

# Safeguarding Children Policy

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<b>Responsible Director</b>	Medical Director
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**Related Policies & Guidelines:**

- Information Governance Policy
- Safeguarding Vulnerable Adults Policy

## **Contents**

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1. Introduction.....	3
2. Purpose.....	3
3. Scope .....	4
4. Responsibilities.....	5
4.1 Managing Director.....	5
4.2 Designated Safeguarding Nurse .....	5
4.3 Designated Safeguarding Doctor.....	5
4.4 Deputy Designated Safeguarding Nurse .....	5
5. Definitions of Abuse and Neglect.....	5
5.1 Physical abuse .....	5
5.2 Sexual abuse .....	6
5.3 Emotional abuse.....	6
5.4 Neglect.....	6
6. Sharing Information.....	7
6.1 The Data Protection Act 1998 .....	7
6.2 Common Law Duty of Confidence.....	7
6.3 Human Rights Act 1998 .....	8
Appendix 1 – References.....	9

## **Amendment History**

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Version	Status	Date	Reason for Change	Authorised
1.0		December 2014	Review and formatting	

## 1. Introduction

'Working Together to Safeguard Children' (2010) explains, all health professionals working with children and young people should ensure that safeguarding and promoting their welfare forms an integral part of all elements of care. Health professionals working with parents/carers need to understand their role in safeguarding children and promoting their welfare. Health professionals can be often the first to be aware that "families are experiencing difficulties in looking after their children".

Section 11 of the Children Act 2004 places a statutory duty on organisations and individuals, to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children (Child Protection). This policy sets out the key arrangements for safeguarding and promoting the welfare of children for Central London Healthcare.

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part.
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

*(Working Together to Safeguard Children)*

This means that there is a responsibility within the health economy to ensure that:

- All health professionals working directly with children and young people have a clear responsibility to ensure that safeguarding and promoting children and young people's welfare is a central and integral part of the care they offer.
- Health professionals, who come into in-direct contact with children, through working with parents or carers also need to be fully informed about their responsibilities to safeguard and promote the welfare of children and young people.
- Commissioning of health services for both children and adults takes into account the safeguarding and promotion of welfare of children and young people.

## 2. Purpose

This policy sets out the key arrangements for safeguarding and promoting the welfare of children in Central London.

At all levels within the organisation, Central London Healthcare (CLH) is committed to the promotion of children's welfare and to protecting them from abuse and neglect. The purpose of this policy is to outline the structure and describe the systems that enable the promotion of children's welfare and child protection and to describe monitoring processes. Staff must be aware of their role in safeguarding and protecting children. There must be a framework for the development of competence and confidence in this role and appropriate support in order to achieve this.

Section 11 of the Children Act 2004 places a statutory duty on organisations and individuals, to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. Working Together to Safeguard Children (2010) sets out how professionals should work together in multi-agency teams to promote children's welfare and protect them from abuse. CLH as stated above acknowledges the importance of staff receiving adequate training and supervision.

CLH will safeguard and promote the welfare of children through:

- Ensuring that there is a commitment throughout the organisation, from top to bottom to safeguard children
- Ensure that the health contribution to safeguarding and promoting the welfare of children is discharged effectively and monitored appropriately across the whole local health economy through commissioning arrangements.
- Ensure that there are clear lines of accountability for safeguarding and clear organisational structures to work within.
- Supporting a culture that promotes and enables safeguarding issues to be addressed and decisions, actions and outcomes properly recorded

This policy also gives consideration to meeting the requirements of:

- Standard 5 - National Service Framework for Children, Young People and Maternity Services 2004.
- Care Quality Commission – outcome 7

### **3. Scope**

This policy applies to all staff working for Central London Healthcare regardless of their role or place within the organisation, and must be brought to their attention and read by them. The policy is also applicable to contractors and volunteers working within the organisations. Children are defined as anyone under 18 years of age (Children Act 2004).

Failure to comply with this policy could result in serious harm to a child, or even the death of a child, who receives care from the trust, or where their parent or carer receives care from the trust. Failure to comply will also leave the trust exposed to challenge by LSCBs who have a statutory duty to monitor the trust's compliance with discharging their duties under section 11 Children Act 2004 and from other inspectorial and regulatory bodies, for example the Care Quality Commission (CQC), the National Patient Safety Agency (NPSA) and Monitor – the independent regulator of NHS Foundation Trusts.

Promoting children and young people's wellbeing and safeguarding them from significant harm is crucially dependent upon effective information sharing. All employees should follow the guidance in the Information Sharing: Guidance for Practitioners and Managers (HM Government 2008).

## **4. Responsibilities**

### **4.1 Medical Director**

The Managing Director has ultimate responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole organisation.

### **4.2 Designated Safeguarding Nurse**

The current Designated Nurse for Safeguarding Children is:

Nicky Brownjohn  
CWHH (Westminster)  
Tel: 020 3350 4329  
Mobile: 07500 064 882  
Email: [nicky.brownjohn@inwl.nhs.uk](mailto:nicky.brownjohn@inwl.nhs.uk)  
Secure Email: [nicky.brownjohn@nhs.net](mailto:nicky.brownjohn@nhs.net)

### **4.3 Designated Safeguarding Doctor**

The current CLH Doctor for Safeguarding Children is:

Dr Matthew Johnson  
Secure Email: [matthew.johnson@nhs.net](mailto:matthew.johnson@nhs.net)

### **4.4 Deputy Designated Safeguarding Nurse**

The current Designated Nurse for Safeguarding Children is:

Sarah Hamilton  
Tel: 020 3350 4443  
Mobile: 07771 339182  
Email: [sarah.hamilton@inwl.nhs.uk](mailto:sarah.hamilton@inwl.nhs.uk)  
Secure Email: [sarah.hamilton@nhs.net](mailto:sarah.hamilton@nhs.net)

The designated professions are responsible for ensuring that this policy is implemented in each area and that all staff are fully conversant and compliant with the requirement of any other policies, procedures and guidance relating to the protection of children. The designated professionals are also responsible for ensuring that Child Safeguarding Procedures are kept up to date.

## **5. Definitions of Abuse and Neglect**

### **5.1 Physical abuse**

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

## 5.2 Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities not necessarily involving a high level of violence, whether or not the child is aware of what is happening. 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.

Children under sixteen years of age cannot lawfully consent to sexual intercourse, although in practice may be involved in sexual contact to which, as individuals, they have agreed. A child of under thirteen is considered in law incapable of providing consent.

## 5.3 Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

## 5.4 Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

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 and clothing, 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-takers)

- ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **6. Sharing Information**

Sharing of information for the purposes of safeguarding and promoting the welfare of children is critical. It is often when information is shared from a number of sources that when put together indicate that a child may be in need or at risk

Staff are sometimes anxious about the legal or ethical restriction on sharing information, particularly with other agencies.

As a health professional you should be aware of the law and comply with the code of conduct or other guidance applicable to your profession. Remember a failure to pass on information that might prevent a tragedy could expose you to a criticism in the same way as an unjustified disclosure.

The main restrictions on disclosure of information are:

- Common law duty of confidence
- Human Rights Act 1998
- Data Protection Act 1998

But in general the law will not prevent you from sharing information with other practitioners if:

- Those likely to be affected consent; or
- The public interest in safeguarding the child's welfare overrides the need to keep information confidential; or
- Disclosure is required under a court order or other legal obligation.

### **6.1 The Data Protection Act 1998**

The data protection 1998 is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately.

If you make a decision to disclose personal data you must comply with the Act, which includes the eight data protection principles.

These should not be an obstacle if:

- You have particular concerns about the welfare of a child;
- You disclose information to Children's Services or to another professional; and
- The disclosure is justified under the common law duty of confidence.

### **6.2 Common Law Duty of Confidence**

The duty arises when a person shares information with another in circumstances where it is reasonable to expect that the information will be kept confidential. The duty is not absolute. Disclosure can be justified if;

- The information is not confidential in nature;
- The person to whom the duty is owed has expressly or implicitly authorised the disclosure;
- There is an overriding public interest in disclosure;
- Disclosure is required by a court order or other legal obligation.

### **6.3 Human Rights Act 1998**

If sharing information is justified under the common law duty of confidence and does not breach the data protection requirements or any specific legal requirements, it should satisfy Article 8.

Should you have any concerns about sharing information contact your named doctor or named nurse for advice.



## **Appendix 1 – References**

Central London CCG Safeguarding Children Policy

<http://www.centrallondonccg.nhs.uk/media/7088/16.1%20Improving%20Safeguarding%20Children%20Policy%20v1.2,%20CLCCG%20GB%20Meeting%2005.06.2013.pdf>

Working Together to Safeguard Children

<https://www.gov.uk/government/publications/working-together-to-safeguard-children>

Children Act 2004

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

National Service Framework for Children, Young People and Maternity Services 2004

<https://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services>

Care Quality Commission – Essential Standards

<http://www.cqc.org.uk/content/essential-standards>

Information Sharing: Guidance for Practitioners and Managers

<https://www.gov.uk/government/publications/information-sharing-for-practitioners-and-managers>

Common Law Duty of Confidentiality

<http://www.dhsspsni.gov.uk/gmgr-annexe-c8>

Human Rights Act 1998

<http://www.legislation.gov.uk/ukpga/1998/42/contents>

Data Protection Act 1998

<http://www.legislation.gov.uk/ukpga/1998/29/contents>