Derby and Derbyshire
Integrated Care Board

NHS Derby and Derbyshire Integrated Care Board

Safeguarding Children Policy

KEY POLICY MESSAGES	
1.	The ICB has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people
2.	The policy provides clear service standards against which healthcare providers, including independent providers, will be monitored to ensure that all service users are protected from abuse and the risk of abuse
3.	This policy aims to ensure that no act or omission by the ICB as a commissioning organisation, or via the services it commissions, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, young people and their families.

VERSION CONTROL

Title:	NHS Derby and Derbyshire Integrated Care Board Safeguarding Children Policy
Supersedes:	NHS Derby and Derbyshire CCG's Safeguarding Children Policy
Description of Amendment(s):	Versions 0.1, 0.2 and 0.3 – initial draft **08/08/23 – version 0.4 amendments made following 360 assurance team recommendations regarding reflecting governance / reporting and monitoring / reviewing process of the policy**
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Policy Area:	Nursing & Quality – Safeguarding
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Author:	Assistant Director for Safeguarding Children/ Lead Designated Nurse for Safeguarding Children Corporate Governance Manager
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List of Referenced Policies:	Disclosure and Barring Policy Media and social media Policy Raising Concerns at Work (Whistleblowing) Policy
Key Words section (metadata for search facility online):	Safeguarding Children Looked After Children
Reference Number:	NQ07
Target Audience:	ICB approved policies apply to all employees, contractors, volunteers, and others working with the ICB in any capacity. Compliance with ICB policy is a formal contractual requirement and failure to comply with the policy, including any arrangements which are put in place under it, will be investigated and may lead to disciplinary action being taken.

CONTENTS

1. INTRODUCTION

1.1 NHS Derby and Derbyshire Integrated Care Board (DDICB") as with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, that reflect the needs of the children they deal with. This policy details the safeguarding arrangements that must be in place to ensure the ICB fulfils its statutory duties and responsibilities.

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

1.2.1 NHS England & NHS Improvement - Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework (2022)

1.2.2 DfE, (2018) Working Together to Safeguard Children;

1.2.3 DfE, (2015) Statutory Guidance on Promoting the Health and Well-being of Looked After Children for local authorities, clinical commissioning groups and NHS England;

1.2.4 HM Government (2015) Counterterrorism and Security Act;

1.2.5 Intercollegiate Document – Safeguarding Children and Young People roles and Competences for Healthcare Staff(2019); and

1.2.6 Intercollegiate Document – Looked after Children: Knowledge, skills and competence of Health Care Staff (2020).

1.3 As a commissioning organisation the ICB is required to ensure that all health providers from whom it commissions services have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect adults at risk from abuse and neglect or the risk of abuse and neglect; that health providers also refer to the Derby and Derbyshire Safeguarding Children Partnership procedures.

1.4 This policy has two functions: it details the roles and responsibilities of the ICB as a commissioning organisation, and that of its employees. The policy also provides clear service standards against which healthcare providers, including independent providers, will be monitored to ensure that all service users are protected from abuse and the risk of abuse.

2. SCOPE

2.1 This policy aims to ensure that no act or omission by the ICB as a commissioning organisation, or via the services it commissions, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, young people and their families.

2.2 Where the ICB is identified as the lead commissioner it will notify associate commissioners of a provider's non-compliance with the standards contained in this

procedure or of any serious untoward incident that has compromised the safety and welfare of a child/adult at risk resident within their population.

3. SHARED RESPONSIBILITY

3.1 In developing this policy, the ICB recognises that safeguarding children is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if those vulnerable groups in society are to be protected from harm.

3.2 In order to achieve effective joint working, there must be constructive relationships at all levels, promoted and supported by:

3.2.1 a commitment of senior managers and board members to seek continuous improvement with regards to safeguarding both within the work of the ICB and those services it commissions.

3.2.2 clear lines of accountability within the ICB for safeguarding.

3.2.3 equal system leadership between Local Authority Children's Services, the Police and the ICB.

3.2.4 clear policies setting out the ICB's commitment, and approach to safeguarding.

3.2.5 service developments that take account of the need to safeguard all service users, and informed, where appropriate, by the views of service users.

3.2.6 staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regard to safeguarding children, looked after children, mental capacity and Prevent.

3.2.7 appropriate supervision and support for staff in relation to safeguarding practice.

3.2.8 safe working practices including recruitment and vetting procedures.

3.2.9 effective interagency working, including effective information sharing.

The above principles reflect the expectations of the NHS England & NHS Improvement - Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework (2022)

and statutory guidance as referenced within this policy.

3.3 The ICB is committed to a human rights based approach, which ensures that employees and the community that we serve are treated with fairness, respect, equality, dignity and autonomy and that individuals or groups are not discriminated against on the basis of their protected characteristics as outlined in the Equality Act (2010). The nine protected characteristics being age; gender; race; disability; marriage/civil partnership; maternity/pregnancy; religion/belief; sexual orientation and gender reassignment.

4. SAFEGUARDING IS EVERYONE'S RESPONSIBILITY

4.1 Everyone who works with children – including teachers, GPs, nurses, midwives, health visitors, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers have a responsibility for keeping them safe. No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

4.2 In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals. In addition, effective safeguarding requires clear local arrangements for collaboration between professionals and agencies.

4.3 Any professionals with concerns about a child's welfare should make a referral to Local Authority Children's Social Care. Professionals should follow up their concerns if they are not satisfied with the Local Authority Children's Social Care response – (see links below to Threshold[1] and Escalation[2] Policies).

5. DERBY AND DERBYSHIRE SAFEGUARDING CHILDREN PARTNERSHIP

5.1 The purpose of local arrangements is to support and enable organisations and agencies across Derby and Derbyshire to work together so that:

5.1.1 children are safeguarded and their welfare promoted.

5.1.2 partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children.

5.1.3 organisations and agencies challenge appropriately and hold one another to account effectively;

5.1.4 there is early identification and analysis of new safeguarding issues and emerging threats; and

5.1.5 learning is promoted and embedded in a way that local services can become more reflective and implement changes to practice identified as positive for children and families; information is shared effectively to facilitate more accurate and timely decision making for children and families.

[1] https://www.proceduresonline.com/derbyshire/scbs/user_controlled_lcms_area/uploaded_files/Threshold%20Document%20FINAL%20December%202019.pdf

[2] https://www.proceduresonline.com/derbyshire/scbs/user_controlled_lcms_area/uploaded_files/Multi%20Agency%20Dispute%20Resolution%20%26%20Escalation%20Policy%20Dec%202019%20Final.pdf

5.2 The safeguarding partners are defined under the Children Act 2004 (as amended by the Children and Social Work Act 2017). The safeguarding partners for the Derby and Derbyshire Safeguarding Children Partnership are as follows:

5.2.1 The Local Authority: **Derby City Council and Derbyshire County Council**

5.2.2 Integrated Care Boards for an area any part of which falls within the Local Authority area: **NHS Derby and Derbyshire Integrated Care Board**

5.2.3 The Chief Officer of Police for an area any part of which falls within the local authority area: **Derbyshire Constabulary**

5.3 In order to ensure that the responsibilities of the partnership are being effectively discharged, a Chief Officer Group will lead the Derby and Derbyshire Safeguarding Children Partnership and includes representation from the following:

5.3.1 Derby City Council: Chief Executive

5.3.2 Derby City Council: Cabinet member for Children and Young People

5.3.3 Derby City Council: Director of Children's Services (statutory role)

5.3.4 Derbyshire County Council: Executive Director

5.3.5 Derbyshire County Council: Cabinet member for Children and Young People

5.3.6 Derbyshire County Council: Director of Children's Services (statutory role)

5.3.7 NHS Derby and Derbyshire Integrated Care Board: Chief Executive

5.3.8 Derbyshire Constabulary: Chief Constable

5.3.9 Derbyshire Police and Crime Commissioner

5.4 In order to achieve effective multi-agency engagement, scrutiny and challenge across the partnership with suitable seniority, the Executive Board will comprise of core representation at each quarterly meeting from:

5.4.1 Derby City Council

5.4.2 Derbyshire County Council

5.4.3 NHS Derby and Derbyshire Integrated Care Board

5.4.4 Derbyshire Constabulary

5.4.5 Derbyshire Community Health Services NHS Foundation Trust

5.4.6 University Hospitals of Derby and Burton NHS Foundation Trust

5.4.7 Derbyshire Healthcare NHS Foundation Trust

5.4.8 Chesterfield Royal Hospital NHS Foundation Trust

5.4.9 The Chair of the Derbyshire Education Group

5.4.10 East Midlands Ambulance Service (EMAS)

5.4.11 DHU Healthcare/NHS 111

5.5 The task of organising local safeguarding arrangements is now shared by three Partner agencies (Local Authority, Police, and the ICB). Working Together to Safeguard Children (2018) places a duty on those three agencies to establish Multiagency Safeguarding Arrangements (MASA) for their local child population, with other relevant agencies as they deem appropriate.

5.6 The partners must work together to safeguard children and promote the welfare of all children in their area, and to monitor and ensure the effectiveness of those arrangements. They will be equally accountable for the system they create. There is a shared and equal legal duty for partner organisations, working with relevant agencies, to safeguard and promote the welfare of all children in a LA area. The LA, Police, ICB, ICB Designated professionals and local providers should ensure appropriate representation in the new partnership arrangements. Partners must commission safeguarding practice reviews where abuse or neglect of a child is known or suspected and the child has either died or been seriously harmed, and there is concern over how agencies and service providers have worked together.

5.7 The three safeguarding partners should agree:

5.7.1 local priorities;

5.7.2 ways to co-ordinate their safeguarding services with relevant agencies;

5.7.3 establishing a strategic leadership group in supporting and engaging others;

5.7.4 implementing local and national learning from serious child safeguarding incidents;

5.7.5 processes that facilitate and drive action beyond usual institutional and agency constraints and boundaries.

5.7.6 effective protection of children is founded on lasting and trusting relationships with children and their families.

5.7.7 a dispute resolution process.

5.7.8 an independent scrutiny arrangement; and

5.7.9 the relationship and processes between Health and Wellbeing Boards and Adult Safeguarding Boards.

5.8 The Derby and Derbyshire Safeguarding Children Partnership (DDSCP) is the statutory, multi-agency partnership with responsibility for coordinating, monitoring and challenging all Derby and Derbyshire safeguarding children and young people activity. The work of the DDSCP is broad and varied but includes:

5.8.1 developing multi-agency policies and procedures for safeguarding.

5.8.2 participating in the strategic planning of children's services;

5.8.3 communicating the need to safeguard and promote the welfare of children to professionals and the public;

5.8.4 conducting Child Safeguarding Practice Reviews (previously Serious Case Reviews) when a child dies or is seriously harmed, and abuse or neglect is suspected;

5.8.5 ensuring procedures to ensure a coordinated response to unexpected child deaths;

5.8.6 collecting and analysing information about all child deaths that occur in the area to identify issues of concern; and

5.8.7 providing multi-agency training and development to staff on safeguarding children.

5.9 The DDSCP have developed a range of learning opportunities that have been informed by the Partnerships priorities, quality assurance activities and learning reviews, which aim to equip all staff to work confidently alone and alongside others to keep children safe and promote their wellbeing. These training opportunities and a wide variety of information, advice, tools and resources is located on the DDSCP website.

6. LEGAL FRAMEWORK – SECTION 11 OF THE CHILDREN ACT 2004

6.1 Section 11 of the Children Act 2004 places a statutory duty on NHS organisations, including NHS England and NHS Improvement, and ICBs to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children and young people.

6.2 All NHS organisations must have arrangements in place that reflect the importance of safeguarding and promoting the welfare of children, including:

6.2.1 a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children.

6.2.2 a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;

6.2.3 a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services.

6.2.4 clear whistleblowing procedures, which reflect the principles in Sir Robert Francis's Freedom to Speak Up report1 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; arrangements which set out clearly the processes for sharing information with other professionals;

6.2.5 a designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;

6.2.6 safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;

6.2.7 appropriate supervision and support for staff, including undertaking safeguarding training:

(a) 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.

(b) staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare;

(c) all professionals should have regular reviews of their own practice to ensure they improve over time;

(d) clear policies for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has: behaved in a way that has harmed a child, or may have harmed a child; possibly committed a criminal offence against or related to a child; or behaved towards a child or children in a way that indicates they may pose a risk of harm to children (Working Together 2018).

7. DEFINITIONS: CATEGORIES OF ABUSE

7.1 In this Policy, as in the Children Act 1989 and 2004, **a child** is anyone who has not yet reached their 18th birthday. **'Children'** therefore means children and young people throughout.

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

7.2.1 protecting children from maltreatment.

7.2.2 preventing impairment of children's health or development;

7.2.3 ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and

7.2.4 taking action to enable all children to have the best life chances.

7.3 **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 for example, via the internet. They may be abused by an adult or adults, or another child or children. The different types of abuse:

7.3.1 Physical abuse

Physical abuse 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. Female Genital Mutilation is also a form of physical abuse.

7.3.2 Emotional abuse

Emotional abuse is 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 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 them. These may include interaction, that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. 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.

7.3.3 Sexual abuse

(a) 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 (including via the internet).

(b) Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

7.3.4 Neglect

The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

(a) provide adequate food, clothing and shelter (including exclusion from home or abandonment;

(b) protect a child from physical and emotional harm or danger.

(c) ensure adequate supervision (including the use of inadequate caregivers);

(d) ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.[3]

7.4 Disabled Children

7.4.1 Any child with a disability is by definition a 'child in need' under section 17 of the Children Act 1989. The Disability Discrimination Act (2005) makes it unlawful to discriminate against a disabled person in relation to the provision of services. This includes making a service more difficult for a disabled person to access or providing them with a different standard of service. The Disability Discrimination Act (2005) (DDA) defines a disabled person as someone who has: *"A physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities"*. Disabled children may be especially vulnerable to abuse for a number of reasons:

(a) many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;

(b) their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;

(c) they have an impaired capacity to resist or avoid abuse.

(d) they may have speech, language and communication needs which may make it difficult to tell others what is happening;

(e) they often do not have access to someone they can trust to disclose that they have been abused; and/or

(f) they are especially vulnerable to bullying and intimidation.

7.4.2 Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs. These factors can be present for both LAC disabled children and disabled children:

(a) force feeding.

(b) unjustified or excessive physical restraint.

[3] Working Together Definition, (2018)

(c) rough force feeding;

(d) unjustified or excessive physical restraint.

(e) rough handling;

(f) extreme behaviour modification, including the deprivation of liquid, medication, food or clothing.

(g) misuse of medication, sedation, heavy tranquillisation.

(h) invasive procedures against the child's will.

(i) deliberate failure to follow medically recommended regimes.

(j) misapplication of programmes or regimes.

(k) ill-fitting equipment.

(l) undignified age or culturally inappropriate intimate care practices.[4]

7.4.3 Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice and strengthening the capacity of children and families to help themselves.

7.4.4 The national guidance Safeguarding Disabled Children - Practice Guidance (DCSF 2009) (no update available since 2009) provides a framework collaborative multi-agency responses to safeguard disabled children.

7.5 Fabricated or Induced Illness in a Child

7.5.1 Fabricated or Induced Illness (FII) is a condition whereby a child suffers harm through the deliberate action of her/his main carer, and which is attributed by the adult to another cause. FII is relatively rare and is potentially lethal. There are four main ways of the carer fabricating or inducing illness in a child:

(a) fabrication of signs and symptoms, including fabrication of past medical history;

(b) fabrication of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluids.

(c) exaggeration of symptoms/real problems. This may lead to unnecessary investigations, treatment and/or special equipment being provided.

(d) induction of illness by a variety of means.

The above four methods are not mutually exclusive.

[4] Working Together Definition, (2018)

7.5.2 Once a health practitioner has suspicions that fabricated or induced illness is being presented, the ICB Designated Doctor/Nurse should be contacted for specialist advice.

7.5.3 Health practitioners should not normally discuss their concerns with the parents / carers at this stage.

7.5.4 If any professional considers their concerns about fabricated or induced illness are not being taken seriously or responded to appropriately, they should discuss these concerns with the ICB Designated Doctor or Nurse.

7.5.5 It is important that DDSCP procedures are referred to in regard to what actions are required to be taken.

7.6 Domestic Violence and Abuse

7.6.1 Domestic Violence and Abuse is defined as: *"Any incident or pattern of incidents of controlling, coercive or 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. This can encompass but is not limited to the following types of abuse:*

(a) psychological;

(b) physical;

(c) sexual;

(d) financial; or

(e) emotional.

Controlling behaviour: is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour: is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." Domestic Abuse is 'Any incident or pattern of incidents of controlling, coercive or 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. This can encompass but is not limited to the following types of abuse: Psychological Physical, Sexual, Financial, and Emotional."

7.6.2 This definition includes Honour Based Violence, Female Genital Mutilation (FGM) and Forced Marriage, and is clear that victims are not confined to one gender or ethnic group.

7.6.3 Where there is domestic violence and abuse, the wellbeing of the children in the household must be promoted and all assessments must consider the need to safeguard the children, including unborn child/ren. They are at increased risk of physical, emotional and sexual abuse in these environments.

7.6.4 Professionals who are concerned regarding domestic abuse need to refer to the DDSCP procedures and complete the domestic abuse risk assessment checklist; this may result with a case being classed as high risk which would need a referral to the Derby and Derbyshire Multi Agency Risk Assessment Conference (MARAC).

7.6.5 MARAC is a victim focused meeting where information is shared between partner agencies on the highest risk cases of domestic abuse and violence. A risk focused, coordinated safety plan is then drawn up to support the victim and his / her family. Cases discussed at MARAC will be shared with relevant services, if there needs to be further advice and support provided by that service. In light of the existence of high risk of domestic violence and known risks and vulnerability factors disclosed at MARAC, the expectation is that each service will review the family's needs and in accordance with the additional needs identified, provide an appropriate follow up service.

7.6.6 Domestic violence and abuse is a complex issue that needs sensitive handling by a range health and social care professionals.

7.7 Sexually Active Children

7.7.1 A child under 13 is not legally capable of consenting to sexual activity and sexual activity with a child under 13 years of age is a criminal offence/classed as statutory rape, see guidance working with sexually active children and young people under age 18. Any offence under the Sexual Offences Act 2003 involving a child under 13 indicates significant harm to the child and requires a child protection referral. Sections 9-13 of the Sexual Offences Act (2003) clarifies that any sexual activity involving consenting children under 16 is unlawful, but Home Office guidance is clear that there is no intention to prosecute teenagers under the age of 16 where both mutually agree and where they are of a similar age.

7.7.2 It is considered good practice for workers to follow the Gillick competence and Fraser guidelines when discussing sexual health with a young person under 16. It became lawful to provide contraceptive advice and treatment to girls under the age of 16, subject to Fraser guidelines .In certain circumstances a child under the age of 16 can give consent to treatment in their own right ('Gillick competence').

7.7.3 Although sexual activity over the age of 16 is lawful, under 18s are still offered protection under the Children Act 1989 and consideration still needs to be given to issues of sexual exploitation and abuse.

7.7.4 Young people over the age of 16 and under the age of 18 are not deemed able to give consent if the sexual activity is with an adult in a position of trust or a family member as defined by the Sexual Offences Act (2003).

7.7.5 Professionals are required to identify where young people's sexual relationships may be abusive and they may need protection, and/ or the provision of additional services.

7.8 Child at Risk of Exploitation (CRE)/Sexual Exploitation (CSE)

7.8.1 Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce,

manipulate or deceive a child or young person under the age of 18 into sexual activity:

(a) in exchange for something the victim needs or wants; and/or

(b) for the financial advantage or increased status of the perpetrator or facilitator.

7.8.2 The victim may have been sexually exploited *even if the sexual activity appears consensual*. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. Like all forms of child sexual abuse, child sexual exploitation: can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex:

(a) can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

(b) can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

7.8.3 Child sexual exploitation (CSE) is never the victim's fault, even if there is some form of exchange: all children and young people under the age of 18 have a right to be safe and should be protected from harm.

7.8.4 Professionals are advised to refer to the DDSCP procedures for further advice and guidance on CSE and child at risk of exploitation.

7.8.5 The CSE Risk Assessment toolkit is also available via the DDSCP Safeguarding procedures.

7.9 Wider Child Exploitation (Including Criminal Exploitation, Modern Slavery, Human Trafficking, County Lines)

7.9.1 Contextual Safeguarding is where children may become vulnerable to abuse or exploitation from outside of their families these external extra familial risks which may be associated with:

(a) school/ educational establishment.

(b) peer groups.

(c) wider community; and

(d) online.

7.9.2 Children and young people may be vulnerable to multiple extra familial risks through exploitation by criminal gangs and organised crime groups (county lines), trafficking, online abuse, sexual exploitation and the influence of extremism leading to radicalisation. The ICB will work alongside partner agencies to develop local arrangements to safeguard children and young people at risk of harm from outside the family.

7.10 Child Criminal Exploitation

7.10.1 Child Criminal Exploitation is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

(a) in exchange for something the victim needs or wants; and/or

(b) for the financial or other advantage of the perpetrator or facilitator; and/or

(c) through violence or the threat of violence.

7.10.2 The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

7.11 County Lines

County Lines is a form of child criminal exploitation and is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

7.12 Modern Slavery

Modern slavery is a form of organised crime in which individuals including children and young people are treated as commodities and exploited for criminal gain. Slavery is an umbrella term for activities involved when one person obtains or holds another person in compelled service. Modern slavery is identified as child abuse which requires a child protection response. It is an abuse of human rights, and all children, irrespective of their immigration status, are entitled to protection under the law. For further information please refer to the Modern Slavery Act (2015).

7.13 Human Trafficking

7.13.1 Human trafficking is the movement of people by means such as force, fraud, coercion or deception, with the aim of exploiting them. It is a form of modern slavery and a crime. Trafficking involves the transportation of people in order to exploit them by the use of force, violence, deception, intimidation or coercion. It does not always involve international transportation and can be transportation just within the UK. This exploitation includes commercial, sexual and bonded labour. Trafficked people have little choice in what happens to them and often suffer abuse due to violence and threats made against them or their families. In effect, they become commodities owned by traffickers, used for profit. The National Referral Mechanism is a framework for identifying victims of human trafficking and ensuring they receive appropriate care.

7.13.2 Professionals are advised to refer to the DDSCP procedures for further advice and guidance on human trafficking see guidance on Safeguarding Children and Young People who may have been victims of Modern Slavery (human trafficking).

7.13.3 Resources

The NSPCC has a Child Trafficking Advice Centre for staff who work with children or young people who may have been trafficked into the UK, contact this specialist service for information and advice. Call 0808 800 5000 or email help@nspcc.org.uk for more information.

7.14 Female Genital Mutilation

7.14.1 Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for non-medical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. It is often referred to as 'cutting', 'female circumcision', 'initiation', 'Sunna' and 'infibulation'.

7.14.2 From the 31st October 2015, regulated professionals in health and social care and teachers in England and Wales have a duty to report 'known' cases of FGM (Female Genital Mutilation) in under 18s to the Police. Professionals who initially identify FGM must call 101 (police) to report.

7.14.3 If you are worried about a girl under 18 who is either at risk of FGM or who you suspect may have had FGM, you should share this information immediately with Children's Social Care or the Police. Where a child appears to be in immediate danger of mutilation, Children's Social Care and the Police will urgently consider the need for a Female Genital Mutilation Protection Order, an Emergency Protection Order or a Prohibited Steps Order. Practitioners should make it clear to the family that they will be breaking the law if they arrange for the child to have the procedure.

7.14.4 Professionals are advised to refer to the DDSCP procedures for FGM guidance and advice.

7.14.5 Assessment Tools and Resources

(a) FGM resource pack

(b) The NSPCC has a 24 hour helpline to provide advice and support to victims of FGM – call the helpline on 0800 028 3550 or email fgmhelp@nspcc.org.uk

(c) Multi-agency statutory guidance on female genital mutilation 2016 updated 2023

7.15 Safeguarding Children and Young People against Radicalisation and Extremism

7.15.1 Extremism goes beyond terrorism and includes people who target the vulnerable - including the young by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy (2015) as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and

beliefs. Working Together (2018) also regards calls for the death of members of our armed forces as extremist.

7.15.2 Prevent is one part of the United Kingdom's counter-terrorism strategy (CONTEST) and aims to stop people from being exposed to extreme ideologies and becoming radicalised. The CONTEST strategy is divided up into four priority objectives:

(a) **Pursue** – stop terrorist attacks

(b) **Prepare** – where we cannot stop an attack, mitigate its impact

(c) **Protect** – strengthen overall protection against terrorist attacks

(d) **Prevent** – stop people becoming terrorists and supporting violent extremism

7.15.3 It is an approach that involves many agencies and communities, to safeguard people who may be at risk of radicalisation.

7.15.4 Since the publication of the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been attempts to radicalise vulnerable children and young people to develop extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

7.15.5 Healthcare professionals must be trained to recognise the signs that someone is at risk of radicalisation and they have a duty to find appropriate support through established arrangements i.e. Channel – a multi-agency programme which provides tailored support to people who have been identified as being at risk of being drawn into terrorism. Prevent operates in the pre criminal space before any criminal activity has taken place.

Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks. Children should be protected from messages of extremism.

7.15.6 Professionals are advised to refer to the DDSCP procedures for further advice and guidance on safeguarding children and young people against radicalisation and extremism.

8. CHILD CENTRED APPROACH

8.1 Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children.

8.2 A child centred and co-ordinated approach to safeguarding (Working Together 2018) states the effective safeguarding arrangements in every local area should be underpinned by two key principles:

8.2.1 safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and

8.2.2 a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

8.3 Children have said that they need:

8.3.1 vigilance: to have adults notice when things are troubling them;

8.3.2 understanding and action:

(a) to understand what is happening;

(b) to be heard and understood; and

(c) to have that understanding acted upon;

8.3.3 stability: to be able to develop an on-going stable relationship of trust with those helping them;

8.3.4 respect: to be treated with the expectation that they are competent rather than not;

8.3.5 information and engagement: to be informed about and involved in procedures, decisions, concerns and plans;

8.3.6 explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response;

8.3.7 support: to be provided with support in their own right as well as a member of their family; and

8.3.8 advocacy: to be provided with advocacy to assist them in putting forward their views.

9. PRIVATE FOSTERING

9.1 A private fostering arrangement is essentially one that is made without the involvement of a Local Authority for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative for 28 days or more.

9.2 Privately fostered children are a diverse and sometimes vulnerable group which includes:

9.2.1 children sent from abroad to stay with another family, usually to improve their educational opportunities;

9.2.2 asylum-seeking and refugee children;

9.2.3 teenagers who, having broken ties with their parents, are staying in short–term arrangements with friends or other non-relatives;

9.2.4 children who stay with another family whilst their parents are in hospital, prison or serving overseas in the armed forces;

9.2.5 language students living with host families.

9.3 Under the Children Act (1989), private foster carers and those with parental responsibility are required to notify the local authority of their intention to privately foster or to have a child privately fostered, or where a child is privately fostered in an emergency.

9.4 All health care professionals should notify Children's Social Care of a private fostering arrangement that comes to their attention, where they are not satisfied that the arrangement has been or will be notified. Please refer to DDSCP procedures for more guidance and advice regarding Private Fostering.

10. LOOKED AFTER CHILDREN

10.1 This term applies to children currently being looked after and/or accommodated by local authorities, including unaccompanied asylum seeking children and those children where the agency has authority to place the child for adoption.

10.2 Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults.

10.3 Children living away from home are particularly vulnerable to being abused by adults and peers. Limited and sometimes controlled contact with family and carers may affect a child's ability to disclose what is happening to them. Given that many young people live away from home because of concerns about their home conditions, it is particularly important that their welfare is protected when they are being cared for by another agency or institution.

10.4 The Royal Colleges of Nursing and GPs developed a framework for healthcare staff to understand their role and responsibilities for meeting the needs of looked after children. It sets out the required knowledge, skills, attitudes and values required with the ultimate aim of improving life experiences for some of the most vulnerable children in society. This can be located on the Royal College of Paediatrics and Child Health website:

Intercollegiate Document - Looked after Children: Knowledge, Skills and Competencies of Health Care staff (2020)

11. MENTAL CAPACITY ACT

11.1 The Mental Capacity Act (MCA) (2005) sets out who can, and how to, make decisions relating to care and treatment for those who lack capacity to make such decisions. The MCA covers decisions relating to finance, social care, medical care and treatments, research and everyday living decisions, as well as planning for the future. Within the MCA, the term capacity relates to the person's ability to consent to or refuse care or treatment. The Act provides a two stage test for assessing a person's capacity and this must be used for each individual decision to be made.

11.2 The MCA applies to all over the age of 16 years, with a presumption that all young people (16 and 17 years of age) and adults have the ability to give valid consent to or refuse treatment.

11.3 The ICB expects its commissioned provider services to be compliant with the five statutory principles which provide a framework and guide and inform decision making in respect of people who may lack mental capacity for decision-making in some aspects of their life, including their healthcare. The ICB expects all its commissioned services to understand and always work in line with the MCA 2005.

12. LAMPARD

Themes and lessons from NHS investigations into matters relating to Jimmy Savile report (2015) made 14 recommendations for all NHS provider organisations. It is the responsibility of the ICB to ensure providers demonstrate compliance against these recommendations.

13. ROLES AND RESPONSIBILITIES FOR SAFEGUARDING

13.1 ICBs are responsible in law for the safeguarding element of services they commission. As commissioners of local health services, ICBs need to assure themselves that organisations from which they commission have effective safeguarding arrangements in place. The ultimate accountability for safeguarding sits with the Chief Executive Officer of the ICB. Any failure to have systems and processes in place to protect children and adults at risk in the commissioning process, or by providers of health care that the ICB commission, would result in failure to meet statutory and non-statutory constitutional and governance requirements. Fundamentally the role of the ICB is to work with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and delivering improved outcomes and life chances for the most vulnerable.

13.2 ICBs need to demonstrate that their Designated experts (for looked after children), are embedded in the clinical decision-making of the organisation, with the authority to work within local health economies to influence local thinking and practice and the capacity to do so.

13.3 It is crucial that Designated Safeguarding Professionals play an integral role in all parts of the commissioning cycle, from procurement to quality assurance, if appropriate services are to be commissioned that support children and young people at risk of abuse or neglect, as well as effectively safeguarding against abuse and neglect.

13.4 Safeguarding forms part of the NHS Standard Contract and commissioners will need to agree with their providers, through local negotiation, what contract monitoring processes are used to demonstrate compliance with safeguarding duties. The ICB must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. Assurance may consist of assurance visits, Section 11 audits, Safeguarding Partnership audits and attendance at provider safeguarding committees.

13.5 Safeguarding standards that are set within contracts and specifications pertaining to safeguarding services need to be SMART (Specific, measurable, achievable, relevant and timely).

Specific *– clear expectations on what is required from the provider to fulfil their contract based on the NHS England – Safeguarding children, young people, and adults at risk in the NHS – Safeguarding accountability and assurance framework (2022) – SAAF.*

Measurable- *Agreed monitoring tool / self-assessment framework for the provider to be able to compete and assess themselves on the key standards specified and record a compliance rating and action plan for any areas of noncompliance.*

Achievable – *Contracted services to have the required resources to full and deliver the service being commissioned and mechanism of reporting /raising concerns or issues with the ICB Contract leads/ safeguarding service.*

Relevant *– clear set & relevant safeguarding standards based on what is required from the Provider in regard to fulfilling their safeguarding requirements/ roles and responsibilities.*

Timely – *reporting process and timeframes for reporting into the ICB contract and safeguarding team clear and agreed.*

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

13.7 The ICB must demonstrate appropriate systems are in place for discharging statutory duties in terms of safeguarding. These include:

13.7.1 the ICB must establish and maintain good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively;

13.7.2 commission services ensuring that all service users are protected from abuse and neglect;

13.7.3 a clear line of accountability for safeguarding reflected in governance arrangements;

13.7.4 clear policies setting out the commitment and approach to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate;

13.7.5 gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement;

13.7.6 training of staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring staff are competent to carry out their roles and responsibilities;

13.7.7 effective inter-agency working with the local authority, the police and third sector organisations which includes partnership arrangement with the local authority and

police in the operation of the Derby and Derbyshire Safeguarding Children Partnership (DDSCP);

13.7.8 to employ or secure the expertise of a Designated Doctor and Nurse for Safeguarding Children; a Designated Doctor and Nurse and for Looked After Children; a Designated Paediatrician for Child Deaths;

13.7.9 to undertake regular capacity reviews to ensure that there is sufficient safeguarding capacity via the designated professionals;

13.7.10 ensuring effective arrangements for information sharing;

13.7.11 the ICB needs to demonstrate that their Designated Professionals are involved in the safeguarding decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice;

13.7.12 for children in care, ICBs have a duty to cooperate with requests from LAs to undertake health assessments and help then ensure support and services to looked after children are provided without undue delay; and

13.7.13 ICBs should ensure that adult and children's services work together to commission and provide health services that ensure a smooth transfer for young people and children in care.

Reference: NHS England & NHS Improvement - Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework (2022)

Duties:

Safeguarding accountabilities for ICB's are set out in the NHS England Accountability and Assurance framework (2019), Working Together (2018) and Children and Social Work Act (2017) and includes a clear line of accountability for safeguarding is properly reflected in the ICB Governance arrangements.

13.8 **Chief Executive Officer**

The ICB's Chief Executive Officer ensures that:

13.8.1 the health contribution to safeguarding and promoting the welfare of children and adult at risks is discharged effectively across the whole local health economy through the organisation's commissioning arrangements;

13.8.2 the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all service users are safeguarded from abuse or the risk of abuse;

13.8.3 safeguarding children and adult at risks is identified as a key priority area in all strategic planning processes;

13.8.4 safeguarding children and adult at risks is integral to clinical governance and audit arrangements;

13.8.5 all providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding which are in line with the DDSCP policies and procedures, and are easily accessible for staff at all levels;

13.8.6 all contracts for the delivery of health care include clear service standards for safeguarding children and adult at risks; these service standards are monitored thereby providing assurance that service users are effectively safeguarded;

13.8.7 all staff in contact with children, adults who are parents/carers and adult at risks in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and adult at risks, know how to act on those concerns in line with local guidance;

13.8.8 the ICB is equally responsible and accountable for the effective Children's Safeguarding Partnership arrangements;

13.8.9 all health organisations with whom the ICB has commissioning arrangements have links with their DDSCP; that there is appropriate representation at an appropriate level of seniority; and that health workers contribute to multi-agency working;

13.8.10 any system and processes that include decision making about an individual patient (e.g. funding panels) takes account of the requirements of the Mental Capacity Act 2005; this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act.

13.9 **ICB Executive Board Lead with responsibility for safeguarding**

The ICB Executive Board Lead with responsibility for safeguarding ensures that:

13.9.1 the ICB has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding and looked after children;

13.9.2 service plans/specifications/contracts/invitations to tender etc. include reference to the standards expected for safeguarding children and adult at risks;

13.9.3 safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions; and

13.9.4 staff in contact with children and/or adults in the course of their normal duties, are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.

13.10 **Designated professionals for Safeguarding Children**

13.10.1 The Designated Professionals including the Designated Nurse, the Designated Looked After Children Nurse, the Designated Doctor for safeguarding, the Designated Doctor for Looked After Children, and the Designated Paediatrician for Child Deaths, take a strategic and operational lead and provides assurance to the Chief Nurse/ICB Executive Lead, ICB Quality and Performance Committee /ICB Board and the Derby and Derbyshire Safeguarding Children Partnership about the arrangements for safeguarding in all commissioned services. This includes attendance at a number of the Safeguarding partnership and board meetings,

including chairing and being part of sub-groups of the Partnership Board Reginal and national boards.

13.10.2 Other duties relating include but are not limited to:

(a) working across the local health system to support other professionals in their agencies on all aspects of safeguarding;

(b) the coordination of responses where allegations are made of a child safeguarding nature, about a person working for the ICB;

(c) ensuring that safeguarding children and looked after children is an integral part of the ICB's clinical governance framework;

(d) promoting partnership working and keeping in regular contact with their counterparts in partner organisations;

(e) supporting and advise commissioners on safeguarding within contracts and commissioned services and in securing assurance from providers that they have effective safeguarding arrangements in place;

(f) providing advice to commissioned services on ensuring safeguarding is central to all contracts;

(g) providing guidance on identifying children at risk from different sources and in different situations;

(h) understanding and embedding the routes of referral for children at risk across the health system;

(i) providing a safeguarding advisory role to the ICB;

(j) taking a lead for the ICB in undertaking safeguarding reviews and take forward any learning for the health economy;

(k) carrying out quality visits to providers around safeguarding;

(l) being part of the Child death overview panel and rapid review meetings and reviews;

(m) providing supervision for Named Children safeguarding and Looked After Children leads;

(n) promoting, influencing and developing safeguarding training – on a single and inter-agency basis - to meet the training needs of staff;

(o) providing clinical advice on the development and monitoring of the safeguarding aspects of ICB contracts;

(p) ensuring that the ICB operates within the DDSCP policies and procedures; to provide a coordinating role in these instances, resolving any interagency issues that may arise and liaising with the Safeguarding Partnership as necessary;

(q) undertaking statutory designated safeguarding functions as detailed in the Intercollegiate Documents (RCPCH Safeguarding Children 2019 and Looked after Children 2020). The Designated Doctor and Nurse functions to be incorporated into the job role/plan of those individuals Designated to hold the role of Designated Nurse and Designated Doctor for safeguarding children and children looked after; and

(r) providing an annual report on safeguarding which will be considered by the ICB Board.

13.11 **Designated Professionals Looked after Children**

Designated professionals for looked after children will:

13.11.1 employ or have in a place a contractual agreement to secure the expertise of a Designated Nurse and Doctor looked after children;

13.11.2 have a commissioner in post with responsibility for looked after children;

13.11.3 ensure at ICB executive board level there is an executive lead for looked after children;

13.11.4 have an up to date looked after children health service specification to ensure that appropriate arrangements and resources are in place to assess the physical and mental health needs of looked after children;

13.11.5 ensure the ICB has a system is in place to capture the voice of the looked after child in order to influence service design and delivery;

13.11.6 ensure the ICB has sufficient resources allocated to meet the identified health needs of the looked after children population, including those placed in Derby and Derbyshire by other local authorities and those placed at a distance under the care of Derby and Derbyshire LA's.

13.11.7 ensure designated leads work across the local health system to support other professionals in their agencies on all aspects of looked after children;

13.11.8 ensure that looked after children are an integral part of the ICB's commissioning and clinical governance framework;

13.11.9 advise commissioning bodies on training needs and the delivery of training for all health staff across the health community including those GP's, Paediatricians and Nurses undertaking health assessments and developing plans for children in care;

13.11.10 provide advice on monitoring of elements of contracts, service level agreements and commissioned services to ensure the quality of provision for children in care;

13.11.11 provide advanced expert knowledge and advice on looked after children to a wide range of professional groups and organisations/agencies;

13.11.12 work with the ICB to ensure there are robust arrangements to meet the health needs of children in care placed outside the local area and ensure close working

relationships with LAs to achieve placement decisions which match the needs of children;

13.11.13 undertake statutory designated functions as outlined in statutory guidance;

13.11.14 provide an annual report on looked after children which will be considered by the ICB Board.

The Designated Doctor and Nurse functions to be incorporated into the job role/plan of those individuals designated to hold the role of Designated Nurse and Designated Doctor for children looked after.

13.12 **Relevant policies and procedures**

- DfE, (2018) Working Together to Safeguard Children and detailed in the Intercollegiate Documents (Royal College Paediatrics and Child Health)
- Intercollegiate Document – Safeguarding Children and Young People Roles and Competences for Health Care Staff (2019)
- Intercollegiate Document – Looked after Children: Knowledge, Skills and Competencies of Health Care Staff (2020)

13.13 **Named GP for Safeguarding**

13.13.1 The ICB will have Named GPs for safeguarding children who provide advice, support and training to GPs and their practices along with being the lead to undertake safeguarding reviews for GP practices.

13.13.2 Each GP practice must also have a clear nominated lead GP for safeguarding Children in their practice who liaises on a regular basis with the Named GP and other Designated professionals as required.

13.14 **ICB Board members**

ICB Board members, including the directors and non-executive directors are to provide appropriate challenge and support concerning safeguarding arrangements in order to help ensure that the ICB's duty to safeguard is met. This will include advice on matters that need to be escalated to the Chief Nurse Officer and/or Board/relevant Sub-Committees as required.

13.15 **Managers**

13.15.1 Managers will be required to ensure all staff , are trained and competent to be alert to the potential indications of child abuse or neglect and can actively promote children and must fulfil their responsibilities in line with national and local safeguarding polices and guidance.

13.15.2 Managers should promote a culture of listening to and engaging in dialogue with vulnerable groups taking into account their wishes and feelings for the establishment and development of improvements of service.

13.15.3 Managers will be required to ensure that safe recruitment checks on everyone are carried out. Including Disclosure and Barring Service (DBS) and references before the individual joins the ICB. Many individuals, including all staff who have direct

contact with children, will be subject to an enhanced DBS check and a check of social media. Managers must ensure that anyone interviewed for a post, either internally or from outside the organisation, will need to show an understanding of safeguarding that is relevant to the role that they are applying for.

13.16 **GP Safeguarding Leads**

13.16.1 The ICB has established a network of safeguarding children lead GPs, with one in every GP practice. This network is supported by the ICB Safeguarding Children's Team in particular Named GP's who offer advice, regular newsletters, resource pack and training.

13.16.2 This network in conjunction with the Named GP's for Safeguarding children will further develop in order to be equipped to influence primary care networks (PCNs) to make good decisions for their local place based populations as PCNs develop.

13.17 **Commissioning and Contract Managers**

13.17.1 Commissioning and contract managers will ensure that service specifications of all health providers from whom services are commissioned include clear service standards for safeguarding and promoting the welfare of children, consistent with DDSCP procedures, the statutory guidance within Working Together to Safeguard Children (2018) and Section 11 of the Children Act (2004).

13.17.2 Contracts/Service Specifications should take account of:

(a) safeguarding children responsibilities;

(b) cultural and ethnic diversity;

(c) the requirement to work in accordance with the Data Protection Act, General Data Protection Regulation and Caldicott Principles; to secure information in transmission when sharing information within and between organisations; and to comply with ICB's Information Governance policies;

(d) adult parents/carers with vulnerable risk factors e.g. substance misuse, mental health and domestic abuse;

(e) all services commissioned or provided are delivered in a non-discriminatory manner, respect the individuality and rights of the child, and are child-centred.

13.18 **Individual Staff Members**

13.18.1 Individuals staff members are to:

(a) be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with local guidance;

(b) undertake training in accordance with their roles and responsibilities as outlined by the training frameworks of the ICB, so that they maintain

their skills and are familiar with procedures aimed at safeguarding children and adults at risk;

(c) understand the principles of confidentiality and information sharing in line with local and government guidance; and

(d) contribute, when requested to do so, to the multi-agency meetings established to safeguard children and adults at risk.

13.18.2 All ICB employees must be mindful of their responsibility to safeguard children. They should be able to recognise indicators of abuse and know how to act upon concerns. The depth of knowledge should be commensurate with their roles and responsibilities. All staff must be up to date with the appropriate level of safeguarding children training as set out in the Intercollegiate Document (2019) and HR mandatory training guidance. Staff should recognise that sharing information is vital to ensure that children are protected from abuse and neglect and that the safeguarding of children is paramount and can override any duty of confidentiality.

13.18.3 All staff share a responsibility to uphold safe working practice by acting on concerns relating to the conduct of colleagues, particularly in relation to children and adults at risk.

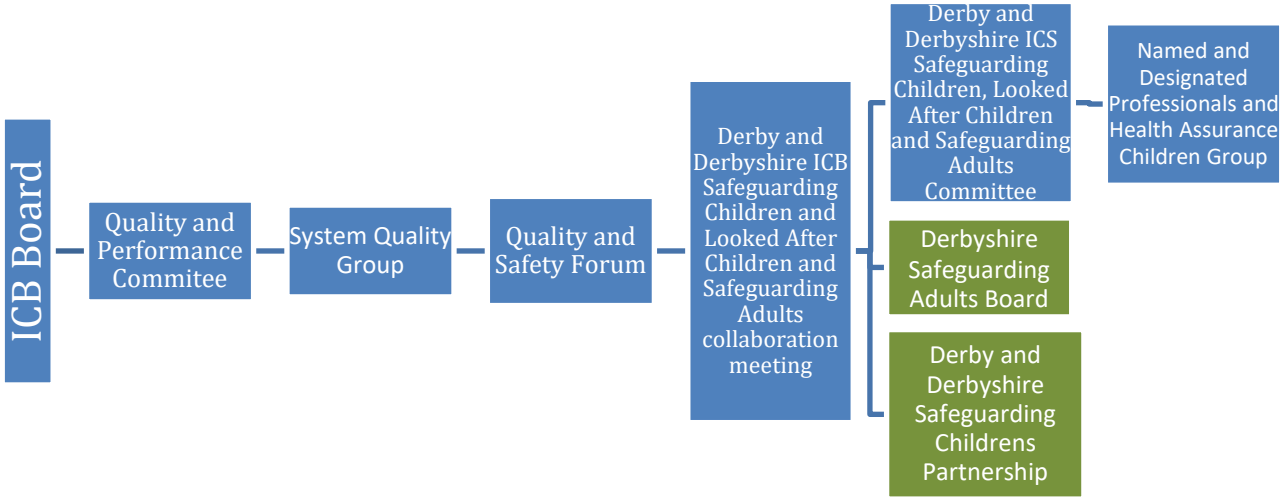
13.18.4 Staff should seek advice from their line manager or another senior manager when they have a safeguarding concern. The Safeguarding Children Team are also available for advice and support. Staff are responsible to adhering to the disclosure and barring policy around any criminal records they may have.

14. GOVERNANCE ARRANGEMENTS

14.1 To ensure that safeguarding is integral to the governance arrangements of the ICB safeguarding child and looked after children present reports to the ICB Quality and Safety Group. The Designated Professionals also on exception present reports to the ICB Quality and Performance Committee and System Quality Group. The purpose of the reports produced are to provide assurance on the effectiveness of the safeguarding arrangements in place within commissioned services and the ICB; ensuring that safeguarding is integral to quality and audit arrangements within the ICB. The reports produced also ensure that the ICB Board via the structure highlighted in the table below is kept informed of national and local initiatives for safeguarding and oversee the implementation of learning from reviews and audits that are aimed at driving improvements to safeguard children.

14.1.1 In addition to the reporting arrangements above an annual safeguarding report will be submitted to the ICB Board with exception reporting to the ICB Board on issues of significance e.g., safeguarding practice reviews, inspections' findings. ICB will also have a quarterly Joint Safeguarding Children and Adults Collaboration Committee that reports to the ICB Quality and Safety group. The table below provides an overview of the governance, reporting and escalation process within the ICB. The DDICB Chief Nurse is the Executive lead for

safeguarding and is kept fully briefed of any issues that need to be brought to the Executive lead for safeguarding attention.



15. SAFEGUARDING TRAINING

15.1 The competencies specifically required by healthcare workers to promote the safety of children within the healthcare framework are described in the Intercollegiate documents for Safeguarding Children and Young People and Looked after Children:

15.1.1 Intercollegiate Document – Safeguarding Children and Young People roles and competencies for Health Care Staff(2019)

15.1.2 Intercollegiate document – Looked after children: Knowledge, Skills and Competencies of Health Care Staff (2020)

Safeguarding competencies are the set of skills that enable staff to effectively safeguard, protect and promote the welfare of children and young people.

15.2 They are a combination of skills, knowledge, attitudes and values that are required for safe and effectual practice. Different staff groups require different levels of training dependent upon their role:

15.2.1 the degree of contact they have with children and young people and families;

15.2.2 the nature of their work;

15.2.3 their level of responsibility;

15.2.4 staff should consult with their line manager or safeguarding team to identify which level of competence they require.

15.3 The ICB safeguarding training strategy available on the ICB's website details what training is expected of all ICB employees, including agency staff. This is based on the Intercollegiate Document – Safeguarding Children and Young people roles and competencies for Health Care Staff (2019), as detailed in paragraph 17.1.1.

15.4 The safeguarding children training compliance for Levels 1 and 2 is set at 90%.

16. SAFE RECRUITMENT PRACTICE

Recruiting managers shall seek guidance from Human Resources, to determine the level of DBS check required for the role. Where a DBS check is required, the manager shall ensure clearance is obtained before the applicant commences employment. Please refer to the ICB's Recruitment and Selection Policy available on the ICB's intranet.

17. MANAGING ALLEGATIONS AGAINST PERSONS WHO WORK WITH CHILDREN, YOUNG PEOPLE OR ADULTS AT RISK

17.1 Where there are concerns that a member of staff, either directly or non-directly employed, is behaving in a way that demonstrates unsuitability for working with children, young people or adults at risk, in their present position, or in any capacity this must be reported to the ICB Executive Lead for Safeguarding Children/Chief Nurse Officer who will discuss the concern with the Assistant Director for Safeguarding Children/Lead Designated Nurse for Safeguarding Children and HR Officer. A decision will need to be made whether the member of staff will need to be suspended from their role pending the investigation. The allegation or concern may arise either in the employees/professionals work or private life. Examples include:

17.1.1 behaved in a way that has harmed a child, or may have harmed a child;

17.1.2 possibly committed a criminal offence against or related to a child;

17.1.3 behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.

17.2 All concerns and allegations will be considered in line with the DDSCP procedure for dealing with allegations of abuse made against a person who works with children. The Designated Senior Officer will inform the Local Authority Designated Officer (LADO) of all allegations that come to their attention that meet the criteria outlined in the DDSCP procedures.

17.3 In instances where the allegation suggests that a child/young person or adult is at risk of significant harm the case must also be referred to the local authority in line with DDSCP Safeguarding Policies and Procedures.

17.4 If concerns arise about the person's behaviour to her/his own children, the police and/or children's social care must consider informing the employer/organisation in order to assess whether there may be implications for children with whom the person has contact at work/in the organisation, in which case this procedure will apply.

17.5 Allegations of historical abuse should be responded to in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children and if so, to inform the person's current employer or voluntary organisation or refer their family for assessment.

17.6 As outlined in the Children Act 2004, the Local Authority Designated Officer (LADO) will be informed of all allegations against adults who work with children. A LADO is assigned by all Local Authorities and is required to:

17.6.1 be involved in the management and oversight of individual cases;

17.6.2 provide advice and guidance to employers and voluntary organisations;

17.6.3 liaise with the police and other agencies;

17.6.4 monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

If there are allegations regarding a person in a position of trust (PIPOT) please refer to the Derby and/ or Derbyshire Adult Safeguarding Procedures.

18. PROFESSIONAL BOUNDARIES

18.1 Maintaining professional boundaries is central to providing safe and quality care for patients. It ensures personal and organisational reputation is maintained, professional standards are upheld and statutory requirements are met. Staff should be aware that this responsibility extends to conduct on the internet and in the use of communication devices such as mobile phones and tablets.

18.2 See the ICB's Media and Social Media Policy that is available on the ICB's intranet.

19. WHISTLEBLOWING

19.1 A culture of open practice underpins effective safeguarding within an organisation. The ICB's Raising Concerns at Work (Whistleblowing) Policy contributes to the ICB's safeguarding children and adult arrangements by supporting a culture where issues can be raised safely and addressed by the organisation. Please refer to the ICB's Raising Concerns at Work (Whistleblowing) Policy that is available on the ICB's website.

20. CHILD SAFEGUARDING PRACTICE REVIEWS (FORMALLY KNOWN AS SERIOUS CASE REVIEWS)

20.1 Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs (now known as the MASA's). Under the Children Act 2004, as amended by the Children and Social Work Act 2017, LSCBs, set up by local authorities, have been replaced. Under the new legislation, the three safeguarding partners (local authorities, chief officers of police, and ICBs) have put in place arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in Derby and Derbyshire. This includes the requirement for the Derby and Derbyshire Safeguarding Children Partnership to undertake reviews of serious cases in specified circumstances.

20.2 The Safeguarding Children Partnership will ensure appropriate representation in the review process of professionals and organisations involved with the child and family,

establish timescales for action to be taken, agree success criteria and assess the impact of the actions. The Safeguarding Children Partnership may decide as part of the CSPR to ask each relevant organisation to provide information in writing about its involvement with the child who is the subject of the review. The form in which such written material is provided will depend on the methodology chosen for the review.

20.3 In addition, the Safeguarding Children Partnership can require a person or body to comply with a request for information, under Section 14B of the Children Act 2004.This takes place as the information is essential to carrying out Multi-agency safeguarding partnership statutory functions.

21. CHILD DEATH REVIEW

21.1 The Child Death Review Partners for Derby and Derbyshire are the Directors of Public Heath for Derby City Council and Derbyshire County Council and the Chief Nurse Officer for the ICB. The partners will ensure that all Child deaths are reviewed under the requirements of the Children Act (2004) as amended by the Children and Social Work Act (2017) and Working Together (2018).

21.2 Derby and Derbyshire Child Death Review Partners will ensure that the Child Death Overview Panel (CDOP) will undertake a review of all child deaths (excluding both those babies who are still born and planned terminations of pregnancy carried out within the law) up to the age of 18 years normally resident in Derby and Derbyshire and if they consider appropriate any non-resident child who has died their area. The Child Death Review Partners and CDOP will adhere to the statutory guidance: Child Death Review Statutory and Operational Guidance (England) 2018.

"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." (Working Together to Safeguard Children 2018)

22. INFORMATION SHARING

22.1 In England and Wales, the Children Acts of 1989 and 2004 gave all staff a statutory duty to co- operate with other agencies if there are concerns about a child's safety or welfare.

22.2 The Children, Schools and Families Act (2010) section 8 amends The Children Act 2004, providing further statutory requirements for information sharing when the DDSCP requires such information to allow it to carry out its functions.

22.3 **Working Together to Safeguard Children (2018) states that:**

22.3.1 *"Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision to keep children safe*";

22.3.2 *"Fears about information sharing must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children which must always be of paramount concern"*

22.4 Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). To share information effectively all practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data' where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information.

22.5 Consent should be sought to share information unless:

22.5.1 that would undermine the purpose of the disclosure (for example in suspected fabricated and induced illness (FII and sexual abuse);

22.5.2 action must be taken quickly because delay would put the child at further risk of harm;

22.5.3 it is impracticable to gain consent;

22.5.4 to do so would put the child or the staff member at risk.

22.6 Working Together to Safeguard Children (2018) is clear that practitioners can and should share information without consent, for the reason given above, in order to safeguard and protect the wellbeing of the child at risk.

22.7 When health professionals are asked for information about a child or family, they should verify the identity of the enquirer and clarify the grounds on which the information is being requested. The proportionality principle still applies, in that only information for the purpose of the enquiry is shared, not the full records held by the health professional or agency. This may mean relevant information about parents/carers needs to be shared when the information request relates to a child.

22.8 Information may also be shared without consent if the person is required to do so by law or in response to a court order OR if it is justified in the public interest (e.g. if there are concerns about abuse or neglect). If information is shared without consent, an explanation as to what has been shared and the reason why should be given to the individual (and recorded in the health record), unless it would put a child or young person at increased risk (for example in FII).

23. SAFEGUARDING SUPERVISION

23.1 The Intercollegiate Document (2019) states *"it is the duty of healthcare organisations to ensure that all health care staff have access to appropriate safeguarding/ child protection supervision and support to facilitate their understanding of the clinical aspects of child wellbeing and information sharing"*.

23.2 Designated Professionals *"should participate regularly in support groups or peer support networks for specialist professionals at a local, regional and national level according to professional guidelines and have the option of accessing individual*

external reflective and restorative supervision (and their attendance /participation should be recorded as part of continuing professional development record".

23.3 Health safeguarding professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively (Working Together 2018).

23.4 The ICB Designated Professionals for Safeguarding Children and Looked After Children provide 1:1 or group supervision to Safeguarding Leads, Named Nurses/ Professionals in Provider Trusts. Supervisees are asked to sign a written supervision agreement and all sessions are documented.

23.5 The aims of safeguarding supervision are to:

23.5.1 safeguard and promote the welfare of children under section 11 of the Children's Act 2004;

23.5.2 ensure that the professional is clear about his/her roles and responsibilities;

23.5.3 ensure accountability for the work undertaken by the Named/Specialist Professional;

23.5.4 assist in the individuals professional development;

23.5.5 be a primary source of support for the professional;

23.5.6 provide regular and constructive feedback to a professional on their performance;

23.5.7 review the child/families records in the context of safeguarding practice.

24. GUIDANCE FOR RECORDING AND STORING OF SAFEGUARDING INFORMATION IN PRIMARY CARE

24.1 Concerns and information about vulnerable children should be recorded in the child's records, and where appropriate the notes of siblings, other children in the same household, and significant adults. These should be recorded using agreed Read/SNOMED codes. The GMC document 'Protecting children and young people: The responsibilities of all doctors (2012)' advises doctors 'to record minor concerns, as well as their decisions and the information given to parents/carers'.

24.2 Concerns and information from other agencies such as social care; education; the police, or from other members of the Primary Care Team, including health visitors, school nurses and midwives, should be recorded in the notes and also under a Read/SNOMED code.

24.3 Safeguarding information received should be reviewed by the relevant GP and must be scanned and documented within all people named within the documents records. These records are as important as records of serious physical illness and should be recorded in the same way, with the same degree of permanence and not kept separately from the main record.

24.4 **Think Family**

24.4.1 A Child's records should be linked in some way to parents even if not living at the same address, siblings and others in household by use of appropriate templates and codes. Child Protection/Safeguarding Read/SNOMED codes should be entered into notes of ALL individuals living at same address.

24.4.2 All contacts with any parties regarding any safeguarding children issues/concerns should be recorded on the patient's medical records and any necessary action taken.

24.4.3 This includes:

(a) Child Protection investigations i.e. Strategy meetings, Child Protection Conference reports and minutes, Child In Need meeting plans and minutes, Core Group minutes; (of all named persons records)

(b) Child Protection Case Conference records; (of all named persons records)

(c) MARAC referrals and information (on all named persons records);

(d) Police Domestic Abuse Incident Notifications (on all named persons records);

(e) Looked After Children Health Reviews and information;

(f) Team around the Child/School information;

(g) A&E/MIU/Midwifery Safeguarding notifications/Out of Hours GP reports;

(h) Practice safeguarding Team meetings, where discussion of all practice children subject to child in need or child protection plans, or any other children/families where there are concerns, are discussed. The record for each family member must highlight any agreed actions to be taken as a result.

25. SUMMARY

25.1 The safeguarding of all vulnerable children and young people is an enormous obligation for all of us who work in the NHS and partner agencies. Safeguarding children at risk of abuse or neglect is complex, frequently under review and we must all take responsibility to ensure that it works effectively.

25.2 Safeguarding is everyone's responsibility. Fundamentally, it remains the responsibility of every NHS Organisation and each individual healthcare professional working in the NHS to ensure that the principles and duties of safeguarding children and young people are holistically, consistently and conscientiously applied the needs of children and young people at the heart of all that we do.

25.3 Partnership working is also key and it is vital that local practitioners continue to develop relationships and work closely with colleagues across their local safeguarding system to develop ways of working that are collaborative, encourage constructive challenge and enable learning in a sustainable and joined-up way.

26. MONITORING AND REVIEW OF POLICY

The ICB's Assistant Director for Safeguarding Children/Lead Designated Nurse for Safeguarding Children is responsible for the monitoring, revision and updating of this policy.

- Each respective directorate is responsible for ensuring their policies are reviewed in a timely manner. When a policy is approaching a review date, the Director of Corporate Delivery, who is responsible for maintaining the ICB Policy Log, will liaise with the relevant team to ensure the review and approval of the policy is being undertaken.
- The policy is reviewed every two years, except where national guidelines, legislation or service requirements indicate an earlier review.
- Any new legislation/national guidance or change to operational procedures that may warrant significant changes to the policy document should also initiate an earlier re-approval date.
- Minor amendments made during the policy document life-cycle do not require re-approval but these should be clearly stated within the control record and highlighted to staff, if necessary.
- No policy document will lapse until the revised policy has been approved (even if the review date has expired), however, it must be apparent that the policy has been regularly reviewed by the responsible person to ensure it is still fit for purpose.

- The DDICB Safeguarding policy needs to be in line with the Multiagency safeguarding procedures.

Minimum requirement to be monitored	**Responsible individual/ group/ committee**	**Process for monitoring e.g., audit**	**Frequency of monitoring**	**Responsible individual/ group/ committee for review of results**	**Responsible individual/ group/ committee for development of action plan**	**Responsible individual/ group/ committee for monitoring of action plan**
DDICB Safeguarding children and adult policies are reviewed and in line with national and local guidance.	Assistant Director for Children and the Assistant Director for Safeguarding adults are responsible in reviewing their Safeguarding	Working together 2018 statutory guidance and Care Act 2014	Every two years but earlier if new guidance / legislation occurs	The DDICB Safeguarding children, looked after children and adults' collaboration meeting will review the updated policy and	Assistant Director for Children and the Assistant Director for Safeguarding adults are responsible for the development	The DDICB Safeguarding children, looked after children and adults' collaboration meeting. Oversight of action being completed - ICB Board

	policies to ensure that they are up to date and fit for purpose			approve. The approved Policy will then be shared with the ICB Quality and performance group and with ICB Clinical Governance team	of the action plan.	
As above	Assistant Director for Children and the Assistant Director for Safeguarding adults are responsible in reviewing their Safeguarding policies to ensure that they are up to date and fit for purpose	Production of safeguarding annual reports and reports for ICB meetings such as (Quality and Safety, Quality and performance and system Quality) which reflects activity, performance and data in relation to Safeguarding.	Annual reports and quarterly reports to DDICB Quality and safety group. Reports to quality and performance and system Quality as requested.	Annual reports are approved by the DDICB Safeguarding children, looked after children and adults' collaboration meeting and then shared with the ICB Quality and Safety group and then the DDICB Board.	Assistant Director for Children and the Assistant Director for Safeguarding adults lead on the production of the annual reports for safeguarding children and adults.	The DDICB Safeguarding children, looked after children and adults' collaboration meeting are responsible for approving the Safeguarding annual reports so that they can then be shared within the ICB assurance forums as indicated in the ICB governance handbook. Oversight of action being completed - ICB Board

As above	Polices are added to websites by the Safeguarding Administration team	Safeguarding children and adult policies will be made available for members of staff to refer to via the ICB staff and public facing website.	Policies on ICB websites are uploaded once safeguarding Policies have been updated / reviewed so that the most uptodate version is available to view.	Safeguarding Administration team review website has the upto date policies made available.	Assistant Director for Children and the Assistant Director for Safeguarding adults lead is responsible in updating Policies and any actions required being undertaken	The DDICB Safeguarding children, looked after children and adults' collaboration meeting. Oversight of action being completed - ICB Board
To ensure effective safeguarding structures are in place to support policy delivery.	Assistant Director for Children and the Assistant Director for Safeguarding adults	Regular review of the safeguarding children and adult team structures and assurance that team are fulfilling their statutory functions.	Every quarter	The DDICB Safeguarding children, looked after children and adults' collaboration meeting.	The DDICB Safeguarding children, looked after children and adults' collaboration meeting.	The DDICB Safeguarding children, looked after children and adults' collaboration meeting. Oversight of action being completed - ICB Board
To ensure effective governance forums are operating in the ICB where safeguarding reports to.	Assistant Director for Children and the Assistant Director for Safeguarding adults are responsible for ensuring safeguaiirng reporting processes in place.	ICB Governance structure / handbook	6 monthly	The DDICB Safeguarding children, looked after children and adults' collaboration meeting.	The DDICB Safeguarding children, looked after children and adults' collaboration meeting.	The DDICB Safeguarding children, looked after children and adults' collaboration meeting. Oversight of action being completed - ICB Board

To ensure delivery of safeguarding children and adult training programme	Assistant Director for Children and the Assistant Director for Safeguarding adults are responsible	Safeguarding Training strategy and Safeguarding training programme	Yearly	The DDICB Safeguarding children, looked after children and adults' collaboration meeting	The DDICB Safeguarding children, looked after children and adults' collaboration meeting	The DDICB Safeguarding children, looked after children and adults' collaboration meeting. Oversight of action being completed - ICB Board

27. EQUALITY STATEMENT

The ICB aims to design and implement policy documents that meet the diverse needs of its services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one receives less favourable treatment due to their protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

28. DUE REGARD

28.1 In carrying out its function, the ICB must have due regard to the Public Sector Equality Duty (PSED). This applies to all activities for which the ICB is responsible, including policy development, review and implementation.

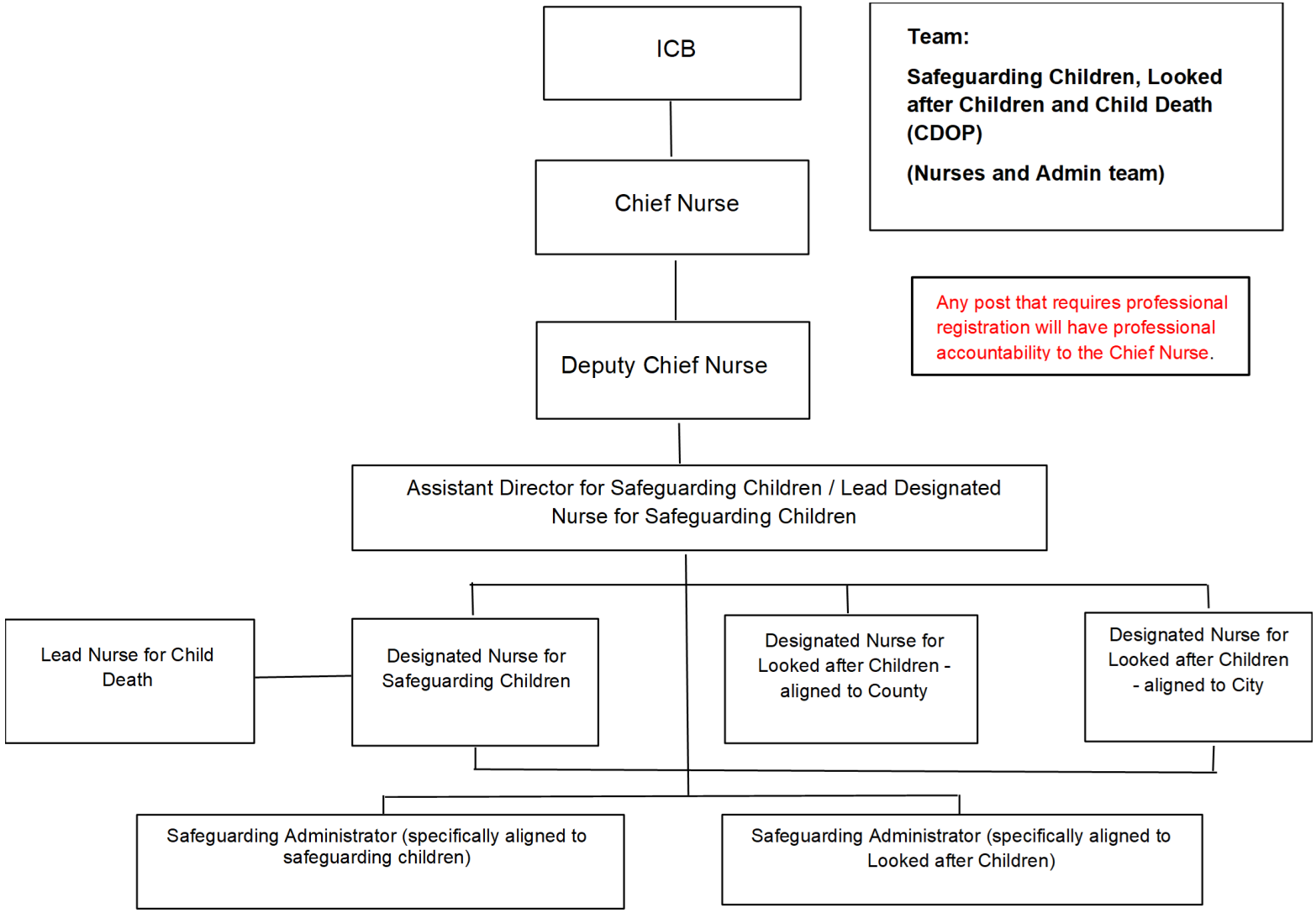
28.2 This policy has been reviewed in relation to having due regard to the PSED of the Equality Act 2010 to: eliminate discrimination, harassment and victimisation; to advance equality of opportunity; and foster good relations between the protected groups.

29. REFERENCES

- HM Government (2018) Working Together to Safeguard Children, DCSF publications.
- NHS England and NHS Improvement (2022) Safeguarding Young People and Adults at Risk in the NHS – Safeguarding Accountability and Assurance Framework

- DfE, (2015) Statutory Guidance on Promoting the Health and Well-being of Looked after Children for Local Authorities, Clinical Commissioning Groups and NHS England
- Royal College Paediatrics and Child Health et al (2018) Safeguarding Children and Young people: Roles and Competencies for Health Care Staff. Intercollegiate Document supported by the Department of Health.
- Royal College Paediatrics and Child Health et al (2015) Looked after Children: Knowledge, Skill and Competencies of Health Care Staff (2020) - Intercollegiate Document supported by the Department of Health.
- Department for Children, Schools and families Safeguarding Disabled Children - Practice Guidance
- (2009)
- H.M Government - Counterterrorism and Security Act (2015) HM Government, Counter-Extremism Strategy (2015)
- H.M Government PREVENT Strategy (2011)
- The Children's Society (Department for Children, Schools and Families), Safeguarding Disabled Children – Practice Guidance, (2009)
- Independent report for the Secretary of State for Health - Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile (2015)
- H.M Government - Children and Social Work Act (2017)
- Derby & Derbyshire Safeguarding Children Partnership, Derby City and Derbyshire Thresholds document (December 2019)
- Derby & Derbyshire Safeguarding Children Partnership, Multi-agency Dispute Resolution & Escalation Policy (December 2019)
- H.M Government, Child Death Review: Statutory & Operational Framework (2018

Appendix 1: ICB Safeguarding Children, Looked after Children and CDOP – Designated Nurses Structure



Appendix 2: ICB Safeguarding Children, Looked after Children and CDOP – Doctors Structure