Norfolk and Suffolk
Integrated Care Board

# NHS Norfolk and Suffolk Integrated Care Board

# Safeguarding Children Policy

If there is an imminent threat to life or harm, please contact the police or an ambulance on 999 immediately.

# 1. Version Control

| Version | Date | Author and Role | Detail of Change |
|---|---|---|---|
| 0.1 | 01/02/2026 | Caroline Holt | Full review in light of changes to the ICB. |
| 0.2 | 13/07/2026 | Tabitha Griffin | Amendments made for NSICB webpages. |
| 1.0 | 20/07/2026 | Quality Committee | Approved |
| 1.1 | 04/09/2026 | Tabitha Griffin | Addition of the Audit Document for Safeguarding Policies in the Appendix. |

Policy Owner: Deputy Director for Norfolk and Suffolk WBCYPM.

Responsible Committee: Quality Committee

# 2. Next Review Date

The date this policy is due for review is*:* 01 July 2027

# 3. Contents

Contents

Safeguarding Children Policy ..... 1
1. Version Control ..... 2
2. Next Review Date ..... 2
3. Contents ..... 3
4. Statement of Overarching Principles ..... 4
5. Introduction ..... 4
6. Purpose ..... 5
7. Scope ..... 5
8. Cross Reference to Other Policies ..... 5
9. Definitions ..... 6
10. Roles and Responsibilities ..... 12
11. Accountability ..... 13
12. Procedural Requirements ..... 18
13. Safeguarding Children Standards ..... 21
14. Information Governance ..... 21
15. Confidentiality and Information Sharing ..... 22
16. Monitoring and Review ..... 22
17. Equality Statement ..... 23

**Appendices**

Appendix 1: Equality Impact Assessment

Appendix 2: Audit Document for Safeguarding Policies

# 4. Statement of Overarching Principles

4.1. All Policies, Procedures, Guidelines and Protocols of the Norfolk and Suffolk Integrated Care Board (ICB) are formulated to comply with the overarching requirements of legislation, policies or other standards relating to equality and diversity

# 5. Introduction

5.1. This Policy applies to Norfolk and Suffolk Integrated Care Board (subsequently referred to within this policy as "the ICB"). The policy will set out the responsibilities of the ICB for safeguarding children as an NHS body and define the responsibilities of every member of staff working within the ICB.

5.2. This includes responsibilities for children and young adults who are placed as children in care and who are looked after by the Local Authority. This duty extends to children and young people who are cared for in placements commissioned by the ICB out of area and children with a disability, who are acknowledged as at greater risk of abuse than their non- disabled peers.

5.3. The legal definition of 'children' applies to those under 18 years of age. For the purpose of this policy the term 'children' applies to babies, children, and young people.

5.4. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in Local Authority Care; or in custody in the secure estate, does not change their status or entitlements to services or protection.

5.5. Norfolk and Suffolk ICB, alongside all other NHS bodies, has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people and adults. This policy pulls together statutory guidance for safeguarding children, to incorporate a 'think family' approach and shared responsibility when considering safeguarding arrangements.

5.6. The ICB is committed to working in partnership with both the Suffolk Safeguarding Partnership (SSP) and the Norfolk Safeguarding Children Partnership (NSCP) to safeguard and promote the welfare of children and young people and to have in place systems and processes to support the multi-agency policies and procedures of both the Suffolk and Norfolk Safeguarding Partnerships.

5.7. The ICB promotes:

**Safeguarding is everybody's business, and everybody's responsibility;**

**Doing nothing is not an option.**

5.8. The ICB have statutory responsibilities of their own in relation to safeguarding children and this document should be read in collaboration with other national and local guidance listed in the supporting references.

# 6. Purpose

6.1. This Safeguarding Children Policy sets out the ICBs approach to ensure that safeguarding and promoting the welfare of children is everyone's responsibility, working directly, indirectly or commissioning services for children or parents/carers.

6.2. The aim of this policy is to ensure that all members and employees of the ICB, volunteers and contracted staff:

- Safeguard and promote the welfare of children and prevent abuse occurring wherever possible.
- Understand the process for seeking advice and consultation and reporting concerns about the welfare of a child.
- Use integrated governance systems for reporting to ensure that the process of reporting, investigation and subsequent action, is as effective as possible in achieving good outcomes for vulnerable patients and service users.
- Use the safeguarding principles to shape the commissioning of services and strategic delivery.

6.3. Comply with the legislative framework and statutory guidance

# 7. Scope

7.1. This policy applies to all employees of the ICB including fixed term employees and seconded when working within the ICB and whilst on ICB business.

# 8. Cross Reference to Other Policies

8.1. Associated local policies

- Staff Conduct Policy
- Safeguarding Adults at Risk Policy
- Domestic Abuse and Sexual Safety Policy
- Equality and Diversity Policy
- Whistleblowing Policy
- Complaints Policy
- Patient Engagement Strategy
- Risk Management Framework
- Patient Safety Policy
- Information Sharing Policy

- Managing Investigations Policy
- Disclosure and Barring Service Policy

8.2. Associated external references

- Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers (2018)
- Child Death Review Statutory and Operational Guidance (2018)
- Data Protection Act (2018)
- Mental-Capacity-Guidance-Note-Deprivation-of-Liberty-and-under-18s
- Domestic Abuse Act (2021)
- Domestic Violence, Crime and Victims Act (2004)
- Female Genital Mutilation Prosecution Guidance
- Information Sharing: Advice for Practitioners Providing Safeguarding Services (2018)
- Home | Child health Safeguarding
- Multi Agency Safeguarding Arrangements (MASA)
- Governance — Suffolk Governance — Suffolk (Safeguarding Partnershipsafeguarding Partnership (MASA)
- Multi Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016)
- NHS Safeguarding Accountability and Assurance (2022)
- Home | Child health Safeguarding
- Safeguarding Vulnerable Groups Act (2006)
- The Children Act (1989)
- The Children Act (2004)
- Working Together to Safeguard Children – GOV.UK
- Information Sharing (2018)
- Data Protection Act (2018)
- Promoting the health and well-being of looked-after children - update note added to start in August 2022

# 9. Definitions

9.1. A child is referred to as a young person who has not reached their 18th birthday and for the purpose of this policy includes children to be (unborn babies).

9.2. Safeguarding is defined in Working Together to Safeguard Children – GOV.UK , (2023) as:

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

9.3. The ICB will have clear lines of accountability which are reflected in its governance arrangements and have arrangements in place to co-operate with the relevant local authority and constabulary working in partnership through Multi Agency Safeguarding Arrangements (MASA).

9.4. The ICB has a Designated Safeguarding Team that provide expertise and strategic leadership in accordance with Working Together to Safeguard Children (2023) and the Intercollegiate Document Home | Child health Safeguarding

9.5. Health services have a responsibility to protect children and, therefore, all the ICB staff, volunteers and contracted services have a responsibility to:

- Raise concerns, allegations and incidents in relation to safeguarding children in a timely manner;
- Be aware of factors which indicate that a child is being abused or is at risk of abuse;
- This policy reflects the emerging Integrated Neighbourhood Working approaches that the ICB is adopting. The ongoing development of Integrated Neighbourhood Teams and multidisciplinary models of care are also accountable to legislation and the NHS contract.

9.6. **Child or Young Person (CYP)** - In this document, as in the Children Acts 1989 and 2004, a 'child' is anyone who has not yet reached their 18th birthday. For disabled children this will be inclusive of those up to and including 18 years of age. The fact that a child has reached 16 years of age, is living independently or is in further education does not change their entitlement to services or protection under the Children Act 1989 Working Together to Safeguard Children (2023). Where 'child' or 'children' is used in this document, this refers to children and young people. For the purposes of this document, it includes unborn babies.

Staff members working within an ICB must ensure that all decision-making involving children and young people is fully aligned with the Mental Capacity Act 2005 (MCA) and Best Interests principles. Although the MCA applies to individuals aged 16 and over, its core values—supporting autonomy, assessing capacity appropriately, and ensuring decisions are made in the person's best interests—are essential considerations in children's safeguarding practice. Staff members must recognise when a young person may be unable to make informed decisions about their care, ensure that capacity assessments are clearly documented, and work collaboratively with families, safeguarding partners, and relevant professionals to determine the least restrictive options. This approach ensures that care planning is lawful, ethical, and centred on the wellbeing and rights of the child or young person.

See the ICB Mental Capacity Act and Deprivation of Liberty Policy for further information.

9.7. **Looked After Children (LAC) -** A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care, a term which many children and young people prefer. The child or young person may have been taken into care for a variety of reasons:

- The child's parents might have agreed to this – for example, if they are too unwell to look after their child or if their child has a disability and needs respite care
- The child could be an unaccompanied asylum seeker, with no responsible adult to care for them
- Children's services may have intervened because they felt the child was at significant risk of harm. If this is the case the child is usually the subject of a court-made legal order

There are 2 two primary routes into the 'looked after' system:

- being made the subject of a Care Order under section 31 Children Act 1989
- being accommodated under section 20 Children Act 1989 (with consent of parent or young person if over 16

Looked after children's past experiences can increase their vulnerabilities and it would be inaccurate to assume that as they are in care they are no longer at risk.

Promoting the health and well-being of looked-after children - update note added to start in August 2022

Staff may become aware of children, young people who are being looked after by someone who is not their parent or close relative.

If this living arrangement is for more than 28 days, then this is considered a private fostering arrangement.

There are times when alternative living arrangements are made for children, but the local authority does need to know about them to help keep children safe.

The links below set out each locality's arrangements and contacts.

https://www.norfolk.gov.uk/privatefostering
https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/private-fostering

A child stops being looked after when they are adopted, return home and have the care order revoked or turn 18. However local authorities are required to support children leaving care at 18 until their 25th birthday

9.8. **Safeguarding and Promoting the Welfare of Children** – this is the process of protecting children from abuse or neglect and/or preventing impairment of their health or development. This includes ensuring children are growing up in circumstances consistent with the provision of safe and effective care so as to enable them to have optimum life chances and to enter adulthood successfully**.**

9.9. **Child Protection** – This is part of safeguarding and promoting children's welfare. Child protection refers to the activity that is undertaken to protect children who are suffering, or are likely to suffer, significant harm.

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

9.11. **Children with Disabilities (CWD)** - are recognised as the most vulnerable group in respect of safeguarding their wellbeing, they are three to four times more likely to be abused and neglected than non-disabled children and are more likely to experience multiple types of abuse. These vulnerable children may have physical, sensory and learning disabilities and difficulties and often rely on parents and carers to meet most or all of their needs. The ICB will ensure that the services we provide are inclusive of children with additional needs and that these children are safeguarded and their voices are heard.

**Categories of Abuse**

9.12. **Physical Abuse** – this may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. A parent or carer fabricating the symptoms of illness in a child or deliberately inducing illness in a child may also cause physical harm.

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

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

9.14. **Neglect** – this is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate clothing and shelter (including exclusion from home or abandonment). It can be the inability to provide a child with food, which may manifest in the child seeming thin and hungry. It can also be the opposite whereby children are fed a poor diet such as large amounts of high-fat and sugary food, or portion sizes that are too large thus causing them to become obese and have an increased risk of developing serious health problems later in life. Neglect may involve failing to protect a child from physical and emotional harm or danger, not ensuring adequate supervision (including the use of inadequate caregivers), or not ensuring access to appropriate medical care or treatment (including not bringing the child to health appointments). It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

9.15. **Sexual Abuse** – this involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. It may not necessarily involve a high level of violence. The sexual 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. Sexual abuse may also include non-contact activities, such as involving children in looking at or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Adult males do not solely perpetrate sexual abuse; women can also commit acts of sexual abuse, as can other children.

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

9.17. **Harmful Sexual Behaviour (HSB) -** is the term used to describe children or young people who sexually abuse other children, young people or adults. The sexual abuse perpetrated by children can be just as harmful as that perpetrated by an adult, so it is important to remember the impact on the victim of the abuse as well as to focus on the treatment of the child or young person exhibiting the HSB.

9.18. **Female Genital Mutilation (FGM)** - is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against woman. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting. The practice is medically unnecessary, is extremely painful and has serious health consequences, both at the time when the mutilation is carried out, and in later life. Section 5B of the 2003 Act introduces a mandatory reporting duty which required regulated health and professionals to report 'known' cases of FGM in under 18s which they identify in the course of professional work to the police. This duty came into force on 31st October 2015. FGM Mandatory Reporting

FGM-IS is a system which provides a national IT for healthcare professionals and administrative staff to record that a girl has a family history of FGM. It is part of the NHS Spine. Healthcare professionals and administrative staff can view, add and remove the FGM indicator, and it can be accessed via the Summary Care Record Application (SCRa), or with a Local Clinical System Integrated with FGM-IS

9.19. **Domestic Abuse** - is any type of threatening, bullying, violent or controlling coercive behaviour between people in a relationship. It isn't just physical violence. Domestic abuse includes emotional, physical, sexual, financial or psychological abuse. Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or be the abusers. Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse and the Domestic Abuse Act 2021, recognises the child as a victim. Teenagers can suffer and perpetrate domestic abuse in their relationships and can include child to parent abuse. For additional information see the ICB Domestic Violence and Abuse Policy (ICB Domestic Abuse & Sexual Violence Policy 2024)

9.20. **Contextual Safeguarding** - this is an approach to understanding and responding to young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of this type of abuse can undermine parent-child relationships.

**Contextual Safeguarding includes issues such as:**

**County Lines** - This is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

**Child Criminal Exploitation** - This is a term used where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

# 10. Roles and Responsibilities

10.1. Safeguarding Children, Young People and Adults at risk NHS: Safeguarding and Accountability and Assurance framework, (NHS England and NHS Improvement 2026) sets out clearly the roles, duties and responsibilities of all organisations.

NHS England » Safeguarding children, young people and adults at risk in the NHS

Working Together to Safeguard Children (2023) set out the responsibilities of all organisations with regard to safeguarding children and provides statutory guidance for all health organisations.

Working together to safeguard children 2023: statutory guidance

Safeguarding-children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability-and-assuran.pdf (england.nhs.uk)

Working together to safeguard children - GOV.UK 2026 update

10.2. The ICB has implemented an **Executive Management Team (EMT)** to deliver consistent strategic leadership and oversight. The EMT is responsible for discharging the ICBs safeguarding children responsibilities.

10.3. **Responsibilities within the ICB include:**

10.3.1. A statutory duty on the ICB and NHS England and Improvement (NHSE/I) to work in partnership with local authorities in making arrangements to improve the wellbeing of all children in the authority's area, which includes protection from harm and neglect. (Working Together to Safeguard Children (2023))

10.3.2. A statutory duty on all NHS organisations including the ICB, NHSE/I, NHS Trusts and Foundation Trusts to have effective arrangements in place to safeguard children. (The Children Act (2004), section 11)

10.3.3. A statutory duty on the ICB, NHSEI, NHS Trusts and Foundation Trusts to co-operate and engage fully with partner agencies as active of their Safeguarding Children Partnerships. (The Children Act (2004), section 13)

10.3.4. A statutory duty on the ICB, NHSEI, NHS Trusts and Foundation Trusts to co-operate with local authorities in helping children in need of support and children at risk of significant harm (The Children Act (1989), section 17 and section 47).

10.3.5. A statutory duty on all NHS bodies to exercise their functions relating to Multi Agency Safeguarding Arrangements (MASAs) and have regard to any guidance given to them by the Secretary of State. One such piece of guidance, Working Together to Safeguard Children (2023), describes in detail the legislative requirements and expectations on individual services to safeguard and promote the welfare of children (The Children Act (2004), section 16).

10.3.6. The ICB will ensure there is a clear understanding of the needs and views of children and young people when commissioning and procuring services with support and advice from the Designated Safeguarding Children Team. The ICB will ensure that safeguarding children is considered at all stages of the commissioning cycle for both adult and children's services, using the *Think Family* approach.

10.3.7. The ICB will identify and implement the priorities of their Local Safeguarding Partnerships.

www.ssp.org.uk

www.norfolklscp.org.uk

10.4. **The ICB will:**

10.4.1. Ensure its staff are trained in recognising and reporting safeguarding issues in accordance with the levels of training in the-Safeguarding children and young people and CYP in care: competencies for health care staff (ICD) | RCPCH 2025.

10.4.2. Have a clear line of accountability for safeguarding, properly reflected in ICB governance arrangements.

10.4.3. Have appropriate arrangements to collaborate with local authorities in the arrangement of Local Safeguarding partnerships, Safeguarding Adult Boards (SAB) and Health and Wellbeing Boards.

10.4.4. Ensure effective arrangements for information sharing.

10.4.5. Secure the expertise of Designated Doctors and Nurses for Safeguarding Children, Designated Doctor for Child Deaths, Designated Doctor and Nurses for Looked After Children and Named General Practitioners (GPs) for Safeguarding Children.

# 11. Accountability

11.1. The ICB Accountable Officer has overall executive responsibility for safeguarding. The Executive Director of Nursing is the nominated executive lead for safeguarding children, and the Associate Director of Children, Young People and Maternity is the Delegated Board Lead with primary responsibility for Children Services and safeguarding. The Delegated Board Lead is responsible for providing representation (or a designated deputy) on the Norfolk Safeguarding Children Partnership (NSCP) and Suffolk Safeguarding Partnership (SSP).

11.2. The ICB has a responsibility to learn from incidents and in addition will conduct trend and thematic analysis of incidents and ensure learning has taken place.

11.3. The ICB has a responsibility to ensure that commissioned services are meeting their safeguarding children responsibilities by monitoring performance and seeking assurance as per requirement in Section 11 Working Together - this may be through a self-assessment process, quality visits/contract assurance meetings and safeguarding audit.

11.4. The ICB will ensure that provider governance arrangements cover fundraising by celebrities and any access to premises by them, any privileges, and their use and value in relation to fundraising. The ICB should also ensure that the culture within commissioned services encourages concerns to be raised, these and any incidents of speaking up in relation to the sexual or other abuse of patients, staff and visitors are investigated and managed in accordance with the multi-agency processes on managing allegations against staff (Local Authority Designated Officer known as LADO) processes.

11.5. Table below outlines the roles and responsibilities across the organisation.

| Role | Responsibilities |
|---|---|
| **The Quality and Safety Committee** | The ICB Quality and Safety Committee has delegated responsibility to the ICB board for setting the strategic context in which organisational clinical process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents. |
| **Accountable Officer** | The Accountable Officer (AO) provides strategic leadership, promotes a culture of supporting good practice with regard to child protection/safeguarding within their organisation and has overall responsibility for the strategic direction and operational management, including ensuring that the ICB process documents comply with all legal, statutory and good practice guidance requirements.<br><br>The AO is accountable for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged |

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| | effectively across the whole local health economy through the ICB commissioning arrangements. |
| **Executive Director Lead** | The AO role is supported by the Chief Nurse who is the nominated executive director board member who has a clinical background and takes responsibility for child protection / safeguarding issues. The Executive Director Lead will report to the board on the performance of their delegated responsibilities and will provide leadership in the long-term strategic planning for safeguarding/child protection services for children across the organisation supported by named and designated professionals. |
| **Delegated Board Lead** | The Delegated Board Lead for Safeguarding Children will take responsibility for governance and organisational focus on safeguarding children and looked after children and will represent the NSICB at the Local Safeguarding Children's Partnerships.<br><br>The Delegated Board Lead for Safeguarding Children will ensure the ICB has effective professional appointments, systems, processes and structures in place, ensuring that there is a programme of training and mentoring to support the Designated Safeguarding Professionals Team. |
| **Designated Professionals** | The Designated Nurse and Doctor for Safeguarding Children are responsible for safeguarding children and will take a strategic and professional lead on all aspects of the NHS contribution to safeguarding children across the ICB areas, which include all commissioned providers. They will:<br><br>• Work with the Executive Lead for Safeguarding Children to ensure robust safeguarding children assurance arrangements are in place within the ICB and provider services.<br>• Provide advice and expertise to the ICB board and to the LSCPs and to professionals across both the NHS and partner agencies<br>• Take the strategic health lead for CSPR/Local Practice Reviews.<br>• Take a strategic lead in commissioning for ensuring all safeguarding children's policies are in place and current.<br>• On behalf of the ICB the Designated Professionals will take the lead on multi-agency audits and Joint Targeted Area Inspections (JTAI) to develop more integrated working and service improvement.<br><br>The Designated Doctor for Child Deaths has lead responsibility for medical responses to unexpected deaths of children which occur within an identified area as outlined in Working Together to Safeguard Children (2023). The Designated Doctor for Child Deaths will: |

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| | • Notify the ICB and LSCPs when serious incident investigations, CSPRs or other practice reviews are necessary.<br>• Participate in these reviews when appropriate and sharing of the learning.<br>• Participate in the Norfolk and Suffolk Safeguarding partnerships Child Death Overview Panel (CDOP) which is responsible for reviewing information on all child deaths, looking for possible patterns and potential improvements in services, with the aim of preventing future deaths, as laid out in Working Together (2018).<br><br>The Designated Doctor and Designated Nurse for Looked After Children will:<br><br>• Ensure the health needs of the population of looked after children in the ICB area are identified and services are commissioned and provided to meet their needs in accordance with legislation and government policy.<br>• Advise the ICB board on the implementation of national policy and legislation as it relates to the health service contribution in promoting the health of looked after children.<br>• Provide advice to local health providers on questions of planning, strategy, performance monitoring and audit in relation to health services for looked after children.<br>• Advise and assist local commissioning bodies in fulfilling their responsibilities to improve the health of looked after children.<br><br>The Named GP will be responsible for:<br><br>• Providing supervision, expert advice and support to GPs and other primary care staff where there are safeguarding issues.<br>• Offering advice on local arrangements with provider organisations for safeguarding children.<br>• Promoting, influencing and developing relevant training for GPs and primary care.<br>• Providing input as a skilled professional to child safeguarding processes, in line with the procedures of LSCPs.<br>• Support Primary Care with writing the General Practice components of CSPRs, Independent Management Reviews, and supporting/offering guidance to Practices in completing Section 11 and multi-agency audits.<br>• Supporting processes required by regulator unannounced and announced single and multi-agency inspections.<br>• Working with Commissioners to develop and improve the quality of safeguarding arrangements locally.<br>• Supporting and encouraging collaborative working across the local safeguarding system with a particular role to work with the nominated safeguarding leads in GP practices. |

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| **Managers** | Managers are responsible for ensuring their staff are aware of which part/s of Working Together to Safeguard Children (2023) are relevant to their job function and that they carry out their responsibilities in relation to safeguarding children. Managers will ensure that all staff undertake mandatory safeguarding children training at the appropriate level for their role Home \| Child health Safeguarding and have access to safeguarding supervision in accordance with government guidance and CQC/intercollegiate guidance (2025) requirements and that a record of all training and supervision is maintained. |
| **All Staff** | All staff, including temporary and agency staff, are responsible for:<br><br>• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.<br>• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.<br>• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.<br>• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.<br>• Attending training / awareness sessions when provided.<br><br>All staff must:<br><br>• Uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation whatever their:<br>a) Race, religion, first language or ethnicity<br>b) Gender<br>c) Sexuality<br>d) Age (dependent upon the level of understanding)<br>e) Health or disability<br>f) Political or immigration status<br>• Be alert to the possibility of significant harm to children through abuse or neglect, be able to recognise indicators of maltreatment and know how to act upon concerns for a child. For guidance on acting on concerns for a child see page 9.<br>• Undertake mandatory safeguarding children training, commensurate to their role and responsibilities. See the Intercollegiate Document Home \| Child health Safeguarding and mandatory training for staff.<br>• Understand that safeguarding children is paramount and can override any duty of confidentiality and that sharing information is critical to protecting children from abuse and neglect |

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| | (Information Sharing: DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers **this document will be updated September 2026**. |

11.6. **Responsibilities of all NSICB staff**

Staff members employed, contracted or volunteers who do or do not directly deliver services to individuals, in circumstances where they identify a concern around the safety and welfare of a child or young person, are expected to ensure that they act in accordance with the Suffolk Safeguarding Partnership and the Norfolk Safeguarding Children Partnership procedures in recognising and responding to abuse of children.

For definitions and types of abuse please see

Spotting the signs of child abuse | NSPCC

Working together to safeguard children 2023: statutory guidance

Suffolk Safeguarding Partnership (suffolksp.org.uk)

Norfolk Safeguarding Partnership (https://norfolklscp.org.uk) (https://www.norfolksafeguardingadultsboard.info)

The needs of most children and families are straight forward and the majority of these can be met by some kind of universal provision. The needs of other children and families can be more complex and may require the intervention by multiple agencies to provide support.

Providing early help is more effective in promoting the welfare of children and young people, providing support as soon as a problem emerges rather than reacting later. The effectiveness of early intervention is underpinned by professional responsibility, ensuring that, if a family does not meet the thresholds for specific services, action is taken to prevent lower-level needs escalating.

Children's presenting needs should be determined by a robust risk assessment which should inform the proportionate service response. In Norfolk and Suffolk this is achieved through referral to the local Children's Social Care, from where the risks are assessed and the referrer informed of outcome.

# 12. Procedural Requirements

12.1. **What to do if you are worried about the safety of a child or young person.**

If at any time, a member of staff feels that a child needs urgent medical assistance, they have a duty to call for an ambulance or arrange for a doctor to see the person at the earliest opportunity.

If at the time, staff have reason to believe the child is at immediate and serious risk of harm or that a crime has been committed the police must be called.

If anyone believes that a child or young person may be suffering, or may be at risk of suffering significant harm, they should always refer their concerns to their local Children's Social Care and/or the Police.

12.2. **Don't keep it to yourself, if in doubt, seek advice.**

The contact details for the Designated Safeguarding Children Team are

nsicb.designatesafeguardingteam@nhs.net

If you would like to discuss your concerns or require advice e.g. if you are unsure whether your concerns are justified, or if you would like more information about issues such as confidentiality or further information on the process after concerns are reported, contact one of the following:

- Designated Safeguarding Children Team - contact details above (Monday-Friday 9am-5pm, please leave a message and we will return your call)
- NSPCC National Helpline - 0808 800 5000
- Childline - 0800 1111
- Child Exploitation and Online Protection (CEOP) - 0870 000 3344

**Suffolk**

The SSP provides details of the processes to follow when there are safeguarding concerns regarding the safety of a child (processes are therefore not replicated here in detail).

Procedures can be accessed on the SSP website:

www.suffolkscb.org.uk

**Norfolk**

Norfolk – Children's Advice and Duty Service (CADS) 0344 800 8021 (for professionals only) Monday to Friday 9am-5pm or 0344 800 8020 (for public and out of hours)

www.norfolklscp.org.uk

12.3. **Managing allegations against staff**

ICB staff should always act in such a manner as to safeguard and promote the interests of individual patients and clients - allegations of child abuse by ICB staff must be taken seriously.

Concerns may not be solely in connection with what happens in the working environment. The actions of an individual in their personal life may indicate that their behaviour could be a risk of harm to children they work with e.g., perpetrators of domestic violence, neglect of their own children.

This procedure applies when an allegation or suspicion arises during a member of staff's work, with his or her own children, with other children living outside the family and historical allegations.

This procedure outlines how, as an organisation, the ICB will effectively fulfil its legal duties and statutory responsibilities with regard to managing safeguarding allegations against staff.

In accordance with Working Together 2023, this section of the policy relates to a staff member who may have:

- 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 he or she would pose a risk of harm to children This may be in their professional or personal life.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The ICB has a duty to notify the Local Authority Designated Officer (LADO) of all allegations of child abuse which are made against their employees or that are brought to their attention by whatever means.

Working Together to Safeguard Children refers to local authorities having a designated officer, or a team of designated officers involved in the management and oversight of allegations against people that work with children.

For details of the role of the LADO, managing allegations of abuse by people who work with children and the referral process.

**Suffolk:** LADO — Suffolk Safeguarding Partnership (suffolksp.org.uk)

**Norfolk:** 8.3 Allegations Against Persons who Work/Volunteer with Children

Any member of staff who becomes aware of an allegation of concern in relation to safeguarding children by an employee of NSICB must report it to their own

line manager and at the same time inform the Designated Nurse Safeguarding Children. Advice can also be sought from the Designated Professionals team if unsure of what action to take.

The line manager must take advice from a senior member of the Human Resources Department and all allegations should be reported immediately to the Named Senior Officer for the ICB Executive Director of Nursing at the earliest opportunity (the recipient of the allegation must not try to unilaterally determine the validity of the allegation) and the person who is the subject of the allegation should not be informed until advice has been sought from either the line manager, the Named Senior Officer, or the Designated Professionals team: this is important in terms of future investigations.

The Named Senior Officer, or deputy, informs the Local Authority Designated Officer (LADO) within one working day of allegation being made, regardless of the nature of allegations and who receives the allegation. This must include situations where the worker resigns.

Compromise agreements are not acceptable in such circumstances and may put others at risk in the future. The Named Senior Officer works collaboratively with other agencies contributing to a strategy meeting and taking appropriate action as agreed.

Consideration is given in regard to Disciplinary Procedures e.g. suspension, referral to Disclosure and Barring Service (DBS). Employees must be aware that abuse is a serious matter that can lead to a criminal conviction. Where applicable the organisation's Disciplinary Policy will be implemented.

If concerns arise about a member of staff's behaviour towards any vulnerable individual, Social Care and/or Police must inform the organisation to assess whether there may be implications for children or adults at risk with whom the person has contact at work.

# 13. Safeguarding Children Standards

13.1. In accordance with the NHS England Safeguarding children, young people and adults at risk in the NHS Safeguarding Accountability and Assurance Framework (2022) and Working Together to Safeguard Children (2023), the ICB are responsible for ensuring clear service standards for safeguarding children and that promoting their welfare is included in all assurance framework commissioning arrangements and through the annual contract process as appropriate to the service

# 14. Information Governance

14.1. The ICB has a duty to ensure that effective information sharing takes place to safeguard children and vulnerable adults. The SSP and NSCP have inter-agency sharing agreements which the ICB, as Board members are signed up to.

14.2. Even where you do not have consent to share confidential information, you may lawfully share it if this can be justified in the public interest. If there are concerns that a child may be at risk of significant harm the information should be shared without delay. The main legal framework relating to the protection of personal information is set out in:

Information sharing: advice for practitioners (publishing.service.gov.uk)

14.3. These documents provide information on the pieces of legislation which may provide statutory agencies and those acting on their behalf with statutory powers to share information.

14.4. Managers are to ensure their staff are sighted on these documents when making decisions about sharing personal information on a case-by-case basis, whether they are working in the public, private or voluntary sectors or providing services to children, young people, adults and/or families.

14.5. Where information is shared there should be clear documentation setting out why information was shared to ensure there is an audit trail for the decision-making process to share that information.

14.6. Seek advice if you are not sure what to do at any stage and ensure the outcome of any discussion is recorded. You can contact the ICB Safeguarding Team via email to discuss your concern.

14.7. nsicb.designatesafeguardingteam@nhs.net

# 15. Confidentiality and Information Sharing

15.1. All staff must have training on information governance and information sharing.

15.2. Information must be shared appropriately and securely in accordance with the Data Protection Act (2018) and following the guidance Information Sharing: Advice for Practitioners Providing Safeguarding Services (2018).

15.3. When discussing with or referring to another agency regarding a child where there are safeguarding concerns, it is usual to seek consent from a person with parental responsibility (under 16s) or the young person (over 16) unless this will place the child at increased risk of harm. Proportionate information can be shared without consent if the child has suffered or is at risk of suffering significant harm (impairment to health or wellbeing which is considerable, noteworthy or important). It is recommended to seek advice (see above). Such decisions and consultations should be documented carefully.

# 16. Monitoring and Review

16.1. This policy will be reviewed 3 yearly by the Designated Safeguarding Children Nurse or sooner if necessary due legislative changes, good practice or case law guidance, learning from incidents reported, new vulnerabilities identified or changes to organisational infrastructure and/or practice.

16.2. The ICB will establish effective arrangements for communicating the requirements of this policy and will provide guidance and support to line management in relation to their responsibilities. This policy will be audited as to effectiveness of ensuring choice and equity in the delivery of Safeguarding across the ICB. For example, by the compliance of safeguarding training across the workforce. This policy will be reviewed every three years, or if there are changes in national guidance regarding the Safeguarding of CYP and will be approved by the ICB's Quality Committee. Please see Appendix 2.

# 17. Equality Statement

17.1. This Policy will operate alongside the ICBs Equal Opportunities, Diversity at Work Policy, and Equality Delivery System. The ICB values the diversity of its employees, volunteers and people who are entitled to our services, irrespective of their race, disability, age, gender including sexual orientation, religion or belief, status, or grade.

17.2. The ICB assures employees, volunteers and people entitled to our services are treated fairly, equally and with respect and dignity. The ICB will challenge discriminatory attitudes and provide rules and standards of behaviour.

17.3. The use of this Policy will not discriminate directly or indirectly on the grounds of race, gender, sexual orientation, ethnic or national origin, religion, culture, disability, age, membership of a trade union or staff organisation or political affiliation.

17.4. The ICB will monitor the use of this Policy, as far as it is able, and take action if it appears that it is has a disproportionate effect.