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Safeguarding Children (& Young Adults) Policy and Procedure.

Version Control.

v1	21/08/18	Policy Creation
v2	20/02/19	Wording amendment with no change in meaning

Contents

Introduction

We do not consider ourselves experts in the field, and therefore comply with local commissioners Safeguarding procedures. Where this policy differs from the local NHS Trust version, the NHS Trust version should be followed.

Southern Ultrasound is committed to safeguarding Children and Young Adults, and achieving and maintaining a high quality of care across its services, preventing abuse / harm in all its potential forms. To achieve this, it is vital that all staff are aware of the risks children and young adults face and to know what to do if they believe an individual has been abused or is at risk of abuse.

Southern Ultrasound will work in partnership with its Clients and Service Commissioners to ensure multi-agency safeguarding procedures are in place and functioning. We are working in accordance with the UK Government Advice for practitioners - What to do if you're worried a child is being abused (March 2015). (See https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2 or the downloaded file **Safeguarding - What_to_do_if_you_re_worried_a_child_is_being_abused.pdf** located in the "Information For Staff and Contractors" section of the staff online Quality Assurance folder.

Policy Statement

Southern Ultrasound is committed to promoting the welfare of Children and Young Adults and to protecting them from the risks of harm. **Southern Ultrasound** also recognises its responsibility to ensure that safe working systems are in place for all staff and contractors regardless of role or area of practice. **Southern Ultrasound** is committed to working to enhance the welfare of children, without prejudice of any kind. Where abuse is suspected, **Southern Ultrasound** will act to pass on its suspicions to the correct people to investigate and take any necessary protective actions.

A separate Company Safeguarding Policy covers the Protection of Adults at Risk and **Southern Ultrasound** also has a comprehensive 'Safeguarding policy – Vulnerable to Radicalisation - PREVENT & CHANNEL Policy and Guidance'; however essential aspects of the above policies are also included in this policy.

Policy Description

This policy and procedure sets out our responsibilities towards; protecting Children and Young Adults from abuse, complying with the Mental Capacity Act and Deprivation of Liberty Safeguards, and recognising young adults at risk of radicalisation.

This policy includes guidance on abuse / harm in all its forms, including intentional and non-intentional abuse.

The policy has been approved by and ratified by the **Southern Ultrasound** Director(s) and covers all services within **Southern Ultrasound**.

Purpose

This document will provide a framework for the safeguarding of children from abuse.

The Children Act 1989 states a child is anyone up to their 18th birthday. As such children are seen in many adult departments of a hospital. So even if you do not routinely work directly with Children, you may also see children as relatives & visitors of your patients, or in the corridors & public areas of the Hospital, or in your home life.

The Children Act 1989 necessitates the provision of a comprehensive framework for the care and protection of all children. The fundamental principle underpinning the Children Act is that the welfare of the child is paramount. In order to achieve positive outcomes for children, all those with responsibility for assessment and provision of services must work together.

Section 11 of the Children Act 2004 sets out duties for a wide range of bodies including Health which is incorporated into the statutory guidance: "**Working Together to Safeguard Children**" (Department for Education 2015) which sets out how organisations and individuals have a duty to work together to safeguard and promote the welfare of children.

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England 2015) provides specific guidance to NHS organisations and it clearly sets out the responsibilities of each of the key players for safeguarding in the NHS. CCG's and NHS England have a statutory responsibility to ensure that the organisations from which they commission services (such as Southern Ultrasound) provide a safe system that safeguards children and adults at risk of abuse and neglect. This means safeguarding and promoting the welfare

of children must be an integral part of the care offered to all children and their families by all staff working within the health economy. This may be care offered to children, young people, families or adults who are parents or carers. This duty applies to commissioners, providers from whom services are commissioned and also our partner agencies.

Safeguarding Children, Roles and Competences for Healthcare Staff - Intercollegiate Document, (RCPCH 2014), sets out the levels of competence expected of all staff working within the health service. All staff must ensure that they possess the required knowledge, skills and competences as set out in that document.

This **Safeguarding Children (& Young Adults) Policy and Procedure** is intended to support all staff working for or on behalf of Southern Ultrasound Ltd. The policy sets out the roles and responsibilities of all staff and members with respect to keeping children safe and promoting their welfare. It takes into account HM Government report of 2015 - **Working together to safeguard children - A guide to inter-agency working to safeguard and promote the welfare of children**.

The policy is also compliant with the **Care Quality Commission Outcome 7 (Regulation 11)** Safeguarding service users from abuse.

All of the documents named above are available, in full, in the Safeguarding sub-section of in the "Information For Staff and Contractors" section of the staff online Quality Assurance folder.

All Healthcare staff, whatever their role in the organisation, have a legal duty to safeguard and promote the welfare of children (new-born up to 18th birthday). This includes staff who are employed through Agencies, and applies whether they work with :

- Patients or colleagues who are parents
- Patients or colleagues who are pregnant or expectant fathers
- Grandparents/aunts/uncles/siblings
- Patients who are children or young people

This document is **Southern Ultrasound**' commitment to ensure that the welfare of Children and young Adults is promoted and safeguarded. It will ensure that all children are safe and protected by effective intervention if they are thought to be suffering or likely to suffer significant harm through neglect, abuse, exploitation, harassment or discrimination.

This document aims to protect children from all forms of abuse, and to enable them to receive safe and supportive care through the process of identifying, investigating, managing and preventing such abuse. This applies to all service users of **Southern Ultrasound**.

This policy is accessible to all staff & Contractors and it is every individual's responsibility to take action within the guidance of this policy if they suspect a child is being abused, or is at a risk of abuse - whatever form this abuse may take. All staff that work for, or on behalf of, **Southern Ultrasound** have a duty to adhere to this policy and procedure even if the abuse / harm has occurred within another non-health service or home environment or if they come into contact with a child at risk whilst carrying out their work duties.

Roles and Responsibilities

Safeguarding sits within a governance reporting structure and has an Executive Lead. Roles and responsibilities are:

Safeguarding Lead

Southern Ultrasound's Company Director – Kevin Rendell - preforms the duties of Child (& Adult) Safeguarding Lead and therefore has a wide overview of all safeguarding matters, co-ordinating all safeguarding.

The purpose of the Safeguarding Lead is to:

- Assist **Southern Ultrasound** in meeting its statutory duties & responsibilities for safeguarding.
- Interpret national and local policy and best practice and advise **Southern Ultrasound** accordingly.
- Contribute to the strategic planning of **Southern Ultrasound** safeguarding arrangements.
- Implement, scrutinise and maintain systems and procedures for safeguarding children & young people and adults at risk. To assess the effectiveness of those systems and procedures and to seek their continuous improvement.
- Monitor the performance of **Southern Ultrasound** to ensure that the necessary governance processes are in place.

- Be **Southern Ultrasound's** lead for all matters relating to the Mental Capacity Act and Deprivation of Liberty, ensuring knowledge and compliance across the organisation.
- Ensure **Southern Ultrasound** can provide rigorous evidence that demonstrates compliance with CQC standards.
- Be responsible for overseeing the investigating and response to serious Incidents that relate to safeguarding, ensuring timescales are met and learning is cascaded.
- To ensure appropriate response to serious case reviews.

He will bring in external strategic and operational expert specialist advice and support on all adult and child safeguarding matters when required.

Directors

Directors ensure:

- The promotion of a culture of learning and developing services that take into account the needs of adults at risk
- To ensure that Safeguarding is a standing item on Board meetings, which include the review of all safeguarding incidents and actions
- The overall implementation, monitoring and effectiveness of this policy.
- The allocation of resources to ensure compliance with this policy.
- Managers and staff are aware of their responsibilities and implement this policy.
- That effective practice and adherence to the policy is in place in all areas throughout their areas of responsibility.

Service Leads & Managers

Service Leads and Managers are responsible for:

- Implementation of the policy within **Southern Ultrasound**' operational services and ensuring that staff are able to identify children whom they suspect are being abused / harmed, assess the situation and take appropriate actions, relevant to their roles.
- Ensuring all members of staff within their area of responsibility are aware of their individual responsibilities towards any person in contact with the Company and are aware of what to do if they suspect an individual is a victim of abuse.
- Ensuring that a training needs analysis is conducted for all staff as part of the appraisal process, in order to identify which level of training staff should receive so that they are appropriately prepared for implementing the policy.
- Ensuring all clinical staff attend relevant training and for assessing learning from training received.
- Ensuring appropriate supervision is in place for staff, where staff can take safeguarding issues if required. The Safeguarding Lead can provide safeguarding specific supervision (individual or group) if requested by service manager or staff member.
- Providing staff with guidance and support for staff who report suspected abuse and debriefing following any process of investigation and case reviews.
- Ensuring attendance at case conferences when required.
- Ensuring that all cases of suspected child abuse are reported to the correct place with suitable followed up.
- Ensuring learning from cases and incidents is cascaded throughout areas of responsibility.
- Ensuring that health care records meet the standards set out in the Health Records Policy and Interagency Safeguarding Children Procedures. Records will withstand the rigor of legal scrutiny, be factual, confidential and legible and are dated and signed.
- Monitoring reported cases.

All staff (and others representing the Company; including Contractors)

All members of staff will have an understanding of this policy, other related policies and procedures, and understand their role in ensuring the safety of all persons in their care:

- All staff will receive mandatory training, relevant to their role, in safeguarding Children.
- Staff have a duty of care to ensure they act professionally and in confidence when concerns are raised regarding individuals who are suspected as being victims of suspected abuse.

- Healthcare staff need high levels of awareness to understand the implications of identifying people at risk, how to manage each case individually and professionally, seeking appropriate levels of consent and respecting the person's confidentiality and dignity when managing cases of concern.
- All members of staff need to be aware of the referral and reporting lines; to ensure that the case is reported and investigated.
- All staff must refer to this procedure to ensure the correct actions are being taken and when referral is made to the police that actions do not compromise the case of concern and destroy evidence.
- Staff have a responsibility to seek support from Management when they need to seek advice.
- All staff have a responsibility to ensure they inform their line managers when they feel they do not have the necessary skills to identify potential abuse and the reporting mechanisms.
- All staff should ensure that medical evidence is preserved and a senior Manager is alerted immediately if abuse is suspected.
- All staff should uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation whatever their:
    - Ethnicity
    - Religion/belief
    - Spoken Language
    - Gender
    - Sexual Identity
    - Age
    - Health
    - Ability
    - Location or placement
    - Criminal behaviour
    - Political or immigration status

The law empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard their welfare. Accordingly, professionals in all agencies should take appropriate action wherever necessary to ensure that no child is left in immediate danger, e.g. a teacher, foster carer, childminder, a volunteer or any professional should take all reasonable steps to offer a child immediate protection (including from an aggressive parent).

Commissioning Managers

Southern Ultrasound expects Commissioning managers (for instance NHS Trust's) to ensure that service specifications of all health providers from whom services are commissioned include clear service standards for safeguarding and promoting the welfare of children, consistent with Section 11 of the Children Act (2004), Statutory Guidance within Working Together to Safeguard Children (DFE 2015).

Southern Ultrasound expects Services/Service Level Agreements to take account of:

- Safeguarding responsibilities.
- Equality and diversity.
- The right to family life.
- Information sharing in accordance with statutory and other sharing information guidance.
- All services commissioned or provided, are child centred and respect the individuality of each child.

Southern Ultrasound expects these Standards to be robustly managed through the clients' contract monitoring processes.

Definitions

Abuse: A violation of an individual's human or civil rights by any other person or persons. This may consist of a single act or repeated acts. 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

Child: For the purpose of Safeguarding refers to anyone who has not reached their 18th birthday (Working Together to Safeguard Children, 2015, 2013, 2010). However, there are special circumstances where the age is extended beyond this as for example children with disabilities and Looked After children. 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 under the Children Act 1989

Child In Need: Defined under section 17 of the Children Act 1989 as a child is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.

Child Protection: Part of safeguarding and promoting welfare and refers to the activity, which is undertaken to protect children who are suffering or are likely to suffer significant harm.

Child Sexual Abuse CSA: 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. All cases of children under the age of 13 years believed to be engaged in penetrative sexual relationships or activity must be referred to local authority children's social care and the police. This is Statutory Rape - Sexual Offence Act 2003.

Domestic Violence (DV): 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". Home Office (March 2015) domestic-violence-and-abuse coercive control, disclosure scheme, protection notices, domestic homicide reviews and advisers. The abuse can be psychological, physical, sexual, financial, and emotional or a combination of all.

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 children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children, including 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, or serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Female Genital Mutilation: (FGM) is any procedure that's designed to alter or injure a girl's (or woman's) genital organs for non-medical reasons. It's sometimes known as 'female circumcision' or 'female genital cutting'. It's mostly carried out on young girls. FGM procedures can cause; Severe bleeding, Infections; and problems with giving birth later in life - including the death of the baby.

Forced Marriage: A marriage where one or both people do not (or in cases of people with learning or physical disabilities, cannot) consent to the marriage and pressure or abuse is used.

Gillick competence: A term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Hate Crime: Defined by the MPS as an incident that is perceived by the victim, or any other person, to be racist, homophobic or due to a person's religion, belief, gender, identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition, it includes incidents that do not constitute a criminal offence.

Human Trafficking: Trafficking involves the recruitment, transportation, and exploitation of women and children for the purposes of prostitution and domestic servitude across international borders and within countries.

Looked After Child: A child currently being looked after and/or accommodated by local Authorities/Health and Social Care Trusts, including unaccompanied asylum-seeking children and those children where the agency has authority to place the child for adoption. A child or young person is "Looked After" under the Children Act, 1989 if he/she is accommodated by the local authority:

- Under a voluntary agreement with parental consent or own consent if aged 16 or 17 (S20/Child in Need) or if remanded to custody (LASPOA, 2012).
- Subject to a care order imposed by the courts (Care order S31 or Interim Care Order S38/ child suffering or likely to suffer significant harm).
- Subject to an Emergency Protection Order (S44). Section 47 investigations are undertaken.
- Is remanded to local authority care (S21/compulsory accommodation).
- Subject to a Secure Order (S25) and placed in secure accommodation. Home Office approval is required for children under 12 years of age.
- Any young person who has been in care at any time during their childhood is considered to be vulnerable and at greater need until at least their 21st birthday (24 if in education or disabled).

Multi Agency Safeguarding Hub: A centre which brings together agencies (and their information) in order to identify risks to children at the earliest possible point and respond with the most effective interventions.

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
- Insure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Paramountcy Principle: This is a key principle in family law which states that the welfare of the child should be the paramount consideration of the Court in all decision making. Sometimes called the "welfare principle".

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.

Prevent: One strand of the UK's Counter Terrorism Strategy known as CONTEST. The aim of the strategy is to stop individuals becoming terrorists or supporting terrorist activity. The strategy promotes collaboration and co-operation among public sector organisations. 'Prevent' operates within the pre-criminal space and is about supporting individuals and redirecting them. It is not about criminalising them.

Radicalisation: The process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups. Managed via the national 'Prevent' strategy

Safeguarding Children: Protecting children from maltreatment. Preventing impairment of child's health and development. Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care. Enabling children to have optimum life chances and to enter adulthood successfully. (from Working Together 2015, 2013, 2010)

Sexual abuse: Forcing or enticing a child, young person or Adult to take part in sexual activities, including prostitution, whether or not the victim is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Significant harm: The Children Act 1989 introduced the concept of significant Harm, it is any Physical, Sexual, or Emotional Abuse, Neglect, accident or injury that is sufficiently serious to adversely affect progress and enjoyment of life. Significant harm is the threshold that justifies compulsory intervention in family life in the best interests of children. It gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "for example, impairment suffered from seeing or hearing the ill treatment of another" (Domestic Abuse / Violence)

It includes not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

Some specific types of Abuse

Clear definitions of all forms of child abuse will be found in "**Working Together 2015**" – see references

Abuse is a violation of an individual's human or civil rights by any other person or persons. This may consist of a single act or repeated acts.

There are four main categories of abuse:

- Physical abuse
- Psychological or emotional abuse
- Sexual abuse & Exploitation
- Neglect and wilful acts of omission

Signs and symptoms can vary greatly, and any list given is NOT exhaustive but can help you in your thoughts. Key points to remember are:

- Is the reported mechanism consistent with the injury seen?
- Does the reported mechanism fit with the age and development of the child?
- Are there any unusual patterns in the injuries?
- Are you concerned about the behaviours of the child/ adults?

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.1 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.

Typical signs may include

- Unexplained injuries / burns
- Unlikely reason given for the injury / conflicting stories concerning injuries / Refusal to discuss injuries
- Bruises - different ages in same place, fingertip, outline, consider development of child
- Frequency of attendances at A & E or Fracture clinic
- Scars - indications of untreated injuries, unusual shape, large numbers of different aged scars.
- Fractures- especially in children under 1, alleged unnoticed fractures
- Inappropriate delay in seeking medical advice

Emotional Abuse:

Physical abuse e is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and 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, practitioners will be in a position to observe it, for example, 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 a child the opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers

Typical signs may include:

- Developmental delay - physical, mental & emotional
- Over reaction to mistakes
- Neurotic behaviour/ autistic tendencies / Fear of new situations
- Self-mutilation
- Fear of parental / carer contact

Sexual Abuse and Exploitation:

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch 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 commit acts of sexual abuse, as can other children

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Typical signs may include:

- Disclosure
- Genital injuries, including unexplained bruises around the genital/anal area
- Sexually transmitted diseases
- Sexual play / masturbation which is inappropriate to the child's age & development

Neglect:

Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Typical signs may include:

- Constant hunger / Failure to thrive
- Poor personal hygiene
- Severe nappy rash / bed sores/ ulcers
- Constant tiredness lethargy
- Pale & undernourished
- Untreated medical problems
- Low self-esteem / Poor social skills
- Non attendance at medical appointments where chronic illnesses present

Looked After Children

See definitions (above)

The term Looked after Child (LAC) does not apply to those who have been adopted and those in a private fostering arrangement.

Most children who are in-care live safely but a small number do experience harm. There are a number of risk factors related to being in care which can make children more vulnerable to abuse and neglect.

See NSPCC Website - **https://www.nspcc.org.uk/** for more extensive information on this.

Hidden Harm

The inclusion of hidden harms within the Police & Crime Plan reflects a broadening of the existing focus on domestic abuse. Hidden Harm is a term which captures a number of harms which are generally under-reported and therefore hidden from the public, police and partners. These include, but are not limited to; hate crime, elder abuse, 'honour' based abuse, modern-day slavery, fraud, and child sexual exploitation, female genital mutilation and forced marriage.

Child Sexual Exploitation (CSE)

Sexual exploitation of children and young people under 18 involves 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) as a result of them performing, and/or another or others performing on them, sexual activities.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person 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 or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.'

It is widely accepted that child sexual exploitation invariably includes a range of grooming processes.

Faith Based Abuse (Spirit Possession or Witchcraft)

Where parents, families and the child themselves believe that an evil force has entered a child and is controlling them. The belief includes the child being able to use the evil force to harm others. This evil is also known as black magic, kindoki, ndoki, the evil eye, djinns, voodoo, and obeah. Children are called witches or sorcerers.

Parents can be initiated into and/or supported in the belief that their child is possessed by an evil spirit by a privately contacted spiritualist/indigenous healer or by a local community faith leader. The task of exorcism or deliverance is often undertaken by a faith leader, or by the parents or other family members.

A child may suffer physical and emotional abuse if they are labelled and treated as being possessed with an evil spirit. In addition, significant harm to a child may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child.

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) comprises of all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGM is child abuse and a form of violence against girls and women. There are a significant number of girls who come from communities where Female Genital Mutilation has been traditionally practiced. It is illegal in the UK (FGM Act 2003) and conviction carries a custodial sentence of up to 14 yrs. Children Social Care and or Police should be informed, and the information recorded.

Serious Crime Act 2015 – FGM Mandatory Reporting Duty

It is now a mandatory requirement on all professionals to report FGM in under 18s. This came into effect on 31st October 2015.

The NHS Choices website provides detailed guidance for professionals via the following link:

http://www.nhs.uk/NHSEngland/AboutNHSservices/sexual-health-services/Pages/fgm-for-professionals.aspx

NHS England and Department of Health FGM Pocket Guide

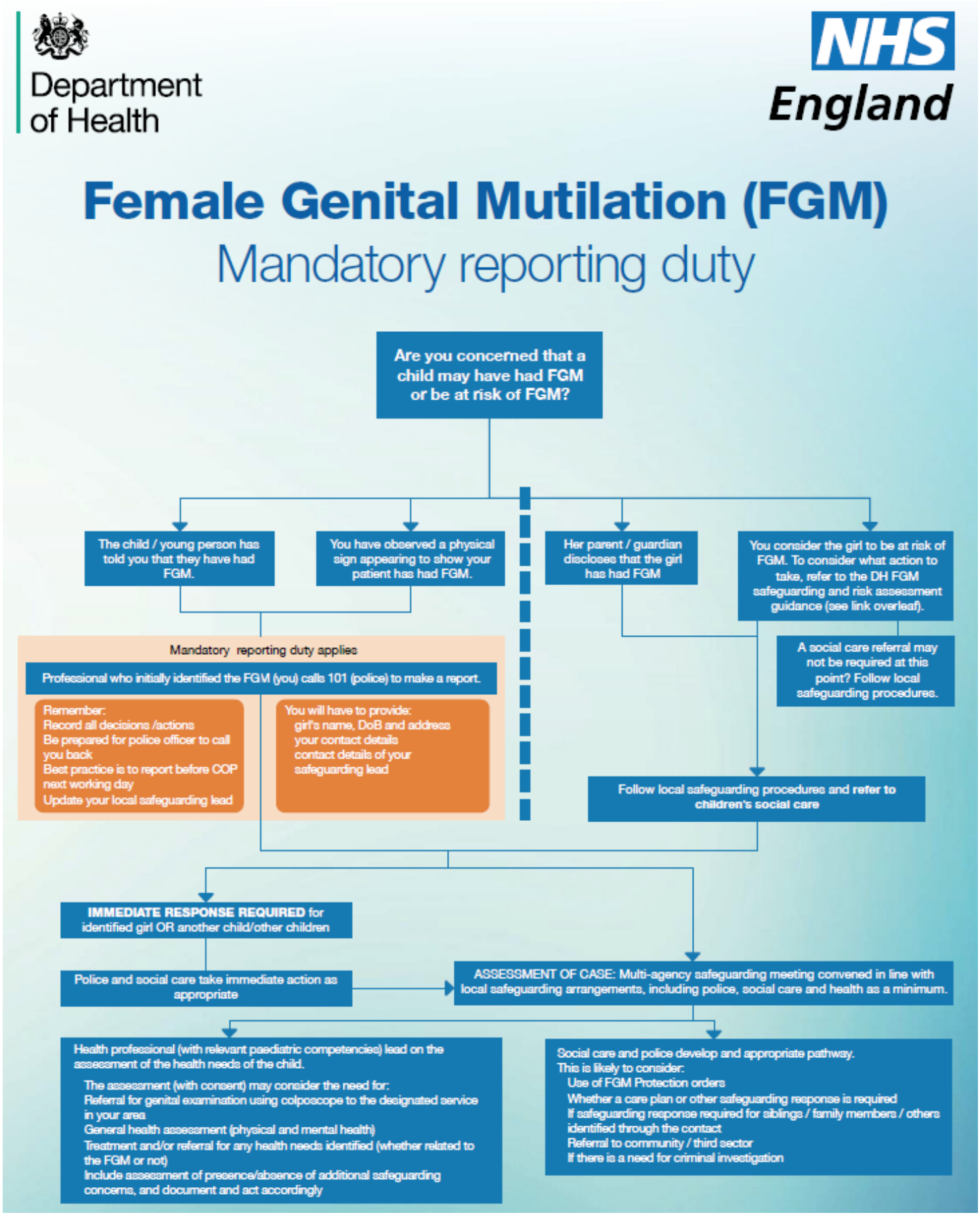
Produced by NHS England, this excellent guide can be accessed at: https://www.england.nhs.uk/wp-content/uploads/2016/12/fgm-pocket-guide-v5-final.pdf .

A copy of the "pocket guide" & the UK Government's publication "Multi-agency statutory guidance on female genital mutilation" is also available in the Safeguarding sub-section of in the "Information For Staff and Contractors" section of the staff online Quality Assurance folder. On 1st April 2016 HM Government realised/published the new Multi-Agency Statutory Guidance on FGM. The latter can also be found at: **https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation**

A following link provides more detailed guidance on the reporting requirements:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/472691/FGM_guidance.pdf

This includes the following decision tree:



A full copy of this guidance is available in Safeguarding sub-section of in the "Information For Staff and Contractors" section of the staff online Quality Assurance folder.

Safeguarding children affected by domestic abuse and violence

There is a strong link between domestic abuse and all types of significant harm to children and young people. Witnessing domestic violence is a form of emotional abuse to a child/young person which may result in long lasting implications for their future wellbeing.

Practitioners should offer support to the victim via the Domestic Violence Advocacy Service from the borough where the person resides and, where the mother is pregnant and/or there are children/young people in the family, refer appropriately to Children Social Care and or the police.

Outcomes for children can be adversely affected for a child living with domestic abuse - the impact is usually on every aspect of a child's life. The impact of domestic abuse on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances.

The three central imperatives of any intervention for children living with domestic abuse are to:

- protect the child/children;
- support the carer (non-abusive partner) to protect themselves and their child/children; and
- hold the abusive partner accountable for their violence and provide them with opportunities to change.

When a professional becomes aware of domestic violence/abuse within a family, the professional must seek advice.

Forced Marriage and Honour Based Abuse/Violence

Children and young people can be subjected to domestic abuses perpetrated in order to force them into marriage or to 'punish' him/her for 'bringing dishonour on the family'.

A 'forced' marriage (as distinct from a consensual 'arranged' marriage) is defined as one that is conducted without the valid consent of at least one of the parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds, and forced marriage is an abuse of human rights.

Whilst honour based violence can culminate in the death of the victim, this is not always the case. The child or young person may be subjected over a long period to a variety of different abusive and controlling behaviours ranging in severity. The abuse is often carried out by several members of a family including mothers, and female relatives/community members and may, therefore, increase the child's sense of powerlessness and be harder for professionals to identify and respond to.

Forced marriages of children must be regarded as a child protection issue. You would not contact the parents in this situation and you would make a referral direct to the Police Child Abuse Investigation Team (CAIT) who will liaise with social care.

You can also contact the Forced Marriage Unit on 020 7008 0230 or 020 7008 0151 **See:**
https://www.gov.uk/guidance/forced-marriage

Modern Day Slavery - Trafficking

The United Nations (Article 3 paragraph A of the Protocol to Prevent, Suppress and Punish Trafficking in Persons) defines trafficking as "the recruitment, transportation, transfer, harbouring or receipt of person, by means of the threat or use of force or other forms of coercion of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation included, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced marriages, forced labour or services, slavery or practices similar to slavery servitude or the removal of organs".

The impact of trafficking on children: Trafficked and exploited children are not only deprived of their rights to health and freedom from exploitation and abuse - they are usually also deprived of their right to an education and the life opportunities this brings.

Once children have been trafficked and exploited, they are vulnerable to all types of abuse.

Practitioners who have a concern regarding possible trafficking and exploitation of a child, should contact the local authority children's social care for the area in which the child currently resides.

Radicalisation as a form of Abuse - PREVENT Strategy

The below section should be read in conjunction with our more comprehensive policy "Safeguarding - Vulnerable to Radicalisation - PREVENT & CHANNEL Policy and Guidance" & "Safeguarding Adults Policy", both of which are stored in the 'Clinical Governance' sub-folder of the 'Policy & Procedures' section of the staff online Quality Assurance folder.

Radicalisation is defined as causing someone to become an advocate of radical political or social reform by supporting terrorism and violent extremism. Radicalisation of children and young people may include encouraging them to undertake violent activities on the grounds of religious belief. This may include attacks on others including suicide attacks.

Children may be exposed to messages about terrorism through a family member or friend, a religious school or group, or through social media and the internet. This creates a risk of a child or young person being drawn into criminal activity and exposure to significant harm. There is a cross-Government Strategy to stop people becoming radicalised, known as "PREVENT".

A copy of the government Prevent Strategy is available at: Prevent Strategy: A Guide for Local Partners in England

One of "PREVENT"s foremost objectives is to support individuals who might be vulnerable to recruitment or who have already been recruited by violent extremists and guidance is available for healthcare workers.

Other significant areas of Child Safeguarding.

Children who have not been brought to their health appointments

When parents or children frequently miss health appointments then the professional must review their case and see if there are any issues of neglect or abuse. The NICE guidance on 'When to Suspect Child Maltreatment' (2009), page 76 states, consider neglect if:

- A parent fails to administer essential prescribed treatment for their child.
- A parent fails to attend essential appointments or follow-ups that are necessary for their child's health and wellbeing.
- A parent persistently fails to obtain NHS treatment for their child's dental caries (tooth decay).

If a child has missed a health appointment then staff should:

- Check the appointment was given to the correct person/address
- Are there any known safeguarding concerns including neglect or patterns of missed appointments in the child or other family member's records
- Offer another appointment
- Talk to a line manager / Safeguarding Leads
- Consider a referral to social care.

Fabricated or Induced Illness

Linked to Physical and Emotional Abuse and Neglect.

Concerns may occur when the health and development of a child is significantly impaired by the actions of the parent or carer who has fabricated or induced an illness in a child.

Working Together to Safeguard Children 2015, and the NICE guidance on 'When to Suspect Maltreatment', section 5.7 gives detailed descriptions on what to look for in cases, but three main indicators of fabricating or inducing illness are:

- Fabrication of past medical history
- Falsification of medical charts, documents or letters
- Induction of illness by a variety of means

This is not an exclusive list. Where a member of staff suspects a case of fabricated or induced illness they should recognise this as a safeguarding concern and seek support and make appropriate referrals. You should not raise your concerns with the parents.

Please see Southend Essex & Thurrock Safeguarding and Child Protection Procedures SET (2017) Part B3, section 19: Fabricated or Induced Illness. A full copy of this guidance is available in the dtaff guidance section of our Staff On-Line Quality Assurance folder.

Missing Child

Refers to any child /young person whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the young person may be the subject of a crime or at risk of harm to

themselves or another. The Local Safeguarding Children Board has guidance on how to manage cases where children go missing.

Statutory guidance is available on

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208528/Statutory_guidance_on_children_who_run_away_or_go_missing_from_home_or_care_consultation_-_final.pdf

You should contact the Police and Children Social Care if you are concerned or aware of a missing child or young person.

Awareness of Abuse:

If you have concerns with regards a Child, follow the flow chart on the appendix 1 of this document.

There are four key steps to help identify and respond appropriately. These are:

BE ALERT QUESTION BEHAVIOURS ASK FOR HELP REFER

It may not always be appropriate to go through all four stages sequentially. If a child is in immediate danger or is at risk of harm, you should refer to children's social care and/or the police. Before doing so, you should try to establish the basic facts. However, it will be the role of social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation.

You should record, in writing, all concerns and discussions about a child's welfare, the decisions made and the reasons for those decisions.

The Hospital may have a Safeguarding Children Team available 24hrs a day 7days a week for support and advice to anybody working at the Hospital. If so, you can contact them to "run a case past them" at any time.

There is a "traffic light" system to follow which guides you in your level of concern and the action to take.

The Hospital is also likely to adhere to the Local Safeguarding Children Board procedures, designed for multi-agency use.

If the child is a patient and you are concerned they may have been abused, you must contact the medical team in your area and request a referral to the Paediatric Registrar on-call. They will admit the child to the Children's Admissions Unit to be medically assessed.

THE CHILD MUST NOT BE DISCHARGED WITHOUT DISCUSSING WITH THE PAEDIATRIC REGISTRAR OR THE HOSPITAL SAFEGUARDING TEAM

If you have concerns about the safety or welfare of a child and feel they are not being acted upon by your manager or named/designated safeguarding lead, it is your responsibility to take action.

Duty of Candour

There is a legal "duty of candour" on all commissioned provider services.

This involves acknowledging mistakes or other incidents in writing and face to face where desired have outcomes have not been achieved. Also, apologies offered where appropriate, and advise on any action taken as a result.

As a commissioned provider, **Southern Ultrasound** will ensure an open and transparent approach to safeguarding practices and to work in partnership with commissioners to ensure the best outcomes are achieved for children and young people in their catchment area. See our "Being open – Duty of Candour" policy.

Allegations against staff

Where allegations of abuse are made against a staff member or anyone else associated with **Southern Ultrasound**, whether contemporary in nature, historical or both, the matter should be referred in the same way as any other incident or allegation of abuse. An allegation may relate to a person who works with children who has behaved in a way that has harmed a child, or may harm a child

The Safeguarding Lead or a Company Director must be informed immediately.

Where the staff member is in a work contract, the Safeguarding Lead / Director will immediately contact the Client to inform them of the allegation and contact the staff member to terminate their current placement. No further work clinical will be provided to the staff member while the allegation is being investigated.

Whilst this policy is hard on the staff member, it is the only way to minimise the risk. However, it has to be acknowledged that all staff may be vulnerable to malicious or mischievous allegations or complaints, therefore objectivity and a balanced approach to information received are essential.

Historical allegations will be responded to in the same way as contemporary concerns. Important will be given to ascertain if the person is currently working with children and if that is the case, to consider whether the current employer should be informed.

An allegation against a member of staff may arise from a number of sources (e.g. a report from a child, a concern raised by another adult in the organisation, or a complaint by a parent). The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

They should not:

- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality but give assurance that the information will only be shared on a 'need to know' basis.

They should:

- Make a written record of the information (where possible in the child/ adult's own words), including the time, date and place of incident/s, persons present and what was said; Sign and date the written record;
- Immediately report the matter to the designated senior manager, or the Safeguarding Lead; where the designated senior manager is the subject of the allegation report to an alternative Company Director.

When informed of a concern or allegation, the designated senior manager should not investigate the matter or interview the member of staff, child concerned or potential witnesses. They should:

- Obtain written details of the concern/allegation, signed and dated by the person receiving (not the child / adult making the allegation); Approve and date the written details;
- Record any information about times, dates and location of incident/s and names of any potential witnesses;
- Record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions.

The Safeguarding Lead or Company Directors will be responsible for deciding whether there is a need for an independent team to investigate the allegations and for making the required referrals to local authority bodies, national crime organisations and/or others.

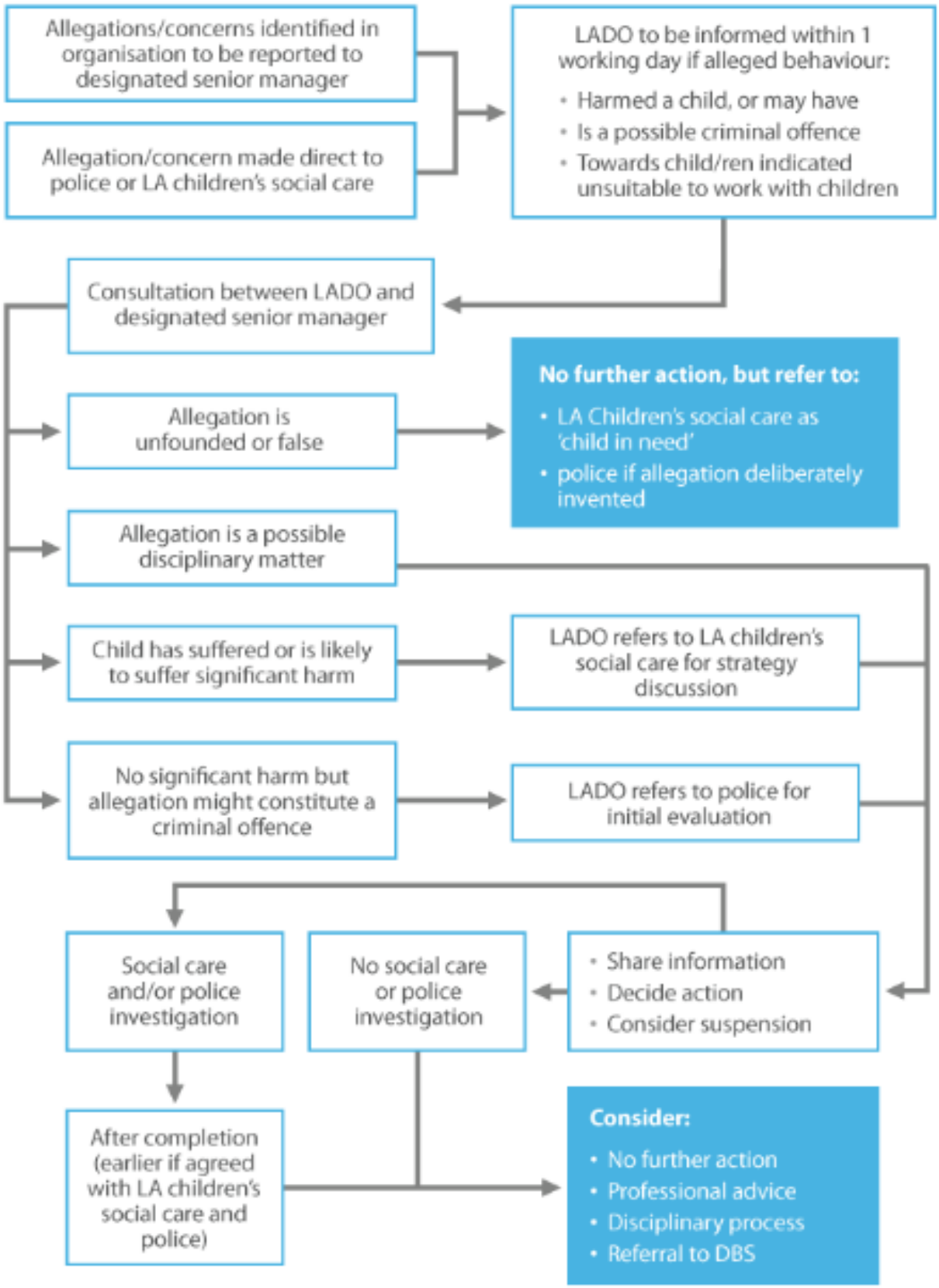
Note: Any member of staff receiving an allegation is at liberty to circumvent this procedure and contact the police or local authority if they believe reporting it as above leaves the child, or any other child, at risk from the staff member involved.

The following relevant policies can be found in the Policy & Procedure sub-folder of our staff online Quality Assurance folder.

- Being Open - Duty of Candour Policy
- Complaints Policy
- Confidentiality
- Disciplinary Policy & Procedure
- Information Sharing Protocol
- Reporting Malpractice
- Serious Incident Policy & Procedure
- Whistle blowing Policy & Procedure

If a allegation is substantiated, referral shall be made to the DBS in line with our legal Duty to Refer.

Allegations/concerns process flowcharts



Whistle Blowing

Southern Ultrasound' Whistle Blowing policy enables staff to raise concerns about malpractice, attitude or actions of colleagues at an early stage and in the right way without fear of reprisals or concern for safety.

Consent, Disclosure, Confidentiality and Information-Sharing

Patients have a right to expect that all staff will keep confidential any personal information that they acquire during the course of professional duties, unless permission to disclose is given. They also have a right to know that in exceptional circumstances this duty of confidentiality may be overridden.

Sharing information for safeguarding purposes would normally require the consent of a competent child or their parent. However, if this agreement cannot be obtained for a child in need of protection the relevant information would nevertheless be shared with appropriate services as the need to safeguard the child would be considered to be in the wider public interest. (See above section: Disclosure, confidentiality and information sharing)

There may be situations where disclosure is deemed necessary without consent. There are exceptions to the duty of confidence that may make the use or disclosure of confidential information appropriate. Where there is a statutory duty defined by Act of parliament, NHS England national policy (e.g. the reporting of Knife wounds) or where a Court orders the disclosure of information the healthcare professional has a responsibility to disclose the information. It may sometimes be justifiable for a healthcare professional to pass on patient information without consent where:

- Serious harm may occur to third party.
- A healthcare professional believes a patient to be the victim of abuse, when, without disclosure the task of preventing or detecting a serious crime by the police would be prejudiced or delayed.

In all cases where judgement is involved, staff are urged to discuss the case with senior colleagues and if necessary, to seek legal or other specialist advice. Information must only be shared on a "need to know" basis…. in the best interests of the child, not the adult. It is stressed that any staff that decide to disclose confidential information should be prepared to explain and justify their decision to disclose information to an outside authority. Therefore, staff should record in the clinical notes, details of all conversations, meetings and appointments involved in the decision to disclose or not to disclose such information.

Staff are reminded of their duties of confidentiality as outlined in **Southern Ultrasound** Information Disclosure Guidelines & Confidentiality Code of Conduct, both of which are written in accordance with the **Data Protection Act 1988** and **General Data Protection Regulation (GDPR)** introduced in 2018

Safeguarding investigations may require the sharing of information across agencies. For advice the member of staff should refer to a senior manager, **Southern Ultrasound** Information Sharing Protocol or speak the Company's Information Governance Lead or Caldicott Guardian.

Sharing information for safeguarding purposes would normally require the consent of a competent child or their parent. However, if this agreement cannot be obtained for a child in need of protection the relevant information would nevertheless be shared with appropriate services as the need to safeguard the child would be considered to be in the wider public interest.

The **Mental Capacity Act 2005** (MCA) contains the law that applies to anyone who lacks the mental capacity needed to make some or all of their own decisions. In certain circumstances, the MCA allows a decision to be taken by one person on behalf of another. The MCA applies to anyone over the age of 16. Decisions about a young person's capacity and best interests can be made in the same way as for any adult.

Young people over 16 years old are presumed to have capacity to consent to surgical, medical or dental treatment and to associated procedures. If a young person has capacity to consent to treatment, their decision must be respected. If the young person makes a capacitated decision to refuse treatment this must also be respected – even if someone who has parental responsibility wishes to consent on their behalf.

Record Keeping

Good record keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, Southern Ultrasound shall require staff to:

- keep clear and accurate records and to have procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken;
- keep records in such a way that the information can easily be collated for local use and national data collections;

- identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and support themselves, then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record. If it is assessed that the individual continues to pose a threat to other people, then this should be included in any information that is passed on to service providers or other people who need to know;
- Make information available on request.

Concerns and information about vulnerable children should be recorded in the child's notes and where appropriate the notes of siblings and significant adults. These should be recorded using agreed Read codes (See Appendix 5: Recording Concerns).

Caldicott

As indicated above, Southern Ultrasound works within a comprehensive Confidentiality policy, setting out principles governing the sharing of information. This agreement is consistent with the principles set out in the Caldicott Review published 2013 ensuring that:

- information will only be shared on a 'need to know' basis when it is in the interests of the adult;
- confidentiality must not be confused with secrecy;
- informed consent should be obtained but, if this is not possible and children risk overrides confidentiality.

The full Caldicott Principles as revised in 2013 must be followed. These are:

Principle 1 - Justify the purpose(s) for using confidential information
Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

Principle 2 - Don't use personal confidential data unless it is absolutely necessary
Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

Principle 3 - Use the minimum necessary personal confidential data
Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

Principle 4 - Access to personal confidential data should be on a strict need-to-know basis
Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

Principle 5 - Everyone with access to personal confidential data should be aware of their responsibilities
Action should be taken to ensure that those handling personal confidential data - both clinical and non-clinical staff - are made fully aware of their responsibilities and obligations to respect patient confidentiality.

Principle 6 - Comply with the law. Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality
Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies

Multi Agency Safeguarding Hubs

A Multi-Agency Safeguarding Hub (MASH) is a centre which brings together agencies (and their information) in order to identify risks to children at the earliest possible point and respond with the most effective interventions.

Each local Authority operates a MASH or a Multi-Agency Risk Assessment Team (MARAT). Referrals to these teams should be made on local referral forms which are available on websites.

Education and Training

Southern Ultrasound requires all clinical staff to undertake pre-recruitment and annual update training in both Adult and Child Safeguarding. This training is provided by the Company via a specialised third-party provider with courses delivered in line with intercollegiate LAC 2015.

Alternatively, where available staff may undergo training through the local Frimley Health NHS Foundation Trust' Safeguarding Young Children Training Strategy

The competences specifically needed by healthcare workers to promote children's safety within the healthcare system are described in Safeguarding Children and Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2014). See online here – or a copy in our staff on-line Quality Assurance folder.

Safeguarding competences are the set of abilities that enable staff to effectively safeguard, protect and promote the welfare of children and young people. They are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice. Different staff groups require different levels of competence depending on their role and degree of contact with children, young people and families, the nature of their work, and their level of responsibility

- Level 1: Non-clinical staff working in health care settings.
- Level 2: Minimum level required for clinical staff that have some degree of contact with children and young people and/or parents/carers.
- Level 3: Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.
- Level 4: Named professionals
- Level 5: Designated professionals
- Level 6: Experts

References

- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2015) Department of Education. Working Together to Safeguard Children (2015)
- When to suspect a child maltreatment (NIHCE 2000)
- Keeping Children Safe in Education (2015)
- Information Sharing – Advice for practitioners providing safeguarding services to vulnerable children, young people, parents and carers (2015)
- Promoting the Health of Looked After Children (2015) Department of Health & Department of Education
- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015) NHS England.
- Multi-Agency Practice Guidelines: Female Genital Mutilation (2014)
- Safeguarding Children Roles and Competences for Health Care Staff Intercollegiate Document (2014) Royal College of Paediatrics and Child Health
- Statutory framework for the early years foundation stage (2014)
- Child Protection Guidance for Health Professionals (ScotGov 2013)
- CQC Outcome 7 (Regulation 11): Safeguarding people who use services from abuse (2010) Care Quality Commission.
- Records Management: NHS Code of Practice (2006) Department of Health.
- Common Core of Skills and Knowledge for the Children's Workforce (2005) Department for Children, Schools and Families
- National Service Framework for Children, Young People and Maternity Services (2004) Department of Health.
- Children Act (2004) London:
- Children Act (1989) London:
- Records Management Policy CCG Intranet Sites
- Data Protection Act 1988
- General Data Protection Regulation (GDPR)

Where to go for advice

Safeguarding advice can be obtained from Southern Ultrasound' Safeguarding Lead on 07949 053377.

Within Frimley Health NHS Foundation Trust, Advice can be sought from the Trust' local safeguarding team at any point: all safeguarding concerns need to be referred to Children's Services (See Appendices) and followed up in writing by completing the Hospital Referral form and safeguarding notification form (see Appendices).

If these advice routes are unavailable for any reason, the relevant local authority should be called for urgent advice. A delay in escalation could cause further harm to the individual at risk.

Regardless of where advise is sought; record the date, time, name and designation of the person within the health or Children Services giving advice. The records should include all discussions and the agreed care plan, including the decision to refer or to take no further action.

Any alerts raised out of normal working hours should be brought to the attention of the Safeguarding Lead as soon as possible within normal working hours. The Safeguarding Lead will resume the responsibility for ensuring the allegation of abuse is managed in accordance with Company policy and Best Practice guidance. The Safeguarding Lead will resume the lead role for **Southern Ultrasound** and work in partnership with the relevant Local Authority to ensure that the individual is protected / safeguarded.

Professionals in all agencies have a duty to act proactively to ensure that a child's welfare is the paramount consideration. When a professional disagrees with the practice of another professional (Internal or External) on the grounds of the child's welfare they should work with the colleague to seek to understand the rational for the decision. If concern still exists for the child's safety and well-being inform the line manager and Named Nurse for Safeguarding Children.

Local Authority Designated Officer (LADO)

The role of the Local Authority Designated Officer (LADO) was introduced within 'Working Together to Safeguard Children' guidance in 2006 and has been developed over time to meet changing national guidance. They give advice and guidance on how concerns or allegations should be investigated against adults working with children.

Safer Recruitment

Southern Ultrasound operates recruitment practices, to help us make safe recruitment decisions, minimising risks to those we serve. These checks persist post recruitment with annual Enhanced-level Disclosure Barring Service reports, with checks on both the Working with Children and Working with Vulnerable Adults barred lists.

POLICY STANDARDS

Monitoring processes

The Board of Directors monitor the number and nature of Health & Safety issues, via reports from Service Leads, and a Trend Analysis performed by the Health & Safety Lead and presented annually to the Board Meeting.

Monitoring of this policy, together with its implementation, shall be performed by the IG Lead.

Distribution and Awareness Plan

All staff are made aware of the policy as part of their induction training. If there are any significant changes to the policies that affect the way in which staff initiate or respond, these are communicated to them via team briefs and staff meetings.

A copy of the policy is available to all staff via the Company's on-line Governance Framework folder, and can be accessed 24/7 from any location with Web Access. A hard copy version is retained at all sites of operation.

Approval & Review

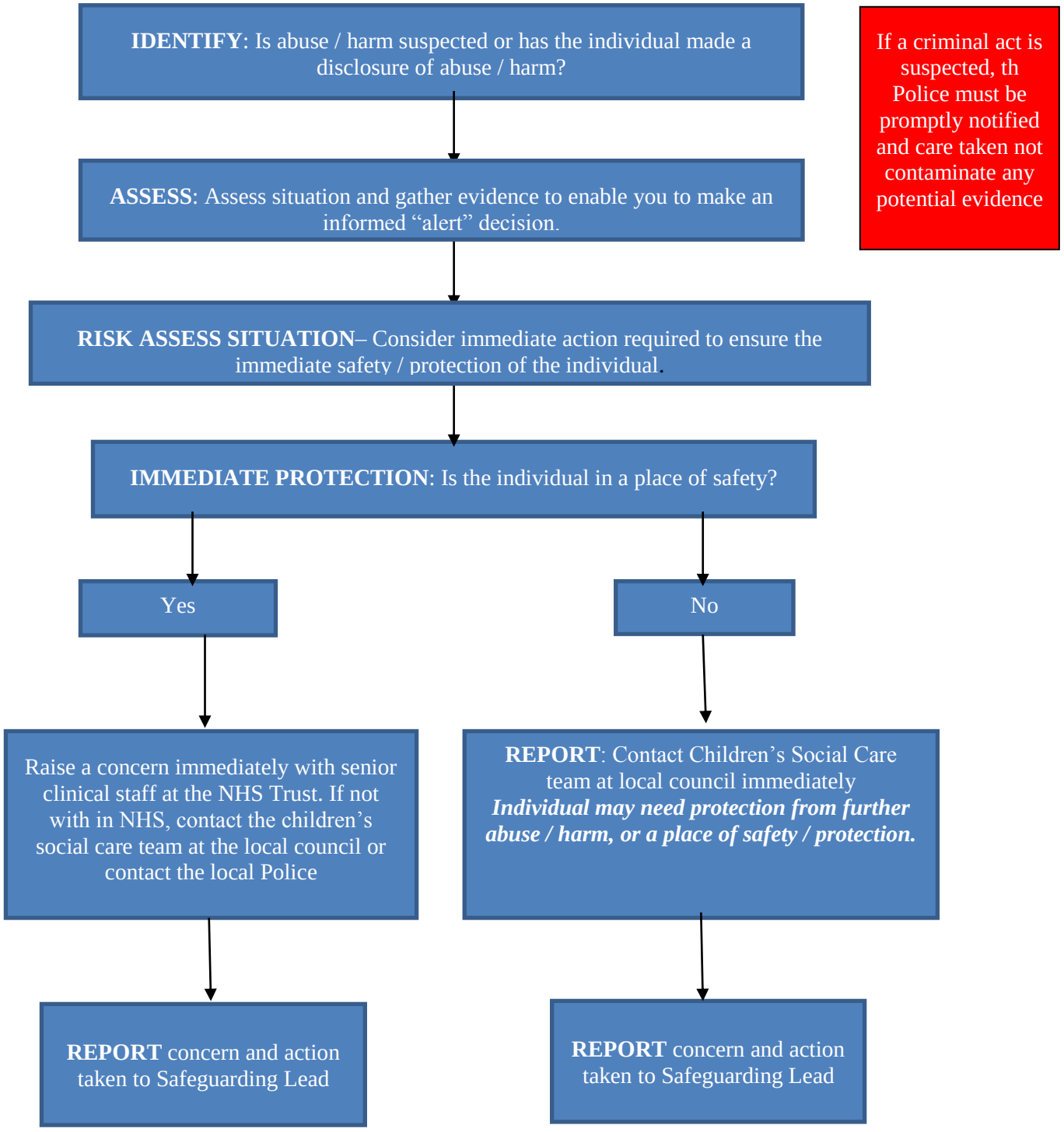
This policy has been approved by the undersigned and will be reviewed annually and any time there is a change in the Law, Guidance or Best Practice Recommendations.

Policy Created: 21/08/18 Policy Last Reviewed (annually): 20/02/19

Kevin Rendell Director

APPENDIX

Appendix 1: Alert Process



Appendix 2 : Safeguarding ' Alert Form

PRIVATE AND CONFIDENTIAL Date:

Complete as much of this form as possible and forward to the Safeguarding Lead.

Patient Name: **Date of Birth:**	**Referred from :** **Date of Contact:**
NHS No:	**Subject's Age:**
Address: **Telephone:**	**GP Name:** **Address:** **Telephone:**
Patient's Next of Kin: **Relationship:** **Contact Tel No:**	**Responsible CCG:** **Contact Tel No:**
Reason for referral:	
Areas of Concern	**Action**
Signature of Person Completing Form:	**Is patient or next of kin aware of alert? Yes / No** ***(May not be appropriate in all cases)***
Name: **Job Title:** **Telephone:**	**Date Completed:** **Date Safeguarding Alert Form Faxed:**
Administration: **Date received:** **Date and time of review:**	**Action required:**

If you believe an individual may be at risk of harm, contact an appropriate individual as per the Contact Sheet in Appendix 3, or Southern ultrasound's Safeguarding Lead on: **07949 053377**

E-mail completed alert form to Safeguarding Lead: kevin.rendell@nhs.net and ensure the Safeguarding Lead is aware of the alert The SL will then liaise with the local Safeguarding experts as appropriate.

If out of hours and non-NHS, then the police should be contacted (if individual is at significant risk). Contact the Social care team borough in which the individual is resident.

Appendix 3 : Safeguarding Children contact sheet

Professional Advice and Support at Frimley Park Hospital

Named Nurse/Midwife:	**Francine Franks**	**x 2559**
Named Doctor, Cons Paediatrician:	**Clare Betteridge**	**x 6254**
Executive Lead (Director of Nursing):	**Nicola Ranger,**	**x 4644**
Deputy Director of Nursing	**Alison Szewczyk**	**x 6794**
Head of Midwifery	**Adrienne Price**	**x 4210**
Deputy Head of Midwifery	**Karen Jones**	**x 4210**

Surrey - www.surreycc.gov.uk/social-care-and-health/contacting-social-care/contact-childrens-services

NW Area Team -	**Tel: 0300 123 1630**	**nwrefhub@surreycc.gcsx.gov.uk**
SW Area Team –	**Tel: 0300 123 1640**	**swrefhub@surreycc.gcsx.gov.uk**

Out of hours normal working contact the Emergency Duty Team (EDT): The emergency duty team operates between 5pm and 9am weekdays, 24 hours at weekends and Bank Holidays when the Social Services Offices are closed.

Emergency Duty Team (EDT):	**Tel: 01483 517898**	**edt.ssd@surreycc.gov.uk**
Child death coordinator	**Tel 01372 833319**	**CDOP@surreycc.gov.uk**

Hampshire – www.hants.gov.uk/child-protection

Contact Centre -	**0300 555 1384 (public line)**	
Professional Line –	**01329 225379**	
Emergency Duty Team (EDT) -	**0300 555 1373**	**Fax 01329 231061**

Berkshire

Bracknell Forest MASH -	**01344 352005**	**MASH@bracknell-forest.gov.uk**
Wokingham -	**01189 088002**	**Fax: 01189 088246**
Windsor and Maidenhead	**01628 683150**	**Fax: 01628 683141**
Reading –	**0118 937 3641**	**www.reading.gov.uk/childprotection**
Emergency Duty Team (EDT):	**01344 786543**	**Fax: 01344 786535**

Professional Advice and Support at Wexham Park Hospital

Named Nurse	**Elaine Welch**	**x 4609**
Named Midwife:	**Audrey Carty**	**07956 860109**
Named Doctor - Cons Paediatrician:	**Amal Quadri,**	**x 4609**
Executive Lead- Director of Nursing:	**Nicola Ranger,**	**x 4644**
Deputy Director of Nursing	**Sally Brittain**	**x 4728**
Head of Midwifery	**Adrienne Price**	**x 4542**
Lead Nurse Paediatrics	**Ros Rushworth**	**x 4518**

Berkshire

Slough -	**01753 875362**	**child.protection@slough.gcsx.gov.uk**
Bracknell Forest MASH -	**01344 352005**	**MASH@bracknell-forest.gov.uk**
Windsor & Maidenhead -	**01628 683150**	**mash@rbwm.gcsx.gov.uk**
Buckinghamshire -	**0845 4600001**	**secure-cypfirstresponse@buckscc.gcsx.gov.uk**

Out of hours normal working contact the Emergency Duty Team (EDT): The emergency duty team operates between 5pm and 9am weekdays, 24 hours at weekends and Bank Holidays when the Social Services Offices are closed.

Emergency Duty Team (EDT):	**01344 786543**	**Fax: 01344 786535**
Child death coordinator – Lorna Tunstall	**01753 875149**	**lorna.tunstall@slough.gcsx.gov.uk**

Southern Ultrasound

Southern Ultrasound Safeguarding Lead – including Lead for Safeguarding of Children and Young Adults:

Kevin Rendell. Director. 07949 053377 kevin.rendell@nhs.net
Available for initial Safeguarding advice. Will also provide Southern Ultrasound reporting function ensuring any concern is report to the LADO

Appendix 4 : Read and System One Codes

Read and System One Codes relevant to Safeguarding Children and Young People

Code Name	Read Code	SystemOne	Details and Explanation
Antenatal care: social risk	625	625.%	Every relevant maternal record. Note the nature of the risk.
At risk of violence in the home	13VF	13VF.	Every relevant adult or child record. Note the nature of the abuse
Case conference	3875	3875.	Every relevant child record
Child abuse in the family	13W3	13W3.	Every child in the close family/same house of the index child. Note the relationship to the index child and the category of abuse.
Child at risk	13IF.00		Every relevant child record
Child exam/report NOS	9FZ	9FZ.	Every relevant child record. Use for recording any other concerns which on it's own might not be significant but may be part of an emerging picture of concern
Child in foster care	13IB000		Every relevant child record. Children looked after have special healthcare needs and there is specific NICE guidance on this topic
Child in need	13IS		Every relevant child record
Child is cause for concern	13If	XaMzr	Every relevant child record
Child on child protection register	13IM.00		Note there is no longer a child protection register
Child Protection Plan	8CM6.00		Every relevant child record
Child protection procedure	64c	Ub0ex%	Every relevant child record. Free text procedure. Can be used for any child protection meeting not covered by another code.
Discontinuation of a child protection plan	13Iw	XaOtl	Every relevant child record
Discussion	Z4A	XaPJc	Every relevant child record. Note who the concern was discussed with and the outcome
Family member on longer subject to child protection plan	13Iz	XaPkG	Every child in the close family/same house of the index child. Note the relationship to the index child and the category of abuse.
Family member subject to child protection plan	13Iy	XaPkF	Every child in the close family/same house of the index child. Note the relationship to the index child and the category of abuse.
Fostering Medical	6982		Every relevant child record
History of domestic violence	14X3	Xajhe	Every adult who has perpetrated domestic violence. Caution when recording allegations. Best used when perpetrator discloses themselves
Mother not managing well	63CA.00 h.v		Every relevant maternal and child health record. Note the nature of the risk
Non-accidental injury	U3.11		Every relevant child record
Other parent-child problem	Z613.00		Every relevant child record
Referral to social services	8HHB	XaBva	Every relevant child record. Note who the referral was made to and the agreed plan.

Appendix 5 : Equality Impact Assessment

An Equality Impact Assessment has been performed on this policy and procedure. The EIA demonstrates the policy is robust; although the policy by its very nature discriminated in favour of one age group (Children and Young Adults) there is no potential for adverse impact. All opportunities to promote equality have been taken.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (inc. gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	**YES**	Policy is for Child safeguarding
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	YES	+ve impact on children
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	YES	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	