BSW ICB Policy for Safeguarding Children

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Safeguarding Children Policy

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| Purpose | This policy sets out what the individual and collective responsibilities are for ICB colleagues and to ensure they understand what is expected of them and how to respond to any safeguarding issue that arises during the ICB carrying out its functions |
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BSW ICB Policy for safeguarding Children

#### **Review Log**

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| Version Number | Review Date | Name of  reviewer | Approval Process | Reason for amendments |
| 2.0 | 16/06/2022 | Anne Gray, Naomi Black, Rob Mills, Jane Murray, Jackie Mathers, James Dunne & Colette O’Neill | BSW ICB Board | Replaced by new BSW ICB Policy  This policy was separated from one policy into three distinct areas to reduce the level of narrative and to provide more accessible information for colleagues. |
| 1.0 | 09/05/2024 | Liz Wiltshire | Policy Steering Group Review | Three yearly review or change in legislation.  Added managing allegations against staff review in conjunction with HR.  Added references to relevant policies. |
| 1.1 | 09/05/2024 | Liz Wiltshire | Executive Management |  |

BSW ICB Policy for safeguarding Children

#### **Summary of Policy**

This policy sets out the individual and collective responsibilities for ICB colleagues about what is expected of them and how to respond to any child safeguarding issue that arises from ICB activity.

The policy aims to ensure that no act, or omission, by the ICB as a commissioning organisation, puts children, at risk of abuse or neglect.

The policy describes how the ICB will discharge the responsibility for ensuring its own organisation fulfils the ICB duty to safeguard children at risk of abuse or neglect.

BSW ICB Policy for safeguarding Children

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# INTRODUCTION & PURPOSE

The purpose of this policy is to set out how the ICB as an organisation ensures that it has in place robust structures, systems, standards, and an assurance framework for safeguarding children. These have been established in accordance with:

* 1. The legal framework underpinning safeguarding children activity,
  2. BaNES, Swindon, and Wiltshire individual Safeguarding Partnerships safeguarding adult policy and procedures.
  3. NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE 2022)
  4. Intercollegiate document on safeguarding training (2019)

The ICB aspires to the highest standards of corporate behaviour and clinical competence. It ensures that safe, fair, and equitable procedures are applied to all organisational transactions, including their relationships with patients, their carers, the public, colleagues, stakeholders, and the use of public resources.

The ICB is required to fulfil its legal duties under The Children’s Act (1989,2004) and the guidance in Working Together (2023). All ICB colleagues, regardless of role, must make safeguarding integral to their activities. The opportunities to prevent abuse and neglect as well as respond to allegations and concerns are both of equal and paramount importance. The Children Act 1989 requires Child safeguarding practise to ensure that the needs of the child as ‘held as paramount’, whilst being considered in a ‘Think Family’ context. This means that the ICB will ensure that it keeps children, their families, and carers at the heart of their activity and will facilitate change that implements learning from reviews about abuse and neglect.

The ICB will ensure that it complies with the requirements of the NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE 2022), providing assurance to NHS England of such compliance as part of the ICB assurance framework.

The ICB will apply the guidance of the Royal College of Nursing Child Safeguarding: Roles and Competencies for Health Care staff. This is in recognition that safeguarding is everyone’s responsibility and that the competencies required by colleagues are facilitated through training, provision of safeguarding supervision, and line management support.

For the purposes of this policy NHS Integrated Care Board (the ICB) will be referred to as “the ICB”.

# SCOPE

This policy applies to all colleagues employed by the ICB. This includes permanent, and fixed term contract colleagues (including apprentices), secondees, bank colleagues, Board, and committee members. It also applies to external contractors, agency, self- employed or temporary colleagues, regardless of employment status whilst they work for BSW ICB.

All managers must ensure colleagues are made aware of this policy, specifically during induction, and how to access it and ensure its implementation within their line of responsibility and accountability.

It identifies corporate and individual responsibilities for the protection and safeguarding of children at risk of abuse or neglect.

The document sets out the legislative responsibilities that the ICB should embed within its core functions of commissioning, quality assurance and safeguarding vulnerable populations.

See Appendix 1 for a Glossary of Terms.

# PROCESS

**3.1** Procedures to follow when there is a concern about a child at risk of abuse or neglect

This process largely relates to those colleagues who are patient facing. Any colleague, who believes that a child has suffered abuse or neglect or is likely to do so, has a duty to respond.

It is important that advice is sought at an early stage. The ICB Safeguarding team at place, or the Local Authority Child Safeguarding team at place will provide advice and guidance including signposting.

Where there are concerns for a child at risk of abuse and neglect, a referral to the appropriate Local Authority must be made. The contact details in relation to the Local Authorities can be found in the South West Child Protection Procedures <https://swcpp.trixonline.co.uk/>

All referrals about children should be appropriately recorded. In the case of the ICB Continuing Healthcare team this will be within the Patient Record System.

The Local Authority should respond to the referral within 48 hours of it being made. The Local Authority will identify whether the referral meets the criteria to conduct a safeguarding enquiry. There are occasions when the concerns will be addressed through other pathways such as Early Help or Child in need meetings.

ICB colleagues directly invited to support a safeguarding child enquiry by the Local Authority have a duty to co-operate.

It is the responsibility of those who have made the referral to the Local Authority to ensure that the referral has been received and is being dealt with. A formal response should be received within three working days.

Where possible the person making the referral should discuss concerns openly and honestly with those who hold parental responsibility for the child unless this places the child at risk of further harm. These discussions and should be clearly recorded on the referral.

If a member of the public contacts any ICB colleague with information regarding the possible abuse of a child at risk, they should be encouraged to contact the Local Authority Child Safeguarding Team to report their concern. They should be informed that they can do this anonymously. Contact details should be provided.

Details of the incident should be recorded, and if personal identifiable details have been made known to the ICB colleague, the ICB colleague should also telephone the Local Authority safeguarding team to check that the information has been received. They must make clear that they are relaying information from a third-party source.

There are occasions when the individual details are not known. In this case, it would be impossible for the ICB colleague to do anything other than give advice to the member of the public about referral options and/or sources of support.

## 3.2 Types of abuse and indicators

Child abuse is when anyone under the age of 18 is either being harmed or not properly looked after. The Categories of Child Abuse can be found in **Appendix 2**.

## 3.3 Managing Allegations Against Staff

Allegations against staff working within the ICB, should be managed in conjunction with ICB Disciplinary policy as well as following the Local Authority designated Officer (LADO) procedure. The LADO must be contacted within one working day in respect of all cases in which it is alleged that a person who works with children has:

* behaved in a way that has harmed, or may have harmed a child;
* possibly committed a criminal offence against or related to a child; or
* behaved towards a child or children in a way that indicates they may pose a risk of harm to children

There may be up to three strands in the consideration of an allegation:

* a police investigation of a possible criminal offence;
* enquiries and assessment by children’s social care about whether a child needs protection or in need of services;
* consideration by an employer of disciplinary action in respect of the individual

If an ICB colleague has concerns about any person that works with children, they should seek guidance from either the ICB Safeguarding team, or the Local Authority Safeguarding team. They should notify The ICB HR team of their concerns and they should then decide whether to make a LADO referral. They should keep a record of their rationale, documenting this clearly.

Equally, ICB colleagues may be required to participate in LADO enquiries where allegations have been made about a colleague working both within the ICB and other organisations. Advice and guidance are available from within the ICB Safeguarding team.

## 3.4 Organisational enquiry

There will be occasions where ICB colleagues are required to contribute to Local Authority safeguarding enquiries about organisations where concerns have been raised about abuse and/or neglect. This can occur within any of our provider organisations. This includes services that are commissioned by BSW ICB, through the NHS Standard Contract or where there is local responsibility such as primary care services.

## 3.5 The ICB service commissioner role

All services commissioned by BSW ICB will be expected to provide safe systems that safeguard children at risk, always promoting their well-being and ensuring these services keep them safe from harm, as set out in the Care and Support Statutory Guidance issued under the Childrens Act (1989,2004), Working Together (2023).

In relation to their safeguarding legislative duties the ICB will:

* Ensure there is appropriate safeguarding governance and accountability across allcommissioned services. The Annual Safeguarding Assurance Audit is completed by NHS commissioned services and reported to the ICB each November.
* Ensure all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding children and that the ICB commissioning, contracting, contract monitoring and quality assurance processes fully reflects this. The Safeguarding Schedule sets this out in detail.
* Offer safeguarding supervision through its Designated roles to the Named Safeguarding professionals in all commissioned services. All commissioned services should have a supervision policy in place that is monitored as part of the annual audit of services.
* Ensure service specifications, invitations to tender and service contracts fully reflect safeguarding requirements as outlined in this policy with specific reference to the clear standards for service delivery.
* Ensure NHS funded services have in place local policies and procedures for sharing information in relation to safeguarding children and that their senior managers promote good practice in information sharing.
* Ensure that providers have policies and procedures in place to share information, intelligence and knowledge in relation to the Serious Violence Duty to prevent and reduce serious violence within the ICB population.
* Ensure safeguarding assurance is embedded within all performance reporting activity.
* Ensure that there is Health engagement with the requirements of multi-agency Safeguarding Partnership assurance activities.
* Ensure there is an annual system of receiving assurance from the Designated Safeguarding colleagues about the effectiveness of safeguarding within its commissioned services.
* Ensure that all colleagues are kept current with the progress and learning from any Safeguarding Reviews
* Ensure that ICB colleagues are kept updated about changes in safeguarding relevant legislation, national guidance or best practice as well as local multi-agency developments and implications for the ICB.
* Ensure there is a culture of listening to and engaging in dialogue with all the populations they serve, but particularly with vulnerable groups, taking account of their wishes and feelings both in individual decisions and the establishment or development and improvement of services.
* Ensure that providers engage with the Community Safety Partnerships to improve safety, public health outcomes and reduce preventable mortality and harm.
* Promote the duty of candour with all the Providers it commissions.

## 3.6 ICB Safeguarding Activity

All services commissioned by BSW ICB will be expected to provide safe systems that safeguard children at risk, always promoting their well-being and ensuring these services keep them safe from harm, as set out in Working Together to Safeguard Children, 2023.

In relation to their safeguarding legislative duties the ICB will:

* Ensure there is appropriate safeguarding governance and accountability across allcommissioned services and local place-based systems.
* Ensure all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding children and that the ICB commissioning, contracting, contract monitoring and quality assurance processes fully reflects this.
* Ensure service specifications, invitations to tender and service contracts fully reflect safeguarding requirements as outlined in this policy with specific reference to the clear standards for service delivery.
* Ensure Providers have in place local policies and procedures for sharing information in relation to safeguarding children and that senior managers should promote good practice in information sharing according to the published Department of Education *Information Sharing Advice, 2024.*
* Ensure that providers have policies and procedures in place to share information, intelligence and knowledge in relation to the Serious Violence Duty to prevent and reduce serious violence within the ICB population.
* Seek assurance through performance reporting against both the standard contract and local quality requirements via contract review meetings, audits and multi-agency Safeguarding Partnership assurance boards.
* Receive assurance from the Designated Safeguarding professionals via regular reporting on the progress and learning from any Safeguarding Reviews and any implications for the ICB of changes in national or local policy.
* Ensure there is a culture of listening to and engaging in dialogue with all the populations they serve, but particularly with vulnerable groups, taking account of their wishes and feelings both in individual decisions and the establishment or development and improvement of services.
* Ensure that providers engage with the Community Safety Partnerships to improve safety, public health outcomes and reduce preventable mortality and harm.
* Promote the duty of candour with all the Providers it commissions.

## 3.7 Definitions and Key Principles

Under the Children Act (1989, 2004), a child is anyone who has not yet reached his or her 18th birthday. Throughout this document the term ‘Child/ren’ refers to both children and young people. The Categories of Child Abuse can be found in **Appendix 2**.

* ‘Safeguarding’ refers to a broad responsibility to promote and protect the wellbeing of all children, whereas ‘child protection’ refers to a set of arrangements for any particular child or children who have been deemed to be at risk of ‘significant harm’ under the Children Act 1989.
* ‘Child abuse and neglect’ refers to what happens to the child or children in question at the hands of their parents, carers or others known or unknown to the child.
* The Children Act (1989, 2004) states that “the welfare of the child is paramount”. This means that in any situation ‘the interest of the child is of paramount importance’ and all colleagues in discharging their responsibilities, have an overriding “duty to protect from harm” and promote the welfare of all children.
* Under Section 17, Childrens Act, 1989 all agencies including ICB colleagues and staff within commissioned services have a duty to notify the Local Authority of any children they deem to be a ‘child in need’ and would be required to respond to requests by the Local Authority for the provision of services for children in need.
* Working Together, (2023) clarifies that primary legislation permits a range of practitioners to be the lead practitioner for a family supported under Section 17. So, this may be staff employed by the ICB or any of our commissioned services. In child protection cases the lead practitioner should always be a social worker.
* Under Section 47, Children Act 1989, the Local Authority have a duty to investigate if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.
* Section 11, Children Act 2004, places a ‘duty to co-operate’ on NHS organisations, agencies, and individuals, and any services the ICB contract out to others, to safeguard and promote the welfare of children. The requirements to fulfil this function can be found in **Appendix 3.**

## 3.8 Specific Safeguarding Activity

**3.8.1 Multi-agency Safeguarding Partnerships and Arrangements**

Local Authority area has a Safeguarding Partnership consisting of a minimum of the three statutory partners, police, health and local authority, who hold equal accountability for safeguarding the population of their area.

BSW ICB are required to work with all relevant stakeholders to ensure there are effective safeguarding arrangements across the BSW health economy. This includes ensuring organisations work together to take a coordinated approach to ensure effective safeguarding arrangements are evident in practice.

**3.8.2 Statutory Reviews**

The Safeguarding Partnerships commission Statutory Reviews where children have come to harm and lessons can be learnt. The ICB Designated Professionals take the health lead in respect of these reviews, coordinating health’s engagement and ensuring the dissemination of the lessons learnt.

A Rapid Review is undertaken initially within fifteen days of notification of the incident, the report of the Rapid Review is sent to the National Safeguarding Panel who will determine whether the Review has captured the main learning or whether the Partnership are required to undertake a Local Child Safeguarding Practice Review (LCSPR). If the incident is deemed significant enough the National Panel may undertake a National CSPR. In all cases the ICB Designated professional would be expected to co-ordinate a response.

The ICB are also represented at the Multi-Agency Public Protection Arrangements (MAPPA) Senior Management Board, and the Corporate Parenting Advisory Board.

ICBs are responsible for identifying and sharing information about individuals at risk or experiencing exploitation, as part of the strategic locality profile of crime and disorder, for the community safety partnership area/s in which they are a member in addition

Integrated Care Boards (ICBs) are responsible for commissioning mental health and

therapeutic recovery services for victims.

**3.8.3 Female Genital Mutilation (FGM)**

All health colleagues should be aware there is a mandatory duty to report FGM, to the police by dialling ‘101’ and to record via the FGM-IS (FGM Information Sharing) system which is linked to the National NHS Spine.

If FGM is identified in anyone under the age of 18, or they are suspected to be at risk of FGM (e.g. an unborn girl of a mother who has experienced FGM) a child protection referral must be made to the local authority children’s MASH,

If an ICB colleague identifies anyone over the age of 18, who they consider to be at risk the colleague would be advised to follow adult safeguarding policy and procedures.

**3.8.4 Child Exploitation**

Child exploitation refers to the act of using a child for profit, labour, sexual gratification, or some other personal or financial advantage. It often results in cruel or harmful treatment of the child causing emotional, physical or social problems. Exploitation is abuse characterised by a perpetrator’s use of coercion, control, persuasion and duress, which often means that the individuals involved do not recognise themselves as victims.

Exploitation includes:

* Criminal Exploitation
* Child Sexual Exploitation
* Cyber Exploitation
* Human Trafficking and Modern Slavery
* Radicalisation (see PREVENT section of this policy)
* The individual is not free to come and go as they wish
* The individual is unpaid or paid less than minimum wage for carrying out forced labour or domestic servitude, working excessively long or unusual hours or unusual restrictions while at work.

ICB colleagues are required to notify the Designated professionals if they suspect exploitation, in order that the Designated professional can work with multi-agency colleagues to risk assess and safety plan appropriately.

**3.8.5 Perplexing Presentations (PP)/Fabricated or Induced Illness (FII) in children**

The term ‘Fabricated or Induced Illness’ / perplexing presentations encompasses many complex situations in which children are presented as ‘sick,’ but where illness has arisen because of a parent/carer’s actions. This involves the repeated fabrication of disease signs and symptoms for the purpose of gaining medical attention. It can be a form of child abuse when the parent or carer purposefully exaggerates or causes a child to present with symptoms of ill health. The Designated Doctor would take a lead role in any PP/FII investigations.

**3.8.6 Domestic Abuse**

The UK legal definition of domestic abuse as defined in the Domestic Abuse Act 2021:

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if—

A and B are each aged 16 or over and are personally connected to each other, and

the behaviour is abusive.

A child is recognised **as** a victim of domestic abuse in the Domestic Abuse Act 2021.

Domestic abuse includes a range of behaviours such as:

* Physical
* Emotional, psychological & mental
* Coercive and controlling behaviour
* Sexual
* Financial abuse
* Verbal
* Religious and Spiritual
* Honour Based Violence
* Forced marriage
* FGM
* Stalking & harassment

**3.8.7 Colleagues affected by domestic abuse**

The ICB has an employee domestic abuse policy and is committed to heightening awareness of, and providing guidance for, employees and management to address the impact of domestic violence & abuse and its effects on the workplace. The ICB will ensure that every employee who is experiencing or has experienced domestic violence & abuse has the right to raise the issue, with the knowledge that the ICB will treat the matter supportively and confidentially.

# ROLES AND RESPONSIBILITIES

|  |  |
| --- | --- |
| Chief Executive | The Chief Executive is responsible for ensuring that the ICB has policies in place and complies with its legal and regulatory obligations. The Chief Executive will provide the means necessary to ensure that colleagues develop and promote good practice in safeguarding children. It is their responsibility to ensure that the ICB is compliant with training.  They are responsible for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through BSW ICB commissioning arrangements. As such, the Chief Executive has delegated a number of responsibilities to the following managers and key workers within the ICB. |
| **ICB Board and Quality Outcomes Committee** | These are responsible for ensuring safeguarding Childrens’ systems are in place and monitored. They are responsible for promoting the welfare of children at risk and that safeguarding is implemented effectively across the local system.  They receive an annual safeguarding report from the ICB, and a separate annual report for looked after children.  Their responsibility is to consider the safeguarding aspects of all reports. |
| **Chief Nurse Officer** | The Chief Nurse Officer acts as the ICB Board lead with responsibility for safeguarding children.  They are responsible for ensuring strategic ownership of safeguarding children at Governing Body level.  They ensure that there is bi-annual reporting to the Governing Body on all safeguarding children’s activity in the organisation. This will include thematic analysis of Statutory Reviews, identifying the population health impact, health inequalities and learning for improved commissioning.  As the Executive Lead for Safeguarding, the Chief Nurse Officer will ensure that there is a process for commissioned services submit quarterly Safeguarding children returns, in line with NHS England guidance. This data relates to the Safeguarding clause of the NHS Standard Contract and that progress is being made by the organisation to implement Safeguarding requirements. This includes data relating to the number of referrals and compliance with safeguarding training. |
| **Associate Director for Strategic Safeguarding** | The Associate Director for Strategic Safeguarding is responsible for the development of policies and ensuring they comply with relevant standards and criteria where applicable. They are also responsible for ICB wide implementation and compliance with safeguarding policies. |
| **Chief People Officer** | The Chief People Officer is responsible for planning for a suitable number of training places and events to be delivered to allow all relevant colleagues identified in the training needs analysis to access safeguarding training.  They are responsible for ensuring that a Training Plan is in place for safeguarding training at Levels 1-3.  They are required to provide the Executive team with data for training compliance within the ICB and any plans required to improve compliance. |
| **Managers** | Managers are responsible for ensuring policies are implemented, communicated, and that colleagues adhere to the policy details.  They are responsible for ensuring colleagues attend relevant training and supporting colleagues with the processes to escalate a concern. They are also responsible for liaising with the Human Resources Department if the concern raised is about a colleague. |
| **Designated Professional for Safeguarding Children** | The Designated Professional for Safeguarding Children has the delegated day to day responsibility for safeguarding children within the ICB and as a key partner in safeguarding and community safety partnerships.  They are responsible for ensuring that all processes support delivery of effective advice and guidance for safeguarding adult enquiries from colleagues. They will ensure that the safeguarding team provide careful consideration of each case and if required, referral onward in accordance with the local inter-agency safeguarding adult procedures.  They will ensure that Safeguarding Children activity within both the ICB and commissioned services is monitored on a quarterly basis in line with NHS England guidance. This includes collating organisational data relating to Safeguarding Children referrals about NHS commissioned services, their contribution to safeguarding the population and their training compliance.  They attend Local Safeguarding Partnerships and Community Safety Partnerships. They coordinate the ICB’s involvement to assure from a health perspective the effectiveness of safeguarding and community safety across the system.  They co-ordinate Health involvement in Safeguarding Children reviews.  They prepare the ICB annual reports for Childrens’ safeguarding and contribute the ICB section of the Safeguarding Partnership Annual reports.  They ensure and monitor compliance of appropriate training for all ICB colleagues including the Board.  They take a strategic and professional leadership role across the health community on all aspects of Child safeguarding.  They provide support and ensure contribution to safeguarding appraisal and appropriate supervision for colleagues across the health community and within the ICB.  The Designated Professional for Safeguarding Children will assist the Associate Director for Strategic Safeguarding in implementing, monitoring, and reporting on the progress of improvements, uses and outcomes related to this policy. |
| **All Colleagues** | All BSW ICB colleagues have duties and responsibilities in relation to safeguarding children and in keeping with statutory requirements and best practice guidance. All ICB colleagues, including volunteers, have a responsibility to familiarise themselves with this policy and to adhere to its process.  Any concerns must be reported to the relevant line manager. Colleagues have a responsibility to respond sensitively to a safeguarding disclosure and act in a professional manner and take appropriate action. |

# SAFER RECRUITMENT

The ICB has a separate safer recruitment policy detailing how it will undertake safer recruitment all ICB employees will be vetted as to the suitability of their employment and have a DBS check as per the safer recruitment policy.

## 5.1 Managing Allegations Against a Member of Staff

Any allegations made against a member of staff regarding children should be referred to the Local Authority Designated Officer, who will follow the muti-agency safeguarding policy and procedures to investigate the concerns. If the allegation is made against a General Practitioner, the Head of Professional Standards at the local Deanery should also be notified. If the staff member is an ICB employee or volunteer this should be manged in conjunction with HR.

## 5.2 Supervision

The Designated Professionals offer supervision to the Named Safeguarding professionals in all commissioned services and they in turn are responsible for seeking external supervision to meet their needs. All commissioned services should have a supervision policy in place that is monitored as part of the annual audit of services.

## 5.3 Response to Incidents and Complaints

There should be a policy regarding incidents, errors and complaints relating to any aspect of safeguarding children and it should include the requirement to inform the Named or Safeguarding lead at place within the organisation/practice.

In addition, procedures are in place for reporting Serious Incidents to the ICB via the Patient Safety Incident Response Framework (PSIRF, replaces the Serious Incident Policy) and the Compliments, Concerns and Complaints Policy.

# TRAINING

All employees will complete Safeguarding training commensurate to their role under statutory or mandatory training requirements as detailed within the Intercollegiate Guidance Documents.

Monitoring of training will be undertaken as part of the ICB workforce management and individual colleagues Personal Development Plan processes.

The ICB will undertake needs analysis to determine which groups of staff require further safeguarding children training in accordance with national and statutory requirements.

ICB will ensure that it contributes to the provision of multiagency training within the Safeguarding Partnership

# EQUALITY IMPACT ASSESSMENT

An EIA has been completed.

# MONITORING EFFECTIVENESS

* The ICB will ensure there is appropriate safeguarding governance and accountability across allcommissioned services and local place-based systems.
* The ICB will seek assurance through performance reporting against both the standard contract and local quality requirements via contract review meetings.
* The Designated Safeguarding professionals will report on the progress and learning from any Safeguarding Reviews and any implications for the ICB of changes in national or local policy.
* The ICB will undertake regular training compliance audits, supervision audits and any identified audit as deemed necessary. All monitoring of effectiveness of this policy will be reported to System Transformation Assurance Group (STAG).
* Findings from monitoring activities will inform future reforming of this policy.

# REVIEW

This document is reviewed every three years unless there are organisational changes, legislation or guidance to prompt an earlier review. Recurrent instances of non- compliance will be explored to establish the source of non-compliance. If it is found that the policy itself is a source of non-compliance, e.g. is not sufficiently clear, a review would be undertaken.

# REFERENCES AND LINKS TO OTHER DOCUMENTS

## References

Care, D. o. (20, 01 2017). Safeguarding women and girls at risk of FGM. Retrieved from gov.uk: https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm

Care, D. o. (2011, December 22). Building Partnerships, Staying Safe: guidance for healthcare organisations. Retrieved from gov.uk: https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations

Children Act 1989. (1989). Retrieved from Legislation.gov.uk: https://www.legislation.gov.uk/ukpga/1989/41/contents

Children Act 2004. (2004). Retrieved from Legislation.gov.uk: https://www.legislation.gov.uk/ukpga/2004/31/contents

Children and Families Act 2014. (2014). Retrieved from Legislation: https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

Children and Social Work Act 2017. (2017). Retrieved from Legislation: https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted

CQC. (2023, August 11). Regulation 13: Safeguarding service users from abuse and improper treatment. Retrieved from Care Quality Commission 2014: https://www.cqc.org.uk/guidance-providers/regulations/regulation-13-safeguarding-service-users-abuse-improper

Data Protection Act 1998. (n.d.). Retrieved from Legislation.gov.uk: https://www.legislation.gov.uk/ukpga/1998/29/contents

Data Protection Act 2018. (2018). Retrieved from Legislation: <https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

Department for Education (2024) Information sharing; Advice for practitioners providing safeguarding services for children, young people, parents and carers.

Domestic Abuse 2021. (n.d.). Retrieved from Legislation: https://www.legislation.gov.uk/ukpga/2021/17/contents

Education, D. o. (2023, September 21). Children's social care: stable homes, built on love. Retrieved from gov.uk: <https://www.gov.uk/government/consultations/childrens-social-care-stable-homes-built-on-love>

Home Office (2022) Serious Violence Duty; Preventing and reducing serious violence. Statutory Guidance for responsible authorities. Retrieved from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://assets.publishing.service.gov.uk/media/639b2ec3e90e072186e1803c/Final\_Serious\_Violence\_Duty\_Statutory\_Guidance\_-\_December\_2022.pdf

England, NHS. (2017, November 2). Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation. Retrieved from england.nhs.uk: https://www.england.nhs.uk/publication/guidance-for-mental-health-services-in-exercising-duties-to-safeguard-people-from-the-risk-of-radicalisation/

England, NHS. (2018, 04 19). Commissioning services to meet the needs of women and girls with Female Genital Mutilation (FGM). Retrieved from NHS.uk: https://www.england.nhs.uk/publication/commissioning-services-to-meet-the-needs-of-women-and-girls-with-female-genital-mutilation-fgm/

Excellence, N. -N. (2014, 02 26). Domestic Violence and abuse: - multi-agency working. Retrieved from nice.org.uk: https://www.nice.org.uk/Guidance/PH50

Excellence, N. -N. (2016, 02 29). Domestic violence and abuse. Retrieved from nice.org.uk: https://www.nice.org.uk/guidance/qs116

Excellence, N. -N. (2016, 09 20). Harmful sexual behaviour among children and young people. Retrieved from nice.org.uk: https://www.nice.org.uk/guidance/ng55

Excellence, N. -N. (2017, 10 09). Child abuse and neglect. Retrieved from nice.org.uk: https://www.nice.org.uk/guidance/ng76

Female Genital Mutilation Act 2003. (2003). Retrieved from Legislation: https://www.legislation.gov.uk/ukpga/2003/31/contents

Health and Care Act 2022. (2022, April). Retrieved from Legislation.gov.uk: Health and Care Act 2022 (legislation.gov.uk)

Health, D. o. (2000, March). Framework for the Assessment of Children in Need and their Families. Retrieved from doh.gov.uk: https://webarchive.nationalarchives.gov.uk/ukgwa/20130404002518/https:/www.education.gov.uk/publications/eOrderingDownload/Framework%20for%20the%20assessment%20of%20children%20in%20need%20and%20their%20families.pdf

Health, R. C. (2014, March). Safeguarding Children and young people- Roles and competences for health care staff. Retrieved from RHCPH: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.rcpch.ac.uk/sites/default/files/Safeguarding\_Children\_Roles\_and\_Competences\_for\_Healthcare\_Staff.\_Third\_Edition\_March\_2014.pdf

Perplexing Presentations (PP)/Fabricated or Induced Illness (FII) in children. Retrieved from Childprotection.RCPCH.ac.uk: https://childprotection.rcpch.ac.uk/resources/perplexing-presentations-and-fii/

Modern Slavery Act 2015. (2015). Retrieved from Legislation: https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted

NHS England. (2022, July 25). Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework. Retrieved from NHS England: https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/

Nursing, R. C. (2021, 12 24). Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Retrieved from RCN.org: https://www.rcn.org.uk/Professional-Development/publications/pub-007366

Office, Home. (2022, March 01). Tackling violence against women and girls’ strategy: progress update. Retrieved from gov.uk: https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy-progress-update/tackling-violence-against-women-and-girls-strategy-progress-update

Office, Home. (2023, 07 27). Controlling or coercive behaviour: statutory guidance framework (accessible). Retrieved from gov.uk: https://www.gov.uk/government/publications/controlling-or-coercive-behaviour-statutory-guidance-framework/controlling-or-coercive-behaviour-statutory-guidance-framework-accessible#:~:text=The%20amendment%20to%20the%20controlling,amended%20offence%20comes%

Office, Home. (2023, 02 06). Female genital mutilation: resource pack. Retrieved from gov.uk: https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack

Serious Crime Act 2015. (2015). Retrieved from Legislation.gov: https://www.legislation.gov.uk/ukpga/2015/9/contents/enacted

Sexual Offences Act 2003. (n.d.). Retrieved from Legislation: <https://www.legislation.gov.uk/ukpga/2003/42/contents>

South West child protection procedures <https://swcpp.trixonline.co.uk/>

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (2008). Retrieved from Legislation: https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents

Working together to Safeguard Children. (2018, July). Retrieved from Gov.uk: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Working together to Safeguard Children - GOV.UK (www.gov.uk)

**Other documents**

BSW ICB policy for Safeguarding Adults [https://intranet.bsw.icb.nhs.uk/tools-and-resources/resource-library/policies-and-guidance/patient-policies](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fintranet.bsw.icb.nhs.uk%2Ftools-and-resources%2Fresource-library%2Fpolicies-and-guidance%2Fpatient-policies&data=05%7C02%7Celizabeth.wiltshire1%40nhs.net%7C515fd1f233ea4197e14d08dc7bd149aa%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638521386012351390%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Y5iEovdcPueY6N8mL5Y253JJ9hKrEp3KMT7RBVyEOY0%3D&reserved=0)

BSW ICB policy for Safeguarding Children Looked After and Care Experienced Young People [https://intranet.bsw.icb.nhs.uk/tools-and-resources/resource-library/policies-and-guidance/patient-policies](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fintranet.bsw.icb.nhs.uk%2Ftools-and-resources%2Fresource-library%2Fpolicies-and-guidance%2Fpatient-policies&data=05%7C02%7Celizabeth.wiltshire1%40nhs.net%7C515fd1f233ea4197e14d08dc7bd149aa%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638521386012351390%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Y5iEovdcPueY6N8mL5Y253JJ9hKrEp3KMT7RBVyEOY0%3D&reserved=0)

BSW ICB Safer Recruitment Policy (as part of recruitment policy) <https://hr-bswccg.scwcsu.nhs.uk/index.php/resources/policies-user-guides-bsw>

BSW ICB Domestic Abuse Policy <https://hr-bswccg.scwcsu.nhs.uk/index.php/resources/policies-user-guides-bsw>

BSW ICB Disciplinary Policy <https://hr-bswccg.scwcsu.nhs.uk/index.php/resources/policies-user-guides-bsw>

BSW ICB Mental Capacity Act and Deprivation of Liberty Policy and Procedure [https://intranet.bsw.icb.nhs.uk/tools-and-resources/resource-library/policies-and-guidance/patient-policies](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fintranet.bsw.icb.nhs.uk%2Ftools-and-resources%2Fresource-library%2Fpolicies-and-guidance%2Fpatient-policies&data=05%7C02%7Celizabeth.wiltshire1%40nhs.net%7C515fd1f233ea4197e14d08dc7bd149aa%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638521386012351390%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Y5iEovdcPueY6N8mL5Y253JJ9hKrEp3KMT7RBVyEOY0%3D&reserved=0)

BSW ICB Prevent Policy [https://intranet.bsw.icb.nhs.uk/tools-and-resources/resource-library/policies-and-guidance/patient-policies](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fintranet.bsw.icb.nhs.uk%2Ftools-and-resources%2Fresource-library%2Fpolicies-and-guidance%2Fpatient-policies&data=05%7C02%7Celizabeth.wiltshire1%40nhs.net%7C515fd1f233ea4197e14d08dc7bd149aa%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638521386012351390%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Y5iEovdcPueY6N8mL5Y253JJ9hKrEp3KMT7RBVyEOY0%3D&reserved=0)

# APPENDICES

## Appendix 1 – Glossary of terms

1. Children -Under the Children Act (1989, 2004) a child is anyone who has not yet reached his or her 18th birthday.
2. Safeguarding’ refers to a broad responsibility to promote and protect the wellbeing of all children.
3. Child protection’ refers to a set of arrangements for any child/ren who have been deemed to be at risk of ‘significant harm’ under the Children Act 1989
4. Parental responsibility is "the rights, duties, powers and responsibilities which by law a parent of a child has in relation to the child and his property (Children Act, 1989).
5. Section 17, Children Act 1989.- Provision of Services for Children in Need
6. Section 47, Children Act 1989, – Refers to the Local Authority duty to investigate children at risk of or suffering significant harm.
7. Section 11, Children’s Act 2004- Outlines NHS organisations duty to co-operate

## Appendix 2 Categories of Child Abuse

Under Working Together 2023 guidance, there are four categories of abuse:

|  |
| --- |
| **Physical Abuse** |
| A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. |
| **Emotional Abuse** |
| The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone |
| **Sexual Abuse** |
| Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. |
| **Neglect** |
| The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:  a. provides adequate food, clothing and shelter (including exclusion from home or abandonment)  b. protects a child from physical and emotional harm or danger  c. ensures adequate supervision (including the use of inadequate caregivers)  d. ensure access to appropriate medical care or treatment  It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs  **Risks Outside the Home**  Risk outside the home (ROTH) refers to the **contextual safeguarding approach** adopted in Swindon to understand and respond to, young people’s experiences of significant harm experienced 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 this, and young people’s experiences of extra-familial abuse can undermine parent-child relationships.  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 or local lines * trafficking * online abuse * teenage relationship and peer-on-peer abuse * sexual exploitation * influences of extremism leading to radicalisation   Therefore, children’s social care practitioners, child protection systems and wider safeguarding 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. |

## Appendix 3 NHS Organisation Duty to Co-operate

Organisations and agencies identified by the Children Act 2004 should have in place:

* 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.
* A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services.
* Whistleblowing procedures, which are suitably referenced in staff training and codes of conduct.
* Escalation policies for colleagues to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies.
* Information sharing arrangements.
* A designated practitioner for child safeguarding. To support a range of to recognise the needs of children, including protection from possible abuse or neglect.
* Safe recruitment practices including policies on when to obtain a criminal record check. Appropriate supervision and support and training for staff.
* A culture of safety, equality, and protection.
* Safeguarding should be part of the mandatory induction programme.