



**Hertfordshire and
West Essex**
Integrated Care Board

NHS Hertfordshire and West Essex Integrated

Care Board (ICB)

Safeguarding Children Policy

June 2022 V4.0

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1 INTRODUCTION

- This policy applies to all staff, regardless of their role, working in the newly Integrated Care Board (ICB).
- Safeguarding and promoting the welfare of children as well as young people at risk must be an integral part of the care offered to all children and their families.
- The safeguarding of children and promoting their wellbeing is vital. This is achieved through the commissioning process to ensure safeguarding of children in the local health economy, through proactive service provision, staff training and an awareness to prevent harm for children and young people and to promote their wellbeing.
- This policy provides the framework that ensures a robust and safe system is in place to safeguard children and young people. This includes commissioners of services, providers of services and those who work in partnership with the commissioners and providers (e.g. volunteers/contractors).
- The aim of the policy is to ensure that there is a robust system in place to safeguard children and young people at risk. The policy is intended to support all staff around safeguarding children who reside either permanently or temporarily in the area or who are registered with GPs commissioned.
- The policy ensures that statutory functions together with partner agencies coordinate effectively to safeguard and protect children and young people within the Integrated Care Board (ICB) health economy.
- This policy describes how the ICB discharges its safeguarding responsibilities for commissioning health services. It should be read in conjunction with:
 - Essex Safeguarding Children Board Safeguarding (ESCB) Child Protection Procedures <http://www.escb.co.uk/>
 - Essex Safeguarding Adult Board (ESAB) <http://www.essexsab.org.uk/>
 - Essex Domestic Abuse Board -Southend and Thurrock Domestic Abuse Partnership (setdab.org)
 - Hertfordshire Safeguarding Children Partnership (HSCP) <https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/hertfordshire-safeguarding-children-partnership/hscp.aspx>
 - Hertfordshire Safeguarding Adults Board (HSAB) <https://www.hertfordshire.gov.uk/services/Adult-social-services/Report-a-concern-about-an-adult/Hertfordshire-Safeguarding-Adults-Board/Hertfordshire-Safeguarding-Adults-Board.aspx>
 - Hertfordshire Domestic Abuse (Subgroup of Adult Board)

This policy is underpinned by legislation and best practice guidance, including amongst others: -

- Children Act 1989 & 2004
 - Working Together to Safeguard Children: (2018)
 - Promoting the health and well-being of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHS England (2015).
 - Serious Crime Act 2015
 - Safeguarding Children and Young People: Roles and Competences for Health Care Staff Intercollegiate Document, RCN, 2019
 - Looked After Children: knowledge, skills and competence of health care staff Intercollegiate Role Framework, RCN, 2020
 - The Mental Capacity Act (2005)
 - The Call to End Violence Against Women and Girls Home Office (2011)
 - Think Family: improving the life chances of families at risk (2008)
 - Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (2019)
 - Children and Social Work Act (2017)
 - NICE Guideline – Looked after children and young people. (2021)
 - Domestic Abuse Act 2021
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- This policy is applicable to all staff employed by the ICB and will include those staff who are employed on a permanent, temporary, voluntary, contract, self-employed, bank or agency basis and are referred to as 'all staff' in this policy.
 - It will be expected that all services have arrangements in place that will ensure that children and young people are safeguarded and their wellbeing promoted. It will also seek assurance that effective safeguarding standards are in place.

2 PURPOSE

- The purpose of this policy is to promote the safety and welfare of children across all commissioned and contracted services.
- To promote a “Think Family” approach to promote connectivity between the commissioning of adult and children’s services.
- To underpin single and multi-agency strategies and procedures regarding the safeguarding of children, in order to ensure that accountability is upheld.
- To ensure that the ICB workforce is aware of their safeguarding responsibilities at all levels.

3. OUR VALUES

Throughout the delivery of safeguarding services and expertise across services we have given due regard to the values upheld by the HWEICB to ensure that children receive a caring and compassionate response.

We will work collaboratively with services and in partnership to strive for excellence and ensure that the welfare of children and their families are placed at the heart of everything we do.

4. DEFINITIONS

- **A child** -This policy applies to children and young people as defined in the Children Act 1989 and 2004 as anyone who have not yet reached their 18th birthday. This includes babies.
- **Safeguarding and promoting the welfare of children** is defined in Working to Together to Safeguard Children (2018) 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 life chances.
- **Abuse**- Any form of maltreatment of a child. A person may abuse a child or neglect them by acts of omission, inflicting harm or failing to act or prevent harm. There are 4 categories of abuse, physical, emotional, sexual abuse and neglect.
- **Looked After Children** - *a child looked after by a local authority either under a court order or through a voluntary arrangement* as described in the Children Act 1989. Looked After Children are identified as a population who may have significant health and social difficulties, which may make them more vulnerable to criminal and sexual exploitation. They are shown to be a population who have poorer outcomes than that of their peers who have not been in care of the Local Authority. In West Essex Looked After Children are referred to as Children in Care and in Hertfordshire Looked After Children are referred to as Children Looked After – this reflects the local agreements with Safeguarding Boards / Partnerships.
- Primary Care refers to General Practice, Community Pharmacy, Dental and Optometry (NHS England definition). For the purposes of this policy the term **General Practice** is used where previously Primary Care may have been used to describe a GP surgery.

5. ROLES & RESPONSIBILITIES

The HWEICB will take responsibility for safeguarding children and young people by;

- ensuring that there is a strategic Governing Body lead for safeguarding children and young people who will promote the need to safeguard children across service planning and delivery.
- complying with S10 and S11 of the Children Act 2004 and any subsequent statutory guidance relating to vulnerable groups.
- co-operating and working in partnership with the Local Authorities in the operation of the Safeguarding Children Board/Partnership.
- promoting the commissioning of services which prioritise the safety and welfare of children through local partnership arrangements and discharge their functions having regard to the need to safeguard and promote the welfare of vulnerable individuals.
- promoting the planning and provision of a range of safeguarding training to enable staff to recognise and report safeguarding issues.

The ICB has identified named leads for the following functions: -

- Executive lead for safeguarding children – (this role is undertaken by the Director of Nursing, supported by AD Nursing & Quality)
- The Nominated Safeguarding Senior Officer (NSSO) for Allegations Against Staff who will inform the Local Authority Designated Officer (LADO) of all allegations and concerns of abuse made against an employee, agency worker, volunteer or contracted staff as per local authority procedures (this role is undertaken by the Designated Nurse)
- Lead for PREVENT the Government counter terrorist strategy (this role is undertaken by the Safeguarding Adult Lead Nurse)
- Lead for the Mental Capacity Act (this role is undertaken by the Safeguarding Adult Lead Nurse)
- Designated Nurse for Safeguarding Children
- Deputy Designated Nurse for Safeguarding Children
- Designated Doctor for Safeguarding Children
- Designated Nurse for Looked after children
- Deputy Designated Nurse for Looked After Children
- Designated Doctor for Looked After Children
- Designated Paediatrician for Unexpected Child Deaths
- Named Nurse for Safeguarding Children in Primary Care
- Named GPs for Safeguarding Children
- Liberty Protection Safeguards Lead

The children and adult nursing professionals work collaboratively under the leadership of the Director of Nursing and Quality.

5.1 Duties and Accountabilities

All Professionals with responsibilities as described below will work together to promote “Think Family” approach and advise/support both children and adult services alike. The Think Family approach recognises that it is important to understand that an individual child or patient is part of a family, and the care or wellbeing of that individual will impact on other members of their family including Children that they come into contact with.

The term family is broad and does not just refer to birth relations but those with caring responsibilities or in regular contact with children should be considered.

The basis of the Think Family approach is to ensure that the response to an individual supports those at risk of poor outcomes and provides support at the earliest opportunity that meets the needs of all and helps to identify strengths that can be developed to support other members of the family group.

5.2 The Chief Executive Officer

must ensure that:

- There is a clear line of accountability for safeguarding that is properly reflected in the integrated governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation’s safeguarding arrangements.

5.3 Responsibility of Director of Nursing & Quality

- a) Holds the overall Executive Lead responsibility for Safeguarding and is stated within their portfolio of responsibilities.
- b) Responsibility of ESCB and HSCP and relevant strategic partnership groups.
- c) Is responsible for the execution of all safeguarding responsibilities on the behalf of the Accountable Officer and the Board members.
- d) Is responsible for the roles outlined in Section 5.1 of this document or for delegating as appropriate.
- e) Promote the safeguarding of children at risk within commissioning arrangements to meet identified quality standards through quality scrutiny processes.
- f) Monitor the progress of recommendations and outcomes from Serious Untoward Incidents, Child Safeguarding Practice Reviews and Domestic Homicide Reviews.
- g) Line manages the Designated Nursing professionals.
- h) As a member of the relevant quality committees across ICB, ensure robust membership and terms of reference to monitor safeguarding activities and risks.
- i) Where children are involved commission and signs off Individual Management Reviews for Domestic Homicide Reviews and ensure attendance at relevant multi agency panels in relation to these.
- j) Commission safeguarding children annual reports.

- k) Report any safeguarding risks and/or achievements to the Accountable Officer and Board through the Quality Committee or direct to the Board and reporting as required to partner agencies.
- l) Keep the Accountable Officer and Board informed of any immediate concerns or media interest regarding safeguarding issues liaising with partner agencies as required.
- m) Is responsible for ensuring providers and contracted services are aware of their responsibilities in relation to reporting safeguarding incidents.
- n) Ensures 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, including a planned period of overlap to avoid the abruptness of a sudden change in clinicians, culture, frequency of appointments and environment.

5.4 Responsibility of ICB Executive and Non-Executive Members

- Ensures that the Integrated Care Board 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
- Ensures that service plans/specifications/contracts/invitations to tender etc. include reference to the standards expected for safeguarding children and vulnerable adults.
- Ensures that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.

Ensures that 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. ICB/ formerly CCGs must fulfil the NHS England Safeguarding Accountability and Assurance Framework issued July 2019.

5.5 Responsibility of Designated Nurse and Doctors Safeguarding Children

- These individuals are identified within the health economy as clinicians with statutory roles and responsibilities for safeguarding children and are experts within the field.
- Take a strategic, professional advisory lead on all aspects of the health service contribution to safeguarding children across the geographical area, which includes all Providers.
- Promote, influence, and develop safeguarding training – on a single and inter-agency basis - to meet the training needs of staff.
- Provide clinical advice on the development and monitoring of the safeguarding aspects of contracts.
- Provide supervision, advice and support to the named professionals in each provider organisation.

- Provide expert professional advice on matters relating to safeguarding for other professionals, the Safeguarding Children Board / Partnership, its Sub-committees and partner agencies.
- Advise on Serious Incidents or Individual Management Reviews which arise as part of the Child Safeguarding Practice Review Process and monitor implementation and outcomes of agreed actions.
- Promote the understanding and use of the 'early intervention' model.
- Advise and input into the development of organisational and multi-agency strategy, policy procedures and projects relating to safeguarding children.
- Represent the ICB on the Safeguarding Partnership or Board and its Sub-committees and communicate positively the values and strategic vision to stakeholders and partners as appropriate.
- Alert the organisation to situations which compromise its ability to discharge its responsibility in relation to safeguarding children.
- To challenge decisions in multi-agency arena, where children are believed to remain at risk via escalation processes outlined in health guidance and in Safeguarding Partnership/Board Procedures.
- Produce an Annual Report on Safeguarding Children and Looked After Children
- Monitor performance and seek assurance as per requirement in Section 11 Working Together — this may be through a self-assessment process, quality visits / contract assurance meetings and safeguarding audit.

5.6 Responsibility of Designated Nurse and Doctor for Looked After Children

- Are identified within the health economy as clinicians with statutory roles and responsibilities for Looked After Children.
- Take a strategic, professional advisory lead on all aspects of the health service contribution to Looked After Children across the geographical area, which includes all Providers.
- Promote, influence and develop Looked After Children training – on a single and inter-agency basis - to meet the training needs of staff.
- Provide clinical advice on the development and monitoring the Looked After Children aspects within contracts.
- Provide supervision, advice and support to the Looked After Children professionals in each provider organisation.
- Provide expert professional advice on matters relating to Looked After Children for other professionals, Local Children's Services, the Safeguarding Children Partnership/Board and its Sub-committees and partner agencies.
- Provide specialist knowledge in all aspects relating to Looked After Children.
- Work closely with Children Social Care Services to promote an integrated care approach in the best interests of Looked After Children.
- Promote integrated working with the Child and Adolescent Mental Health Service to advance emotional health and well-being outcomes for children in care.
- Work in partnership with Designated and Named safeguarding colleagues to ensure Looked After Children are safeguarded

- The Designated Doctor to undertake clinical duties for Looked After Children as required.
- Contribute to yearly ICB safeguarding children report
- To attend and represent the ICB at Partnership / Board meetings
- Monitor performance and seek assurance as per Section 11 Working Together and Nice Guidance for Looked After Children (NG205) – this may be through a self-assessment process, quality visits / contract assurance meetings and safeguarding audit.
- Work collaboratively to support and strengthen leadership at the national and regional NHS safeguarding teams at National Network of Designated Professionals and regional steering groups.

5.7 Responsibility of Designated Paediatrician for Unexpected Child Deaths

- Undertake lead responsibility for medical responses to unexpected deaths of children which occur within an identified area as outlined in Chapter 5 Working Together to Safeguard Children 2018 and Child Death Review. Statutory and Operational Guidance 2018.
- Work with the Police, Children’s Social Care and Joint Agency Review Team (JAR) to co-ordinate responses to unexpected child deaths.
- In partnership with the Police and Children’s Social Care and the Child Death Review teams undertake appropriate investigations and enquiries and evaluate the reasons and circumstances of the death in agreement with the coroner.
- Be responsible for the child death review process.
- Advise on the appropriate response to a death of a child in an adult Intensive Care Unit.
- Advise CDOP regarding necessary experts required to inform ordinary and themed panels.
- Advise CDOP in the identification of modifiable contributory factors.
Liaise, as appropriate, with regional clinical networks to ensure that themed panels are properly co-ordinated.
- Assist CDOP in the development and implementation of appropriate preventative strategies to reduce the child deaths.
- Liaise with those who have on-going responsibility for other family members providing support to the bereaved family, and where appropriate referring on to specialist bereavement services following the death.
- Work in partnership with the Joint Agency Review (JAR) Team to maintain contact at regular intervals with family members and professionals who have on-going responsibilities for family members, to keep them up to date with information about the child’s death.
- Prepare an annual report with the Chair summarising the activities of CDOP for the ICB to advise and support them in their commissioning duties. Contributing to the Quality Commissioning Committee report as required.
- Work collaboratively to support and strengthen leadership at the national and regional NHS safeguarding teams at National Network of Designated Professionals and regional steering groups.

5.8 Responsibility of Named / Designated Nurse for Safeguarding Children in General Practice

- This individual is identified within the health economy as a clinician with responsibilities for safeguarding children and are experts within the field.
- Take a strategic, professional advisory lead on all aspects of the health service contribution to safeguarding children across the geographical area, which includes all those in General Practice.
- Promote, influence, and develop safeguarding training - to meet the training needs of Clinicians working in General Practice.
- Provide clinical advice on the development and monitoring of the safeguarding processes and procedures in place in General Practice.
- Provide advice and support to the Named GP's as well as GPs in General Practice across the HWE ICB.
- Provide expert professional advice on matters relating to safeguarding for other professionals, the Safeguarding Children Board / Partnership, its Sub-committees and partner agencies.
- Advise on Serious Incidents or Individual Management Reviews which arise as part of the Child Safeguarding Practice Review Process and monitor implementation and outcomes of agreed actions.
- Promote the understanding and use of the 'early intervention' model.
- Alert General Practice to situations and national learning which may influence their ability to discharge their responsibility in relation to safeguarding children.
- To support those working in General Practice to challenge decisions in multi-agency arena, where children are believed to remain at risk via escalation processes outlined in health guidance and in Safeguarding Partnership/Board Procedures.
- Produce an Annual Report on Safeguarding Children in General Practice.
- Work collaboratively to support and strengthen leadership of the national and regional NHS safeguarding teams at National Network of Designated Professionals and regional steering groups.

5.9 Responsibility of ICB Quality Directorate

- 1) Must maintain a continued awareness of safeguarding issues and responsibilities/accountability, and maintain a knowledge base by reviewing reports, newsletters and attending training/development sessions as required.
- 2) Monitor that all commissioned services have robust policies and procedures embedded to safeguard and promote the welfare of children at risk which are in accordance with the Safeguarding Children Partnership/ Board procedures.
- 3) Promote the safeguarding and welfare of children at risk in all activity related to their role.
- 4) Inform the safeguarding Executive lead of any deficits in health e.g. vacancies, pandemic sickness, which may impact on inter-agency working, and potentially put vulnerable people at risk.
- 5) To act as a central resource and respond with expert knowledge when dealing with queries relating to Safeguarding Children.

5.9.1 Responsibility of All Staff

- 1) Understand the processes and comply with all policies procedures and guidance on safeguarding children at risk.
- 2) Where a member of staff is unsure what action to take, they will be expected to access advice from the relevant Designated team / Multi Agency Safeguarding Hub / social care hub.
- 3) Staff should maintain compliance with both the Intercollegiate Document (2018 and 2019) through the appraisal system.
- 4) Attend safeguarding children training at the appropriate level to their role and maintain the level of knowledge and skills appropriate to their role.
- 5) Protect vulnerable children by recognising and responding to abuse and neglect and know what action to take to make appropriate referrals, and where appropriate contribute to multi-agency activity.
- 6) Access safeguarding supervision as appropriate for staff role.
- 7) Take part in audits and evaluations regarding safeguarding as appropriate.
- 8) Take immediate and appropriate action regarding allegations against people who work with children or adults at risk as outlined in the Managing Allegations in the workforce for children.

This policy has been written with representatives of the Safeguarding Children Teams from Hertfordshire and West Essex to ensure that correct terminology and processes are reflected in the document as going forward under an ICB each area will still have a Partnership/Board relevant to a specific geographical area that should be taken into account when any policy changes are made.

5.9.2 Responsibility of Provider

Provider organisations are responsible for:

- Ensuring compliance with legislation and statutory guidance in relation to Safeguarding Children and Children Looked After, both within and across their organisation.
- Ensuring that there is clarity as to who holds corporate responsibility for Safeguarding Children within the organisation, and that appropriate governance and safeguarding systems are in place to deliver best practice.
- Providing assurance to HWEICBs that responsibilities with respect to Safeguarding Children are being safely discharged.

HWEICB will oversee these responsibilities.

6. SAFEGUARDING CHILDREN

The following fundamental principles contained within The Children Act 1989 and 2004 and Working Together to Safeguard Children 2018 governs the actions of the ICB in relation to protecting children:

- The child's welfare is paramount.

- Professionals should work in partnership with parents wherever possible.
- Close co-operation with other agencies, namely Children's Social Care, Police and Education, as well as other health professionals is essential to safeguard children.
- In all decisions and services, full regard will be taken of the child's ethnicity, culture, language, religion, gender and any disability and all services will be offered based on equal opportunity.
- **Professional Curiosity** should be used to explore potential safeguarding matters - keeping a level of respectful uncertainty in all cases leaves opportunity to be critical of care being received by children in another person's care – that can mean anyone not just those with parental rights. Does the shared explanation of an event or an injury make sense? Is it plausible? Has information changed over time? These areas are worth further consideration and investigation. Barriers to curiosity include unconscious bias – over optimism – assumptions – loss of a child focussed approach.
- **Challenge** should be used where one professional opinion is at odds with another. This may be a safeguarding referral has not been accepted. Escalation processes are in place in these cases. It is appropriate to challenge decisions where there is disagreement and professionals should feel able to do this in an assertive manner. This may become a missed opportunity if concerns not followed.
- **Voice of the child** – Article 12 of the United Nations Convention on the rights of the Child states that every child has the right to have their voice heard in decisions that affect them. In Safeguarding this means - asking the child their view - listening to what they say and considering this when decisions are being made have taken account of their views and wishes. They should be part of any decision-making process that may impact them – this may include what school? Setting targets? Discussions around medical treatment. Children should be able to feel confident that they are being listened to and safe to discuss matters that are affecting / worrying them.
- **Information sharing** is essential for effective safeguarding and promoting the welfare of children and young people. Examples of poor information sharing are often evidenced as part of Child Safeguarding Practice Reviews. It should be understood in all cases that GDPR (General Data Protection Regulation) is not a barrier to information sharing. Appropriate consent should be sought to share information but in the case of child safeguarding concerns this is not required where there are safety / risk concerns. Any information shared must meet the required standards (Information Sharing 2018) and should be necessary, proportionate, relevant, accurate, timely and secure in all cases. A record should be made about the decision-making process associated with the information shared. The right to confidentiality for parents, carers and children will be respected and information will only be shared in the interests of the child or where required by law.

- All staff must be alert to the possibility of significant harm to unborn babies and children through abuse or neglect, or to a child who is 'in need'. All staff should be able to recognise indicators and know how to act upon concerns.
- All staff must be aware of the vulnerabilities of certain groups of children such as those who have a disability, 'looked after' or privately fostered. The child may also put themselves at risk due to their behaviours and can be at risk of child sexual exploitation or gang activity.
- All staff must be aware of the vulnerabilities of certain groups of adults who may find parenting difficult. For example, those experiencing domestic abuse, unstable mental health problems, uncontrolled substance or alcohol misuse, learning disabilities or those with unmet support needs. All staff working primarily with adults who are parents or carers should always consider the effects on parenting capacity and subsequent implications for children of the adult's illness or behaviour.
- All staff must be aware that certain cultural differences can place a child at risk of significant harm, such as the risk of female genital mutilation, forced marriage or honour-based violence.
- All staff must recognise that sharing information is vital for early intervention 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.
- All staff must be aware of the Mental Capacity Act in relation to 16- and 17-year-olds.
- All staff must be aware of and know how to access relevant Safeguarding Procedures Southend, Essex and Thurrock Child Protection Procedures. <http://www.escb.co.uk/> or Hertfordshire Safeguarding Procedures <http://www.hscp.co.uk/>
- All staff have a responsibility to work effectively with other agencies as outlined in Working Together to Safeguard Children 2018.
- All staff should be aware of the managing allegations policy and their responsibility within it.
- All staff must be aware of what action to take if a child is at risk of immediate harm, where the police (999) should be called and a referral to Children's Social Care.
- All staff must uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation, irrespective of their race, culture, religion, gender, age, health/disability, residence, behaviour or immigration status

7. IF YOU HAVE CONCERNS THAT A CHILD IS BEING ABUSED:

ESSEX RESIDENT SOCIAL SERVICES – FOR REFERRALS/ADVICE	HERTFORDSHIRE RESIDENT SOCIAL SERVICES – FOR REFERRALS/ADVICE
<p>During <i>normal working hours</i> in Essex all referrals and advice are dealt with by Children and Families (C&F) If Child considered at <u>immediate</u> risk of Significant harm call C&F and ask for PRIORITY LINE Requests for information and enquiries:- www.essex.gov.uk/FamilyOpsEnquiries All Referrals where immediate action not necessary – e-mail completed referral (FORS) <u>form</u> to FOH Essex <i>Out of hours</i></p> <p style="text-align: center;">Or</p> <p>In office hours 0345 603 7627</p> <p>FOH@essex.gcsx.gov.uk</p> <p>Out of office hours 0345 606 1212</p>	<p>In Hertfordshire all referrals and advice are dealt with by Children and Families (C&F) and Referrals are triaged through the Multi agency Safeguarding Hub.</p> <p>All Safeguarding Referrals by professionals are made through a portal registered to your organisation. https://eservices.hertfordshire.gov.uk/services/child-protection-referral</p> <p>Any request for support of a child where immediate action not necessary – service request can be made by completing form and emailing</p> <p>https://www.hertfordshire.gov.uk/media-library/documents/childrens-services/counselling-in-schools/singleservicerequestform.pdf</p> <p>In office hours & Out of office hours</p> <p>0300 123 4043 (24/7)</p> <p>Protectedreferrals.cs@hertfordshire.gov.uk</p>

At home - if you are a registered professional, you must call social care, if you are not you can call NSPCC on 0808 800 5000 or Text 88858

In public - call 999 if the person is at serious risk of harm.

8. SAFEGUARDING CHILDREN TEAMS CONTACT DETAILS

The area teams can be accessed to provide advice relating to Safeguarding Children Concerns **Monday – Friday in Office Hours.**

WEST ESSEX TEAM		HERTFORDSHIRE TEAM	
Personal Assistant Safeguarding Team for West Essex	WECCG.SCT @nhs.net	Administration Team for Hertfordshire	07769 742887 <u>ENHCCG</u> <u>.SGCLAC</u> <u>@nhs.net</u>

9. MONITORING COMPLIANCE Governance Arrangements

- Safeguarding governance arrangements are monitored through the Quality Committee meetings which reports directly to the ICB.
- The Safeguarding leads will report on the safeguarding agenda at national, county and locality level to the committee. Reports should include areas of risk and concerns related to safeguarding, new legislation, research in safeguarding, serious incidents which relate to identifiable individuals, Child Safeguarding Practice Reviews together with mitigation of risk plans.
- Monitor performance and seek assurance as per Section 11 Working Together and Nice Guidance for Looked After Children (NG205) – this may be through Section 11 visits / contract assurance meetings and audit.
- As part of their quality monitoring and scrutiny role, the ICB will monitor the following across all organisations/services which they have a commissioning role: -
 - Provider organisations have Named Professionals in place to take lead responsibility for safeguarding children and who report to the Designated Professionals as outlined in “Working Together 2018”
 - Safe recruitment policies in place as set out in 6 NHS standards of recruitment, (2013) which include recommendations relating to relevant checks with the Disclosure and Barring Service.
 - Comprehensive and effective single and multi-agency policies and procedures to safeguard children and Looked After Children, are in place, which are in line with Safeguarding Partners policies and procedures.
 - Co-operation and compliance with performance indicators and inspections required by the Partnerships, any other national regulatory bodies, such as the Care Quality Commission, Ofsted or NHS Commissioning Board.
 - Compliance with the Government PREVENT anti-terrorist strategy and where appropriate provide training and raise awareness of staff.
 - Compliance with the Mental Capacity Act and Liberty Protection Safeguards when implemented.

- Effective incident reporting in line with national guidance.
- Lessons learned from serious incidents, individual management reviews or near misses inform practice and result in improved outcomes for children.
- Service Specifications which promote quality standards around the safety and welfare of children at risk including a “Think Family” approach.
- Providers offering residential care for children and young people have appropriate standards in place and a policy to inform the Local Authority if a child is resident in hospital or hospice care for 12 weeks or more, a requirement under Section 85/86 of the Children Act 1989.
- Providers of mental health in-patient care have policies to inform the Area Team if children under 18 are housed in the same wards as adults, to ensure that they are transferred to more suitable accommodation within 48 hours and have an appropriate policy regarding children visiting in-patients on all wards.

10. EDUCATION AND TRAINING

All staff will attend safeguarding children training at the appropriate level to their role as outlined in the Intercollegiate Documents Safeguarding Roles and Competencies for Health Care Staff 2019 and Looked After Children: knowledge, skills and competence of health care staff Intercollegiate Role Framework 2020 and maintain a level of knowledge and skills appropriate to their role.

Training Compliance will be monitored through ODL and where appropriate compliance with the appropriate professional body – NMC for Nurses and GMC for Doctors may be requested as evidence.

11. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This Policy is developed by HWE Safeguarding Leads following the merge of existing safeguarding Children and Safeguarding adults’ policies and procedures. There is no change to the content or requirement.

HWE ICB comply with the Equality Act (2010) and Public Sector Equality Duty (2011) and as such recognises that some individuals with protected characteristics may need additional support to understand, interpret and implement this Policy. The ICB Safeguarding Team will respond to any direct or indirect request for support in relation to this policy to meet the needs of individuals where their Equality Act protected characteristic requires adjustments to be made to ensure equity of outcome, which will include clarification and translation.

12. REFERENCES.

Children Act 1989. <http://www.legislation.gov.uk>

Children Act 2004. <http://www.legislation.gov.uk>

Common Core of Skills and Knowledge for the Children's Workforce. London.
HM Government (2005)

ESAB (2010) Southend Essex Thurrock safeguarding Adult Guidelines Version 2 Dec 2010 <http://www.essexsab.org.uk/>

ESCB Southend Essex Thurrock Child Protection Procedures <http://www.escb.co.uk/>

Hertfordshire Safeguarding Children Partnership
<https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/hertfordshire-safeguarding-children-partnership/hscp.aspx>

Department of Education (2018) Working Together to Safeguard Children: A Guide to interagency Working to Safeguard and Promote the Welfare of Children London:
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

HM Government (2015) Promoting the health and well-being of looked-after children
Statutory guidance for local authorities, clinical commissioning groups and NHS
England:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

HM Government: Think Family: Improving the life chances of families at risk (2008)
HMSO London:
http://www.drugsandalcohol.ie/17766/1/think_family_life_chances_report.pdf

RCN 2019 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff' (Intercollegiate Document).

RCN (2020) Looked After Children: knowledge, skills and competence of health care staff Intercollegiate Role Framework,

The Mental Capacity Act 2005 <https://www.legislation.gov.uk/ukpga/2005/9/contents>

HM Government Department of Education 2018 Information
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf

NICE Looked After Children and Young People Guidance NICE NG205 (2021)
<https://www.nice.org.uk/guidance/ng205>

Domestic Abuse Act 2021 <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet>

Think Family: Improving the life chances of families at risk -
<https://data.parliament.uk/DepositedPapers/Files/DEP2008-0058/DEP2008-0058.pdf>

NHS Recruitment and Selection Standards: Policy and Procedure (2013) -
<https://www.enhertscg.nhs.uk/sites/default/files/ENH%20CCG%20Recruitment%20and%20Selection%20Policy.pdf>.

13. ASSOCIATED DOCUMENTATION

Child abuse and Neglect NICE guideline (NG76) 2017

<https://www.nice.org.uk/guidance/ng76>

Looked After Children and young people (NG205) 2021

<https://www.nice.org.uk/guidance/ng205>

Child Exploitation Disruption Toolkit 2019

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/794554/6.5120_Child_exploitation_disruption_toolkit.pdf

Life chances / safeguarding

NSPCC <https://learning.nspcc.org.uk/>

NSPCC – Case Review repository

https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?&LabelText=Case%20review&searchterm=*&Fields=@&Media=SCR&Bool=AND&SearchPrecision=20&DataSetName=HERITAGE

Appendix 1

NHS Herts and West Essex ICB Equality Impact Statement

Herts and West Essex ICB endeavours to challenge discrimination, promote equality and respect human rights, The ICB aims to design and implement services policies and measures that meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others.

All staff are expected to deliver services and provide care in a manner which respects the individuality and as such treat patients, carers and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.

In order to meet these requirements, a single equality impact analysis is used to screen all HWE ICB policies, procedures and guidelines.

Equality Analysis – Full Equality Impact Assessment

This template is an adapted version of the NHS England Equality template which was published in September 2014 and is the current standard.

Title of policy, service, proposal etc being assessed:

HWE ICB Safeguarding Children Policy

What are the intended outcomes of this work?

The aim of this policy is to provide HWE ICB staff with information so that they may fulfil their statutory duties to safeguard and protect children and young people by;

Taking any action required to secure the immediate safety of any babies, children, young people at risk of or experiencing actual harm – which may include contacting the police.

Following processes and procedures that reflect the different Safeguarding Children Boards across Hertfordshire and West Essex to maintain the safety of babies, children and young people.

How will these outcomes be achieved?

Staff required to follow the policy direction in relation to any allegations made against staff in circumstances that fall within the remit of this policy

Who will be affected by this work?

All staff working in the ICB and the service users that are defined within the remit of this policy

Evidence

What evidence have you considered?

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Age

This Policy relates to all included subjects irrespective of age

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Disability

Subjects who have any difficulty with sight, reading, or interpreting critical or complex information (either verbal or written) may require additional support to interpret information

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Gender reassignment (including transgender)

This Policy relates to all included subjects irrespective of gender re-assignment

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Marriage and civil partnership

This Policy relates to all included subjects irrespective of marital/partnership status

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Pregnancy and maternity

This Policy relates to all included subjects irrespective of pregnancy or maternity status

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Race

Subjects whose first language is not English may require additional support with translation of the policy. For some people this policy may not be understandable and as such may need additional support to understand the Law and Statutory guidance that underpins this policy

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Religion or belief

Subjects may require additional support with the context interpretation of the policy and as such may need additional support to understand the Law and Statutory guidance that underpins this policy

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Sex

This Policy relates to all included subjects irrespective of Sex

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Sexual orientation

This Policy relates to all included subjects irrespective of sexual orientation

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Carers

This Policy relates to all included subjects irrespective of carer status

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Other identified groups

Subjects may require additional support with the context interpretation of the policy and as such may need additional support to understand the Law and Statutory guidance that underpins this policy.

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

No such engagement has taken place

How have you engaged stakeholders in testing the policy or programme proposals?

A similar policy has been in place since December 2015. No significant changes have been made other than to adapt the policy for the ICB.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Advice from ICB Equality and Diversity Lead

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work.

NA

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups (the General Duty of the Public Sector Equality Duty).

The ICB ensures that the Policy enables subjects to access to support from the ICB Safeguarding Team to interpret the Policy and support full understanding by any person who it relates to, where required

Eliminate discrimination, harassment and victimisation

The ICB ensures that the policy does not contain discriminatory language and re-iterates the universal provisions for this policy

Advance equality of opportunity

As stated in section 8 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral

Promote good relations between groups

Policy is universally applied to all subjects in relation to any actions, advice or care provided in relation to the Safeguarding of babies, children and young people.

Next Steps

Some individuals with protected characteristics around Disability, Race, Religion or Belief and other identified groups such as individuals who are not UK citizens may require support in relation to the interpretation or translation of this policy.

This has been addressed by the policy which includes provision (In section 8) for any individual impacted in this way to be encouraged to approach the safeguarding team for support with interpretation or translation.

Any requests made to the Safeguarding team to support individuals in either interpretation of or implementation of the policy in relation to their protected characteristics will be recorded by the Safeguarding administration team. This information will be made available on request to support any changes required to identify areas of improvement in future policy making to ensure that where possible changes are made to take account of the needs of those with protected characteristics.

HWE ICB Safeguarding Children Policy March 2022: The equality impact assessment (EqIA) for this proposal considers the needs of various equality groups and repeats the commitment in the policy to meet the needs of the equality groups when their equality based needs interact with the delivery of the policy. The EqIA also commits to monitoring adjustments made. This is likely to be sufficient information for decision makers to be able to show Due Regard as required by the Equality Act 201. Paul Curry, Equality and Diversity Lead, 28 April 2022.