Safeguarding Children Policy

NHS Devon

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Policy Sponsor	Chief Nursing Officer
Policy Lead	Deputy Director of Safeguarding and Patient Safety
Approved by	Chief Nursing Officer and Chief Medical Officer
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01/07/2022	New Policy	V 1	
29/12/2023	Policy Amendment	V 2	Transfer of policy onto new NHS Devon template
29/12/2025	Policy Amendment	V 3	Updated in line with changes in role titles, Governance reporting and 2025 TSCP Section 11 action plan

Equality, diversity and inclusion statement

NHS Devon is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative

format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672 Email: d-icb.patientexperience@nhs.net

Contents

1. Introduction

NHS Devon has a statutory duty under Section 11 of the Children Act 2004 to ensure that in discharging its functions as a commissioner of services, due regard is given to the need to safeguard and promote the welfare of children and young people.

Integrated Care Boards (ICBs) are one of the three statutory safeguarding partners as set out in Chapter 2 of Working together to safeguard children 2023: statutory guidance.

ICBs are the major commissioners of local health services. They are responsible for the provision of effective clinical, professionals and strategic leadership to child safeguarding, including the quality assurance of safeguarding through their contractual arrangements with all provider organisations and agencies, including independent providers.

NHS Devon is committed to creating a culture which supports the statutory requirements of NHS Devon's Joint Forward Plan, 2023;

- Addressing the particular needs of children and young people,
- Addressing the particular needs of victims of abuse,

thus ensuring that safeguarding and promoting the welfare of children and young people becomes core business and everyone's responsibility.

2. Purpose and objectives

This policy sets out the responsibilities of NHS Devon and its staff in applying the principles set out in the Children Act (1989 and 2004) and Working Together to Safeguard Children (2023). It sets out clear expectations and responsibilities for all staff and provides guidance on how to manage and report any concerns, and keep babies, children and young people (hereafter children) safe from harm.

The aim of this policy is to promote a higher standard of awareness of safeguarding concerns for children. It should be considered in line with mandatory training requirements commensurate with the role undertaken.

This policy defines the term 'safeguarding' and what is understood to be abuse, and how to address concerns about potential or actual abuse when they are identified.

3. Scope

This policy applies to all staff of NHS Devon without exception.

4. Definitions

Safeguarding concerns relate to child protection, child sexual exploitation, child exploitation, contextual safeguarding, female genital mutilation, radicalisation, domestic abuse in all its forms and serious violence.

A **child** is defined as anyone who has not yet reached his/her 18th birthday.

Child protection refers to the activity that is undertaken to protect children who are identified as suffering, or are likely to suffer, significant harm.

Safeguarding and promoting the welfare of children are defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.

Abuse and neglect are forms of maltreatment of a child; it may be a single act or repeated acts. Someone may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger, for example via the internet. Children may be abused by an adult or another child.

Please see Appendix 1 for complete definitions.

5. Key aspects of safeguarding children

What to do if you are concerned about a child

If staff are concerned about the welfare of a child or worried, they are being abused, they can discuss their concerns with their line manager or a member of the safeguarding team via d-icb.sguardchild@nhs.net. If concerns remain, they should, where practicable, be discussed with the parent and agreement sought for a referral to the relevant Local Authority MASH or children's social care department unless seeking agreement is likely to place the child at increased risk of harm or cause delay. If someone is in immediate danger, call 999.
Staff can also refer to the NICE Guidance Child maltreatment: when to suspect maltreatment in under 18s (nice.org.uk) for further information and guidance.

Listening and Responding to Children at Risk

Working Together 2023 highlights the importance of agency's responsibility to embed a culture where children are listened to and their wishes and feelings are taken into account when considering decisions about services and interventions for them directly, in addition to wider service development.

Children and young people often struggle to speak out about abuse, usually because they fear repercussions and negative consequences if they tell anyone what is happening to them.

Children and young people who have been abused may want to tell someone, but not have the exact words to do so. They may attempt to disclose abuse by giving adults clues, through their actions and by using indirect words. Adults need to be able to notice the signs that a child or young person might be distressed and ask them appropriate questions about what might have caused this.

Many children and young people will seek help because they know where to go and believe that it will make a difference. Others may not have the confidence to seek support or be too scared to ask for help. They may not get the help they need until they reach crisis point.

There are three key interpersonal skills that can help a child or young person feel they are being listened to and taken seriously:

- **show you care, help them open up:** Give your full attention to the child or young person and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today' help.
- **take your time, slow down:** Respect pauses and don't interrupt the child – let them go at their own pace. Recognise and respond to their body language. And remember that it may take several conversations for them to share what's happened to them.
- **show you understand, reflect back:** Make it clear you're interested in what the child is telling you. Reflect back what they've said to check your understanding – and use their language to show it's their experience.

If a child tells you they are experiencing abuse, it's important to reassure them that they've done the right thing in telling you. Make sure they know that abuse is never their fault.

For professional advice, or to make a referral contact can be made to the relevant Multi Agency Safeguarding Hub (MASH) teams as outlined below:

Devon
Request support via this form DCC - Request for support (outsystemsenterprise.com)
Or call 0345 155 1071

Torbay
Call 01803 208100 (out of hours 0300 456 4876) or email:
torbay.safeguardinghub@torbay.gov.uk
Plymouth

MASH Consultation line for professionals: 01752 304339
For urgent child protection concerns: 01752 668000 (out of hours 01752 346984)
Or make a MASH referral here MASH Contact (Referral to Children's Social Care) - Plymouth Safeguarding Children Partnership (plymouthscb.co.uk)

Cornwall
Call the Multi Agency Referral Unit (MARU) on 0300 123 1116 (out of hours: 01208 251300 or make a referral here Cornwall and the Isles of Scilly Safeguarding Children Partnership - Referral forms (ciossafeguarding.org.uk)

Management of Allegations against staff

The prevention of neglect, harm, abuse, exploitation and violence towards patients and staff is of paramount importance. Allegations of child abuse with regards to NHS Devon staff who work with children are taken very seriously, and any concerns must be immediately reported to the Allegations Manager (Head of Safeguarding) and the Chief People Officer.

The Allegations Manager is required to refer the alleged perpetrator to the Local Authority Designated Officer (LADO), whose role it is to evaluate the allegation and make recommendations as to how those allegations will be dealt with.

The LADO should be contacted within one working day in respect of all cases in which it has been alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

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

- A police investigation of a possible criminal offence;
- Enquiries and assessment by children's social care about whether a child is in need of protection or in need of services;
- Consideration by an employer of disciplinary or other action in respect of the individual's employment.

Every effort must be made to maintain confidentiality, and manage communications effectively, whilst an allegation is being investigated. Any form of information sharing must comply with the requirements of the data protection legislation and the Human Rights Act 1998.

Decisions about referral to the Disclosure and Barring Service (DBS) or relevant professional or regulatory body must be made by the Allegations Manager and Director of HR in consultation with members of the senior leadership team. Where there may be media interest the Communications teams should be involved.

Staff who report allegations or suspicions of abuse should receive acknowledgement and support and within the bounds of confidentiality, should be offered feedback on how their concern has been dealt with.

Commissioning and Monitoring Compliance

The safeguarding and protection of welfare for all children must be central to all commissioned services. Commissioning leads must ensure they have taken appropriate advice from the designated safeguarding professionals with regards to all contracts and service agreements and ensure that they have opportunity to inform and contribute towards all parts of the procurement process.

Commissioning leads must ensure that all service specifications have explicit standards with respect to safeguarding, including safer recruitment processes. These standards should be reviewed regularly to ensure they are in line with the most up to date legislation and guidance.

All tenders should include a safeguarding question.

Compliance will be monitored through attendance at the provider internal safeguarding meetings, contract review meetings, Section 11 oversight and supervision with the relevant safeguarding lead or named professional.

Any concerns regarding compliance will be fed into the Quality Assurance Meeting and escalated where appropriate to the NHS Devon Safeguarding and Protection of Vulnerable People Steering Group.

Supporting Local Safeguarding Children Partnerships
Protecting children from abuse, neglect and exploitation requires multi-agency join up and cooperation at all levels.

NHS Devon is one of three statutory safeguarding partners, together with the local authority and police. These three partners have a joint and equal duty under the Children Act 2004 to make arrangements to:

- Work together as a team to safeguard and promote the welfare of all children in a local area.
- Include and develop the role of wider local organisations and agencies in the process.

There are three Local Safeguarding Children Partnerships within the footprint of NHS Devon: Devon, Torbay and Plymouth.

The Head of Safeguarding and Designated Nurses for safeguarding children support the work of the Partnerships through the chairing of, and contribution to key meetings and task and finish groups that are in place to progress the identified priorities of each Partnership. These include, but are not limited to neglect, child exploitation and harmful sexual behaviour.

Learning Lessons from Incidents and Reviews

Designated professionals for safeguarding children have a key role in contributing to Rapid Reviews and Child Safeguarding Practice Reviews through the Child Safeguarding Practice Review Groups within the Safeguarding Children Partnerships, in addition to supporting the Child Death Review process. A significant part of this role is to ensure that learning is extracted and embedded across the system to improve outcomes and the lived experience for children, and that this learning is visible to the relevant commissioners and Executives within NHS Devon.

Themes and data are reported on a quarterly basis to NHS England.

Training

To protect children from harm, and improve their wellbeing, all healthcare staff must have competencies to recognise child maltreatment, opportunities to improve child wellbeing, and to take effective action as appropriate to their role. The importance of prevention must not be overlooked as this is integral to safeguarding. The competencies therefore relate to an individual's role not their job title and apply to all staff working in a healthcare setting.

It is the duty of all managers within NHS Devon to ensure that those working for them to clearly understand their contractual obligations, and it is their responsibility to facilitate access to training which enable the organisation to fulfil its aims, objectives and statutory duties affectively and safely.

Full guidance on competence levels can be found here Safeguarding Training Matrix - Devon ICB Intranet Safeguarding Training Matrix - Devon ICB Intranet

Supervision

Safeguarding supervision must be securely embedded to promote the safety and wellbeing of children. The NHS Devon Safeguarding Supervision Policy Safeguarding supervision policy should be read and adhered to in line with this policy.

6. Accountabilities, Duties and Responsibilities

Chief Executive Officer	The Chief Executive Officer is defined as the Lead Safeguarding Partner (LSP) within the statutory multi-agency safeguarding arrangements for children. The LSP: • Speaks with authority for NHS Devon. • Takes decisions on behalf of NHS Devon and commits on policy, resourcing and practice matters. • Holds NHS Devon to account on how effectively they participate and implement local arrangements.

Chief Nursing Officer (CNO)	The Chief Nursing Officer is defined as the Delegated Safeguarding Partner (DSP) within the multi-agency safeguarding arrangements for children. The DSP must ensure: • Delivery and monitoring of multi-agency priorities and procedures to protect and safeguard children in the local area, in compliance with published arrangements and thresholds. • Close partnership working and engagement with education (at strategic and operational level) and other agencies, allowing better identification of, and response to harm. • The implementation of effective information sharing arrangements between agencies, including data sharing that facilitates joint analysis between partner agencies. • Delivery of high quality and timely rapid reviews and local child safeguarding practice reviews, with the impact of learning from local and national reviews and independent scrutiny clearly evidenced in yearly reports. • The provision of appropriate multi-agency professional development and training. • Seeking of, and response to, feedback from children and families about their experiences of services and co-designing services to ensure children from different communities and groups can access the help and protection they need.
Deputy Director of Safeguarding and Patient Safety	The Deputy Director of Safeguarding and Patient Safety reports to the CNO and is responsible for: • Ensuring that policy is appropriate for consideration for approval; • Endorsing this policy ahead of submission for approval; • With the Policy Lead, maintaining and updating procedures/protocols ensuring that policy is appropriate for consideration for approval; • Ensuring that NHS Devon has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding children; • Ensuring that service plans/ specifications/ contracts/ invitations to tender etc. include reference to the standards expected for safeguarding children. • Ensuring that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions. • Ensuring that all staff members are aware of their responsibility to safeguard children and promote their welfare and know how to act upon their concerns that a child may be at risk.

	• Ensuring learning occurs and required action is taken as a result of child safeguarding practice reviews, child death reviews, local management reviews and reports from national bodies (such as from CQC, Ofsted inspections etc.) • Ensuring that NHS Devon has a comprehensive child protection training strategy in order to meet the different training needs of all staff working within NHS Devon in accordance with Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff January 2019 • Ensuring that Designated Professionals and the safeguarding team have access to regular supervision in line with NHS Devon's safeguarding supervision policy Is and other supporting documents for this policy;
Designated Health Professionals for Safeguarding Children	It is the responsibility of the Designated Health Professionals to: • Ensure that NHS Devon fulfils its statutory functions for safeguarding as detailed in statutory and national guidance, providing assurance that there is a systematic approach to safeguarding across NHS Devon. • Ensure that safeguarding children is an integral part of NHS Devon clinical governance framework. • Promote, influence and develop safeguarding training to meet the needs of staff and in line with Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff January 2019 • Provide clinical advice on the development and monitoring of the safeguarding aspects of NHS Devon contracts. • Review and evaluate the practice of and learning for all health professionals as part of the rapid review and Safeguarding Children Practice Review processes. • Provide expert knowledge and advice on safeguarding children to a wide range of professional groups and organisations/agencies. • Provide an annual report for the Board. • Provide and receive child protection support, advice and supervision in line with the Safeguarding supervision policy - Devon ICB.
The Safeguarding Steering Group	**The Safeguarding Steering Group** is responsible for: • Overseeing the safeguarding children and vulnerable adult functions of NHS Devon. • Provision of assurance to NHS Devon Board via the Quality and Patient Experience Committee that NHS Devon is meeting its statutory safeguarding functions.

	It will meet quarterly and be chaired by the Executive Lead for Safeguarding.
Line Managers	Line managers have a responsibility to ensure their staff comply with NHS Devon policies and standards within their areas of responsibility. All line managers should ensure that: • The safer recruitment standards and policy are adhered to; • Safeguarding responsibilities are reflected in all job descriptions commensurate with roles; • Staff are trained to the appropriate level for safeguarding children commensurate with their role; • Training compliance is monitored through regular 1:1s and the appraisal process – and that where there are persistent non-compliance restrictions imposed on working practices until training requirements are met. Furthermore, where an individual continues to show non-compliance with training requirements, disciplinary action is considered where no mitigating circumstances are evident; • Staff have access to, and protected time to attend regular supervision, which is appropriate to their role within safeguarding; • All staff have appropriate resource and support with which to execute their duties to safeguard and protect the welfare of children.
All Staff	Employed or engaged staff have a duty to comply with NHS Devon policies and standards as outlined in their contracts of employment and codes of conduct. All staff must: • Be alert to potential indicators of abuse or neglect for babies, children and young people and know how to act on those concerns in line with local procedure and policy; • Ensure they attend training commensurate with their role as outlined in the Roles and Competence document; • Understand the limits of confidentiality and principles of information sharing to safeguard and protect children; • Contribute to the Safeguarding Children Partnership approach to safeguard and promote the welfare of children.

7. Implementation

All staff will be informed of the approval of the Policy via the Staff Bulletin which will provide a link to the document on the NHS Devon Intranet.

NHS Devon Senior Managers, or their designated representatives, will implement this policy by:

- Notifying all staff of its existence. New staff will be informed of this policy as part of their induction.
- Destroying all superseded paper-based versions of the policy and electronic versions retained in their area.
- Having adequate knowledge of, and / or access to, all relevant legislation in order to ensure that compliance with such legislation is maintained.
- Discussing with staff as part of their regular one-to-ones how they seek to achieve their individual objectives around policy review and maintenance.

8. Approval and Review

This policy will be reviewed biennially, or sooner if required, in order to ensure that it is current, relevant and reflects the strategic aims, objectives, organisational structures and responsibilities of NHS Devon.

9. Monitoring compliance and effectiveness

Monitoring of this policy will take place through Safeguarding Team Meetings, with exception reports as required to the Safeguarding and Protection of Vulnerable People Steering Group.

NHS Devon's Training compliance data is reported to the Safeguarding and Protection of Vulnerable People Steering Group.

10. Quality & Equality Impact Assessment (QEIA)

A Quality and Equality Impact Assessment was not required.

11. References

Other related policy documents

- NHS Devon Safeguarding Adult Policy
- NHS Devon Children in Care Policy
- NHS Devon Prevent Policy
- NHS Devon Mental Capacity Act and Deprivation of Liberty Policy
- NHS Devon Safeguarding Supervision Policy
- NHS Devon Domestic Abuse and Sexual Violence (DASV) Employee Support Policy

Legislation and statutory requirements

- Working_together_to_safeguard_children_2023
- Domestic Abuse Act 2021
- Mental Capacity (Amendment) Act 2019

- Children and Social Work Act 2017
- Modern Slavery Act 2015
- Serious Crime Act 2015
- Children and Families Act 2014
- The Care Act 2014
- Equality Act 2010
- Health and Social Care Act 2008
- Mental Health Act 2007
- Mental Capacity Act 2005
- Female Genital Mutilation Act 2003
- Sexual Offences Act 2003
- Children Act 1989 and 2004

Best practice recommendations and other key guidance

- Serious Violence Duty Statutory Guidance 2022
- Multi-agency Statutory Guidance on Female Genital Mutilation 2020
- Mandatory reporting of Female Genital Mutilation 2020
- Child abuse and neglect (nice.org.uk)
- Prevent Duty Guidance 2023
- United Nations Convention on the Rights of the Child 1989

Competencies

- Safeguarding children and young people - roles and competencies | RCPCH

APPENDIX 1 – Glossary of terms

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Rough or inappropriate handling constitutes physical abuse including restraint and involuntary isolation or confinement.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development or emotional wellbeing and may involve:

- conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- not giving the child opportunities to express their views, deliberately silencing them or
  'making fun' of what they say or how they communicate.
- imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- seeing or hearing the ill-treatment of another.
- serious bullying (including cyberbullying),
- causing children frequently to feel frightened or in danger,
- exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can children. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. A child is under the age of 13 is not legally able to consent to any sexual activity and therefore this would constitute rape under Section 5 of the Sexual Offences Act 2003.

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

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

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

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

Female Genital Mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, for no medical reason. It is illegal in the UK and there is a mandatory reporting duty which requires regulated health and social care professionals to report 'known' cases of FGM in under 18s to the police.

Domestic abuse is defined as:

> *"Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or who have been intimate partners or family members, regardless of gender or sexuality. The abuse can encompass but is not limited to psychological, physical, sexual, financial or emotional abuse."*

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

Coercive behaviour is an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

All NHS Devon employees must refer to and seek advice from their manager where they have concerns about an individual's safety and well-being in relation to domestic abuse.

Extra-familial harm recognises that some children and young people experience abuse and exploitation outside the home. Harm can occur in a range of extra-familial contexts, including school and other educational settings, peer groups, or within community/public spaces, and/or online. Children may experience this type of harm from other children and/or from adults. Forms of extra-familial harm include exploitation by criminal and organised crime groups and individuals (such as county lines and financial exploitation), serious violence, modern slavery and trafficking, online harm, sexual exploitation, teenage relationship abuse, and the influences of extremism which could lead to radicalisation. Children of all ages can experience extra-familial harm.

'Honour' based abuse (HBA) is abuse motivated by the belief that someone in the family has brought shame or dishonour to the family or community, and the abuse is

committed to protect or defend the honour of the family or community. In many cases, there are multiple perpetrators within the family, extended family and sometimes the wider community**.** The perpetrators aim to ‘correct’ the victims behaviour or restore the reputation of the family within the community. Abuse many be verbal, sexual, economic, or physical and can encompass various criminal offences such as forced marriage, sexual assault, stalking and harassment, rape, coercive control, physical assault, forced suicide or murder.

Forced marriage is one that is carried out without the consent of both people, meaning the victim(s) is/are pressured into marrying someone against their will. Those involved may be emotionally/physically blackmailed or threatened to go through with the marriage and may experience ‘honour’-based violence for refusing. Forced marriage is very different to an arranged marriage, which both people will have agreed to.

Local Authority Designated Officer is the person who should be notified when it has been alleged that a professional or a volunteer who works with children has behaved in a way that has harmed a child or may have harmed a child.