



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group
**Safeguarding Children, Commissioning
Reviews and Managing Allegations Policy**



Supporting people in Dorset to lead healthier lives

DOCUMENT HISTORY

Document Status: Approved/ Current			
Policy Number		1	
Date of Policy		December 2012	
Next Review Date		December2014	
Sponsor		Director of Quality	
Approved by / on		Trust Board December 2012	
Version	Date	Comments	By Whom
1.1	December	Reviewed for authorisation	Reg Pengelly
Target Audience		All staff within NHS Dorset Clinical Commissioning Group	
Distribution			
Intranet		Trust Website	Communications Bulletin
√		√	√

PREFACE

Robust and consistent implementation of relevant policies and procedures makes a fundamental contribution to keeping children and young people safe. Whilst children and young people's safety is a matter for everyone, a heavy responsibility has rightly been placed on the key statutory services' including health.

This policy is intended to ensure that Dorset Clinical Commissioning Group as commissioners of health services effectively discharge their duty under the Children Act 2004 to safeguard and promote the welfare of children and young people. In particular, as members of the Local Safeguarding Children Boards, Dorset Clinical Commissioning Group will fully support processes for undertaking Serious Case Reviews and Audits and to ensure that where appropriate, such learning drives the implementation of improvements to policy and practice.

TABLE OF CONTENTS

	PAGE NO:
PREFACE	2
INTRODUCTION	5
PURPOSE	5
DEFINITIONS	5
PROCESS	5
MANAGING ALLEGATIONS AGAINST PEOPLE WHO WORK WITH CHILDREN	10
DUTIES/RESPONSIBILITIES AND ACCOUNTABILITY	12
COMMITTEE WITH THE OVERARCHING RESPONSIBILITY FOR THIS POLICY	12
OTHER COMMITTEES / GROUPS WITH RESPONSIBILITIES FOR ASPECTS OF THIS POLICY	13
PATIENT/ CARER/ RELATIVE/ VISITOR/ CONTRACTOR COMMUNICATION AND SUPPORT	13
INTERNAL COMMUNICATION	13
TRAINING	13
PROCESS FOR COMPLETING RISK ASSESSMENTS	15
PROCESS FOR AUDIT	15
MONITORING COMPLIANCE WITH PROCEDURES	15
PROCESS FOR REPORTING AND PROVISION OF ASSURANCE OF SYSTEMS, PROCESSES AND PROCEDURES INTERNALLY FOR DORSET COMMUNITY HEALTH SERVICES	15
EQUALITY IMPACT ASSESSMENT	15

APPENDIX 1 - DUTY OF CONTRACTORS AND COMMISSIONED SERVICE PROVIDERS TO SAFEGUARD AND PROMOTE THE WELFARE OF CHILDREN	19
APPENDIX 2 - CONTACT DETAILS FOR LADO'S	22

1. INTRODUCTION

- 1.1 The legal obligations which underpin this policy include the duties within the United Nations Convention on the Rights of the Child, the Human Rights Act 1998 and the European Convention on Human Rights to protect individuals from inhuman and degrading treatment, as well as other legislation such as the Children Acts of 1989 and of 2004. Both the Convention and other legislation, such as the Race Relations Act 1976 (as amended) place a clear responsibility on public authorities to fulfil these obligations without discriminating on any grounds.
- 1.2 In line with the principles of Clinical Commissioning, Dorset Clinical Commissioning Group maintain a robust scheme of contract and quality monitoring of all services provided by NHS Trusts and by independent contractors and other providers. They also have clinical governance processes in place that inform the scheme of contract and quality monitoring.

2. PURPOSE

- 2.1 The aim of this policy is to describe how clinical governance will be utilised to ensure 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 children pursuant to Section 11 Children Act 2004.
- 2.2 This document also describes the process by which Dorset Clinical Commissioning Group will fulfil specific responsibilities to the Local Safeguarding Children Boards and in particular, those relevant to Serious Case Reviews and Audits as well as those for managing allegations against people who work with children.

3. DEFINITIONS

- 3.1 For the purposes of this policy, a child is defined as any child who has not attained the age of 18 years.

4. PROCESS

Contracts

- 4.1 All contracts with providers of services will include a schedule for safeguarding children consistent with the statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 Children Act 2004. The specification will be in three parts:
- a summary of the duties included in statutory guidance together with quantitative indicators that evidence performance (see appendix 1);

- a requirement upon the provider to produce an appropriate schedule of audits including a number of mandated issues during the forthcoming 12 months and to report outcomes;
- a requirement on the provider to copy to the commissioner all action plans and updates arising from concerns about safeguarding arrangements, e.g. Serious Case Reviews, Individual Management Reviews and Serious Untoward Incidents.

Serious Case Reviews

- 4.2 When the circumstances of a particular case, including those in which a child may have died, raise serious concerns about inter-agency working to protect children from harm, the Local Safeguarding Children Board (LSCB) should undertake a Serious Case Review. The purpose of a Serious Case Review is to identify ways in which safeguarding arrangements can be improved. It should be noted that although this is not a disciplinary process, there will be occasions when such matters may come to light and nothing in this policy should be interpreted so as to override the CCG's Discipline and Capability Policy or any other arrangements for the scrutiny of individual performance by independent contractors.
- 4.3 The process of a Serious Case Review (SCR) requires each agency to undertake an Individual Management Review (IMR) of their involvement with the child and if appropriate their family, and to deliver a report to the LSCB. The report should include information about any improvement actions that the agency should undertake. For health services, a Health Overview Report will also be required that provides an analysis of health IMR. The Health Overview Report will be undertaken by the Designated Nurse Consultant or Deputy and may identify further improvement actions for health services to undertake. The LSCB should appoint an independent author to complete an overview report that collates information from the IMRs and the Health Overview Report into a detailed narrative and to make recommendations for improvement. The conduct of a Serious Case Review is subject to national guidance and to scrutiny by Ofsted.
- 4.4 Where the circumstances of a case are not appropriate for a Serious Case Review but warrant further investigation of safeguarding arrangements, the Panel may require a Serious Case Audit to be undertaken. An audit may not require an identical approach to that for SCR and it is not subject to scrutiny by Ofsted. An independent overview report may not be necessary.
- 4.5 Serious Case Review Overview Reports are public documents although because they contain personal and sensitive information, may be redacted. It is usual that an anonymised executive summary of the overview report as well as a synopsis of learning for Practitioners will also be published. An evaluation of the Serious Case Review will be sent to the LSCB by Ofsted. Ofsted may also require improvement actions both in terms of safeguarding arrangements and the arrangements for conducting reviews.

- 4.6 There is always the potential for a discipline or contractor performance issue to be a factor when an IMR is undertaken. When determining a procedure for interviews, this should consider how best to achieve the purpose of the review but also how to protect the rights of the individual concerned. The process must be demonstrably fair. The following scenarios are likely to be encountered;
- There is a disciplinary issue clearly at the outset – in which case the interview should continue under the IMR process but the findings be made available to the Investigating Officers for any potential formal Disciplinary process;
 - A disciplinary issue emerges during the interview – in which case the issues should be raised with the individual's line manager who will commission an investigation under the Trust's Disciplinary Policy, the findings from the IMR process should form the key part of the Investigation;
 - The interview takes place for the IMR but the disciplinary issue emerges subsequently; for example if evidence is found that the interviewee prevaricated or lied. In this scenario the Trust's Disciplinary Policy will apply.
- 4.7 The LSCB has a duty to monitor implementation of all actions arising from an IMR and SCR and will also monitor implementation of improvement actions for SCR arrangements.

Action Plans

- 4.8 For health services there are at least three points at which concerns about the conduct of a child's 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 Untoward or Adverse Incident;
 - Following completion of the IMR and / or the Health Overview report and;
 - On publication of the recommendations of an overview report.
- 4.9 Whenever an action plan arises from any of these circumstances, a senior manager will be appointed to oversee and be accountable for implementation.

The IMR Process for Dorset Clinical Commissioning Group

- 4.10 Where an Individual Management Review is required from Dorset Clinical Commissioning Group (usually where a GP Practice has been involved in the case), the Director with portfolio accountability for safeguarding children will appoint an experienced safeguarding professional to undertake any review required of Primary Care Services. This will usually be the Designated Nurse Consultant or Deputy. The Director will also appoint an experienced safeguarding professional to undertake the Health Overview Report (HOR). The HOR is produced on behalf of the commissioner and constitutes the commissioning IMR (*Working Together to Safeguard Children 2010 para. 8.30*).

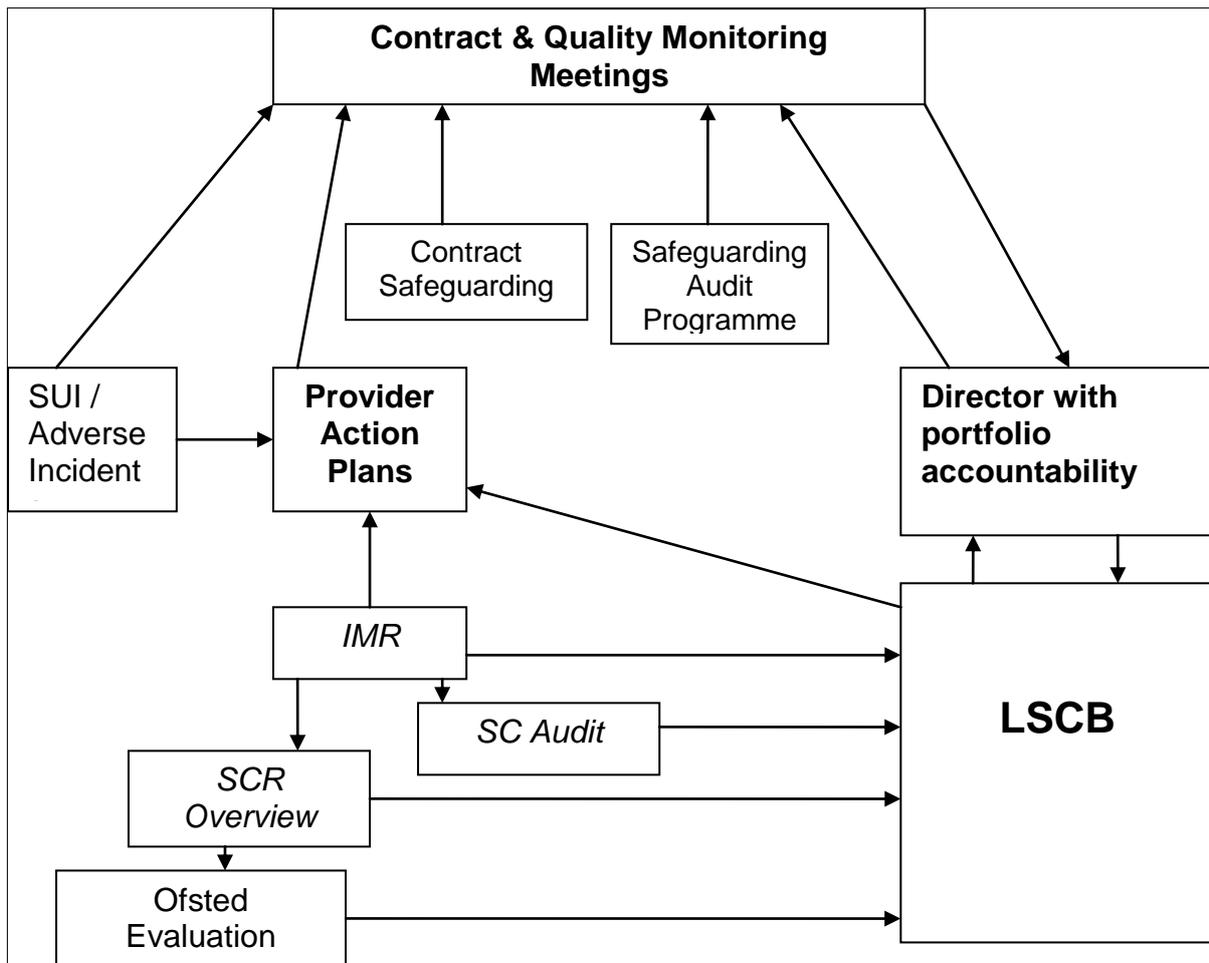
It will not be appropriate for the same safeguarding professional to undertake an IMR of a commissioned provider or contractor and the HOR. The appointed HOR author will be expected to become a member of the LSCB Panel for the Serious Case Review. Staff will be given the time and support to undertake the review.

- 4.11 Without delay, arrangements should be made to obtain all relevant health records. Ideally these should be original records but for operational reasons might be copies. The date of and the identity of the person who made the copy should be clear. These are likely to include the health records of parents and siblings as well as those of the child subject to the review. The records should be held securely and in accordance with Trust policy, in such a way as to eliminate the potential for allegations to be made that records might have been tampered with or destroyed.
- 4.12 The IMR author(s) will receive support from a senior manager where it is necessary for the review author to interview an individual. This is to ensure that members of staff are not disadvantaged by reason of a decision or action being later determined to be a possible disciplinary matter. Where it is evident from the outset that personal interviews might be required, appointments should be arranged as early as possible so that the process of the IMR is not unduly delayed.
- 4.13 Notes will be taken during the interview of the practitioner by the IMR author or appointed note taker; a copy will be provided to the practitioner to be agreed and signed as an accurate account.
- 4.14 On completion of the IMR report, there should be feedback provided to and debriefing for those staff involved in the case in advance of the completion of the HOR with a further feedback session arranged for the staff involved following publication of the SCR Overview Report. The aim is to ensure that learning from the review is assimilated into practice without delay.
- 4.15 At the conclusion of the review the Director with portfolio accountability for safeguarding children will ensure that all appropriate improvement actions have been identified and that implementation of action plans to address these has commenced. In particular, the Director with portfolio accountability for safeguarding children will recommend sign-off of the IMR and HOR by the Chief Executive before the completed IMR, HOR and agreed action plans are forwarded to the relevant Local Safeguarding Children Board.
- 4.16 Where an IMR is required in relation to a Dorset or Bournemouth and Poole Safeguarding Board led SCR or Audit from any health services provider who is a member of another LSCB (for example, because the child was placed “out of county”), the Designated Nurse Consultant will take responsibility for liaison with them and coordination of any support required. Completion of the host provider’s IMR should not delay completion of the overall review or audit.

Similarly, the Designated Nurse Consultant will oversee timely completion of any IMR requested from a local health services provider on behalf of an “out of county” Local Safeguarding Children Board. In all cases, oversight of the progress of IMR is a duty of both of the LSCBs concerned and any progress reports and action plans that arise should be copied to both.

Monitoring

- 4.17 Providers will be required to submit copies of action plans arising from all safeguarding children concerns including IMR, SUI and Adverse Incidents to the relevant CCG/ NCB Local Area Team. These will be subject to initial scrutiny by the Designated Nurse Consultant who will provide advice regarding implementation for contract monitoring purposes.
- 4.18 Providers will also be required to report progress against SCR, IMR and where appropriate Ofsted Evaluation action plans to the LSCB at least four times per year. Copies of updated action plans will be submitted to the CCG for the attention of the Deputy Director of Quality and will be subject to scrutiny by the Designated Nurse Consultant.
- 4.19 Progress against all safeguarding action plans as well as contract specification indicators and audits will be routinely monitored during Quality and Contract Monitoring Meetings as appropriate. The outcomes of such meetings on an exception basis will be reported to the LSCB via the Director with portfolio accountability for safeguarding children.
- 4.20 Throughout the process of monitoring, every effort will be made to ensure that the content of action plans is acceptable to the CCG before these are submitted to the LSCB by a provider. To achieve this, the Quality Directorate will establish a coordinated approach for such submissions with each provider.
- 4.21 The following flowchart illustrates the monitoring process.



Managing Allegations against People who Work with Children

- 4.21 The procedure for managing allegations against people who work with children is a requirement of Working Together to Safeguard Children 2010 and forms part of the Bournemouth Dorset and Poole Inter – Agency Safeguarding Procedures with which all member agencies have agreed to comply.
- 4.22 The procedure for managing allegations against people who work with children applies to a wider range of allegations than those in which there is reasonable cause to believe a child 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 in his/her present position, or in any capacity. These procedures should be used when there is an allegation or concern that any person who works with children, in connection with his/her employment or voluntary activity, has:
- behaved in a way that has harmed a child, or may have harmed a child either by act or omission;
 - possibly committed a criminal offence against or related to a child; or

- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.
- 4.23 These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include concerns relating to inappropriate relationships between members of staff and children or young people e.g;
- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual;
 - ‘Grooming’ (i.e. meeting a child under 16 with intent to commit a relevant offence);
 - Other ‘grooming’ behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text / e-mail messages or images, gifts, socializing etc);
 - Possession of indecent photographs / pseudo-photographs of children.
- 4.24 In addition, these procedures apply to an individual who works with children but the allegation or concern arises in his/her personal life which indicates he/she may be unsuitable to work in their present position, or any capacity e.g. when a person assaults his or her own child. Similarly, the allegation might relate to the spouse or partner of the person who works with children, whose response or attitude to this suggests that his/her ability to fulfil his/her work role might be compromised.
- 4.25 Each LSCB member organisation should identify a designated senior officer with overall responsibility for:
- ensuring that the organisation deals with allegations in accordance with these procedures;
 - resolving any inter-agency issues;
 - liaising with the Dorset Safeguarding Children Board on the subject.
- 4.26 Bournemouth Borough Council, Dorset County Council and Poole Borough Council each have named officers; Local Authority Designated Officer (LADO) to:
- be involved in the management and oversight of individual cases;
 - provide advice and guidance to employers and voluntary organisations;
 - liaise with the police and other agencies;
-

- monitor the progress of cases to ensure that they are dealt with as quickly as possible and are consistent with a thorough and fair process.
- 4.27 Normally, the LADO role is undertaken by a number of Children’s Services staff. Any contacts with the LADO should therefore be made via the Children’s Services Safeguarding Unit who will identify the appropriate LADO and ensure urgent contact with the referrer/employer. A list of LADO contacts is included at Appendix 2.
- 4.28 Thus the PCTs should designate:
- a senior manager to whom allegations or concerns should be reported;
 - a deputy to whom reports should be made in the absence of the designated senior manager or where that person is the subject of the allegation or concern.
- 4.29 Dorset Clinical Commissioning Group have designated the Lead Manager for Safeguarding as the senior manager to whom allegations or concerns about employees and contractors such as Primary Care providers should be reported. The Deputy is the Designated Nurse Consultant for Safeguarding Children.
- 4.30 The procedures for managing allegations are consistent with and should be read in conjunction with relevant policies of Dorset Clinical Commissioning Group. In particular, the Human Resources Business Partner will be responsible for ensuring consistency with the Trust Disciplinary and Capability Policy and where appropriate will support the Trust designated managers.
- 4.31 These procedures are complementary to, and do not replace, any Trust policies and procedures in relation to governance and risk. Where appropriate, Adverse Incidents and Serious Untoward Incident reporting will take place and the Patient Safety and Risk Manager or Head of Patient Safety for Dorset Clinical Commissioning Group should be advised that the procedure for managing allegations against people who work with children has been implemented.

5. DUTIES/RESPONSIBILITIES AND ACCOUNTABILITY

- 5.1 The Director of Strategy and Quality is the Director with portfolio accountability for safeguarding children however sole accountability for safeguarding children rests with the CCG Accountable Officer. The Director of Strategy and Quality has been delegated to represent Dorset Clinical Commissioning Group at the Dorset and Bournemouth and Poole Safeguarding Children Boards and is supported by the Lead Manager for Safeguarding and the Designated Nurse Consultant for Safeguarding Children.
- 5.2 The Director of Strategy and Quality is accountable for monitoring the quality of services provided and in collaboration with the Director of Service Delivery, also monitors the delivery of services against contract targets. Where appropriate, a

failure by a provider to meet specifications or targets may result in a penalty fine or withdrawal of a contract.

- 5.3 The Director of Strategy and Quality is also accountable for monitoring risks and in this context, those reported as an Adverse Incident or a Serious Incident Requiring Investigation where a concern is raised about safeguarding children.
- 5.4 The Director of Service Delivery is accountable for all contracts with organisations commissioned or contracted to provide services on behalf of the Dorset Clinical Commissioning Group. In this context, the Director will ensure that contracts include adequate specifications for ensuring that children are safeguarded and their welfare is promoted.
- 5.5 The Director of Engagement and Development is accountable for managing engagement with the public and especially the media where concerns arise about safeguarding children. The Director of Engagement and Development is also responsible for ensuring that appropriate briefings about serious case reviews and audits are provided to the CCG Board, the Chair and Accountable Officer as appropriate to the circumstances of each case.

6. COMMITTEE WITH THE OVERARCHING RESPONSIBILITY FOR THIS POLICY

- 6.1 Overarching responsibility for all aspects of this policy will be with the Audit and Quality Committee. A report will be submitted to the Quality Group quarterly and an assurance report to the Audit and Quality Committee, of arrangements to safeguarding children will be submitted by the Designated Nurse Consultant every 3 months. This will include information about audits of compliance with this policy. A report about safeguarding will also be submitted to the Dorset Clinical Commissioning Group Governing Board every 6 months.

7. OTHER COMMITTEES / GROUPS WITH RESPONSIBILITIES FOR ASPECTS OF THIS POLICY

- 7.1 Safeguarding children and in particular the discharge of responsibilities in respect of serious case reviews, audits and managing allegations against people who work with children, will necessarily require engagement with a number of different committees and groups appropriate to each case.

8. PATIENT/ CARER/ RELATIVE/ VISITOR/ CONTRACTOR COMMUNICATION AND SUPPORT

- 8.1 For staff and independent contractors, personal involvement in a Serious Case Review, Audit and Individual Management Review can be a matter of considerable concern. In particular, it is usual practice for anonymised versions of reports to become publicly available bringing with it a high risk of media exposure. Managers of

IMR authors and Designated Managers for managing allegations will be attentive to welfare and will make appropriate arrangements for effective communication with staff including where appropriate, with line managers, occupational health and staff associations. Support for patients, their carers and relatives will be coordinated through the relevant Local Safeguarding Children Board.

9. INTERNAL COMMUNICATION

- 9.1 A fundamental purpose of serious case reviews and audits is that organisations and their staff including independent contractors learn from the review and implement changes to practice that aim to prevent the recurrence of any failings identified in the review. Supporting Managers to IMR, the Lead Manager for Safeguarding and the Director of Strategy and Quality will, as appropriate, ensure that learning is disseminated. This will be supported by the Designated Nurse Consultant.

10. TRAINING

- 10.1 The minimum requirements for training for all staff are set out in the intercollegiate guidance: Safeguarding Children and Young People 2010. This was produced by the Royal College of Paediatrics and Child Health and agreed by the relevant professional bodies.

Level 1

All staff working in healthcare settings (clinical and non-clinical) should be trained to this level. They should:

- Understand what constitutes child abuse.
- Know the range of physical abuse, emotional abuse, neglect and sexual abuse.
- Know what to do when they are concerned that a child is being abused.

Level 2

All clinical and non-clinical staff who have regular contact with parents, children and young people should be trained to this level. They should:

- Be competent at level 1.
- Be able to recognise child abuse.
- Be able to document their concerns.
- Know who to inform.
- Understand the next steps in the child protection process.

Level 3

All staff working predominately with children, young people and parents should be trained to this level. They should:

- Be competent at level 2.
- Have knowledge of the implications of key national documents/reports.
- Understand the assessment of risk and harm.
- Understand multi-agency framework/assessment/investigation/working.
- Be able to present child protection concerns in a child protection

conference.

- Demonstrate ability to work with families where there are child protection concerns.
- Be able to put into practice knowledge of how to improve child resilience and reduce risks of harm.
- Understand forensic procedures/practice.
- Where appropriate, be able to undertake forensic procedures.
- Be able to advise other agencies regarding the health management of child protection concerns.
- Be able to contribute to serious case reviews or equivalent process.

Level 4

Specialist roles such as named professionals should be trained to this level.

Level 5

Designated roles should have achieved this competency.

Level 6

Expert level.

11. PROCESS FOR COMPLETING RISK ASSESSMENTS IF APPLICABLE LINKED TO SUBJECT

- 11.1 Please refer to the relevant Dorset Clinical Commissioning Group Risk Management Strategies for further information.

12. PROCESS FOR AUDIT INCLUDING CLINICAL AUDIT IF APPLICABLE

- 12.1 Individual Management Reviews (IMR) may from time to time be subject to evaluation by Ofsted or the Care Quality Commission as a function of their inspection activity and a report as to the quality of each IMR is furnished to the agency concerned.
- 12.2 Information about all such evaluations will be included in 3 monthly reports to the Audit and Quality Committee. This report will include information about provider compliance with contracts and the outcomes of internal audits as reported through Contract and Quality monitoring Meetings.

13. MONITORING COMPLIANCE WITH PROCEDURES

- 13.1 The Lead Manager for Safeguarding will conduct an annual review of compliance with this policy and information about the review will be included in the final report to the Audit and Quality Committee in each fiscal year. Compliance may also be subject to periodic review by internal auditors.

14. EQUALITY IMPACT ASSESSMENT

Department/Service area:	Quality and Strategy
Policy Sponsor:	Sally Shead – Interim Director
Name of the policy/protocol: (please attach a copy)	SAFEGUARDING CHILDREN; COMMISSIONING, REVIEWS AND MANAGING ALLEGATIONS POLICY
Which target groups are affected by this policy/protocol (delete as appropriate)	a) Gender/transgender b) Race c) Disability d) Sexual Orientation e) Age f) Religion/Belief
Please indicate if this affects staff, patients or both (delete as appropriate)	Patients
If any groups are excluded please state why.	None

Can the policy be implemented on a differential basis to any of the following target groups?
Please tick ✓ yes or no and provide appropriate evidence.

Equality Target Groups	YES	NO	Evidence to support your decision (see Appendix 1 for sources of evidence)
Gender/transgender	✓		The policy is intended to contribute to multi – agency arrangements to safeguard children and promote their welfare and will meet the needs of all six equality target groups. This is a new policy, which has been developed with the aim of providing a response of relevance to all children and their families. No adverse impact resulting from implementation is anticipated.
Race (BME communities)	✓		As above
Disability	✓		As above
Sexual orientation (lesbian, gay men or bisexual)	✓		As above
Age (older people, young	✓		As above

Equality Target Groups	YES	NO	Evidence to support your decision (see Appendix 1 for sources of evidence)
people/children)			
Religion/Belief	✓		As above

Author: Reg Pengelly - Assistant Director for Safeguarding Children

Date: 13th December 2012

Review Date: 1st December 2014

APPENDIX 1

DUTY OF CONTRACTORS AND COMMISSIONED SERVICE PROVIDERS TO SAFEGUARD AND PROMOTE THE WELFARE OF CHILDREN

Dorset Clinical Commissioning Group are obliged to ensure that all private or voluntary organisations who are commissioned to provide services on their behalf, are required to have regard to the statutory guidance issued by HM Government in 2005 on making arrangements to safeguard and promote the welfare of children under Section 11 Children Act 2004. The purpose of this document is to provide clear standards for service providers in complying with the guidance.

In this document the term “contractor” should be taken to include any provider of services commissioned by Dorset Clinical Commissioning Group. Where any contractor assigns or sub-contracts any work for or on behalf of Dorset Clinical Commissioning Group, the contractor must ensure that the assignee or sub-contractor has regard to the duty and complies with the standards contained in this document.

The contractor must demonstrate that they are meeting their responsibilities to safeguard and promote the welfare of children in accordance with the Children Act 1989 and as set out in *Working Together to Safeguard Children* and the *Framework for the Assessment of Children in Need and their Families*. This should include conducting and acting upon the Commission for Health Improvement (CHI) self assessment tool for child protection for clinical teams.

The contractor must produce a clear statement of their organisation’s responsibilities towards children and make this available for all staff. The statement should include a senior management commitment to the importance of safeguarding and promoting children’s welfare.

The contractor must have a clear line of accountability within their organisation for work on safeguarding and promoting the welfare of children

All service development by the contractor must take account of the need to safeguard and promote the welfare of children. This should be informed, where appropriate, by the views of children and families

The contractor must facilitate effective inter-agency working and information sharing to safeguard and promote the welfare of children, by their organisation.

It should be clear who has overall responsibility for the contractor's contribution to safeguarding and promoting the welfare of children and what the lines of accountability are from each staff member up through the organisation to the person with ultimate accountability for children's welfare.

All staff need to ensure as part of their work with children and families and with adults who are parents or carers who are experiencing personal problems, that the needs of their children are considered and that where necessary they are assessed and appropriate referrals are made. All staff must be made aware of the guidance offered in the Department for Education and Skills guidebook *What To Do If You're Worried A Child Is Being Abused*.

It must be made clear by the contractor, with whom each staff member should discuss and to whom they should report, any concerns about a child's welfare.

As part of the promotion of the positive mental health of all children and young people, the contractor must ensure the assessment of need and early intervention where children are at greater risk (e.g. children whose parents are unsupported by wider family) can make a significant difference by reference to the National Service Framework for Children, Young People and Maternity Services (NSF), Standard 1 – Promoting health and well-being, identifying needs and intervening early)

The contractor must ensure that all services for mothers and fathers and care givers;

- Focus on the relationship between the parent and the infant;
- Are offered at an early stage when relationships are still being formed;
- Provide support to parents, based on building their confidence and skills in caring for children; and
- Address the wider environmental circumstances of the family including their socio-economic needs.

(NSF Standard 2 – Supporting parents)

The contractor and staff must adopt a systematic approach which enables children and young people to contribute to discussions about their needs, care or treatment during consultations or meetings and to express their views. This includes children with communication needs or who have non-verbal communication. (NSF Standard 3 – Child, young person and family-centred services)

The contractor must ensure that all transition processes are planned and focussed around preparation of the young person rather than their own or another organisation. Young people and their families should be actively involved in transition planning. (NSF Standard 4 – Growing up into adulthood)

There must be timely communication between health, education and social services, where appropriate, to meet the needs of children and young people, especially if the child's is the subject of a child protection plan and/or is looked after by the local authority. (NSF Standard 6 – Ill Child).

If there are concerns that a child is being deliberately harmed through inappropriate use of prescribed medicines, the Government's Guidance; *Safeguarding Children in Whom Illness is Fabricated or Induced Illness* must be followed. (NSF Standard 10 – Medicines).

The contractor must ensure that all professionals involved in the care of women both pre-natally and immediately following childbirth are able to distinguish normal emotional and psychological changes from significant mental health problems, and to refer women to support their needs. (NSF Standard 11 – Maternity Services)

The contractor must ensure that all staff working with or (depending on the agency's primary functions), who are in contact with children and families receive training on safeguarding and promoting the welfare of children. These staff should be trained and competent to be alert to potential indicators of abuse or neglect in children and know how to act on their concerns and fulfil their responsibilities in line with the Bournemouth Dorset and Poole Inter-Agency Safeguarding Procedures. Staff should have an understanding of both their roles and responsibilities, and those of other professionals and organisations. This is essential multi- and inter-agency collaboration. The contractor is encouraged to enable staff to participate in training provided on an inter-agency basis as well as in single agency training. Note that safeguarding and promoting the welfare of children is one of the six areas of the Common Core of Skills and Knowledge for the Children's Workforce (2005). It informs the training provided to all those working in children's services. All relevant staff should undertake child protection training, including refresher training, to ensure that they are competent and aware of any changes, and this will be supported by a funded training strategy for safeguarding children and young people.

Contact details for LADO's

Bournemouth:

Chris Harvey
Principal Education Welfare Officer
Dorset House
20-22 Christchurch Road
Bournemouth
Dorset BH1 3NL
Tel.: 01202 456134
Email: Chris.Harvey@Bournemouth.gov.uk

Jean Haslett
Service Manager for Quality Assurance and Children's Review
ChildCare & Family Support
9 Madeira Road
Bournemouth
Dorset BH1 1QN
Tel.: 01202 458039
Email: Martin.Taylor@Bournemouth.gov.uk

Dorset:

c/o Tanya Foley
Children's Safeguarding Unit
2nd Floor The Old House
Monkton Park
Winterbourne Monkton
Dorchester
Dorset DT2 9PS
Tel.: 01305 221122
Email: safeguardingunit@dorsetcc.gov.uk

Poole:

John McLaughlin
Safeguarding and Quality Assurance Manager
Strategy, Quality & Improvement
Borough of Poole
Civic Centre
Poole
Dorset, BH15 2RU
Tel.: 01202 714747
Email: w.manning@poole.gov.uk