Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

# Bristol, North Somerset and South Gloucestershire ICB Safeguarding Children Policy

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| Complete the blank cells in the table below. The rest will be added by the corporate team once the policy approved and before it is added to the website. | |
|---|---|
| **Policy ref no:** | 82 |
| **Responsible Executive Director:** | Rosi Shepherd |
| **Author and Job Title:** | Faye Kamara |
| **Date Approved:** | 7th April 2025 |
| **Approved by:** | Shane Devlin, Chief Executive |
| **Date of next review:** | 7th April 2028 |

## Policy Review Checklist

| | Yes/No/NA | Supporting information |
|---|---|---|
| Has an Equality Impact Assessment Screening been completed? | Yes | This is supported as an appendix to this policy |
| Has the review taken account of latest Guidance/Legislation? | Yes | There are several pieces of legislation and guidance documents that underpin the principles of safeguarding children which are pertinent to the work of the ICB. These are listed on page 8. |
| Has legal advice been sought? | N/A | This is not required as it is mandatory for every NHS organisation to have a safeguarding policy, and the ICB have statutory safeguarding duties to fulfil. |
| Has HR been consulted? | Yes | Yes, through Contract Policy Review Group |
| Have training issues been addressed? | Yes | Safeguarding training has been addressed on Pages 20 and outlines organisational requirements for staff to be trained. |
| Are there other HR related issues that need to be considered? | Yes | A regional procedure is in place to manage any allegation of abuse to children and/or adults by a person in a position of Trust. This is addressed in a separate policy and by each Safeguarding Children Partnership – see page 23 |
| Has the policy been reviewed by Staff Partnership Forum? | N/A | |
| Are there financial issues and have they been addressed? | N/A | |
| What engagement has there been with patients/members of the public in preparing this policy? | N/A | |

| | Yes/No/NA | Supporting information |
|---|---|---|
| Are there linked policies and procedures? | Yes | Safeguarding Children in Care, Safeguarding Adults, Domestic Abuse, Prevent and the Mental Capacity Act. |
| Has the lead Executive Director approved the policy? | Yes | This has been approved by our Executive Lead for Safeguarding, Rosi Shepherd, Chief Nursing Officer. |
| Which Committees have assured the policy? | | Safeguarding Governance Group have offered guidance. |
| Has an implementation plan been provided? | Yes | This will form part of the safeguarding implementation plan to raise awareness for 2025 – 2027 see Appendices. |
| How will the policy be shared with | | This policy will be available via the BNSSG staff intranet and website. The updated policy will also be launched at HWGNFY and through the Voice Newsletter. It will be a public document. |
| Will an audit trail demonstrating receipt of policy by staff be required; how will this be done? | No | This is not required. All staff can access this policy via the Hub. |
| Has a DPIA been considered in regard to this policy? | Yes | This was discussed at the Corporate Policy Review Group and a separate impact assessment was not necessary at this time providing implications were clear (see below). |
| Have Data Protection implications have been considered? | Yes | Schedule 3, Parts 1 and 5 of the Data Protection Act.<br>Supports that in cases where safeguarding concerns relate to children and adults at risk, organisations are not obliged to give access to information, respond to a request to delete information or inform individuals that their data is being processed if it is deemed that to do so could cause harm or prevent a safeguarding referral.<br><br>Organisations should make reference to the Data Protection Act 2018 exemptions and the exemptions that are available in Article 23 and Chapter IX of the GDPR in their safeguarding procedures. This is also |

| | Yes/No/NA | Supporting information |
|---|---|---|
| | | supported by two Information Sharing Agreements across the system. One a Tier 1 agreement and another Tier 2 which references why and how the system shares safeguarding information. |

| Version | Date | Consultation |
|---|---|---|
| BNSSG ICB (formerly the CCG policy) Safeguarding Policy v1 | 29th March 2023 | Revisions discussed with Contract Policy Review Group |
| BNSSG ICB Safeguarding Children Policy v1 | 17th May 2023 | Safeguarding Policy (All-Age) divided into a Children's and separate Adult's policy.<br>Discussed at Corporate Policy Review Group<br><br>Also discussed at Safeguarding Governance Group |
| BNSSG ICB Safeguarding Children Policy v2 | 5th June 2024 | Final review, proof read |
| V4 | Jan 2025 | Following comms edits- last proof read before sign off |

# 1 Introduction

Bristol North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) is responsible for ensuring that it commissions good quality services on behalf of its population. This policy outlines how Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (the ICB) will deliver its statutory duty to safeguard and promote the welfare of children. It promotes structures, systems and standards that reflect policy and support both internally and within the three Safeguarding Partnerships for children across BNSSG. Safeguarding is a key objective of the ICB, and commissioners will seek to make it integral to all commissioning activities.

This policy has been updated to reflect changes to legislation and the development of the Integrated Care System (ICS), as appropriate to maintain assurance on the delivery of safeguarding arrangements. This policy will be led by the Chief Nursing Officer closely supported by the Head of Safeguarding (all age) and ICB Safeguarding Team. Our Safeguarding Partner organisations, - health partner organisations, Local authorities, Avon and Somerset Constabulary as the main partners who form part of the ICS, are responsible for maintaining their own respective organisational policies and procedures.

## 1.1 BNSSG ICB Values

This policy has been written with due regard to the ICB's values combined with safeguarding arrangements to uphold a strong ethos of partnership working. It aims to promote safety and optimal outcomes for our children and young people within the BNSSG population.

# 2 Purpose and scope

The ICB is accountable for delivering the statutory functions for safeguarding children under section 11 of the Children Act 2004. It recognises that 'Safeguarding Is Everybody's Business' and is responsible for ensuring that safeguarding principles are embedded across the workforce and within all workstreams it has responsibility for. All ICB staff have a role in raising awareness of safeguarding concerns and connecting with the Safeguarding Team for advice when required, therefore this policy applies to all members of staff. The ICB must also engage with each of the three Safeguarding Children Partnerships as a statutory partner.

The purpose of this policy is to set out the principles of safeguarding children and young people (up to the age of 18), which applies to all staff employed, seconded, volunteering or contracted to work for the ICB. The safeguarding of children and young people is integral to

commissioning, quality assurance, clinical governance, performance management and financial audit arrangements.

This policy has been developed to support the ICB in its commissioning role with health partners across the health economy and any provider function undertaken by the ICB. This is not a replacement for the safeguarding children's procedures as set out by the three BNSSG Safeguarding Children Partnerships (see page 19 therefore, ICBs employees must also continue to follow and adhere to those principles if they have concerns about a child or young person)

This policy will be implemented by the Head of Safeguarding (all-age) and ICB Safeguarding Team with oversight and monitoring undertaken by the Outcomes, Quality and Performance Committee reporting into the ICB Board.

This safeguarding policy addresses the increased risk of harm and abuse to people with protected characteristics. It also promotes equality of opportunity between people who share a protected characteristic and those who do not. It is expected that everyone who implements this safeguarding policy will pay due regard to the Public Sector Equality Duty. (Public Sector Equality Duty | Equality and Human Rights Commission (equalityhumanrights.com)

The aims of this policy are:

- To demonstrate how BNSSG ICB meets its corporate accountability for safeguarding children.
- To provide guidance to BNSSG ICB employees to enable them to fulfil their safeguarding responsibilities.
- To provide guidance and signposting to ensure the ICB meets its safeguarding learning and development responsibilities.
- The ICB must ensure that, in any commissioning decisions or involvement in safeguarding children matters, that they recognise the legislation under Children Act 1989, where the welfare of a child is paramount.

# 3 Duties – legal framework for this policy

Safeguarding children and young people at risk is strongly featured in one of the four core purposes of Integrated Care Systems set out by NHS England and therefore within the BNSSG system:

- To improve outcomes in population health and healthcare

### Legislation and mandatory reporting:

The hyperlinks below are key pieces of legislation which underpin this work programme.

<table>
<tr><th colspan="2">Legislation</th></tr>
<tr><td>• The Crime and Disorder Act 1998<br>• Female Genital Mutilation Act 2003<br>• Sexual Offences Act 2003<br>• Mental Capacity Act 2005<br>• Convention on the Rights of Persons with Disabilities 2006<br>• Mental Health Act 2007<br>• Children and Families Act 2014</td><td>• Modern Slavery Act 2015<br>• Serious Crime Act 2015<br>• Mental Capacity (Amendment) Act 2019<br>• NHS Constitution and Values (updated Jan<br>• 2021)<br>• Domestic Abuse Act 2021<br>• Serious Violence Duty - Statutory Guidance (publishing.service.gov.uk)<br>• Police, Crime, Sentencing and Courts Act 2022</td></tr>
<tr><th>Safeguarding children</th><th>Safeguarding young people transitioning into adults, including children in care</th></tr>
<tr><td colspan="2">• United Nations Convention on the Rights of the Child 1989<br>• Children Act 1989 and 2004<br>• Promoting the Health of Looked After Children Statutory Guidance 2015<br>• Children and Social Work Act 2017<br>• Working Together to Safeguard Children 2023</td></tr>
<tr><td>• Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019</td><td>• Looked After Children: Roles and Competencies of healthcare staff 2020</td></tr>
</table>

Responsibilities for safeguarding are enshrined in international and national legislation. Safeguarding for children has transformed in recent years with the introduction of new

legislation, creating duties and responsibilities which need to be incorporated into the widening scope of NHS safeguarding practice. Regardless of the developing context, all health organisations are required to adhere to the following arrangements and legislation.

## 4 Responsibilities and Accountabilities

The Safeguarding Accountability and Assurance Framework 2024 sets out clearly the safeguarding roles and responsibilities of all individuals working in providers of NHS-funded care settings and NHS commissioning organisations which includes the ICB.

ICBs are the major commissioners of local health services and as such need to assure themselves that the organisations from which they commission have effective and robust arrangements in place to safeguard children and young people and promote their welfare.

The ICB is monitored in fulfilling its safeguarding functions by NHS England, The Care Quality Commission (CQC), NHS Litigation Authority and the Bristol North Somerset and South Gloucestershire Children's Safeguarding Partnerships. The monitoring arrangements are the same for adults and includes monitoring by the Local Safeguarding Adult Boards (LSABs) – there is a separate safeguarding policy for adults. The respective Safeguarding Partnership arrangements within BNSSG deliver key statutory mechanisms in collaboration with each organisation co-operating to safeguard and promote the welfare of children and young people at risk in that local authority area. The ICB is a core statutory partner for safeguarding partnership arrangements for children. Following the Working Together to Safeguard Children Statutory Guidance 2023, the Lead Safeguarding Partner ICB representative is the Chief Executive Officer for the ICB, and the Delegated Safeguarding Partners are the Chief Nursing Officer or Deputy Chief Nursing Officer. The ICB Safeguarding Team also positively contribute to the work of the partnership arrangements and subgroups.

The ICB has a clear line of accountability for promoting the welfare and safeguarding of children and young people. Reporting is through to the ICB Executive Team and Chief Executive following which reports are submitted to the ICB Outcomes, Quality and Performance Committee quarterly to provide assurance against its statutory duties. An ICB Safeguarding Annual Report is also written each year to capture what has been delivered in line with the ICB's statutory duties and priorities set by the Executive Lead. This is also submitted to the Outcomes, Quality and Performance Committee and on to the ICB Board

The ICB's duty to safeguard and promote the welfare of children and young people is discharged through:

- Having an appointed safeguarding lead; Designated Nurse for Safeguarding Children

- Having access to Designated Doctor support for complex safeguarding children issues that require specific clinical and medical input.

- Having a Named GP for Safeguarding (All-Age) to support Primary Care competencies in responding to safeguarding issues.

- Ongoing training to support staff to recognise and report safeguarding issues.

- Inclusion of clear Safeguarding standards within commissioning arrangements

- Ensuring that there is a commitment throughout the ICB to safeguard children and young people with clear lines of accountability and organisational structures.

- Ensuring that the ICB contributes to multi-agency strategic developments to safeguard and promote the welfare of children young people by membership of, and making a reasonable financial and resource contribution to, the work carried out by all of the Safeguarding Children Partnership arrangements, that is the KBSP (Keeping Bristol Safe Partnership), NSSCP (North Somerset Safeguarding Children Partnership) and SGSCP (South Gloucestershire Safeguarding Children Partnership).

- All ICB contracts with contractual providers should contain the joint Safeguarding Children and Looked After Children Standards. The service specification must minimise the risk of harm and promote the wellbeing of children and young people at risk by robustly monitoring contracts. This is also supported by the NHS Standard Contract. The monitoring of this is undertaken collaboratively through the Quality Schedule (Safeguarding).

- Addressing any concerns in partnership with the key strategic partners, when appropriate, about children's welfare arising from care provided by an organisation under a contract with the ICB.

- Supporting a culture within the ICB that promotes and enables commissioners to respond to safeguarding concerns promptly; so that actions and outcomes are addressed, and any learning extrapolated from audits, statutory safeguarding reviews or otherwise is used to improve services.

- Identify learning from safeguarding processes to inform health improvement and reduce health inequalities for the BNSSG population.

- Provide a strategic lead for the health sector in interagency planning within the BNSSG ICB area and ensure that our health workforce contribute to inter-agency working in respect of safeguarding.

## Specific Roles in Relation to Safeguarding

### Chief Executive

The Chief Executive of the ICB has definitive accountability for ensuring that the health contribution to safeguarding children and young people is discharged effectively through ICB commissioning arrangements. Part of this will be by working in partnership with all safeguarding arrangements as the Lead Safeguarding Partner and receiving regular reports from the ICB safeguarding team.

### Non-Executive Lead

The non-executive Board Lead for safeguarding provides scrutiny on the safeguarding performance of the ICB and commissioned services to ensure that NHS organisations are acting in line with statutory safeguarding duties. This postholder also chairs the Outcomes, Quality and Performance Committee.

### ICB Board

The ICB Board will hold the Executive Lead for Safeguarding, the Chief Nursing Officer, to account on how as an organisation the ICB is ensuring that children, and young people who are at risk of harm and abuse receive high quality care which is evidence-based and personalised to the individual. This will be achieved through the effective commissioning of health services where safeguarding is seen as a priority.

### Outcomes, Quality and Performance Committee

The Outcomes, Quality and Performance Committee will provide scrutiny to the delivery of the ICB Safeguarding Team's work programme through quarterly reports and seek assurance on how the ICB's statutory duties for safeguarding are being fulfilled. This will include the ICBs contribution to and support of the Children Partnership arrangements across the BNSSG footprint.

### Chief Nursing Officer

The Chief Nursing Officer is the Executive Director holding ICB Board level responsibility for safeguarding children who holds the primary Delegated Safeguarding Partner role in support of the CEO/LSP. The Deputy CNOs act in support of this as DSPs working closely with allocated safeguarding partnerships. Their role is to oversee safeguarding and governance systems including the leadership of any changes. Their role is also to contribute to and be an equal partner in the delivery of the Safeguarding Arrangements for children following the amendments to Statutory Guidance in 2018 and further endorsed in 2023 as a Delegated Safeguarding Partner. This postholder works closely with the Health Partner Chief Nurses, Executive Directors in Local Authorities and the Police, supporting

progressive development to improve safeguarding practice within and across the health community and wider system.

### Head of Safeguarding (All Age)

The Head of Safeguarding (All Age) provides leadership and support across the safeguarding agenda encompassing Children, Children in Care, Adults, and other safeguarding workstreams specific to ICB statutory duties for example, Violence against Women and Girls, Serious Violence Duty, Modern Slavery/Human Trafficking and Prevent to name a few. Therefore, with the support of the ICB Safeguarding team, this postholder will also lead the implementation of this policy. This post holder will also have oversight of the ICB Safeguarding training compliance for the organisation and be responsible for training provision. In addition, the postholder will have responsibility for receiving Annual Reports from our Health NHS Partner organisations within BNSSG each year as evidence of meeting their statutory and contracted safeguarding responsibilities. The Head of Safeguarding with their team will ensure liaison with wider ICB and ICS groups responsible for commissioning and assuring the safe delivery of services for Children to support effective strategic decision making.

### Designated Nurse Safeguarding Children and Designated Doctor Safeguarding Children

The Designated Nurse for Safeguarding Children provides expert clinical, strategic leadership to Executive leads, ICB Board members, senior managers, commissioners and staff within the ICB to ensure that safeguarding standards are upheld and monitored across all health care providers across BNSSG.

The ICB will ensure the appointment of a Designated Nurse for Safeguarding Children is compliant with the Safeguarding Accountability and Assurance Framework 2024,and that their roles and responsibilities are clearly identified within relevant job descriptions- with reference to the Intercollegiate Guidance; Safeguarding Children and Young People: Roles and Competences for Health Care Staff (RCPCH 2019/2020). The ICB must also ensure that these postholders are compliant with the training required for their role– further details below on page 19 under Section 7- Safeguarding Training.

In addition to the above, the Designated Doctor for Safeguarding Children will work alongside the Designated Nurse to provide expert, strategic leadership for this work programme.

### Named GPs for Safeguarding

The Safeguarding Accountability and Assurance Framework (SAAF) NHSE 2024 states that the Integrated Care Boards should employ a Named GP for Safeguarding (all-age) to advise and support GP safeguarding practice leads. The ICB will actively ensure that a Named GP is employed to support the training of staff in Primary Care, and share the lessons learnt from statutory safeguarding reviews for all-age safeguarding. The ICB will

establish a network of Safeguarding Leads within GP Practices across the system to promote best practice, support colleagues and ensure that safeguarding training is undertaken.

### ICB Prevent Lead

'Prevent' is a government policy aimed at reducing the threat to the UK from terrorism by stopping people, including children and young people, becoming terrorists or supporting terrorism – please see ICB Prevent Policy for further information.

The Safeguarding Accountability and Assurance Framework (SAAF) NHSE 2024 states that the Integrated Care Boards should employ a ICB Prevent Lead. The ICB will actively ensure that there is a ICB Prevent Lead within the BNSSG Safeguarding Team. The ICB Prevent Lead is responsible for ensuring that best practice around Prevent is promoted, implemented and monitored both within the ICB and within commissioned provider services. The ICB Prevent Lead is responsible for collaborating with other Prevent Leads in the partnerships, and health and social care economies to influence local thinking and practice by working with partner agencies to provide joint strategic leadership on the Prevent agenda.

The Prevent Lead is also responsible for ensuring that provider contracts specify compliance with the Prevent Strategy and that commissioned services are supported and contract monitored for training compliance. Please see the ICB Prevent Policy for more details.

### ICB Safeguarding Team

The ICB Safeguarding Team are accessible and available to the organisation to provide advice and support to colleagues within the ICB, GPs and Practice staff, as well as to other health staff across BNSSG ICS as required. Please contact the safeguarding team via bnssg.safeguardingadmin@nhs.net

### Responsibilities of ICB Employees

All ICB staff will be able to recognise where there is a child safeguarding concern relating to a child and respond appropriately; BNSSG ICB staff will:

- Understand their responsibility in the management of a child where a safeguarding concern has been identified and seek advice from the ICB safeguarding team
- Access and follow the agreed safeguarding procedures for the local authority area where the child resides
- Comply with the ICB's mandatory safeguarding training requirements commensurate to role as per national guidance (Intercollegiate Document, RCN, 2019).
- Support the organisation's role in raising awareness of safeguarding issues.

# 5 What is Safeguarding Children?

## 5.1 Safeguarding Children

Working Together to Safeguard Children (2023) is the framework for the three local safeguarding partners (the local authority; an ICB, any part of which falls within the local authority; and the chief officer of police for a police area, any part of which falls within the local authority area) to make arrangements to work together to safeguard and promote the welfare of local children and young people including identifying and responding to their needs. This framework is also statutory guidance underpinned by the Children Act 1989, Children Act 2004 which was also further amended by Children and Social Work Act 2017 placing duties on Integrated Care Boards to work together with system partners to safeguarding and promote the welfare of all children in their area.

This legislation places the Integrated Care Board under a statutory duty to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children and young people. The ICB has a duty to co-operate with our partners under section 11 of the Children's Act (2004).

Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children (2023) guidance as:

• protecting children from maltreatment

• preventing impairment of children's mental and physical health or development

• ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and

• taking action to enable all children to have the best outcomes

## 5.2 Key Principles

Effective safeguarding arrangements in every local area should be underpinned by three key principles:

- Safeguarding is everyone's responsibility: for services to be effective each, Professional and organisation should play their full part.
- A child-centred approach: for services to be effective they should be based, on a clear understanding of the needs and views of children.
- Think Family agenda.

Working Together to safeguard children (2023) refers to four main categories of abuse that may affect children and defines these as follows:

**Physical** - 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** - Emotional abuse is the persistent emotional maltreatment of a child. It is also, sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

**Sexual** - Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

**Neglect** - Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision, or shelter. It is likely to result in the serious impairment of a child's health or development.

For additional information please see the NICE Guidance on Child Maltreatment:
Child abuse and neglect (nice.org.uk)

In addition to the above definitions of abuse / harm children and young people can also be abused / harmed though a variety of other ways including those listed below:

### 5.3 Perplexing Presentations (PP)and Fabricated or Induced Illness (FII)

There are occasions when the behaviour and / or actions of a child's parent / carer cause harm / potential harm to their child/ren. In these situations, the parent / carer may provide information to health professionals indicating that their child is unwell. The information provided by the parent / carer may be perplexing or the information may be indicative of the child's illness being fabricated or induced. The RCPCH has produced detailed guidance about PP / FII which, is a form of child abuse, and the guidance must be taken into account if ever there are concerns that a child's health is being affected as a consequence of parental / carer behaviour. The paragraphs below are taken from this guidance: FC59055-Perplexing-Presentations-FII-Guidance-updated.pdf

**Perplexing Presentations (PP)** The term Perplexing Presentations (PP) has been introduced to describe the commonly encountered situation when there are alerting signs of possible Fabricated or Induced Illness, not yet amounting to likely or actual significant harm16), when the actual state of the child's physical, mental health and neurodevelopment is not yet clear, but there is no perceived risk of immediate serious harm to the child's physical health or life. The essence of alerting signs is the presence of discrepancies between reports, presentations of the child and independent observations of the child, implausible descriptions and unexplained findings or parental behaviour.

**Fabricated or Induced Illness (FII)** FII is a clinical situation in which a child is, or is very likely to be, harmed due to parent(s) behaviour and action, carried out in order to convince doctors that the child's state of physical and /or mental health and neurodevelopment is impaired (or more impaired than is actually the case). FII results in physical and emotional abuse and neglect, as a result of parental actions, behaviours or beliefs and from doctors' responses to these. The parent does not necessarily intend to deceive, and their motivations may not be initially evident. It is important to distinguish the relationship between FII and physical abuse / non-accidental injury (NAI). In practice, illness induction is a form of physical abuse (and in Working Together to Safeguard Children, fabrication of symptoms or deliberate induction of illness in a child is included under Physical Abuse). In order for this physical abuse to be considered under FII, evidence will be required that the parent's motivation for harming the child is to convince doctors about the purported illness in the child and whether or not there are recurrent presentations to health and other professionals. This particularly applies in cases of suffocation or poisoning.

There are four main ways of the parent / carer fabricating or inducing illness in a child, which are not mutually exclusive:

- fabrication of signs and symptoms, including fabrication of past medical history
- fabrication of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluids
- exaggeration of symptoms/real problems. This may lead to unnecessary investigations, treatment and/or special equipment being provided
- induction of illness by a variety of means

**Please Note:** If you have concerns for a child relating to either perplexing presentations and / or FFI it is essential that this is discussed as a matter of priority with one of the BNSSG ICB Safeguarding Team members, who will give advice about the appropriate course of action to take. In these circumstances it is not appropriate to share all your concerns with the child's parent or carer until a plan has been made regarding how to better understand the presentation. You can tell the family you are seeking advice from colleagues in view of their perplexing symptoms / signs.

### 5.3 Child Exploitation

When an individual or group takes advantage of a power imbalance to coerce, control, manipulate or deceive a child or young person under the age of 18 into criminal or sexual activity or modern slavery. This can be in exchange for something the victim needs or wants. The victim may have been exploited even if the activity appears consensual. The two main types of Child Exploitation are Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE).

### 5.4 Child Criminal Exploitation

Child criminal exploitation (CCE) takes a variety of forms but ultimately it is the grooming and exploitation of children into criminal activity. Recently, CCE has become strongly associated with one specific model known as 'county lines', but it can also include children being forced to work in cannabis factories, being coerced into moving drugs (often forced to insert drugs in their vagina or anus in a practice known as 'plugging') or money across the country, forced to commit financial fraud, forced to shoplift or pickpocket.

### 5.5 Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. CSE can affect and be perpetrated by both sexes. Any young person can be targeted, especially vulnerable groups which include children in the care of the Local Authority, children leaving care and children missing from home, school or care. Further information of CSE can be accessed by the links below:

Child Sexual Exploitation (2017)

Stat guidance template (publishing.service.gov.uk)

### 5.6 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.

### 5.7 Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia. It includes any other purposeful injury to the external female genitalia for non-medical reasons.

Female genital mutilation is child abuse and constitutes significant harm. Child protection procedures should be followed when there are concerns that a girl is at risk of, or is already the victim of, FGM.

It is an extremely harmful practice leading to significant morbidity both in the short and long term and can cause death. FGM has been illegal in the UK since 1985.

The ICB must ensure that through its commissioning processes, mandatory reporting and recording duty from Department of Health and NHS England of FGM is included in the safeguarding procedures of providers. More information can be found here:

Click here for FGM resources for health care staff

FGM is illegal in England and Wales under the Female Genital Mutilation Act 2003. As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003.Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known cases of FGM in under 18s which they identify in the course of their professional work to the police.

HM Government - Multi-agency statutory guidance on Female Genital Mutilation (publishing.service.gov.uk)

Female genital mutilation - GOV.UK (www.gov.uk)

### 5.8 FGM-IS (Information sharing)

The FGM-IS is a national IT system that supports the early intervention and ongoing safeguarding of girls, under the age of 18, who have a family history of Female Genital Mutilation (FGM). The FGM-IS contains the following information:

- an indicator that a girl is potentially at risk of FGM
- the date that the FGM safeguarding risk assessment was carried out
- the date that the FGM risk indicator was added on to the system.

### 5.9 Domestic Abuse

The cross-Government definition of domestic abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can include but is not limited to the following types of abuse:

- **psychological**
- **physical**
- **sexual**
- **financial**
- **emotional**

Forced marriage is a form of domestic abuse practiced in certain communities. Honour violence and killings are also included. For a comprehensive definition of domestic abuse please view the link below:

https://www.gov.uk/guidance/domestic-violence-and-abuse

Domestic Abuse affects significant numbers of children and young people and their families with the potential to cause immediate and long-term harm. The ICB will ensure that commissioned services have policies and processes in place to identify and mitigate the risk of harm from domestic abuse on adults at risk, children and young people. If you have concerns that a child / young person is being harmed / at risk of harm from exposure to the domestic abuse of a parent / carer or other adult in the household, then please make a child protection referral to the local authority area in which the child / young person lives as described in the section below 'Referring Concerns'.

If ICB staff disclose that they are experiencing domestic abuse, coercive control or there is a concern about this please refer to the 'ICB Domestic Abuse Supporting Staff Policy'. If you are working with a patient, and there are concerns in relation to domestic abuse, please also refer to the 'Domestic Abuse Supporting Staff Policy' and its appendices for guidance on how to identify abuse, how to support individuals and where to refer or signpost.

The Domestic Abuse Act 2021 received Royal Assent in April 2021. It aims to improve the effectiveness of the justice system to providing protection for victims of domestic abuse and bringing perpetrators to justice. Increasing awareness of the impact of domestic abuse on individuals and families. This Act also recognises children as victims in their own right of domestic abuse.

### 5.10 Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act 2005 (MCA) provides a statutory framework to empower and protect anyone aged 16 or over who is unable to make their own decisions. It is essential that all ICB staff work in accordance with the MCA and in conjunction with the Mental Capacity and DoLS Policy. Please see the ICB MCA Policy for further information.

### 5.11 Modern Slavery

The Modern Slavery Act received Royal Assent in 2015. The Act covers a wide range of activities including domestic servitude, forced labour, sexual exploitation, forced criminality and organ harvesting. Children may be affected either directly or indirectly.

The ICB and its commissioned services must ensure that all staff are able to recognise a situation where a child or adult may be at risk of or affected by slavery. It should be included in all levels of training with staff confident in their knowledge of how to protect children and adults. This is covered in Consult OD training, see next section for more information on training.

The Modern Slavery Act 2015 introduced changes in UK law, which focus on increasing transparency in supply chains. Many organisations are legally required to have a Modern Slavery statement displayed on their website.

Please refer to the BNSSG ICB human trafficking statement on the ICB website - Modern Slavery & Human Trafficking Statement - BNSSG ICB.

If you become aware / concerned that a child / young person is the victim of modern slavery you have a responsibility to make a referral to the local authority as described above in the section 'Referring Concerns.'

### 5.12 What to do about Child Protection Concerns:

If you are worried a child is in immediate danger ring 999 emergency services and ask for the Police.

If you are concerned about the safety of a child or young person because of child abuse / potential child abuse due to any of the potential causes described above, please follow the guidance, policies and procedures of the Local Authority where the child / young person is resident. It is good practice to inform the parent / carer of a child that a child protection referral is going to be made except when the concerns relate to child sexual abuse or Fabricated / Induced Illness / Perplexing Presentations – please see the section above that provides information about this. If you are in any doubt as to whether to inform a parent / carer of your concerns, please seek advice from the ICB's Safeguarding Team as a matter of priority. The policies with guidance on child protection referrals for KBSP, NSSCP and SGSCP can be accessed by the following links:

**Click here for Bristol City Council**

**Click here for North Somerset Council.**

**Click here for South Gloucestershire Council.**

### 5.13 Children in Care (also referred to in Cross-Government documents as Looked After Children)

The Government's Mandate to NHS England and NHS Improvement includes an explicit expectation that the NHS, working together with schools and children's social services, will support and safeguard Looked After Children (and other vulnerable groups) through a more joined-up approach to addressing their mental and physical health needs. Often the reason

that children are Looked After is due to concerns about abuse or neglect. Please see the ICB's policy on Children in Care for more information about this cohort of children.

### 5.14 ICB Safeguarding Team participation in multiagency adult safeguarding reviews and learning from safeguarding themes:

The BNSSG ICB Designated Nurse for Safeguarding Children, Designated Doctor for Safeguarding Children, the Named GP and other members of the safeguarding team participate in safeguarding children's meetings, investigations, and reviews as statutory partners in the three Safeguarding Children Partnerships. These include:

#### Rapid Reviews

A Rapid Review will occur when a child suffers a serious injury or death as a result of abuse or neglect. The framework for these is also set out in the Working Together to Safeguard Children 2023. The ICB Safeguarding Team will liaise with Primary Care GP Practices and represent this information.

#### Child Safeguarding Practice Reviews (CSPRs)

These reviews will go further than Rapid Reviews by systemically exploring as a partnership/panel what the learning is from the circumstances of the case. The guidance is also set out in Working Together to Safeguard Children 2023.

### 5.15 Joint Targeted Area Inspection (JTAI)

The purpose of a JTAI is for Inspectors from, His Majesty's Inspectorate of Probation, Care Quality Commission, Ofsted and Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services, to scrutinise how local services work together to protect children from harm. The theme for each inspection changes every 6-8months. JTAIs are underpinned by Section 20 of the Children Act 2004.

## 6 Training Requirements

The ICB is committed to having arrangements in place to ensure there is effective safeguarding training for all staff. The ICB expects all staff to be trained in children's and adults' safeguarding commensurate with their role and in reference to the relevant Intercollegiate documents.

A safeguarding training matrix exists to provide clarity and support to this expectation. All ICB Staff members are required to undertake either Level 1 or Level 2 Safeguarding Adults and Safeguarding Children courses on ConsultOD as part of their statutory mandatory training; this is dependent on the directorate in which they work within. All ICB Staff in the Chief Nursing Office Directorate are required to undertake Level 2 ConsultOD packages commensurate with their function and teams within they work as a minimum. All new starter ICB Staff will also have an introduction to safeguarding as part of the Induction.

The Intercollegiate Guidance document below provides reference to roles and responsibilities which maybe patient facing, for example Funded Care, Continuing Health Care Teams, Key Worker roles within the Chief Nursing Office Directorate- these roles require postholders to undertake Level 3 training; this is included within the safeguarding training matrix and the training is accessed and recorded on Consult OD.

Safeguarding Children and young people: Roles and competencies for Healthcare staff: Click here for full intercollegiate document Safeguarding Children roles and competencies 2019

Looked After Children: Roles and competencies for Healthcare staff: Click here for PDF LAC Roles & Competencies for Health Care Staff

ICB staff compliance with safeguarding training will be monitored by their line manager and overseen by the employees' Directorate. Training compliance is also shared with the Outcomes, Quality and Performance Committee through the safeguarding reporting line to committee. The Head of Safeguarding (All Age) will have full visibility of the compliance records. Persistent non-compliance with training will be reported to the Chief Nursing Officer and Chief People Officer and managed via the appropriate disciplinary policy.

The Head of Safeguarding (All Age) will include within quarterly reporting compliance safeguarding training requirements for key commissioned health providers in the BNSSG system. This will be reported to the Outcomes, Quality and Performance Committee.

The safeguarding team provides safeguarding training to primary care professionals, specifically the Safeguarding Leads within GP Practices, for both children and adults training. Primary Care professionals are also directed and signposted to other resources to ensure that they are commensurate with the requirements clearly outlined in the Intercollegiate Guidance.

# 7 Information Sharing

Staff should recognise that the sharing of information plays a vital part in ensuring that children and young people at risk are protected from abuse and neglect. Promoting children and young people's well-being and safeguarding them from significant harm is dependent upon effective information sharing. All employees are required to follow the HM Government Information Sharing: Guidance for

Practitioners and Managers (HM Government 2018) - Information sharing: advice for practitioners (publishing.service.gov.uk)

The ICB works collaboratively with other organisations and agencies to safeguard children, and the sharing of information is underpinned by the Tier 1 signed Information Sharing

Agreements which exist to support this process. Additional ISAs are in place to support the information sharing related to Multi Agency Safeguarding Hubs (MASHs).

Health professionals' organisations must provide information to the local authority / police when there are concerns about child abuse/potential child abuse.

All ICB staff employed or contracted are required to share and record information in line with the requirements of the:

Human Rights Act 1998

- Data Protection Act 2018 (and subsequent Data Protection Legislation)
- UK General Data Protection Regulation if want a date 2018.
- Information sharing: Guidance for safeguarding practitioners – (Gov 2018)
- Common Law Duty of Confidentiality

## 7 Golden Rules of information Sharing

The 7 Golden Rules are as follows:

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to-date, is shared in a timely fashion, and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

The law does not prevent the sharing of necessary information without consent if:

- The public interest in safeguarding the child or adult at risk's welfare overrides the need to maintain confidentiality
- Information is being shared to inform an assessment being undertaken by social care under section 47 & Children Act 2004
- Disclosure is required under a court order or other legal obligation

Professionals must always seek advice if they are in any doubt as to whether information needs to be shared. If a staff member is asked to make an official statement relating to safeguarding concerns to any outside agencies, they should seek support and advice from either their line manager, the Designated Safeguarding Professionals or the SCW Information Governance Service.

# 8 Safer Recruitment

The recruitment of ICB staff working directly with children or adults at increased risk of abuse will consider the need to safeguard and promote the welfare of children and young people and adults at risk. The ICB's recruitment policies and procedures which comply with relevant legislation and guidance must be followed. This includes arrangements for appropriate checks on new staff and volunteers including visits by fundraisers and celebrities (which the ICB may engage outside of normal recruitment practice). The ICB will ensure that managers have access to training in safer recruitment practices as appropriate this will be provided by the South, Central and West Commissioning Support Unit HR Team.

BNSSG ICB is committed to promoting a culture where employees can raise concerns about safeguarding issues and will be supported in doing so. This information is held on the internal intranet for staff and on the BNSSG ICB website.

### Managing Allegations against staff, professionals or volunteers

The ICB should be informed, via the Designated Nurse Safeguarding Children (DNSC), when there are any allegations of abuse related to a child by an ICB staff member who is in a position of trust e.g. a patient facing allied health professional, registered professional or clinician. The ICB should also have oversight of any allegations of abuse against children by health professionals working or volunteering in an ICB commissioned service. A concern may also be raised to the ICB Safeguarding by another safeguarding partner organisation if an ICB staff member or professional is behaving in a way which demonstrates unsuitability for working with children and young people at risk, in their present position, or in any capacity.

The allegation or issue may arise either in the employee's / professional's work or private life. If the allegation relates to a child, it is the role of the DNSC to inform and ensure the Local Authority Designated Officer (LADO) is informed within one working day of the allegation being made.

If the allegation relates to a member of staff working within the ICB, the case will be managed by Disciplinary Policy and Procedure, supported by the Head of Safeguarding (All Age). If the allegation is against a GP, it should be directed to NHS England with the support of the Named GP.

In addition to the above, a regional procedure is in place to manage any allegation of abuse to children and/or adults by a person in a position of Trust. This is addressed in a separate policy and by each Safeguarding Children Partnership through the ICB's Designated Nurse Safeguarding Children as above.

Please see these links for more information:

If the safeguarding concerns for the person in a position of trust relate to the care of a child or young person, please contact the Local Authority Designated Officer (LADO).

Bristol: https://bristolsafeguarding.org/children/lado-concerns-about-professionals/ South Gloucestershire: http://sites.southglos.gov.uk/safeguarding/children/i-am-a-professional/managing-allegations/
North Somerset: https://nsscp.co.uk/professionals-practitioners/managing-allegations

Staff can be confident that allegations will be dealt with fairly and in line with the three BNSSG Safeguarding Children Partnerships arrangements and BNSSG ICB employment policy.

### Freedom to Speak Up

Effective safeguarding practice for adults is underpinned by staff having full confidence to work within a culture of open practice. The BNSSG ICB Board fully endorses this through the current Freedom to Speak up policy and ICB Freedom to Speak up guardians.

Concerns may be raised about risk, malpractice or wrongdoing and may be exampled as, but not restricted to, issues of unsafe or poor patient care, poor working conditions and/ or bullying and suspicions of fraud.

# 9 Equality Impact Assessment

**Name of Proposal being assessed**: BNSSG ICB Safeguarding Policy 2025-2027

**Does this Proposal relate to a new or existing programme, project, policy or service?**
This is an existing policy.

| | |
|---|---|
| **Lead Officer completing EIA** | Faye Kamara |
| **Job Title** | Head of Safeguarding (All ages) |
| **Department/Service** | Nursing Directorate |
| **Telephone number** | 07423 813696 |
| **E-mail address** | faye.kamara@nhs.net |
| **Lead Equality Officer** | Samantha Hill |
| **Key decision which this EIA will inform and the decision-maker(s)** | Approval of: BNSSG ICB Safeguarding Policy 2025 - 2027 |

**Please see Appendices on page 29 for full details of the Equality Impact Assessment, also please see separately the attached EHIA screening tool.**

# 10 Implementation and Monitoring Compliance and Effectiveness

The policy sets out how, as a commissioning organisation, BNSSG ICB will fulfil its statutory duties and responsibilities for safeguarding both within its own organisation and across the local health economy via its commissioning arrangements.

Policy implementation and ICB staff mandatory training will be monitored and reviewed by the Head of Safeguarding (all-age) with support from commissioning and contracting leads as well as the ICB Safeguarding Team.

Feedback will be received from across the safeguarding partners regarding the effectiveness of the policy in supporting staff and their decision-making around child protection concerns.

When commissioning services, the ICB will use safeguarding standards in contracts for all providers. The standards are informed by legislation, statutory guidance and research evidence. The ICB will seek assurance that these standards are met via the Quality Schedule and contract monitoring undertaken by the ICB. Health Partners/NHS Providers will submit an annual safeguarding report to their own board and a copy of this will be sent

to the Head of Safeguarding (all-age) which will need to provide assurance of compliance with these standards as per the Standard Contract.

The policy has been revised to reflect the new ICS arrangements and will be reviewed bi-annually thereafter. This document is one of a suite of safeguarding policies and should be considered alongside others if required for example Think Family approach.

## 11 Countering Fraud, Bribery and Corruption

The ICB is committed to reducing fraud in the NHS to a minimum, keeping it at that level and putting funds stolen through fraud back into patient care. The ICB recognises that our ICB Staff could be at risk of counter fraud due to their role within the organisation and safeguarding concerns might occur simultaneously.

Any safeguarding incidents involving financial abuse or raising any suspicions of fraud, bribery or corruption will be reported to the ICB's Local Counter Fraud Specialist for advice, investigation or onward referral to the police.

## 12. Appendices

### 12.1 References, Acknowledgements and Associated Documents

The Adoption and Children's Act 2002

http://www.legislation.gov.uk/ukpga/2002/38/contents

The Victoria Climbie Inquiry (DH 2003)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730.pdf

The Sexual Offences Act 2003

https://www.legislation.gov.uk/ukpga/2003/42/contents

NHS Act 2006

https://www.legislation.gov.uk/ukpga/2006/41/contents

Public Law Outline (2008)

https://www.familylaw.co.uk/system/uploads/attachments/0000/2168/public_law_outline.pdf

The Government's response to Lord Laming (2009)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/327238/The_protection_of_children_in_England_-_action_plan.pdf

The Protection of Children in England: A Progress Report (2009)

http://dera.ioe.ac.uk/8646/1/12_03_09_children.pdf

Equality Act (2010)

https://www.legislation.gov.uk/ukpga/2010/15/contents

Protecting children and young people: the responsibility of all doctors - GMC (2012)

https://www.gmc-uk.org/guidance/ethical_guidance/13257.asp

Disclosure and Barring Service (2012)

https://www.gov.uk/government/organisations/disclosure-and-barring-service/about

Health and Care Act 2022 (legislation.gov.uk)

http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

The Health Inequalities Duty

The Equality Act 2010 (Specific Duties) Regulations 2011

(NHS Guidance: The National Health Service Act 2006 as amended by the Health and Social Care Act (2012)).

Serious Crime Act 2015

http://www.legislation.gov.uk/ukpga/2015/9/contents/enacted

Modern Slavery Act 2015 Statutory duty to notify

http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted

Counter Terrorism and Security Act (2015)

http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted

Criminal; justice Courts Act 2015
http://www.legislation.gov.uk/ukpga/2015/2/contents/enacted

Making Safeguarding Personal http://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/making-safeguarding-personal.asp

Prevent duty guidance.

Prevent duty guidance: for further education institutions in England and Wales - GOV.UK (www.gov.uk)

Fit and proper persons test 2015

Care and Support Statutory Guidance Chapter 14 Adult Safeguarding
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Regulation 20: Duty of Candour 2015

Domestic Violence Crimes and Victims Act 2004

Information about Mate Crime: https://bristolsafeguarding.org/adults/public-families-and-carers/#MateCrime

## 12.2 Equality Impact Assessment

Updated EIA – please also see separate EHIA screening tool for more information.

**Equality Impact Assessment**

**Bristol North Somerset South Gloucestershire ICB Safeguarding Policy**

**Introduction**

Healthier Together partners must discharge the Public Sector Equality Duty by ensuring that all 'policies' including commissioning decisions, policy, service design and practices do not directly or indirectly discriminate against individuals with one or more protected characteristics outlined in the Equality Act 2020. They are age, disability including physical and mental impairment, gender reassignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnicity, religion or belief, sex, sexual orientation.

Everybody has the right to live a life free from abuse and neglect and this right is actively promoted by Bristol North Somerset South Gloucestershire (BNSSG) Integrated Care Board (ICB) as it commissions safe, effective and high-quality services for its population of people, with particular duties to those patients who are less able to safeguard themselves.

### 1. What are the main aims, purpose and outcomes of the policy?

The aim of this policy is to outline how NHS Bristol North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) will fulfil its statutory duties and responsibilities to safeguard and protect the welfare of all children and young people living in the BNSSG area. This is to ensure that no act or omission on the part of the services commissioned by BNSSG ICB puts a child or young person inadvertently at risk. The Policy operates in the context of all commissioned services for the population of Bristol, North Somerset and South Gloucestershire both within its own organisation and across the local health economy via its commissioning arrangements.

Working Together to Safeguard Children (2023) and the Wood Review (2016) reinforce the recommendations and statutory requirement for multi-agency Safeguarding Partnership working between Local Authorities, Health and the Police in providing best

outcome based safeguarding practice to children and communities to each ICB population in the UK.

BNSSG ICB is a statutory partner of the Safeguarding Children Safeguarding Partnerships in all three of the BNSSG local authority areas. The BNSSG Safeguarding Children Partnerships are the KBSP, the NSSCP and the SGSCP Children Partnership.

All NHS and NHS funded organisations are expected to participate fully with the Safeguarding Partnerships and as a commissioner the ICB uses contractual mechanisms to reinforce and monitor this requirement. Members of the BNSSG ICB Safeguarding Team attend and represent the ICB on all the Partnership's groups / subgroups within each of the three BNSSG safeguarding partnership structures.

This policy specifically supports the ICB safeguarding team members, and all staff employed by the ICB to comply with safeguarding legislation, codes of conduct and behaviours required as a ICB employee, when working either individually or in partnership with its partner agencies, in delivering their statutory safeguarding responsibilities and duties for the whole BNSSG population. This ensures that all ICB employees are able to support the delivery of safeguarding best practice at all times and that the BNSSG population receive high quality safeguarding interventions that meets the legal and statutory safeguarding guidance and regulations.

The policy describes the legal framework relating to safeguarding children and young people; definitions of abuse for children; roles, responsibilities and accountabilities; it sets out the training requirements and how employees should report abuse and describes the inter-related Human Resources (HR) policies that should be read in conjunction with this policy.

## 2. Does this Proposal relate to a new or existing programme, project, policy or service?

The policy is a re-design specific to Safeguarding Children, updating a previous 'Safeguarding Policy (All Age) from 2021'

## 3. If existing, please provide more detail

The safeguarding children policy has been updated using a review of all current NHS national and local safeguarding guidance and legislation to set out the collective and individual expectation for BNSSG ICB staff to comply with all safeguarding legislation, codes of conduct and behaviours required as an employee of BNSSG ICB.

The policy provides a clear process, commissioning and policy framework for the ICB to fulfil its legal duty to safeguard and promote the welfare of children and young people in line with the Children Act 1989 and also section 11 Children Act 2004

## 4. Outline the key decision that will be informed by this EIA

The key decision informed by this EIA is that BNSSG ICB will give equal priority to keeping all children and young people safe and provide safeguarding interventions to the whole population across BNSSG ICS area regardless of their age, disability, marital status, gender reassignment, pregnancy status, race, religion or belief, sex, or sexual orientation.

## 5. Does this proposal affect service users, employees and/or the wider community?

The policy takes a whole population approach with intention to benefit all residents across the Bristol, North Somerset and South Gloucestershire area. This includes people employed by Bristol, North Somerset and South Gloucestershire Integrated Care Board and those within the services and organisations it commissions

| | |
|---|---|
| Total BNSSG population | 1,066,029 |
| Total Adult population | 843,764 |
| Total Child population (0-18 years) | 222,265 |

Whilst most of the BNSSG population will not require child protection or safeguarding interventions and services, some people and communities may experience greater vulnerability in their lives resulting in safeguarding needs. This includes people with a history of abuse or neglect as a child, physical or mental illness or disability, family crisis or stress, unemployment, financial disadvantage, homelessness, family isolation, young people in or leaving local authority care and those who have experienced inadequate parenting skills. These vulnerability factors may result in members of the population being at higher risk in their lives of experiencing physical, emotional, sexual, financial abuse and neglect, domestic violence and abuse, sexual exploitation and child sexual exploitation, female genital mutilation, modern slavery, terrorism and criminal involvement or exploitation.

Data for all types of abuse is not currently available, but some examples of vulnerability factor indicators related to the population of BNSSG are shown below:

| | |
|---|---|
| Total children in care | 1,145 |
| Total homeless households (with dependent children) | 1,458 |
| Domestic Violence and abuse | Estimated as 1:4 women, 1:6 men and 1:5 children exposed to DVA which equates to 85,693 women, 54,888 men and 39,240 children. |

PHE (2019/20) https://fingertips.phe.org.uk/

## 6. Could the proposal impact differently in relation to different characteristics protected by the Equality Act 2010?

*Assess whether the Service/Policy has a positive, negative or neutral impact in relation to the Protected Characteristics.*

- ***Positive** impact means reducing inequality, promoting equal opportunities or improving relations between people who share a protected characteristic and those who do not*
- ***Negative** impact means that individuals could be disadvantaged or discriminated against in relation to a particular protected characteristic*
- ***Neutral** impact means that there is no differential effect in relation to any particular protected characteristic*

The policy has a positive impact in relation to the nine protected characteristics in that it has been developed to provide a clear process, commissioning and policy framework for the ICB, to fulfil its legal duty to safeguard and promote the welfare of children and young people in line with section 11 of the Children Act 2004.

Definitions of harm and abuse include behaviours defined as harassment under the Equality Act 2010: “Unwanted behaviour related to a protected characteristic that has the purpose or effect of violating a person’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them.”

People have fundamental rights contained within the Human Rights Act 1998. Health services have positive obligations to uphold these rights and protect people who are unable to this for themselves.

The policy gives due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic (as cited in the Equality Act 2010). The policy and procedures will not discriminate, either directly or indirectly, on the grounds of the 9 protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation).

The policy is consistent in its approach regardless of the 9 protected characteristics. In particular, the Children Act 2004 states that race, religion and culture must be considered when working with children.

NHS bodies have a statutory duty to ensure that they make arrangements to safeguard and promote the welfare of children and young people, to protect those at risk from abuse or the risk of abuse and support the Home Office Counter Terrorism strategy CONTEST, which includes a specific focus on PREVENT (preventing violent extremism / radicalisation).

The Safeguarding Policy sets out the collective and individual expectation for BNSSG ICB staff to comply with legislation, codes of conduct and behaviours required as an employee of BNSSG ICB. The policy describes the definitions of abuse for both children and young people; it sets out how employees should report such abuse and describes the inter-related Human Resources (HR) policies that should be read in conjunction with this policy.

The table below provides details of each of the protected characteristics, risks and the mitigations considered in the policy:

| Characteristic | Positive | Negative | Neutral | Risks | Comment/ Mitigations |
|---|---|---|---|---|---|
| Age | X | | | No risks identified by application of this policy | The policy applies to all people and therefore is consistent in its approach regardless of age. |
| Disability | X | | | No risks identified by application of this policy; however, raising staff awareness regarding vulnerable groups is important | This policy is consistent in its approach regardless of any disability |
| Gender reassignment | X | | | No risks identified by application of this policy | This policy is consistent in its approach regardless of gender reassignment |
| Race | X | | | No risks identified by application of this policy; however, raising staff awareness regarding vulnerable groups is important | This policy is consistent in its approach regardless of race. In particular, the principals of the Children Act states that race, religion and culture must be considered when working with children. |
| Religion or belief | X | | | No risks identified by application of this policy; however, raising staff awareness regarding vulnerable groups is important | This policy is consistent in its approach regardless of religion and belief. In particular, the principals of the Children Act states that race, religion and culture must be considered when working with children. |

| | | | | | |
|---|---|---|---|---|---|
| Sex | X | | | No risks identified by application of this policy | This policy is consistent in its approach regardless of sex. |
| Sexual orientation | X | | | No risks identified by application of this policy | This policy is consistent in its approach regardless of sexual orientation. |
| Pregnancy and Maternity | X | | | No risks identified by application of this policy | This policy is consistent in its approach regardless of pregnancy and maternity |
| Marriage and Civil Partnership | X | | | No risks identified by application of this policy | This policy is consistent in its approach regardless of marriage or civil partnership status |
| Carers | | | | No risks identified by application of this policy | The policy applies to all people and therefore is consistent in its approach regardless of a person's role in caring for others. |
| General | X | | | Risks:<br>Lack of staff awareness of policy<br>Staff need to know what action to take<br>Staff not confident to speak up<br><br>Gaps in data | Opportunities:<br>• Internal promotion of policy<br>• Safeguarding training<br>• Clear procedures for reporting concerns<br>• Campaign to promote all routes to Speaking Up in ICB People Plan action plan<br>Safeguarding Annual report and LeDeR reviews inform policy change<br>• To identify safeguarding health inequality data with Population Health Management team to support future policy updates |

**Does the policy relate to an area with known health inequalities?**

The policy is aimed at providing safeguarding information and guidance for all ICB staff to consider when working with the whole population of BNSSG. Health of the population is generally good across BNSSG but there are recognised health inequalities and key challenges and opportunities for improving the health of children young people and adults particularly in areas of high deprivation. For example, deprivation is a key factor in childhood obesity and BNSSG has a higher level of childhood obesity than the South West as a whole, so that by the age of 11, nearly 1 in 3 of the children in BNSSG weigh more than is healthy. In addition, Bristol has an increasingly diverse population with children from BME backgrounds, growing at a rate of 28% on a background of 10% across BNSSG. BAME communities in the UK are more likely to be diagnosed with mental health problems and to experience a poor outcome from treatment.

**Please provide reasons for your answer and any mitigation required**

The safeguarding policy provides advice and guidance in recognising and addressing all types of abuse and neglect that all people in the BNSSG population may experience or be exposed to. In addition, the policy provides additional links to resources that provide comprehensive guidance on specific requirements in considering impacts of health inequality and the nine protected characteristics when providing safeguarding interventions.

Under-18s are only protected against age discrimination in relation to work, not in access to services, housing, etc. Children's rights are protected by several other laws and treaties, such as: The Children Act; the Human Rights Act 1998; the UN Convention on the Rights of the Child; the European Convention on Human Rights; the UN Convention on the Rights of Persons with Disabilities; and the UN Convention on the Elimination of Discrimination against Women

Relevance to the Public Sector Equality Duty - Please select which of the three points are relevant to your proposal. There is a general duty which requires the system to have due regard to the need to:

## 7. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010?

**Does this proposal address risk in relation to any particular characteristics? (Yes)**

The policy is designed to ensure all members of the population are safeguarded which supports practice recommended by the Equality Act 2010

## 8. Advance equality of opportunity between people who share a protected characteristic and those who do not?

**Will this proposal facilitate equality of opportunity in relation to particular characteristics? (Yes)**

**Please explain your reasons**

The policy endorses safeguarding practice that aims to ensure that all members of the population are safe and that if safeguarding interventions are required that these are in line with improving practice related to equality of opportunity.

The policy addresses risk of harm of abuse which is known to be of greater risk to people identified for protected characteristics. It also advances equality of opportunity between people who share a protected characteristic and those who do not.

## 9. Foster good relationships between people who share a protected characteristic and those who do not?

**Will this proposal foster good relationships between one protected group and another or between one group and the organisation? (Yes)**

**Please explain your reasons:**

The policy aims to ensure all members of the population are safe. In doing this it promotes equality and equity for all individuals in the protected characteristics eliminating unlawful/unjustifiable discrimination and harassment and advancing equality by:

- Fostering positive relationships between different groups of people, thereby
- Improving community cohesion
- Promoting positive attitudes towards disabled people, including positive actions to help people with protected characteristics overcome disadvantage.
- Involving people in decisions regarding their health and social care, and their access to services.

## Is a FULL Equality Impact Assessment required?

(Consider the size of the population or cohort, the risk to patient, the likelihood of disproportionate impact of the policy on one or more protected characteristics, any lack of insight into the needs of the communities or their barriers; or risk to the organisation's reputation or relationships – this should influence your decision)

**No**

Assessment of this policy indicates that this policy will not disadvantage any particular groups or discriminate unlawfully. The implemented policy will advance equality through robust commissioning framework to ensure providers meet their Safeguarding obligations.

The positive impact of the policy is that it has been developed to provide a clear process, commissioning and policy framework for the ICB to fulfil its legal duty to safeguard and promote the welfare of children and adults in line with section 11 Children Act 2004.

**Appendix 2 Corporate Policy Implementation Plan**

## BNSSG ICB Safeguarding Policy (Revised 2025/27)

## Policy Owner: Faye Kamara, Head of Safeguarding (All age)

| Target Group | Implementation or Training objective | Method | Lead | Target start date | Target End date | Resources Required |
|---|---|---|---|---|---|---|
| All ICB Staff | Raise awareness of revised Safeguarding Policies to all staff And ensure that this is also shared as a standalone policy | Input on Revisions and importance of Safeguarding at 'Have we got news for you' | Faye Kamara and Designated Team | March 2025 | May 2025 | None |
| All ICB Staff | Work with Comms to ensure they are cited on safeguarding campaigns organised for the year with partnerships | Share calendar of safeguarding campaigns with Comms and work on ICB messaging | Band 5 Safeguarding Coordinator | March 2025 | April 2025 | None |