THE ROXTON PRACTICE

Safeguarding Policy

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1. POLICY PURPOSE & AIMS

1.1 Policy aims

Ensure staff working for, or on behalf of, The Roxton Practice are clear around their responsibilities, and activity required, where there are concerns in respect to welfare of children, or adults with care and support needs.

1.2 Policy statement

All adults and children have a right to protection. Some people are more vulnerable to abuse, exploitation, radicalisation and neglect due to a variety of factors impacting on their own, and/ or their families, parents' or carers' welfare.

All staff should be aware that age, gender, cultural or religious beliefs, disabilities or social backgrounds may also impact on an adult or child's ability to access help and support. **When dealing with vulnerable people and their families, staff must give due consideration to these issues at all times.** However this must not prevent action to safeguard those who are at risk of, or experiencing, abuse.

The Roxton Practice adopts a zero tolerance approach to adult and child abuse and works to ensure that its policies and practices are consistent with agreed local multi-agency procedures and meets the organisation's legal obligations.

Specifically:

- Where concerns are raised, The Roxton Practice is committed to a proportionate and timely response to safeguard the particular adult(s) and/or child(ren) and young people within a multi-agency framework.
- The Roxton Practice is committed to sharing information required by other agencies, within agreed protocols and legislation, in order to safeguard adults, children and young people who may be at risk of abuse.
- The Roxton Practice will work collaboratively with the Local Safeguarding Children's Board (LSCB) and Safeguarding Adults Board (SAB) to maintain a local learning and improvement framework in order to learn from experience and improve services.

1.3 Responding to Concerns about a Child or Adult's Welfare

Harm may be caused to a child or adult with care and support needs as a result of:

For children	**For adults**
• Physical Abuse • Sexual Abuse – including through Sexual Exploitation • Emotional Abuse • Neglect	• Physical Abuse • Sexual Abuse • Psychological Abuse • Neglect • Self-Neglect • Organisational Abuse • Financial Abuse • Modern Slavery • Discriminatory Abuse • Domestic Abuse

Concerns that a child or adult may be a risk of suffering harm may arise from:

- Information given by:
  - A child / vulnerable adult or his / her friends
  - A family member

- A close associate

- Behaviour by the child/ vulnerable adult
- An injury that arouses suspicion
- Contact with someone known to pose a risk to children/ vulnerable adults

It is essential that whenever an individual has concerns about whether a child or adult is suffering from, or is at risk of suffering, significant harm, that they act on their concerns in accordance with statutory requirements, and in accordance with Local Safeguarding Children Board (LSCB) procedures and guidance and / or the Safeguarding Adult Board (SAB) policy and procedures as relevant.

These procedures must be followed irrespective of the source of concern. The Roxton Practice recognises that concerns may arise from many sources including carers, parents, professionals, volunteers and other staff, service users and visitors including celebrities and people with high profile/status working with or involved with organisations and service users.

Where concerns are identified in respect to Female Genital Mutilation in females under the age of 18, there is a **mandatory** duty to report to the police via 101.

Action required where staff working for, or on behalf of The Roxton Practice, identify a safeguarding concern.

For staff working in a clinical role:

Where concerns are identified, the staff member MUST ensure they seek support / supervision from appropriately experienced colleagues / line managers in deciding on the next course of action.

These staff can also contact the Safeguarding Specialists (listed below) as required.

For staff NOT working in a clinical role:

Where concerns are recognised the staff member

1. **MAY** highlight/discuss the concern with their line manager
2. **MUST** contact one of the Practice Safeguarding Leads
    a. GP Lead for Safeguarding Children
    b. GP Lead for Safeguarding Adults

    for safeguarding advice.

In all cases

If any member of staff believes a child or adult is at **immediate risk of harm**, or is in need of urgent medical attention, they should not delay/ wait for discussions and should **dial 999**, requesting police or ambulance assistance as appropriate..

No member of staff should feel or decide that concerns they have are not significant enough to discuss with their line manager / or GP Lead for Safeguarding.

Line managers should actively encourage / support staff to discuss concerns and seek further advice.

Where concerns are identified, staff should follow (or will be supported in following) the procedures produced by North East Lincolnshire Safeguarding Children Board or Safeguarding Adult Board as relevant. The procedures can be accessed through the following links:

North East Lincolnshire Safeguarding Children Board Procedures

North East Lincolnshire Safeguarding Adult Board procedures:

All staff must have access to the LSCB / SAB Procedures - it is an individual, and line manager's responsibility to ensure they have access to this document at work.

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

All practitioners should be familiar with both the LSCB's, LSAB's and the organisation's policies and protocols for promoting and safeguarding the welfare of children and vulnerable adults.

All staff should be aware of the National Institute for Clinical Excellence (NICE) clinical guideline 89 *When to suspect child maltreatment* (July 2009) and The Care Act (2014) which outlines a range of alerting features that may indicate child/vulnerable adult maltreatment and should use this to inform their decision making.

If a member of staff is implicated in the concern about harm then the organisation's policy and multi-agency procedures for managing allegations against staff must be followed.

Multi-agency working and responding to abuse

Serious Case Reviews and Domestic Homicide Reviews (DHRs) both nationally and locally, have shown that effective multi-agency approaches and communication between agencies are at the heart of safeguarding.

The Roxton Practice is committed to multi-agency approaches to safeguarding children and adults work and will ensure a proportionate contribution to the work of the LSCB, SAB and their sub-groups.

Making a Referral to Children's Social Care

a. If the practitioner believes that a child is at risk of significant harm they should inform the parent/carer if safe to do so (gaining their consent if possible) and make a referral to Children's Social Care in accordance with LSCB procedures and guidance.
b. If the child is in immediate danger the police or ambulance service as appropriate should also be called (using the 999 number).
c. However, if the practitioner believes that informing the parent / carer of the intention to refer to Children's Social Care may jeopardise a potential police investigation, or increase the risk of harm to the child, then sharing the intent to refer with the parent or carer should be dispensed with. Additionally if a practitioner believes that informing the parent / carer of intent to refer would put themselves at risk, this may be dispensed with. A record must be made of whether or not the parent / carer has been informed of the referral, and whether or not consent has been obtained together with reasons for over-riding or dispensing with consent.
d. N.B. If a patient, or other person expresses delusional beliefs involving their own child or other children, or if they might harm their child as part of a suicide plan, then a prompt referral must be made to Children's Social Care.
e. Anyone who has concerns about a child but is unclear whether they should make a referral should consult with the safeguarding lead for their organisation, or as advised within their organisational policy.
f. Referrals to Children's Social Care should be telephoned through as soon as is safely possible and must be followed up, in writing, within 48 hours.
g. A copy of the referral and any associated actions for example interventions, and details of telephone calls **must** be recorded within the child's records, and if relevant into the adult's record, taking care not to breach data protection principles.

Making a safeguarding adult referral

a. The first priority is to ensure the safety and protection of the adult. In making the person (and others potentially at risk) safe, it may be necessary to inform the emergency services.
b. Where there are suspicions that a crime may have taken place, the police should be contacted immediately and physical, forensic and other evidence should be preserved where possible.
c. If a practitioner believes that an adult is at risk of harm they should seek consent and make a referral into the local multi-agency safeguarding team, following SAB procedures. However, if the adult lacks capacity or it is believed to be in a public interest, than consent does not have to be sought to make the referral.
d. Anyone who has concerns about an adult, but is unclear whether they should make a referral, should consult with the safeguarding lead for their organisation, or as advised within their organisational policy. Alternatively, guidance can be sought from the Local Authority safeguarding team.
e. A safeguarding adult referral should be made via the Single Point of Access at Focus on 01472 256256.
f. Records of incidents and concerns should be written as soon as possible, with the date, your signature and designation made clear. If records are hand-written, the original should be kept for evidential purposes.
g. Staff should be aware that their records relating to any alert, referral or investigation could be used as evidence in a range of procedures: disciplinary, criminal or at a safeguarding case conference.

1.4 Responding to concerns regarding potential radicalisation. (Prevent)

If you have concerns about an individual patient or member of staff who may be susceptible to radicalisation and / or violent extremism or suspect of being engaged in terrorist activity, please contact the GP Lead for Safeguarding or your line manager in their absence. Alternatively, referral directly to the regional Prevent Lead or local CHANNEL lead.

1.5 Sharing of information

The Roxton Practice is committed to sharing information with other agencies, in a safe and timely manner, where this is necessary for the purposes of safeguarding adults and children, in accordance with the law and multiagency procedures. This may include personal and sensitive information.

This may include personal and sensitive information about:

- the child or young person(s)at risk of or experiencing abuse
- the adult(s) at risk of or experiencing abuse
- family members of those experiencing or at risk of abuse
- staff
- members of the public

1.6 Training for Staff

The Partners are responsible for ensuring that all of its staff are competent and confident in carrying out their responsibilities for safeguarding and promoting vulnerable adults and children's welfare.

The Partners will ensure it meets the requirements of associated guidance in respect of training requirements, i.e.

- Working Together to Safeguard Children (2015)
- Safeguarding children and young people: roles and competencies for health care staff – Intercollegiate Document (Royal College of Paediatrics and Child Health 2014)
- on publication Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document

See Appendix 4 for an outline of training required for Practice staff.

It is the responsibility of the line manager to ensure that evidence of training completion is retained in the personnel file and the training database updated accordingly.

As a minimum staff training must be reviewed by the line manager at each appraisal point.

2. ROLES / RESPONSIBILITIES / DUTIES

2.1 All Practice staff

Safeguarding children and adults with care and support needs is everyone's responsibility under the Children Act 1989/2004, and the Care Act 2014.

All Practice staff (or those working on behalf of the practice) must:

- adhere to this policy and undertake safeguarding children and safeguarding adults training commensurate with their roles.
- ensure that all services meet these minimum standards where applicable, and that these standards are included within contracts.

Those with line management responsibility should ensure that their staff have access to, are aware of and adhere to this policy. They should also assure themselves that their staffs' safeguarding children and safeguarding adult competences are reviewed appropriately within their annual appraisal.

2.2 The Managing Director

The Managing Director has overall responsibility for ensuring that the Practice discharges its responsibilities in accordance with the Care Act 2014 and Section 11 of the Children Act 2004.

The Managing Director has overall (executive) responsibility for Safeguarding / strategy and policy with additional leadership being provided by the Partners.

The Managing Director must provide strategic leadership, promote a culture of supporting good practice with regard Safeguarding within the organisation and promote collaborative working with other agencies.

<u>Key Responsibilities of the Managing Director</u>

- To ensure that the organisation adheres to relevant national guidance and standards for Safeguarding
- To promote a positive culture for safeguarding to include: ensuring there are procedures for safer staff recruitment; whistle blowing; appropriate policies for safeguarding (including regular updating); and that staff and patients are aware that the organisation takes safeguarding seriously and will respond to concern about the welfare of children and adults.
- To appoint a GP lead for safeguarding
- To ensure good Safeguarding practice throughout the organisation
- To ensure that an effective Safeguarding training and supervision strategy is resourced and delivered

- To ensure and promote appropriate, safe, multiagency/interagency partnership working practices and information sharing practices operate within the organisation

2.3 Practice Leadership Team (Partners)

The Practice Leadership Team (Partners) is responsible for the oversight of safeguarding arrangements within the organisation; and is responsible for reviewing and maintaining an effective system of internal control, including systems and resources for managing all types of risk associated with safeguarding children and adults with care and support needs.

In order to ensure effective administration of this function, the Partnership Board has

The Practice Leadership Team (Partners) needs to review all safeguarding arrangements on an annual basis as a minimum.

2.4 GP Partner Lead for Safeguarding

Whilst the Managing Director retains the overall responsibility for Safeguarding Children and Adults, the functional responsibility is delegated to a GP Partner Lead for Safeguarding Children. The GP Partner Lead provides leadership in the long term strategic planning for Safeguarding.

Key Responsibilities of the GP Partner Lead for Safeguarding

- To ensure that safeguarding is positioned as core business in strategic and operational plans and structures
- To oversee, implement and monitor the on-going assurance of safeguarding arrangements
- To ensure the adoption, implementation and auditing of policy and strategy in relation to safeguarding
- To ensure that there is a programme of training and mentoring to support those with responsibility for safeguarding
- Working in partnership with other health organisations and partner agencies to secure high quality, best practice in safeguarding
- To ensure that serious incidents relating to safeguarding are reported immediately and managed effectively

2.5 Implementation

Staff will be made aware of this policy through briefing or notification. Any previous copy of either Safeguarding Children or Adult Policies will be removed from the intranet and replaced with this document.

3. TRAINING & AWARENESS

Staff will be made aware of this policy through briefing within the internal notification system, and the document will be available on the intranet.

4. POLICY REVIEW

This policy will be reviewed one year after ratification. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as identified by the GP Partner Lead for Safeguarding.

5. REFERENCES

ADASS (2005), Safeguarding Adults: A National Framework for Standards for Good Practice and Outcomes in Adult Protection Work.

Care Act 2014, HMSO

Care and Support Statutory Guidance Issued under the Care Act 2014 Department of Health (February 2016)

Care Quality Commission (2015) Regulation 13: Safeguarding service users from abuse and improper treatment

Children Act 1989, HMSO

Children Act 2004, HMSO

HM Government (2015) Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers

HM Government (2015) Working Together To Safeguard Children

HSIC 2013 *A Guide to Confidentiality in Health and Social Care'* http://www.hscic.gov.uk/3444

Mental Capacity Act (2005)

Mental Capacity Act 2005: Code of Practice (Department for Constitutional Affairs 2007)

Mental Health Act (2007)

National Institute for Clinical Excellence (NICE) (2009) Clinical Guideline 89: *When to suspect child maltreatment*

NEL CCG: NELCCG Serious Incidents, Incidents and Concerns Policy

NELSCB (2014) Concern Conflict and Resolution Escalation Procedure http://nelsafeguardingchildrenboard.co.uk/data/uploads/documents-and-reports/info-for-practitioners/concern-conflict-resolution-escalation.pdf

NELSCB Guidance for Thresholds of Need and Intervention

NHS England (2016) Safeguarding Adults: Roles and competencies for health care staff – Intercollegiate Document on publication This document was published in February 2016, but withdrawn for amendments in April 2016

North East Lincolnshire Safeguarding Adults Board Policy and Procedures

North East Lincolnshire Safeguarding Children Board Procedures and Guidance

Prevent Duty Guidance (2015) The Home Office

Protecting Children and Young People: the responsibilities of all doctors, GMC (2012)

RCN and RCPCH (2012) Looked After Children: Knowledge, skills and competences of healthcare staff,

RCPCH (2014) Safeguarding Children and Young people: roles and competences for health care staff (Intercollegiate competency framework)

Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (2015)

Serious Crimes Act (2015

Statutory Guidance on promoting the Health and well-being of Looked After Children (DH 2009)

The Counter-Terrorism and Security Act (2015)

APPENDICES

APPENDIX 1: Key Contacts – The Practice and North East Lincolnshire

The Roxton Practice

Dr Anne Spalding	Overall GP Partner Lead for Safeguarding and Safeguarding Lead for Children	anne.spalding@nhs.net ext
Dr Matthew Tucker	GP Partner Lead for Safeguarding Adults	Matthew.tucker2@nhs.net ext

North East Lincolnshire CCG

Jan Haxby	Executive Lead for Safeguarding	Jan.haxby@nhs.net 07779 425102
Julie Wilburn	Designated Professional – Safeguarding Adults	Julie.wilburn@nhs.net 07767 612241
Sarah Glossop	Designated Nurse – Safeguarding Children	Sarah.glossop@nhs.net 07789 615434
Sally Bainbridge	Specialist Nurse – Safeguarding	Sally.bainbridge3@nhs.net
Dr Bukar Wobi	Designated Doctor for Safeguarding Children	Bukar.wobi@nhs.net 01472 874111
Jane Fell	Designated Nurse – Looked After Children	Jane.fell@nhs.net Tel: 01472 874111 ext 2731 07879 631751
Dr Bolaji Wilson	Designated Doctor – Looked After Children	Omobolaji.wilson@nhs.net 01472 874111
Designated Paediatrician – SUDIC – Rapid Response	Rapid Response On call consultant Paediatrician of the week Strategic Oversight Designated Doctor – Safeguarding Children	01472 874111
Bruce Bradshaw	Mental Capacity Act Strategic Lead	Bruce.bradshaw@nhs.net 0300 3302 927
Dr Marcia Pathak	Named GP – Safeguarding Children	Marcia.pathak@nhs.net 01472 752300
Dr Ademola Bamgbala	Named GP – Safeguarding Adults	Ademola.bamgbala@nhs.net 01472 264999

Other Services

Children

For referrals where a CHILD is suffering or at risk of Harm	North East Lincolnshire Children's Services **Multi-Agency Safeguarding Hub**	01472 325555
For allegations that a member of staff has, or may have, caused or been complicit in abuse or neglect of a CHILD	**Jill Alderson** Local Authority Designated Officer: (LADO)	01472 325464
North East Lincolnshire Safeguarding Children Board (NELSCB)	**Helen Willis** LSCB Manager **Stacey Gilham** LSCB Business Support Specialist	01472 326375 01472 325044

Adults

For referrals where an ADULT is suffering or at risk of Harm	Focus – Independent Adult Social Care **Single Point of Access**	01472 256256
For allegations that a member of staff has, or may have, caused or been complicit in abuse or neglect of an ADULT	**Sue Bunn** Designated Adult Safeguarding Manager (DASM)	01472 256256
North East Lincolnshire Safeguarding Adult Board (NEL SAB)	**Stewart Watson** SAB Manager **Casey Thornton** SAB administrator	01472 325069

Children or Adults

Humberside Police	Except in an emergency when 999 should be used For concerns about harm to a child or adult, or for PREVENT referrals, or reporting FGM – use 101

Prevent Contacts

Jan Haxby	Executive Lead for PREVENT	Jan.haxby@nhs.net 07779 425102
Sue Sheriden	Local CHANNEL lead	Sue.sheriden@nelincs.gov.uk Sue.sheriden@nelincs.gcsx.gov.uk (Secure e-mail)
Chris Stoddart	Regional PREVENT lead	07909 097769 Chris.stoddart@nhs.net

APPENDIX 2: Definitions – Adult Safeguarding

(Taken from Chapter 14 - Care and Support Statutory Guidance Issued under the Care Act 2014 February 2016 pp1-9)

Adult

Any person over the age of 18 years.

Safeguarding Duties

The safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect

As a result of the care and support needs the adult is unable to protect themselves from either the risk of, or the experience of abuse or neglect. Depending on the context, this could be an adult receiving a particular care and support service, or an adult who has such needs but are not receiving a service (for example, someone coming forward for an assessment).

Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. Where appropriate, adult safeguarding services should involve the local authority's children's safeguarding colleagues as well as any relevant partners (e.g. the Police or NHS) or other persons relevant to the case.

Care and support

The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

Adult Safeguarding Aims

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

Abuse

Abuse is the violation of an individual's human or civil rights by any other person/'s and involves the misuse of power by one person over another.

Abuse or neglect may be deliberate, or the result of negligence or ignorance. Unintentional abuse or neglect arises, for example, because pressures have built up and/or because of difficult or challenging behaviour which is not being properly addressed.

Abuse and neglect can take many forms, including the following, although this is not an exhaustive list:

Physical abuse

including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence

including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse

including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse

including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse

including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring.

Potential indicators of financial abuse may include:

change in living conditions; lack of heating, clothing or food; inability to pay bills/unexplained shortage of money; unexplained withdrawals from an account; unexplained loss/misplacement of financial documents; the recent addition of authorised signers on a client or donor's signature card; sudden or unexpected changes in a will or other financial document.

Modern slavery

encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse

including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion

Organisational abuse

including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission

including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect

this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Domestic Abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; sexual; financial; and emotional. A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015.

Mental Capacity Act

The Mental Capacity Act (MCA) 2005 provides a statutory framework to empower and protect people who may require help to make decision or may not be able to make decisions for themselves.

The Mental Capacity Act is accompanied by a 'Code of Practice' which provides practical guidance and everyone who works with people who may lack capacity has a duty to work within and have 'due regard' to the Code. The CCG expects all staff who work with people who may have reduced capacity to work within the Code of Practice.

Mental Capacity

Mental capacity is the ability to understand, retain and weigh up information in order to make a decision and to communicate the choice they have made. When an adult's ability to make a particular decision is reduced, they can be at increased risk of abuse, including neglect.

People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests. Professionals and other staff need to understand and always work in line with the Mental Capacity Act 2005 (MCA).

APPENDIX 3: Definitions – Safeguarding Children

(Taken from Working Together 2015, p 92-93)

Child:

Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

Safeguarding and promoting the welfare of children:

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

Child protection:

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm

Abuse:

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children

Physical abuse:

A form of abuse which 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:

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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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.

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.

Neglect:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

Young carers:

A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work).

Child Sexual Exploitation

The sexual exploitation of children is defined as:

'involving exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money, mobile phones) as a result of their performing, and/or another or others performing on them, sexual activities. It can occur through the use of technology without the child's immediate recognition; e.g. being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child's limited availability of choice resulting from their social/economic and/or emotional vulnerability'.

Female Genital Mutilation

is a collective term for "procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons" (World Health Organisation, 2013).

The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy.

FGM has been a criminal offence in the U.K. since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for the first time for UK nationals permanent or

habitual UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

APPENDIX 4: Safeguarding Training for Practice Staff

The Levels indicated in this Appendix are as per:

- For Safeguarding Children: Safeguarding Children and Young People: roles and competences for health care staff, RCPCH (2014)
- For Safeguarding Adults: Safeguarding Adults: Roles and and competences for health care staff – Intercollegiate Document (NHS England – pending 2016) – This document was withdrawn in April 2016, and will be reissued later in 2016. Levels will be subject to review and change on reissue.

Training Required

	Safeguarding Children	Safeguarding Adults	PREVENT	MCA	DoLS
All Staff	Level 1	Level 1	Yes	Yes	Yes
Any staff who have contact with patients or the public	Level 2	Level 2	Yes	Yes	Yes
Staff who receive and manage incidents & complaints	Level 2	Level 2	Yes	Yes	Yes
Clinical staff - who work with young people in transition to adult services, or significant contact with adult service users who have mental health, substance misuse or learning disabilities	Level 3	Level 3	Yes	Yes	Yes
GP Lead for Sagefguarding	Level 4	Level 4	Yes	Yes	Yes

Sources of Training

Level 1

Available via e-learning

Level 2

e-learning for health (children & adults)

Bespoke sessions can be available for sufficient numbers by contacting the Designated Nurse – Safeguarding Children or Designated Professional – Safeguarding Adults at NELCCG

Level 3

Access via LSCB, SAB, negotiation/discussion with safeguarding leads in health providers

Level 4 and 5

Staff working at levels 4 and 5 will access training / development opportunities through regional / national events

APPENDIX 5 Mandatory Reporting of Female Genital Mutilation