NHS
Cornwall and
Isles of Scilly

Safeguarding children policy and procedure

Date approved: 22 October 2025

NHS Cornwall and Isles of Scilly Integrated Care Board

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V2.1	09 March 2026	Sarah Pulley designated nurse for safeguarding children	Addition of CSA pathway link and removal of mandatory reporting of CSA

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Introduction

If you need urgent support or advice, please see appendix 2.

This policy scope is for NHS Cornwall and Isles of Scilly Integrated Care Board (ICB) staff or sub-contracted ICB staff or volunteers. It describes the way in which the ICB as the commissioner and statutory partner for Cornwall and the Isles of Scilly health will implement its duties and responsibilities in relation to safeguarding children and includes the expectations for the ICB and services from which we commission care.

The ICB and all NHS bodies have a statutory duty to safeguard and promote the welfare of children under the Children Act 1989 and section 11 of the children act 2004. This policy outlines the legislation, principles and values that inform the safeguarding practice of all staff, set out in the statutory guidance working together to safeguard children (2023). The definition of a child according to the United Nations convention on the rights of the child (UNCRC) and the Children Act 1989 and 2004 is any young person up to their 18 birthday.

This policy applies to all children up to the age of 18 years. Some young people may be included as they have their entitlement to services extended beyond the age of 18. For instance, the Children (Leaving Care) Act 2000 states that local authorities in England and Wales must keep in touch with care leavers until they are at least 21, Personal Adviser support statutory guidance extends this to all care leavers to age 25, and they should provide assistance with education, employment and training.

Young people with learning difficulties or disabilities may also continue to be supported by Children's Services after they reach the age of 18. If vulnerable young people are transferring to adult status, refer to the ICB adult safeguarding policy.

The NHS England safeguarding accountability and assurance framework 2024 outlines that changes in legislations and guidance in recent years has seen significant changes across our healthcare system with integrated care systems, integrated care partnerships, provider collaboratives, primary care networks, and local maternity and neonatal systems, and new legislation which will impact how we all safeguard people and populations. There has been a change in safeguarding responsibilities for ICBs.

Health employees must recognise risk factors, contribute to safeguard children, participate in reviews, enquiries and child protection plans to support children and provide preventative guidance and support. Reference to children safeguarding policies or guidance should be included in all commissioning of services clinical contracts.

Working together to safeguard children 2023 is the statutory guidance for safeguarding children and outlines that health practitioners are in a strong position to identify welfare needs and safeguarding concerns regarding children, families and, where appropriate, provide or refer for support. This includes understanding risk factors, communicating

and sharing information effectively, liaising with other organisations, assessing and responding to needs and contributing to multi-agency assessments and reviews.

This policy specifies that the ICB arrangements for safeguarding and promoting the welfare of children and young people and should be read in conjunction with South West child protection procedures. To discharge its function and duties to safeguard and promote the welfare of individuals, the ICB will ensure that it complies with the requirements of the NHS England Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework 2024 .

The ICB will ensure children and young people are heard, valued and protected at all stages of the commissioning, contracting, provision of service and performance management frameworks.

The ICB has statutory safeguarding duties, to fulfil these the ICB is committed to working in partnership with safeguarding boards and partnerships both within and external to Cornwall and the Isles of Scilly, such as Our Safeguarding Children Partnership for Cornwall and the Isles of Scilly (OSCP), Cornwall and the Isles of Scilly Safeguarding Adults Boards (SAB), Safer Cornwall, domestic and sexual violence boards, prevent partnerships, channel panels, multi-agency public protection (MAPPA) partnerships, missing and exploitation (MEG) groups to protect children (including unborn babies) and young people, from abuse and neglect.

As a statutory partner of OSCP, the organisation engages in strategic decision making, development and implementation of policies and procedures agreed by the partnership. The ICB is committed to health representation at the OSCP partnership meetings, forums, subgroups and task and finish groups. The ICB is committed to sharing information and consultation (where relevant) from and to the OSCP to the wider health system partners, this includes nationally, regionally and locally.

The ICB supports a ‘think family’ and ‘whole family’ approach, recognising that people do not exist in isolation. When responding to concerns, about abuse or neglect, staff working across all NHS services have a responsibility to consider the risks to everyone who is part of a person’s family and relationship network. If matters arise relating to safeguarding adults, the ICB adult safeguarding policy must be applied.

The ICB works in a trauma informed way, to safeguard and prevent harm, working, where possible, with children, young people and families, carers and professionals. The ICB listens to verbal and nonverbal communication, acts where appropriate to the voice of children, young people, adults and public protection and recognises capacity, Gillick competence and advocacy.

Purpose

Safeguarding children and young people is everyone’s responsibility. The purpose of this policy and the supporting procedures is to support all ICB staff (whether contracted,

directly employed or volunteers) to fulfil their safeguarding duties and understand that the safety and welfare of children and young people must be at the centre of their practice.

This policy;

- Outlines how legal and statutory responsibilities are effectively met within the organisation, across the health economy and when working with multi-agency partners
- stresses that robust structures, systems and standards must be in place with an assurance framework for provider organisations to safeguard children and young people and promote the health of children in care
- ensures staff have access to legislation, local and national policies, procedures and guidance to support them in safeguarding children and young people
- defines robust recruitment, ensuring the appropriate pre-employment checks are complete, including the correct level of disclosure and barring service checks
- promotes systems to demonstrate safe practice, effective decision making, learning and evidencing best practice
- promotes a child and family centred practice including prioritising capturing the voice of the child and trauma informed ICB practice

The policy also provides support and guidance to the ICB in defining and discharging its safeguarding children responsibilities through:

- early identification of risk
- appropriate information sharing
- prompt referral
- effective multiagency working
- optimal risk management
- learning from practice
- demonstration of successful outcomes and assurance in practice
- hearing the voice of children, young people and families

The ICB is committed to ensuring staff and services it commissions have both the knowledge and competence to recognise and act to protect all who require children safeguarding as outlined in the intercollegiate competency frameworks:

- Safeguarding children and young people: roles and competencies for healthcare staff
- Looked after children: roles and competencies of healthcare staff
- NHS Prevent training and competencies framework

The ICB aims to commission services that will ensure equity of access to all children and young people regardless of race, religion, ethnicity, sex, sexual orientation, age,

transgender status, pregnancy and maternity, marriage and civil partnership status, health, disability, political views or immigration status.

Legislation, statutory guidance and national policy

The foundations of safeguarding legislation are the National, European and International Conventions on the human rights for children, young people and adults. The applicable conventions are listed below:

- United Nations Convention on the Rights of the Child 1989
- European Convention on Human Rights
- Convention on the Rights of Persons with Disabilities 2006
- Human Rights Act 1998

Safeguarding legislation

Some safeguarding legislation and statutory guidance apply to people of all ages. Other legislation applies to certain age groups.

Safeguarding legislation and guidance applicable to people of all ages

- The Crime and Disorder Act 1998
- Female Genital Mutilation Act 2003
- Sexual Offences Act 2003
- Mental Capacity Act 2005
- UN Convention on the Rights of Persons with Disabilities 2006
- Mental Health Act 2007
- Children and Families Act 2014
- Modern Slavery Act 2015
- Serious Crime Act 2015
- Mental Capacity (Amendment) Act 2019
- NHS Constitution and Values (updated Jan 2021)
- Domestic Abuse Act 2021
- Domestic Abuse statutory guidance 2022
- Serious Violence Duty 2023
- Prevent Duty 2023
- Prevent duty guidance: England and Wales (2023)
- Counter-Terrorism and Security Act 2015
- Channel duty guidance: Protecting people susceptible to radicalisation (2023)

Safeguarding legislation and guidance specific to children

- United Nations Convention on the Rights of the Child 1989
- Children Act 1989 and Children Act 2004

- Promoting the Health of Looked After Children Statutory Guidance 2015
- Children and Social Work Act 2017
- Working Together to Safeguarding Children 2023

Statutory guidance specific to looked after children under the age of 18 and care leavers over the age of 18

- Applying corporate parenting principles to looked after children and care leavers statutory guidance 2018

Legislation and statutory guidance specific to people over the age of 16

- Mental Capacity Act 2005 incorporating the Mental Capacity Amendment Act 2019
- Mental Capacity Act Code of Practice 2013

Legislation and statutory guidance specific to people over the age of 18

- European Convention on Human Rights
- The Care Act 2014
- Care and Support Statutory Guidance

Definitions

Abuse or neglect

Child abuse is any action by another person that causes significant harm to a child. It can be physical, sexual or emotional. Neglect is the ongoing failure to meet a child's basic needs. Often a child will experience more than 1 type of abuse.

For further information see NSPCC types of abuse and neglect and Working Together to Safeguarding Children 2023

Categories of abuse

1. Physical.
2. Emotional.
3. Neglect.
4. Sexual. This includes harmful sexual behaviour and child sexual exploitation.

There are also contextual safeguarding concerns, such as online abuse, county lines and or child exploitation.

Types of abuse

Term	Definition
Child criminal exploitation	Is where someone takes advantage of an imbalance of power to coerce, control; manipulate or deceive a child or young person into any criminal activity: • in exchange for something the victim needs or wants • for the financial or other advantage of the perpetrator • through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation can also occur using technology (Serious Violence Strategy 2018)
Child sexual exploitation	Is a form of child sexual abuse when there is a power imbalance, and the child is coerced manipulated or deceived into sexual activity. Abuse can occur even when sexual activity appears consensual. It can occur using technology. Child Sexual Exploitation (2017) and Working Together to Safeguard Children (2023)
Controlling or coercive behaviour	A form of domestic abuse. This became a criminal act under Section 76 of the Serious Crime Act 2015 and was included as a definition in the Domestic Abuse Act 2021. It applies to partners, ex-partners, or family members. This is a repeated or continuous intentional behaviour. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour (Domestic Abuse Act 2021). Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim (Domestic Abuse Act 2021).
County lines	Is a form of child criminal exploitation and describes gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK. Children and adults at risk can be used to move drugs and money, and coercion, intimidation, violence and weapons are often involved. Serious violence strategy (2018)

Term	Definition
Domestic abuse	The definition of domestic abuse applies to people aged 16 and over, but the Domestic Abuse Act 2021 that domestic abuse can impact on a child who sees or hears, or experiences the effects of the abuse and it treats such children as victims of domestic abuse in their own right where they are related to or under parental responsibility of either the abuser or the abused. Can include a wide range of single or repeated behaviours**,** not limited to physical violence but can include emotional, psychological, controlling or coercive behaviour, sexual and or economic abuse. Anyone can be a victim of this can take place inside or outside of the home. Domestic abuse has a significant impact on children and young people. Children may experience domestic abuse directly, as victims, or indirectly. The ICB has a domestic abuse policy. Further information can be found in the Domestic abuse statutory guidance and on the Safer Futures website.
Emotional abuse	Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child. It is sometimes called psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate or ignore a child (NSPCC 2024). Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
Fabricated or induced illness	The parent or carer has a need for their child to be recognised and treated as ill or more unwell or more disabled that the child is. This can be driven by the recognition and treatment, the child is fulfilling a need and / or the erroneous belief, extreme concern and anxiety about the child's health. The Royal College of Paediatrics and Child Health provides guidance perplexing presentations and fabricated illness.
Female genital mutilation (FGM)	FGM is a procedure which injures or changes the female genital organs. The world health organisation classifies 4 types. Widely carried out among specific ethnic populations in Africa, parts of the middle east and Asia (HM Government 2020). Please see Home Office Mandatory Reporting of Female Genital Mutilation – procedural information, including Annex A – FGM mandatory reporting process map on page 12.

Term	Definition
Forced marriage/ child marriage	Is a marriage where one or both parties do not express their full and free consent. A child marriage, which happens when someone is under 18 is a form of forced marriage (The office of the united nations high commissioner for human rights (OHCHR) 2024). There are also Multi-agency statutory guidance for dealing with forced marriage and multi-agency practice guidelines
Neglect	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. There are 4 types of neglect, physical, educational, emotional and medical. For example, 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
Online abuse	This is any type of abuse that happens on the internet. Types of online abuse include cyberbullying, emotional abuse, grooming, sexting, sexual abuse, sexual exploitation (NSPCC 2024).
Physical abuse	This 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.

Term	Definition
Sexual abuse	Involves contact and non-contact abuse. It is forcing, pressurising, tricking or enticing a child or young person to take part in sexual activities, whether the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. It could happen online. It 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 such as making touch someone else, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The ICB is a statutory partner in the Cornwall and the Isles of Scilly Safeguarding Children Partnership and as such follows the Centre of Expertise on Child Sexual Abuse pathway.

Child or young person

The United Nations Convention on the rights of the child (UNCRC) and Working Together to Safeguard Children (2018) defines a child as anyone who has not yet reached their 18th birthday. If the child has learning difficulties or disabilities or is a care leaver their needs may extend to their 25th birthday Children Act 2004 (section 9 Children Act 2004).

Looked after child or child in care

A child who is being looked after by their local authority is known as a child in care or a looked after child. Further information regarding definition of a child looked after in care can be located in the National Society for the Prevention of Cruelty to Children (NSPCC) looked after child explanation or the Children Act 2004.

A care leaver is a young person aged 16-25 years old who has been in care for a given period since they were 14 years old or were in care on or after their 16th birthday. Whilst the official leaving age in the UK is 18, children can leave care as early as 16 years old. But regardless of their age, all carer leavers are entitled to receive support from their local council. Care-experienced young adults may also be entitled to care leaver support if they were placed with a friend or relative under a Special Guardianship Order.

Some of the legislation and guidance supporting this work is included below for reference:

- Applying corporate parenting principles to looked after children and care leavers statutory guidance 2018
- Looked After Children: Roles and Competencies of healthcare staff 2020
- Promoting the Health of Looked After Children Statutory Guidance 2015
- Children (Leaving Care) Act 2000

Safeguarding children

Is defined under the Children Acts 1989 and 2004 and Working Together to Safeguard Children (2023) as:

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

Child protection (Children Act 1989, section 47)

Section 47 of the Children Act 1989 protects and supports children who are suffering, or are likely to suffer, significant harm.

47 Local authority's duty to investigate.
(1) Where a local authority—
(a)are informed that a child who lives, or is found, in their area—
(i)is the subject of an emergency protection order; or
(ii)is in police protection;

(b)have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm,

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

The Children Act 1989 stipulates that NHS bodies have a duty to assist the local authority with those enquiries, where reasonable to do so.

Child in need

Section 17 of the Children Act 1989, defines a child in need as one who, without the provision of services:

- is unlikely to achieve or maintain a reasonable standard of health or development

- whose health or development will be significantly impaired without the provision of services
- a child who is disabled

Children Act (1989)

The main principles of the Children Act (1989) are:

- the welfare of the child is paramount and considerations which apply to some situations do not over-ride the right of children to be protected from harm
- parents have responsibility for physical, emotion and moral welfare of their children
- partnership working should happen to improve outcomes for children
- participation and taking into consideration the wishes and feelings of children
- protection (section 47)
- provision of services (section 17)

Mental Capacity Act 2005

Starts from the assumption of capacity and empowers people to make decisions for themselves as much as possible. The Act applies to anyone aged 16 or over in England and Wales and is relevant for both care and treatment decisions. Professionals need to be aware of their responsibilities regarding safeguarding and the act in all that they do (Valuing every voice, 2014).

Child safeguarding practice review panels

From 2018 this national panel has been responsible for identifying and overseeing reviews of serious child safeguarding incidents that raise complex issues. They are responsible for deciding how the system learns lessons on a national level, while local responsibility remains with the safeguarding partners. Copies of rapid reviews undertaken by local safeguarding partners are sent to the child safeguarding practice review panel for a decision to be made about whether a review needs to be made on a national level.

Advocacy

Is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Who the advocate is for children depends on their age and capacity and the safeguarding situation. It is important that we hear the child's voice in the work that we do and especially in safeguarding.

Further detail of types of abuse, definitions and services provided can be found in appendix 1.

Child death

Child death is part of the child safeguarding arrangements. The two child death review partners for an area, the local authority and any ICB must make arrangements to review all deaths of children normally resident in the local area, and if they consider it appropriate, for those not normally resident in the area.

Responsibilities

The NHS England safeguarding accountability and assurance framework (2024) set outs the safeguarding roles and responsibilities of everyone working in providers of NHS-funded care settings and NHS commissioning organisations.

The roles and competencies for health care staff are set out in the Safeguarding children and young people: roles and competences for health care staff (2018) and looked after children: roles and competencies of healthcare staff.

Safeguarding is embedded in the core duties of the ICB. The ICB must be assured of the effectiveness and safety of services we deliver and commission. All organisations and individuals working in the NHS have a duty to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied; the wellbeing of those children and adults is at the heart of what we do (NHS safeguarding accountability and assurance framework 2024).

For details of what to do if you are concerned about a child being abused see appendix 2.

Responsibilities for integrated care boards

ICB's are statutory bodies and is statutorily accountable for its functions concerning safeguarding and for aligning to the NHS England's Safeguarding accountability and assurance framework (SAAF). The Chief Nursing Officer is the executive lead for safeguarding and is accountable for the statutory commissioning assurance functions of NHS Safeguarding. These programmes will include:

- Child protection-information sharing service (CP-IS)
- Child death overview process
- Female genital mutilation (FGM)
- Prevent
- Working together to safeguard children
- Modern slavery and human trafficking (MSHT)
- Domestic abuse
- duty to collaborate to prevent serious violence

Place directors can delegate implementation of safeguarding practice across all ages. The executive accountability for safeguarding cannot be delegated.

The Cornwall and the Isles of Scilly ICB constitution (2022) states that the ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022, there are also other specific pieces of legislation that apply to ICBs.

The main law for children, Children Act (2004) states the ICB has a duty under Section 11:

(a) their functions are discharged having regard to the need to safeguard and promote the welfare of children; and
(b) any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need.

The ICB must discharge their functions having regard to the need to safeguard and promote the welfare of children. This includes commissioned providers. NHS England has replaced the section 11 audits from local authorities with the Safeguarding-CAT, the SAAF and the NHS Standard Contract Schedule 32.

ICBs are statutory safeguarding partners (section 16E of the Children Act 2004), alongside the local authorities and police ensuring their functions are carried out for safeguarding and promoting the welfare of children in their area. This includes an annual report.

The ICB is a statutory safeguarding partner in the Our Safeguarding Children's Partnership for Cornwall and the Isles of Scilly, alongside the Police and local authority partners. In Cornwall there are two local authority partners, one for Cornwall and one for the Isles of Scilly, one Devon and Cornwall Police Partner and one integrated care board. Statutory partners have a duty to make arrangements to work together, including with wider partners, including education, to safeguard, prevent harm and promote the welfare of all children and young people in their area.

Safeguarding forms part of the NHS standard contract (service condition 32). The ICB needs to agree with their providers the contract monitoring processes are used to demonstrate compliance with safeguarding duties. Compliance will be needed for the requirements and principles in safeguarding legislation and the NHS England Safeguarding accountability and assurance framework 2024.

The pieces of legislation that are relevant to this constitution and this policy are set out in section 3.

ICBs need to have appropriate systems in place for discharging their safeguarding statutory duties and to quality assure these. These include:

- compliance with legislation and safeguarding guidance to fulfil the statutory functions
- promoting a positive culture to safeguarding children
- clear lines of accountability for safeguarding governance
- clear policies including:
  - safer recruitment practices
  - arrangements to deal with allegations against people who work with children
- ensuring a training strategy is in place to comply with recommendations and legislation
- ensuring safeguarding supervision is in place
- ensure a workforce strategy is in place to comply with guidance and legislation. It is the responsibility of the ICB that a Senior Doctor and Nurse are contracted to fulfil the functions of Designated Professionals as per Working Together to Safeguard Children 2023. It is also recommended that a named GP for safeguarding children is in place.
- effective inter-agency working partnership with agencies, including effective information sharing in place
- participation in the boards and partnerships, including embedding learning from local and national reviews, inspection and enquiries in practice
- commissioning arrangements to work in co-operation with the local authority, NHSE and link to the priorities of the OSCP
- commissioning, contracting and quality assurance in place to ensure children are safeguarded

Commissioning arrangements

ICBs must ensure:

- they fulfil their statutory commissioning function regarding the OSCP and other partnerships and ICB commissioned providers assure NHS England and regulators that safeguarding children's arrangements are in place across the ICB and commissioned provider health economy
- As part of the Integrated Care System (ICS) all contracted organisations are carrying out their safeguarding roles and responsibilities through contracting quality arrangements.
- ICB staff and health staff are enabled to work with local authorities, police and other services to deliver integrated safeguarding services
- ICB staff and health staff are enabled to work with all agencies to fulfil all duties towards children in care, including health assessment and planning
- They fulfil their corporate parental responsibilities to commission services for looked after children
- They fulfil the provision of services to ensure the welfare of all children, this may include by working with partners and prevention work
- There is a senior commissioning lead representing children and young people
- There is a quality assurance function to safeguard children within the ICB and ICB commissioned services

- ICB safeguarding professionals are consulted on relevant contracts and service level agreements to ensure providers are compliant with their safeguarding delivery
- Ensures the standards expected from the ICB staff members is promoted regarding ensuring the safety and welfare of children

Staff roles and responsibilities

The ICB as an organisation

The ICB's staff are accountable in law and to NHS England for prevention and strategic workforce planning and to ensure that they discharge their functions having regard to the need to safeguard and promote the welfare of children in line with Section 11 of the Children Act 2004 which creates a statutory duty for NHS bodies. The ICB has a clear line of accountability within its structure in relation to the delivery of its safeguarding duties and responsibilities which includes providers who are commissioned by NHS bodies. The ICB will also have an additional safeguarding policy which includes safeguarding supervision an ICB accessible webpage, a modern slavery statement and an annual safeguarding report.

All ICB employees, professionals, volunteers, carers, independent contractors and service providers must ensure practice reflects the principles of safeguarding children.

ICB responsibilities

The ICB is required to;

- cooperate with the local authority in the exercise of their safeguarding children's functions
- ensure the availability of appropriate safeguarding expertise
- provide advice and support to the OSCP in respect of specialist health functions
- through the commissioning arrangement, ensure that all health organisations, including those in the third sector, independent healthcare sector and social enterprises with whom they have commissioning arrangements, are familiar with safeguarding policies and procedures
- assure the safeguarding in the services it commissions
- assure the safeguarding within its own organisation
- report any breach of its safeguarding responsibilities to the relevant body, for example, NHS England

ICB Board

The board is responsible for ensuring they are trained in safeguarding as per their roles and as outlined in the following document relevant to their roles RCGP safeguarding standards for general practice as per the Adult Safeguarding: Roles and Competencies for Health Care Staff, the Safeguarding Children and Young People: Roles and

Competencies for Healthcare Staff, and the Looked After Children: Roles and Competencies of Healthcare Staff.
The board is responsible for seeking expert safeguarding advice from the executive lead for safeguarding and the wider safeguarding team.

Chief executive officer (lead safeguarding partner)

The chief executive officer:

- is accountable to the ICB chair and board for delivery of strategies against the agreed financial plan. This includes the strategic plans of safeguarding boards and partnerships
- leads a positive culture of how the NHS responds to safeguarding in Cornwall and the Isles of Scilly.
- assures themselves that their local safeguarding arrangements are effective and keep children safe. This includes systems of assurance for delivery against contracts

The chief executive officer also undertakes the role of lead safeguarding partner (LSP) in our Cornwall and Isles of Scilly multi-agency safeguarding arrangements. This includes working with the LSPs in the police and both local authorities. The LSPs are jointly responsible for delivering the LSP responsibilities in Working Together 2023.

The chief executive officer must also appoint the ICB delegated safeguarding partner (DSP)

Responsibilities of the chief nursing officer, including delegated safeguarding partner

The chief nursing officer is accountable to and reports to the chief executive officer.

The chief nursing officer acts as the executive lead for safeguarding, providing professional advice to the ICB board and the relevant committees. They are supported by the designated, named and lead professionals for safeguarding.

The responsibilities of the chief nursing officer are to:

- lead on supporting the chief executive and board for safeguarding people of all ages
- promote a positive culture of how the NHS responds to the safeguarding in Cornwall and the Isles of Scilly.
- is accountable for ensuring that the joint forward plan sets out how the ICB responds to the needs of children and young people who need safeguarding
- ensure that all safeguarding functions are performed effectively and that there are effective assurance mechanisms in place.
- lead the relationship with key safeguarding partners, to improve outcomes.

- ensure the arrangements are in place for representation at safeguarding boards and partnerships
- Be the delegated safeguarding partner (DSP) for its agency by the ICB representative on the OSCP strategic group, liaising with the LSP

ICB directors

The directors are responsible for ensuring they, and their service lines, are compliant with their safeguarding training, and that the people in their service line people are supported with safeguarding supervision and know where to seek safeguarding advice. The directors are responsible for ensuring they and the people in their service line are compliant with safeguarding legislation and statutory guidance and safeguarding procedures in the southwest region.

Director of nursing

The director of nursing is accountable and reports to the chief nursing officer and deputises for them. They support the chief nursing officer, providing the ICB with the capacity to meet all the statutory duties in relation to safeguarding. They also ensure that the accountable officer, directors, and governing body can access professional advice in relation to when required.

The role ensures the connection between other areas of ICB business, such as quality and patient safety and is responsible for the ICB contribution to the system quality group.

Head of nursing

The ICB head of nursing reports to the director of nursing and is accountable to the chief nursing officer.

The head of nursing is the lead designated professional and is responsible for leading and overseeing programmes of work in relation to domestic abuse to ensure the effective implementation of this policy.

The role is responsible for preparing submissions on a regular basis to the relevant ICB committees and preparing the safeguarding submission for the ICB joint forward plan.

Responsibilities of designated professionals

The designated nurse for safeguarding children, the designated nurse for looked after children, the named GP for safeguarding children, the designated doctor for safeguarding children report to the head of nursing and are accountable to the chief nursing officer.

Designated professionals, as senior professionals, clinical experts and strategic leaders, are a vital source of safeguarding advice and expertise for all relevant organisations and agencies but particularly the ICB, NHSE, the local authority, and for advice and support to other health practitioners across the health economy. Working Together to Safeguard Children 2023.

Designated professionals undertake a whole health economy role, they play an integral function in all parts of the commissioning cycle, from procurement to quality assurance. Safeguarding children and young people 2019.

To promote a positive culture of safeguarding children designated professionals must:

- Support ICB practitioners and other relevant practitioners in their organisations and agencies to promote wellbeing, prevent harm and identify the safeguarding needs of children which includes protection from abuse and neglect.
- Develop and assure a holistic multi-agency response to promoting the health and wellbeing of children in care and care leavers.
- Ensure there are clear safeguarding governance routes which demonstrate accountability within the ICB and within the wider safeguarding partnerships
- Represent the ICB at the Cornwall and Isles of Scilly our safeguarding children partnership meetings as outlined in the ICB workplan
- Attend the OSCP and other safeguarding partnerships meetings as relevant and when delegated by the ICB chief nursing officer, director of nursing or other designated professionals
- Represent the ICB in their own role and on behalf of the DSP at the child death oversight panel and other child death processes
- Be embedded in the clinical decision making of the organisation with authority to influence local thinking and practice
- Be advisors to the ICB commissioning teams to ensure contracts include safeguarding
- Be advisors to the ICB procurement process to ensure safeguarding is evaluated and services commissioned include effective safeguarding policies and procedures

They must also;

- Have direct access to the ICB executive lead for safeguarding
- Have direct access to all team leads as per the ICB structure
- Ensure training is available for ICB staff and wider health staff as applicable as per the RCGP safeguarding standards for general practice, the Adult Safeguarding: Roles and Competencies for Health Care Staff, the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, and the Looked After Children: Roles and Competencies of Healthcare Staff
- Provide safeguarding and child protection health advice on policy and individual cases to statutory and voluntary agencies

- Provide advice and supervision across healthcare services on practice development, planning, strategy and commissioning for safeguarding service provision including ensuring performance indicators are in place
- Provide advice to ICB staff and senior safeguarding health leaders on the assessment, treatment, and clinical services for all forms of child maltreatment and prevention of, including domestic abuse, fabricated and induced illness, child sexual abuse, honour-based violence, trafficking, detention and within the prevent strategy
- Take part in child safeguarding practice reviews, as outlined in the Working together to safeguard children (2023) and local reviews as per OSCP policies and procedures

The designated professionals also;

- Chair local rapid reviews and learning from experience reviews
- Provide advice on clinical governance, standards, policies and procedures which incorporate safeguarding to ICB staff and named professionals
- Support the DSP to oversee and assure, or to put in place changes to facilitate, children in need of safeguarding, including child protection and looked after children arrangements
- Take part in relevant statutory and non-statutory audit and facilitate the engagement of the wider safeguarding health economy
- Take part in and lead where applicable the evaluation of safeguarding services
- Ensure that an effective child protection, looked after children training and supervision strategy is resourced and delivered
- Ensure there is a provision of safeguarding training for ICB and wider healthcare
- Ensure designated professionals are kept up to date by linking into national and regional forums
- Ensure competency compliance
- Provide leadership to the ICB on the safeguarding and children looked after and care leavers agendas, supporting the LSP and DSP to discharge responsibilities effectively
- Provide a link for safeguarding and Prevent between the ICB and the wider safeguarding children partnership with NHS England and other government agencies

Named GP for safeguarding children

The named GP reports to the director of nursing and is accountable to the chief nursing officer.

The named GP promotes safeguarding and safeguarding prevention within the ICB safeguarding team, wider health economy and primarily general practices. In general practices the provision of effective primary care services to safeguard children and young people and to improve their outcomes is supported by the named GP, who facilitates GPs and practice staff to understand their roles and fulfil their responsibilities towards the protection and safeguarding of children.

To promote a positive culture of safeguarding children the named GP for safeguarding children:

- Ensures they have undertaken relevant training to support the expertise of their role as outlined in the RCGP safeguarding standards for general practice, the Adult Safeguarding: Roles and Competencies for Health Care Staff, the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, and the Looked After Children: Roles and Competencies of Healthcare Staff
- Provides support, information and advice to the local medical council (LMC) with safeguarding children
- Provides support and advice to the ICB primary care leads
- Promotes liaison between the ICB and primary care for safeguarding matters
- Ensure the designated professionals and safeguarding team are kept up to date by linking into national and regional forums
- Provides a link and sharing of information between the safeguarding GP practice leads and the ICB
- Provides a link and sharing of information between national and regional groups and the ICB and primary care
- Represent the ICB in their own role and on behalf of the DSP at the child death oversight panel and other child death processes

They also;

- Provide a liaison between primary care and the ICB with commissioning and contracting
- Support the statutory and non-statutory processes for safeguarding children
- Take part in relevant statutory and non-statutory audit and facilitate the engagement of the wider safeguarding health economy
- Take part in and lead where applicable the evaluation of safeguarding services
- Take part in child safeguarding practice reviews, as outlined in the department for education, working together to safeguard children (2023) and local reviews as per OSCP policies and procedures
- Provide advice to ICB staff and senior safeguarding health leaders on the assessment, treatment, and clinical services for all forms of child maltreatment and prevention of, including domestic abuse, fabricated and induced illness, child sexual abuse, honour-based violence, trafficking, detention and within the prevent strategy
- Provide safeguarding supervision and support to the safeguarding leads in primary care
- Provide the OSCP with safeguarding clinical expertise

Mental Capacity Act lead

The Mental Capacity Act (MCA) lead reports to the head of nursing and is accountable to the director of nursing and the chief nursing officer.

This role is responsible for providing mental capacity act support and advice to clinicians in individual cases, and supervision for ICB staff and wider health system leaders in areas where these issues may be particularly prevalent and or complex. They should have a role in highlighting the extent to which their own organisation and wider health organisations are compliant with the MCA. The MCA lead should work and support the GP practices lead for safeguarding with MCA.

Programme of care lead, maternity, children and young people and complex and continuing care manager

These roles are designed to manage the programme of work relating to children, this includes children who have complex needs and maybe in receipt of funding from the ICB. Part of the role is to work collaboratively with partner organisations and providers, ensuring an effective safeguarding response is provided by the ICB or wider agencies, when a child or young person is at risk of harm or experiencing abuse or neglect. For those young people who are 16 and over, to ensure compliance with the Mental Capacity Act 2005.

The roles have a responsibility for ensuring they are compliant with, and their service lines are compliant with their safeguarding training, the people in their service line people are supported with safeguarding supervision and know where to seek safeguarding advice. They are responsible for ensuring they and the people in their service line are compliant with safeguarding legislation and statutory guidance and the southwest safeguarding procedures.

These roles are also responsible to seek expert safeguarding advice and assurance relating to the design of and prevention of safeguarding issues and the supporting of children and their families at statutory and non-statutory levels.

Commissioning, contracting and procurement leads

To ensure that the principles of safeguarding children are considered in all stages of the commissioning cycle.

People and development team

In addition to the responsibilities for all staff, the people and development team have roles in ensuring training is accessible for all ICB staff and the compliance of safeguarding training is maintained in an accurate and reportable way. In conjunction with the ICB safeguarding team, they support in ensuring staff are suitably trained to carry out any function in relation to safeguarding in accordance with their roles.

The team also have a role in supporting safer recruitment and responding to concerns about a person’s suitability to work in a position of trust.

All NHS Cornwall and Isles of Scilly Integrated Care Board (ICB) staff or sub-contracted ICB staff or volunteers

In accordance with roles as responsibilities, all staff must:

- Ensure safeguarding practice reflects the standards explicit within policy
- Ensure they are compliant with their safeguarding training as indicated by the safeguarding team. If they are unsure about the level of training indicated, they have a responsibility to raise this with their managers or directly with the safeguarding team
- Ensure they include safeguarding children standards in all contracts that have contact with adults or children and to liaise with the safeguarding team for advice when needed
- Ensure adherence to safer recruitment standards including undertaking disclosure and barring service (DBS) checks
- Promote the welfare of children and young people as per job descriptions and person specifications
- Be alert to indicators of abuse or neglect for children and adults and know how to act on concerns in line with national and local guidance. Please see south west child protection procedures and working together to safeguard children 2023
- Seek safeguarding support and advice from their managers and or the ICB safeguarding team
- Attend training commensurate with their role and in accordance with national guidelines

Staff must also;

- Understand confidentiality and the principles of information sharing. Please see Information Sharing Advice for practitioners providing safeguarding services for children, young people, parents and carers (2024). Seek advice from the information governance lead or safeguarding team when needed
- Escalate any concerns about resources or staffing impacting on implementing safeguarding procedures to their seniors
- Seek safeguarding supervision with their manager or the safeguarding team if they are unsure about a safeguarding situation or need to reflect on a safeguarding incident. Please refer to the ICB safeguarding supervision policy
- Report any safeguarding personal issues that any impact on their ability to do their job or to act fairly
- Ensure compliance with carrying out the ICB duties with the safeguarding in the NHS standard contract, the SAAF, legislation and statutory guidance

Responsibilities of managers

In addition to the responsibilities for all staff, managers have an additional role to support any person that they line manage to deliver these responsibilities and to ensure that any person they line manage carries out these responsibilities appropriately.

Managers also need to ensure their staff are complaint with safeguarding training and provide or enable expert safeguarding supervision when indicated.

Governance arrangements

Governance of the safeguarding process is defined in the NHS England Safeguarding Accountability and Assurance Framework 2024.

The reporting and recommendations to the relevant ICB committee responsible for quality (as the committee with delegated authority for quality) are prepared through the ICB safeguarding assurance meeting. The ICB is accountable for all duties and responsibilities through its board and joint peninsula committee, to which the finance, performance and quality committee reports.

Audits

The ICB will ensure that safeguarding is included in quality and audit arrangements within the organisation. The ICB will take part in local, regional and national audits where appropriate. The ICB will conduct a section 11 audit, as outlined by the children act 1989, annually or as indicated.

The safeguarding team

The safeguarding team will ensure that the ICB is kept informed of national and local initiatives for safeguarding children and oversee the strategic implementation of learning from reviews and audits that are aimed at driving improvements to safeguard children.

Annual reports

The ICB and other NHS organisations are required to publish annual reports which include safeguarding and looked after children; these annual reports will include safeguarding information from:

- section 11 assurance
- ICB safeguarding professionals and the ICB executive lead report
- OSCP participation
- education and training
- safeguarding children supervision
- safeguarding governance and risk management
- compliance with Care Quality Commission (CQC) regulations
- employment practice relevant to safeguarding
- safeguarding policies and procedures

- children in care
- inspection reports
- accountability and responsibilities and changes to these
- statutory reporting obligations
- risks

Child centred and outcome focused ICB

Ensuring we listen to and hear the child's voice. The voice of the child learning lessons from research.

The ICB should ensure that planned and commissioned health action to support children's development should also be timely and appropriate their stage of development, including foetal development. This will also support prevention of trauma and issues in later life.

Ensuring equality of opportunity

Ensuring all children are supported to be heard and have equal opportunity to achieve the best possible developmental outcomes. The ICB should ensure it prevents safeguarding issues, such as trauma and abuse, using both an individual and a public health approach to its interventions and commissioning.

Involving families

The ICB should endeavour where possible to work with, listen and involve families when it is safe to do so.

Signs of safety

The local authority enables services to work in partnership with families using the signs of safety approach in Cornwall. This involves making clear the worries and concerns, identifying the things that are going well and agreeing what needs to happen to build and strengths and reduce the worries.

Informed by evidence

Safeguarding in Cornwall and the Isles of Scilly must ensure children and families deserve the best research and informed practice from those providing assessment and services to them. The ICB safeguarding team provides the link between evidence-based practice at national and local levels and between strategic leadership and operational functions.

Safeguarding training and development

Health organisations are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding children and to be able to recognise and respond to potential indicators of abuse or neglect. All ICB staff need to be competent to safeguard children as per Working together to safeguard children (2023) and Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019). The ICB must create an environment and culture where staff are able to raise concerns and feel supported with safeguarding.

All ICB staff, in particular managers and service leads, have a duty to ensure their staff are compliant with the guidance and this policy. The ICB must ensure staff safeguarding training is in place as outlined in the NHS England accountability and assurance framework 2024. It is the duty of the employee to comply with the training standards that are set in accordance with their roles and responsibilities. Staff are responsible for seeking out additional training, supervision and escalating where any gaps are identified.

Staff groups have different training needs depending on their level of responsibility and independence of decision making. The minimum requirements for training for all staff are set out in the intercollegiate guidance: Children and young people: roles and competencies for health care staff (2019) and Looked after children: roles and competencies of healthcare staff (2020)

The ICB supports, promotes and participates in interagency training provided by the OSCP and other agencies. All commissioned services will have a tiered approach to safeguarding training and development which reflects required training competencies.

The ICB and all health providers must ensure that employed staff have training recorded on a training database. The ICB monitor training compliance internally and in commissioned services and monitor the effectiveness of training compliance within the quality reports. All providers are required to report on the effectiveness of their workforce training within contracts to the ICB.

The ICB safeguarding team also monitor the effectiveness of training through learning reviews and national and local highlights, feedback and research. This includes from other learning forums, such as patent safety and CDOP.

Supervision

The ICB has a safeguarding supervision policy. All ICB staff must ensure they access safeguarding supervision regularly and when the need arises. All managers must ensure their staff are adequately supervised in line with their needs. The ICB must ensure staff supervision is in place as outlined in the NHSE safeguarding accountability and assurance framework and the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019 and Looked after children: roles and competencies of healthcare staff (2020).

All staff have access to child protection support, advice and supervision through the designated professionals. The designated professionals must receive regular supervision from an external supervisor.

The designated professionals will provide regular supervision to nominated and named professionals employed by commissioned health services.

For services commissioned and contracted by the ICB, all members of staff when work brings them into direct contact with children must have access to structured supervision. This must be clearly defined in the internal safeguarding procedures of that organisation.

Safer recruitment and allegations management

All organisations providing services for children or provide staff or volunteers to work with or care for children, must have systems to manage allegations which is consistent with this policy document, ICB procedures and Working Together to safeguard children 2024.

The ICB must ensure that recruitment and human resource management procedures in addition to commissioning processes, (including contractual arrangements), consider the need to safeguard and promote the welfare of children and young people. Arrangements for proper checks on new staff and volunteers must facilitated.

The disclosure and barring service (DBS) provides checks for people working with children and maintains lists of people who are barred from regulated activity involving children. There is guidance for employers, DBS Update Service: employer guide (2024) and the ICB has recruitment policies and supporting documents including a DBS policy. The ICB has procedures for dealing with allegations of abuse against members of staff or volunteers and contractual arrangements with providers.

The ICB has procedures for dealing with allegations of abuse against members of staff or volunteers and contractual arrangements with providers.

Safeguarding procedures, including referral to the local authority designated officer (LADO) will be followed where it is alleged that any staff member has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved in a way which raises concerns as to their suitability to work with children (suitability threshold)

Cornwall Council has published guidance about managing allegations against people who work with children. There is also guidance from the Council of the Isles of Scilly.

The ICB undertakes its recruitment procedures and practices in accordance with current employment legislation: Safeguarding Vulnerable Groups Act (2006).

See appendix 2 for contact details of the multi-agency referral unit, children services, the on-call paediatrician and the police.

The ICB's Freedom to Speak Up policy enable concerns about malpractice to be raised at an early stage without fear of reprisals or concern for safety.

Implementation plans and monitoring effectiveness

The content of this document will be introduced to individuals and implemented via committee and through updated new briefings. No specific training is required to implement this policy, but training and support is available via the designated professionals as required. The validity and effectiveness of this policy will be monitored via the safeguarding governance structure as outlined in this policy.

Update and review

This policy will be updated within 3 years.

Additional ICB policies relevant to safeguarding:

- Whistleblowing and freedom to speak up
- Prevent policy
- Adult safeguarding policy
- Learning from lives and deaths LeDeR programme policy and procedure
- Mental Capacity act and deprivation of liberty safeguards policy
- Supervision policy

Appendix 1: Definitions and additional information

Term	Definition
Abuse	Is any maltreatment or action or neglect by another adult, child or institution that causes harm to a child. It can be physical, sexual or emotional. It can also be online.
Children in need	Children in need are a legally defined group of children (under the Children Act 1989, assessed as needing help and protection because of risks to their development or health. This group includes those on child in need plans, those on child protection plans, children looked after by local authorities, care leavers and disabled children. Children in need also include young people aged 18 or over who continue to receive care, accommodation or support from children's services, and unborn children. From Children in need, Reporting year 2024 - Explore education statistics - GOV.UK Please see child or young person below.
Child or young person	In this policy a child is defined as a person who has not yet reached their 18 birthday. The United Nations Convention on the Rights of the Child (UNCRC) and Working Together to Safeguard Children (2018) define a child as anyone who has not yet reached their 18 birthday. This policy applies to all children up to the age of 18 years. Some young people may be included as they have their entitlement to services extended beyond the age of 18. For instance, the Children (Leaving Care) Act 2000 states that local authorities in England and Wales must keep in touch with care leavers until they are at least 21, Personal Adviser support statutory guidance extends this to all care leavers to age 25, and they should provide assistance with education, employment and training. Young people with learning difficulties or disabilities may also continue to be supported by Children's Services after they reach the age of 18.
Child protection	Is part of safeguarding and promoting welfare and is activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm (working together to safeguard children 2023).

Term	Definition
Children Act (1989 and 2004) main principles	Legislation which sets out duties to provide services to children if they are in need. Duty on the local authority to promote co-operation with agencies; • The welfare of the child is paramount. • Local authority to give due consideration to children's wishes. • Parents have responsibility for physical, emotion and moral welfare of their children. • Partnership working to improve outcomes for children. • Participation is taking into consideration the wishes and feelings of children. • Protection (Section 47). • Provision of services (Section 17).
Child safeguarding practice review panels	From 2018 this panel has been responsible for identifying and overseeing reviews of serious child safeguarding incidents that raise complex issues. They are responsible for deciding how the system learns lessons on a national level, while local responsibility remains with the safeguarding partners. Copies of rapid reviews undertaken by local safeguarding partners are sent to the child safeguarding practice review panel for feedback and a decision to be made about whether a review needs to be made on a national level. "Where a local authority in England knows or suspects that a child has been abused or neglected, the local authority must notify the Child Safeguarding Practice Review Panel if: (a) the child dies or is seriously harmed in the local authority's area (b) while normally resident in the local authority's area, the child dies or is seriously harmed outside England".
Contextual safeguarding	Is an approach that recognises that young people's experiences of significant harm or abuse reach beyond their families, this happens in their neighbourhoods, schools and online. Parents and carers have little influence over these contexts, and young people's experiences of extra familial abuse can undermine parent child relationships. For more information read the contextual safeguarding network and serious violence strategy 2018.
Looked after child (LAC) or child in care (CIC)	A child who is being looked after by their local authority is known as a child in care or a looked after child. Further information regarding definition of a looked after child can be found in the NSPCC looked after child explanation 2020 or Children Act 2004.
Mental Capacity Act 2005 (MCA)	Empowers people to make decisions for themselves as much as possible. The act applies to anyone aged 16 or over in England and Wales and is relevant for both care and treatment decisions. Professionals need to be aware of their responsibilities regarding safeguarding and the MCA in all that they do (valuing every voice, June 2014).

Term	Definition
Safeguarding and promoting the welfare of children	Is defined in Working Together to Safeguard Children (2023) as: • protecting children from maltreatment • as soon as problems emerge providing support to meet the needs of children • ensuring that children grow up in circumstances consistent with the provision of safe and effective care • preventing impairment of children's health or development • taking action to enable all children to have the best outcomes • promoting children's upbringing with birth parents, family network through kinship care, where this is in a child's best interests
Section 17 (The Children's Act 1989)	Places a general duty on all local authorities to safeguard and promote the welfare of children within their area who are in need. A child in need is a child who needs additional support from the local authority to meet their potential. Families should understand the support and this should be consensual.
Section 47 (The Children's Act 1989)	This is used when there is reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm
Section 20 of the Children Act 1989	Duty to accommodate a child
Section 31 of the Children Act 1989	Care and supervision orders
Statutory safeguarding partner	Under the children act 2004 and amended by the Children and Social Work Act, 2017 is the local authority, the integrated care board and the chief of police. These 3 partners must make arrangements to work together to safeguard and promote the welfare of children.
Think family	Encourages practitioners to consider the parent, the child and the family and carers, when assessing needs and planning care. Think Family means securing better outcomes for adults, children and families by providing a coordinated approach to care from all organisations.
Trauma informed practice	The Office for Health Improvement and Disparities guidance for professionals working in Health and Care: Working Definition of Trauma Informed Practice There 6 principles of trauma-informed practice, safety, trustworthiness, choice, collaboration, empowerment, cultural consideration (NHS 2024).

Term	Definition
Voice of the child	NSPCC 2024 states that listening to and capturing the voice of the child is central to effective safeguarding practice. Article 12 of the UNCRC means it is a child's right to be listened to and taken seriously. This is reinforced by the Children Act 1989. This includes verbal and nonverbal communication. The child safeguarding practice review panel, Safeguarding children with disabilities and complex health needs in residential settings (2022) brings into focus how important this is.
What is abuse and neglect?	Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Neglect is the ongoing failure to meet a child's basic needs.

Appendix 2: What to do if you are concerned about a child being abused

If you have immediate concerns that a person is at high risk of harm from themselves or others telephone 999.

Details of services to support and protect children and young people from abuse can be found on the Cornwall and the Isles of Scilly OSCP website, including, what to do if you are worried about a child, how to recognise abuse, and how to refer to social care.

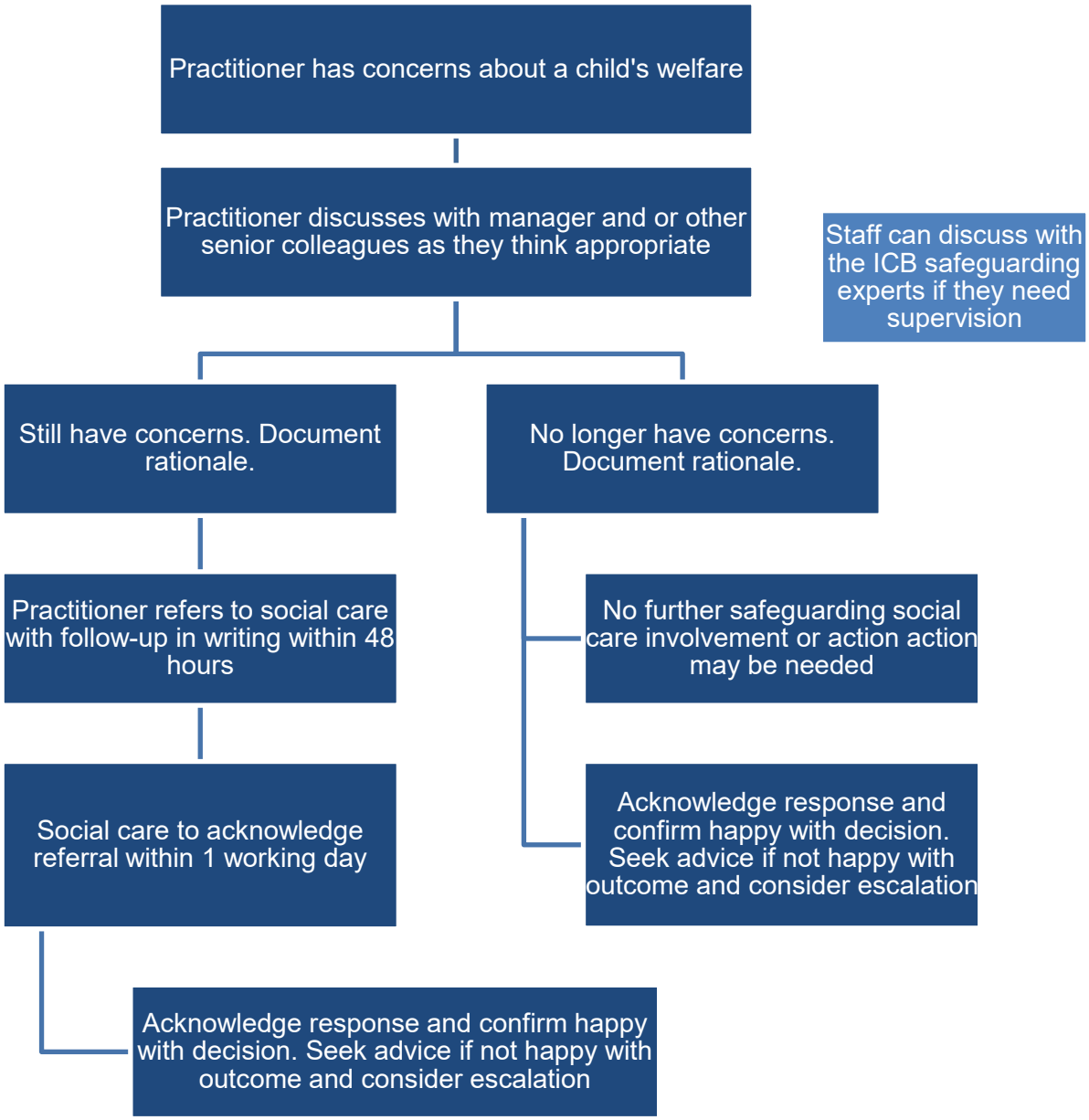
For children in Cornwall

If you are concerned about a child's safety in Cornwall, please contact the multi-agency referral unit (MARU) telephone 0300 123 1116. Out of hours telephone 01208 251300.

For children in the Isles of Scilly

If you are concerned about a child's safety on the Isles of Scilly telephone: 0300 1234 105 and select Option 5, or email: ChildrensSocialCare@scilly.gov.uk

Safeguarding children flowchart for referral in Cornwall (for early help please see Early help - Cornwall Council



If you have concerns about a child's immediate safety, contact the police via 999 or social care via telephone as appropriate.

If you are unhappy about assessment decisions, you can follow the resolving professional differences policy and contact your manager.

Advice prior to referral (Monday to Friday 9am to 5pm)

- designated nurse safeguarding children: ciosicb.scatconcern@nhs.net

- named GP safeguarding children: ciosicb.scatconcern@nhs.net
- designated nurse for looked after children: ciosicb.scatconcern@nhs.net
- Cornwall Partnership NHS Foundation Trust named nurse for safeguarding children: call 01208 834777 or email cft.safeguarding@nhs.net
- Royal Cornwall Hospitals NHS Trust (RCHT) named nurse for safeguarding children: call 01872 254551 or email rcht.sgchildren@nhs.net
- RCHT named midwives: call 01872 254551 or email rcht.maternitysafeguarding@nhs.net
- RCHT named doctor: rcht.sgchildren@nhs.net
- named nurse for looked after children: call 01872 254590 or email rch-tr.Cornwallchildrenincarehealthteam@nhs.net

After hours, contact the consultant paediatrician on-call via switchboard 01872 252000.

Useful website links

- Cornwall and Isles of Scilly Safeguarding Children Partnership
- NSPCC what to do if you are worried about a child

Appendix 3: Impact assessment

Name of policy, service or decision to be assessed: Safeguarding children policy and procedure
Department or section: Safeguarding and Quality
Date of assessment: 18 August 2025
Person(s) responsible for the assessment: Sarah Pulley, Designated nurse safeguarding children
Is this a new or existing policy? Existing

General background information

Reason for undertaking full impact assessment: Change to policy or procedure

Describe the aims, objectives and purpose of the policy, service change or development:
To ensure the ICB has processes in place to keep children safe and minimise or prevent abuse and harm.

Anticipated timetable for decision: 1 to 2 months

What areas will this impact? Cornwall and Isles of Scilly

Which of the strategic objectives apply to this full impact assessment? Other, ensure ICB compliance and staff ability to safeguard children and young people and improve care experience and improve health and well being

What are the commissioning arrangements? Other- cover whole of the ICB in all aspects of practice

What are the contractual implications for the policy or service change? All staff and commissioned services should comply with this policy

Who implements the policy or service? NHS Cornwall and Isles of Scilly

Who benefits or is intended to benefit from this policy or service? All service users especially children and all staff and staff and volunteers for the NHS Cornwall and the Isles of Scilly.

What health and social care outcomes are achieved or wanted from this policy or service? Reducing health inequalities, protection from harm, improving outcomes for people, improved multi agency working

How will this be monitored? Multiple sources

What factors or forces could contribute or detract from the outcomes? Service pressure can affect impact. Lack of safeguarding training compliance, can lead to lack of awareness

Who are the main stakeholders in relation to the policy or service? NHS Cornwall and Isles of Scilly

Is there clinical evidence for effectiveness of the policy or service? Yes, local

Does this policy or service link to health and social care overall strategy for the next 5 years and current direction of travel for integrated communities? Yes, partly

Engagement

How have you engaged stakeholders in gathering or testing the evidence available? Policy based on national findings from public enquiries and legislation and local system policy

What is the experience of individuals who access the service? Multiple, – impact of the policy on safeguarding children is positive but due to the complex nature of the issues involved the outcome can be mixed

How have you engaged stakeholders in testing the policy or service proposals? Other, local staff feedback and ability to safeguard, partnership reviews, feedback and audit, regional and national feedback and audit

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:
Not applicable

Impacts

Access to services

Aspect	+ or – impact	Details and plans to minimise negative impact
Ability of people to access the service	positive	not applicable
Eligibility of people to receive the service	neutral	not applicable
Longer term sustainability of the service	neutral	This is currently unknown
Reducing health inequalities	positive	Not applicable
Waiting times to receive service	neutral	Not applicable

Quality of services

Aspect	+ or – impact	Details and plans to minimise negative impact
Choice for members of the public	neutral	Not applicable
Clinical performance or outcomes	positive	Not applicable
Cohesion with wider services	positive	Not applicable
Operational effectiveness	positive	Not applicable
Statutory NHS targets	positive	Not applicable

Members of the public and carers

Aspect	+ or – impact	Details and plans to minimise negative impact
Carer experience	positive	Not applicable
Psychological	positive	Not applicable
Privacy and dignity	positive	Not applicable
Public care journey and pathway	positive	Not applicable
Public care standards	positive	Not applicable
Public experience	positive	Not applicable
Public safety	positive	Not applicable

Wider community

Aspect	+ or – impact	Details and plans to minimise negative impact
Cohesion with community strategy	positive	Not applicable
Community safety, crime, and disorder	positive	Not applicable
Environment, including climate change	neutral	Not applicable
Information management	positive	Not applicable
Local economy	positive	Not applicable
Rural isolation	positive	Not applicable
Safeguarding*	positive	Not applicable
Social care	positive	Not applicable
Technology	neutral	Not applicable
Transport	neutral	Not applicable

* For safeguarding, consider the Care Act 2014 6 key principles: Empowerment, prevention, proportionality, protection, partnership, and accountability. Also consider the

Children's Act 1989, Children and Families Act 2014, and the Child Wellbeing and Education Bill.

Wider system partners

Aspect	+ or – impact	Details and plans to minimise negative impact
Care homes	positive	Not applicable
Cornwall Council	positive	Not applicable
Cornwall Partnership NHS Foundation Trust	positive	Not applicable
Council of the Isles of Scilly	positive	Not applicable
Domiciliary care providers	positive	Not applicable
Hospice providers	positive	Not applicable
HTG (non-emergency patient transport)	positive	Not applicable
NHS 111 (HUC)	positive	Not applicable
Out of hours primary care	positive	Not applicable
Primary care	positive	Not applicable
Royal Cornwall Hospitals NHS Trust	positive	Not applicable
South Western Ambulance Service NHS Foundation Trust	positive	Not applicable
University Hospitals Plymouth NHS Trust	positive	Not applicable
Other system partners Please specify and add lines as necessary	positive	Not applicable

Financial aspect

Aspect	+ or – impact	Details and plans to minimise negative impact
Implications for individual or carer	positive	Not applicable
Implications for local authorities	positive	Not applicable
Implications for NHS Cornwall and Isles of Scilly	positive	Not applicable
Implications for other NHS commissioning organisations	positive	Not applicable
Implications for GP practice	positive	Not applicable
Implications for primary care network (PCN)	positive	Not applicable

Aspect	+ or – impact	Details and plans to minimise negative impact
Implications for surrounding practices	positive	Not applicable
Implications for NHS provider organisations	positive	Not applicable
Implications for peninsula	positive	Not applicable
Implications for private sector	positive	Not applicable
Implications for voluntary sector	positive	Not applicable

Anticipated climate of opinion

Aspect	+ or – impact	Details and plans to minimise negative impact
Clinical opinion	No impact	Not applicable
Colleagues	No impact	Not applicable
Local community	No impact	Not applicable
Media	No impact	Not applicable
Political	No impact	Not applicable

Protected characteristics

What is the differential impact on people from the perspective of race, nationality and/or ethnic origin? Does this have a positive or negative impact on people from an ethnic minority background? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.
Staff taking part in children safeguarding from the ICB and from ICB commissioned other health services will be utilising and capturing health safeguarding data, which will inform provision.

Unaccompanied asylum-seeking children (UASC) have experienced trauma and safeguarding risks and face further various safeguarding risks, including potential exposure to commercial, sexual, or domestic exploitation.

This policy has a positive impact on people from an ethnic minority background.

Overrepresentation: Children from Black, Asian, and other minority ethnic backgrounds are often overrepresented in child protection systems. This can be due to a combination of factors, including systemic biases, socioeconomic disparities, and higher rates of reporting in certain communities.

Bias in decision-making: There is national evidence of racial bias in the decision-making processes within child protection services. This can lead to disproportionate interventions and outcomes for children from minority backgrounds.
Poverty and deprivation: Children from minority ethnic backgrounds are more likely to live in poverty, which is a significant risk factor for involvement in child protection systems. Poverty can exacerbate the challenges faced by these families, leading to higher rates of neglect and abuse reports.

Access to services: Families from minority backgrounds may face barriers to accessing support services, such as language barriers, cultural differences, and discrimination. This can result in less effective interventions and support for these families.

Immigrant families: Families with immigrant backgrounds may experience additional stressors, such as fear of deportation, lack of understanding of the child protection system, and limited access to resources. These factors can increase the risk of child protection interventions.

What is the differential impact on people from the perspective of sex? Does this have a positive or negative impact on people who identify as male, female, or intersex? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the positive or negative differential impact on people from the perspective of disability? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

This policy applies to all children up to the age of 18 years. Some young people may be included as they have their entitlement to services extended beyond the age of 18. For instance, the Children (Leaving Care) Act 2000 states that local authorities in England and Wales must keep in touch with care leavers until they are at least 21, Personal Adviser support statutory guidance extends this to all care leavers to age 25, and they should provide assistance with education, employment and training. Young people with learning difficulties or disabilities may also continue to be supported by Children's Services after they reach the age of 18.

Ensuring all children are supported to be heard and have equal opportunity to achieve the best possible developmental outcomes. The ICB should ensure it prevents safeguarding issues, such as trauma and abuse, using both an individual and a public health approach to its interventions and commissioning.

The ICB listens to verbal and nonverbal communication, acts where appropriate to the voice of children, young people, adults and public protection and recognises capacity, Gillick competence and advocacy. NSPCC 2024 states that listening to and capturing the voice of the child is central to effective safeguarding practice. Article 12 of the UNCRC means it is a child's right to be listened to and taken seriously. This is reinforced by the Children Act 1989. This includes verbal and nonverbal communication. The child safeguarding practice review panel, Safeguarding children with disabilities and complex health needs in residential settings (2022) brings into focus how important this is.

What is the differential impact on people from the perspective of sexual orientation? Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual, or asexual? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

This policy supports safeguarding of LGBTQ+ children and youth, who are at a higher risk of experiencing abuse, neglect, and bullying compared to their non-LGBTQ+ peers. This increased vulnerability is often due to stigma, discrimination, and lack of acceptance. LGBTQ+ youth are more likely to experience mental health issues, such as depression, anxiety, and suicidal ideation, which can be exacerbated by experiences of abuse and neglect. LGBTQ+ youth may be reluctant to report abuse or seek help due to fear of discrimination or not being believed. This can lead to underreporting and a lack of timely intervention.

What is the positive or negative differential impact on people from the perspective of age? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience. This policy is specifically aimed at protecting children but can be applied in any care setting or environment that may come into contact with children. Some young people may be included as they have their entitlement to services extended beyond the age of 18. For instance, the Children (Leaving Care) Act 2000 states that local authorities in England and Wales must keep in touch with care leavers until they are at least 21, Personal Adviser support statutory guidance extends this to all care leavers to age 25, and they should provide assistance with education, employment and training. Young people with learning difficulties or disabilities may also continue to be supported by Children's Services after they reach the age of 18.

The differential impact of child protection/safeguarding policies on people from various age groups can be significant.

Infants and young children

- Vulnerability: Infants and young children are particularly vulnerable to abuse and neglect due to their dependency on caregivers for basic needs and their inability to communicate effectively
- Developmental impact: Early childhood is a critical period for brain development. Abuse or neglect during this time can have long-lasting effects on cognitive, emotional, and social development
- Intervention: Early intervention is crucial for this age group to mitigate the long-term effects of abuse and neglect. Policies often prioritise early help, rapid response and intensive support for young children

School-aged children

- Educational impact: School-aged children who experience abuse or neglect may face challenges in their academic performance and social interactions at school
- Behavioural issues: This age group may exhibit behavioural problems because of trauma, which can lead to disciplinary actions and further marginalisation or suspension or exclusion.
- Support services: Child protection/ safeguarding policies for school-aged children often include provisions for educational support, counselling, and behavioural interventions

Adolescents

- Independence and risk-taking: Adolescents are in a developmental stage where they seek independence and may engage in risk-taking behaviours. This can complicate safeguarding efforts.
- Mental health: Adolescents who experience abuse or neglect are at higher risk for mental health issues, including depression, anxiety, and substance abuse.
- Transition to adulthood: Policies need to address the transition to adulthood, ensuring that adolescents in the child protection system receive support to become independent and self-sufficient.

What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impacts be mitigated?

This policy has a positive differential impact as it promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

- **Perception of abuse**: Different religious and cultural communities may have varying perceptions of what constitutes abuse or neglect. Practices that are acceptable in one culture may be viewed as harmful in another. This policy mitigates this risk.

What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impacts be mitigated?

This policy has a positive differential impact on people from the perspective of marriage and civil partnership as it promotes safeguarding of young people and considers marriage and relationships within. It promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the differential impact on people from the perspective of gender re-assignment? Does this have a positive or negative impact on people who identify as trans or transgender, non-binary or gender fluid? How will any negative impacts be mitigated?

This policy has a positive differential impact on people from the perspective of gender re-assignment. It promotes best practice for Transgender, non-binary and gender fluid children and youth are at a higher risk of experiencing abuse, neglect, and bullying compared to their cisgender peers. This increased vulnerability is often due to stigma, discrimination, and lack of acceptance. Transgender, non-binary and gender fluid youth are more likely to experience mental health issues, such as depression, anxiety, and suicidal ideation, which can be exacerbated by experiences of abuse and neglect.

What is the differential impact on people from the perspective of pregnancy and maternity? Does this have a positive or negative impact on people who are pregnant, breast feeding or chest feeding, or those on maternity, paternity or adoption leave? How will any negative impacts be mitigated?

This policy has a positive differential impact on people from the perspective of pregnancy and maternity. This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

The ICB should ensure that planned and commissioned health action to support children's development should also be timely and appropriate their stage of development, including foetal development. This will also support attachment and the prevention of trauma and issues in later life.

Other identified groups. How will any negative impacts be mitigated?

This policy promotes equity in service provision. The intersectionality of risk factors must be understood. Certain groups of children are more at risk of abuse or neglect due to various factors, for example:

- Domestic abuse: Children living in households where domestic abuse occurs are at a higher risk.
- Parental mental health issues: Children with parents who have mental health problems are more vulnerable.
- Parental substance misuse: Substance misuse by parents increases the risk of harm to children.

- Socioeconomic factors: Families experiencing poverty, unemployment, or housing instability are more likely to be involved in the child protection system.

Human rights

How have the core human rights values of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy? If they haven't, please review this document and amend to incorporate these values.

This is included in the core content to the policy.

Which of the human rights articles does this document impact?

The right:

☒ to life
☒ not to be tortured or treated in an inhuman or degrading way
☒ to liberty and security
☒ to a fair trial
☒ to respect for home and family life, and correspondence
☒ to freedom of thought, conscience, and religion
☒ to freedom of expression
☒ to freedom of assembly and association
☒ to marry and found a family
☒ not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
☒ to peaceful enjoyment of possessions

Which of the UN Convention on the Rights of the Child does this document impact?

Every child has the right to:

☒ Relax and play (Article 31)
☒ Freedom of expression (Article 13)
☒ Be safe from violence (Article 19)
☒ An education (Article 28)
☒ Protection of identity (Article 8)
☒ Sufficient standard of living (Article 27)
☒ Know their rights (Article 42)
☒ Health and health services (Article 24)

What existing evidence (either presumed or otherwise) do you have for this?

Safeguarding is intrinsic to promoting human rights and ensuring prevention of discrimination and harm. Evidence embedded within the document.

How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?

Governance is in place to ensure the policy is embedded in practice and this includes promoting human rights.

Social Value Act 2012

NHS Cornwall and Isles of Scilly is committed and obliged to fulfil the requirements of the public sector Social Value Act 2012. This act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area. Please describe how this will support and contribute to the local system, wider system, and community.

Aspect	+ or – impact	Details and plans to minimise negative impact
Economic: promote skills, tackle worklessness, maintain employment, increase volunteer hours to support the community and promote inclusion	Positive	Not applicable
Environmental: support local, reduce congestion	Not applicable	Not applicable
Inclusion of small medium size enterprises (SMEs) in the process and supply chain	Not applicable	Not applicable
Social: reduce anti-social behaviour, tackle exclusion by promoting inclusion including to vulnerable groups	Positive	Not applicable

General public sector equality duties

Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

The policy makes a contribution toward eliminating discrimination, harassment, and victimisation in several key ways:

1. Promoting equity in service provision.
2. Addressing systemic inequalities.
3. Promotes a trauma-informed approach and child-centred practice.
4. Includes specific provision for vulnerable groups.
5. Grounds child protection in legal and human rights frameworks.

Describe how the policy contributes towards advancing equality of opportunity.

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

The policy contributes to advancing equality of opportunity in meaningful and strategic ways:

1. Inclusive access to services.
2. Promotes a trauma-informed approach and child-centred practice.
3. Support for vulnerable and marginalised people.
4. Reinforces commissioning and contracting standards.

Describe how the policy contributes towards promoting good relations between people with protected characteristics.

This policy promotes education, equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

The policy actively promotes good relations between people with protected characteristics by embedding inclusive, respectful, and equitable practices throughout its safeguarding framework:

1. Embedding dignity and respect.
2. Uses inclusive safeguarding practices.
3. Promotes a trauma-informed approach and child-centred practice.
4. Includes mechanisms for monitoring and accountability.

Any other impact not identified above?

This policy will have an impact on safeguarding at all ages.

Summary

If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and/or the working environment for that group of people.

Promotion and adherence to this policy will ensure staff are confident to safeguard and protect children, uphold the rights of children to live without abuse and neglect. This will

be monitored via the safeguarding assurance meeting and the ICB governance processes.

Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.

Significant update to ensure take into account changes in practice and legislation.

If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following full impact assessment action plan.

None identified.

Full impact assessment action plan

N/A

Completed by: Sarah Pulley, designated nurse safeguarding children
Date: 18 August 2025

Agreed by (committee): Executive Team
Date: 22/10/2025

Comments and reviews

Reviewed by	Date	Any comments not captured above
Jayna Chapman	29.01.25 02.09.25	None.