Safeguarding Children and Young People Policy

Purpose

The abuse of a child, regardless of whether it is physical, sexual, emotional abuse or neglect, is damaging and can have serious and longstanding effects on all aspects of their health, development and wellbeing.

Safeguarding children is everyone's responsibility and not just the province of those working directly with children and families. All staff who during the course of their employment, have direct or indirect contact with children and families, and/or have access to information about them has a responsibility to safeguard and promote the welfare of children.

Safeguarding and promoting the welfare of children is defined as:

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

Child Protection is defined as:

- The term relating to activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Providing early help is more effective in promoting the welfare of children that reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life.

The purpose of this policy is to set out the organisation's operational and strategic management processes currently in place to safeguard children and to provide procedural guidance and direction for the implementation of robust, high quality safeguarding services for children and young people.

The policy states what to do if you are concerned about a child, who to discuss your concerns with and, in line with the local child protection procedures, how to make a decision regarding a referral to social services.

This policy is essential reading for the following groups of staff:
This policy applies to all clinical and non-clinical staff whether registered, unregistered, bank, temporary, locum staff and those on honorary contracts. It applies to all staff employed directly or indirectly by CNWL, including students, volunteers and those on temporary contracts, secondments or other flexible working arrangements.

The following groups of staff need to be aware of the existence of this policy:
Trust Executive Directors

Key points of the policy

- All staff members who have, or become aware of concerns about the welfare or safety of a child should know:
  - What assessment tools are available e.g. Common Assessment Framework, Early Help Assessment, Graded Care Profile, Vulnerability Assessment to identify what help the child and family require to prevent needs escalating
  - What services are available locally
  - How to gain access to them
  - What sources of further advice and expertise are available
  - Who to contact, in what circumstances, and how
  - When and how to make a referral to the Local Authority children's social care team

- All staff working directly with children have a duty to ensure that safeguarding and promoting their welfare forms an integral part of all stages of the care they offer. Other health professionals who come into contact with children, parents and carers in the course of their work also need to be aware of their responsibility to safeguard and promote the welfare of children and young people. **This is important even when health professionals so not work directly with a child, but may be seeing their parent, carer or another significant adult.**

- The Children Act 1989[1] and 2004 [2]places a legislative responsibility and accountability on organisations to work with children, parents, families and partner agencies to promote 'good enough' parenting, to ensure the needs of the child are paramount and that the voice of the child is heard at all stages throughout service delivery and intervention. CNWL are committed to safeguarding and promoting the welfare of children and young people.

- "Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework" (2015)[3] outlines the roles and responsibilities of the health service in relation to safeguarding and defines the safeguarding responsibility and duty of Health Provider organisations and the roles with safeguarding lead responsibility.

- This policy is underpinned by Local Safeguarding Children Board (LSCB) Policy which provides detailed practical guidance to assist all staff working with children or their families / carers. Services should follow the local child protection policy and procedures relevant to their local area. For London-based services these are the London Safeguarding Children Board Child Protection Procedures and Practice Guidance; for Milton Keynes these are the Milton Keynes Safeguarding Children Board Inter-Agency Policy and Procedure. These procedures and other guidance are available to staff and can be accessed on Trustnet or via the internet at www.londonscb.gov.uk or www.mkscb.org. For other areas staff should follow local procedures developed through the local LSCB.

- This policy will promote compliance with NHS Litigation Authority Risk Management Standards.

- Central and North West London NHS Foundation Trust (CNWL) is committed to safeguarding and promoting the welfare of children and young people. As a statutory agency, the organisation has a duty and responsibility to proactively safeguard and promote the welfare of children in accordance with legislation and guidance (Children Act 1989 and 2004, Working Together to Safeguard Children 2015).

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[1] http://www.legislation.gov.uk/ukpga/1989/41/contents

[2] http://www.legislation.gov.uk/ukpga/2004/31/contents

[3] **https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf**

- All CNWL staff providing care and support to children/ young people and their families/carers are familiar with their role and level of responsibility in:
  - Recognising risks to children
  - Recognising children in need of support and/or safeguarding
  - Recognising the needs of parents who may need extra help in bringing up their children and know when to refer if further help is needed
  - Responding to enquiries from other professional about children, their families and/or carers
  - Liaising and sharing information with other agencies, including other health professionals
  - Providing child focused holistic assessments identifying needs and risk to children, strengths/ difficulties and resilience factors (recognising early help is beneficial to positive outcomes for children and that assessments are dynamic in process and require regular review)
  - Thresholds for referral to children's social care
  - How to make a referral to children's social care
  - Ensuring an effective child centred delivery plan/ interventions is in place to address risk to / needs of the child with timely review of progress with the expectation of timely information sharing with relevant professionals/ agencies
  - Expectations of providing constructive professional challenge, to ensure the welfare of the child is paramount at all times and
  - Escalating professional concerns where indicated, avoiding professional disputes that put children at risk or obscure the focus on the child
  - What to do when there are allegations against people who work/ volunteer with children. Concerns may be that their behaviour has harmed or may harm a child, possibly committed a criminal offence against or related to a child or behaved towards a child or children in a way that indicates they may pose a risk of harm to children

- This policy is underpinned by the London Safeguarding Children Board Child Protection Procedures and Practice Guidance, and the Milton Keynes Safeguarding Board Inter-Agency Policy and Procedures. These procedures have been adopted by CNWL and members of staff are directed to them.

- The Children Act 1989 and 2004 places a legislative responsibility and accountability on organisations to work with children, parents, families and partner agencies to promote 'good enough' parenting, to ensure the needs of the child are paramount and that the voice of the child is heard at all stages throughout service delivery and intervention. CNWL are committed to safeguarding and promoting the welfare of children and young people.
- In discharging Section 11 of the Children Act the Trusts need to:
  - Demonstrate that they are meeting their responsibilities to safeguard and promote the welfare of children in accordance with the Children Act 1989 and 2004 and Working Together to Safeguard Children (2015).
  - Ensure that service specifications of all health providers from whom services are commissioned include clear service standards for safeguarding children and that they are monitoring arrangements to ensure that providers are meeting these standards.
  - Meet the Care Quality Commission Standards of Care, outcome 7 2 "Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice"
  - Take account of standard 5 of the National Service Framework (NSF) which relates to safeguarding children
  - Work with partners including active representation on the Local Safeguarding Children Boards and participation in the work of its subgroups

- This policy should therefore be used in conjunction with:
  - Working Together to Safeguard Children (2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
  - London Child Protection Procedures (2016) http://www.londoncp.co.uk/
  - Milton Keynes Inter-Agency Policy and Procedures www.mkscb.orgOther London Safeguarding Children's Board (LSCB) local procedures and protocols for services based outside of London
  - CNWL staff supervision policy, guidance and any related local standing operating procedures

Policy lead:	**Catherine Knights: Associate Director: Quality, Safeguarding and Safety**
Ratifying Committee / Group:	**Clinical Policies**
Status of policy:	**FINAL**
Policy Reference:	

Signed: _____

Dr C Kelly Medical Director

Signed: _____

Mr A Mattin Director of Nursing and Quality

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Contents

1. Introduction

The abuse of a child, regardless of whether it is physical, sexual, emotional abuse or neglect, is damaging and can have serious and longstanding effects on all aspects of their health, development and wellbeing.

Central and North West London NHS Trust (CNWL) has a statutory responsibility to safeguard children and to ensure through the provision of its services that each child reaches its full potential. Every child and young person (anyone who has not yet reached their 18th birthday) has a right to be safeguarded from harm and exploitation in order to achieve their full potential. This includes the unborn child.

2. Purpose

The purpose of this policy is to set out the organisation's operational and strategic management processes currently in place to safeguard children and to provide procedural guidance and direction for the implementation of robust, high quality safeguarding services for children and young people.

This policy will promote compliance with NHS Litigation Authority Risk Management Standards.

CNWL aim to ensure that no act or omission on the part of the organisation, or that of its staff, puts a child inadvertently at risk; and that rigorous systems are in place to proactively safeguard and promote the welfare of children and support staff in fulfilling their obligations.

3. Scope

This policy applies to all clinical and non-clinical staff whether registered, unregistered, bank, temporary, locum staff and those on honorary contracts. It applies to all staff employed directly or indirectly by CNWL, including students, volunteers and those on temporary contracts, secondments or other flexible working arrangements.

Safeguarding children is everyone's responsibility and not just the province of those working directly with children and families. All staff who during the course of their employment, have direct or indirect contact with children and families, and/or have access to information about them has a responsibility to safeguard and promote the welfare of children. The duties of the Trust and its staff regarding their responsibilities are detailed below.

4. Definitions

Safeguarding and promoting the welfare of children is defined as:

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

Child Protection is defined as:

- The term relating to activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

All staff who come into contact with children and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children.

Staff working with adults should actively consider the needs of any children with whom the patient has contact and whether they fulfil the definition of a child in need or a child at risk of significant harm.

The Children Act 1989[4] and 2004 [5]places a legislative responsibility and accountability on organisations to work with children, parents, families and partner agencies to promote 'good enough'

[4] http://www.legislation.gov.uk/ukpga/1989/41/contents

parenting, to ensure the needs of the child are paramount and that the voice of the child is heard at all stages throughout service delivery and intervention. CNWL are committed to safeguarding and promoting the welfare of children and young people.

"Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework" (2015)[6] outlines the roles and responsibilities of the health service in relation to safeguarding and defines the safeguarding responsibility and duty of Health Provider organisations and the roles with safeguarding lead responsibility.

This policy is underpinned by Local Safeguarding Children Board (LSCB) Policy which provides detailed practical guidance to assist all staff working with children or their families / carers. Services should follow the local child protection policy and procedures relevant to their local area. For London-based services these are the London Safeguarding Children Board Child Protection Procedures and Practice Guidance; for Milton Keynes these are the Milton Keynes Safeguarding Children Board Inter-Agency Policy and Procedure. These procedures and other guidance are available to staff and can be accessed on Trustnet or via the internet at www.londonscb.gov.uk or www.mkscb.org. For other areas staff should follow local procedures developed through the local LSCB.

5. Duties, roles and responsibilities

Section 11 of the Children Act 2004 places a duty on key people and bodies, including NHS organisations, to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.

The Trust:
Discharging the Section 11 of the Children Act primarily means that Trusts need to:

- Demonstrate that they are meeting their responsibilities to safeguard and promote the welfare of children in accordance with the Children Act 1989 and 2004 and Working Together to Safeguard Children (2015).
- Ensure that service specifications of all health providers from whom services are commissioned include clear service standards for safeguarding children and that they are monitoring arrangements to ensure that providers are meeting these standards.
- Meet the Care Quality Commission Standards of Care, outcome 7 2 "Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice"
- Take account of standard 5 of the National Service Framework (NSF) which relates to safeguarding children
- Work with partners including active representation on the Local Safeguarding Children Boards and participation in the work of its subgroups

Executive Directors, Directors, Non-Executive Directors, and Associate Directors:
- Ensure that all relevant service specifications drawn up include service standards for safeguarding children, young people and their families/carers and that these are being met.
- Ensure that safeguarding includes prevention of ill health, protection from harm and promotion of health, welfare and development.

Operational Managers (including Service Directors and their Deputies, Team Leaders, and Senior Nurses):
- Demonstrate leadership, be informed about and take responsibility for the actions of their staff that are providing services to children and families
- Be responsible for ensuring that on recruitment of staff working with children or handling information on children, references are always verified, a full employment history is always available with any

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[5] http://www.legislation.gov.uk/ukpga/2004/31/contents

[6] https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf

gaps in employment history checked and accounted for, that qualifications are checked and that DBS checks are undertaken at the appropriate level in line with the CNWL Recruitment Policy
- Ensure safeguarding commitment/responsibilities are reflected on advertisements, job application forms, job descriptions and the KSF Framework
- Ensure that safer recruitment policies are in place. The status of staff should be continuously monitored for any relevant new information and this will be shared with their manager
- Ensure safeguarding responsibilities are identified in appraisal and Personal Development Plans
- Ensure that the services are provided in a way that ensures a safe environment for children and young people and minimises any risks, informing the Named Professionals of investigations into clinical incidents that may have implications for safeguarding children
- Ensure that staff are familiar with local safeguarding policies, procedures and guidance
- Ensure that staff make accurate and comprehensive healthcare records for each child where significant harm is suspected and/or confirmed in line with clinical record keeping policies
- Ensure that staff access safeguarding training and supervision appropriate to their role and responsibility within the required timescales

Named Professionals:
- Named professionals include Named Nurses and Named Doctors
- They have specific safeguarding expertise and have a key role in promoting good professional practice within the organisation, supporting the local safeguarding processes, providing advice and expertise for fellow professionals and ensuring safeguarding training is in place. They work closely with the Safeguarding Lead, Designated Professionals in the CCG and their Local Safeguarding Children Board(s)
- The Named Nurses are responsible for the day to day operational management of their respective Safeguarding Team

Contact details for the Named Professionals in Camden, Hillingdon, Milton Keynes and Mental Health Services can be found in Appendix 1 and on Trustnet.

Human Resources (HR) Department:
The HR Department is responsible for ensuring that safe recruitment processes are in place for the management of recruitment including safeguarding checks. The HR Department also ensures that job descriptions include the Trust safeguarding statement and monitor Trust compliance with the Disclosure and Barring Service (DBS)[7].

Learning and Development Department:
The Learning and Development Department Induction and Mandatory Training Manager is responsible for coordinating safeguarding induction and training and ensuring that there are enough places available for staff to attend at appropriately identified levels.

The Learning and Development Department will liaise closely with the Safeguarding Manager to ensure suitable safeguarding training is in place, and that staff are able to access the safeguarding children training delivered by the Camden and Islington Safeguarding Children Boards.

All Staff:
Safeguarding is everyone's responsibility.

All staff working directly with children have a duty to ensure that safeguarding and promoting their welfare forms an integral part of all stages of the care they offer. Other health professionals who come into contact with children, parents and carers in the course of their work also need to be aware of their responsibility to safeguard and promote the welfare of children and young people.

[7] https://www.gov.uk/government/organisations/disclosure-and-barring-service

This is important even when health professionals so not work directly with a child, but may be seeing their parent, carer or another significant adult.

For services to be effective each professional should play their part. It is imperative that all CNWL staff providing care and support to children/ young people and their families/ carers are familiar with their role and level of responsibility in:

- Recognising risks to children
- Recognising children in need of support and/or safeguarding
- Recognising the needs of parents who may need extra help in bringing up their children and know when to refer if further help is needed
- Responding to enquiries from other professional about children, their families and/or carers
- Liaising and sharing information with other agencies, including other health professionals
- Providing child focused holistic assessments identifying needs and risk to children, strengths/ difficulties and resilience factors (recognising early help is beneficial to positive outcomes for children and that assessments are dynamic in process and require regular review)
- Thresholds for referral to children's social care
- How to make a referral to children's social care
- Ensuring an effective child centred delivery plan/ interventions is in place to address risk to / needs of the child with timely review of progress with the expectation of timely information sharing with relevant professionals/ agencies
- Expectations of providing constructive professional challenge, to ensure the welfare of the child is paramount at all times and
- Escalating professional concerns where indicated, avoiding professional disputes that put children at risk or obscure the focus on the child
- What to do when there are allegations against people who work/ volunteer with children. Concerns may be that their behaviour has harmed or may harm a child, possibly committed a criminal offence against or related to a child or behaved towards a child or children in a way that indicates they may pose a risk of harm to children

6. Children affected by this policy

- **This policy applies to the following children and young people up to their 18th birthday:**
- Unborn children of service users (i.e. those who are pregnant or expectant fathers) and who may be at risk of abuse
- Children of service users whether living in the same household or not
- Children who are related to service users - such as grandchildren, nephews, nieces, siblings, step-children, foster and privately fostered children
- Children who live with, or are visited by service users
- Any child who may have contact with a perpetrator about whom a service user has disclosed past abuse
- Any children not listed above who may be at risk from a service user (e.g. service users who are in contact with children through paid work or volunteering opportunities)
- Children of staff members or volunteers, who have child abuse allegations made against them
- Any other children not listed above who may be at risk of harm based on knowledge, disclosures or information secured by staff in the course of their duties

7. The Policy

7.1: CHILD ABUSE AND NEGLECT

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse a child or neglect a child by inflicting harm, or failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children (See Appendix 2 for definitions).

Deciding how to act in situations of neglect presents some of the greatest challenges to professionals, and may require careful, close observation of parenting, and child behaviour. Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. In extreme cases, neglect can result in death.

7.2: ASSESSING NEED AND PROVIDING HELP

Providing early help is more effective in promoting the welfare of children that reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life.

Effective early help relies upon professionals and local agencies working together to:

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help
- Provide targeted early help services to address the assessed needs of a child and their family to improve outcomes for the child

Assessment requires information to be gathered to enable analysis about a child's needs and the ability of the family to meet those needs. It will also require consideration regarding the likely level of risk to a child, where there are concerns about the child and family circumstances.
A good assessment is one which investigates the following three domains of the Assessment Framework identified in Working Together to Safeguard Children (2015):

- The child's developmental needs
- The parent or carers parenting capacity to respond appropriately to those needs
- The wider family and environmental factors

All staff members who have, or become aware of concerns about the welfare or safety of a child should know:

- What assessment tools are available e.g. Common Assessment Framework, Early Help Assessment, Graded Care Profile, Vulnerability Assessment to identify what help the child and family require to prevent needs escalating
- What services are available locally
- How to gain access to them
- What sources of further advice and expertise are available
- Who to contact, in what circumstances, and how
- When and how to make a referral to the Local Authority children's social care team

All LSCBs publish a threshold document that includes:

- The process for the early help assessment and the type and level of early help services to be provided
- The criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and statutory services

Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child's best interests

All Trust risk assessments must include a documented assessment of any current or potential risk to children in the household or wider community. Some families may have some protective factors which may mitigate or lessen the risks to children and young people and these should also be part of the assessment.

A referral to the Local Authority Children's Social Care should be made in the following circumstances:

- A child at risk of serious injury, profound neglect or death
- Injury to a child as a result of adult's aggressive or dangerous behavior
- A child being involved in the adult's delusional state or compulsive behaviors
- A child is being neglected physically or emotionally
- A child is considered at risk of / known to be a victim of sexual abuse or sexual exploitation

- A child is living in a household where there is domestic violence, forced marriage, so call 'honour-based violence'
- The child is witness to disturbing behaviours arising from the mental illness e.g. repeated self-harm, disinhibited behaviours, suicide, violence, homicide. This also applies where a child does not live the 'unwell' parent or carer but has contact, which is unsupervised and or includes overnight stays or where the ability of the person supervising the child is unknown
- A child is at risk of female genital mutilation (FGM)

Consideration should always be given to potential impact of parental mental illness and substance misuse on the following groups of children:
- Unborn children of service users who are pregnant or their partners
- Children who are the offspring of service users, whether living in the same household or not
- Children who are members of the extended family
- Children who live in households shared with, or visited by, service users whether they are related or not
- Any child who may be currently in contact with a perpetrator about whom a service user has disclosed past abuse

Risk Assessment should explore and record:
- Misuse of drugs, alcohol or medication
- Domestic violence
- History of any current or past involvement with Local Authority Children and Young People's Services for Children
- If the child/children are subject to a Child Protection or Child in Need Plan
- The category of the Child Protection Plan e.g. emotional abuse, physical abuse, neglect or sexual abuse
- Poor engagement with services
- Non-compliance with treatment
- Protective factors e.g. presence of other adults (though there should not be an assumption that the presence of other adults is protective as the opposite may be the case), school attendance

Pregnant Women / Expectant Fathers / Partners
The needs of pregnant women / expectant fathers / partners who are known to Trust services and the impact their health needs may have on their unborn infant must be considered as soon as possible within the risk assessment. As pregnancy is a change in circumstances for all service users therefore a multi-agency disciplinary, planning meeting or CPA review should be convened.

If one or more of the criteria set below are met, staff should make a referral to the Local Authority Children's Social Care for them to consider the instigation of a pre-birth child protection assessment:
- A previous unexplained death of a child whilst in the care of either parent
- A sibling in the household is subject to a Child Protection Plan
- A sibling has previously been removed from the household either temporarily or by Court Order
- Evidence or concern of past or present domestic violence
- The degree of parental mental illness / impairment / substance misuse is likely to significantly impact on the infant's safety and development
- Concerns about parental ability to self-care and/or care for the child (e.g. unsupported, young, or learning disabled parent)

Any other concerns that the child may be at risk of significant harm including parental delusional thoughts about the child and previous episodes of fabricated or inducing illness in a child

7.3: THE VOICE OF THE CHILD
A child centred approach is supported by the Children Act 1989, The Equality Act 2010 and the United Nations Convention on the Rights of the Child.

Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and to have consistent support provided for their individual needs. This should guide the behavior of professionals. Anyone working with children should see and speak to the child; listen to

what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs (Working Together 2015).

The voice of the child must be evidenced in the care provided to children and young people.

7.4: INFORMATION SHARING

Information sharing is vital for safeguarding children and young people from abuse or neglect and this overrides the duty of confidentiality to the carer. It is the duty of professionals, whether they are providing services to adults or children, to place the needs of the child first.
Sharing of information in cases of concern about children's welfare will enable professionals to consider jointly how to proceed in the best interests of the child and to safeguard children generally. Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding. Often, it is only when information from a number of sources has been shared and is then put together that it becomes clear that a child is at risk or suffering harm.

Information relevant to child protection will be about:

- Health and development of a child and his/her exposure to possible harm
- A parent/carer who is unable to care adequately for a child
- Other individuals who may present a risk of harm to the child

When deciding whether there is a need to share information inconsideration must be made as to whether the information is confidential, and if it is, whether there is a public interest sufficient to justify sharing. Confidential information can be shared if the person to whom it relates gives consent. Even where sharing of confidential information is not authorised you may lawfully share it if this can be justified in the public interest. Seeking consent should be the first option, if appropriate.

Consent needs to be 'informed', which means that the person giving consent needs to understand why information needs to be shared, what will be shared, who will see their information, the purpose to which it will be put and the implications of sharing that information.

The child's best interest must be the overriding consideration in making any such decision of sharing information.

Practitioners often feel confused by different pieces of legislation relating to confidentiality and information sharing. Information Sharing; Advice for practitioners, providing safeguarding services to children, young people, parents and carers (2015) supports frontline practitioners who are required to make decisions about sharing information. The advice can be used to supplement local LSCB information sharing protocols. Further information and guidance on information sharing can be found on the intranet safeguarding pages.

There may be situations when you are unsure whether to share information. In those cases involving a vulnerable child you should speak with your manager, the Named Nurse / Doctor for Safeguarding Children or member of the safeguarding team in your area.

7.5: REFERRAL TO LOCAL AUTHORITY CHILDREN'S SOCIAL CARE

The advice in this section should also be followed if there are concerns about the welfare of an unborn child.

Fundamental to the process is having a child centered approach and the safety of the child should be ensured. All staff members who have or become aware of concerns about the welfare or safety of a child or children should know:

- What sources of further advice and expertise are available
- Who to contact and how
- When and how to make a referral to the Local Authority Children's Social Care

There should always be the opportunity to discuss child welfare concerns and seek advice from colleagues, manager, named professionals or other agencies, but:

- Never delay emergency action to protect a child from harm
- Always record in writing concerns about a child's welfare, including whether or not further action is taken
- Always record in writing discussions about a child's welfare in the child's record. At the close of a discussion, always reach a clear and explicit recorded agreement about who will be taking what action or that no further action will be taken

If a child is believed or suspected to be suffering significant harm a referral should always be made to the Local Authority Children's Social Care. Referrals can be made 24 hours a day as there are out of hour's teams.

If concerns arise about a child who is already known to Children's Social Care the allocated social worker should be informed immediately.

All referrals should be made using the multi-agency referral form appropriate for the area worked in.

The following are the Local Authority Children's Social Care team contact details (9am – 5pm and out-of-hours) and the website pages ensuring that staff locally are aware of how to raise a concern they may have about a child and each borough's referral pathways:

Local Authority Children's Social Care (CSC) Safeguarding Children Contacts		
Borough	**Telephone Number**	**Link to CSC Safeguarding Children Webpages**
Brent	**020 8937 4300 Out of hours: 020 8863 5250**	**https://www.brent.gov.uk/services-for-residents/children-and-family-support/child-protection-and-care/child-protection/contact-our-protection-team/**
Camden	**020 7974 3317 Out of hours: 020 7974 4444**	**http://www.camden.gov.uk/ccm/navigation/social-care-and-health/safeguarding-children/**
Ealing	**020 8825 8000 Out of hours: 020 8825 8000/5000**	**https://www.ealing.gov.uk/info/201023/**
Hammersmith & Fulham	**020 8753 6600 Out of hours: 020 8748 8588**	**https://www.lbhf.gov.uk/children-and-young-people/children-and-family-care/child-protection**
Harrow	**020 8901 2690 Out of hours: 020 8424 0999**	**http://www.harrow.gov.uk/info/266/child_protection/189/**
Hillingdon	**01895 556 633 Out of**	**http://www.hillingdon.gov.uk/reportchildabuse**

	hours: 01895 250 111	
Kensington & Chelsea	020 7361 3013	https://www.rbkc.gov.uk/health-and-social-care/safeguarding-children
Milton Keynes	01908 253 169/70 Out of hours: 01908 265 545	http://www.milton-keynes.gov.uk/children-young-people-families/worried-about-a-child
Westminster	020 7641 4000 Out of hours: 020 7641 2388	https://www.westminster.gov.uk/contact

Links to Local Safeguarding Children Boards (LSCBs), Threshold Documents and Joint Protocols

Brent Safeguarding Children Board

http://brentlscb.org.uk/

Guidance, Policies and Procedures:

http://brentlscb.org.uk/article.php?id=454&menu=2&sub_menu=13

Camden Safeguarding Children Board

http://www.cscb.org.uk/

General Core Policies and Procedures (including Threshold Document and Joint Protocols)

http://www.cscb-new.co.uk/?page_id=8453

Ealing Safeguarding Children Board

https://www.ealingfamiliesdirectory.org.uk/kb5/ealing/directory/escb.page?escbchannel=0

Professionals Section (including Threshold Document and Joint Protocols)

https://www.ealingfamiliesdirectory.org.uk/kb5/ealing/directory/escb.page?escbchannel=3

Harrow Safeguarding Children Board

http://www.harrowlscb.co.uk/

Guidance for Practitioners (including Threshold Document)

http://www.harrowlscb.co.uk/guidance-for-practitioners/

HSCB Procedures

http://www.harrowlscb.co.uk/guidance-procedures/

Tri-borough (Hammersmith and Fulham, Kensington and Chelsea, Westminster) Safeguarding Children Board

https://www.rbkc.gov.uk/sharedservices/lscb.aspx

Protocols and Procedures (including Threshold Document and Joint Procedures)

https://www.rbkc.gov.uk/sharedservices/lscb/aboutus/protocolsandprocedures.aspx

Hillingdon Safeguarding Children Board

http://hillingdonlscb.org.uk/

Useful Guidance (including Threshold Document and Joint Protocols

http://hillingdonlscb.org.uk/professionals/useful-guidance/

Milton Keynes Safeguarding Children Board
http://mkscb.org/
Procedures Manual (including Threshold Document and Joint Protocols)
http://mkscb.procedures.org.uk/

7.6: ESCALATION AND CHALLENGE

It may be appropriate to challenge a decision made by another agency in response to a referral made, information shared, professional disagreement or issue in relation to the safeguarding of children and young people. If staff disagree with how concerns have been progressed, the Trust has an Escalation Protocol and each LSCB has an Escalation Policy in place that staff, with support from their managers or safeguarding team, can guide staff through.

See further information on Trustnet Safeguarding Children pages and relevant LSCB policy for the area worked in.

7.7: RESPONDING TO HISTORICAL ALLEGATIONS OF ABUSE

It is not unusual for people to disclose experiences of physical, sexual and / or emotional abuse and / or neglect which constitute significant harm only when they reach adulthood. Childhood and family experience of abuse are important features in the development and presentation of mental disorders and substance misuse in many service users.

Significant harm is defined in as a situation where as a child the person suffered a degree of physical, sexual and / or emotional harm (through abuse or neglect), which was so harmful that there should have been compulsory intervention by child protection agencies into the life of the child and their family.

Organisational responses to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:

- There is a significant likelihood that a person who abused a child/children in the past will have continued and may still be doing so
- Criminal prosecution may be possible if sufficient evidence can be carefully collated

At an appropriate point in initial assessment, staff are expected routinely to ask questions about the experience of physical, sexual or emotional abuse at any time in a service user's life. When an adult discloses childhood abuse, the professional receiving the information should record the discussion in detail. If possible, the professional should establish if the adult has any knowledge of the alleged abuser's recent or current whereabouts and contact with children.

In view of the potential continuing risk the alleged abuser may pose to children, the professional should make a referral promptly to the Local Authority Children's Social Care, in line with local referral and assessment procedures.

If a patient makes an allegation about childhood or familial abuse, Trust staff should always consider whether:

- The adult patient may still be at risk from the alleged perpetrator
- Any child or a vulnerable adult may still be at risk from the alleged perpetrator
- Any child or vulnerable adult may also have been affected by the alleged abuse

The London Child Protection Procedures (2015) section on Historical Abuse[8] should be followed by Trust staff in line with its guidance on the required response by each agency through the process of supporting the individual who has made the disclosure/allegation.

[8] http://www.londoncp.co.uk/chapters/historical_abuse.html

7.8: RESPONDING TO CONCERNS REGARDING CHILD SEXUAL EXPLOITATION (CSE), FEMALE GENITAL MUTILATION (FGM) AND THE PREVENT DUTY

The Trust is committed to all aspects of safeguarding and protecting children. The next section of this policy is included in line with national programmes to increase multiagency awareness, action and response to; child sexual exploitation (CSE), female genital mutilation (FGM) and Prevent.

Child Sexual Exploitation

The Association of Chief Police Officers (ACPO) definition of child sexual exploitation includes the following:

- Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities

Child sexual exploitation (CSE) can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post images on the internet / mobile phones without immediate payment or gain.

Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised by the child's or young person's limited availability of choice as a result of their social, economic or emotional vulnerability

A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation

The above definition underpins the Metropolitan Police Service's London Child Sexual Exploitation Operating Protocol (2015)[9] which provides the procedural guidance for safeguarding partners across London.

This Trust policy should be considered alongside the existing London Safeguarding Children's Board Procedures (2015) and other relevant procedural and statutory guidance.

Often children and young people who are victims of sexual exploitation do not recognise that they are being abused. There are a number of warning signs that can indicate a child may be being groomed for sexual exploitation and behaviours that can indicate that a child is being sexually exploited. To assist you in remembering and assessing these signs and behaviours the mnemonic **'SAFEGUARD'** has been created. A helpful one-page "Warning Signs of CSE" can be found at Appendix 3 including how the **SAFEGUARD** mnemonic can support the focus on CSE in day-to-day practice.

Offenders

The majority of CSE offenders are male and their ages can range from school age (e.g. peer-on-peer or gang-related abuse) to the elderly. However, women and victims of CSE can be groomed to recruit and coerce other victims into CSE.

The demographic of offenders varies in terms of ethnicity, social background and age.
In comparison with what is known about types of CSE, far less is known about the characteristics of CSE offenders. The Office of the Children's Commissioner's 2013 report acknowledges that agencies

[9] http://content.met.police.uk/Article/The-London-Child-Sexual-Exploitation-Operating-Protocol-March-2015/1400022286691/1400022286691

rarely record data about perpetrators of CSE, and the information they do record is often incomplete or inconsistent.

It is difficult for agencies to develop a profile of this type of offender and for victims to identify them. For example, if young people are sexually exploited via social media tools, the true identity of the offender may be hidden and it may not be apparent to the victim that there is more than one offender. Offenders may also use aliases or nicknames to conceal their identity.
A victim's ability to identify an offender may be impaired by drugs and alcohol given to them during the commission of the offence.

Police officers should be aware that the offender may be a member of the victim's family. The family home is not, therefore, always a place of safety for the victim. Officers should ensure that children are returned home only where it is safe to do so. Where there are concerns about the involvement of, or repercussions from family members, children should be spoken to privately.
Offenders groom victims in order to manipulate them. This includes distancing them from friends and family to control them. The power and control exerted by the offender is designed to increase the dependence of the victim as the exploitative relationship develops. Offenders often use flattery and attention to persuade victims to view them as a 'boyfriend'.

Some offenders get satisfaction from exerting control over victims through coercive and manipulative behaviour. It is believed that this is done not only to commit offences, but also as an end in itself. In this respect, the psychological profile of this type of offender appears to resemble that of a domestic violence offender.

Identifying and Managing Geographic Hotspots and Venues
General awareness of CSE amongst key groups of professionals and community organisations is a critical protective factor for children and families. Mapping of potential access points to vulnerable children and young people will assist in targeting those areas where perpetrators prey on children. Police should lead on this but information and intelligence from all agencies will be used to map the 'hotspots'. These areas may include; hostels, care homes, youth clubs, schools, taxi ranks, local food outlets etc.

Female Genital Mutilation
Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is important to note that the procedure has no health benefits.

FGM is child abuse and violence against women and girls and constitutes significant harm. Child protection procedures should be followed when there are concerns that a girl is at risk of, or is already the victim of, FGM. The action we take to promote the welfare of children and protect them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

FGM has life-long sexual, physical and psychological consequences for the girls who experience it and is carried out because of powerfully held beliefs about the need to control female sexuality - these beliefs are also likely to impact on a girl if she goes on to deviate from the expected sexual behaviour. For example, she has, or is thought to have, boyfriends or girlfriends prior to marriage.

FGM has been a criminal offence in the UK since 1985. In 2003 the Female Genital Mutilation Act was brought into legislation and under this act the practice of FGM carries a maximum prison term of 14 years for any UK national or permanent resident convicted of carrying it out, or aiding and abetting the process, while in the UK or overseas.

A new mandatory reporting duty for FGM has been introduced via the Serious Crime Act 2015, following a public consultation. The duty requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. It came into force on 31 October 2015. The Mandatory Reporting of Female Genital Mutilation: Procedural Information document can be found via the following link:

https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

Prevent and Channel

Prevent and Channel is part of the Government Contest Strategy led by the Home Office that focuses on working with individuals and communities who may be vulnerable to the threat of violent extremism and terrorism. Supporting vulnerable individuals and reducing the threat from violent extremism in local communities is a priority for the health service and its partners.

Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) 25 places a duty on health authorities when exercising their functions, to have "due regard to the need to prevent people from being drawn into terrorism". Health authorities in these circumstances are:

- NHS Trusts
- NHS Foundation Trusts

The "NHS England Prevent Training and Competencies Framework" (2015)[10] requires all Trust staff to receive basic Prevent awareness training, with clinical staff required to receive the 90 minute Prevent Workshops to Raise Awareness of Prevent (WRAP). This is included in the Trust Strategic and Operational Safeguarding Children Training Plan (2016) and further covered in the "Training" section of this policy.

The following link clarifies the response required from all organisations, including a specific section for Health, to the national Prevent Duty Guidance: for England and Wales (2015):

https://www.gov.uk/government/publications/prevent-duty-guidance

7.9: SOCIAL MEDIA, INTERNET AND "SEXTING" RISKS AND GUIDANCE

No-one, whatever age, is immune from encountering problems online. Children are at a vulnerable stage in their lives, in many cases naturally more trusting than adults and hopefully having been less exposed to the darker side of the internet. They are not as well equipped to deal with such issues or their consequences. Some of these potential issues are as follows:

- Inappropriate contact: from people who may wish to abuse, exploit or bully them

- Inappropriate conduct: because of their own and others' online behaviour, such as the personal information they make public, for example on social networking sites
- Children can also become cyberbullies, especially when encouraged by others
- Inappropriate content: being able to access or being sexually explicit, racist, violent, extremist or other harmful material, either through choice or in error
- Commercialism: being the targets of aggressive advertising and marketing messages
- Gaining access to personal information stored on the computer, mobile device or games console, and passing it on to others, or using financial details such as payment card information

[10] https://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf

- Enabling viruses and spyware by careless or misinformed use of a computer, smartphone or table tor games console

The Child Exploitation and Online Protection Centre (CEOP) is a command of the National Crime Agency, and is dedicated to tackling the sexual abuse and exploitation of children and young people. CEOP is in place to help young people (up to age 18) who have been forced or tricked into taking part in sexual activity with anyone online or in the real world.

For information and advice, and to report concerns directly to CEOP, click on the following hyperlink:
https://www.ceop.police.uk/safety-centre/

Harmful Sexual Behaviour and "Sexting" Guidance
The National Institute for Health and Care Excellence (NICE) has issued new guideline on what is known as harmful sexual behaviour. This guidance can be found at the following NICE guidance website:
https://www.nice.org.uk/guidance/NG55
As well as sexting (sending sexually explicit pictures or messages via smartphone) it also includes other age inappropriate sexual behaviour such as watching extreme pornography or making inappropriate remarks.

The NICE guidance, published online in September 2016, focuses on children and young people who are the sole offenders of harmful sexual activities, directed either towards themselves or others, rather than child sexual exploitation, peer-on-peer or gang-related sexual violence.

NICE suggests inappropriate sexual behaviour, including sexting, is often an expression of other underlying problems and should be addressed early.

The guidelines have arisen from a need to ensure problems related to harmful sexual behaviour do not escalate and lead to children being charged with sexual offences. It also aims to ensure children do not get referred to specialist services unnecessarily.

7.10: ALLEGATIONS AND CONCERNS REGARDING STAFF, CARERS AND VOLUNTEERS WORKING WITH CHILDREN & YOUNG PEOPLE

If a member of staff becomes aware of any information regarding another member of staff (including volunteers and contractors) which identifies that a child or young person may or has been at risk of harm (including the member of staff's own child), the CNWL 'Procedure Regarding Allegations of Abuse Against a Person Who Works with Children' must be followed in conjunction with the LSCB procedures relevant to the local area.

http://trustnet.cnwluk.local/Documents/Procedure_Allegations_Abuse_Children.pdf

These procedures must be applied when there is an allegation or concern that any person who works with children in connection with his/ her employment or voluntary activity, 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 that he/ she would pose a risk of harm if they work regularly or closely with children

7.11: TRAINING

The abuse and neglect of children is a significant issue for all staff whose jobs bring them into contact with the public. It is crucial that staff are able to recognise children who may be at risk of harm and can respond appropriately to protect them and promote their welfare.

All staff must receive mandatory safeguarding children and young people training commensurate to their role and level of responsibility in line with Intercollegiate Document Safeguarding Children and Young People: roles and competences for health care staff (RCPCH 2014)[11], the Trust policy and Trust Safeguarding Training Strategy

All staff joining the Trust are required to attend the Trust induction day which includes a safeguarding children session. Staff are advised at this session how to access Safeguarding Children information, Policy and training requirements. Staff can seek advice from their local safeguarding team to assist with this if unsure.

Attendance is recorded and monitored by the Training Department and by managers within their own teams as part of the appraisal process.

7.12: SAFEGUARDING CHILDREN SUPERVISION AND SUPPORT

Supervision

For practitioners involved in day to day work with children and families, effective supervision is important to promoting good standards of practice and to support individual staff members. Safeguarding children supervision should help to ensure that practice is soundly based and consistent with Local Safeguarding Children Board and organisational procedures. It should ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority. It should also help identify the training and development needs of practitioners, so that each has the skills to provide an effective service.

Safeguarding children supervision is a specific type of supervision, separate from clinical supervision, and has both a professional and managerial function, which can assist in decision- making and re-focus to the often complex work of the practitioner with families. This is particularly so for practitioners where contact with children is less frequent, but where they may see evidence of abuse.

All Health Care Professionals in CNWL will have access to safeguarding children supervision. Staff should access safeguarding supervision in line with the Trusts Clinical and Managerial Supervision Policy and local guidelines.

Advice and Support

The Named Professionals and local safeguarding teams are available to staff to discuss any concerns related to safeguarding and promoting the welfare of children. In the first instance practitioners should discuss any concerns with a colleague or team lead / manager.

Difference of opinion between healthcare professionals

On occasion health professionals may have a difference of opinion which means that it is difficult to plan how to proceed with a particular case. If the differences cannot be resolved between the individuals concerned and there are safeguarding implications, then the different views should in the first instance be discussed with the relevant safeguarding team / Named Nurse.

7.13: RISK MANAGEMENT / LIABILITY / MONITORING AND AUDIT

To demonstrate a robust internal system of control and the adoption of a proactive approach to the identification and management of any potential gaps in assurance around the safeguarding of children and young people, the organisation will undertake the following:

- A Safeguarding Children report will be submitted annually to Trust Board

[11] http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20(3)_0.pdf

- The use of DATIX (incident reporting system) to ensure near misses/ significant events are brought to the attention of the organisation and escalated where appropriate
- Reports to the Trust Safeguarding Meeting highlighting thematic reviews, trends gaps and learning
- Section 11 audit of compliance in conjunction with LSCBs
- Participation in statutory regulatory inspections e.g. CQC, Ofsted
- Develop and implement agreed action plans from findings and recommendations of Serious Case Reviews, Multi-agency partnership reviews or external enquiries
- Annual audit programme
- Monitoring of risks associated with safeguarding
- Follow NHS safer recruitment protocols

8. EQUALITY AND DIVERSITY

Social Inclusion, Equality, Diversity and use the Interpreting Services

The Trust will promote children and young people's right to be safe from harm, regardless of age, race and ability to speak English, religion, gender, disability, sexual orientation or culture. If interpreters are required it is good practice that professional, accredited interpreters are used rather than children, parents/carers, partners, other family members or friends.

Equality Impact Assessment

As part of its development, this policy and its impact on staff, patients and the public have been reviewed in line with expected Legal Equality Duties. The purpose of the assessment is to improve service delivery by minimising and if possible removing any disproportionate adverse impact on employees, patients and the public on the grounds of protected characteristics such as race, social exclusion, gender, disability, age, sexual orientation or religion/belief. The Equality Impact Assessment has been completed and has identified impact or potential impact as "minimal impact" and is found in Appendix 4.

9. RELATED POLICIES

*** All key documents are on Trustnet ***

- **Escalation Procedures**

http://trustnet.cnwluk.local/Documents/Assurance_and_Escalation_Policy.pdf

- **Procedure Regarding Allegations of Abuse Against a Person Who Works with Children**

http://trustnet.cnwluk.local/Documents/Procedure_Allegations_Abuse_Children.pdf

- **Whistleblowing Policy**

http://trustnet.cnwluk.local/Documents/Whistle_Blowing_Policy.pdf

- **Did Not Attend Protocol**

http://trustnet.cnwluk.local/Documents/did_not_attend.pdf

- **Risk Assessment and Risk Management**

http://trustnet.cnwluk.local/Documents/Risk_Management_Strategy_and_Policy.pdf

- **Training**

http://trustnet.cnwluk.local/Documents/Mandatory_and_Statutory_Training_Policy.pdf

- **Supervision Policy**

http://trustnet.cnwluk.local/Documents/Clinical_Managerial_Supervision_Policy.pdf

- **Information Sharing Protocol**

http://trustnet.cnwluk.local/Documents/Information_Governance_Policy.pdf

- **Consent Policy**

http://trustnet.cnwluk.local/Documents/Consent_Policy.pdf

- **Chaperone Policy**

Currently being drafted

- **CNWL Domestic Abuse Protocol**

http://trustnet.cnwluk.local/Documents/Domestic_Abuse_Protocol.pdf

The Trust has a safeguarding children leaflet and a staff telephone helpline to support staff in recognising and reporting concerns about a child's welfare.

REFERENCES

HM Government. (2015) Working Together to Safeguard Children; A guide to inter-agency working to safeguard and promote the welfare of children
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

London Safeguarding Children Board
www.londonscb.gov.uk

Milton Keynes Safeguarding Children Board
www.mkscb.org

NICE guidance. (2009) When to suspect child maltreatment
www.nice.org.uk

HM Government. (2015) Information Sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

HM Government. (2015) What to do if you are worried a child is being abused- Advice for practitioners
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

CONSULTATION:

- Trust Safeguarding Committee
- Safety leads

APPENDICES:

Appendix 1	Safeguarding Professionals Contact Details
Appendix 2	Definitions
Appendix 3	Child Sexual Exploitation (CSE) Warning Signs
Appendix 4	Equality Impact Assessment

Appendix 1

CONTACT DETAILS

Role	Name	Contact Details
Named Nurse Safeguarding Children **Camden**	Jane Thorogood	jthorogood@nhs.net Tel: 020 3317 2416/Mobile: 07718 423 403
Child Protection Advisor **Camden**	Lorraine Ibison	lorraine.ibison@nhs.net Tel: 020 3317 2417/Mobile: 07738 858 114
Named Nurse Safeguarding Children **Hillingdon**	Lisa Crawshaw	lisacrawshaw@nhs.net Tel: 01895 484941/Mobile - 07956 273655
Safeguarding Children Advisor **Hillingdon**	Liz Cariss	lizcariss@nhs.net Tel: 01895 484823/Mobile - 07984 604171
MASH Health Practitioner **Hillingdon**	Rita Hollis	ritahollis@nhs.net Tel: 01895 556496/Mobile - 07534 266011
Liaison Health Visitor **Hillingdon**	Jacqueline Madge	jacqueline.madge@nhs.net Tel: 01895 238282/Mobile - 07534 266055
Named Nurse Safeguarding Children **Milton Keynes**	Tracey O'Brien	tracy.o'brien@nhs.net Tel: (01908) 243622 Text Relay: 18001 01908 243622
Specialist Nurse Safeguarding Children **Milton Keynes**	Susan Mew	susan.mew@mkchs.nhs.uk Tel: 01908 243622
Specialist Nurse Safeguarding Children MASH **Milton Keynes**	Clare Hill	clare.hill2@nhs.net Tel: 01908 243622 (CNWL-MK HQ) 01908 253169 (MK MASH)
Specialist Health Visitor for Safeguarding **Milton Keynes**	Linda Llewellyn	lindallewellyn@nhs.net Tel: 01908 355 162
Named Nurse Safeguarding Children **London Mental Health**	Vacant – covered by Matt Beavis (interim 1-day per week until 19/12/16)	m.beavis@nhs.net
Safeguarding Children Advisor **London Mental Health**	Susan Bray	susanbray1@nhs.net Mobile: 07976 768545
Safeguarding Lead Sexual Health **Sexual Health Services**	Darren Tippetts	dtippetts@nhs.net Tel: 020 3317 2077/Mobile: 07753 238873
Lead Nurse Safeguarding Advisor **Addiction Services**	Caroline Frayne	Caroline.frayne@nhs.net Mobile: 07967 354 722
Lead Nurse Safeguarding **Offender Care**	Deborah Simons	deborahsimons@nhs.net Tel: 020 7504 5552/Mobile: 07709 336116

Appendix 2

DEFINITIONS OF ABUSE

Physical Abuse:
May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child

Emotional Abuse:
Is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve seeing or hearing the ill–treatment of another. It may involve serious 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

Neglect:
Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may include failing to provide adequate food, clothing and shelter, failing to protect a child from physical and emotional harm or danger, failing to ensure adequate supervision and failing to ensure access to appropriate medical care and treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
Neglect may occur during pregnancy as a result maternal substance abuse

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. This may also include 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)

Child Sexual Exploitation (CSE):
Child sexual exploitation is when someone grooms and controls a child for a sexual purpose. The terms 'child sexual exploitation' or the 'commercial sexual exploitation of children' are used to refer to a range of illegal and abusive activities. These activities can be broadly separated into two areas:

- Sexual exploitation through street grooming
- Online sexual exploitation

Sexual exploitation through street grooming can include:
- Grooming a child for a sexual purpose. This might involve befriending the child, gaining their trust, giving them drugs, alcohol or gifts, asking them to perform sexual acts as a favour or in exchange for something
- The movement of children within the UK for the purpose of sexually abusing them (also referred to as internal trafficking)
- The trafficking of children into the UK from other countries for the purpose of sexually abusing them
- Controlling a child through physical or psychological means or through the use of drugs for a sexual purpose
- Receiving money or goods in payment for someone to have sex with a child (also referred to as child prostitution)
- Paying or exchanging goods for sex with a child

Online sexual exploitation can include:
- Grooming children online for the purpose of sexually abusing them. This might involve an adult pretending to be a child, befriending the child through online chat rooms, social networking websites, email, mobile telephone messaging, gaining their trust, stalking their online activities

- Asking children to participate in non-contact sexual activities such as engaging in sexual conversations online or via mobile telephone
- Asking children to take and share indecent images of themselves online or through a mobile telephone
- Asking children to display sexualised behaviours or perform sexual acts that are recorded or shared live via webcam
- The creation, storage and distribution of child abuse images (also referred to as child pornography or indecent images)
- Arranging to meet a child in person for the purpose of sexually abusing them

Appendix 3

Child Sexual Exploitation (CSE) Warning Signs:
SAFEGUARD Mnemonic:

S exual health and behaviour
Evidence of sexually transmitted infections, inappropriate sexualised behaviour or pregnancy.

A bsent from school or repeatedly running away
Evidence of truancy from school, periods of being missing from care or from home.

Familial abuse and/or problems at home
Familial sexual abuse, physical abuse, emotional abuse, neglect, as well as risk of forced marriage or honour-based violence; domestic violence; substance misuse; parental mental health concerns; parental criminality; experience of homelessness; living in a care home or temporary accommodation.

Emotional and physical condition
Thoughts of, or attempted, suicide or self-harming; low self-esteem or self-confidence; problems relating to sexual orientation; learning difficulties or poor mental health; unexplained injuries or changes in physical appearance identify.

Gangs, older age groups and involvement in crime
Involvement in crime; direct involvement with gang members or living in a gang-afflicted community; involvement with older individuals or lacking friends from the same age group; contact with other individuals who are sexually exploited.

Use of technology and sexual bullying
Evidence of ‘sexting’, sexualised communication on-line or problematic use of the internet and social networking sites.

Alcohol and drug misuse
Problematic substance use.

Receipt of unexplained gifts or money
Unexplained finances, including phone credit, clothes and money.

Distrust of authority figures
Resistance to communicating with parents, carers, teachers, social services, health, police and others.

Appendix 4
Equality and Human Rights Impact Assessment

1. What is the name of the Policy, Service Development, Business Plan, Strategy or Organisational Change being assessed

Safeguarding Children and Young People Policy

2. Briefly describe the aim of the Policy, Service Development, Business Plan, Strategy or Organisational Change that is being Impact Assessed. What needs or duties is it designed to meet? What are its intended outcomes?

Central and North West London NHS Foundation Trust (CNWL) are committed to safeguarding and promoting the welfare of children and young people. As a statutory agency, the organisation has a duty and responsibility to proactively safeguard and promote the welfare of children in accordance with legislation and guidance (Children Act 1989 and 2004, Working Together to Safeguard Children 2015).

This policy is underpinned by the London Safeguarding Children Board Child Protection Procedures and Practice Guidance, and the Milton Keynes Safeguarding Board Inter-Agency Policy and Procedures. These procedures have been adopted by CNWL and members of staff are directed to them.

The purpose of this policy is to provide procedural guidance and direction for the implementation of robust, high quality safeguarding services for children and young people. This policy applies to all clinical and non-clinical staff.

3. Does this development have an impact on information quality, information security and/or information compliance, including staff or patient privacy?

No – the only implication on patient information and privacy will be related to the need to share information, at times without patient consent, due to risk of significant harm to a child or young person (in line with Children Act 2004, Working Together to Safeguard Children 2015 and the London Child Protection Procedures 2016).

4. If yes, have you completed an information governance impact assessment form or otherwise contacted the Information Governance team?

No – not required.

For the purposes of this assessment, the relevant protected characteristics are: Age, disability, gender reassignment, pregnancy and maternity, race/ethnicity, religion or belief, gender/sex, sexual orientation.

MEETING THE GENERAL DUTIES

5. How does the service / policy / procedure / development contribute in a positive way to:

(a) eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

(b) advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share that characteristic.

(c) fostering good relations between persons who share a relevant protected characteristic and persons who do not share that characteristic.

The Policy aims to ensure that children and young people are safeguarded and that their needs are met and kept as paramount in an inclusive, involving and accessible way; ensuring that their voice is consistently heard and key in informing service design and delivery to enable positive outcomes and impact on their lives. The Policy, therefore, maintains the greatest focus on the protective characteristic of "age".

Race/Ethnicity
Disability
Gender
GenderRe-assignment
SexualOrientation
ReligionorBelief
Age
PregnancyandMaternity
MarriageandCivilPartnership(appliestoa.aboveonly)

ADVERSE IMPACT

6. Is there any evidence that the subject of this EHRIA could affect people having a protected characteristic disproportionately, thus leading to an adverse impact? The disproportionate effect or adverse impact might be actually happening or have the potential to happen.

What evidence have you analysed to inform your conclusion? For example, evidence might be from equalities data on patients accessing/not accessing the service, findings from patient or staff surveys, service user complaints, staff grievances, concerns from local or national pressure groups or public concern in the local or national media.

This Policy will not adversely impact on these protective characteristics. It is designed to ensure that children and young people (protective characteristic of age) are kept safe and protected.

Race/Ethnicity
Disability
Gender
GenderRe-assignment
SexualOrientation
ReligionorBelief
Age
PregnancyandMaternity

HUMAN RIGHTS

7a. How does the subject of this EHRIA contribute to encouraging respect for human rights?

The Policy is in line with ensuring that the human rights of children and young people are respected and safeguarded.

7b. Is there any evidence that the subject of this EHRIA is at risk of unlawfully restricting an individual's human rights?

No – there is no risk of this as a result of this Policy.

CONSULTATION

8. Have you consulted representatives from groups having protected characteristics (staff, service users, carers, other stakeholders or expert groups) as part of your assessment? Please give details of who have you consulted, the method used, the results of the consultation, how the results have been used and where they have been published.

It is a statutory requirement and duty for the organisation to have robust arrangements in place to safeguard and protect children and young people (Section 11 of Children Act 2004) and having a Trust Safeguarding Children and Young People Policy is a key part of ensuring the presence, maintenance and updating of the organisational safeguarding arrangements.

This Policy is in line with national, pan-London and local safeguarding guidance and has been developed in consultation with the Trust's Named Professionals for Safeguarding Children, the Trust Named Nurse Meeting and the Trust Safeguarding Committee.

RESPONDING TO ADVERSE IMPACTS / BREACHES IN HUMAN RIGHTS

9. Can any identified adverse impacts relating to Equality or breaches in Human Rights be justified? If they cannot be justified, how do you intend to deal with it?

This Policy will not cause adverse impacts relating to Equality or breaches in Human Rights.

MONITORING

10. Provide information on how you intend to monitor for actual adverse impact in the future

If you need more space for any answers, please continue on a separate sheet.

Equality and Human Rights Impact Assessment Action Plan

The following actions will be undertaken as a result of the Equality and Human Rights Impact Assessment to address identified adverse impact:

This Policy will not cause adverse impacts relating to Equality or breaches in Human Rights and the Policy will be reviewed every two years or in the event of changes to national, pan-London or local guidance and to respond to the need to revise arrangements and guidance to staff in the event of significant learning from adverse incidents.

To be signed by the manager undertaking the full assessment

Name: Matt Beavis

Designation: Interim Named Nurse

Date: 17/11/16

To be countersigned by the Senior Manager, i.e. Service Head, Line Manager, Director, as appropriate

Name: Catherine Knights

Designation: Associate Director of Quality - Safeguarding and Safety
Date:

Name: Andy Mattin

Designation: Executive Director of Nursing and Quality (Executive Lead for Safeguarding)
Date: