Children* (2018) replaces the requirement for LSCBs to ensure that child death reviews are undertaken by a child death overview panel (CDOP) with the requirement for "child

death review partners” (consisting of local authorities and any CCGs for the local area) to make arrangements to review child deaths. The statutory responsibilities for child death review partners are set out in *Working Together to Safeguard Children* (2018).

7.13.3 The contact details for Surrey Wide CCG Safeguarding Manager with Lead for Child Death Review Services, Surrey Wide CCG Designated Doctor and Surrey Wide CCG Named Nurse for Child Death Review and Health Lead for Joint Agency Safeguarding can be found in **Appendix 2**.

7.13.4 **Appendix 7** illustrates the main stages of the child death review process.

7.14 **Managing Allegations**

7.14.1 Managing allegations against people who work with children and adults is a requirement of *Working Together to Safeguard Children* (2018) (*children*) and The Care Act 2014 (*adults*)

7.14.2 The procedure for managing allegations against people who work with children and adults at risk applies to a wider range of allegations than those in which there is reasonable cause to believe a child or adult at risk is suffering, or likely to suffer, significant harm. They also apply in cases where allegations indicate someone is unsuitable to continue to work or volunteer with children and adults at risk in his/her present position, or in any capacity.

7.14.3 The procedures for managing allegations should be read in conjunction with relevant policies of SSCP and SSAB. In particular, the Human Resources Business Partner will be responsible for ensuring consistency with the CCG Disciplinary and Capability Policy and where appropriate will support the senior managers.

7.14.4 SSAB, Dealing with Allegations in the workplace is available at :
<https://www.surreysab.org.uk/wp-content/uploads/2021/02/SSAB-Policy-and-Procedure-2018-FINAL-v4.0-agreed-on-240518-updated-14.09.2020-accessibility-1.pdf>

7.14.5 SSCP, Dealing with Allegations Against People Who Work with Children is available at: <https://www.surreyscp.org.uk/professionals/dealing-with-allegations-against-people-who-work-with-children/>

7.14.6 These procedures are complementary to, and do not replace, any CCG policies and procedures in relation to governance and risk. Where appropriate, adverse incidents and serious incident reporting will take place in accordance with policy.

7.14.7 In relation to children, the CCG has designated the Surrey Wide CCG Associate Director for Safeguarding as the Senior Manager to whom allegations or concerns about employees and contractors such as Primary Care providers. In relations to

adults the Surrey Wide CCG Designated Nurse Safeguarding Adults should be contacted. **Contact details are in Appendix 8.**

7.15 **Safeguarding Training**

- 7.15.1 All health organisations have a legal duty under Section 11 of the Children Act 2004 and the Care Act 2014 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 adults at risk, and to be able to respond appropriately to their role in addressing such concerns for the care and safety of a child and adults at risk
- 7.15.2 The safeguarding training framework details what training and competencies are expected of all healthcare staff in order to safeguard adults, children and young people. All Safeguarding training is consistent with the *Intercollegiate Document Safeguarding Children and Young people: roles and competences for health care staff* (2019), and *Working Together* (HM Government 2018), *Looked after children: Knowledge, skills and competences of health care staff Intercollegiate Role Framework* (2020) and *Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document* (2018).
- 7.15.3 The training for safeguarding adults is underpinned by The Care Act 2014. This guidance requires statutory, voluntary and independent sector agencies to work together to produce policy, guidance and training about working with adults in need of safeguarding, including Mental Capacity Act and domestic abuse competencies.
- 7.15.4 It is the responsibility of managers to evaluate the different roles within their organisation at the recruitment stage to determine the level of safeguarding adults and child training that is commensurate with the job role. Adherence to the levels will be reviewed through the Performance and Development Review process (PDR).

7.15.5 **PREVENT**

The CCG and providers of commissioned services must ensure that healthcare staff receive *Prevent* awareness training appropriate to their role using the NHS England Prevent Training and Competences Framework 2017.

Prevent is part of existing safeguarding responsibilities for the health sector, not an additional responsibility. Healthcare workers have the opportunity to refer vulnerable individuals for support in a pre-criminal space by:

- Recognising adults at risk, children and young people who may be at risk of radicalisation
- Working in partnership to reduce risk and protect the individual and

- Providing adequate and necessary support as part of a proportionate multi-agency response to any concerns.
- The role of PREVENT Lead for the CCG is delivered by the County wide Safeguarding Manager with Lead for Child Death Review Services. **Contact details in Appendix 2**
- **See Appendix 9** for local and national safeguarding issues for children and adults.

7.16 Assurance and Governance

- 7.16.1 Assurance will be required by NHSE, the SSCP and SSAB that **all** staff have been trained to an appropriate level in safeguarding adults, children and young people.
- 7.16.2 In order to provide assurance to the CCG, all commissioned/contracted services will record information including:
- Numbers of staff requiring each level of training as stated in Roles and Competencies for Health Care Staff: Intercollegiate Document 2019, Looked after children: Knowledge, skills and competences of health care staff Intercollegiate Role Framework (2020) and Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document (2018).

8. Dissemination and Implementation of Policy

- 8.1 This Policy will to be circulated to all staff within the CCG. It will also inform the contracting process with commissioned services. The policy will be included in the documents library on the intranet.

8.2 Approval and Ratification Process

- 8.2.1 The Policy will be approved by the Director of Multi Professional Leadership and ratified by the Surrey Heartlands Quality and Performance Board.

8.3 Policy Review

- 8.3.1 This policy will be subject to a routine annual review, and will also be subject to alteration if required through the creation of additional national policy, legislation or guidance and / or local guidance. If revised, all stakeholders will be alerted to the new version. The review will be conducted by the Surrey Wide CCG Safeguarding team.

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Surrey Safeguarding Children Partnership Procedures

<https://surreyscb.procedures.org.uk/>

Surrey Safeguarding Adult Board Procedures

<https://www.surreysab.org.uk/information-for-professionals/ssab-policies-and-procedures/>

10. Appendix 1: Definitions

10.1 Children

10.1.1 Child protection

- Is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or likely to suffer significant harm.

10.1.2 Child in need

- 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; or a child who is 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
- Children in need under section 17 may be assessed by children's services in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. A section 17 assessment should also be undertaken for children whose parents are in prison and for asylum seeking children.

10.1.3 Significant Harm

- Some children are in need of protection because they are suffering, or likely to suffer significant harm. The Children Act (1989) section 47 places a duty on a Local Authority children's services to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or is likely to suffer significant harm. It identifies significant harm as the threshold that justifies compulsory intervention in family life in the best interest of the child.

10.1.4 What is Abuse and Neglect?

- Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely by a stranger. They may be abused by an adult or adults or another child or children. Forms of abuse are:

- **Physical abuse:** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to child.
- **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities including prostitution whether or not the child is aware of what is happening.
- **Neglect:** 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.
- **Emotional abuse:** persistent emotional maltreatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. This includes a child witnessing or seeing the ill-treatment of another.

10.1.5 Looked After Children / Children in care

- In England and Wales the term 'looked after children' is defined in law under the Children Act 1989. A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority.
- The term 'looked after children and young people' is generally used to mean those looked after by the state, according to relevant 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'.
- The term 'looked after children' includes unaccompanied asylum seeking children, children in friends and family placements, and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted or who are on a special guardianship order.
- The Children (Leaving Care) Act 2000 states that a Care Leaver is someone who has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday. CCGs should ensure that there are effective plans in place to enable Looked After Children aged 16 – 17 to make a smooth transition into adulthood. (DfE DH 2015)

10.1.6 Young carers

- Young carers are children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental ill health problems, or misuse drugs or alcohol.

10.2 Adults

10.2.1 Abuse occurs in many forms and can occur in any relationship. It may result in significant harm of the person subjected to it. Abuse or neglect can take many forms and the circumstances of the individual case should always be considered. It can include the following examples:

- **Neglect and acts of omission:** such as ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Physical Abuse:** such as assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions
- **Psychological Abuse:** such emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Sexual Abuse:** such as rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
- **Domestic Abuse:** which includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Forced Marriage:** when one or both spouses do not consent to the marriage. This differs from an arranged marriage, which has been consented to by both parties.
- **Financial or Material Possessions:** such as 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.
- **Discrimination:** includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- **Organisational Abuse:** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example,

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

- **Civil Rights:** denial of the right to be treated with dignity and respect, freedom of speech and movement.
- **Hate Crime:** defined as any crime that is perceived by the victim, or another person, to be due to a person's race, religious belief, gender identity or disability. This is based on the perception of the victim or another person and is not reliant on evidence.
- **Mate Crime:** when someone has faked a friendship in order to take advantage of a vulnerable person, committed by someone known to the victim, either for a long time or a more recent friendship.
- **Female Genital Mutilation (FGM):** a procedure that involves the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons.
- **Modern Slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Self-neglect:** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

11. Appendix 2: Surrey Wide CCG Safeguarding Children and Adults Team

<p><u>Surrey Wide CCG</u> Associate Director for Safeguarding Children and Adults / Designated Nurse Safeguarding Children Amanda Boodhoo Email: amanda.boodhoo@nhs.net Mobile: 07799622327</p>	<p><u>Surrey Wide CCG</u> Designated Nurse for Safeguarding Adults Helen Milton Email: helen.milton@nhs.net Mobile: 07894 599133</p>
<p><u>Surrey Wide CCG</u> Designated Doctor Safeguarding Children Dr Kate Brocklesby Tel 01932 722329 Fax 01932 723151 Email: kate.brocklesby@nhs.net</p>	<p><u>Surrey Wide CCG</u> Designated GP Safeguarding Children and Adults Dr Tara Jones Email: Tara.jones@nhs.net Mobile: 07768 252202</p>
<p><u>Surrey Wide CCG</u> Designated Doctor for Looked after Children/Named GP Safeguarding Children Dr Sharon Kefford Email: Sharon.kefford@nhs.net Mobile: 07768 107210</p>	<p><u>Surrey Wide CCG</u> Designated Nurse Looked after Children / Deputy Designated Nurse for Safeguarding Children Linda Cunningham Email: lindacunningham2@nhs.net Mobile: 07748111917</p>
<p><u>Surrey Wide CCG</u> Designated Nurse Looked after Children / Deputy Designated Nurse for Safeguarding Children Rachel Redwood Email: Rachel.redwood@nhs.net Mobile: 07827663746</p>	<p><u>Surrey Wide CCG</u> Deputy Designated Nurse for Safeguarding Children Sharon Hammond Email: sharon.hammond3@nhs.net Mobile: 07833 407832</p>
<p><u>Surrey Wide CCG</u> Designated Nurse for Safeguarding Adults Rebecca Eells Email: reells@nhs.net Mobile: 07392 273318</p>	<p><u>Surrey Wide CCG</u> Safeguarding Advisor Safeguarding with Lead for Care Homes, Learning Disability and GP Practices Julie Wadham Email: julie.wadham@nhs.net Mobile: 07747460581</p>

<p><u>Surrey Wide CCG</u> Safeguarding Manager with Lead for Child Death Reviews / Prevent Lead Noreen Gurner-Smith Email: noreen.gurner@nhs.net Mobile: 07471-142048</p>	<p><u>Surrey Wide CCG</u> Named Nurse for Child Death Review and Health Lead for Joint Agency Safeguarding Nicola Eschbaecher Email: n.eschbaecher@nhs.net Mobile: 07824-350491</p>
<p><u>Surrey Wide CCG</u> Designated Doctor for Child Death Reviews [Vacant]</p>	
<p><u>Surrey Wide CCG</u> Child Death Review Nurse Suzanne Huddy Email: suzanne.huddy@nhs.net Mobile: 07824-58209</p>	<p><u>Surrey Wide CCG</u> Child Death Review Nurse Natalie Price Email: natalie.price3@nhs.net Mobile:0775-545921</p>
<p><u>Surrey Wide CCG</u> Child Death Review Nurse Jainaba Sidibeh Email: j.sidibeh1@nhs.net Mobile: 07557-849988</p>	<p><u>Surrey Wide CCG</u> Child Death Review Nurse [Vacant]</p>
<p><u>Surrey Wide CCG</u> Child Wellbeing Professional and Lead for Learning from Child Deaths Nicola Mundy Email: nicola.mundy2@nhs.net Mobile: 07467-357600</p>	<p><u>Surrey Wide CCG</u> Child Death Review Coordinator Emily Welch Email: Emily.welch5@nhs.net Tel: 07818046748</p>
<p><u>Surrey Wide CCG</u> Safeguarding Business Manager Lisa Parry Email: lisa.parry1@nhs.net Mobile: 0750 0990623</p>	<p><u>Surrey Wide CCG</u> Safeguarding Business Support / Child Death Review Administrator Anna Miles Email: anna.miles3@nhs.net Mobile: 07500 953839</p>
<p><u>Surrey Wide CCG</u> Deputy Safeguarding Business Manager Caroline Holmes Email: caroline.holmes14@nhs.net Mobile: 07392-273317</p>	<p><u>Surrey Wide CCG</u> Surrey Wide CCG Safeguarding Children and Looked After Children Administrator Karen Overington Email: karen.overington@nhs.net Mobile: 07920 831879</p>

12. Appendix 3: Safeguarding Arrangements within NHS Trusts, Foundation Trusts and Private Healthcare Providers

- 12.1 All provider health organisations are required to have effective arrangements in place to safeguard adults at risk and children and to assure themselves, regulators and their commissioners that these are working.
- 12.2 Key examples of health work to support the safeguarding of adults at risk and children include:
- Identifying children and families who would benefit from early help. This requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment
 - Routine enquiry regarding domestic abuse in adult setting
 - Assessment of impact of adult health problems on children in the household i.e. needs of young carers
- 12.3 Specific arrangements
- Adhere to National, local SSCP, SSAB policies and procedures
 - A Board executive lead for safeguarding who takes responsibility for governance, systems and organisational focus on safeguarding adults at risk and children.
 - Named Doctor and Nurse safeguarding children (Named Midwife for maternity services) Named Nurse for looked after children and a Lead Professional for safeguarding adults at risk who have a key role in promoting good professional practice within their organisation, and provide advice, expertise and training strategy within their organisation.
 - All providers are required to have an MCA lead who is responsible for providing support and advice to clinicians in individual cases and supervision for staff in areas where these issues may be particularly prevalent and/or complex
 - Safe recruitment including compliance with the Disclosure and Barring system; job descriptions which reflect requirements for staff to have due regard for safeguarding and promoting the welfare of children and adults at risk.
 - A Named Senior Officer (NSO) must be identified who will lead on allegations against staff working with adults at risk and children.
 - Have a training strategy and plan in place informed by a training needs analysis with regard to safeguarding, safe recruitment and specific areas of need such as domestic abuse, child sexual exploitation, FGM and Prevent. Evidence of the effectiveness of all training delivered must be evaluated. The training

programme must comply with the safeguarding children training levels in the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff intercollegiate document (2019), Looked after children: Knowledge, skills and competences of health care staff Intercollegiate Role Framework (2020), Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document (2018) and NHS England Prevent Training & Competency Framework 2017.

- Arrangements for the provision of safeguarding adults and children supervision for staff to promote good practice. Named and Lead professionals must access trauma informed safeguarding supervision from the appropriate CCG Designated Safeguarding Professionals.
- Inform appropriate Designated Nurses or Doctor of any serious incidents involving adults at risk and children and confirm that the incident has been reported in accordance with the NHS England and CCG requirements.
- Comply with the SSCP, SSAB and Designated Nurse requests for information or reports in relation to Child Safeguarding Practice Reviews, Safeguarding Adults Reviews or other multi-agency reviews
- Work with the Designated Professionals SSAB and SSCP in developing and implementing an audit programme to provide evidence of improved outcomes for adults at risk and children.
- Ensure staff understand their responsibilities in identifying and respond to risk factors in abuse or neglect

13. Appendix 4: Children's Single Point of Access (CSPA) & Multi-Agency Safeguarding Hub (MASH)

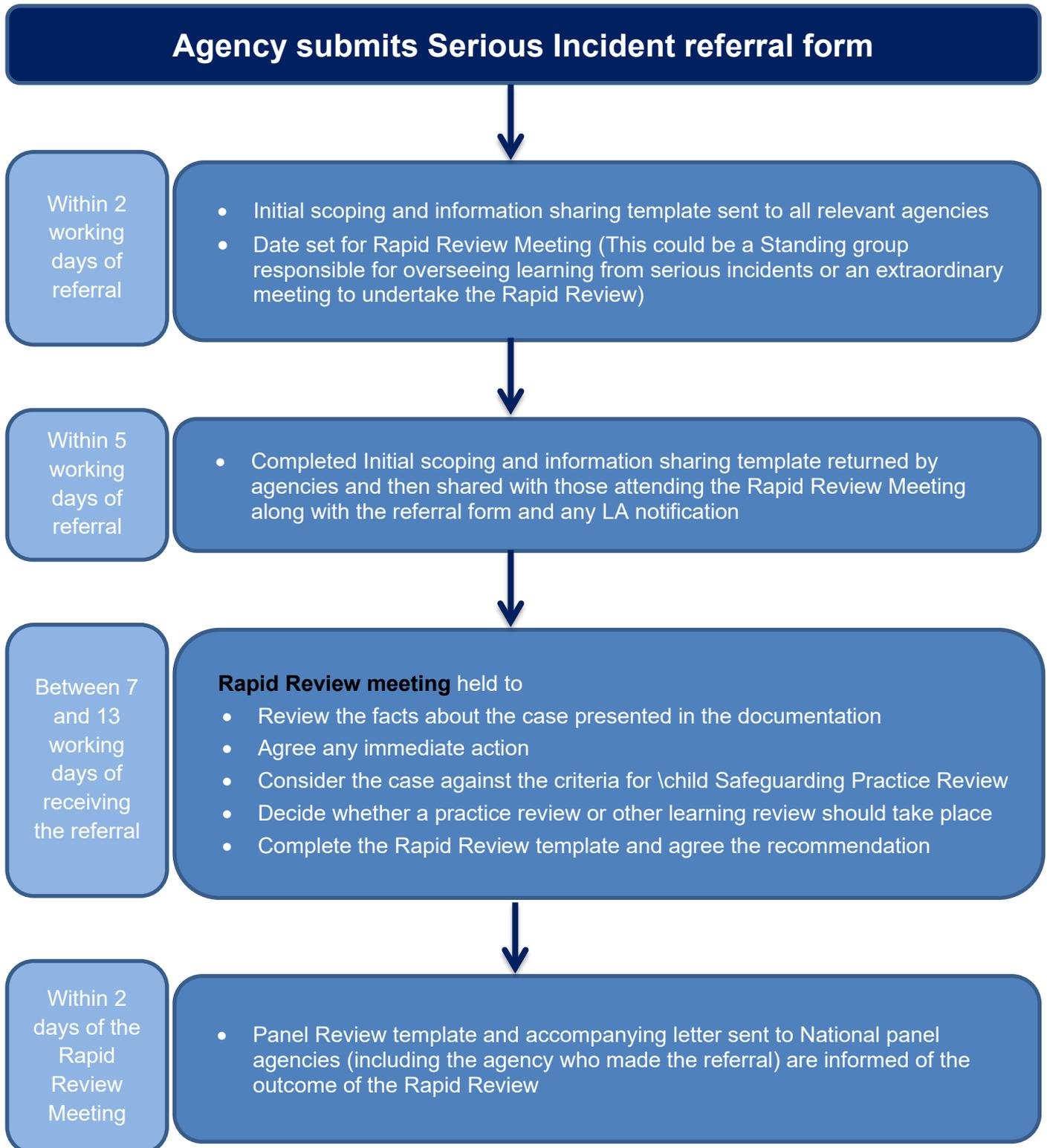
- 13.1 **Surrey Children's Single Point of Access (CSPA)** is the single point of contact for **reporting concerns about the safety of a child or young person**. It aims to improve the safeguarding response for children at risk of abuse or neglect through better information sharing and high-quality and timely responses. It achieves this by co-locating agencies. It brings together Surrey County Council social care workers children, early help services, health workers and police as well as a vast array of virtual partners across Surrey. Its aim is to identify need, risk and harm accurately to allow timely and the most appropriate intervention.
- The CSPA acts as the front door to children's services in Surrey. It is the conduit for access to services at levels 2, 3 and 4 of Effective Family Resilience
 - It provides residents and people who work with children in Surrey with direct information, advice and guidance about where and how to find the appropriate support for children and families.
 - The CSPA operates Monday to Friday from 9am to 5pm.
 - Surrey children's services request for support form can be accessed via the link: <https://www.surreyscp.org.uk/resources-category/abuseandneglect/>
 - **Phone number:** 0300 470 9100
 - **Email:** cspa@surreycc.gov.uk
- 13.2 Out of hours Emergency duty team
- **Tel:** 01483 517898
 - **Fax:** 01483 517895
 - SMS number: 07800000388 (for deaf and hard of hearing callers online)
 - **Email:** edt.ssd@surreycc.gov.uk
- 13.3 **The Surrey Multi-Agency Safeguarding Hub (MASH)** is the single point of contact for **reporting concerns about the safety of an adult at risk**. It aims to improve the safeguarding response for adults at risk of abuse or neglect through better information sharing and high-quality and timely responses.
- The Surrey MASH achieves this by co-locating agencies. It brings together Surrey County Council social care workers adults, early help services, health workers and police as well as a vast array of virtual partners across Surrey. Its aim is to identify need, risk and harm accurately to allow timely and the most appropriate intervention.
 - During office hours, contact the Multi Agency Safeguarding Hub (MASH)

- Tel: 0300 470 9100
- **Email:** ascmash@surreycc.gov.uk
- Or complete the [MASH Referral Form](#) and email to Adults MASH
- Out of hours Adult Social Care Emergency duty team
 - **Tel:** 01483 517898
 - **Fax:** 01483 517895
 - SMS number: 07800000388 (for deaf and hard of hearing callers online)
 - **Email:** edt.ssd@surreycc.gov.uk

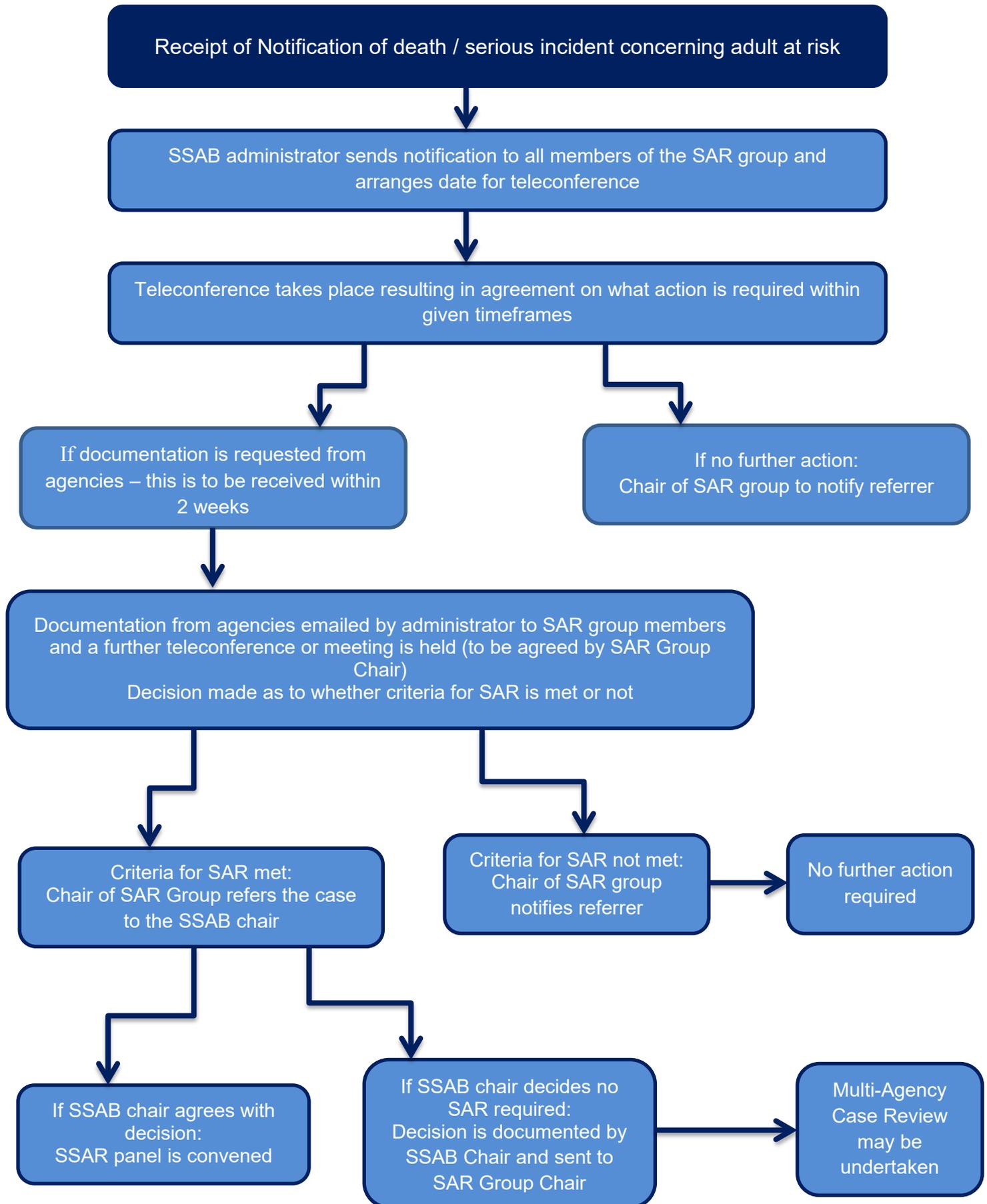
13.4 Surrey Police

- 13.4.1 You can contact the police using the non-emergency number, 101, or in an emergency where the safety of a child, young person or adult is at immediate risk, dial 999.

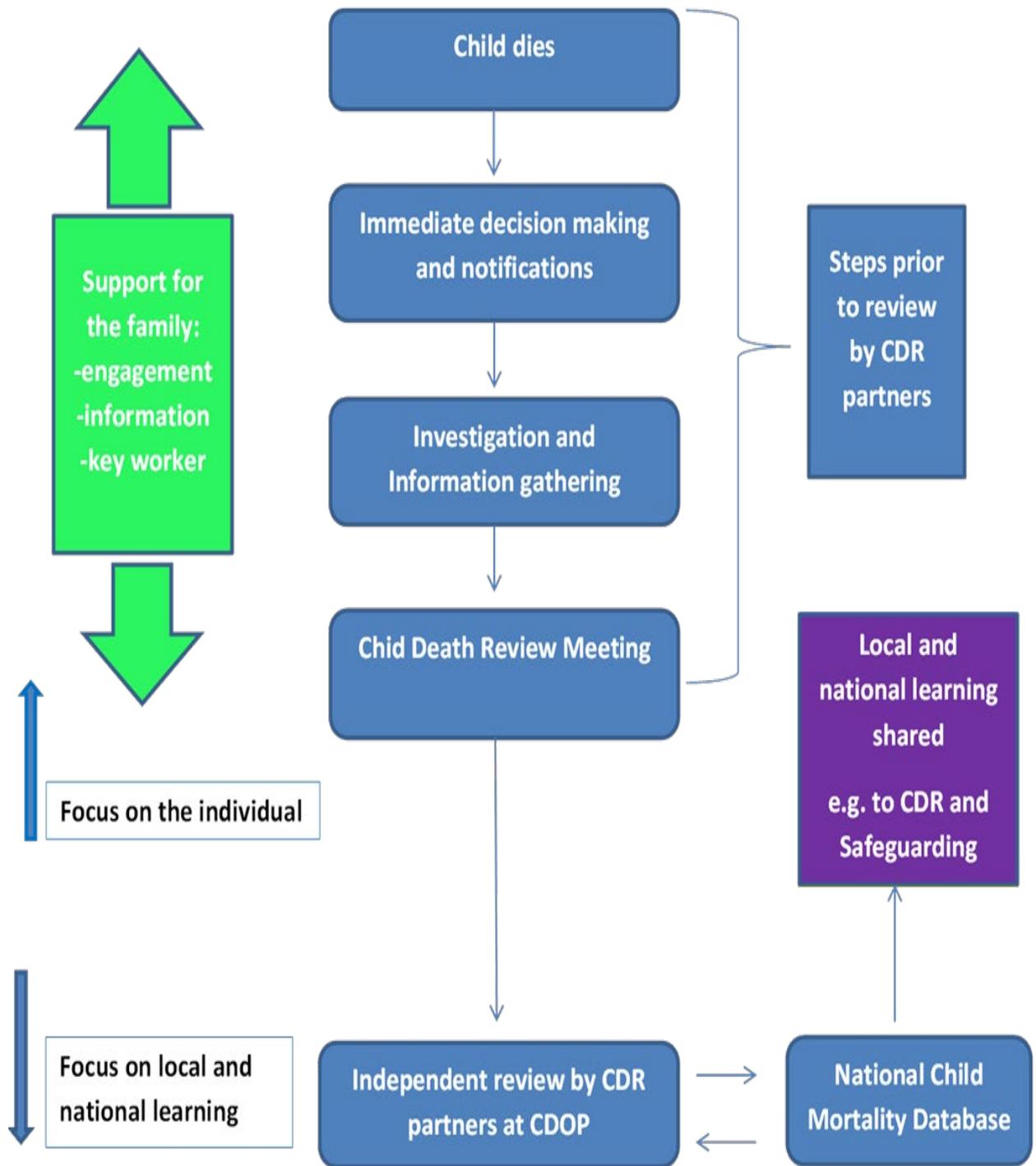
14. Appendix 5: Rapid Review Process



15. Appendix 6: Safeguarding Adult Review Process:



16. Appendix 7: Child Death Review Process:



17. Appendix 8: Managing Allegations against People who Work with Children

17.1 **Senior Manager** to whom allegations or concerns should be reported to

- Amanda Boodhoo, Surrey Wide CCG Associate Director Safeguarding
 - **Email:** amanda.boodhoo@nhs.net
 - **Mobile:** 07799622327

17.2 **Deputy Senior Manager** to who reports should be made in the absence of the designated senior manager or where that person is the subject of the allegation or concern

- Linda Cunningham/Rachael Redwood, Surrey Wide CCG Designated Nurses for Looked after Children / Deputy Designated Nurse Safeguarding Children/

Email	Mobile
Lindacunningham2@nhs.net	07748111917
Rachael.redwood@nhs.net	07827663746

- Helen Milton / Rebecca Eells Surrey Wide CCG Designated Nurses for Safeguarding Adults

Email	Mobile
Helen.milton@nhs.net	07894 599133
reells@nhs.net	07392273318

17.3 Local Authority Designated Officer (LADO)

- Allegations consultations: Every local authority has a statutory responsibility to have a local authority designated officer (LADO), who is responsible for coordinating the response to concerns that an adult who works with children may have caused them harm.
- **Phone number:** 0300 1231650 Select option 3 LADO. When you contact us you will be directed to the duty LADO
- **LADO referral form** can be accessed via the link below:
<https://www.surreyscp.org.uk/professionals/dealing-with-allegations-against-people-who-work-with-children/>
- **Email:** LADO business support: LADO@surreycc.gov.uk

17.4 Surrey Children's Single Point of Access (CSPA) operates Monday to Friday from 9am to 5pm.

- **Phone number:** 0300 470 9100
- **Email:** cspa@surreycc.gov.uk
- emails are dealt with during normal office hours

17.5 Surrey County Council Emergency duty team (Out of Hours Service)

- **Tel:** 01483 517898
- **Fax:** 01483 517895
- SMS number: 07800000388 (for deaf and hard of hearing callers online)
- **Email:** edt.ssd@surreycc.gov.uk

18. Appendix 9: Local and National Safeguarding Issues for Children and Adults

Effective Family Resilience/Think Family/Trauma Informed Care

The Family Resilience/Think Family model is the approach to safeguarding in Surrey. It promotes the importance of a whole-family approach and recognises providing early help is more effective in promoting the welfare of children than reacting later.

- ▶ No wrong door: Contact with any service offers an open door into a system of joined-up support. This is based on more coordination between adult and children's services.
- ▶ Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years
- ▶ Looking at the whole family: Services working with both adults and children take into account family circumstances/responsibilities and consistently consider the needs of any children who might be at risk of harm when in contact with a service user.
- ▶ Providing support tailored to need: Working with families to agree a package of support best suited to their particular situation. Professionals should seek, hear and act on the voice of the child; children are asked about their views and feelings.
- ▶ Building on family strengths: Practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities
- ▶ A trauma-informed approach to care requires that workers develop true partnerships with clients while maintaining healthy personal boundaries. The goal of this partnership should be to empower clients to come up with their own solutions to problems. Focusing on client generated solutions is a much more effective way for clients to learn healthy coping skills than are strategies that rely on the worker controlling the client and their choices.

Further information can be accessed on the Surrey Safeguarding Children Partnership (SSCP) website: [Categories Effective Family Resilience – Levels of Need; Surrey Safeguarding Children Partnership \(surreyscp.org.uk\)](https://www.surreyscp.org.uk)

Child Criminal Exploitation (CCE)

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Therefore, children's social care practitioners, child protection systems and wider partnerships need to engage with individuals and sectors who do have influence

over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse beyond their front doors

Further information can be accessed on the Surrey Safeguarding Children Partnership (SSCP) website:

[Categories Contextual Safeguarding; Surrey Safeguarding Children Partnership \(surreyscp.org.uk\)](https://www.surreyscp.org.uk)

Child Criminal Exploitation (CCE)

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; societal violence, trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare.

Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care.

Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to child. Local arrangements for reducing the risk of CCE include the Risk Management Meetings (RMM) These meetings are held to share information and intelligence to develop a detailed profile of Child criminal exploitation in Surrey. The CCG representation is provided through the Designated Doctor for Safeguarding Children and Designated Nurse Looked After Children.

CCGs will also need to ensure that its commissioned services have in place effective arrangements to identify and support young people at risk of CCE.

Further information can be accessed on the Surrey Safeguarding Children Partnership (SSCP) website:

<https://www.surreyscp.org.uk/resources-category/criminal-exploitation-ce/>

Child sexual exploitation (CSE) is a form of sexual abuse. There is increasing awareness nationally and locally of the risks posed to children from sexual exploitation, missing from care person does not recognise the coercive nature of the relationship and does not see himself or herself as a victim of exploitation. Local arrangements for reducing the risk of CCE include the Risk Management Meetings (RMM) These meetings are held to share information and intelligence to develop a detailed profile of Child criminal exploitation in Surrey. The CCG representation is provided through the Designated Doctor for Safeguarding Children and Designated Nurse Looked After children.

CCGs also need to ensure that its commissioned services have in place effective arrangements to identify and support young people at risk of CSE. The CCG's identified lead officer for CSE is the Designated Doctor for Safeguarding Children.

Further information on CSE and can be accessed on the Surrey Safeguarding Children Partnership (SSCP) website:

Further information can be accessed on the Surrey Safeguarding Children Partnership (SSCP) website:

[Categories Child Sexual Exploitation \(CSE\); Surrey Safeguarding Children Partnership \(surreyscp.org.uk\)](http://surreyscp.org.uk)

Modern Slavery and Human trafficking

Children/adults are recruited, moved or transported and then exploited, forced to work or sold.

Children/adults are trafficked for sexual exploitation, benefit fraud, forced marriage, domestic servitude (cleaning, childcare, cooking); forced labour in factories or agriculture and criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft.

Many children/adults are trafficked into the UK from abroad, but children/adults can also be trafficked from one part of the UK to another.

Further information on Modern Slavery and Human Trafficking and can be accessed on the Surrey Safeguarding Children Partnership (SSCP) website:

Further information can be accessed on the Surrey Safeguarding Children Partnership (SSCP) website:

<https://www.surreyscp.org.uk/resources-category/mds/>

<https://www.surreyscp.org.uk/resources-category/trafficking/>

Serious Youth Violence Gangs/County Lines

Groups of children often gather together in public places to socialise, and peer association is an essential feature of most children's transition to adulthood. Groups of children can be

disorderly and/or anti-social without engaging in criminal activity and defining a gang is difficult, however it can be broadly described as a relatively durable, predominantly street-based group of children who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity. Violence is a way for gang members to gain recognition and respect by asserting their power and authority in the street, with a large proportion of street crime perpetrated against members of other gangs or the relatives of gang members. Youth violence, serious or otherwise, may be a function of gang activity. However, it could equally represent the behaviour of a child acting individually in response to his or her particular history and circumstances.

County lines (also known as 'going country') is a tactic used by individuals, or more commonly by groups/criminal gangs to establish a drug dealing operation in an area outside of their usual localities. This typically involves gangs moving their operations from large urban cities out into more remote rural areas – particularly coastal towns, market towns, or commuter towns close to large cities.

County lines operators often groom and use young people as 'runners', making them carry drugs or money to and from the areas where the operation has been established. Children are also often made to stay over at the location (known as 'the trap' or 'trap house') and made to distribute the drugs in the area.

Cuckooing: refers to the process through which county lines operators take over a local property to use as a base for their criminal activity. The operators usually target and exploit vulnerable people.

Further information on Gangs and County Lines and can be accessed on the Surrey Safeguarding Children Partnership (SSCP) website:

<https://www.surreyscp.org.uk/resources-category/county-lines-gangs/>

Radicalisation/Prevent

Contest is the UK's counter-terrorism strategy that aims to reduce the risk we face from terrorism so that people can go about their lives freely and with confidence. The Prevent strategy is one work stream within this agenda and it aims to stop people becoming terrorists or supporting terrorism. Prevent is different from the other work streams as it operates in the pre-criminal space.

Prevent is about supporting and protecting those people that might be susceptible to radicalisation, ensuring that individuals are susceptible to radicalisation.

There is no single profile of a terrorist and it is not about race, religion or ethnicity. The many contacts staff have with people through their work in the NHS mean that they may well come across someone who is being exploited for terrorism.

There are factors which can make individuals susceptible to the terrorist message, including factors personal to the individual, such as low self-esteem and rejection, and external factors such as foreign policy and group identity.

Radicalisation is a process and not an event and at points through the process it is possible to intervene. Frontline staff in the NHS can potentially make a difference to supporting and redirecting individuals who are being exploited in this way.

The Prevent strategy aims to stop people becoming terrorists or supporting terrorism. The health sector is involved in two key objectives:

- To prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- To work with sectors and institutions where there are risks of radicalisation that we need to address.

Prevent is part of existing safeguarding responsibilities for the health sector, not an additional responsibility. Healthcare workers have the opportunity to refer vulnerable individuals for support in a pre-criminal space by:

- Recognising adults at risk, children and young people who may be at risk of radicalisation;
- Working in partnership to reduce risk and protect the individual and
- Providing adequate and necessary support as part of a proportionate multi-agency response to any concerns.

Further information on Prevent and can be accessed on the Surrey Safeguarding Children Partnership (SSCP) website:

<https://www.surreyscp.org.uk/resources-category/radicalisationandexploitation-prevent/>

Female Genital Mutilation (FGM)

Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. FGM is an illegal practice that causes significant physical, mental and emotional harm.

In March 2015 the Department of Health published “Commissioning Services to support women and girls with Female Genital Mutilation” sets out some elements that make up a successful and safe service to support women and girls with female genital mutilation (FGM)

Mandatory Reporting duty for FGM came into force as of 31st October 2015 as part of the Serious Crime Act 2015. All regulated health and social care professionals and teachers in England and Wales have a duty to report ‘known’ (visually identified or verbally disclosed)

cases of FGM in under-18s to the police. The duty will not apply in relation to at risk or suspected cases or in cases where the woman is over 18.

In these cases, professionals need to follow existing local safeguarding procedures. A Department of Health leaflet has been developed that professionals can use with patients and or families, to help when discussing making a report to the police. Please click on the link to view FGM mandatory reporting resources FGM mandatory reporting resources.

<https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare>

On the 1st April 2016 the government published new national statutory multiagency guidance on FGM. Please click on the link to for full details statutory multi-agency guidance on FGM:

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Further information can be accessed on the Surrey Safeguarding Children Partnership (SSCP) website:

<https://www.surreyscp.org.uk/resources-category/harmfultraditionalpractices/>

Domestic Abuse – Coercive Control

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: Psychological, physical, sexual, financial and emotional.

The Serious Crime Act 2015 (the 2015 Act) received royal assent on 3 March 2015. The Act creates a new offence of controlling or coercive behaviour in intimate or familial relationships (section 76). The new offence closes a gap in the law around patterns of controlling or coercive behaviour in an ongoing relationship between intimate partners or family members. The offence carries a maximum sentence of 5 years' imprisonment, a fine or both.

Further information can be accessed at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf

To protect adults who experience domestic abuse and their children will require inter-agency working and information sharing .The use of Multiagency Risk Assessment Conference (MARAC) process should be part of the multi-agency working framework. The MARAC is an information sharing process that focuses on developing safety planning for adults assessed to be at high risk of domestic violence. The CCG will need to ensure that arrangements are in place across the health economy to support the work of MARACs.

The CCG recognises that staff may experience domestic abuse in their personal relationships and will take steps to provide support and onward referral in accordance with the Domestic Abuse Support for Staff Workforce Policy.

Further information on Domestic Abuse/Coercive Control can be accessed on the Surrey Safeguarding Children Partnership (SSCP) website:

<https://www.surreyscp.org.uk/resources-category/domesticabuse/>

Honour Based Violence is a form of domestic abuse which is perpetrated in the name of so called 'honour'. The honour code which it refers to is set at the discretion of male relatives and women who do not abide by the 'rules' are then punished for bringing shame on the family. Infringements may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, inappropriate dress or make-up and even kissing in a public place.

Forced marriage is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so. It is recognised in the UK as a form of domestic or child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will may be:

- physical – for example, threats, physical violence or sexual violence
- emotional and psychological – for example, making someone feel like they are bringing 'shame' on their family

Financial abuse, for example taking someone's wages, may also be a factor.

[The Anti-social Behaviour, Crime and Policing Act 2014](#) made it a criminal offence in England, Wales and Scotland to force someone to marry. (It is a criminal offence in Northern Ireland under separate legislation). This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they are pressured to or not)

Forcing someone to marry can result in a sentence of up to 7 years in prison.

Breaching the terms of a Forced Marriage Protection Order, imposed under the Family Act 1996, can result in a sentence of up to 5 years in prison.

It is also possible for victims or those at risk to apply for a Forced Marriage Protection Order (FMPO). As a civil law measure, an application for a FMPO would be made in the family court. Failure to comply with the requirements or terms set out in a FMPO granted by the Family Court, is a criminal offence and can result in a sentence of up to 5 years in prison.

In 2017 the government introduced lifelong anonymity for victims of forced marriage to encourage more victims of this hidden crime to come forward.

The government is committed to ensuring that professionals who are made aware of a forced marriage victim have the training and guidance they need to provide effective advice and support. This includes police officers, social workers, teachers, and safeguarding professionals. The Force Marriage Unit (FMU) has created:

- [multi-agency practice guidelines: handling cases of forced marriage](#), which provides step-by-step advice for frontline workers, including health professionals, educational staff, police, children's social care, adult social services and local authority housing
- [multi-agency statutory guidance for dealing with forced marriage](#), which provides guidance for all persons and bodies who exercise public functions in relation to safeguarding and promoting the welfare of children and vulnerable adults

Internet/Social Media and Online Safety

Online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, e.g. computers, tablets and mobile phones. It can happen anywhere online, including: social media, text messages and messaging apps, emails, online chats, online gaming and live streaming sites.

Children and young people may experience cyberbullying, grooming, sexting, sexual abuse, sexual exploitation or emotional abuse.

Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming). Or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online).

Children can feel like there is no escape from online abuse – abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

Further information on Online Safety and can be accessed on the Surrey Safeguarding Children Partnership (SSCP) website:

<https://www.surreyscp.org.uk/resources-category/online-safety/>

19. Appendix 10: Procedural Document Checklist for Approval

Title of document being reviewed:		Yes/No/Unsure	Comments/Details
A	Is there a sponsoring director?	Yes	
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target group clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how the document will be disseminated and implemented amongst the target group? Please provide details.	Yes	To be cascaded via CCG's Communications Team and displayed on public facing website

Title of document being reviewed:		Yes/No/Unsure	Comments/Details
Process for Monitoring Compliance			
8.	Have specific, measurable, achievable, realistic and time-specific standards been detailed to <u>monitor compliance</u> with the document? Complete Compliance & Audit Table.	Yes	Managers are to ensure their staff they are aware of, and adhere to, the Policy.
Review Date			
9.	Is the review date identified?	Yes	
Overall Responsibility for the Document			
10.	Is it clear who will be responsible for implementing and reviewing the documentation i.e. who is the document owner?	Yes	
Approval			
Executive Director Name		Signed off on (date)	
Committee Chair Name		Signed off on (date)	
On behalf of the	Committee name	Approved on (meeting date)	

20. Appendix 11: Compliance and Audit Table

Criteria	Measurable	Frequency	Reporting to	Action Plan/ Monitoring
All managers are responsible for ensuring that staff are aware of, and adhere to, the Policy and for ensuring that all staff are updated with regards to any changes or amendments to the Policy	100%	Annually	Quality and Performance Board	Directorate Team Meetings
Monitoring of adherence with this policy: Reports Bi-annually via annual report and 6 month update.	100%	Bi-annually	Quality and Performance Board	Directorate Team Meetings