

# **Child protection policy and procedure**

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# 1. Introduction

This policy describes the way in which NHS Kernow as the clinical commissioning group 'the CCG' for Cornwall and the Isles of Scilly will implement its duties and responsibilities in relation to safeguarding children and includes the CCGs expectations for services from which we commission care.

*Please note, during the transition process to the establishment of the Cornwall and Isles of Scilly Integrated Care Board (ICB), this policy will remain relevant and used by NHS Kernow both prior and post transfer to the ICB.*

NHS Kernow and all NHS bodies have a statutory duty to safeguard and promote the welfare of children under [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 [working together to safeguard children \(2018\)](#). The definition of a child according to the Children Act (1989) is any young person up to their 18th birthday.

Health professionals must recognise risk factors, contribute to reviews, enquiries and child protection plans to support children and provide promotional and preventative support. Safeguarding children's standards should be included in all clinical contracts. Working together to safeguard children states that health practitioners are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide 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 NHS Kernow's 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, NHS Kernow will ensure that it complies with the requirements of the NHS England (NHSE) safeguarding children, young people and adults at risk in the NHS: [Safeguarding accountability and assurance framework \(NHSE 2019\)](#), providing assurance to NHS England of such compliance as part of the CCG assurance framework and reporting.

NHS Kernow is committed to working in partnership with Our Safeguarding Children Partnership (OSCP), Safeguarding Adults Boards (SAB), domestic and sexual violence boards, Prevent partnerships, channel panels, and multi-agency public protection (MAPPA) partnerships, missing and child exploitation (MACE) panel to protect children (including unborn babies) and young people, from abuse and neglect. As a core member of OSCP the organisation is involved in strategic decision making, development and implementation of policies and procedures agreed by the partnership. NHS Kernow is committed to supporting representation at the OSCP operational subgroups responsible for development and implementation of safeguarding policy, procedures, and communication and training strategies.

NHS Kernow supports a 'think family' approach. This approach recognises that anyone may suffer abuse or neglect at some time in their life and be at risk of poor outcomes. It also recognises that neither adults nor children 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 living in a household and those who are part of a person's family and relationship network. If matters arise relating to safeguarding adults, the NHS Kernow [Adult Safeguarding Policy](#) must be applied.

## 2. Purpose

The purpose of this policy and the supporting procedures is to support all staff to fulfil their statutory duties relating to the safety and welfare of children and young people.

This policy:

- seeks to ensure all NHS Kernow staff whether contracted, directly employed or volunteers are aware that safeguarding children is everyone's responsibility and that children and young people must be at the centre of their practice
- outlines how NHS Kernow will meet its legal and statutory responsibilities effectively; within the organisation, across the health economy and when working with multi-agency partners, including being an active core strategic partner of OSCP
- stresses that robust structures, systems, standards must be in place with an assurance framework for provider organisations to safeguard children and young people and promote the health of looked after children
- ensures staff have access to local and national 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
- stresses the importance of compliance with all statutory safeguarding guidance
- promotes a child and family centred practice including prioritising capturing the voice of the child and trauma informed NHS Kernow practice
- provides support and guidance to NHS Kernow 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

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

- [Royal College of Nursing safeguarding children and young people: Roles and competencies for healthcare staff](#)
- [Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](#)

NHS Kernow aims to commission services that will ensure equal access to all children and young people regardless of race, religion, ethnicity, gender, sexuality, age, health, disability, political views or immigration status.

### 3. 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. [NSPCC types of abuse and neglect](#) and [Working Together to Safeguard Children \(2018\)](#)

#### Working Together to Safeguard Children (2018)

Recognises 4 categories of abuse:

1. Physical.
2. Emotional.
3. Neglect.
4. Sexual.

It provides definitions for the levels of support for children.

#### 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 [NSPCC looked after child explanation](#) or the Children Act 2004.

#### Safeguarding children



Is defined under the Children Acts 1989 and 2004 and Working Together to Safeguard Children (2018) 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**

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 (Section 47 Children Act 1989). Working Together to Safeguard Children (2018).

## **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 satisfactory level 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 in some situations do not over-ride the right of children to be protected from harm
- parents have responsibility for physical, emotional and moral welfare of their children
- partnership working 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**

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 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.

Further detail of types of abuse, definitions and services provided can be found in [appendix 1](#).

## 4. Responsibilities

The governance of the safeguarding process is defined in the in the [NHS accountability and assurance framework \(2015, updated 2019\)](#) and [safeguarding children and young people: roles and competences for health care staff \(2018\)](#).

Safeguarding is embedded in the core duties of NHS Kernow. We must assure ourselves of the effectiveness and safety of services we 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 2019). For details of what to do if you are concerned about a child being abused see [appendix 2](#).

### Responsibilities for clinical commissioning groups

Clinical commissioning groups (CCGs) are statutory safeguarding partners. They are responsible for the provision of effective clinical, professional and strategic leadership to child safeguarding, including the quality assurance of safeguarding through their contractual arrangements with all provider organisations. [Working Together to Safeguard Children \(2018\)](#).

Safeguarding forms part of the NHS standard contract. CCGs must gain assurance from all commissioned services to ensure continuous improvement. CCGs are required to demonstrate that they have appropriate systems in place for discharging their safeguarding statutory duties. These include:

- promote a positive culture of safeguarding children
- clear lines of accountability for safeguarding, governance
- clear policies setting out their commitment, to safeguarding including:
  - safe 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
- effective inter-agency working with partnership agencies, including participation in safeguarding partnership and sub-groups
- commissioning arrangements work in co-operation with the local authority, NHSE and link to the priorities of the OSCP
- effective information sharing in place including embedding learning from local and national reviews, inspection and enquiries in practice
- employing or securing, the expertise of designated:
  - doctors for safeguarding and for looked after children
  - nurses for safeguarding and for looked after children
  - paediatrician for unexpected deaths in childhood
  - named GP for safeguarding children

Working Together to Safeguard Children (2018) states that safeguarding partners will consist of 3 agencies: local authorities, CCGs, and the police. These safeguarding partners will work to safeguard children and have equal responsibility. Each partner has a statutory duty towards promoting the safety and welfare of children in the area.

## Commissioning arrangements

Must ensure:

- they work in co-operation with the local authority, NHSE and the OSCP, acting as a statutory member
- work in collaboration with NHSE to ensure that safeguarding children's arrangements are in place across the health economy
- work with local authorities and other services to deliver integrated safeguarding services
- work with all agencies to fulfil all duties towards children in care, including health assessment and planning
- they must ensure that:
  - there is a senior commissioning lead for children and young people that clinical governance arrangements prioritise quality services
  - commission quality secondary health care for looked after children
  - designated professionals are consulted on all relevant contracts and service level agreements
  - the importance of the need to share information to ensure the safeguarding of children is included in contracts

## 5. Staff roles and responsibilities

The CCG is accountable to NHS England and NHS Improvement. The CCG has a clear line of accountability in relation to the delivery of its safeguarding duties and responsibilities. These are set out below.

## **Accountable officer**

The accountable officer is responsible for:

- ensuring that the CCG fulfils its safeguarding statutory duties effectively
- ensuring that safeguarding quality assurance processes are in place through contractual arrangements with all provider organisations
- providing strategic leadership that promotes a culture of supporting good practice about safeguarding within the CCG
- providing strategic leadership that promotes collaborative working with other agencies
- ensuring that the health contribution to safeguarding is discharged effectively across the local health economy through the CCG's commissioning arrangements

## **Responsibilities of the chief nursing officer**

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

The chief nursing officer acts as the executive lead for safeguarding, providing professional advice to the CCG's governing body and the quality committee including all statutory and commissioning issues related to safeguarding; supported by the deputy director of nursing, head of nursing and the designated, named and lead professionals for safeguarding. The responsibilities of the chief nursing officer are to:

- promote a positive culture of safeguarding adults
- ensure scrutiny of the organisations safeguarding performance
- represent the CCG at the local safeguarding boards and partnership and provide local safeguarding partnerships with a strategic overview of safeguarding issues within the CCG and its partner health agencies
- ensure that child protection and looked after children is positioned as core business in strategic and operating plans and structures
- oversee the on-going assurance of child protection and looked after children's arrangements, including implementation of audit
- ensure the appointment of designated and lead professionals
- ensure provider organisations safeguarding arrangements are quality assured
- ensure that the organisation adheres to relevant national guidance and standards for child protection and looked after children
- appoint an executive director lead for safeguarding and ensure that operational services are effectively resourced to support or respond to the demands of child protection and looked after children
- promote safe, partnership working and information sharing practices

## Deputy director of nursing

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

They support the chief nursing officer to deliver the responsibilities, providing the CCG with the capacity to meet all the statutory duties in relation to this policy, including providing representation on safeguarding boards and partnerships. They provide advice to the accountable officer, directors and governing body about safeguarding and the delivery of this policy when required. They function as a point of escalation.

The deputy director of nursing is responsible for ensuring the effective management of the process of implementation and evaluation of this policy, as well as preparing submissions on a regular basis to the quality committee.

## Head of nursing

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

The head of nursing is responsible for leading and overseeing programmes of work to ensure the effective implementation of this policy. The head of nursing provides leadership to and coordination of all safeguarding activities, for children, young people and adults, including mental capacity and deprivation of liberty.

## Responsibilities of designated professionals:

The designated professionals 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 clinical commissioning group, NHSE, the local authority, and for advice and support to other health practitioners across the health economy.”

[Working Together to Safeguard Children \(2018\)](#)

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:

- be embedded in the clinical decision making of the organisation with authority to influence local thinking and practice; including acting as advisors to CCG commissioning teams ensuring contracts prioritise safeguarding
- have direct access to the executive board

- accompany CCG representatives to local safeguarding partnership and OSCP board meetings; ensuring their professional expertise is effectively linked into the local safeguarding arrangements and serve, as needed, on the sub-committees of OSCP
- 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 questions of practice development, planning, strategy and commissioning for safeguarding service provision including ensuring performance indicators are in place
- provide advice on the assessment, treatment, and clinical services for all forms of child maltreatment including fabricated and induced illness, child sexual abuse, honour-based violence, trafficking, detention and within the Prevent strategy
- be responsible for undertaking child safeguarding practice reviews (national and local), case management reviews and significant case reviews and advise on safeguarding training needs and the delivery of training for all health staff within organisations across healthcare services
- provide advice on clinical governance and standards to named professionals and oversee, implement and monitor the on-going assurance of child protection and looked after children's arrangements, including implementation of audit
- to ensure that an effective child protection, looked after children training and supervision strategy is resourced and delivered and attend relevant regional and national forums and develop competencies
- provide leadership to the CCG on the safeguarding and children looked after and care leavers agendas, ensuring responsibilities are discharged effectively

## **Named GP for adult safeguarding**

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

The named GP promotes within general practices the provision of effective primary care services to safeguard children and young people and to improve their outcomes. They facilitate GPs and practice staff to understand their roles and fulfil their responsibilities towards the protection and safeguarding of children. They also link with the CCG governing body about safeguarding adults and work with the designated professionals.

## **Mental Capacity Act lead**

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

This role is responsible for providing support and advice to clinicians in individual cases, and supervision for staff in areas where these issues may be particularly prevalent and/or complex. They should also have a role in highlighting the extent to which their own organisation is compliant with the MCA through undertaking audit, reporting to the governance structures and providing training. GP practices are required to have a lead

for safeguarding and MCA, who should work closely with named GPs and the adult safeguarding lead.

## **Head of continuing healthcare children**

This role is designed to manage the programme of work relating to children who have complex needs and are in receipt of funding from NHS Kernow. Part of the role is to work collaboratively with partner organisations and providers, ensuring an effective safeguarding response is provided by the CCG 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.

## **Commissioning teams**

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

## **People and development team**

The people and development team have a particular role in relation to implementing those areas of the policy that relate to safer recruitment and responding to concerns about a person's suitability to work in a position of trust, along with ensuring that staff are suitably trained to carry out any function in relation to safeguarding in accordance with their roles.

## **Responsibilities of all staff, including managers**

In accordance with roles as responsibilities, all staff must:

- ensure practice reflects the standards explicit within policy
- ensure they include the safeguarding children standards in all contracts that have contact with adults or children
- ensure adherence to safer recruitment standards including undertaking DBS checks. [Safeguarding accountability and assurance framework \(2019\)](#)
- promote the welfare of children and young people which must be explicit in all 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
- attend training commensurate with their role and in accordance with national guidelines
- understand the limits of confidentiality and principles of information sharing.
- escalate any concerns about resources or staffing impacting on implementing safeguarding procedures



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.

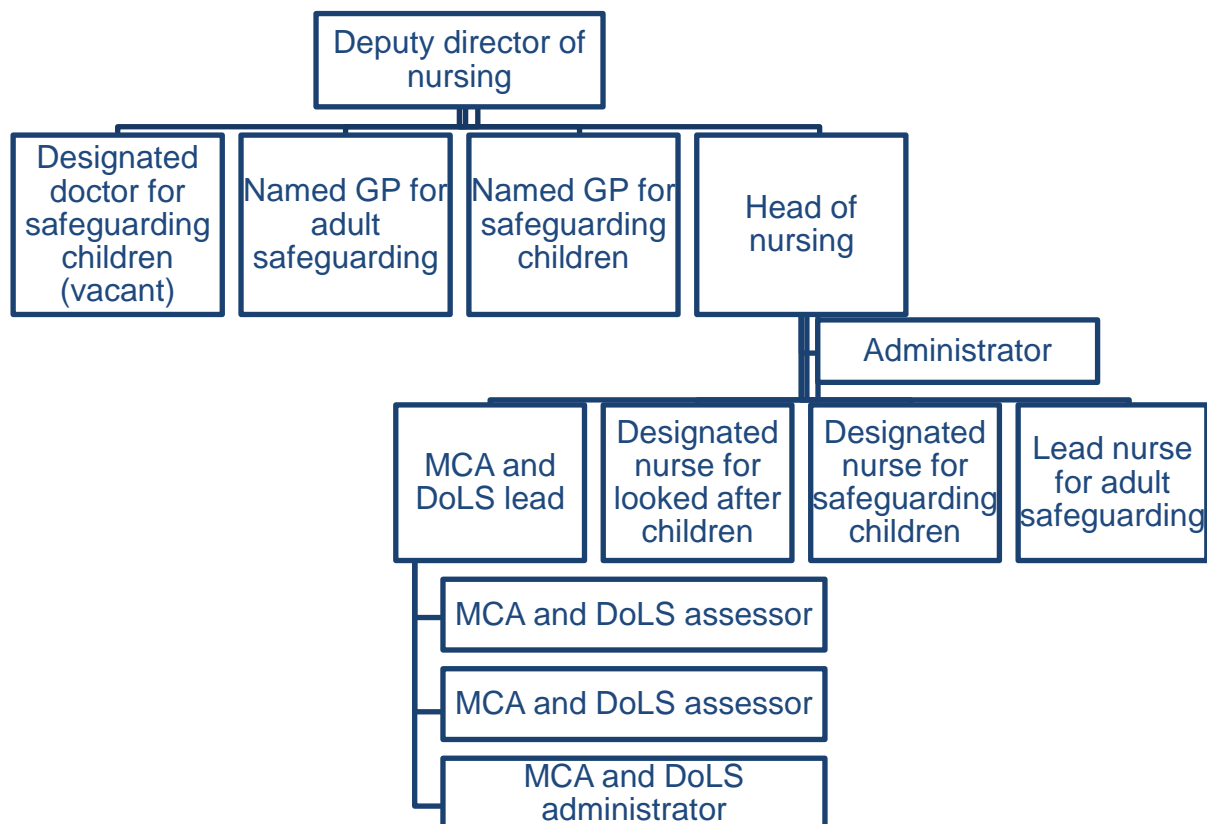
## Responsibilities of primary medical care practitioners and GP practices

All GP practices must

- have a lead for safeguarding children who works with the CCG named GP and safeguarding team
- maintain contemporaneous staff safeguarding training records
- ensure they contribute to children in need of support or protection, including provision of reports for child protection conferences

## 6. Governance arrangements

### Safeguarding team structure





## **Governance structure**

It is vital that safeguarding is integral to the governance of NHS Kernow. The safeguarding team report bi-monthly via the safeguarding assurance meeting to the quality committee and to NHS Kernow's governing body as a minimum annually.

NHS Kernow will ensure that safeguarding is integral to quality and audit arrangements within the organisation. The safeguarding team ensure that NHS Kernow is kept informed of national and local initiatives for safeguarding children and oversee the implementation of learning from reviews and audits that are aimed at driving improvements to safeguard children.

NHS Kernow and other NHS organisations are required to publish annual reports for safeguarding and looked after children; these include:

- section 11 assurance
- safeguarding professionals and the governing body executive lead report
- OSCP participation in meetings and scrutiny review panels
- education and training
- safeguarding children supervision
- governance and risk management
- compliance with Care Quality Commission (CQC) regulations
- employment practice
- policies and procedures
- clinical
- children in care
- inspections

## **7. Responsibilities**

NHS Kernow must:

- cooperate with the local authority in the exercise of their safeguarding children functions
- ensure the availability of appropriate expertise and advice and support 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

## **8. Service priorities**

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

## **Child-centred**

Ensuring we listen to the child's voice. [The voice of the child learning lessons from research](#).

## **Rooted in child development**

Planned action should also be timely and appropriate their stage of development.

## **Outcomes focused for children**

Child centred approach: [working-together-to-safeguard-children 2018](#)

## **Ensuring equality of opportunity**

Ensuring all children have the opportunity to achieve the best possible developmental outcomes.

## **Involving of children and families**

Listen and involve families when it is safe to do so.

## **Building on strengths**

As well as identifying difficulties [the signs of safety approach in Cornwall](#). Working with a child or family's strengths becomes an important part of a plan to resolve difficulties.

## **Integrated in approach**

Multi and inter-agency work to safeguard and promote children's welfare starts when the child has additional needs requiring support, services beyond universal services, not just when there are questions about possible harm. this is a continuous process that can move up and down thresholds and services.

## **Informed by evidence**

Children and families deserve the best research and informed practice from those providing assessment and services to them.

## **9. Safeguarding training and development**

Health organisations are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding children. All NHS Kernow staff need to be competent to safeguard children (Working Together to Safeguard Children 2018).

All managers have a duty to ensure their staff are compliant with the guidance. NHS Kernow must ensure staff safeguarding training is in place as outlined in the NHS accountability and assurance framework. 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 where any gaps are identified.

NHS Kernow will have a safeguarding training and supervision strategy. This explains how it supports its staff to receive the appropriate training to support those who need safeguarding in an effective and competent manner, in accordance with their roles and responsibilities.

NHS Kernow must create an environment where staff are able to raise concerns and feel supported with safeguarding. NHS Kernow staff and all health organisations must be able to recognise when children and young people may be at risk of harm and respond appropriately. NHS Kernow and provider organisations commissioned must ensure staff are trained adequately and are competent to recognise and respond to potential indicators of abuse or neglect.

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](#). Guidance on levels of training can be found in the links and individual agencies will take responsibility in ensuring compliance.

NHS Kernow supports, promotes and participates in interagency training provided by the OSCP. This is recognised as an effective training method for staff who work predominantly with children, young people and/or their parents or carers. All commissioned services will have a tiered approach to safeguarding training and development detailed in NHS Kernow training strategy which reflects required training competencies.

All health providers ensure that employed staff have training recorded on a training database. NHS Kernow monitor training compliance in commissioned services and monitor the effectiveness of training within the safeguarding assurance tool, dashboard and quality reports. All providers are required to report on the effectiveness of their workforce training within contracts to NHS Kernow.

## 10. Supervision

All NHS Kernow 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. NHS Kernow must ensure staff supervision is in place as outlined in the NHS accountability and assurance framework.

NHS Kernow has a safeguarding training and supervision strategy that explains how it supports its staff to receive the appropriate supervision to enhance practice and service delivery. 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 NHS Kernow, all members of staff when work brings them into direct contact with children must have access to regular structured supervision. This must be clearly defined in the internal safeguarding procedures of that organisation.

## **11. 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, CCG procedures and Working Together 2018.

NHS Kernow will 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 be 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.

Procedures 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.

The CCG must have procedures for dealing with allegations of abuse against members of staff or volunteers and contractual arrangements with providers.

The CCG 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.

NHS Kernow's whistleblowing policy enables concerns about malpractice to be raised at an early stage without fear of reprisals or concern for safety.

## **12. 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.

## **13. Update and review**

This policy will be updated within 3 years

## **14. Policies referred to in this document**

- Safeguarding children's policy
- Safeguarding adults' policy
- Safeguarding training strategy
- Safeguarding supervision strategy

## Appendix 1: Definitions

| Term                                | Definition  |
|-------------------------------------|---|
| Abuse                               | Is any action by another person that causes significant harm to a child. It can be physical, sexual or emotional.   |
| Child criminal exploitation         | <p>Is where someone takes advantage of an imbalance of power to coerce, control; manipulate a child or young person into any criminal activity:</p> <ul style="list-style-type: none"> <li>• in exchange for something the victim needs or wants</li> <li>• for the financial or other advantage of the perpetrator</li> <li>• through violence or the threat of violence.</li> </ul> <p>The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation can also occur using technology. <a href="#">Serious Violence Strategy (2018)</a></p> |
| Child or young person               | In this policy a child is defined as a person who has not yet reached their 18 <sup>th</sup> birthday. <a href="#">The United Nations Convention on the Rights of the Child</a> (UNCRC) and <a href="#">Working Together to Safeguard Children (2018)</a> define 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 25 <sup>th</sup> birthday <a href="#">Children Act 2004</a> (Section 9 Children Act 2004).   |
| 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 (2018)   |
| Children Act (1989) (2004)          | <p>Introduced the concept of significant harm as the threshold for intervention to protect children. There are no set criteria when judging what constitutes significant harm. Abuse can occur in a family or an institutional or community setting, regardless of social class. The perpetrator may or may not be known to the child. Working Together to Safeguard Children (2018) defines 4 broad categories of abuse:</p> <ol style="list-style-type: none"> <li>1. Physical abuse.</li> <li>2. Emotional abuse.</li> <li>3. Neglect.</li> <li>4. Sexual abuse.</li> </ol>                    |
| Children Act (1989) main principles | <ul style="list-style-type: none"> <li>• The welfare of the child is paramount-considerations which apply some situations do not over-ride the right of children to be protected from harm.</li> <li>• Parents have responsibility for physical, emotion and moral welfare of their children.</li> <li>• Partnership working to improve outcomes for children.</li> </ul>   |

| Term                                      | Definition  |
|---|---|
|   | <ul style="list-style-type: none"> <li>• Participation is taking into consideration the wishes and feelings of children.</li> <li>• Protection (Section 47).</li> <li>• Provision of services (Section 17).</li> </ul>  |
| 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 a decision to be made about whether a review needs to be made on a national level. |
| Child sexual exploitation                 | Is a form of child sexual abuse when, coercion is used to manipulate a child or into sexual activity. Abuse can occur even when sexual activity appears consensual. It can occur using technology. <a href="#">Child Sexual Exploitation (2017)</a> and Working Together to Safeguard Children (2018)   |
| Contextual safeguarding                   | Is an approach that recognises that young people's experiences of significant harm reaches beyond their families: that they form in their neighbourhoods, schools and online which can feature abuse. 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 <a href="#">contextual safeguarding network</a> and <a href="#">serious violence strategy 2018</a> .                       |
| 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. <a href="#">Serious violence strategy (2018)</a>   |
| Domestic abuse                            | 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. <a href="#">Domestic abuse statutory guidance framework (2020)</a>                      |
| Emotional abuse                           | Is the persistent emotional maltreatment of a child to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only 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. It may feature age or  |



| Term  | Definition  |
|---|---|
|   | <p>developmentally inappropriate expectations being imposed on children.</p> <p>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.</p>   |
| Fabricated or induced illness                   | <p>Is when a child suffers harm through the deliberate action of his or her main carer and which is attributed by the adult to another cause. Fabricated or induced illness is relatively rare and is potentially lethal. <a href="#">Fabricated illness south west child protection procedures (2020)</a> and <a href="#">safeguarding children in whom illness is fabricated (2008)</a></p>   |
| Looked after child (LAC) on child in care (CIC) | <p>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.</p>   |
| Mental Capacity Act 2005 (MCA)                  | <p>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).</p>  |
| Neglect   | <p>Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> <li>• provide adequate food, clothing and shelter (including exclusion from home or abandonment)</li> <li>• protect a child from physical and emotional harm or danger</li> <li>• ensure adequate supervision (including the use of inadequate caregivers)</li> <li>• ensure access to appropriate medical care or treatment</li> </ul> |
| Physical abuse                                  | <p>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.</p>  |
| Safeguarding children                           | <p>Is defined under the Children Acts 1989 and 2004 and Working Together to Safeguard Children (2018) as:</p>   |



| Term                                 | Definition   |
|--------------------------------------|--|
|                                      | <ul style="list-style-type: none"> <li>• protecting children from maltreatment</li> <li>• ensuring that children grow up in circumstances consistent with the provision of safe and effective care</li> <li>• preventing impairment of children's health or development</li> <li>• taking action to enable all children to have the best outcomes</li> </ul>   |
| 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  |
| 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   |
| Sexual abuse                         | Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. |
| Think family approach                | Encourages practitioners to consider the parent, the child and the family as a whole 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. Services working with adults or children should take into account family circumstances and responsibilities, in this way we can work in partnerships with families promoting resilience and building on their abilities.  |
| Trauma informed practice             | Is a strengths-based approach, seeking to understand and respond to the impact of trauma. The approach emphasises physical, psychological, and emotional safety, aiming to empower individuals to re-establish control of their lives. It recognises the impact of trauma people's wellbeing and work with partner agencies to enable change needed. The impact of trauma continues to develop and includes knowledge of attachment, child development and cognitive memory. <a href="#">Understanding and use of trauma informed practice 2018.</a>   |
| Voice of the child                   | Is a general term used to express how we go about creating meaningful engagement with our children and young people. Many children report they do not feel involved in their care and did not see the point of accessing support. It is vital that we listen and engage  |

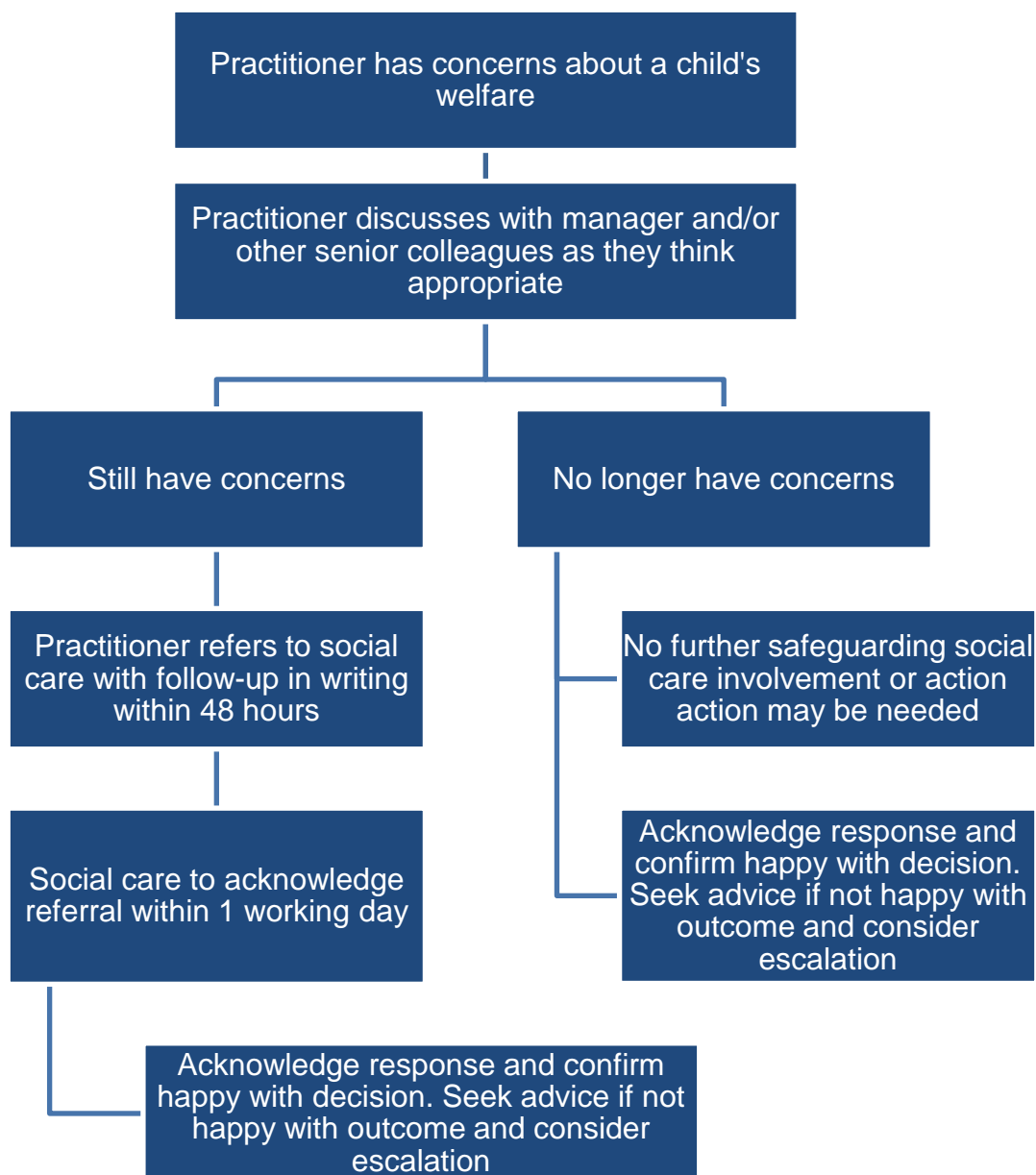
| Term                       | Definition   |
|----------------------------|--|
|                            | them in planning the services they need. <a href="#">The voice of the child: learning lessons (2010)</a> is a child-centred approach is required as much as possible (Children Act 2004).  |
| What is abuse and neglect? | <a href="#">Abuse and neglect</a> 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. Often a child will experience more than 1 type of abuse. |

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

If you are concerned about a child's safety, please contact the multi-agency referral unit (MARU) on 0300 123 1116.

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.

### Safeguarding children flowchart for referral in Cornwall



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 escalation policy and contact your manager.

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

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

After hours, contact the consultant paediatrician on-call on 01925 635911.

### **Cornwall**

Email [multiagencyreferralunit@cornwall.gov.uk](mailto:multiagencyreferralunit@cornwall.gov.uk)

Call the MARU on 0300 123 116.

Out of hours call 01208 251300.

### **Isles of Scilly**

Email [ChildrensSocialCareGC@scilly.gcsx.gov.uk](mailto:ChildrensSocialCareGC@scilly.gcsx.gov.uk)

Call children's social care on 01720 424354

Out of hours call 01720 422699

[Download a referral form](#)

### **Police**

Call 101 and ask for the public protection unit.

### **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's policy

**Department or section:** Safeguarding and quality

**Date of assessment:** 3 May 2022

**Person(s) responsible for the assessment:** Alison O'Neill

**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 NHS Kernow has processes in place to keep children safe and minimise or prevent abuse and harm.

**Anticipated timetable for decision:** Less than 1 month

**What areas will this impact?** Cornwall and Isles of Scilly

**Which of the strategic objectives apply to this full impact assessment?** Other - improve care experience and improve health and well being

**What are the commissioning arrangements?** Other – cover whole of NHS Kernow 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 Kernow

**Who benefits or is intended to benefit from this policy or service?** All service users especially children and all staff.

**What health and social care outcomes are achieved or wanted from this policy or service?** Reducing health inequalities

**How will this be monitored?** Multiple sources

**What factors or forces could contribute or detract from the outcomes?** service pressure can affect impact

**Who are the main stakeholders in relation to the policy or service?** All staff and safeguarding partners

**Is there clinical evidence for effectiveness of the policy or service?** Yes - national

**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

## 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 largely positive but due to the nature of the issues involved outcome can be mixed.

**How have you engaged stakeholders in testing the policy or service proposals?**  
Based on multi-agency policy which is developed by stakeholders

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

N/A

## Impacts

### Access to services

| Aspect                                       | + or – impact | Details and plans to minimise negative impact |
|--|---------------|---|
| Ability of people to access the service      | positive      |   |
| Eligibility of people to receive the service | positive      |   |
| Longer term sustainability of the service    | positive      |   |
| Reducing health inequalities                 | positive      |   |
| Waiting times to receive service             | positive      |   |

### Quality of services

| Aspect                           | + or – impact | Details and plans to minimise negative impact |
|----------------------------------|---------------|---|
| Choice for members of the public | positive      |   |

| Aspect                           | + or – impact | Details and plans to minimise negative impact |
|----------------------------------|---------------|---|
| Clinical performance or outcomes | positive      |   |
| Cohesion with wider services     | positive      |   |
| Operational effectiveness        | positive      |   |
| Statutory NHS targets            | positive      |   |

### Members of the public and carers

| Aspect                          | + or – impact | Details and plans to minimise negative impact |
|---------------------------------|---------------|---|
| Carer experience                | positive      |   |
| Psychological                   | positive      |   |
| Privacy and dignity             | positive      |   |
| Public care journey and pathway | positive      |   |
| Public care standards           | positive      |   |
| Public experience               | positive      |   |
| Public safety                   | positive      |   |

### Wider community

| Aspect                                | + or – impact | Details and plans to minimise negative impact |
|---------------------------------------|---------------|---|
| Cohesion with community strategy      | positive      |   |
| Community safety, crime, and disorder | positive      |   |
| Environment, including climate change | positive      |   |
| Information management                | positive      |   |
| Local economy                         | positive      |   |
| Rural isolation                       | positive      |   |
| Safeguarding*                         | positive      |   |
| Social care                           | positive      |   |
| Technology                            | positive      |   |
| Transport                             | positive      |   |

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

### Wider system partners

**Has consideration been given to sharing with all appropriate meetings, groups or organisations?**

| <b>Aspect</b>   | <b>+ or – impact</b> | <b>Details and plans to minimise negative impact</b> |
|---|----------------------|--|
| Care homes  | positive             |  |
| Cornwall Council  | positive             |  |
| Cornwall Partnership NHS Foundation Trust                         | positive             |  |
| Council of the Isles of Scilly                                    | positive             |  |
| Domiciliary care providers  | positive             |  |
| E-zec Medical Transport   | positive             |  |
| Hospice providers   | positive             |  |
| Kernow Health CIC   | positive             |  |
| NHS 111 (Vocare and Kernow Health CIC)                            | positive             |  |
| Out of hours primary care   | positive             |  |
| Primary care  | positive             |  |
| Royal Cornwall Hospitals NHS Trust                                | positive             |  |
| South Western Ambulance Service NHS Foundation Trust              | positive             |  |
| University Hospitals Plymouth NHS Trust                           | positive             |  |
| Other system partners - please specify and add lines as necessary | positive             |  |

### **Financial aspect**

| <b>Aspect</b>  | <b>+ or – impact</b> | <b>Details and plans to minimise negative impact</b> |
|--|----------------------|--|
| Implications for individual or carer                     | positive             |  |
| Implications for local authorities                       | positive             |  |
| Implications for NHS Kernow Clinical Commissioning Group | positive             |  |
| Implications for other NHS commissioning organisations   | positive             |  |
| Implications for GP practice                             | positive             |  |
| Implications for primary care network (PCN)              | positive             |  |
| Implications for surrounding practices                   | positive             |  |



| Aspect                                      | + or – impact | Details and plans to minimise negative impact |
|---|---------------|---|
| Implications for NHS provider organisations | positive      |   |
| Implications for peninsula                  | positive      |   |
| Implications for private sector             | positive      |   |
| Implications for voluntary sector           | positive      |   |

### Anticipated climate of opinion

| Aspect           | + or – impact | Details and plans to minimise negative impact |
|------------------|---------------|---|
| Clinical opinion | No impact     |   |
| Colleagues       | No impact     |   |
| Local community  | No impact     |   |
| Media            | No impact     |   |
| Political        | No impact     |   |

### 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 who have a black, Asian and minority ethnic (BAME) 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.

**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.

**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.

**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.

**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 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 marriage and civil partnership? This is particularly relevant for employment policies. 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 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 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 pregnancy and maternity? Does this have a positive or negative impact on people who are pregnant, breast feeding mothers, or those on maternity leave? 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.

**Other identified groups. 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.

## 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 have not, please review this document and amend to incorporate these values.**

This is included in the core content of 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

**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.

**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 Kernow 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       |   |
| Environmental: support local, reduce congestion   | Not applicable |   |
| Inclusion of small medium size enterprises (SMEs) in the process and supply chain   | Not applicable |   |
| Social: reduce anti-social behaviour, tackle exclusion by promoting inclusion including to vulnerable groups                                | Positive       |   |

## 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.

**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.

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

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

**Any other impact not identified above?**

no

## 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 uphold the rights of children to live without abuse and neglect. this will be monitored via a robust governance structure.

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

updated 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**

**Responsible person:** Alison O'Neill

**Timescale for completion:** 1 month

**Issues to be addressed:** Not applicable

**Action required:** Not applicable

**Action taken:** Not applicable

**Comments:** Not applicable

This impact assessment should accompany the policy or service change documentation through the sign off process.

**Completed by:** Alison O'Neill

**Date:** 3 May 2022

**Agreed by (committee):** Quality committee

**Date:** 31 May 2022