Camden Health Partners Limited

Child Safeguarding And Child Protection Policy

Document Control

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Child Safeguarding And Child Protection Policy

Camden Health Partners Limited believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to working to the following principles:

- The child's needs must come first.
- The child's well-being and welfare is everyone's shared responsibility for achieving better outcomes for children.
- The opinions of the child and family will always be considered and documented.
- The child and family will not be discriminated against on the grounds of age, ethnicity, religion, culture, gender, disability, class or sexual orientation.

The Organisation has a statutory duty to safeguarding and promoting the welfare of children and young people as outlined in the Children Act (1989; 2004) and the Children and Social Work Act (2017). Section 11 of the Children Act and Working Together to Safeguard Children (2018) outlines the legal duties and responsibilities placed on all health organisations to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children – see: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

In addition, in the event that there are any concerns identified about a child, the organisation will undertake its responsibilities under the "Working Together To Safeguard Children" (2018) guidance and legislation and subsequent updates – see:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

The purpose of this policy:

This policy is intended to set out to all staff, children and parents how Camden Health Partners Limited will protect and safeguard all children and young people who have yet to reach their 18th birthday that are known to the services. This policy is to provide clear guidance on prevention of abuse and the procedure for reporting any concerns or allegations of abuse and to set out the levels of responsibility by:

- Ensuring that staff are aware of the policy;

- Ensuring that vulnerable children are protected from any form of abuse;
- Ensuring that staff receive the appropriate training;
- Ensuring that any allegations of abuse are reported and are investigated by the statutory organisations and lessons are learned

This policy underpins the intention of Camden Health Partners Limited to maintain these principles in compliance with statute and statutory guidance

The Legal Framework:

This policy has been developed to enable Camden Health Partners Limited to comply with the following law and guidance:

- Children Act 1989
- United Nations Convention on the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Education Act 2002
- Adoption and Children Act 2202
- Female Genital Mutilation Act 2003
- Sexual Offences Act 2003
- Children Act 2004
- Children and Adoption Act 2006
- Safeguarding Vulnerable Groups Act 2006
- Children and Young Persons Act 2008
- Borders Citizenship and immigration Act 2009
- Education Act 2011
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Children and Social Work Act 2017
- Digital Economy Act 2017

Guidance:

- Working Together to safeguard children HM Gov 2018
- Mandatory reporting of Female Genital Mutilation 2016
- Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers HM Gov March 2015
- What to do if you are worried a child is being abused HM Gov 2015
- Intercollegiate document- Safeguarding children and young people: roles and competences for health care staff Jan 2019
- Special Educational needs and disability code of practice 0-25 DoE 2014

And is in compliance with:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This policy should be read alongside Camden Health Partners Limited's policies and procedures for:

- General Safeguarding
- Health and Safety
- Safer Recruitment
- Whistleblowing
- Information governance

This policy applies to all Camden Health Partners Limited staff, including senior managers, the board of trustees, paid staff including agency staff or anyone providing services on their behalf in accordance with statute:

Everybody who works with or has contact with children, parents and other adults who care for children, will be safely recruited, and are expected to recognise, and know how to act upon, evidence that a child's health, welfare or development is or may be being impaired especially when they are suffering, or likely to suffer significant harm. This will require that staff understand particular circumstances that may make a child more vulnerable to abuse.

This policy and supporting procedure document will cover the roles and responsibilities of all staff working on behalf of Camden Health Partners, with children, young people and their families and carers who are, or may be assessed as being in need (vulnerable) or in need of protection.

It is recognised that Camden Health Partners may be serving children and their families from across the United Kingdom. Key differences in legislation, government guidance, and local arrangements in the 4 nations are therefore included in Appendix 3

Governance and management
The CQC Registered Manager will be responsible for ensuring that the requirements of the Safeguarding policies and procedures are effectively implemented and managed and that the staff are aware of their responsibilities.

Issues specific to remote delivery of Health Care services

It is recognised that delivering health care services remotely via telephone etc could potentially introduce additional risks and vulnerabilities. Where possible these have been anticipated and the steps taken to mitigate that risk are listed below.

Potential vulnerability	How this is addressed
Clinicians may find it harder to spot physical indicators or signs of concern when not physically present.	Enhanced awareness of risk factors and associated signs and indicators will be achieved through specifically commissioned training. This policy provides additional details on particular vulnerabilities and risks
Clinicians may not be familiar with safeguarding and child protection arrangements in force in the different parts of the country served by Camden Health Partners Limited	This will be a feature of the training provided to staff and key differences in language and procedure, including legislative and official guidance, are highlighting within this policy and summarised in Appendix 3
Families may seek to avoid scrutiny and disguise abuse by using Camden Health Partners services rather than attending their regular GP	All families using the service are required to sign up to terms and conditions that make it clear that any and all Camden Health Partners Limited records will automatically be shared with their own GP. Registration with a UK GP is a recommendation for all service users.
Camden Health Partners Limited clinicians may not be aware of a child's full medical history or other relevant information	All service users must agree that Camden Health Partners clinicians can have access to their medical history and communicate with their regular GP as necessary. All relevant information will be gathered at the point of registration for the service.

This list is not exhaustive and will be reviewed and added to when the effectiveness of this policy is reviewed at regular intervals.

Contact details:

Safeguarding: The CQC Registered Manager of Camden Health Partners or his/her designee is the named Child Protection Officer.

Procedures to safeguard children and young people

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them or placing the interests of adults ahead of the needs of children.

Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and/or 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.
The aim of this procedure document is to provide guidance for staff to implement the principles of the policy and should be read in conjunction with RCGP/NSPCC Safeguarding Children Toolkit for General Practice

These procedures will cover the roles and responsibilities of all staff working with children, young people and their families and carers who are, or may be assessed as being in need (vulnerable) or in need of protection.

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Early help.

Effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help; and

- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Early help can prevent significant harm occurring and must be provided with the consent of either the parent or legal guardian or the child if they have capacity to give consent in their own right.

To assist in decision making each Local Authority is expected to provide a Threshold continuum that can be found on their website. For example:

http://www.londoncp.co.uk/files/revised_guidance_thresholds.pdf

Raising concerns- when to suspect maltreatment

If a child is suspected to be suffering or at risk of significant harm (Appendix 1) Clinicians must know how to respond sometimes this may mean sharing this information without consent and in some circumstances when putting the child's welfare as a priority it is important not to seek consent. These situations may be sexual abuse, suspected fabricated or induced illness or if the child may be at further risk by informing carers of intention to refer

Camden Health Partners Limited staff are in a unique position to be able to identify indicators of abuse or neglect, through their consultations with children and young people.

They have a duty to act on concerns in order to bring about better outcomes for children by taking action to:
- protect children from maltreatment;
- prevent impairment of children's health or development;
- ensure that children grow up in circumstances consistent with the provision of safe and effective care; and
- to enable all children to have the best outcomes.

Everybody who works with or has contact with children, parents and other adults who care for children, should be able to recognise, and know how to act upon, evidence that a child's health, welfare or development is or may be being impaired especially when they are suffering, or likely to suffer significant harm.

Identifying abuse and neglect

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Child welfare concerns may arise in many different contexts and can vary greatly in terms of their nature and seriousness.

Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet.

They may be abused by an adult or adults, or another child or children.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives.

Abuse and neglect can happen over a period of time but can also be a one-off event.

Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and well-being.

The warning signs and symptoms of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, because they may have an impaired capacity to resist or avoid abuse or to disclose verbally due to speech, language and communication needs which may make it difficult to tell others what is happening.

Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health.

By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.
There are a number of warning indicators which might suggest that a child may be being abused or neglected.

There are 4 categories of abuse as defined in the document "Working Together to Safeguard Children 2015":

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

Abuse is defined as:
“any action by another person – adult or child – that causes significant harm to a child.”

Physical abuse
Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Fabricated and induced illness is part of a parent/ carers psychological problems and has specific guidance that requires careful assessment between health services and the police.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf

Emotional abuse: Emotional abuse is the persistent emotional maltreatment of a child. It can have severe and persistent adverse effects on a child’s emotional development.

Although the effects of emotional abuse might take a long time to be recognisable, Staff may be in a position to notice in the child’s demeanour or way they may talk about themselves or in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. 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, being left alone for long periods or caring for others. 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.

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 caregivers); or
- ensure access to appropriate medical care or treatment.

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

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.

Recognising abuse

Children may disclose directly that they are being abused. If this happens it is important to listen and record as soon as possible the child’s words.

It is recognised that the service provided by Camden Health Partners Limited is mainly via video link, mobile telephone screen or computer. This may present some challenges to identifying physical indicators. An unusual injury be seen or pain

described by a child not related to their condition, this should be considered as possible harm.

Emotional abuse is a feature of all types of abuse. It can be recognised by developmental delay, anxieties and low affect in a child. It may be described in the child's behaviour by a carer, of being isolated, poor eating habits, refusing school, self harming poor sleep patterns etc.

It can also be identified by the nature of the relationship between carer and child; hostility, authoritarian, dismissive or high criticism, low warmth parenting.

Neglect can be identified through obvious lack of basic care, but also the emotional impact. A carer who neglects their child may be putting their own needs first. They may be using substances, alcohol excessively or have mental health problems.

Sexual abuse can be identified through the emotional impact and through a child having sexually transmitted diseases, pregnancy or substance misuse problems.

Children who are sexually abused may self harm or develop eating disorders. They will often believe they are to blame and have consented to a sexual relationship. Children may be harmed by being bullied by peers through social media or groomed on-line by predatory adults.

It is important to ensure the child is not led to believe that they are in any way responsible for sexual abuse.

Other ways children may be maltreated or abused:

Female genital mutilation:
This is practiced by a decreasing number of communities and in decreasing numbers and maybe considered cultural. There is a mandatory requirement to report to social care a suspicion that this might happen.
If you are informed that a child has been 'cut' it is reported to the police see guidance Mandatory Reporting of Female Genital Mutilation – procedural information

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf

Child Sexual Exploitation:
Where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim

may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Children often are not aware that they have been victim to sexual exploitation and may refuse consent to sharing of this information. The child’s safety is the deciding factor for sharing information without consent.

https://www.gov.uk/government/publications/tackling-child-sexual-exploitation--2

Trafficking:

Children may be trafficked for sexual exploitation or slavery. The main indicator may be that they are not in the care of a person who holds legal responsibility for them. When using the services of Camden Health Partners Limited it is important that the doctor is confident that the person giving consent is legally able to do so.

This can be done by the adult providing details of their relationship with the child and signing a form to confirm their legal responsibility prior to treatment being agreed or provided. Checks need to be made for the validity of the information.

The patient’s guardian will be asked to provide a reference number pertaining to a piece of their photo ID at the online registration page. This piece of photo ID will then be sighted and verified by the treating Clinician before they start the consultation.

The second method of verification is through the registered credit card address of the Guardian.

The Service user will need to enter a valid registered address in order to pay by credit card.

The Service user will on registration be asked whether they are calling from their registered address. If not, they will be requested to state where they are calling from before commencing the consultation.

If a prescription is required, we will have details of the pharmacy that agrees to dispense the medication and therefore have information on the general location of the patient.

The Service user’s IP address can be used as a backup to identify town from which they are contacting our service.

If the child is in the care of a person who does not have legal responsibility for them a referral must be made as this may constitute private fostering arrangements.

Radicalisation:
Healthcare professionals have a key role in Prevent. Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. Prevent does not require you to do anything in addition to your normal duties. What is important is that if you are concerned that a vulnerable individual is being exploited in this way, you can raise these concerns in accordance with your organisation's policies and procedures.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215253/dh_131912.pdf

Online or through Social media
Children and young people can be bullied, groomed and exploited on-line. This must be reported to CEOP (Child Exploitation on-line protection) if suspected

https://www.ceop.police.uk/safety-centre/

This is not an exhaustive list of potential vulnerabilities for children.

Careful consideration should be given to children and young people in the following additional categories:

- Disabled children
- Children who have special educational needs;
- Children who are young carers;
- Children who show signs of engaging in anti-social or criminal behaviour;
- Children who live in family circumstances presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;

Responding to disclosure
If a child discloses abuse it is important not to react or stop the child sharing, listen to them and record the child's words as soon as possible. If the child or carer asks you not to tell anyone or report you must consider the public interest test for sharing information without consent and the right of the child to ask for confidentiality to be respected.

Some basic principles:

•Don't give assurances about absolute confidentiality.

•Try to gain consent to share information as necessary.
•Consider the person’s mental capacity to consent to information being shared and seek assistance if you are uncertain.
•Make sure that others are not put at risk by information being kept confidential:
•Does the public interest served by disclosure of personal information outweigh the public interest served by protecting confidentiality?
•Could your action prevent a serious crime?
•Don’t put management or organisational interests before safety.
•Share information on a ‘need-to-know’ basis and do not share more information than necessary.
•Record decisions and reasoning about information that is shared.
•Carefully consider the risks of sharing information in relation to domestic violence or hate crime.

Consent to share information

The parent/ carer must be asked for consent to share information regarding a child being in need and informed of the intention to share information if there is a risk of or the child is suffering significant harm.
Children can deny consent to share information. It is recognised that some children may consult with Camden Health Partners Limited without their parent or legal guardian present.

In consultation with a young person who does not give consent to sharing of information the Clinician should follow guidance to Gillick principles and Fraser competence before discussing with a parent or guardian.

A young person 16 years to 18 years can expect to have their wishes for confidentiality upheld if they have capacity under Mental Health Act guidance.

A child under 16 years must be assessed about their capacity.

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Making a referral/ sharing information

The process for making a referral starts after discussion with the Safeguarding lead or deputy. For the Urgent Treatment Centres please refer to the Royal Free safeguarding process as found on the intranet.

If there is immediate concern for the child's safety the police are informed through 999. This will be followed up by a referral to Social Care through the organisation's procedures.

The clinician must record their concerns using observation and child's or parent's/ carer's words to share with the safeguarding lead. The discussion is recorded in the child's notes.

Social Care will require information to assess the level of need/risk which is stipulated in the assessment framework (Appendix 3) This is the 'need to know' information.

Under the "Working Together To Safeguard Children" (2018) guidance, emergency actions are to be managed as follows:

> *"Where there is a risk to the life of a child or a likelihood of serious immediate harm, local authority social workers, the police or NSPCC should use their statutory child protection powers to act immediately to secure the safety of the child. If it is necessary to remove a child from their home, a local authority must, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an Emergency Protection Order (EPO).*
>
> *Police powers to remove a child in an emergency should be used only in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child. An EPO, made by the court, gives authority to remove a child and places them under the protection of the applicant.*
>
> *When considering whether emergency action is necessary, an agency should always consider the needs of other children in the same household or in the household of an alleged perpetrator."*

Raising concerns about staff

If an allegation is made regarding a complaint about the behaviour of a member of staff of Camden Health Partners Limited there are 3 strands to consider.

- The immediate safety of a child making the allegation
- The need to suspend the staff member
- The need to inform other statutory bodies: police, local authority designated team, and the Care Quality Commission.

If the concern is in regard to a Clinician, it must be shared with that clinician's Responsible Officer. See:

http://www.gmc-uk.org/concerns/29430.asp

Record keeping
The clinician must make full and accurate notes of meetings or interviews with the child or young person and other people involved in the case at the time that an event happens or as soon as possible afterwards.

Any notes or reports you make must be written fairly and impartially:

- Keep clear, accurate and legible records.
- Make records at the time the events happen, or as soon as possible afterwards.
- Record your concerns, including any minor concerns, and the details of any action you have taken, information you have shared and decisions you have made relating to those concerns.
- Make sure information that may be relevant to keeping a child or young person safe is available to other clinicians providing care to them.

This record will be shared with the patient's GP

Training
All staff will be trained before commencing work to the levels as set out below.

All Camden Health Partners staff will receive training prior to commencement of their work and undergo a refresher course in Safeguarding at least once every 3 years. This will normally be done via an externally delivered course.

Safeguarding leads should normally be trained to Level 4 as indicated in the Intercollegiate document.

For clinical staff, training will normally be to Level 3 and certificates will be inspected before Clinicians are allowed to commence work with Camden Health Partners Limited.

Non-clinical staff will be required to have Level 1 Safeguarding training before commencing work.

In addition, the CQC Registered Manager will be trained to Level 3 standard.

Training will encompass areas such as vulnerable adults, domestic violence, learning disability, disabled children, working with families who are difficult to engage, child

maltreatment and key principles of advocacy and human rights, documentation, dealing with uncertainty, and individuals' responsibility to act.

Recruitment

All staff will be recruited using safer recruitment processes. Those staff in regulated positions will have enhanced DBS checks. Camden Health Partners will seek clarification from any agency providing staff that the staff member has been safely recruited and their DBS check is current and relevant.

All staff will sign that they have received and read the induction package and be made aware that commencing delivery of the service will start when all checks are completed, and safeguarding training has been received

Code of conduct

http://www.gmc-uk.org/guidance/good_medical_practice/contents.asp

Provision for children/ parents and carers for whom English is a second language

Camden Health Partners is committed to ensuring that clients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. It is not appropriate to use children to interpret for family members who do not speak English.

In order to minimise misunderstanding and ensure that the client is satisfied with the information being offered please follow the guidance below.

- Ensure that the correct language is identified in order to provide information in the appropriate language.

- Ensure that information about safeguarding is given to the client / parent in appropriate language prior to seeking consent.

- If the client/parent does not read their own language ensure that relatives/friends who are asked to act as interpreters have declared their relationship to client and are not involved in any allegations of abuse against the client.

- Where possible an independent interpreter should be used.

- Consideration should be given to the involvement of interpreter/link worker if they have been consistently involved in interpreting as they may have useful information and be able to offer support to the client.

CONFIDENTIALITY/SHARING DATA

Clinicians have a duty of confidentiality, and patients have a right to expect that information given to a clinician in a professional context will not be shared without their permission. The GMC emphasises the importance in most circumstances of obtaining a patient's consent to disclosure of personal information. In general, if you decide to disclose confidential information without consent, you should be prepared to explain and justify your decision and you should only disclose as much information as is necessary for the purpose. The Medical Defence organisation and/or the organisation's insurers will be consulted in all cases.

- You can disclose information without consent if you are making a child protection referral (subject to the guidance above)
- You should always obtain consent if you are making a referral as a child in need
- If you are in doubt about whether to refer a child as a 'child protection referral' versus a 'child in need' referral, ask advice from one of your local advisers such as the Designated or Named Doctor or Nurse.
- Clear and comprehensive records relating to all events and decisions will be maintained

GMC guidance "Confidentiality: Protecting and Providing Information" (Sep 2000) describes the following circumstances when disclosure may be justified:

Disclosures to protect the patient or others
"Disclosure of personal information without consent may be justified where failure to do so may expose the patient or others to risk or death or serious harm. Where third parties are exposed to a risk so serious that it outweighs the patient's privacy interest, you should seek consent to disclosure where practicable. If it is not practicable, you should disclose information promptly to an appropriate person or authority. You should generally inform the patient before disclosing the information."

> "Such circumstances may arise, for example where a disclosure may assist in the prevention or detection of a serious crime. Serious crimes, in this context, will put someone at risk of death or serious harm, and will usually be crimes against the person such as abuse of children."

Paras 36 & 37c

Children and other patients who may lack competence to give consent
"If you believe a patient to be a victim of neglect or physical, sexual or emotional abuse and that the patient cannot give or withhold consent to

disclosure, you should give information promptly to an appropriate responsible person or statutory agency, where you believe that the disclosure is in the patient's best interests. You should usually inform the patient that you intend to disclose the information before doing so. Such circumstances may arise in relation to children, where concerns about possible abuse need to be shared with other agencies such as social services. Where appropriate you should inform those with parental responsibility about the disclosure. If, for any reason, you believe that disclosure of information if not in the best interests of an abused or neglected person, you must still be prepared to justify your decision."

Where there are safeguarding concerns, staff have a duty to share information. It is important to remember that in most serious case reviews, lack of information sharing can be a significant contributor when things go wrong.

Information should be shared with consent wherever possible. However, a person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others e.g. in the interests of public safety, police investigation, etc.

The following guidelines are therefore in place for our staff:

a) **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.

b) **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

c) **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

d) **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case.

e) **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be
affected by their actions or the actions of the perpetrator.

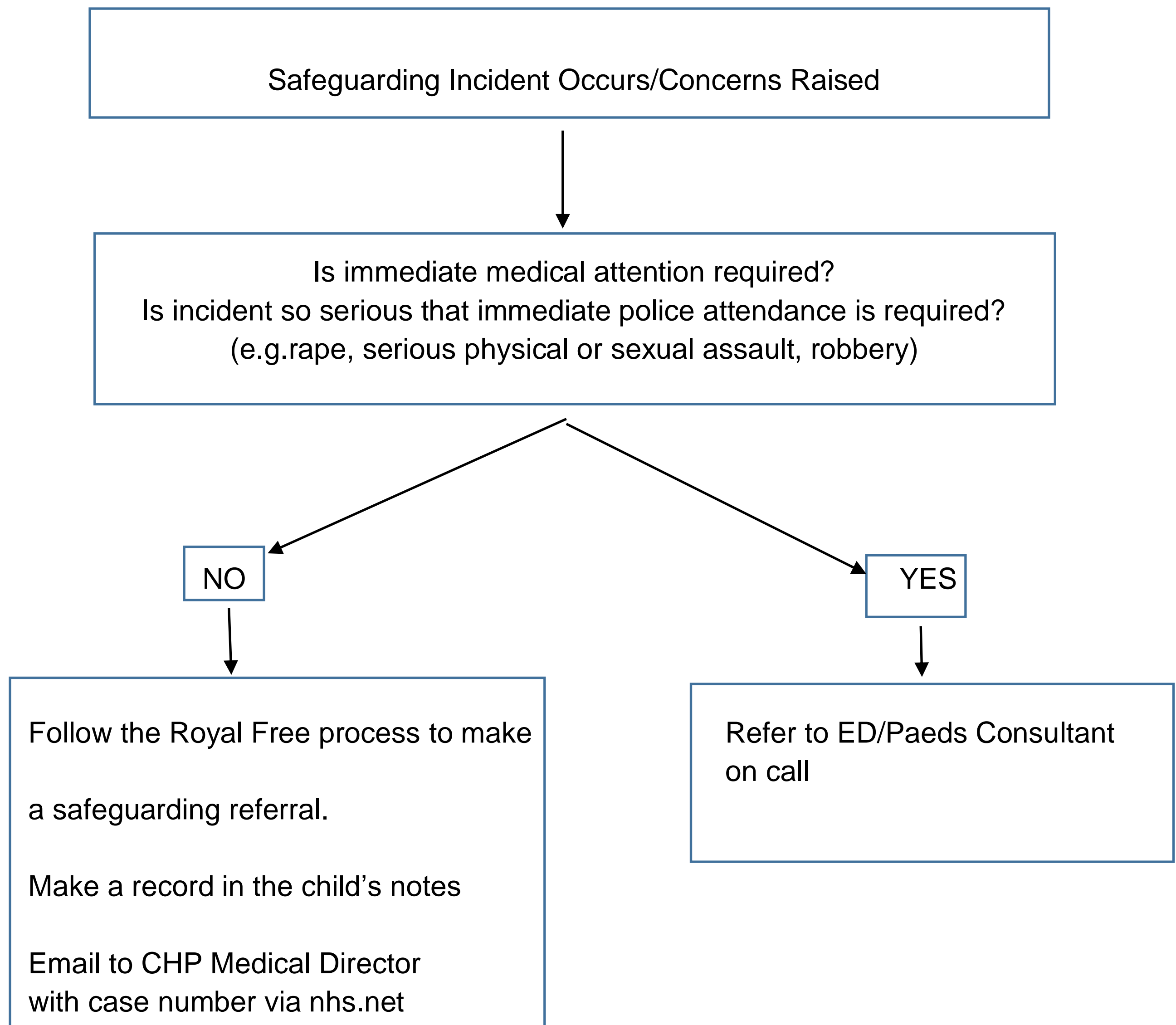
f) **Sharing should be necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate, and up-to-date, is shared in a timely fashion, and is shared securely.

g) **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

IN SUMMARY, any information disclosed should be:

- clear regarding the nature of the problem and purpose of sharing information
- based on fact, not assumption
- restricted to those with a legitimate need to know
- relevant to specific incidents
- strictly limited to the needs of the situation at that time
- recorded in writing with reasons stated.

Appendix 1 Responding to a concern



Appendix 2 – Key differences across the 4 nations of the United Kingdom

England

Overall responsible body: The Department for Education

Local arrangements: Local Safeguarding Children Boards (LSCBs)

Key Legislation:
Children Act 1989
Children Act 2004

Main Guidance:
Working Together 2015

Wales

Overall responsible body: The Welsh Government

Local arrangements: Local Safeguarding Children Boards

Key Legislation:
The Social Services and Well-being (Wales) Act 2014
The Children Act 1989
The Children Act 2004

Main Guidance:
Rights of Children and Young Persons (Wales) Measure 2011
Programme for children and young people
Codes of Practice
Safeguarding children: working together under the Children Act 2004 (Welsh Government, 2006)
The All Wales Child Protection Procedures Review Group, 2008

Scotland

Overall responsible body: The Scottish Government

Local arrangements: Child Protection Committees

Key Legislation:
The Children (Scotland) Act 1995

The Children and Young People (Scotland) Act 2014

Main Guidance:
Scottish Government (2014) National Guidance for child protection in Scotland.
Getting it right for every child (GIRFEC)
The Early Years Framework (2008)

Northern Ireland

Overall responsible body: The Northern Ireland Executive government

Local arrangements: Safeguarding Board for Northern Ireland (SBNI)

Key Legislation:
The Children (Northern Ireland) Order 1995
The Children's Services Co-operation Act (Northern Ireland) 2015
The Safeguarding Board Act (2011)

Main Guidance:
Our children and young people: our pledge: a ten-year strategy for children and young people in Northern Ireland 2006-2016
The Understanding the Needs of Children in Northern Ireland (UNOCINI)
Co-operating to Safeguard Children and Young People in Northern Ireland (2016)

Appendix 3

Related Legislation

The Care Act 2014

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015

Children Act 1989

Children Act 2004

Children and Young Persons Act 1933

Equality Act 2010

Equality Act 2010: Chapter 1 (protected characteristics) Chapter 2 (prohibited conduct) and Chapter 3 (services and public functions)

Human Rights Act 1998

Mental Capacity Act 2005

Mental Capacity Act Code of Practice

Mental Health Act 1983

Mental Health Act 2007 and Code of Practice

Protection of Freedoms Act 2012 – links to The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012

Safeguarding Vulnerable Groups Act 2006

Appendix 4

Related Guidance

Care Act and Care Certificate

Care Act 2014 (Social Care Institute for Excellence)

Care Act 2014 part 1: factsheets (Department of Health, June 2014)

Care and support statutory guidance, issued under the Care Act 2014 (Department of Health, March 2016)

Challenging behaviour

Services for people with learning disabilities and challenging behaviour or mental health needs – Mansell report: revised edition (Department of Health)

A core principles commissioning tool for the development of local specifications for services supporting children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour:

Data protection

Information sharing: Guidance for practitioners and managers – departmental advice for professionals on when and how to share information about children, young people and families (HM Government)

Dignity and respect

Dignity in Care – SCIE guide 15 (Social Care Institute for Excellence, June 2010 (updated May 2013))

Equality and human rights

Equality Act 2010 guidance

Guidance for service providers about their duties under the Equality Act 2010 (Equality and Human Rights Commission)

Services, public functions and associations: Statutory Code of Practice (Equality and Human Rights Commission)

General resource

National Institute for Health and Care Excellence (NICE)

Mental capacity

Mental Capacity Act 2005 Code of Practice

Mental health

Code of Practice: Mental Health Act 1983 (Department of Health)

Quality monitoring/governance

National Institute for Health and Care Excellence (NICE) guidance

National Institute for Health and Care Excellence (NICE) quality standards topic library

Restrictive practice/restraint

Positive and proactive care: reducing the need for restrictive interventions (Department of Health)

Risk assessment

Health and Safety Executive, Sensible risk assessment in care settings

Risk assessment (Health and Safety Executive)

Safeguarding

Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children (Department for Education)

What to do if you're worried a child is being abused (HM Government)

When to suspect child maltreatment - NICE guideline CG89 (National Institute for Health and Care Excellence, June 2009)

Clinical governance and adult safeguarding (Department of Health)

Whistleblowing

Raising a concern with CQC: A quick guide for health and care staff about whistleblowing (Care Quality Commission)

Raising concerns at work: whistleblowing guidance for workers and employers in health and social care

Whistleblowing: Guidance for providers who are registered with the Care Quality Commission (Care Quality Commission, November 2013)

Intercollegiate guidance

The medical Royal Colleges give clear guidance about the appropriate competencies and levels of training in safeguarding children or child protection for different members of staff.

The Royal College of Nursing published updated intercollegiate guidance Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff in January 2019. See also: https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies

Appendix: 5

Competency framework

The competency framework set out in the intercollegiate guidance identifies levels of competency ranging from level one to five (and board level). It also gives examples of which groups of staff fall within them.

- **Level 1:** All staff including non-clinical managers and staff working in healthcare services

Level 1
Knowledge of potential indicators of child maltreatment in its different forms – physical, emotional and sexual abuse, and neglect, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation)
Awareness of child trafficking, FGM, forced marriage, modern slavery, gang and electronic media abuse, sexual exploitation, county lines (young people involved in organised crime who are coerced to traffic drugs or other illegal items around the country)
To be able to demonstrate an understanding of the risks associated with the internet and online social networking
Awareness of the vulnerability of: looked after children, children with disabilities, unaccompanied children, care leavers and young carers, missing children
To be able to understand the impact a parent/carers physical and mental health can have on the wellbeing of a child or young person, including the impact of domestic abuse and violence and substance misuse

To be able to understand the importance of children's rights in the safeguarding/child protection context
To know what action to take if you have concerns, including to whom you should report your concerns and from whom to seek advice
To be able to understand the basic knowledge of legislation (Children Acts 1989, 2004, and Children and Social Work Act 2017 and the Sexual Offences Act 2003, and the equivalent Acts for Scotland, Northern Ireland and Wales)
To be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation

- **Level 2:** Minimum level required for non-clinical and clinical staff who, within their role, have contact (however small) with children and young people, parents/carers or adults who may pose a risk to children.

Level 2
To demonstrate an understanding of what constitutes child maltreatment and be able to identify signs of child abuse or neglect
To be able to act as an effective advocate for the child or young person
To demonstrate an understanding of the potential impact of a parent's/carer's physical and mental health on the wellbeing of a child or young person in order to be able to identify a child or young person at risk
To be able to identify your own professional role, responsibilities, and professional boundaries, and understand those of your colleagues in a multidisciplinary team and in multi-agency setting
To know how and when to refer to social care if you have identified a safeguarding/child protection concern
To be able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately
To know how to maintain appropriate records including being able differentiate between fact and opinion
To be able to identify the appropriate and relevant information and how to share it with other teams

To be aware of the risk of Female Genital Mutilation (FGM) in certain communities, be willing to ask about FGM in the course of taking a routine history where appropriate, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and symptoms and be able to refer appropriately for further care and support, including the FGM mandatory reporting duties to the police: in accordance with current legislation
To be aware of the risk factors for grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation) and know who to contact regarding preventive action and supporting those vulnerable young persons who may be at risk of, or are being drawn into, terrorist related activity
To be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation

- **Level 3:** All clinical staff working with:
  - children, young people and/or
  - their parents/carers
  - and/or any adult who could pose a risk to children who could
  - potentially contribute to assessing, planning, intervening and/or
  - evaluating the needs of a child or young person and/or parenting capacity.

Level 3
CORE
To be able to identify, drawing on professional and clinical expertise, possible signs of sexual, physical, or emotional abuse or neglect including domestic abuse, sexual exploitation, grooming and exploitation to support and/or commit acts of terrorism (known as radicalisation), FGM, modern slavery, gang and electronic media abuse using child and family-focused approach
To understand what constitutes child maltreatment including the effects of carer/parental behaviour on children and young people

To have an awareness or knowledge of, dependent on role, forensic procedures in child maltreatment, with specific requirements and depth of knowledge relating to role (eg, where role involves includes forensics teams/working alongside forensics teams)
To know how to undertake, where appropriate, a risk and harm assessment
To know how to communicate effectively with children and young people, and to know how to ensure that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability
To know how to contribute to, and make considered judgements about how to act to safeguard/protect a child or young person, including escalation as part of this process
To know how to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated within a multidisciplinary approach and related to role
To be able to demonstrate an understanding of the issues surrounding misdiagnosis in safeguarding/child protection
To know how to ensure the processes and legal requirements for looked after children, including after-care, are appropriately undertaken, where relevant to role
To know how to appropriately contribute to inter-agency assessments by gathering and sharing information, documenting concerns appropriately for safeguarding/child protection and legal purposes, seeking professional guidance in report writing where required
To know how to assess training requirements and contribute to departmental updates where relevant to role. This can be undertaken in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training)
To know how to deliver and receive supervision within effective models of supervision and /or peer review as appropriate to role, and be able to recognise the potential personal impact of safeguarding/child protection work on professionals
To be able to identify risk to the unborn child in the antenatal period as appropriate to role
To know how to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice
To know, as per role, how to advise others on appropriate information sharing

To know how to (where relevant to role) appropriately contribute to serious case reviews (in Wales Child Practice Reviews)/Domestic Homicide Reviews which include children/case management reviews/significant case reviews, and child death review processes, and seeks appropriate advice and guidance for this role
To know how to obtain support and help in situations where there are problems requiring further expertise and experience
To know how to participate in and chair peer review and multidisciplinary meetings as required

- **Level 4:** Named professionals

- Contributes as a member of the safeguarding team to the development of strong internal safeguarding/child protection policy, guidelines, and protocols.
- Able to effectively communicate local safeguarding knowledge, research and findings from audits, challenge poor practice and address areas where there is an identified training/development opportunity.
- Facilitates and contributes to own organisation audits, multi-agency audits and statutory inspections.
- Works with the safeguarding/child protection team and partners in other agencies to conduct safeguarding training

  needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered.
- Undertakes and contributes to serious case reviews/case management reviews/ significant case reviews (in Wales child practice reviews)/domestic homicide reviews which include children individual management reviews/individual agency reviews/internal management reviews, and child death reviews where requested, and undertakes chronologies, and the development of action plans using a root cause analysis approach where appropriate or other locally approved methodologies.
- Co-ordinates and contributes to implementation of action plans and the learning following the above reviews with the safeguarding/child protection team.
- Works effectively with colleagues from other organisations, providing

advice as appropriate.

- Provides advice and information about safeguarding/child protection to the employing authority, both proactively and reactively – this includes the board, directors, and senior managers.
- Provides specialist advice to practitioners, both actively and reactively, including clarification about organisational policies, legal issues and the management of child protection cases.
- Provides safeguarding/child protection supervision and leads or ensures appropriate reflective practice is embedded in the organisation to include peer review.
- Participates in sub-groups, as required, of the LSP/the safeguarding panel of the health and social care trust/the child protection committee in Scotland/the safeguarding committee of the health board or trust in Wales.
- Leads/oversees safeguarding/child protection quality assurance and improvement processes.
- Undertakes risk assessments of the organisation's ability to safeguard/protect children and young people.

- **Level 5:** Designated professionals

- Provides, supports and ensures contribution to safeguarding appraisal and appropriate supervision for colleagues across healthcare services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Conducts training needs analysis, and commissions, plans, designs, delivers, and

  evaluates safeguarding/child protection single and inter-agency training and teaching for staff across healthcare services, including public health services commissioned by local authorities, and provided by independent/ private healthcare providers.
- Leads/oversees safeguarding/child protection quality assurance and improvement across healthcare services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers.
- Leads innovation and change to improve safeguarding across healthcare

services, including public health services commissioned by local authorities, and provided by independent/private healthcare providers.

- Takes a lead role in ensuring robust processes are in place across healthcare services to learn lessons from cases where children and young people die or are seriously harmed and maltreatment or neglect is suspected.
- Gives appropriate advice to specialist safeguarding/child protection professionals working within organisations delivering health services and to other agencies.
- Takes a strategic and professional lead across healthcare services on all aspects of safeguarding/child protection, working closely with adult safeguarding colleagues.
- Provides expert advice and guidance, aiming to continually improve the quality of safeguarding activity in order to improve health outcomes for vulnerable children and those identified with safeguarding concerns.
- Provides expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to safeguard and promote the welfare of children to include:
  - taking a strategic professional lead across every aspect of health service contribution to safeguarding children within all provider organisations commissioned by the commissioners within each nation
  - ensuring robust systems, procedures, policies, professional guidance, training and supervision are in place within all provider organisations commissioned by the commissioners within each nation, in keeping with local safeguarding children partnership/local safeguarding children's board procedures and recommendations (England, Wales and Northern Ireland), and area child protection committees (Scotland)
  - providing specialist advice and guidance to the board and executives of commissioner organisations on all matters relating to safeguarding children including regulation and inspection
- ensuring involvement with commissioners, providers and partners on direction and monitoring of safeguarding standards and to ensure that safeguarding standards are integrated into all commissioning processes and service specifications
- monitoring services across healthcare services[cl] to ensure adherence to legislation, policy and key statutory and non-statutory guidance by

supporting quality assurance teams.