

Corporate	ICBP042 Safeguarding and Looked After Children Policy
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EQUALITY IMPACT ASSESSMENT

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May 2022	No issues identified.

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact NECSU.comms@nhs.net

Version Control

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Approval

Role	Name	Date
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1. Introduction

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

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

The ICB is required to fulfil its legal duties under the Children Act 1989, Section 11 of the Children Act 2004, Statutory Guidance on [Promoting the Health and Well-being of Looked After Children \(DH, 2015\)](#) and statutory responsibilities in [Working Together to Safeguard Children, \(HM Government, 2018\)](#). All staff working within the ICB's health economy that commission or provide children's services must make safeguarding and promoting the welfare of children an integral part of the care they offer to children and their families.

This policy outlines how, as a commissioning organisation, the ICB will fulfil its legal duties and statutory responsibilities effectively, both within its own organisation, and across the health economy in the area via its commissioning arrangements. The ICB will ensure there are in place robust structures, systems, standards and an assurance framework for provider organisations in respect of safeguarding and promoting the health of looked after children, which are in accordance with the legal structure and with the Safeguarding Children Partnership requirements. The ICB will also ensure that it complies with the requirements of the NHS England [Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework \(NHSE 2019\)](#), providing assurance to NHS England of such compliance as part of the ICB assurance framework

The ICB's arrangements will ensure that both its own functions and those services provided on its behalf are discharged with regard to the need to safeguard and promote the welfare of children, including looked after children.

The ICB champions the rights of all children and young people to be protected from abuse, neglect, and exploitation and to have the right to be happy, healthy, safe and productive in their contributions to society.

This policy should be read in conjunction with the Safeguarding Training requirements as outlined in [Safeguarding Children and Young People: roles and competencies for health care staff \(2019\)](#)

1.1 Status

This policy is a corporate policy.

1.2 Purpose and scope

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 child at risk and rigorous systems are in place to proactively safeguard and promote the welfare of children and to support staff in fulfilling their obligations.

This policy describes how the ICB will discharge the responsibility for ensuring its own organisation, and the health services it commissions, fulfil their duty to safeguard and promote the welfare of children, including looked after children. The ICB will ensure compliance with the requirements of Section 11 of the Children Act 2004, *Statutory Guidance on promoting the health and well-being of Looked After Children* (DH, 2015) and *Working Together to safeguard children*, (HM Government, 2018).

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

All managers must ensure their staff are made aware of this policy and how to access it and ensure its implementation within their line of responsibility and accountability.

All ICB staff have an individual responsibility for the protection and safeguarding of children and must know what to do if concerned that a child is being abused or neglected. Details of what to do if a staff member has a concern about a child's safety and welfare are available in Appendix 1. ICB staff should also refer to their local child safeguarding partnership procedures.

[What to do if you are worried a child is being abused](#), HM Government 2015.

2. Definitions

The following terms are used in this document:

2.1 Child or young person:

A '*child*' is defined as anyone who has not yet reached their 18th birthday (HM Government, 2018). For the purpose of this document '*children*' means '*children and young people*'. The fact that a child has reached their 16th birthday, is living independently, is in further education, is a member of the armed forces, is in hospital or is in custody, does not alter his or her status or entitlement to protection under the 1989 (HMSO, 1989) or 2004 Children Acts (HMSO, 2004).

2.2 Looked After Child (LAC):

A child who is being looked after by their local authority is known as a child in care or a looked after child. They might be living:

- with foster parents
- at home with their parents under the supervision of social services
- in residential children's homes
- other residential settings like schools or secure units.

They might have been placed in care voluntarily by parents or, children's services may have intervened because a child was at significant risk of harm. A definition of a Looked After Child can be found [here](#)

2.3 Safeguarding and promoting the welfare of children

Safeguarding and promoting the welfare of children is defined under the Children Acts 1989 and 2004 and Working Together as:

- Protecting children from maltreatment,
- Preventing impairment of children's health or development,
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and,
- Taking action to enable all children to have the best outcomes.

(HM Government, 2018).

2.4 Child Protection

Child Protection is part of safeguarding and promoting welfare and refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. *Working Together* (HM Government, 2018) defines four categories of abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

(See Appendix 3 for full definitions of each category)

2.5 The Concept of Significant Harm:

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. It gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

2.6 Contextual Safeguarding

Children can suffer and/or be at risk of suffering other forms of abuse such as:

- Child Sexual Exploitation (CSE)
- Criminal Exploitation
- Domestic Violence and abuse, of which additional categories of coercive and controlling behaviour came into effect in December 2015
- Female Genital Mutilation
- Forced Marriage
- Radicalisation of children (PREVENT and Channel Programme)
- Child Trafficking and Modern Slavery which can include, forced labour and domestic servitude (childcare, cleaning), county lines (the transfer of drugs from one area to another), criminal activities, sexual exploitation, forced marriage and benefit fraud

(See Appendix 4 for a full explanation of definitions and forms of abuse listed above)

2.7 Special Educational Needs and Disabilities (SEND)

Disabled children are three to four times more likely to be abused and neglected than non-disabled children and are more likely to experience multiple types and occurrences of abuse. Disabled children have additional needs and face both additional and specific risks and barriers to their protection including:

- Attitudes and assumptions such as a reluctance to believe disabled children are abused, minimising the impact of abuse and attributing indicators of abuse to a child's impairment without an exploration of possible causes or reasons underlying these
- Barriers to the provision of support services that lead to the disabled child and their family being isolated
- Impairment-related factors such as dependency on a number of carers for personal assistance, impaired capacity to resist/avoid abuse, communication impairments and an inability of the child to understand what is happening or to seek help
- A skills gap such as an inability to communicate with the disabled child and respond to their individual needs in a child protection context, inappropriate application of thresholds
- The ICB needs to ensure the equal protection of disabled children by ensuring that local arrangements to safeguard and promote the welfare of disabled children are in place.

2.8 Voice of the child

Children in care and those where there are safeguarding concerns are one of the most vulnerable groups in our society however their voices are invariably lost (CQC 2016). Many children report they do not feel involved in their care and did not see the point of accessing support. It is paramount that we listen to children and engage them in planning services they need across all levels of ability including those children with complex physical, emotional and psychological needs. All staff should seek to hear and act on the voice of the child and gain an understanding the child's lived experience. Children should be empowered to share their experiences and help to improve and reshape services. All children should be at the centre of all policy development and service delivery.

3. Principles of Safeguarding Children

In developing this policy, the ICB recognises that safeguarding children is everyone's responsibility and that there is the need for effective joint working between agencies and professionals who have different roles and expertise if those vulnerable children in society are to be protected from harm. In order to achieve effective joint working, there must be constructive relationships at all levels. Under Section 11 of the Children Act 2004, there are key arrangements that both the ICB, and the organisations from whom the ICB commissions services, should have in place to maintain a culture that reflects the importance of safeguarding and promoting the welfare of children (HM Government, 2018; Department of Education, 2012; NHS England 2019). These requirements include:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
- a senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's/agency's safeguarding arrangements
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis' Freedom to Speak Up Review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed
- clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies
- arrangements which set out clearly the processes for sharing information, with other practitioners and with safeguarding partners
- a designated practitioner (or, for health commissioning and health provider organisations/agencies, designated and named practitioners) for child safeguarding at place. Designated doctors and nurses, as senior professionals, clinical experts and strategic leaders, are a vital source of safeguarding advice and expertise for all relevant organisations and agencies but particularly the ICB, NHS England, and the local authority, and for advice and support to other health practitioners across the health

economy. Designated practitioner roles should always be explicitly defined in job descriptions.

- Named practitioners have a key role in promoting good professional practice within their organisation and agency, providing advice and expertise for fellow practitioners, and ensuring safeguarding training is in place. They should work closely with their organisation's/agency's safeguarding lead on the executive board, Designated health professionals for the health economy and other statutory safeguarding partners. Practitioners should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively
- safe recruitment practices and ongoing safe working practices for individuals whom the organisation or agency permit to work regularly with children, including policies on when to obtain a criminal record check
- appropriate supervision and support for staff, including undertaking safeguarding training
- creating a culture of safety, equality, and protection within the services they provide

In addition:

- employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and the procedures to be followed if anyone has any concerns about a child's safety or welfare
- all practitioners should have regular reviews of their own practice to ensure they have knowledge, skills and expertise that improve over time

Working Together to Safeguard Children (HM Government 2018 pg 56)

- 3.1** The Children Act 1989 provides a comprehensive framework for the care and protection of children. The fundamental principle that underpins the act is that the welfare of the child is paramount.
- 3.2** The ICB has a statutory duty under the Children Act 2004 to make arrangements for ensuring that its own functions, and services provided on its behalf, are fulfilled with regard to the need to safeguard and promote the welfare of children.
- 3.3** The ICB must ensure all its commissioned services including independent sector and primary care fulfil safeguarding responsibilities, to protect and promote the welfare of the child.
- 3.4** Working Together to Safeguard Children (HM Government, 2018) sets out how organisations and individuals should work together to safeguard and promote the welfare of children and provides clear direction for those responsible for commissioning and providing health services.

- 3.5** *Safeguarding Children and Young People Roles and Competencies for Health Care Staff*, (RCPCH, 2019) and *Looked After Children: knowledge, skills and competencies of health staff* (RCN, RCPCH, 2020) set out levels of competencies, which all staff working in health care settings are expected to achieve. All staff must ensure they have the required skills, knowledge, and competency for their role as set out in the respective documents. These competencies are the minimum requirement for safeguarding children training and are used by the Care Quality Commission when inspecting health services.
- 3.6** The National Institute for Clinical Excellence (NICE) *Guidance 89 When to Suspect Child Maltreatment*, 2009 gives guidance about when health staff should consider and when they should suspect child maltreatment and what to do about it.
- 3.7** *Statutory Guidance on Promoting the Health and well-being of Looked After Children* (DH, 2015) outlines the roles and responsibilities which should be complied with by health staff. In addition, NICE Guidance 205, *Looked After Children and Young People* (NICE, 2021) sets out the expectations of both commissioners and providers in meeting the needs of looked after children.
- 3.8** This ICB Policy should be used in conjunction with the place based safeguarding children partnership procedures, which outline what staff must do where child abuse or neglect is considered, suspected or alleged.

(See Appendix 1 for details of area specific safeguarding children procedures)

4. Governance and accountability - Commissioned Services and local place based systems

- 4.1** The ICB must gain assurance from all commissioned services, both NHS and independent healthcare providers. The ICB must assure itself that each has effective safeguarding arrangements in place. Such assurance consists of performance reporting against both standard contract and local quality requirements which are in place across all main providers. Assurance will be gained via the Quality Systems, commissioner visits attendance at provider steering groups/committees where in existence, and via provider assurance to the Safeguarding Partnership in the form of a section 11 audit.

The ICB is provided with such assurance via regular reporting from the Designated Safeguarding Children/Looked After Children (LAC) professional at place, referencing the outcomes of the above processes, reporting on the progress, and learning from any child safeguarding practice reviews in progress and on the implications for the ICB of any changes in national or local policy. The children's safeguarding and looked after children reporting arrangements to the ICB are as follows:

- regular assurance reports to ICB, Quality & Safety Committee and Local quality groups
- annual reports to ICB for both safeguarding and looked after children
- exception reporting to the Quality & Safety Committee in the event of child safeguarding practice review initiation/publication and/or major changes to legislation/ government policy.

4.2 The ICB will ensure effective leadership, commissioning and governance of safeguarding children services across the local health community by:

- ensuring a robust governance structure is in place to support the work of the Safeguarding Partnership and the ICB in delivering safeguarding and Looked After Children responsibilities. The ICB Executive Lead for Safeguarding Children and Looked After Children is the Chief Executive Nurse who is supported in this role by Nurse Directors of Place and the Designated Professionals.
- ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding and looked after children and that the ICB's commissioning, contracting, contract monitoring, and quality assurance processes fully reflects this
- ensuring that safeguarding and looked after children is a standing agenda item on provider services' place-based Quality System Group meetings.
- Working with provider collaboratives to collectively strengthen and embed learning outcomes
- ensuring service specifications, invitations to tender and service contracts fully reflect safeguarding and looked after requirements as outlined in this policy with specific reference to the clear standards for service delivery.
- monitoring safeguarding and looked after children compliance both within the ICB and across commissioned services, addressing weaknesses as a matter of priority.
- reviewing Child Safeguarding Practice Reviews (CSPRs) or Learning Reviews and their subsequent action plans and ensuring that learning from these is reflected in the strengthening of commissioning, quality assurance and practice.
- ensuring a system is in place for escalating risks.
- ensuring there is commitment to the Multi-Agency Safeguarding Hub (MASH) and information sharing in relation to Multi-Agency Risk Assessment Conferences (MARAC), Multi-Agency Public Protection arrangements (MAPPA) and PREVENT/Chanel

4.3 The Safeguarding Partnership has the lead responsibility for keeping children safe, as set out in the guidance under the Children Acts of 1989 and 2004. This includes the prevention of significant harm or the risk of significant harm, as well as the wider remit of ensuring every child's welfare is safeguarded. The ICB has a shared equal responsibility with the other statutory safeguarding partners and are represented within each local safeguarding arrangement. The Designated Nurse and Doctor are either both or singly members of the strategic and respective subgroups. The Designated Nurse and Designated Doctor for looked after children

are also members of the Multi Agency Looked After Children arrangements.

5. Safeguarding and Looked After Children Standards

5.1 Health and Care Providers

Clear service standards for safeguarding children and promoting their welfare will be included in all commissioning arrangements, as appropriate to the service, in accordance with the key requirements of:

- the Children Act 2004, as described in the statutory section of Working Together to Safeguard Children (HM Government, 2018),
- Promoting the Health of Looked After Children (DH, 2015),
- Fundamental standards outlined by the CQC (CQC, 2009 and 2013),
- and the Accountability and Assurance Framework (NHSE, 2019)
- Homelessness Reduction Act 2017

5.2 ICB and other-place based system leadership

ICBs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding.

5.3 Recruitment and Personnel Processes

The ICB will ensure that safe recruitment processes are adhered to in accordance with the NHS employers' regulations and Vetting and Barring Scheme Regulations identified in the Vulnerable Groups Act 2006.

5.4 Allegations against staff and volunteers

The ICB as well as ensuring providers have policies in place for managing allegations against staff, are required to have policies in place to manage allegations against ICB staff. This policy must be read in conjunction with the ICB managing allegations against staff policy and the local child safeguarding partnership procedure, managing allegations against staff.

5.4.1 Designated Officer for Allegations Against Staff

The ICB has nominated Nurse Directors of Place as the Designated Officer to whom allegations or concerns should be reported and the Designated Nurse for Safeguarding and/or Looked After Children as the deputy for the Designated Officer.

5.4.2 Raising a Concern (whistleblowing)

The ICB Raising a Concern Policy enables concerns about malpractice to be raised at an early stage and in the right way without fear of reprisals or concern for safety. Safeguarding children's issues should continue to be referred through Safeguarding Children procedures.

5.5 Supervision

- 5.5.1 Designated and Named Professionals at place should receive one to one supervision as a minimum on a quarterly basis and have access to ad hoc supervision as required. These supervision meetings must be formally documented and should be professionally facilitated.
- 5.5.2 Support and supervision regarding safeguarding children is available from the Designated and Named Professionals at place to all employees of the ICB. The level of the employee's involvement with children will determine the frequency of the supervision and this will be agreed in discussion with the Designated Professionals at place.

5.6 Incidents, Near Misses and Statutory Reviews

- 5.6.1 The ICB will ensure that all providers have in place policies, by which employees record any near misses, incidents, unmet needs or serious incidents in relation to safeguarding children on their incident management forms and systems.
- 5.6.2 All providers and commissioners will notify the Designated Nurse Safeguarding Children at place of serious incidents when the child/children could become the subject of a Child Safeguarding Practice Review or Learning Review. The ICB has a statutory duty to work together with the Safeguarding Children Partnership concerned with conducting the review in accordance with Chapter 4 of *Working Together to Safeguard Children* (HM Government, 2018).
- 5.6.3 The ICB must ensure that all actions following the review are carried out according to the timescale and terms of reference set by the Review Panel.
- 5.6.4 The ICB will monitor the relevant recommendations for provider organisations arising from Child Safeguarding Practice Reviews or Learning Lessons Reviews, via the respective Quality Systems.

6. Implementation

- 6.1 This policy will be available to all ICB Staff for use via the shared intranet and the internet sites.
- 6.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

7. Training Implications

- 7.1 All staff in the ICB will be trained and competent to be alert to potential indicators of abuse, exploitation and act on their concerns and fulfil their responsibilities in line with the Place Based Safeguarding Partnership procedures and as determined by the ICB Executive Chief Nurse.
- 7.2 The training required to comply with this policy are outlined in the *Safeguarding Children and Young People Competencies for Health Care Staff Intercollegiate Document (RCPCH2019)* and *Looked After Children: knowledge, skills and competencies of health staff (RCN, RCPCH, 2020)*.
- 7.3 All ICB staff will adhere to the mandatory safeguarding children training programme and complete the level of training commensurate with their role and responsibilities.
- 7.4 The ICB will keep a training database detailing the uptake of all staff training so that Directors can be alerted to unmet training needs.
- 7.5 The Chief ICB Executive Nurse with support from the Directors of Nursing at place and Designated Safeguarding Professionals at place will ensure ICB staff are aware of any new guidance or legislation and any recommendations from Local and National Child Safeguarding Practice Reviews and Internal Management Reviews.

8. Related Documents

8.1 Other ICB related policy documents

- Confidentiality/Disclosure Policy
- Data Protection Policy
- Education, Learning & Development Policy
- Equality/ Diversity policy, strategy and action plan
- Freedom of Information Act Policy
- Incident Reporting Policy
- Information Classification Policy
- Information Governance Policy
- Information Governance Strategy
- Information Lifecycle (Records Management Strategy)
- Managing Allegations against staff policy
- Safeguarding Children and Looked After Children Strategic Plan
- Internet and e-mail acceptable use policy
- Records Management Policy & Strategy
- Serious Incidents Management Policy
- Freedom To Speak Up: Raising Concerns (Whistle Blowing) Policy
- Internet/Intranet Acceptable Use Policy
- Complaints Policy and Procedure
- Deprivation of Liberty Safeguards (DoLS) Policy
- Mental Capacity Act Policy

- Safeguarding Adults Policy
- Workplace – Domestic Abuse Policy
- Recruitment policy

8.2 Legislation and statutory requirements

- [Adoption and Children Act \(2002\)](#)
- [Adoption Agencies Regulations 2005](#)
- [Children Act 1989 \(1989\) London: HMSO](#)
- [Children Act 2004 \(2004\) London: HMSO](#)
- [Children \(Leaving Care\) Act \(2000\)](#)
- [Care Leavers \(England\) Regulations 2010](#)
- [Domestic Abuse Act 2021](#)
- Equality Act 2010
- Provisions relating to Human Rights and discrimination on grounds of race, religion or belief, sexual orientation amend the Disability Discrimination Act 1995.
- Freedom of Information Act 2001
- Trust policies and procedures are subject to disclosure under the Freedom of Information Act.
- [Human Rights Act 1998. London: HMSO.](#)
- Rights and freedoms protected under the European Convention on Human Rights.
- [The Children \(Private Arrangement for Fostering\) Regulations \(2005\) S.I.No. 1533.](#)
- [Homelessness Reduction Act 2017](#)

8.3 Statutory Guidance

- [Care Quality Commission, 2009 Essential Standards for Quality](#)
- [Department of Education \(2009\) Safeguarding Children and Young People from Sexual Exploitation: Supplementary guidance to Working Together to Safeguard Children](#)
- [Department of Education \(2009\) Statutory guidance on children who run away and go missing from home or care.](#)
- [Department of Health et al \(2015\) Statutory guidance on Promoting the Health and well-being of Looked After Children, Nottingham: DCSF publications](#)
- [HM Government \(2011\) Safeguarding children who may have been trafficked: Practice Guidance London: DofE publications](#)
- [HM Government \(2010\) The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage, London: Forced Marriage Unit](#)
- [HM Government \(2018\) Working Together to Safeguard Children. London: The Stationary Office.](#)

- [HM Government \(2020\) Multiagency statutory guidance on female genital mutilation. London](#)
- [NICE Guidance ng205 \(2021\) Looked after children and young people](#)
<https://www.nice.org.uk/guidance/ng205/resources/lookedafter-children-and-young-people-pdf-66143716414405>

8.4 Best practice guidance

- [DofE \(2012\) Tackling Child Exploitation: Action Plan London: DofE](#)
- [Department of Health and Department for Education and Skills \(2004\) National Service Framework for Children, Young People and Maternity Services. London: Department of Health: Core Standard 5 plus those elements dealing with safeguarding and promoting the welfare if children](#)
- [Department of Health \(2009\) Improving Safety, Reducing Harm.](#)
- [Foreign and Commonwealth Office & Home Office \(2009\) Multi-agency practice guidelines: Handling cases of Forced Marriage. Forced Marriage Unit: London](#)
- [General Medical Council \(2012\) updated 2018 Protecting children and young people: the responsibilities of all doctors. London: General Medical Council.](#)
- [General Medical Council \(2017\) Confidentiality: good practice in handling patient information.](#)
- [HM Government \(2004\) Every Child Matters: Change for Children programme. London: Stationery Office](#)
- [HM Government \(2015\) What to do if you're worried a child is being abused](#)
- [HM Government \(2018\) Information sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers](#)
- [HM Government \(2013\) DBS checks: detailed guidance](#)
- [National Institute for Health and Clinical Excellence \(2009\) – When to suspect child maltreatment. London: National Institute for Health and Clinical Excellence.](#)

- [National Institute for Health and Clinical Excellence NG205 \(2021\) Looked After Children and Young People . London: National Institute for Health and Clinical Excellence.](#)
- [Royal College of Nursing \(2019\) Safeguarding Children and Young people: Roles and Competencies for Health Care Staff. Intercollegiate Document supported by the Department of Health](#)
- [Royal College of General Practitioners \(RCGP\) Child safeguarding toolkit for General practice Child safeguarding toolkit: Introduction \(rcgp.org.uk\)](#)
- [Royal College of Nursing \(2021\) Safeguarding children and young people: every nurse's responsibility. Guidance for nursing staff. London: Royal College of Nursing.](#)
- [HM Government \(2017\) Responding to domestic abuse : a resource for health professionals](#)
- [RCN, RCPCH \(2020\) Looked After Children: Roles and competencies of Healthcare Staff London: RCN](#)

8.5 References

- [Care Quality Commission \(2022\) Fundamental Standards. London: CQC](#)
- [NHSE \(2019\) Safeguarding vulnerable people in the reformed NHS Accountability and Assurance Framework Published in electronic format only](#)

8.6 Useful websites

- [Department of Health](#)
- [Department of Education](#)
- [Home Office](#)
- [Private fostering](#)

9. Monitoring, Review and Archiving

9.1 Monitoring

The ICB will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

9.2 Review

- 9.2.1 The ICB will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.
- 9.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The ICB will then consider the need to review the policy or procedure outside of the agreed timescale for revision.
- 9.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

9.3 Archiving

The ICB will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Conduct for Health and Social Care 2021.

Schedule of Duties and Responsibilities

Through day to day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the CFS or the chief finance officer immediately.

Lead	Duties and Responsibilities
ICB Chief Executive	<p>The Chief Executive for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.</p>
Executive Chief Nurse	<p>The Executive Chief Nurse has overall accountability and responsibility for the strategic direction and operational management, including ensuring that process documents comply with all legal, statutory and good practice requirements.</p> <p>The Executive Chief Nurse is accountable for ensuring that the health contribution to Safeguarding Children's Policy is discharged effectively across the whole local health economy through ICB arrangements.</p> <p>Board level leadership and responsibility for Safeguarding Children and Looked After Children rests with the Chief Executive which is devolved to the Chief Executive Nurse, ensuring the ICB meets its statutory and non-statutory responsibilities, who is also responsible for monitoring progress against the Safeguarding and Looked Children's Supervision agenda within the ICB.</p>
Nurse Directors of Place	<p>The Nurse Directors at Place hold devolved responsibility for safeguarding children/LAC and delivery of the statutory functions and will represent the ICB on Safeguarding Partnerships and Inter – Agency Partnerships.</p> <p>The Nurse Directors of Place will work closely with and be responsible for the Designated children/LAC Safeguarding professional at place and the Named GP for Safeguarding Children function at place and Designated Doctors.</p> <p>The Nurse Directors of Place will also ensure that the ICB has effective professional appointments, systems, processes and structures in place, ensuring that there is a programme of training and mentoring to support the designated and named professionals at place.</p> <ul style="list-style-type: none"> • There is a link to the work of the Partnership boards for Domestic Abuse and domestic homicide, ensuring that lessons are shared across into Children's services. • The Chief Executive and Board members are made aware of any concerns relating to a commissioned service which may be presenting a safeguarding risk to a vulnerable person or persons.

	<ul style="list-style-type: none"> The ICB has in place assurance processes to ensure compliance with Children's safeguarding legislation, guidance, policy, procedures, quality standards and contract monitoring of providers
Policy Author	<p>The Designated Safeguarding Children/LAC professionals at place are responsible for:</p> <ul style="list-style-type: none"> generating and formulating this policy document identifying the need for any change to the document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional standards and local/national directives establishing mechanisms for regular the monitoring of compliance notifying the Nurse Director of Place should any revision to this document be required.
Designated Professionals at Place (Nurse)	<p>The Designated Safeguarding Children/LAC professional at place and the Doctor/Named GP for safeguarding children's at place will take a professional lead on all aspects of the NHS contribution to safeguarding Children's across the ICB area, which includes all commissioned providers. They will:</p> <ul style="list-style-type: none"> Work closely with the Designated Doctor Safeguarding Children Provide advice and expertise to the ICB Board and to the Local Safeguarding Children's Board / Interagency Partnership and to professionals across both the NHS and partner agencies. Provide professional leadership, advice and support to lead children's safeguarding professionals across provider trusts/services and independent contractors. Represent the ICB on relevant committees, networks and multiagency groups charged with the management of safeguarding vulnerable children. Lead on provision of appropriate health information to inform and support reviews including Safeguarding Children's Reviews and in accordance with local NHSE. Lead and support the development of Children's safeguarding policy, and procedures in the ICB in accordance with national, regional, local requirements. Provide advice and guidance in relation to safeguarding Children's training including standards. Ensure quality standards for safeguarding Children's are developed and included in all provider contracts and compliance is evidenced. The Designated Nurse Safeguarding Children is responsible for ensuring that the Safeguarding Children's Review process links in appropriately with the Serious Incident reporting process and governance arrangements The Designated Nurse Safeguarding Children will work closely with the Designated Professionals for Safeguarding Adults to ensure that where appropriate there is effective information flow across both adults and children's safeguarding teams

Named GP	The Named GP will lead and support the development of practice within Primary Care (GPs) which includes training standards, developing and facilitating training to Primary Care staff, contributing to case reviews and compliance with statutory guidance.
Managers and Executive leads	<p>Managers and Executive leads have responsibility for:</p> <ul style="list-style-type: none"> • Ensuring they are aware of and carry their responsibilities in relation to safeguarding Children's in accordance with local Safeguarding Partnership procedures. • Ensure that the children's safeguarding policy is implemented in their area of practice. • Ensuring staff are aware of the contact details of the ICB Children's Safeguarding place-based professionals and the local authority contact number for safeguarding concerns. • Identifying the need for any changes to the procedures and guidance as a result of becoming aware of changes in practice and advising the Designated Safeguarding Children/LAC professionals at place accordingly. • Ensuring that all staff undertake mandatory safeguarding children's training commensurate to their role
All Staff	<p>All staff, including temporary and agency staff are responsible for:</p> <ul style="list-style-type: none"> • All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described. • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy and procedures as a result of becoming aware of changes in practice, changes in statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training/awareness sessions when provided.
Commissioning staff	As commissioners of local health care the ICB will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. It has a duty to ensure that all health providers with whom they have commissioning arrangements discharge their functions with regard to the need to safeguard and promote the welfare of children.
CSU Staff	Whilst working on behalf of the ICB, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB, however they will continue to be governed by all policies and procedures of their employing organisation.

All NHS Providers	<p>All NHS Providers are responsible for ensuring they have clear operational policies and procedures that reflect the ICB Policy.</p> <p>NHS employees, governed by professional regulations, should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.</p>
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Appendix 1

Equality Impact Assessment

Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Vicky Cotter

Job Title: Designated Nurse Safeguarding Children

Organisation: ICB NENC

Title of the service/project or policy: Safeguarding and Looked After Children Policy

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

To set out the policy for health to meet its statutory responsibilities of safeguarding children and looked after children as detailed in the Children Act (1989, 2004) and Government's Working Together to safeguard children (2018)

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

Click here to enter text.

If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: “If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact NECSU.comms@nhs.net”		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
David Purdue	Executive Chief Nurse NENC ICB	July 2022

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

Equality Impact Assessment: Policy – Strategy – Guidance (STEP 2)

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

This document is to be completed following the STEP 1 – Initial Screening Assessment

STEP 2 EVIDENCE GATHERING

Name(s) and role(s) of person completing this assessment:

Name: Vicky Cotter
Job Title: Designated Nurse Safeguarding Children
Organisation: ICB NENC

Title of the service/project or policy: Safeguarding and Looked After Children Policy

Existing **New / Proposed** **Changed**

What are the intended outcomes of this policy/ service / process? (Include outline of objectives and aims;

To set out the policy for health to meet its statutory responsibilities of safeguarding children and looked after children as detailed in the Children Act (1989, 2004) and Government's Working Together to safeguard children (2018)

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Consultants**
- **Nurses**
- **Doctors**
- **Staff**
- **Service User / Patients**

- **Others, please specify** [Click here to enter text.](#)

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	The existing policy has been reviewed and amended in preparation for transition to the Integrated Care Board.

STEP 3: FULL EQUALITY IMPACT ASSESSMENT

PLEASE NOTE THE INFORMATION OUTLINED IN THE TEXT BOXES LISTS PROMPTS FOR GUIDANCE PURPOSES. PLEASE INPUT INFORMATION OR DELETE AS APPROPRIATE.

<p>The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful. Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:</p>
<p>Age <i>A person belonging to a particular age</i></p> <p>No impact</p>
<p>Disability <i>A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities</i></p> <p>No impact</p>
<p>Gender reassignment (including transgender) and Gender Identity <i>Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.</i></p> <p>No impact</p>
<p>Marriage and civil partnership <i>Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters</i></p> <p>No impact</p>
<p>Pregnancy and maternity <i>Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.</i></p> <p>No impact</p>

<p>Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.</p>
No impact
<p>Religion or Belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.</p>
No impact
<p>Sex/Gender A man or a woman.</p>
No impact
<p>Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes</p>
No impact
<p>Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person</p>
No impact
<p>Other identified groups relating to Health Inequalities such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers. (Health inequalities have been defined as “Differences in health status or in the distribution of health determinants between different population groups.” Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)</p>
No impact

STEP 4: ENGAGEMENT AND INVOLVEMENT

<p>Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?</p> <p>Guidance Notes</p> <ul style="list-style-type: none"> • List the stakeholders engaged • What was their feedback? • List changes/improvements made as a result of their feedback • List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.
<p>CCG representatives, NHSE and NECS have all been involved and in agreement with the amendment of this policy</p>
<p>If no engagement has taken place, please state why:</p>
<p>Click here to enter text.</p>

STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- Verbal – meetings Verbal - Telephone
 Written – Letter Written – Leaflets/guidance booklets
 Written - Email Internet/website Intranet page
 Other

If other please state: Available in other formats on request

Step 6 – Accessible Information Standard Check

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

<https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

Tick to confirm you have you considered an agreed process for:

- Asking people if they have any information or communication needs, and find out how to meet their needs.
 Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.

Please provide the following caveat at the start of any written documentation'

"If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact NECSU.comms@nhs.net

If any of the above have not been implemented, please state the reason:
[Click here to enter text.](#)

STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
David Purdue	Executive Chief Nurse NENC ICB	July 2022

Presented to (Appropriate Committee)	Publication Date
NENC ICB Board	July 2022

1. Please send the completed Equality Impact Assessment with your document to: necsu.equality@nhs.net
2. Make arrangements to have the Equality Impact Assessment added to all relevant documentation for approval at the appropriate Committee.
3. Publish this Equality Impact Assessment alongside your document.
4. File for audit purposes as appropriate

For further advice or guidance on this form, please contact the NECS Equality Team: necsu.equality@nhs.net

Appendix 2

Referral Pathways

Please refer to Place based local partnerships for referral pathways:

- [Darlington Borough Council](#)
- [Durham County Council](#)
- [Gateshead Council](#)
- [Hartlepool Borough Council](#)
- [Middlesbrough Council](#)
- [Newcastle upon Tyne Council](#)
- [Northumberland County Council](#)
- [North Tyneside Council](#)
- [Redcar and Cleveland Borough Council](#)
- [South Tyneside Council](#)
- [Stockton Borough Council](#)
- [Sunderland City Council](#)
- [Cumbria Council](#)

Appendix 3

Detailed Definitions of Categories of Abuse

Physical Abuse:

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

Emotional Abuse:

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

Sexual Abuse:

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

Neglect:

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- protect a child from physical and emotional harm or danger.
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Appendix 4

Additional forms of abuse where children are suffering and/or are at risk of suffering harm

Child Sexual Exploitation

“Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology” (DfE 2017 p. 5).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

Child Criminal Exploitation

Child criminal exploitation is increasingly used to describe this type of exploitation where children are involved, and is defined as:

Child Criminal Exploitation is common in county lines and occurs 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. 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.

Criminal exploitation of children is broader than just county lines and includes for instance children forced to work on cannabis farms or to commit theft.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741194/HOCountyLinesGuidanceSept2018.pdf

Domestic Abuse (Domestic Abuse Act 2021)

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

- a. A and B are each aged 16 or over and are personally connected to each other, and
- b. The behaviour is abusive.

Behaviour is “abusive” if it consists of any of the following:

- a. Physical or sexual abuse;
- b. Violent or threatening behaviour
- c. Controlling or coercive behaviour;
- d. Economic abuse (see subsection (4));
- e. Psychological, emotional or other abuse;

And it does not matter whether the behaviour consists of a single incident or a course of conduct.

Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to

- a. Acquire, use or maintain money or other property, or
- b. Obtain goods or services.

For the purposes of this Part A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

Two people are “personally connected” to each other if any of the following applies

- a. they are, or have been, married to each other;
- b. they are, or have been, civil partners of each other;
- c. they have agreed to marry one another (whether or not the agreement has been terminated);
- d. they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- e. they are, or have been, in an intimate personal relationship with each other;
- f. they each have, or there has been a time when they each have had, a parental relationship in relation to the same child
- g. They are relatives.

A person has a parental relationship in relation to a child if—

- a. the person is a parent of the child, or
- b. the person has, or has had, parental responsibility for the child.

Child to Parent Violence and abuse - CPVA

Child to parent violence and abuse (CPVA) sometimes referred to as ‘adolescent to parent violence (APV)’ ‘adolescent violence in the home (AVITH)’, ‘parent abuse’, ‘child to parent abuse’,

There is currently no legal definition of adolescent to parent violence and abuse. However, it is increasingly recognised as a form of domestic violence and abuse, depending on the age of the child, it may fall under the government’s official definition of domestic violence and abuse. One agreed definition of CPVA by a local area of the ICB is

“Any harmful act or behaviour by a child aged 10-18yrs, whether physical, psychological, emotional or financial towards a parent/guardian or carer”.

It is important to recognise that CPVA is likely to involve a pattern of behaviour. This can include physical violence from an adolescent towards a parent and a number of different types of abusive behaviours, including damage to property, emotional abuse, and economic/financial abuse. Violence and abuse can occur together or separately. Abusive behaviours can encompass, but are not limited to, humiliating language and threats, belittling a parent, damage to property and stealing from a parent and heightened sexualised behaviours. Patterns of coercive control are often seen in cases of CPVA, but some families might experience episodes of explosive

physical violence from their adolescent with fewer controlling, abusive behaviours. Although practitioners may be required to respond to a single incident of CPVA, it is important to gain an understanding of the pattern of behaviour behind an incident and the history of the relationship between the young person and the parent.

Any concerns relating to CPVA should be discussed with the Safeguarding team and / or Children's Social Care.

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships (<https://contextualsafeguarding.org.uk/> Accessed 07.06.21)

Female Genital Mutilation (FGM):

"FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child" (DH Commissioning services to support women and girls with female genital mutilation, p.3) <https://www.gov.uk/government/collections/female-genital-mutilation>

Forced Marriage:

The updated government overview from March 2016 states forced marriage is where one or both people (children and adults) do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. "It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights".

<https://www.gov.uk/guidance/forced-marriage>

PREVENT:

Prevent is part of a counter-terrorism strategy, CONTEST. Its aim is to stop people (both children and adults) becoming terrorists or supporting terrorism. Prevent will address all forms of terrorism but continue to prioritise according to the threat posed to our national security. Preventing terrorism will mean challenging extremist (and non-violent) ideas that are also part of a terrorist ideology. Prevent will also mean intervening to stop people moving from extremist groups or from extremism into terrorist-related activity.

The 'Channel' programme, is a multi-agency meeting which identifies and provides support for people at risk of radicalisation.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf

Child Trafficking and Modern Slavery

The modern slavery act gained royal assent in 2015 and gives law enforcement the tools to tackle modern slavery. Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold (NSPCC). Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another. Children can be trafficked for: forced labour and domestic servitude (childcare, cleaning), county lines (the transfer of drugs from one area to another), criminal activities, sexual exploitation, forced marriage and benefit fraud. Perpetrators of child trafficking usually work as a network of individuals or groups and their crimes are often organised and continually advanced to avoid detection and prosecutions are rare. (NSPCC).

The Home Office estimates there are 13,000 victims and survivors of modern slavery in the UK; 55% of these are female and 35% of all victims are trafficked for sexual exploitation.

Section 54 of the UK Modern Slavery Act (2015) requires commercial organisations operating in the UK who have an annual turnover above £36m to produce a Slavery and Human Trafficking statement each year. The statement should set out the steps a business is taking to address and prevent the risk of modern slavery in operations and supply chains. This obligation is also known as the Transparency in Supply Chains (TISC) clause.

Reporting Child Trafficking and Modern Slavery

Where staff has concerns that a child is a victim of trafficking or modern slavery, they should report this to the local police and children's services as listed in this policy. There is a national referral mechanism (NRM) which has been put in place to identify adult and child victims and provide support and help from a variety of organisations. <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-trafficking/>

Appendix 5

Private Fostering

The law regarding private fostering changed significantly following the death of Victoria Climbié in 2000 who was privately fostered by her Great Aunt. Legislation introduced after Victoria's death requires local authorities to be proactive in assessing potential private fostering arrangements to ensure the proposed carers will be able to meet the child's needs.

Private fostering is essentially an arrangement that is made privately (that is to say without the involvement of a local authority) whereby a child under the age of 16 (or 18 if the child has a disability) is living in the care of someone who is not their close relative for 28 days or more.

Under the Children Act 1989, a close relative is defined as a grandparent, brother, sister, aunt, uncle (whether by full-blood, half-blood or by marriage or civil partnership), or step parent.

Common situations in which children are privately fostered include:

- Children with parents or families overseas
- Children with parents working or studying in the UK
- Asylum seekers and refugees
- Trafficked children
- Local children living apart from their families following family breakdown or a parent's ill health.
- Adolescents and teenagers
- Children attending language schools
- Children at independent boarding schools who do not return home for holidays
- Children brought in from abroad with a view to adoption

Private foster carers are not approved as local authority foster carers and usually have had no training to become carers. Birth parents, private foster carers and persons who are arranging for a child to be privately fostered are required by law to notify the local council's Children's Services department of the arrangement.

If you suspect that a child you work with or a child you know is being privately fostered, you should contact the Local Authority where the child is living.

Appendix 6

E-SAFETY

The ICB recognise that the online world provides everyone with many opportunities; however, it can also present risks and challenges. We have a duty to ensure that all children, young people, and adults involved in our organisation are protected from potential harm online.

We have a responsibility to help keep children and young people safe online, whether or not they are using The ICB's network and devices. All children, regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation, have the right to equal protection from all types of harm or abuse.

Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare and in helping young people to be responsible in their approach to online safety.

We will seek to keep children and young people safe by:

- Providing clear and specific directions to staff and volunteers on how to behave online through our Internet and Email Acceptable Use Policy.
- Developing clear and robust procedures to enable us to respond appropriately to any incidents of inappropriate online behaviour through this safeguarding policy and our Social Media and Instant Messaging Policy.
- Reviewing and updating the security of our information systems regularly.
- Ensuring that usernames, logins, email accounts and passwords are used effectively.
- Ensuring personal information about the adults and children who are involved in our organisation is held securely and shared only as appropriate.
- Ensuring that images of children, young people and families are used only after their written permission has been obtained, and only for the purpose for which consent has been given.
- Providing supervision, support and training for staff and volunteers about online safety.
- Examining and risk assessing any social media platforms and new technologies before they are used within the organisation.
- If online abuse occurs, we will respond to it by having clear and robust safeguarding procedures in place for responding to abuse (including online abuse)
- Providing support and training for all staff and volunteers on dealing with all forms of abuse, including bullying/cyberbullying, emotional abuse, sexting, sexual abuse, and sexual exploitation.

This policy statement should be read alongside Safeguarding Children Partnership Procedures and The ICB organisational policies and procedures, including:

1. Managing allegations against staff and volunteers
2. Anti-bullying policy and procedures

Glossary of Terms

Accountable:

- subject to the obligation to report, explain, or justify something; responsible; answerable.
- capable of being explained; explicable; explainable.

Devolve:

- to transfer or delegate (a duty, responsibility, etc.) to or upon another; pass on.