



Royal College of
General Practitioners



Safeguarding Children and Young People in General Practice:

A Toolkit

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Preface

Safeguarding children and young people in general practice is a toolkit of guidance notes and sample templates of child protection policies, procedures and a good practice code, as well as other guidance related to caring for children and young people in general practice. It has been developed by the Royal College of General Practitioners (RCGP) and the National Society for the Prevention of Cruelty to Children (NSPCC) to ensure that we safeguard the children and young people in our care. We believe this toolkit will be particularly useful in helping to ensure that general practices across the United Kingdom provide a safe environment, in which staff are confident & comfortable in working with young people. It will also help to reassure parents and our partners that general practices are committed to safeguarding and promoting the welfare of children and young people.

Governments encourage an awareness and appreciation of roles – including understanding the roles and responsibilities of others – as essential to effective collaboration between organisations and their practitioners. We all share responsibility for safeguarding and promoting the welfare of children and young people. General practices work within communities and everyone can help to safeguard and promote the welfare of children and young people, if we keep the needs of children in mind and are willing and able to act if we have concerns about a child's welfare.

We hope you find this document useful. It should be read in conjunction with the training modules for *Safeguarding children and young people in general practice: Training modules* (2007), designed to enable practice staff to recognise when a child may be at risk of abuse, to know what to do if there are concerns, and to ensure that we work with other disciplines and agencies to safeguard and promote the welfare of children.

Contents

Section 1: Introduction	5
Section 2: Practice safeguarding arrangements	12
Section 3: Barriers to implementation	38
Section 4: Monitoring and reviewing	42
Section 5: Working in partnership	48

Annex A: Legislation and Guidance

Annex B: Glossary

Annex C: References and Resources

Annex D: Useful Contacts and information

Section 1: Introduction

“The support and protection of children cannot be achieved by a single agency ... every service has to play its part. All staff must have placed upon them the clear expectation that their primary responsibility is to the child and his or her family.” (Lord Laming in the *Victoria Climbié Inquiry Report*, paragraphs 17.92 and 17.93)¹

This toolkit follows on from the *Keep Me Safe* document that set out the RCGP strategy for child protection², within the context of great change across the UK and the need to clearly demonstrate our competencies. The strategy highlighted that child abuse is an important issue for general practice and there is “no doubt that most of the abuse children now suffer is preventable”³.

Safeguarding children and young people in general practice: A toolkit consists of guidance notes and sample templates of child protection policies, procedures and a good practice code, as well as other guidance related to caring for children and young people in general practice. It will help your practice to prevent abuse and protect children. This toolkit reflects, where possible, the relevant jurisdictions in which members of the RCGP practice. We have referenced material used and advise practice teams to review this in the light of changing practice and reforms. We have therefore signposted references and resources in Annex C and included useful contacts in Annex D.

Practice teams also need to be mindful of the language used within your jurisdiction. In Scotland for example, the term *Safeguarders* has a specific use in the context of Children’s Hearings (see below). The sister document to this toolkit is *Safeguarding children and young people in general practice: Training modules (2007)*.

The sister document to this toolkit is *Safeguarding children and young people in general practice: Training modules (2007)*. The training pack was developed to enable practice staff to recognise when a child may be at risk of abuse, to know what to do if there are concerns, and to ensure that practices work with other disciplines and agencies to safeguard and promote the welfare of children.

¹ Although the Victoria Climbié Inquiry Report is a landmark case within the UK, other jurisdictions have specific inquiries that relate to that region for example, Scotland, the O’Brien Inquiry, Caleb – Ness Inquiry accessed on 15th November 2007 http://www.edinburgh.gov.uk/internet/Council/Council_publications/CEC_report_of_the_caleb_ness_inquiry/

² RCGP (2005) *Keep Me Safe: The Royal College of General Practitioners’ Strategy for Child Protection*.

³ RCGP (2005) *Keep Me Safe: The Royal College of General Practitioners’ Strategy for Child Protection*, citing Williams (Lord) of Mostyn, *Childhood Matters: Report of the National Commission of Inquiry into the Prevention of Child Abuse*, The Stationery Office, London, 1996, page 2, point 4.

Principles

Safeguarding children and young people in general practice: A toolkit was developed from a child-centred perspective. Internationally, and common to jurisdictions, there is a need to promote and secure the rights of all children (anyone younger than 18 years old), as defined in the United Nations Convention on the Rights of the Child (UNCRC). This toolkit is underpinned by the UNCRC, which states that all children have a right to be protected from “physical or mental violence, injury or abuse, neglect, maltreatment or exploitation including sexual abuse, while in the care of parent (s), legal guardian (s) or any other person who has the care of the child” (Article 19).

All of the relevant jurisdictions’ legislation and welfare policies are equally underpinned by UNCRC and European Convention for the Protection of Human Rights and Fundamental Freedoms 1950. Annex A breaks down the domestic law and policy specific to the main jurisdictions.

Essentially, a child-centred perspective means that children should:

- be able to express and have their views given due weight in all matters affecting them (UNCRC, article 12)
- be valued and respected as individuals
- be respected for their identity and uniqueness
- not be discriminated against
- have the principle of primary consideration for the best interests of the child reflected through out national and local policy and legislation

Aim

Safeguarding children and young people in general practice: A toolkit aims to equip practices with the knowledge and tools to integrate safeguarding children and young people into practice systems and processes.

By the end of working through *Safeguarding children and young people in general practice: A toolkit* and *Safeguarding children and young people in general practice: Training modules*, we hope that each practice is able to determine what arrangements are in place, identify gaps, and state what steps are necessary in order to safeguard and promote the welfare of children and young people in the care of the practice team.

What is safeguarding?

All jurisdictions in the UK have protective measures which include child protection procedures for the purposes of “providing necessary support for the child and for those who have the care of the child, as well as other forms of prevention and for the identification, reporting, referral, investigation, treatment and follow up of instances of child maltreatment” (UNCRC, Article 19 (2)).

The term safeguarding has not been defined in law⁴ (except via statutory guidance, see below) but aspects of the duty to safeguard were first outlined in the Joint Chief Inspectors’ report: “Arrangements to take all reasonable measures to ensure that risks of harm to children’s welfare are minimised.” (Joint Chief Inspectors 2002:7)

The Welsh Assembly Government definition is: “All agencies working with children, young people and their families take all reasonable measures to ensure that the risks of harm to children’s welfare are minimised; and where there are concerns about children and young people’s welfare, all agencies take all appropriate actions to address those concerns, working to Assembly Government policies and guidance and to agreed local policies and procedures in full partnership with other local agencies.” (Children Bill Policy statements – Statutory Guidance)⁵

In England, safeguarding and promoting the welfare of children is defined in both [Children Act] Section 11 guidance⁶ and *Working Together to Safeguard Children* (2006).⁷

Safeguarding has two elements:

- protecting children from maltreatment
- preventing impairment of children’s health or development.

Promoting welfare is a proactive responsibility:

- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

⁴ See above, the term *Safeguarder* has been defined in Scotland and is used in the specific context of children’s Hearings.

⁵ Accessed on 23/03/2007 via <http://new.wales.gov.uk/topics/childrenyoungpeople/publications/guidance/childrenbillpolicystatements?lang=en>

⁶ DfES (2005), Statutory Guidance on Making Arrangements under Section 11 of the Children Act 2004, page 13, para 2.9.

⁷ HM Government (2006), *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children*, page 5, para 1.18.

Child protection is defined as being part of safeguarding and promoting welfare. Child protection is the term used to refer to the activity taken to protect children who are suffering or at risk of suffering significant harm⁸.

In Scotland the term Safeguarders has a specific use in the context of Children's Hearings. The use of the Safeguarders in children's proceedings gives added protection to children who come before children's hearings and the court in that they are appointed to represent the child's best interests in the proceedings but not to act as an advocate for the child. The *Children (Scotland) Act 1995* requires children's hearings and the sheriff to consider in all situations the appointment of a Safeguarder.

Practice safeguarding arrangements (section 2) have been influenced by Part 1 of *Statutory Guidance on Making Arrangements under section 11 of the Children Act 2004* but, on the whole, these appear to be reflective of aspirations across the whole UK, and act as a best practice guide.

Key features common to all jurisdictions are:

- senior management [partner] commitment to the importance of safeguarding and promoting children's welfare
- a clear statement of the organisation's responsibilities towards children available for all staff
- a clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- staff training on safeguarding and promoting the welfare of children for all staff working with or in contact with children and families
- safe recruitment procedures in place (safe people, codes of conduct)
- service level agreements, contracting and commissioning arrangements to take account of the need to safeguard and promote the welfare of children and young people
- whistle-blowing
- dealing with complaints
- leadership in safeguarding
- effective inter-agency working to safeguard and promote the welfare of children
- effective information sharing
- involving young people
- monitoring and reviewing.

⁸ Working Together (2006), page 5, para 1.19; In Scotland, child protection has not been defined however the Scottish Executive (2004b): *Protecting Children & Young people: Framework for Standards* uses verbs "to protect" and "to take action" as the nearest description to defining safeguarding & child protection

It is noted that none of these alone will safeguard young people, but collectively, and through your governance arrangements, you can help to detect and deter those who may harm young people and identify those children and young people in need of protection.

Who is responsible for safeguarding?

We all have responsibility – it is also a shared responsibility. The role of primary care in protecting children from abuse and neglect is highlighted within the position paper for the RCGP (2002). This was re-affirmed within the *Keep Me Safe, Strategy for Child Protection* (2005). The practice team, however, is not responsible for making a diagnosis of child abuse and neglect; rather to share concerns appropriately and refer onto the relevant agency responsible for carrying out an assessment and, as appropriate, arranging medical examinations to help determine whether or not child abuse has occurred.

At a local level, practices fall within the area of a Local Authority [or equivalent] which has responsibility for co-ordinating the activity in regards to safeguarding and protecting children. In England and Wales the body with overall responsibility is called the Local Safeguarding Children Board, formerly the Area Child Protection Committee. In the Channel Islands, Isle of Man, Northern Ireland & Scotland, responsibility for co-ordination falls under the respective Child Protection Committee⁹. LSCBs/Committees are responsible for developing local procedures and providing multi-agency training. Social services (also known as Children's Social Care) work with health services, education, police, prison and probation services, district councils and other organisations such as the NSPCC, domestic violence forums, youth services and armed forces, to share responsibility for safeguarding children and promoting their welfare.

Why is safeguarding necessary in general practice?

Children and young people are part of the general population and it is unusual for a child not to be registered with a general practitioner (GP); it is important that children are registered whenever possible. GPs remain the first point of contact for most health problems. This sometimes includes families who are not registered but seek medical attention. A GP may be the first to recognise parental and/ or carer health problems, or someone whose behaviour may pose a risk to children and young people. The primary health care team may be the only professionals to have contact with infants and pre-school children. Lack of sensitive responsive care in infancy can seriously impact on the developing infant.

⁹ for example, see <http://www.nhssb.n-i.nhs.uk/partnerships/nacpc.php> and <http://www.scotland.gov.uk/Publications/2005/02/20675>

The long-term effects of abuse are widely documented and include a range of psychological, emotional and social effects¹⁰. In order to achieve the optimum life chances for children and young people, early detection and intervention is paramount. Depending on the circumstances of a particular case, intervention may be an assessment of further support needed for the child and family (for example, a child or family in need of services), or a child in need of protection. It is important to stress that we must not stereotype families or adults who do have health problems, such as mental health or substance misuse, although it is crucial that a holistic approach is taken with families so that the needs of young children are assessed when treating parents with mental health problems or addictions.

What are the policy implications for general practice?

GPs are independent contractor providers and the practice will have contracts with the relevant health body to provide services within a particular area. In some jurisdictions, such as England and Wales, there is a statutory duty placed on key persons or agencies to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children¹¹. This duty extends to contracts and commissioning of services and as such, the relevant health authorities/ Local Health Boards may look at your arrangements with regard to safeguarding and promoting the welfare of children.

Across all jurisdictions there is guidance provided by the relevant government to promote effective inter-agency working to safeguard and promote the welfare of children and young people¹². In addition, there are national strategies and frameworks that set out reforms for improving outcomes for children and young people, of which being safe is one¹³. This guidance will not be able to cover in detail all related guidance, we would encourage your practice to become familiar with what is going on in your area and to ask, 'What does that mean for us?' Use the links provided in Annex C.

Helping to prevent abuse

All practices have a duty of care for children and young people to whom they provide care and services. You will have safeguards in place and probably take

¹⁰ Leheup R, *Implications of Abuse for the Child in: Child Protection in Primary Care*, Ed Polnay J, Radcliffe, Medical: Oxford, 2001.

¹¹ Children Act 2004, Section 11 (England), Section 28 (Wales), Scottish legislation on Integrated children's services is envisaged under "Getting it Right for Every Child"- draft Children's Service (Scotland) Bill 2006

¹² England see *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children*, HM Government (2006); Wales see *Children & Young People Rights to Action, Safeguarding Children Working Together under the Children Act 2004*, Welsh Assembly Government (2006); Scotland see *Protecting Children A Shared Responsibility, Guidance in Inter-agency Co-operation*, Scottish Office (1998) And specific version for Protecting Children: A Shared Responsibility Guidance for Health Professionals in Scotland (Scottish Office, 1999), see <http://www.scotland.gov.uk/library2/doc11/pcsr-00.asp>.

¹³ For example, *National Service Framework for Children, Young People and Maternity Service: Core Standards*, Standard 5, Department of Health (2004), Wales see *Children's – National Service Framework, NSF for Children, Young People & Maternity Services (2005, updated February 2006)*

all precautions necessary to ensure their safety on your premises. However, we sometimes need to be mindful that there may be people who work, or seek to work, in organisations who pose a risk to children and young people¹⁴.

Safeguarding children and young people in general practice: A toolkit is designed to help you take all reasonable steps to prevent this from happening.

It is better to prevent abuse by putting safeguards in place in advance of any incident or suspected abuse – in the same way that you would consider aspects of health, safety and adverse incidents - to take steps to minimise the possibility of these occurring.

How to use this toolkit

The Toolkit provides guidance, templates and basic information relevant to the practice team. It offers an overview from which each practice will need to produce its own protocols and guidances. Section 4: Monitoring and Reviewing, sets out 12 essential steps to assist your practice in drawing up a strategic action plan. Please note that training your practice team will be better planned after this toolkit has been considered, and you have reflected on the adaptations needed for your practice and subsequent changes required to *Safeguarding children and young people in general practice: Training Modules* (2007).

¹⁴ The NSPCC response to the Home Office consultation on the Belgian proposal framework decision on the recognition and enforcement in the European Union of prohibitions arising from sexual offences committed against children, published May 2005, NSPCC accessed on 30/3/2007 via <http://www.nspcc.org.uk/Inform/Applications/PPA/documents/NSPCC%20response%20to%20the%20Home%20Office%20consultation%20on%20the%20Belgian%20proposal.doc>

Section 2: Practice safeguarding arrangements

As mentioned previously, you may be required to show evidence of a child protection policy and procedure as a future condition of contracting and commissioning arrangements. Policies and procedures in themselves will not protect young people from harm *per se* but they will ensure that all those who work within the practice know what your practice statement of intent is, what is expected of them and what to do if a concern arises. This section provides a sample template for a policy and procedures within general practice and should be personalised according to your needs.

Template policy and procedures

Policy content	12
Statement of intent	13
Background and principles	14
Practice lead	15
Procedures	16
What is abuse and neglect?	16
Recognition of abuse	16
Disclosure of information	16
Responding to a child who tells you about abuse	17
Reporting	18
Chart representing reporting process	19
Recording information	20
Sharing information	20
What happens following a referral?	22
GP attendance at child protection conferences	22
Enquiry process flow chart	23
Creating a safe environment	24
Employing the right staff	24
Training staff	25
Supervision of staff	25
General guidelines for staff behaviour	26
General guideline/ code of conduct for patients	27
Restraints policy	27
Raising concerns about other staff	27
Whistle-blowing	27
Complaints procedure	28
Appendix	29

Safeguarding children and young people in general practice

Statement of intent

The aim of this policy is to ensure that, throughout the work of the general practice, children are protected from abuse and exploitation. This work may include direct and indirect contact with children (access to patient's details, communication via email, text message/phone). We aim to achieve this by ensuring that **[Insert practice name]** is a child-safe practice.

[Insert name of practice] is committed to a best practice which safeguards children and young people irrespective of their background, and which recognises that a child may be abused regardless of their age, gender, religious beliefs, racial origin or ethnic identity, culture, class, disability or sexual orientation.

As a general practice we have a duty of care to protect the children we work with and for. Research has shown that child abuse offenders target organisations that work with children and then seek to abuse their position¹⁵. This policy seeks to minimise such risks. In addition, this policy aims to protect individuals against false allegations of abuse and the reputation of the practice and professionals. This will be achieved through clearly defined procedures, code of conduct and an open culture of support.

[Insert practice name] is committed to implementing this policy and the practices it sets out for all staff and partners and will provide in-house learning opportunities and make provision for appropriate child protection training to all staff and partners. This policy will be made widely accessible to staff and partners and reviewed on **[Insert date: suggest no later than two years from date of ratification]**.

This policy addresses the responsibilities of all practice employees and those with whom we have arrangements. It is the responsibility of the practice manager and lead practitioner to brief the staff and partner on their responsibilities under the policy. For employees, failure to adhere to the child protection policy could lead to dismissal or constitute gross misconduct. For others (volunteers, supporters, donors, and partner

¹⁵ Grubin D (1998), *Sex Offending Against Children: Understanding the Risk*, London: Home Office; Abel, GG, Becker, JV, Mittelman, MS, Cunningham-Rathner, J, Rouleau, JL and Murphy, WD (1987), 'Self-reported Sex Crimes of Non-incarcerated Paraphilics', *Journal of Interpersonal Violence* 2: 3-25, cited in the NSPCC Response to the Home Office consultation on the Belgian proposal framework decision on the recognition and enforcement in the European Union of prohibitions arising from sexual offences committed against children published May 2005: NSPCC accessed on 30/03/2007 via <http://www.nspcc.org.uk/Inform/Applications/PPA/documents/NSPCC%20response%20to%20the%20Home%20Office%20consultation%20on%20the%20Belgian%20proposal.doc>

organisations) their individual relationship with the practice may be terminated.

To achieve a child-safe practice, employees and partners (independent contractors, volunteers, and the wider primary care team members) need to:

- understand what abuse is
- be able to respond appropriately to concerns or disclosures of abuse
- be clear what their role and responsibility is
- understand what behaviour is acceptable
- minimise any potential risks to children.

Background and principles

Safeguarding children and young people is a fundamental goal for the **[insert name of practice]**. This policy has been written to reflect our legislative and government guidance requirements and other internal policies. These include:

[Insert relevant legislative and government guidance to your jurisdiction. See Annex A and link your own existing related documents here.]

For example, in England/ Wales/ Scotland/ NI (delete and add as necessary):

- Adoption and Children Act 2002/ The Adoption and Children Act 2002 (Commencement No.9) (Wales) Order 2005/ Adoption and Children Act 2002 (Commencement No. 1) (Scotland) Order 2005
- Children Act 1989/ Children (Scotland) Act 1995/ The Children (Northern Ireland) Order 1995/ Children and Young persons Act 2001
- Children Act 2004
- Protection of Children Act 1999/ The Protection of Children (Scotland) Act 2003
- Human Rights Act 1998
- United Nations Convention on the Rights of the Child (ratified by UK Government in 1991)
- Data Protection Act 1998 (UK-wide)
- Sexual Offences Act 2003
- Working Together to Safeguard Children 2006/ Working Together under the Children Act 2004 (2006)/ Protecting Children- a shared responsibility (1998)/ *Protecting Children: A Shared Responsibility Guidance for Health Professionals in Scotland* (Scottish Office, 1999) / Co-operating to Safeguard Children (2003)
- General Practice Equal Opportunity Statement
- General Practice Code of Conduct
- General Practice Disciplinary Policy

Practice lead

The practice safeguarding lead¹⁶ is **[insert name and contact details]**
His/her deputy is **[insert name and contact details]**

Their role is to:

- act as a focus for external contacts on safeguarding/child protection matters.
- disseminate safeguarding/child protection information to all practice members.
- act as a point of contact for practice members to bring any concerns that they have and record it.
- ensure that primary health care team members receive adequate support and supervision when dealing with child protection
- assess the information promptly and carefully, clarifying or obtaining more information about the matter as appropriate.
- consult locally with a statutory child protection agency such as local authority (LA) children's social care/services/ social work departments (formerly known as Social Services in England and Wales) in the first instance to test out any doubts or uncertainty about the concerns as soon as possible. This will depend on the role of the person disclosing, for example, a receptionist as opposed to a doctor, or registered nurse, who would consult locally his/herself.
- make a formal referral to a statutory child protection agency or the police without delay. **[Insert name of practice]** recognises that it is not the role of the practice to investigate or to decide whether or not a child has been abused.
- ensure that the practice meets the contractual and clinical governance guidance on safeguarding children/child protection.
- ensure that the practice team completes incident forms (see Appendix 2) and analysis of significant events (see Appendix 3).

This is not a full-time function but instead complements the individual's daily duties. The responsibilities are detailed below.

The practice lead(s) for safeguarding children and young people will:

- be fully conversant with all aspects of the **[insert name of practice]** child protection policy, child protection operating procedures and incident handling procedures
- have a deeper understanding of the law relating to child protection as well as practice/Primary Care Organisations policies and operating procedures
- ensure that preventative measures are in effect such as recruitment procedures (see below)
- be responsible for proactively determining training needs, administering and delivering additional training

¹⁶ This person cannot be the practice manager as (s)he has a separate disciplinary role and cannot be a non-employed member of the team for example, a health visitor.

- make recommendations for change or improvements to current policies or operating procedures
- know and establish links with local child protection agencies
- ensure a detailed log is kept of all child or staff protection issues, even if at the time no further action is deemed necessary
- encourage and nurture a protective culture and environment that puts children's interests first and actively supports a whistle-blowing policy.

Procedures

What is abuse and neglect?

Abuse and neglect are forms 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 within a family, or within an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or by another child or children.

There are four (five in Scotland) types of child abuse. **[Insert your area definitions here.]**

- 1
- 2
- 3
- 4

Recognition of abuse

Recognising child abuse is not easy and it is not our responsibility alone to decide whether abuse has taken place. However, it is our responsibility to act if we have any concerns.

Disclosure of information

General Practitioners and their teams sit at the centre of healthcare in the National Health Service. They are uniquely placed to recognise and act upon concerns for the well-being of children. There are many ways that concerns may come to light, these include:

- a child may tell a member of staff they are being harmed
- practice staff might be concerned about something a child has said
- there may be behavioural or physical signs or indicators that suggest a child is being abused
- infants and young children may have persistent regulatory difficulties with sleeping, feeding for example or enuresis or encopresis
- an adult's problem, including treatment such as taking medication, may impact on their ability to parent; or an adult's behaviour may pose a risk to the welfare of the child

If a child discloses information about abuse, whether concerning themselves or a third party, our employees must immediately pass this information on to the lead for child protection and follow the procedures below.

It is important to remember that it can be more difficult for some children to tell than for others. Children who have experienced prejudice and discrimination through racism may believe that people from other ethnic groups or backgrounds do not really care about them. They may have little reason to trust those they see as authority figures and may wonder whether you will be any different.

Children with a disability will have to overcome barriers before disclosing abuse. They may well rely on the abuser for their daily care and have no knowledge of alternative sources. They may have come to believe they are of little worth and simply comply with the instructions of adults.

Close observation and carefully history taking is important with infants and young children. Midwives and health visitors may be an important source of information.

Responding to a child who tells you about abuse

- Stay calm.
- Listen actively to what is being said¹⁷.
- Find an appropriate early opportunity to explain that it is likely the information will need to be shared with others – do not promise to keep secrets.
- Allow the child to continue at his/her own pace.
- Ask questions for clarification only, and at all times avoid asking questions that are leading or suggest a particular answer.
- Reassure the child that they have done the right thing by telling you.
- Tell them what you will do next and with whom the information will be shared.
- Record in writing what has been said using the child's own words as much as possible – note date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated.
- Do not delay passing this information on.

Reporting

In the first instance, and if the risk to the child is not increased by doing so, the health professional and/ or practice lead for child protection will inform the child and accompanying carer/parent that you need to discuss or report your concern.

¹⁷ Listening and responding, see National Service Framework for Children, Young people and Maternity Services, Standard 3/ Wales- Children's – National Service Framework, NSF for Children, Young People & maternity Services, Chapter 1/ Scotland, Protecting Children and Young People; Framework for Standards 3 and 4.

When the child concerned is not part of the practice, policy is to speak to the practice lead who is obliged to pass on that information in accordance with the disclosure of information.

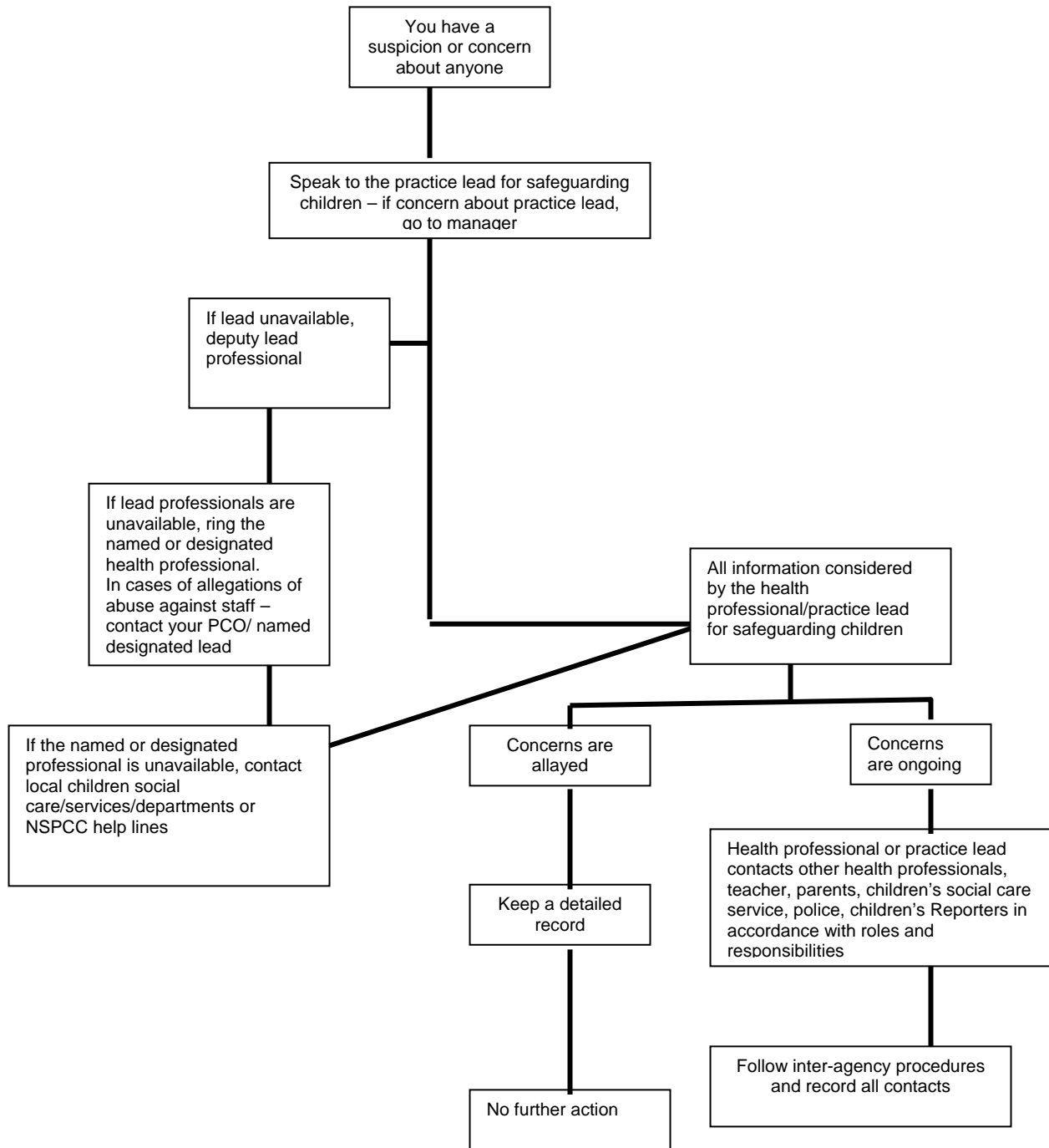
When external authorities need to be contacted, the relevant details are below. As a general rule of thumb, we will contact the children's social care/ services/ departments first, unless the issue is more immediate.

[(i) Insert your local arrangements in the table (and please do not forget contacts if families live across borders) and (ii) amend the flow chart according to your local arrangements/ helplines.]

CHILD PROTECTION REPORTING CONTACT DETAILS:

Location	Social Services/ Departments	Police
	Telephone:	Police (switchboard) and/or local child protection unit
	Out of hours telephone:	Telephone: (check if 24 hour)
	Children's services	
	Telephone:	
	Out of hours telephone:	

The chart below represents [insert practice name] reporting process



Recording information

- This section should be modified to comply with your own practice systems. Information about vulnerable children will be recorded in the child's notes and, where appropriate, the notes of siblings and significant adults. This is recorded using locally agreed Read Codes (see Appendix 1).
- Information supplied by all members of the primary care team, including the health visitor, is recorded in the notes under a read code. The use of email or unlinked correspondence is discouraged other than for the purpose of alerting individuals to new information in notes.
- Conversations with, and referrals to, outside agencies are recorded under an appropriate Read Code. Practices also need to be aware of any National Clinical Data Programmes which may well influence the recording under Read Codes.
- Child protection conference notes and documented concerns are scanned into the notes of all the children and adults named under the Read Code 64c. In addition, a paper copy is kept with the records of all those named in the conference report¹⁸.
- Records, storage and disposal must follow national guidance, for example *Records Management, NHS Code of Practice 2006*.
- If information is about a member of staff this is recorded securely in the staff personnel file in line with your own jurisdiction guidance¹⁹.
- Regulated practitioners must also have regard to their regulatory body guidance, for example, *Nursing & Midwifery Council Record Keeping Guidance 2007; General Medical Council, Good Medical Practice (2006)*.

Sharing information

The practice should follow the policy on sharing information in child protection cases, as follows:

- **[Insert related legislation to jurisdiction]** In England and Wales, the Children Acts of 1989 and 2004 give GPs a statutory duty to share information if there are concerns about a child's safety or welfare (section 47 and section 27, duty to co-operate, Children Act 1989). Governments and LSCBs/child protection committees also have information sharing guidance & protocols²⁰.
- The Data Protection Act 1998 (all UK jurisdictions) allows us to share confidential information without consent if one of the following three conditions apply:
 - (i) if there is a statutory obligation

¹⁸ guidance is expected from the Information Commissioner around retention of sensitive information.

¹⁹ Recording and sharing information needs to be consistent with locally agreed policies and this section amended accordingly.

²⁰ For example, see *Safeguarding Children – Working Together under the Children Act 2004, (Welsh Assembly Government, 2006)*, chapter 14; HM Government (2006) *Information sharing: Practitioners' guide*

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- (ii) if a court orders it
- (iii) if the child's or public interest overrides that of the individual.

At the time of writing, the Scottish Government, the General Medical Council and British Medical Association offer guidance which is currently being reviewed **[insert reference on publication here]**. In addition the Royal College of Nursing & Royal College of Paediatrics & Child Health have issued guidance see *Responsibilities of Doctors in Child Protection cases with regard to Confidentiality* (2004)²¹ and RCN, *Child protection – every nurse's responsibility, Guidance for nursing staff* (updated 2005)²².

When asked for information about a child or family, practice staff should consider:

- **Identity** – check identity of the enquirer to see if they have a bona-fide reason to request information. Call the switchboard or ask for a faxed request on headed notepaper.
- **Purpose** – ask about the exact purpose of the inquiry. What are the concerns?
- **Consent** – is it a situation where a child needs to be protected? If it is, you should not delay while consent to share information is sought. If it is not, then you would normally wait for the informed consent of the child/ young person (as appropriate), or the person with parental responsibility/ carer. See General Medical Council [2007] *0-18 years: Guidance for all doctors*
- **Need-to-know basis** – give information only to those who need to know.
- **Proportionality** – give just enough information for the purpose of the enquiry, and no more. This may mean relevant information about parents/carers.
- **Keep a record** – make sure that you record the details of the information sharing, including the identity of the person you are sharing information with, the reason for sharing and whether consent has been obtained and if not why not.

²¹ See <http://www.rcpch.ac.uk/Health-Services/Child-Protection/Child-Protection-Publications> accessed on 07/11/07

²² see http://www.rcn.org.uk/__data/assets/pdf_file/0004/78583/002045.pdf accessed on 07/11/07: Currently the Health Professionals Council is undergoing consultation on confidentiality: guidance for registrants see <http://www.hpc-uk.org/> accessed on 07/11/07

What happens following a referral?

Enquiry process

The following flow diagram outlines the enquiry process once referral to social services has been made.

Practice staff in Scotland should be aware that a referral to the Children's Reporter can be made at any point. The Reporter is an independent voice within the system, and their decisions can act as a useful catalyst for other child protection providers.

Practice staff (particularly health professionals) may be asked to contribute information and will be expected to provide a written report in order to assist the enquiry process. It is possible that attendance at a child protection/ case conference or court proceedings may be required in order to share the information. In these situations it is advisable for a member of staff to be accompanied by a manager and to seek support from the designated and named health professionals.

GP attendance at child protection conferences

The contribution of GPs to safeguarding children is invaluable and priority should be given to attendance wherever possible.

GPs may claim a fee for attendance at child protection conferences, under the Collaborative Arrangements for Work for Local Authorities 1974, to defray their expenses. Consult your health authority/ Local Health Board for details.

While local guidance varies (eg London-wide LMCs, Isle of Man), each makes it clear that there should be no delay in providing information while payment is sought.

Child in need of services or children in need of protection enquiry process (continued)
[please adapt to national and local LSCB/ CPC flow charts]

Referral



Formal request to children's social care/social services to undertake assessment regarding a child in need of services or child in need of protection.

Initial assessment of need for social care services

To clarify whether a child is in need of services or protection social care services will carry out record and file checks and consult with parents, family, child, professional agencies on level of concern and risk to child. If consulting the family at this stage will place the child at increased risk, social services will inform them later.



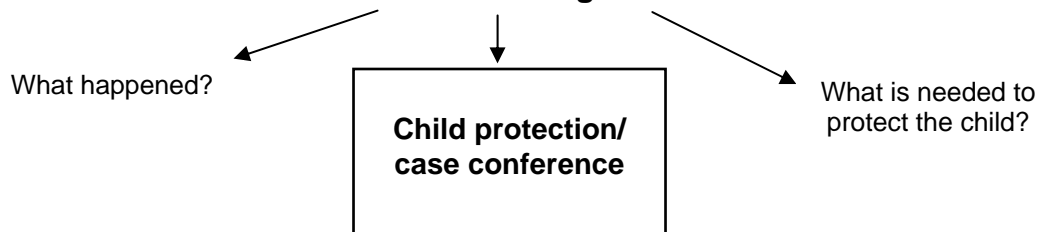
Planning strategy meeting (check applicability in your area)

Professional meeting or telephone discussion to decide and plan what action to take. Usually convened by lead agency.

Investigation/assessment

Social care services and/or police investigate and assess situation

Is the child at risk of significant harm?



Multi-agency meeting to look at whether the child is at continuing risk of significant harm and if so, what are the protection needs of the child and family.

Registration on the child protection register where criteria is met: In England, the keeping of a separate child protection register will be phased out by 1 April 2008 with the introduction of the Integrated Children's System²³.



²³ There may be variation in timescale in different jurisdictions see Website: www.everychildmatters.gov.uk/socialcare/integratedchildrenssystem

Child protection plan

A core group meets within the time frame identified by national/ LSCB/ CPC guidance. A clear plan of action is developed by the identified key worker so professionals and family can work to keep the child safe and reduce/remove any risks.



Review

Follow-up meeting(s) at regular intervals to assess progress and on-going needs and deregistration if child is safe

Creating a safe environment

The aim of creating a safe environment is to minimise risks to children and young people from abuse in practice. As mentioned above, we sometimes need to be mindful that there may be people who work, or seek to work, in organisations who pose a risk to children and young people. The following is intended to further support practices in creating a safer environment by setting out key safeguarding arrangements that help to protect patients as well as protecting individuals against false allegations of abuse and the reputation of the practice and professionals.

Employing the right staff

Recommended vetting of staff criteria for all staff

The minimum vetting recommended for all²⁴ staff that work at **[insert name of practice]** are:

- Criminal Records Bureau/ Disclosure Scotland enhanced screened (note: this system may change in your area when the Safeguarding Vulnerable Groups Act 2006/ Safeguarding Vulnerable Groups (NI) Order 2007/ The protection of Vulnerable Groups (Scotland) Act 2007 comes into force)
- two references (followed up)
- proof of identity- primary identification requires photographic identification such as a current UK, EU and other nationalities passport (UK or overseas).

²⁴ The term 'all staff' refers to the future implementation that is reflected within the Safeguarding Vulnerable Groups Act 2006. It is noted that some general practices have already vetted their practice staff, while others have vetted their regulated staff only. It is advised that general practice teams reflect on this point with reference to their jurisdiction requirements, including governmental guidance on working together and what safeguards need to be in place, and then adapt this template accordingly.

UK Birth Certificate, marriage and civil partnership certificate if there has been a name change²⁵

- interviewed face to face.

Training staff

- All new members of staff complete in-house training or other basic awareness training, organised by the local PCT/trust/health board under local arrangements
- All staff undergoing training are expected to keep a learning log for their appraisals and/ or personal development (see Appendix 4 – Sample template for recording learning)
- There is at least one whole practice meeting a year to discuss the safeguarding of children within the practice. The purpose of this meeting is to make sure all members of staff are fully aware of the practice policy and know what to do if they are worried a child is being abused or neglected
- All members of staff undergo child protection training at least once every three years. Lead professionals engage with the multi-agency training provided by the Local Safeguarding Children Board/ Child Protection Committee
- The practice discusses and records at least one clinical incident involving safeguarding children.

Supervision of staff²⁶

Supervision is already a process in place for some clinical staff. It provides an opportunity for supervisors, staff and volunteers to share their concerns. It is important to promote good standards of practice, which are soundly based and consistent with your LSCB or Child Protection Committee's procedures.

It also provides an opportunity to ensure there is an understanding of roles and responsibilities, as well as the scope of professional discretion and authority. Key decisions must be recorded in the child's records (see *Working Together* (2006), chapter 5, page 113, para 5.160 – 5.162; Section 11 on *Making Arrangements to Safeguard and Promote the Welfare of Children and Young People* (2005), page 22; *National Service Framework*, Standard 5, page 170, para 14.1: *Safeguarding Children – Working Together under the Children Act 2004*, (Welsh Assembly Government, 2006), chapter 14, page 308 -309, para 14.59 – 14.66).

²⁵ Guidance will be issued by NHS Employers on safer recruitment process in 2008 – please amend on publication

²⁶ In some areas clinical supervision may be the term used (see *Nursing & Midwifery Council, A-Z Advice sheet, Clinical Supervision (updated 2006)*), however with regards to child protection, each jurisdiction will need to check their local requirements and, if gaps are identified, raise these through local processes.

[Insert practice requirements here]

General guidelines for staff behaviour²⁷

These guidelines are here to protect children and staff alike. The list below is by no means exhaustive and all staff should remember to conduct themselves in a manner appropriate to their position.

Wherever possible, you should be guided by the following advice. If it is necessary to carry out practices contrary to it, you should only do so after discussion with, and the approval of, your manager/general practitioner. You must:

- challenge unacceptable behaviour and report all allegations
- provide an example of good conduct you wish others to follow
- respect a young person's right to privacy and encourage children, young people and adults to feel comfortable to point out attitudes or behaviours they do not like
- involve children and young people in decision-making as appropriate
- be aware that someone else might misinterpret your actions
- not engage in or tolerate bullying of a child, either by adults or other children
- never promise to keep a secret about any sensitive information that may be disclosed to you but follow the practice guidance on confidentiality and sharing information
- never offer a lift to a young person in your own car unless in an emergency
- never exchange personal details, such as your home address, with a young person
- not engage in or allow any sexually provocative games involving or observed by children, whether based on talking or touching.

Use of internet, mobile phones and electronic equipment

You must always act responsibly with regard to internet, electronic and telecommunications equipment (including use of mobile phones), using them in a professional, lawful and ethical manner.

Inappropriate types of sites

Accessing or downloading data from inappropriate websites (eg pornographic websites or emails, racist, sexist or gambling websites or emails, sites promoting violence and illegal software) at any time is forbidden and may lead to disciplinary proceedings.

²⁷ These are suggested guidelines and practices are encouraged to cross reference with other Codes of Conduct/ Practice and, other publicly agreed expectations on behaviour (see Scotland, *The Charter for Protecting Children and Young People*). Practices are to discuss and adopt their own codes of behaviour regarding how you expect everyone to behave in your practice.

General Guideline/ Code of conduct for patients

The general practice code of conduct reflects the child-centred principles of the practice. It is displayed within the parent's guide and parent's information pack²⁸. Each parent and child must acknowledge and agree to act within the guidelines of the code of conduct.

Restraint policy also known as 'Positive Handling Policy'/ 'Holding Safely' [You will need to amend this section according to government and guidance from the Royal Colleges that applies to your area of work.]

Restraint is where a child is being held, moved or prevented from moving against their will, because not to do so would result in injury to themselves or others, or would cause significant damage to property.

Restraint must only ever be used as a last resort, when all other methods of controlling the situation have been tried and failed. Restraint should never be used as a punishment or to bring about compliance (except where there is a risk of injury).

Only employees who are properly trained in restraint techniques should carry it out.

A person should be restrained or held still for the shortest period necessary to bring the situation under control or for example, for a particular clinical procedure²⁹.

[Insert links to any guidance's already in place to your jurisdiction.] Raising concerns about other staff

Whistle-blowing

[Insert practice name] recognises the importance of building a culture that allows all centre staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour. This will also include behaviour that is not linked to child abuse but that has pushed the boundaries beyond acceptable limits.

²⁸ Each practice needs to amend codes of conduct and parents' guides and so forth according to guidance available locally and following participation by children and young people within your practice or via multi-agency initiatives in your area

²⁹ See Department of Health (2002) *Guidance for Restrictive Physical Interventions: How to provide safe services for people with learning disabilities and spectrum disorders*, London: Stationary Office; Scottish Intercollegiate Guidance network (2004) *Safe Sedation of children undergoing Diagnostic & Therapeutic Procedures, a national guideline*; Scottish Executive et al (2005) *Holding Safely: A Guide for Residential Child Care Practitioners and Managers about Physically Restraining Children & Young People*;

RCN (2003) *Restraining, holding still and containing children and young people* accessed via http://positive-options.com/news/downloads/RCN_-_Restraining_holding_still_and_containing_children_and_young_people_-_2003.pdf

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Complaints procedure

[Insert practice name] has a clear well publicised procedure that is capable of dealing with complaints from all patients (including children and young people), employees, accompanying adult or parent. Please refer to **[insert link or cite practice document]**.

In law, the responsibility for ensuring policies are reviewed belongs to the partners, who may delegate this responsibility **[insert name here]**.

We have reviewed and accepted this policy.

Signed

Dated

Signed by
on behalf of the partnership

The practice team have been consulted on how we implement this policy.

Signed

Dated

Signed by

(Adapted from current NSPCC material and Dr Huw Charles-Jones, Lache Health Centre Policy, 2007.)

Appendix 1: Recording child protection data on GP clinical systems - practices will need to amend this section to the systems used.

Housing

When to use the code	Read code	What to enter under the code	Under whose record
Sub-standard Housing	.13E Inadequate housing	Note what is inadequate, eg lack of space or heat, prone to vandalism, multiple occupancy, damp, infested, etc	Affected child

Child abuse in the family

Use to highlight risk to other children in families in which abuse has taken place	.13W3 child abuse in the family	Note the nature of the abuse and the relationship of any children to the index case	Every relevant child record, including any other children in the close family/household of the index case
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History of physical abuse

Patient who has been physically abused	.14X5 victim of physical abuse	Note details of abuse and who carried it out	Affected child's record
Patient who has been alleged to be an abuser	.14X9 alleged perpetrator of physical abuse	Details of abuse and who victim was	Alleged perpetrator's notes, but will need review

History of emotional abuse

Patient who has been emotionally abused	.14X7 victim of emotional abuse	Note details of abuse and who carried it out	Affected child's record
Patient who has been alleged to be an abuser	.14XB alleged perpetrator of emotional abuse	Details of abuse and who victim was	Alleged perpetrator's notes, but will need review

History of sexual abuse

Adult on sex offenders register	.14X4 on sex offenders register	Details of offence	Offender's medical record
Patient who has been sexually abused	.14X5 victim of sexual abuse	Note details of abuse and who carried it out	Affected person's record
Patient who has been alleged to be an abuser	.14XA alleged perpetrator of sexual abuse	Details of abuse and who victim was	Alleged perpetrator's notes, but will need review

Domestic violence

Patient who has a record of perpetrating domestic violence	.14X3 history of domestic violence	Details of violence and whether children were present	Perpetrator/alleged perpetrator
Patient who has been the victim of domestic violence	.14X8 victim of domestic violence	Note the nature of the violence and who the (alleged) perpetrator was	Every adult or child who has been the victim of domestic abuse
Children exposed to domestic violence	.13VF at risk violence in the home	Note the details of the violence and who the (alleged) perpetrator was	Every child in the home who in which domestic violence has occurred
Patient who has been alleged to be an abuser	.14XC alleged perpetrator of domestic violence	Details of abuse and who victim was. Were children involved?	Alleged perpetrator's notes but will need review

Parental/carer illness or addiction

Parental drug misuse	.1283 FH: drug dependency	Note the relationship of the child to the individual with the drug misuse problem	Every affected child
Parental alcohol problem	.1282 FH: alcoholism	Note the relationship of the child to the individual with the alcohol problem	Every affected child
Parent with mental illness	.128Z FH: mental disorder NOS	Note the relationship of the	Every affected child

		child to the individual with the mental disorder, and the nature of that disorder	
Parent with learning difficulties	.12W1 FH: learning difficulties	Note the relationship of the child to the individual with learning difficulties	Every affected child

Risk factors

The child who is considered to be at risk	.13IF child at risk	Note the nature of the risk and the action taken	Every relevant child's record
For children referred to Social Services	.8HHB referral to Social Services	Note who the concern was discussed with and the agreed plan record	Every relevant child's record
For recording case conference notes	.64C		The notes of the conference should be attached to every member of the family, including the adults, and a summary of the findings included in the free text

The 'At Risk Register'

Patients who are entered on the Social Services at risk register	.13IM child on protection register	Note the reason eg emotional, physical abuse or neglect. Other details eg domestic violence	Every affected child
Use for family members of children on the child protection register, including	.13IN family member on child protection register	Note the relationship of the child to the family member who is on the register	Every member of a family in which one or more children is on the register, including

the parents of index cases		and the nature of the abuse	the parents
Patients who have been removed from the Social Services at risk register	.13IO Child removed from child protection register		Every affected child
Use for family members of children on the child protection register, including the parents of index cases	.13IP family member removed from child protection register	Note the relationship of the child to the family member	Every member of a family in which one or more children are on the register, including the parents

Antenatal risk

Antenatal care risk identified	.625 A/N care: social risk NB Useful lower level codes below this	Note the nature of the risk eg poor housing, history of poor A/N attendance, late booking, domestic violence, past history, etc	Maternal notes
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Looked after children

Looked after child	.13IB child in care	Place all looked after assessments and reviews under this code	Child's notes
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Appendix 2: Child protection incident reporting form

All information will be treated in strict confidence

Name of child	Venue	Date
Date of birth	Age	Time
Address Postcode		
Telephone number		Name of parent/guardian
Are you reporting your own concerns or passing on those of someone else? Give details:		
Brief description of what has prompted the concerns: include dates, times, etc, of any specific incidents:		
Are there any physical signs? Behavioural signs? Indirect signs?		
Have you spoken to the child, young person and/or people present? If so, what was said to whom?		
Have you spoken to the parent(s) guardians? If so, what was said?		
Has anybody been alleged to be the abuser? If so, give details?		
Have you consulted anybody? Give details:		
Your name	Position	
To whom reported	Date of reporting	
Signature	Date	

Safeguarding children and young people in general practice – A Toolkit

This form should be given to the practice lead for safeguarding children and young people by hand, in a sealed envelop marked *confidential*.

Luce R, (2008) *Safeguarding Children: Legal Framework for Nurses, Midwifery and Community Practitioners*, John Wiley- Blackwell.

Appendix 3: Child protection significant events

Managing risk and minimising mistakes to children and families in general practice.

Terms used: you will need to adapt terminology used in your area with regard to incidents

Adverse event	An incident that led to harm
Near miss	An incident that didn't lead to harm
Safeguarding incidents	This term covers everything that could have or did cause harm to children and families. It focuses specifically on 'no harm' incidents or 'near misses' ³⁰ .
<p>Are you reflecting on or acting on safeguarding actions? For example, events occurring elsewhere. Reflection in this situation would be a proactive mechanism rather than reactive. Some adverse events occur infrequently and may only be detected every few years by organisations. Serious case reviews and child death reviews are other mechanisms for reflection.</p> <p>The question to ask is: Could this adverse event/safeguarding incident occur in our practice?</p>	
Brief description of event	
Issues raised by the event	
What went well?	
What did not go well?	
What changes have you identified or made to clinical or administrative practices?	
Are there any staff training and/or other performance management needs?	

³⁰ Social Care Institute for Excellence, (2005) *Children and Families' Services Report 6, Managing and Minimising Mistakes in Service to Children and Families*.

Consider in what other ways you could share what you have learned or where you could submit safeguarding incidents anonymously to a project lead.

Luce R, (2008) *Safeguarding Children: Legal Framework for Nurses, Midwifery and Community Practitioners*, John Wiley - Blackwell.

Appendix 4: Sample template for recording learning

Record of learning

Learning activity	Safeguarding Children and Young People in General Practice
Provider	
Format used or venue: +(delete as applicable)	Web-based resource/CD-Rom, if applicable
Dates of training and time spent (hours)	
Reflective notes/ conclusions	For example, note if you have learned something new; reflect on and relate it to previous experiences
Action plan	My plan is to do something better/different. Action plans need to be feasible, immediate, focused and specific. Will you need help to implement plans and, if so, who can provide it? Consider whether you have identified a gap in provision. If so, who should you inform?
Has the training/ resources identified further learning needs?	For example, has it raised links with other subject/process areas?
Relationship to Appraisals and PDP ³¹	

³¹ Personal Development Plan

Section 3: Barriers to implementation

Experience has shown that there are many barriers that individuals have to overcome before taking appropriate action when faced with a concern about a child's welfare.

Keep Me Safe: RCGP Strategy for Child Protection identified the following:

Looking for the wrong thing

Looking for physical signs of physical abuse as the sole marker for child abuse misses a lot. Child abuse comes in different forms and is a problem that will be hidden³².

Underestimating the problem:

For example, failing to appreciate the danger to a child where there is domestic violence.

Normalising the problem

We should not be more tolerant of neglectful behaviour where there is material deprivation. Neglect is more common where there is deprivation, but deprivation does not cause neglect³³.

Not seeing the child

We must put the needs of the child above all others (Children Act 1989 paramountcy principle) and see the child, not just the parents³⁴. The child's needs can easily be overshadowed by that of the parents.

Not looking

There is no doubt that child abuse is upsetting. It is easier to ignore the problem or seek other, more comfortable explanations for our observations.

The problem is hidden

Parents present their child with something other than abuse, such as an 'accident', or not present their child at all³⁵. Parents may be frightened or feel ashamed. They may want help, but be unwilling to accept responsibility for their actions. Rarely, they may actually induce illness (fabricated and induced illness) previously referred to as Munchausen's Syndrome by Proxy).

³² Bannon MJ, Carter YH, Barwell F, Hicks C, *Perceptions held by General Practitioners in England Regarding their Training Needs in Child Abuse and Neglect*, Child Abuse Review, 1999; 8: 276-283.

³³ Stevenson O, *Neglected Children Issues and Dilemmas*, Ch 3 pp20-29, Blackwell Science: London, 1999

³⁴ Laming, *The Victoria Climbié Inquiry*, The Stationery Office: London; 2003.

³⁵ Hobbs C, Hanks H, Wynne J, *Child Abuse and Neglect: A Clinician's Handbook*, 2nd ed. Churchill Livingstone: London, 1999.

Doing nothing

Acknowledging that there is a problem can cause a lot of work and strife. It is less trouble, at least in the short term, to do nothing³⁶.

The patchwork or jigsaw nature of child protection

Different people hold pieces of information, it is only when these are put together that the picture is complete. Doing this involves sharing information³⁷.

Relationships

We are often concerned for our relationship with the family; they will be angry and upset and we may fear for our safety if we raise the issue of child abuse. The family may feel betrayed by us if we express our concerns. Relationships may be fragile anyway or we may feel that the family is doing their best under very difficult circumstances³⁸.

Trust

Our relationship with our patients is founded on trust and mutual respect. Where there are suspicions of child abuse, we have to adopt a much more assertive³⁹ and forensic approach that cuts across this relationship of trust⁴⁰.

Inter-professional relationships

Working effectively in child protection demands an inter-professional approach involving at least health, education, social services and the police. This creates problems in terms of confidentiality and information sharing, the different languages, cultures and expectations of the different agencies, and the practical difficulties of finding the right professional at the right time and being able to talk to them⁴¹.

Lack of confidence in the system

Sometimes we feel that the cost of engaging the child and family in the child protection system outweighs the benefits. It can feel easier to go it alone⁴².

³⁶ Birchall E, Hallett C, *Working Together in Child Protection*, HMSO, London, 1995.

³⁷ RCGP *Grasping the Nettle: The GP, The Child and Information Sharing*, 2004.

http://www.rcgp.org.uk/corporate/position/grasping_the_nettle.pdf

³⁸ Ibid.

³⁹ As above, formerly cited as 'inquisitorial'.

⁴⁰ Doyal L. 'Ethico-legal Dilemmas within General Practice: Moral Indeterminacy and Abstract Morality', *In General Practice and Ethics; Uncertainty and responsibility*. Ed Dowrick C, Frith L, Routledge: London and New York; 1999.

⁴¹ HM Government, 2006. What to Do If You Are Worried A Child Is Being Abused accessed via

http://www.everychildmatters.gov.uk/_files/34C39F24E7EF47FBA9139FA01C7B0370.pdf; Also Scottish Executive, 2004, Protecting Children and Young People: Framework for Standards, 5 (Agencies and professionals work together to assess needs and risks and develop effective plans, at <http://www.scotland.gov.uk/Publications/2004/03/19102/34610>

⁴² Haeringen, Dadds and Armstrong, 1998, Russell M, et al, 'Child Physical Abuse: Health Professional Perceptions, Diagnosis and Responses', *British Journal of Community Nursing 2004*; 9(8) 332-336).

Individual freedom versus the nanny state

Child rearing practices vary; we all have a right to a private and family life without undue interference from the state. Judging someone else's child rearing practices is uncomfortable.

Barriers to children telling

A number of common barriers exist that prevent children from telling or, if they do, often lead to them retracting their statements. Children often don't tell because they:

- are scared because they have been mistreated
- believe they will be taken away from home
- believe they are to blame, or feel guilty
- think it is what happens to all children
- feel embarrassed
- don't want the abuser to get into trouble
- have communication difficulties
- have learning disabilities
- may not know how to say what has happened for example, they may not have the vocabulary
- are afraid they will not be believed
- believe they have 'told' (by dropping hints that an adult has missed) and or haven't been believed, "so what's the point".

Barriers to adults not telling

Cultural relativity

The concept of cultural relativity describes practitioners' acceptance of different childcare practices as normal and acceptable to the culture of the family, and thus do not intervene. For example a practitioner assumes and accepts that girl children are less valued in Asian culture. Therefore, when a mother ignores the daughter this is accepted. In the Victoria Climbié case, Victoria's lack of eye contact with the worker was accepted as normal behaviour for children when they talk to adults. The workers never questioned Victoria independently. Cultural relativity may explain why certain categories of child abuse cases are under represented.

Over-reacting or inaction have both been shown to be based on misunderstandings and misinterpretation of different cultural patterns, which have led to failing to meet children's needs.

Sometimes we:

- find it hard to believe what we are hearing
- cannot believe the suspicion that may be about someone we know

- fear 'getting it wrong' –for the child and family
- worry we may make it worse for the child
- believe the services are stigmatising
- simply 'don't want to get involved'
- do not have the information on what to do and who to contact
- fear retribution.

Section 4: Monitoring and reviewing

Monitoring and reviewing are vital aspects of good governance and safeguarding practice. Good governance arrangements incorporate new legislation and guidance and test whether or not the system in place continues to meet the needs of children and young people, parents and carers, staff and the practice.

This section provides an audit tool, so that you can identify what you are doing well, what the gaps are, and what actions are needed for compliance. Within your area, either the LSCB/ Child Protection Committee, and or inspectorate bodies have a duty to ensure safeguarding arrangements in place are effective. The health organisations responsible for commissioning arrangements will need to assure themselves that you have regard for the need to safeguard and promote the welfare of children.

It is possible to become overwhelmed by the range of tasks described within this toolkit but the practice will need to start somewhere. Some practices will already be well advanced, others just beginning. The audit tool will help you identify gaps, while the 12 steps will assist you prioritise tasks based on audit and/or risk assessment.

The 12 essential steps:

1. understand child abuse
2. develop and maintain an open and aware culture
3. identify and manage the risks and dangers to children and young people in your practice and activities
4. develop a child protection policy
5. create clear boundaries
6. adopt best practice in recruitment and selection
7. screen all staff and volunteers
8. support and supervise staff and volunteers
9. ensure there is a clear complaints procedure for reporting concerns
10. know your legal responsibilities
11. empower children and young people and encourage participation in your practice
12. provide education and training to all paid and unpaid workers.⁴³

⁴³ Adapted from *12 steps to a Child Safe Organisation* from Choose with Care, ECPAT (End Child Prostitution and Trafficking), Australia, 2001

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Tools for auditing the practice's safeguarding arrangements

Completing the self-assessment

The audit is likely to take you two to four hours to complete. To complete the self assessment, it may help you if you carry out the following steps for every statement.

1. Read the statement. Ensure that you are clear about what the statement is looking for.
2. If you are filling it out as a team, discuss each statement, using the toolkit to structure your discussions. Identify your key strengths and areas where progress is most needed, and think about any constraints you face.
3. Note the key points of your discussions in the space where you are asked for your comments. This will be a helpful reference in the future for periodic reflection or if you decide to repeat the self assessment.
4. Reflecting on your discussions, agree your position on the rating scales provided. Indicate the box that most closely represents your views.
5. Once you have completed all the statements, you may like to:
 - a. Review all your responses and identify three key actions to take forward. These could then be integrated into other action planning cycles.
 - b. Name all the participants. Recording who was involved may be useful if you repeat the self assessment in the future.

Action: Following completion of the self assessment

The aim of the self-assessment tool is to enable continuous improvement in child protection arrangements and practice. Once the self assessment is completed, you will need to consider actions that:

- can be taken locally to improve practice
- relate to broader organisational considerations
- may involve working with other organisations to improve practice.

You may wish to consider setting up a process to share areas for improvement and good practice with those in other areas of the organisation, including other clinical teams, clinical governance leads/managers, those who manage education and training, lead professionals for child protection and the board lead for child protection. From a broader perspective, where requirements for safeguarding children have been identified, you might also want to think about how you can influence local commissioning related to child protection.

Choose a number on the scale from 1 to 4, with 1 being 'low' and 4 being 'high'.

1	2	3	4
---	---	---	---

1. We respond sensitively to the needs of all individual children and young people.

- a) We accept a duty of care for children and young people including those with special needs or in special circumstances.

1	2	3	4
---	---	---	---

- b) We are aware of rights in relation to confidentiality and consent for young people.

1	2	3	4
---	---	---	---

- c) We treat children and young people with dignity and respect.

1	2	3	4
---	---	---	---

- d) We have information that is readily available for children and young people.

1	2	3	4
---	---	---	---

- e) We produce information in ways that children and young people can understand.

1	2	3	4
---	---	---	---

- f) We seek the views of children and young people regarding their experiences of the care received, views related to service developments, and include them in our policies.

1	2	3	4
---	---	---	---

Comments

2. We accept that safeguarding children is everybody's concern.

- a) We support one another when we have concerns about a child or family.

1	2	3	4
---	---	---	---

- b) Safeguarding is incorporated into the practice's clinical governance structures.

1	2	3	4
---	---	---	---

c) We engender a culture in which children and young people are respected.

1	2	3	4
---	---	---	---

d) We recognise that our systems must be of high quality, including updating changes of names, addresses and phone numbers.

1	2	3	4
---	---	---	---

e) Each member of the primary healthcare team acknowledges that child protection is everyone's responsibility.

1	2	3	4
---	---	---	---

Comments

3. We know who to contact with our concerns and how to get advice and support.

a. Within the practice, our lead professionals for safeguarding children are known.

1	2	3	4
---	---	---	---

b. If we need expert advice or support we know who to contact.

1	2	3	4
---	---	---	---

c. The local Social Services number for urgent telephone referrals is available.

1	2	3	4
---	---	---	---

d. The ChildLine number is known and available for children and young people.

1	2	3	4
---	---	---	---

e. We assist, where appropriate, with the multi-agency referral process, including acknowledging any referrals or requests for information.

1	2	3	4
---	---	---	---

f) We only disclose appropriate and proportionate information to named professionals.

1	2	3	4
---	---	---	---

g) We follow the latest guidance from the General Medical Council on consent and confidentiality.

1	2	3	4
---	---	---	---

Comments

4. Everyone who works at the practice has had appropriate education to help them play their part in safeguarding children and young people.

- a) Our lead professional have knowledge and skills commensurate with their special responsibilities, and update these appropriately.

1	2	3	4
---	---	---	---

- b) We have a system for updating training regularly and for staff training at induction.

1	2	3	4
---	---	---	---

- c) We have regular team meetings to review the case notes of vulnerable children.

1	2	3	4
---	---	---	---

- d) Our team members understand what they are to do if they are worried that a child is being abused

1	2	3	4
---	---	---	---

- e) As a team, we have at least one Significant Event Analysis each year.

1	2	3	4
---	---	---	---

Comments

5. Our note keeping systems ensure that any concerns are appropriately recorded.

- a) When a child protection case conference has been held we use the Read Code 64c, *Child Protection procedures*, as a Significant Active problem in the records of the child, the parents and other members of the household.

1	2	3	4
---	---	---	---

- b) Another Read Code identifies a vulnerable child or a “*Child in Need*” (131). This includes where a parent is a substance misuser, has a severe mental health problem, or where there is domestic violence.

1	2	3	4
---	---	---	---

- c) We use an intranet system for recording information from others, such as health visitors, dealing with the children and families we care for.

1	2	3	4
---	---	---	---

- d) We have systems for requesting a family’s notes urgently when this is needed.

1	2	3	4
---	---	---	---

- e) We have a system for checking when a child leaves the practice to make sure that there are no concerns that need to be passed on to the next GP.

1	2	3	4
f) When the practice receives case conference notes, these are scanned into the medical records. Where a child has been the subject of a case conference this information is clear in the notes of the parent(s) and siblings.			
1	2	3	4

Comments

6. Our policies and systems create robust ways of safeguarding children and young people

a) We have a clear mandatory policy for safeguarding children & young people, which is accessible to staff and patients.

1	2	3	4
---	---	---	---

b) Our policy is reviewed every two years.

1	2	3	4
---	---	---	---

c) Our policy is signed off and supported by the partners and managers.

1	2	3	4
---	---	---	---

Comments

Actions agreed

Date of Review

**Signatories
For Partners**

Practice Manager

Section 5: Working in partnership

Partnership with children, parents and carers

The quality of safeguarding services is enhanced by the involvement of children, young people and their families⁴⁴. Finding effective ways to involve children and young people not only in their care but also in service development and policies, can be challenging.

Working in partnership might include:

- encouraging the involvement of children and young people in their own care
- informing the child/ young person about what is being said in their record
- ensuring that children, young people and their carers can identify staff working within the practice for example, by wearing a name or identity badge
- getting consent as appropriate, taking account of their age and ability to consent
- ensuring that communications between the practice and children, young people and carers take account of their first language and/ or other communication modes
- making sure that all children and young people have an awareness of staying safe, perhaps through an age appropriate, child friendly version of your child protection policy and reporting procedures
- ensuring that children and young people, know about your complaints procedures and that your forms are age appropriate & young people friendly
- involving children and young people and their carers in developing policies relating to them
- conducting periodic patient surveys or simple questionnaires that are age appropriate
- providing information about where children, young people and carers can get help and advice (for example, ChildLine)⁴⁵
- using the practice patient participation groups

Within your community, other general practices, local authorities, health agencies and schools will also be seeking to obtain views, consult with and involve children, parents and carers in service development. For example, local schools will have pupil councils or equivalent. In exchange for help to consult with pupils on proposed forms and procedures, your practice could offer assistance with careers days and or, in conjunction with the school nursing services, assistance on health promotion activities.

⁴⁴ Department of Health (2004) *National Service Framework for Children, Young People and Maternity Service: Core Standards*, Standard 5 at page 108; Scottish Executive (2004) Framework for Standards for professionals for child protection. Standard 3 (Professionals ensure children are listened to and respected).; Standard 7 (Agencies work in partnership with members of the community to protect children.) via <http://www.scotland.gov.uk/Publications/2004/03/19102/34603>

⁴⁵ see Annex D

You may wish to find out what is going on in your area when considering the best ways to work in partnership with children, parents, carers and other agencies outside your practice. For example, Connexions services, health services designed for young people and other local authority/ social care services and voluntary services may already have copies of age appropriate policies and forms (mentioned above). Your area may also have young people's boards, committee or youth forums and integrated service developments. Some activities can therefore be co-ordinated.

It is also important to recognise the responsibility of the parents and carers for the protection of children and young people. Generally the most effective way of ensuring that children are safeguarded is by working in partnership with children & young people, their parents and carers. Do not make assumptions about the child's family based on your own beliefs or experiences. Ask, as appropriate, about the child's experience and arrangements for care or parenting.

Working in partnership with other agencies

No single agency or professional working on their own can protect a child from abuse. Effective collaboration, communication and working together are vital to safeguarding and promoting the welfare of children in accordance with your statutory and non statutory guidance.

This is supported and underpinned by:

- using guidance from your Local Safeguarding Children's Boards/ Child Protection Committee and Governments
- taking account of guidance from professional bodies such as the General Medical Council⁴⁶, Nursing Midwifery Council⁴⁷, Health Professional Council⁴⁸, and the Royal Colleges⁴⁹
- using the relevant assessment framework developed within your jurisdiction to identify children who would benefit from additional services and to determine which agency/ professional would be best placed to provide these services. For example, in England & Wales, this is the Common Assessment Framework⁵⁰; in Scotland, the Delivering a

⁴⁶ General Medical Council [2007] 0-18 years: Guidance for all doctors

⁴⁷ Nursing & Midwifery Council [2004] The NMC Code of Professional Conduct: Standards for conduct, performance & ethics (see paragraph 5.4)

⁴⁸ Health Professional Council, standards of conduct, performance & ethics

⁴⁹ Royal College of Paediatrics & Child Health [2006] Child Protection Companion; Royal College of Nursing [2004] Child Protection- Every Nurses Responsibility

⁵⁰ both, HM Government [2006] The Common Assessment Framework for Children & Young People: Practitioners' & Managerial Guides; , Department of Health (2000) Assessing Children in Need and their Families, Practice Guidance © Royal College of General Practitioners and National Society for the Prevention of Cruelty to Children, 2007

Healthy Future – an action framework⁵¹; in Northern Ireland, The Assessment Framework for Understanding the Needs of Children in Northern Ireland⁵².

This information will then be used as a starting point for a more in-depth or specialist assessment for identified children⁵³.

⁵¹ Scottish Executive [2007] Delivering a Health Future-an action Framework for Children & Young People's Health in Scotland and; Intergrated Assessment Framework [2005] Getting it right for every child: proposals for action: section 3 see <http://www.scotland.gov.uk/Publications/2005/07/25112327/23294#2>

⁵² a new framework to be implemented in 2007/ 2008

⁵³ Welsh Assembly (2001) Framework for the Assessment of Children in Need and their Families; Department of Health (2000) Assessing Children in Need and their Families, Practice Guidance;

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In addition, we would like to thank all those who work together to safeguard and promote the welfare of children and young people. We acknowledge that we are working towards the same goal of keeping children safe wherever they are. There is a plethora of information across the UK and, where possible, all material used has been appropriately sourced and permissions sought from the copyright holders.

Safeguarding children and young people in general practice:

A toolkit

Annexes

Annex A: Legislation and guidance

Annex B: Glossary

Annex C: References and resources

Annex D: Useful contacts and information

Annex A: Legislation and guidance

England

See *References and resources* for web links to legislation and guidance.

United Nations Convention on the Rights of the Child (1989)

This international agreement sets out the minimum standards for protecting children's rights and refers to all children up to the age of 18 years old. The principles and standards are binding on states that have ratified them. There are 54 articles: 40 give direct rights to children. The Convention defines the basic human rights of all children and specifies 14 basic rights. Each child has the right to:

- Life
- Name and nationality
- Live with his/her parents and if this is not possible then to have contact with them
- Say what they think
- Meet other children and join groups
- Be safe from harm
- Medical care
- A decent standard of living
- Education
- Practise their religion and speak their language
- Rest and time to play
- Protection from dangerous work
- Protection from the use of illicit drugs.

The remaining relate to the measures state parties must take to implement the treaty.

Any nation that is a signatory has to demonstrate how these rights will be reflected in national legislation and policy. In the UK, the Convention on the Rights of the Child was ratified in December 1991 and the principles are reflected within the Children Act 1989, the Children (Northern Ireland) Order 1995, The Children (Scotland) Act 1995 and subsequent legislation.

In relation to safeguarding children, it states that:

- the best interests of the child should be a primary consideration when action is taken concerning them
- children are to be protected from all forms of discrimination
- every child has the inherent right to life, survival and development
- children should not be punished cruelly or in a way that belittles them

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- children have the right to be protected from all forms of abuse and neglect and be given proper care by those looking after them
- children who are victims of abuse are entitled to the care and treatment needed to recover from the effects of their mistreatment.

See www.unhcr.ch/html/menu2/6/crc/treaties/crc.htm

The Children Act 1989

The Children Act 1989 came into force in October 1991. It brought together legislation on caring for and protecting children and is still the framework for safeguarding children and promoting their welfare.

The Children Act 1989 is underpinned by the following principles:

- welfare principle – the child's welfare is the paramount consideration in any decision which affects them (s 1(1))
- welfare checklist (s 2(3) & 1(4)) – a list of factors for the courts to assess what is in the welfare of the child, in a situation indicated in subsection 4
- delay to be avoided (s1(2))
- parental responsibility – replaces parental rights. Parents share parental responsibility with the local authority for a child in care
- partnership – professionals and families must work together for the welfare of children
- the child's voice – a child's wishes and feelings should be sought and taken into account in making decisions affecting them (if they are old enough to understand)
- family is best – a child's own family is the best place for a child to be brought up
- no order principle s1(5) – a court order should not be made unless it is needed to improve the child's life
- diversity issues – racial, cultural, religious and linguistic background must be taken into account in all decisions.

The main safeguarding provisions of the act are:

- child protection (s47) – a local authority has a duty to investigate if a child is thought to be suffering, or is likely to suffer, significant harm
- children in need (s17) – a local authority has a duty to assess and provide services for a child in need if parents wish it
- duty to co-operate (s27) – health, education and other public sector agencies are required to assist social care in safeguarding and promoting the welfare of children
- court orders – a court can order a child to be taken into care or to be under a supervision order. It can also order a child to be given emergency protection or to be assessed

- threshold criteria – when a local authority has decided that an application is made, then it must satisfy all the criteria set out in s31(2). These are that significant harm and causation. Causation being (a) level of care not being reasonable and (b) control.

See www.opsi.gov.uk/acts/acts1989/Ukpga_19890041_en_1.htm

The Adoption and Children Act 2002

This act replaces the Adoption Act 1976, updates the Children Act 1989 and modernises the existing legal framework for domestic and inter-country adoption in England and Wales.

Section 111 amends who can acquire parental responsibility to include unmarried fathers when a child is jointly registered with the mother.

Section 112 states that step-parents can obtain parental responsibility through a parental agreement or by order of the court.

Section 120 extends the definition of significant harm so that actually witnessing violence can also constitute harm

See www.opsi.gov.uk/acts/acts2002/20020038.htm

The Children Act 2004

The act puts into practice the proposals for legislation set out in the Green paper *Every Child Matters* (Cm 5860, 2003), including the creation of a Children's Commissioner for England. It proposed a national framework of change for children focusing on five outcomes:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic well-being.

The Act made it statutory to safeguard and promote the welfare of children across all statutory agencies except education (where it was already statutory – Education Act 2002, ss175 and 157). It set up local safeguarding children boards (LSCBs) to replace area child protection committees (ACPCs) to oversee the safeguarding of children, and required local authorities to produce annual children and young persons plans and appoint directors and lead members of children's services.

The act has limited the defence of reasonable chastisement (s 58), brought private fostering within a statutory framework and set up joint area reviews.

The Children Act 2004 is being implemented between April 2005 and 2008. Regular updates are available on the *Every Child Matters* website www.everychildmatters.gov.uk

The Human Rights Act 1998

The Human Rights Act applies the European Convention on Human Rights to domestic law. Article 8, which covers respect for private and family life, limits state intervention in family life, which must be “in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others”. This ensures that a child’s right to protection overrides a family’s right to privacy.

Article 3 covers the rights of an individual to be free from torture and inhuman and degrading treatment. It effectively imposes an obligation on the authorities to take preventative measures to protect a child at risk of harm.

See www.opsi.gov.uk/acts/acts1998/80042--d.htm

Data Protection Act 1998

This act replaced the Data Protection Act 1984 and the Access to Personal Files Act 1987. It relates to recording information, including information about children. Under the 1998 act, personal information must be obtained fairly and processed lawfully. Information can only be shared in certain circumstances and it has to be accurate, relevant and kept securely. In some circumstances, the act allows for disclosure of personal information without the consent of the subject, including that “...for the purpose and detection of crime, the apprehension or prosecution of offenders or when a failure to disclose information could place the protection of children, young people or vulnerable adults at risk.” This is particularly relevant where an organisation or employer holds information about someone who could pose a risk to children.

See www.opsi.gov.uk/ACTS/acts1998/19980029.htm

Police Act 1997 and Protection of Children Act 1999

These acts change the routes by which employers can check whether a potential or actual employee has committed criminal offences against children, and whether there is reason for that person to be considered inappropriate to work with children. Sometimes there is a suspicion that a person may have hurt or abused a child but insufficient criminal evidence for them to be convicted. However, a check may confirm the view that the adult presents enough of a risk that they should not work with children.

Criminal Justice and Court Services Act 2000

Part 2 of this act enables courts to disqualify unsuitable people from being employed by public bodies to work with children and sets out a review process for those who are disqualified from working with children. It also provides criminal sanctions for those who breach the disqualification. Employers should not knowingly employ someone who has a disqualification order imposed on them.

See www.opsi.gov.uk/acts/acts2000/20000043.htm

Safeguarding Vulnerable Groups Act 2006

Enables changes in connection with vetting and barring as recommended by the Richard Committee. The provisions will come into force in 2008. The Act will establish a national vetting and barring scheme, applying to a wide number of positions and posts where people work with or have responsibility for children. The main purpose is to prevent unsuitable people from working with children and vulnerable adults.

The scheme reforms the current vetting and barring practices but employers retain their responsibilities for ensuring safe recruitment practices. It will be introduced from autumn 2008. The term 'employers' refers to both employers and managers of volunteers. The term 'employees' refers to both paid and unpaid/volunteer work/activities. General practices will need to be aware of the impact and implementation within their own jurisdictions and update their strategic governance plans accordingly.

See www.opsi.gov.uk/acts/acts2006/ukpga_20060047_en.pdf

Sexual Offences Act 2003

Provides a comprehensive legislative framework for sexual offences. The act covers offences against adults (including people with mental disorders), as well as offences against children and sexual offences within the family. It also makes amendments to the laws governing the sex offenders register by introducing a requirement for those cautioned or convicted of specific categories of sexual offences to inform the police of their name and address and any changes to those details.

Covers specific offences relating to the "abuse of trust" applying to those aged younger than 18. These offences include:

- sexual activity with a child
- causing or inciting a child to engage in sexual activity
- engaging with sexual activity in the presence of a child
- causing a child to watch a sexual act.

The act lists occupations to which the abuse of trust laws applies. These include staff working in:

- institutions looking after children detained under a court order – eg young offenders institutions
- accommodation provided by local authorities and voluntary organisations under statutory provision
- hospitals, clinics, care homes, children’s homes and residential family centres
- educational institutions.

It allows for a preventative order to be made to protect children from harm, including stopping offenders from visiting places where children gather – eg parks and recreation grounds.

See www.opsi.gov.uk/ACTS/acts2003/20030042.htm

The Education Act 2002

Section 175 of this act introduces a new statutory duty on local education authorities, maintained and independent schools and further education institutions to ensure that their responsibilities are carried out with a view to safeguarding and promoting the welfare of children and young people.

See www.opsi.gov.uk/ACTS/acts2002/20020032.htm

Case Law

Judgements – JD (FC) (Appellant) v East Berkshire Community Health NHS Trust and Others (Respondents) and two other actions (FC)[2005] UKHL, 23

www.publications.parliament.uk/pa/ld200405/ldjudgmt/jd050421/east.pdf

Guidance

This section deals with government guidance to agencies on safeguarding children and young people however, this list is not exhaustive and Annex C provides access to the relevant government websites.

Working Together to Safeguard Children (HM Government, 2006f)

This document is the key reference for safeguarding. It provides guidance on how agencies should work together to protect children. It covers the roles and responsibilities of all professionals who come into contact with children through their work and describes the child protection process. It replaces the 1999 guidance with the same title.

- Safeguards children wherever they are, including when they live away from home

- Emphasises our shared responsibility to safeguard children
- Stresses the specific needs of disabled children and children from different ethnic groups
- Acknowledges bullying as a form of emotional abuse
- Recognises children involved in prostitution as children in need
- Requires that children's wishes and feelings are ascertained in relation to services provided for them
- Alerts staff to the interrelationship between domestic violence, parental alcoholism, drugs misuse, mental illness, child abuse and neglect
- Recognises the risk to children from employees, including volunteers, and the need to develop safeguards that maintain a safe environment.

Caring for Young People and the Vulnerable? (Home Office, 1999)

This is designed to encourage all organisations caring for children or vulnerable adults to put codes of conduct in place to protect against sexual activity within a relationship of trust. The guidance contains principles of good practice on how to provide safeguards.

Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000)

The framework was developed in relation to supporting children in need and working closely with families. It provides guidance for all agencies that may contribute to the assessment of need for children and families.

What to Do if you're Worried a Child is Being Abused (HM Government, 2006e)

This practice guidance was issued following the inquiry conducted by Lord Laming into the death of Victoria Climbié. It draws together the guidance in Working Together to Safeguarding Children and the Framework for the Assessment of Children in Need and Their Families in a more accessible format for practitioners. It spells out the processes to be followed when there are concerns about a child's welfare, including their safety, and provides clear expectations of everyone working with or coming into contact with children and their parents or carers.

Safeguarding Children and Safer Recruitment in Education (Department for Education and Skills, 2006)

Linked to the Education Act 2002, this guidance sets out the legal duties of local education authorities, schools and further education colleges to safeguard and promote the welfare of children, and provides vetting and barring guidance in accordance with the Bichard Committee recommendations.

Information Sharing – practitioners' guide (HM Government, 2006c)

Safeguarding children and young people in general practice – A Toolkit

This guidance explains the principles which should govern sharing information between staff and agencies. It gives six key points to guide practitioners.

Adapted from NSPCC (2007) *Safeguarding Children: Everybody's Business*

Scotland

See *References and resources* for web links to legislation and guidance

United Nations Convention on the Rights of the Child (1989)

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- life
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- live with his/her parents and if this is not possible then to have contact with them
- say what they think
- meet with other children and join groups
- be safe from harm
- medical care
- a decent standard of living
- education
- practise their religion and speak their language
- rest and time to play
- protection from dangerous work
- protection from the use of illicit drugs.

The remaining relate to the measures state parties must take to implement the treaty.

Any nation that is a signatory must demonstrate how these rights are reflected in national legislation and policy. In the UK, the Convention on the Rights of the Child was ratified in December 1991 and the principles are reflected within the Children Act 1989, The Children (Northern Ireland) Order 1995, The Children (Scotland) Act 1995 and subsequent legislation.

In relation to safeguarding children, it states that:

- the best interests of the child should be a primary consideration when action is taken concerning them
- children must be protected from all forms of discrimination
- every child has the inherent right to life, survival and development
- children should not be punished cruelly or in a way that belittles them
- children have the right to be protected from all forms of abuse and neglect, and be given proper care by those looking after them

- children who are victims of abuse are entitled to the care and treatment needed to recover from the effects of their mistreatment.

See www.unhcr.ch/html/menu2/6/crc/treaties/crc.htm

The Children (Scotland) Act 1995

This act brought together legislation on caring for and protecting children and is the framework for promoting and safeguarding their welfare.

The act is underpinned by the following principles:

- each child who can form views on matters affecting them has the right to express those views if they wish
- parents should normally be responsible for the upbringing of their children and should share that responsibility
- each child has the right to protection from all forms of abuse, neglect or exploitation
- in decisions relating to the protection of a child every effort should be made to keep the child in the family home
- any intervention by a public authority in the life of a child should be properly justified and supported by services from all relevant agencies working in collaboration.

Three main themes run through the act:

- the welfare of the child is the paramount consideration when their needs are considered by courts and children's hearings
- no court should make an order relating to a child. No children's hearing should make a supervision requirement unless the court or hearing considers doing so would be better for the child than not making an order or supervision requirement
- the child's views should be taken into account where major decisions are to be made about their future.

Chapter 2 (s39-51) of the Act outlines the functions of Children's Hearings, a feature of the Child Protection system which is unique to Scotland. It is important to note that anyone may make a referral to the Children's Hearings Reporter, who then investigates each one to decide whether or not compulsory measures are needed to protect a child. Hearings can decide to take a range of measures including warrants and Child Protection Orders. Local Authorities have a legal obligation to implement Hearing decisions.

See <http://www.childrens-hearings.co.uk/background.asp>

Adapted from The Scottish Office *A Brief Guide to The Children (Scotland) Act 1995*

See www.scotland.gov.uk/library/documents4/sc-ch-02.htm

The main safeguarding provisions of the act are:

- Child protection (s53) – a local authority has a duty to investigate if a child is thought to need “compulsory measures” to keep them safe.
- Children in need (ss22–24) – a local authority has a duty to assess and provide services for a child in need.
- Co-operation between authorities (s21) – local authorities can ask health and other agencies to assist social workers to protect children.
- Welfare of certain children in hospital and nursing homes (s36).
- Court orders – a court can make an order to take a range of actions to protect children, to assess them and, if necessary, give emergency protection. It can make a parental responsibilities order or an order to exclude a child from a home.

It is important to note that the Act (s41) outlines the particular set of safeguards for children involved in legal proceedings. The use of *Safeguarders* in children's proceedings gives added protection to children who come before children's hearings and the court in that they are appointed to represent the child's best interests in the proceedings but not to act as an advocate for the child. This specific statutory application of the safeguarding concept lies behind the choice of ‘protection and promotion of welfare’ as the Scottish equivalent of the broader use of the term ‘safeguarding’ in other jurisdictions.

In addition, s5 states that:

“Anyone (aged 16 or over) who has care or control of a child (under 16 years) has a duty to do what is reasonable in all the circumstances to safeguard the child’s health, development and welfare.” This is the basis for requiring those working or volunteering with children and young people in any setting to have measures in place to keep the child safe – their duty of care towards the child.

Age of Legal Capacity (Scotland) Act 1991

Section 2 recognises that children with legal capacity are able to make some decisions on their own behalf. For example, a child older than 12 may consent to medical procedures or treatment, or instruct a solicitor in relation to civil matters, as long as they are capable of understanding their nature and possible consequences.

See www.opsi.gov.uk/ACTS/acts1991/Ukpga_19910050_en_1.htm

Adults with Incapacity (Scotland) Act 2000

Adults are defined as being aged 16 years and older. The law provides for decisions to be made on behalf of adults who lack legal capacity because of mental disorder or an inability to communicate.

See www.opsi.gov.uk/legislation/scotland/acts2000/20000004.htm

The Human Rights Act 1998

The Human Rights Act applies the European Convention on Human Rights to British law. Article 8, which covers respect for private and family life, limits state intervention in family life, which must be "...in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others." This ensures that a child's right to protection overrides a family's right to privacy.

Article 3 covers the rights of an individual to be free from torture and inhuman and degrading treatment. It effectively imposes an obligation on the authorities to take preventative measures to protect a child at risk of harm.

See www.opsi.gov.uk/acts/acts1998/80042--d.htm

Data Protection Act 1998

This act replaced the Data Protection Act 1984 and the Access to Personal Files Act 1987. It relates to recording information, including information about children. Under the 1998 act, personal information must be obtained fairly and processed lawfully. Information can only be shared in certain circumstances and it has to be accurate, relevant and kept securely. In some circumstances, the act allows for disclosure of personal information without the consent of the subject, including that "...for the purpose and detection of crime, the apprehension or prosecution of offenders or when a failure to disclose information could place the protection of children, young people or vulnerable adults at risk." This is particularly relevant where an organisation or employer holds information about someone who could pose a risk to children.

See www.opsi.gov.uk/ACTS/acts1998/19980029.htm

Protection of Children (Scotland) Act 2003

This act allows Scottish ministers to maintain a list of persons deemed unsuitable to work with children – the Disqualified from Working with Children List.

It requires organisations, including voluntary organisations, to make a referral if an individual has been permanently removed from a childcare position (as defined in Schedule 2 of the act) on the grounds that they harmed a child or placed a child at risk of harm. There is also provision for organisations to make a

referral where an individual has resigned, retired or accepted redundancy before the allegations of harm or risk of harm to a child have come to light.

Usually, referrals are made by organisations, including voluntary and regulatory bodies, and by Scottish courts following conviction for an offence against a child. Referrals made at the discretion of the courts result in automatic inclusion in the list. Organisational referrals are decided by a determination panel on behalf of the Scottish ministers. Access to the list is available only through the disclosure process and forms part of safe recruitment practice when filling a childcare position.

Under the act, it is an offence for an organisation to knowingly appoint a worker (paid or unpaid) who is fully listed into a childcare position. Listed people (who are informed when they are listed) commit a criminal offence if they work with children or apply to do so. Organisations have a duty to refer someone who has harmed a child or placed a child at risk of harm, and is dismissed, resigns or is moved away from contact with children as a consequence. Ministers investigate and decide whether someone should be added to the list. Organisations also have a duty to remove fully listed people from childcare positions.

See www.opsi.gov.uk/legislation/scotland/acts2003/20030005.htm

Sexual offences legislation

Sexual offences in Scotland are either common law offences such as rape, or statutory offences. Most of the statutory offences are contained in Part I of the Criminal Law (Consolidation) (Scotland) Act 1995, including offences of incest and intercourse with, or indecent behaviour towards, children.

Sections 52 and 52A of the Civic Government (Scotland) Act 1982 contain offences concerned with the taking, distribution and possession of indecent images of children, while Section 311 of the Mental Health (Care and Treatment) (Scotland) Act 2003 is concerned with non-consensual sexual acts.

Sexual Offences (Amendments) Act 2000

This act introduced an offence of abuse of trust applicable to “positions of trust” which involve looking after children and young people who are in full time education, detained under a court order, looked after (in a hospital, children’s home or other establishment providing social care), or in foster care.

Sexual Offences Act 2003

This act provides the main legislative framework for sexual offences in England and Wales. Covering the UK, it contains legislation governing the sex offenders register, whereby registered offenders are required to notify their movements to the police. Clarification of its application in Scotland is available in the **Sexual Offences Act 2003 (Commencement) (Scotland) Order 2004**.

Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005

The aim is to improve the protection given to children and young people from those who wish to cause them sexual harm, or exploit them for sexual purposes. It also aims to increase the protection offered to adults and children against those convicted of sexual offences who still pose a risk of sexual harm.

It introduces the new offences:

- sexual grooming of a person under 16
- paying for the sexual services of a person under 18
- causing, inciting, controlling, arranging or facilitating the provision of sexual services by children or child pornography.

The act also:

- removes the statutory time limit for prosecution of the offence of unlawful intercourse with a girl between 13 and 16
- amends legislation criminalising the taking, possessing and distribution of indecent images of children so that it applies to images of people younger than 18 rather than only to images of those aged 16 or younger
- introduces risk of sexual harm orders (RSHOs), designed to protect children from those who display inappropriate behaviour towards them
- extends the use of sexual offences prevention orders (SOPOs) so that they can be imposed on those convicted of sex offences by the court when they are sentenced.

See www.opsi.gov.uk/legislation/scotland/acts2005/20050009.htm and www.scotland.gov.uk/Resource/Doc/155036/0041656.pdf

Criminal Justice (Scotland) Act 2003

This act amended the law regarding the physical punishment of children by parents. It makes it illegal for parents to hit a child on the head, hit a child with an implement, or shake a child.

See www.opsi.gov.uk/legislation/scotland/acts2003/20030007.htm

Protecting Vulnerable Groups (Scotland) Act 2007

This Act relates to a new Scottish Vetting and Barring Scheme that builds on some of the existing provisions of the Protection of Children (Scotland) Act 2003. It includes the following provisions:

- Two lists will be established: one for those who are unsuitable to work with children and young people younger than 18; another for those unsuitable to work with “protected adults”.
- The definition of a childcare position is slightly extended and more clearly defined.
- Anyone who wants to work with children will be required to register with the scheme.
- Three different types of disclosure can be requested. Anyone requesting a disclosure check must use it only for the purpose of considering someone’s suitability to work with children. It is an offence to use it for any other purpose.
- Employers can appoint people on the condition that the disclosure check does not show that they are barred from working with children.
- Employers must still refer a person to disclosure in Scotland if they dismiss or move them away from working with children for harming or putting a child at risk of harm.
- People who commit a relevant offence (detailed in schedule 1) against a child will now be automatically included in the barring list.
- Unless someone is automatically barred for a relevant offence against a child, a new central barring unit will have a duty to consider whether someone should be barred whenever they receive a referral.

See: <http://www.opsi.gov.uk/legislation/scotland/acts2007/20070014.htm>

Guidance

This section deals with government guidance to agencies on safeguarding children and young people.

Protecting Children – A Shared Responsibility (Scottish Office, 1998)

The main national reference for safeguarding, with guidance on how agencies should work together to protect children and young people. It covers the roles and responsibilities of all professionals who come into contact with young people through their work and describes the child protection process.

National inter-agency guidance on child protection – *Protecting Children A Shared Responsibility, Guidance on Inter-agency Co-operation* (1998) Scottish Office.

See www.scotland.gov.uk/library/documents-w3/pch-13.htm

And specific version for **Protecting Children: A Shared Responsibility Guidance for Health Professionals in Scotland (Scottish Office, 1999)**, see <http://www.scotland.gov.uk/library2/doc11/pcsr-00.asp>

“It’s everyone’s job to make sure I’m alright” Report of the Child Protection Audit and Review (Scottish Executive, 2002)

This report outlines the findings of the child protection audit and review into child protection in Scotland. It makes a number of recommendations that aim to improve services for children who experience abuse or neglect. In response, the Scottish Executive developed the Child Protection Reform Programme, its overarching goals being to improve the protection of children at risk of neglect and abuse, and reduce the number of children who need protection.

Sharing Information about Children at Risk (Scottish Executive, 2003a)

A short guide advising agencies on when it is necessary to share personal and confidential information with other professionals about the people using their service, to safeguard and protect the welfare of children who may be vulnerable or at risk. It is designed to help staff approach this complex area with greater clarity and confidence. At the time of writing, this guidance is currently being updated.

See www.scotland.gov.uk/Resource/Doc/47237/0013498.pdf

Getting Our Priorities Right: Policy and Practice Guidelines for Working with Children and Families Affected by Problem Drug Use (Scottish Executive, 2003b)

Guidance for those working with children and families affected by substance misuse. It sets out what agencies need to ask of families when they present with drug or alcohol problems, and guidance to staff on identifying risks and the kinds of help that may be needed. It offers advice on working together more effectively and considers confidentiality and information sharing.

Protecting Children and Young People – The Charter (Scottish Executive, 2004a)

The Charter comprises 13 statements derived from consultations with children and young people. These are key messages for those who deliver services about what is important to children and young people and how they can be protected.

The statements are:

- get to know us
- speak with us
- listen to us
- take us seriously
- involve us
- respect our privacy
- be responsible to us
- think about our lives as a whole
- think carefully about how you use information about us
- put us in touch with the right people
- use your power to help
- make things happen when they should
- help us be safe.

Protecting Children and Young People – Framework for Standard (Scottish Executive, 2004b)

Translates the commitments in the Children's Charter so they can be put into practice. It sets out what each child in Scotland can expect from professionals and agencies to ensure that they are adequately protected and their needs are met. It also sets out what parents –or other adults who may report abuse and neglect – can expect.

The standards are:

- children get the help they need when they need it
- professionals take timely and effective action to protect children
- professionals ensure children are listened to and respected
- agencies and professionals share information about children where this is necessary to protect them
- agencies and professionals work together to assess needs and risks and develop effective plans
- professionals are competent and confident
- agencies work in partnership with members of the community to protect children
- agencies, individually and collectively, demonstrate leadership and accountability for their work and its effectiveness.

Getting it Right for Every Child: Proposals for Action (Scottish Executive, 2005a)

The programme for improving children's services, including an integrated framework for assessment, planning and recording. The document presents the Scottish Executive's vision for the children of Scotland – that they should be ambitious and:

- confident individuals
- effective contributors
- successful learners
- responsible citizens.

To achieve the vision, children need to be:

- **Safe:** protected from abuse, neglect and harm by others at home, at school and in the community
- **Nurtured:** live within a supportive family setting, with additional assistance if required – or, where this is not possible, within another caring setting, ensuring a positive and rewarding childhood
- **Healthy:** enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare, and support for safe and healthy lifestyle choices
- **Achieving:** have access to positive learning environments and opportunities to develop their skills, confidence and self-esteem to the fullest potential
- **Active** have opportunities and encouragement to participate in play and recreation, including sport
- **Respected and responsible:** together with carers, be involved in decisions that affect them, have their voices heard and be encouraged to play an active and responsible role in their communities
- **Included:** have access to high-quality services, when required, and be assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.

Safe and Well: A Handbook for Staff, Schools and Education Authorities (Scottish Executive, 2005b)

The handbook describes good practice in child protection in educational settings and when a child goes missing from education, adapted from NSPCC (2002) *Safeguarding Children: Everybody's Business*

Northern Ireland

See *References and resources* for web links to legislation and guidance.

Though some provisions made by the UK Parliament apply, Northern Ireland has its own body of law and this covers most social welfare legislation. The statute book includes a residue of Stormont Parliament legislation, Westminster Acts and Orders in Council, and some Assembly legislation from the 1999-2002 sessions.

Northern Ireland child protection law is affected by section 5 of the Criminal Law Act (Northern Ireland) 1967, making it a criminal offence (subject to the view of the Attorney General) not to report an arrestable offence to the police, so that reporting serious cases of child abuse is technically mandatory.

United Nations Convention on the Rights of the Child (1989)

This international agreement sets out the minimum standards for protecting children's rights and refers to all children up to the age of 18 years old. The principles and standards are binding on states that have ratified them. There are 54 articles: 40 give direct rights to children. The Convention defines the basic human rights of all children and specifies 14 basic rights. Each child has the right to:

- Life
- Name and nationality
- Live with his/her parents and if this is not possible then to have contact with them
- Say what they think
- Meet other children and join groups
- Be safe from harm
- Medical care
- A decent standard of living
- Education
- Practise their religion and speak their language
- Rest and time to play
- Protection from dangerous work
- Protection from the use of illicit drugs.

The remaining relate to the measures state parties must take to implement the treaty.

Any nation that is a signatory has to demonstrate how these rights will be reflected in national legislation and policy. In the UK, the Convention on the Rights of the Child was ratified in December 1991 and the principles are reflected within the Children Act 1989, the Children (Northern Ireland) Order 1995, The Children (Scotland) Act 1995 and subsequent legislation.

In relation to safeguarding children, it states that:

- the best interests of the child should be a primary consideration when action is taken concerning them
- children are to be protected from all forms of discrimination
- every child has the inherent right to life, survival and development
- children should not be punished cruelly or in a way that belittles them
- children have the right to be protected from all forms of abuse and neglect and be given proper care by those looking after them
- children who are victims of abuse are entitled to the care and treatment needed to recover from the effects of their mistreatment.

See www.unhcr.ch/html/menu2/6/crc/treaties/crc.htm

The Children (Northern Ireland) Order 1995

This legislation came into force in 1996 and is similar in impact and principle to the UK Children Act 1989, on which it is based, although sequencing and layout are different. It brought together legislation on caring for and protecting children and is still the framework for promoting and safeguarding their welfare.

The Children (NI) Order 1995 is underpinned by the following principles:

- Welfare – the child's welfare is the paramount consideration in any decision which affects them.
- Parental responsibility – replaces parental rights. Parents share parental responsibility with the local trust for a child in care.
- Partnership – professionals and families must work together for the welfare of children.
- The child's voice – a child's wishes and feelings should be sought and taken into account in making decisions affecting them (if they are old enough to understand).
- Family is best – a child's own family is usually the best place for a child to be brought up.
- No order – a court order should not be made unless it is needed to improve the child's life.
- Diversity issues – racial, cultural, religious, and linguistic background must be taken into account in all decisions.

The main safeguarding provisions of the order are:

- Child protection (article 66) – an authority has a duty to investigate if a child is thought to be suffering, or is likely to suffer, significant harm.
- Children in need (article 17) – an authority has a duty to assess and provide services for a child in need.

- Duty to co-operate – health, education and other public sector agencies are required to assist social care in safeguarding and promoting the welfare of children.
- Court orders – a court can order a child to be taken into care or to be under a supervision order. It can also order a child to be given emergency protection or to be assessed.

See www.opsi.gov.uk/SI/si1995/Uksi_19950755_en_2.htm

The Family Homes and Domestic Violence (Northern Ireland) Order (1998)

This extended the definition of significant harm so that actually witnessing violence can also constitute harm.

See www.opsi.gov.uk/si/si1998/19981071.htm

The UK Children Act 2004 has not been applied to Northern Ireland, but the Commissioner for Children and Young People (Northern Ireland) Order 2003 established the Northern Ireland Commissioner's Office with wide-ranging powers and duties. Northern Ireland ministers have indicated that legislation will be enacted in 2007 to establish a new Safeguarding Board for Northern Ireland. This will include a new statutory duty that agencies co-operate with safeguarding arrangements.

See www.opsi.gov.uk/SI/si2003/20030439.htm

The Office of the First Minister and Deputy First Minister's (OFMDFM's) 10-year strategy for children and young people is the Northern Ireland equivalent of England's *Every Children Matters* framework, and establishes high level outcomes for children:

- being healthy
- enjoying, learning and achieving
- living in safety and with stability
- experiencing economic and environmental well-being
- contributing positively to community and society
- living in a society which respects their rights.

The Human Rights Act 1998

The Human Rights Act applies the European Convention on Human Rights to British law, including Northern Ireland. Article 8, which covers respect for private and family life, limits state intervention in family life, which must be "...in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others." This ensures that a child's right to protection overrides a family's right to privacy.

Article 3 covers the rights of a person to be free from torture and inhuman and degrading treatment. It effectively imposes an obligation on the authorities to take preventative measures to protect a child at risk of harm.

See www.opsi.gov.uk/acts/acts1998/80042--d.htm

Data Protection Act 1998

This act replaced the Data Protection Act 1984 and the Access to Personal Files Act 1987. It relates to recording information, including information about children. Under the 1998 act, personal information must be obtained fairly and processed lawfully. Information can only be shared in certain circumstances and it has to be accurate, relevant and kept securely. In some circumstances, the act allows for disclosure of personal information without the consent of the subject, including that "...for the purpose and detection of crime, the apprehension or prosecution of offenders or when a failure to disclose information could place the protection of children, young people or vulnerable adults at risk." This is particularly relevant where an organisation or employer holds information about someone who could pose a risk to children.

See www.opsi.gov.uk/ACTS/acts1998/19980029.htm

Police Act 1997

Part V of the Police Act 1997 will formally be implemented in Northern Ireland in 2007, allowing the government to establish Access NI, a new disclosure body, the equivalent of the Criminal Records Bureau in England and Wales. Access NI will issue enhanced criminal record certificates for regulated positions.

Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003

The POCVA established the Disqualified from Working with Children (DWC (NI)) List and created a legal requirement for childcare organisations to carry out vetting for certain regulated positions.

The same organisations are legally required to report to the DHSSPS those who have been dismissed, demoted or moved for harming children. Voluntary organisations can also carry out checks and report staff who hold positions in regulated posts.

In education, POCVA amended the Education and Libraries (Northern Ireland) 1986 Order to establish the Department of Education's Unsuitable Persons (UP) List. Inclusion on this list relates to those who work in the education sector. Inclusion in either list brings with it a legal ban from working in a regulated position. POCVA also introduced court-imposed Disqualification Orders to Northern Ireland.

Safeguarding Vulnerable Groups (Northern Ireland) Order 2007

The Safeguarding Vulnerable Groups Act 2006 provides the framework for new Independent Safeguarding Authority scheme for these groups and extends parts of the scheme to Northern Ireland. The Act establishes a national vetting and barring scheme applying to a very wide number of positions and posts where people work with or have responsibility for children. The main purpose is to prevent unsuitable people from working with children and vulnerable adults. The scheme reforms the current vetting and barring practices, but employers retain their responsibilities for ensuring safe recruitment practices. The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 replicates those parts of the scheme which do not extend to Northern Ireland so that a seamless vetting and barring will be available across all jurisdictions. The scheme will be introduced from autumn 2008. The term "employers" refers to both employers and managers of volunteers. The term "employees" refers to both paid and unpaid/volunteer work/activities.

General practices will need to be aware of the impact and implementation within their own jurisdictions and update their strategic governance plans accordingly.

Sexual Offences Act 2003

This provides a comprehensive legislative framework for sexual offences. All of Part 2 (those provisions that relate to sex offender notification and new orders to restrict elements of offender behaviour) of the Sexual Offences Act applies in Northern Ireland and some aspects of Part 1, such as the abuse of trust provisions. *Reforming the Law on Sexual Offences in Northern Ireland, A Consultative Document, Volume 2* provides a detailed discussion and consideration on the criminal law on sex offences in Northern Ireland. General

practices will, however, need to be aware that although the parts of the Sexual Offences Act 2003 have been extended to Northern Ireland (see below), these will remain in place until ‘all sexual offences in Northern Ireland will be consolidated into one Sexual Offences (Northern Ireland) Order’⁵⁴ .

The Sexual Offences Act 2003 covers offences against adults (including people with mental disorders), as well as offences against children and sexual offences within the family. It amends the law governing the sex offenders register by introducing a requirement for those cautioned or convicted of specific categories of sexual offences to inform the police of their name and address and any changes to those details. The act also covers specific offences relating to the “abuse of trust” which apply when the child is younger than 18.

These offences include:

- sexual activity with a child
- causing or inciting a child to engage in sexual activity
- engaging with sexual activity in the presence of a child
- causing a child to watch a sexual act.

It lists occupations to which the abuse of trust law applies. These include staff in:

- institutions looking after children detained under a court order – eg a young offenders institution
- accommodation provided by local authorities and voluntary organisations under statutory provision
- hospitals, clinics, care homes, children’s homes and residential family centres
- educational institutions.

The act allows for a preventative order to be made to protect children from harm. This includes stopping offenders from visiting places where children gather – eg parks and recreation grounds.

For detailed offences in Sexual Offences Act 2003 that apply in Northern Ireland see Annex One, *Reforming the Law on Sexual Offences in Northern Ireland, A Consultative Document, Volume 2*.

See www.nio.gov.uk/reforming_the_law_on_sexual_offences_in_northern_ireland_consultative_document_-_volume_2.pdf

Education and Libraries (Northern Ireland) Order 2003

This introduces a new statutory duty on local education authorities, maintained and independent schools, and further education institutions in Northern Ireland to

⁵⁴ Northern Ireland Office (July 2006), *Reforming the Law on Sexual Offences in Northern Ireland, A Consultative Document*, Vol 2, detailed discussion and consideration, para 1.2.3

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ensure that their responsibilities are carried out to safeguard and promote the welfare of children and young people.

Guidance

This section deals with government guidance to agencies on safeguarding children and young people.

Co-operating to Safeguard Children (DHSSPS, 2003)

This is the main Northern Ireland reference for safeguarding. It provides guidance on how agencies should work together to protect children, and covers the roles and responsibilities of all professionals who come into contact with children through their work. It also describes the child protection process. Replaces the 1999 guidance *Co-operating to Protect Children* with a similar title.

See www.dhsspsni.gov.uk/child_care_guidance
www.dhsspsni.gov.uk/show_publications?txtid=14022

ACPCs Regional Policy and Procedures Manual 2005

Advice on *Co-operating to Safeguard Children*. The manual outlines the roles of staff in various agencies and gives guidance on the recognition of child abuse and on the legal framework by which children are protected.

Circular 99/10 Pastoral Care in Schools

Sets out the child protection responsibilities of those working in the education sector to protect children. It is likely to be replaced by a new document taking into account UNOCINI (Understanding the Needs of Children In Northern Ireland), a new assessment framework for Northern Ireland to be implemented in 2007/2008.

[Adapted from NSPCC (2007) *Safeguarding Children: Everybody's Business*]

Wales

See *References and resources* for web links to legislation and guidance.

United Nations Convention on the Rights of the Child (1989)

This international agreement sets out the minimum standards for protecting children's rights and refers to all children up to the age of 18 years old. The principles and standards are binding on states that have ratified them. There are 54 articles: 40 give direct rights to children. The Convention defines the basic

human rights of all children and specifies 14 basic rights. Each child has the right to:

- Life
- Name and nationality
- Live with his/her parents and if this is not possible then to have contact with them
- Say what they think
- Meet other children and join groups
- Be safe from harm
- Medical care
- A decent standard of living
- Education
- Practise their religion and speak their language
- Rest and time to play
- Protection from dangerous work
- Protection from the use of illicit drugs.

The remaining relate to the measures state parties must take to implement the treaty.

Any nation that is a signatory has to demonstrate how these rights will be reflected in national legislation and policy. In the UK, the Convention on the Rights of the Child was ratified in December 1991 and the principles are reflected within the Children Act 1989, the Children (Northern Ireland) Order 1995, The Children (Scotland) Act 1995 and subsequent legislation.

In relation to safeguarding children, it states that:

- the best interests of the child should be a primary consideration when action is taken concerning them
- children are to be protected from all forms of discrimination
- every child has the inherent right to life, survival and development
- children should not be punished cruelly or in a way that belittles them
- children have the right to be protected from all forms of abuse and neglect and be given proper care by those looking after them
- children who are victims of abuse are entitled to the care and treatment needed to recover from the effects of their mistreatment.

See www.unhcr.ch/html/menu2/6/crc/treaties/crc.htm

Children Act 1989

The Children Act 1989 came into force in October 1991. It brought together legislation on caring for and protecting children and is still the framework for safeguarding children and promoting their welfare.

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The Children Act 1989 is underpinned by the following principles:

- welfare principle – the child's welfare is the paramount consideration in any decision which affects them (s 1(1))
- welfare checklist (s 2(3) & 1(4) – a list of factors for the courts to assess what is in the welfare of the child, in a situation indicated in subsection 4
- delay to be avoided (s1(2))
- parental responsibility – replaces parental rights. Parents share parental responsibility with the local authority for a child in care
- partnership – professionals and families must work together for the welfare of children
- the child's voice – a child's wishes and feelings should be sought and taken into account in making decisions affecting them (if they are old enough to understand)
- family is best – a child's own family is the best place for a child to be brought up
- no order principle s1(5) – a court order should not be made unless it is needed to improve the child's life
- diversity issues – racial, cultural, religious and linguistic background must be taken into account in all decisions.

The main safeguarding provisions of the act are:

- child protection (s47) – a local authority has a duty to investigate if a child is thought to be suffering, or is likely to suffer, significant harm
- children in need (s17) – a local authority has a duty to assess and provide services for a child in need if parents wish it
- duty to co-operate (s27) – health, education and other public sector agencies are required to assist social care in safeguarding and promoting the welfare of children
- court orders – a court can order a child to be taken into care or to be under a supervision order. It can also order a child to be given emergency protection or to be assessed
- threshold criteria – when a local authority has decided that an application is made, then it must satisfy all the criteria set out in s31(2). These are that significant harm and causation. Causation being (a) level of care not being reasonable and (b) control.

See www.opsi.gov.uk/acts/acts1989/Ukpga_19890041_en_1.htm

The Adoption and Children Act 2002

This act replaces the Adoption Act 1976, updates the Children Act 1989 and modernises the existing legal framework for domestic and inter-country adoption in England and Wales.

Section 111 amends who can acquire parental responsibility to include unmarried fathers when a child is jointly registered with the mother.

Section 112 states that step-parents can obtain parental responsibility through a parental agreement or by order of the court.

Section 120 extends the definition of significant harm so that actually witnessing violence can also constitute harm

See www.opsi.gov.uk/acts/acts2002/20020038.htm

The Human Rights Act 1998

The Human Rights Act applies the European Convention on Human Rights to domestic law. Article 8, which covers respect for private and family life, limits state intervention in family life, which must be “in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others”. This ensures that a child’s right to protection overrides a family’s right to privacy.

Article 3 covers the rights of an individual to be free from torture and inhuman and degrading treatment. It effectively imposes an obligation on the authorities to take preventative measures to protect a child at risk of harm.

See www.opsi.gov.uk/acts/acts1998/80042--d.htm

The Children Act 2004

Puts into practice the proposals for legislation set out in the English Green paper *Every Child Matters* (Cm 5860, 2003) and *Children and Young People: Rights to Action* (Welsh Assembly Government, 2004) including the creation of the post of the first Children’s Commissioner for Wales – the post was established by the Care Standards Act 2000 and the Children’s Commissioner for Wales Act 2001 – work began on 1 March 2001.

The Children Act 2004 proposed a national framework of change for children focusing on five outcomes:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic well-being.

In Wales these five outcomes are also embodied in the Welsh Assembly Government's seven Core Aims, based on the United Nations Convention on the Rights of the Child.

The aims are to ensure that all children and young people in Wales:

- have a flying start
- have a comprehensive range of education and learning opportunities
- enjoy the best possible health and are free from abuse, victimisation and exploitation
- have access to play, leisure, sporting and cultural activities
- are listened to, treated with respect, and have their race and cultural identity recognised
- have a safe home and community which supports physical and emotional well-being
- are not disadvantaged by poverty.

Part 3 of the act applies specifically to Wales and makes it statutory to safeguard and promote the welfare of children across all statutory agencies except education, where it was already statutory under the Education Act 2002, s175 and s157. It set up local safeguarding children boards to replace area child protection committees to oversee the safeguarding of children, and requires local authorities to produce annual children and young person's plans, and appoint directors and lead members of children's services.

The act also devolves the Children and Family Court Advisory and Support Service (CAFCASS) to the Welsh Assembly Government, and provides the Children's Commissioner for Wales the right of entry to certain premises.

It ended the defence of reasonable chastisement in cases of assault on children, brought private fostering within a statutory framework, and set up joint area reviews (JARs).

The Children Act 2004 is being implemented between April 2005 and 2008.

Data Protection Act 1998

This act replaced the Data Protection Act 1984 and the Access to Personal Files Act 1987. It relates to recording information, including information about children. Under the 1998 act, personal information must be obtained fairly and processed lawfully. Information can only be shared in certain circumstances and it has to be accurate, relevant and kept securely. In some circumstances, the act allows for disclosure of personal information without the consent of the subject, including that "...for the purpose and detection of crime, the apprehension or prosecution of offenders or when a failure to disclose information could place the protection of children, young people or vulnerable adults at risk." This is particularly relevant

where an organisation or employer holds information about someone who could pose a risk to children.

See www.opsi.gov.uk/ACTS/acts1998/19980029.htm

Police Act 1997 and Protection of Children Act 1999

These acts change the routes by which employers can check whether a potential or current employee has committed criminal offences against children, and whether there is reason for that person to be considered inappropriate to work with them. Sometimes there is a suspicion that a person may have hurt or abused a child, but insufficient criminal evidence for them to be convicted. However, a check may confirm the view that the adult presents enough of a risk that they should not work with children.

Criminal Justice and Court Services Act 2000

Part 2 of this act enables courts to disqualify unsuitable people from being employed by public bodies to work with children and sets out a review process for those who are disqualified from working with children. It also provides criminal sanctions for those who breach the disqualification. Employers should not knowingly employ someone who has a disqualification order imposed on them.

See www.opsi.gov.uk/acts/acts2000/20000043.htm

Safeguarding Vulnerable Groups Act 2006

Enables changes in connection with vetting and barring as recommended by the Richard Committee. The provisions will come into force in 2008. The Act will establish a national vetting and barring scheme, applying to a wide number of positions and posts where people work with or have responsibility for children. The main purpose is to prevent unsuitable people from working with children and vulnerable adults.

The scheme reforms the current vetting and barring practices but employers retain their responsibilities for ensuring safe recruitment practices. It will be introduced in autumn 2008. The term 'employers' refers to both employers and managers of volunteers. The term 'employees' refers to both paid and unpaid/volunteer work/activities. General practices will need to be aware of the impact and implementation within their own jurisdictions and update their strategic governance plans accordingly.

www.opsi.gov.uk/acts/acts2006/ukpga_20060047_en.pdf

Sexual Offences Act 2003

Provides a comprehensive legislative framework for sexual offences. The act covers offences against adults (including people with mental disorders), as well as offences against children and sexual offences within the family. It also makes amendments to the laws governing the sex offenders register by introducing a requirement for those cautioned or convicted of specific categories of sexual offences to inform the police of their name and address and any changes to those details.

Covers specific offences relating to the “abuse of trust” applying to those aged younger than 18. These offences include:

- sexual activity with a child
- causing or inciting a child to engage in sexual activity
- engaging with sexual activity in the presence of a child
- causing a child to watch a sexual act.

The act lists occupations to which the abuse of trust laws applies. These include staff working in:

- institutions looking after children detained under a court order – eg young offenders institutions
- accommodation provided by local authorities and voluntary organisations under statutory provision
- hospitals, clinics, care homes, children’s homes and residential family centres
- educational institutions.

It allows for a preventative order to be made to protect children from harm, including stopping offenders from visiting places where children gather – eg parks and recreation grounds.

See www.opsi.gov.uk/ACTS/acts2003/20030042.htm

The Education Act 2002

Section 175 of this Act introduces a new statutory duty on local education authorities, maintained and independent schools and further education institutions to ensure that their responsibilities are carried out with a view to safeguarding and promoting the welfare of children and young people.

See www.opsi.gov.uk/ACTS/acts2002/20020032.htm

Case Law

Judgements- JD (FC) (Appellant) v East Berkshire Community Health NHS Trust and Others (Respondents) and two other actions (FC)[2005] UKHL, 23

www.publications.parliament.uk/pa/ld200405/ldjudgmt/jd050421/east.pdf

Guidance

This section deals with government guidance to agencies on safeguarding children and young people.

Safeguarding Children – Working Together under the Children Act 2004, (Welsh Assembly Government, 2006)

The Welsh Assembly Government has issued this guidance for the bodies named in sections 28 and 31 of the Children Act 2004. It is intended to assist them to review their current policies, procedures and practices. Guidance is given on analysing the state of safeguarding and promoting children's welfare within their bodies and deciding on future steps to implement the guidance.

www.walesresilience.org/docrepos/40382/dhss/4038226/1338309?lang=en

Caring for Young People and the Vulnerable (Home Office, 1999)

Designed to encourage all organisations caring for children or vulnerable adults to put in place codes of conduct to protect against sexual activity within a relationship of trust. The guidance contains principles of good practice on how to provide safeguards.

Framework for the Assessment of Children in Need and their Families (National Assembly for Wales, 2001)

The framework was developed in relation to supporting children in need and working closely with families. It provides guidance for all agencies that contribute to the assessment of need for children and families.

Note – the documents are available through this link

<http://new.wales.gov.uk/topics/childrenyoungpeople/childrenfirst/keydocuments/index/?lang=en>

All Wales Child Protection Procedures

This Guidance contains the roles and responsibilities for reporting concerns about a child's welfare or safety. The procedures set out common standards for all of Wales to guide child protection work. They make clear how agencies should work together and aim to make sure that practice is consistent and of a high quality. The procedures are for use by all those who work involves contact

with children and families, across departments and agencies and are relevant to those working in the statutory, voluntary and independent sectors.

For the latest version see:

<http://www.childreninwales.org.uk/areasofwork/safeguardingchildren/awcporg/proceduresandprotocols/index.html>

Guidance on Education

New guidance is expected in 2007.

[Adapted from NSPCC (2007) *Safeguarding Children: Everybody's Business*]

Isle of Man

See *References and resources* for web links to legislation and guidance.

At the time of writing the *Safeguarding Children and Young People: A Toolkit for General Practice* (2007) and its sister document *Safeguarding Children & Young People: Introduction to the Training Modules* (2007) the Isle of Man legal and practice frameworks are being reviewed. This section will be updated appropriately.

General practices are therefore recommended to contact their designated and named health professionals for current positions. In the meantime, this section will be updated on the Royal College of General Practitioners website, as more information becomes available, and is checked for accuracy and permissions granted during 2008.

For an overview of the Isle of Man's recent legislation
See www.gov.im/infocentre/acts/viewacts.aspx?viewtype=2

For access to the Department of Health and Social Security, Isle of Man Child Protection Committee Agency Procedures, otherwise known as the "Yellow Book" see www.gov.im/lib/news/dhss/launchofupdateto.xml

Channel Islands

At the time of writing the *Safeguarding Children and Young People: A Toolkit for General Practice* (2007) and its sister document *Safeguarding Children & Young People: Introduction to the Training Modules* (2007) the Channel Islands are reviewing their child protection and safeguarding arrangements.

At this stage, Jersey appears to be reflecting the principles and guidance from England, whereas Guernsey is reflecting Scottish law and subsequent guidance. General practices are therefore recommended to contact their designated and named health professionals to ascertain their current positions. In the meantime, this section will be updated on the Royal College of General Practitioners website, as more information becomes available, and is accordingly checked for accuracy and permissions granted during 2008.

Annex B: Glossary

ACPC

Area Child Protection Committees (LSCB see below)

Agencies with statutory child protection powers

Agencies –Social Services, the police or the NSPCC – who can legally take steps to intervene in a family to safeguard a child from harm.

Assessment framework

The Assessment Framework is a conceptual framework for assessing a child in need and their family and then deciding:

- Is this a child in need?
- Is this child suffering or likely to suffer significant harm?
- What services are required to respond to the child's identified needs?

Child 'in need'

Children who are defined as 'in need' under the Children Act 1989 are those whose vulnerability means they are unlikely to reach or maintain a satisfactory level of health and development, or their health and development will be significantly impaired without the provision of services. The critical factors in deciding whether a child is in need under the Children Act 1989 are what will happen to a child's health and development without services, and the likely effect services will have on their standard of health and development.

Child protection conference

The initial meeting brings together family members, the child (where appropriate), and professionals most involved with the child and family, following s47 enquiries. Its aim is to bring together and analyse, in an inter-agency setting information about the child's health, development and functioning; and the parents' or carers' capacity to ensure the child's safety and promote health and development. The likelihood of a child suffering significant harm in future is considered and action needed to safeguard the child and promote their welfare is considered, along with an action plan and intended outcomes.

Child protection register*

A list of names of children who are considered to be at continuing risk of significant harm and the subject of a child protection plan: In England, the keeping of a separate child protection register will be phased out by 1 April 2008 with the introduction of the Integrated Children's System.

Website: www.everychildmatters.gov.uk/socialcare/integratedchildrenssystem

CM 5861 (2003) Keeping Children Safe. *The Government's Response to The Victoria Climbié Inquiry Report and Joint Chief Inspectors' Report Safeguarding*

Children. The Stationery Office, London, para 77.

Website: www.everychildmatters.gov.uk/.../KeepingChildrenSafe.pdf

Compulsory intervention

State intervention in accordance with the law.

Core assessment

An in-depth assessment that addresses the central or most important aspects of the needs of a child, and the capacity of their parents or carers to respond appropriately within the wider family and community context.

Core group

A group of professionals and relevant family members who develop and implement the child protection plan as a detailed working tool.

Developmental needs

The areas in which a child needs to make developmental progress throughout their childhood in order to reach their potential.

Key worker

Is the allocated case worker responsible for making sure that the outline child protection plan is developed into a more detailed inter-agency plan, as well as other tasks.

LSCB

Local Safeguarding Children Board

NFA

No further action; the case is therefore closed.

PDP

Personal Development Plans.

Promoting children's welfare

- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Creating opportunities to enable children to have optimum life chances.

Protocols

Agreements made between agencies on how staff in each agency will undertake their work with respect to a specific matter – for example, information sharing.

Provision of services

Responding to the needs of children in need may require the provision of services from a variety of agencies, including Social Services.

Referral

Contacting another agency and requesting that they assess and/or provide services to a child.

S47 enquiries

When a local authority is informed that a child who lives or is found in their area is the subject of an emergency protection order or in police protection, or there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm, the authority must make all necessary enquiries to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Safeguarding children

Safeguarding has two elements:

- protecting children from maltreatment
- preventing impairment of children's health or development.

Serious case review (also known as Part 8 review)

When a child dies, and abuse or neglect are known or suspected to be a factor, agencies should consider whether there are any lessons to be learned about the ways in which they work together to safeguard children. The review is conducted by the LSCB and examines the involvement of agencies and professionals with the child and family. Additionally, LSCBs consider whether a review should be conducted if a child: sustains a potentially life-threatening injury or serious and permanent impairment of health and development, or has been subjected to particularly serious sexual abuse and the case gives rise to concerns about inter-agency working to protect children. Additionally, LSCBs will undertake a serious case review where a child has committed suicide or the child has been killed by a parent with a mental illness.

Case reviews are not enquiries into how a child died or who is culpable; that is a matter for coroners and criminal courts to determine, as appropriate.

Significant harm

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include: the degree and extent of physical harm; the duration and frequency of abuse and neglect; and the extent of premeditation, degree of threat and coercion, sadism and bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping them to overcome the adverse impact of the ill-treatment. Sometimes, a single traumatic event may constitute significant harm – for example, a violent assault, suffocation or poisoning.

More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment, to the extent of constituting significant harm. In each case, it is necessary to consider any ill-treatment alongside the family's strengths and supports.

Strategy discussion

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion (in either a series of telephone discussions or a meeting) involving the Social Services department, police and other agencies – for example, education and health – in particular, any referring agency. A strategy discussion can take place following a referral or at any other time – for example, if concerns about significant harm emerge in respect of child receiving support under s17. If a medical examination is needed, a senior doctor from the providing service should be included in the strategy discussion.

UNOCINI

Understanding the Needs of Children In Northern Ireland, a new assessment framework for professionals working in Northern Ireland to be implemented in 2007.

Vulnerable children

Vulnerable children are disadvantaged children who would benefit from extra help from public agencies in order to make the best of their life chances.

[Source: NSPCC, Children's Rights Alliance (England); Family Rights Group; North Lincolnshire Social Services and Housing; Oxfordshire ACPC; Promoting Inter-Agency Training (PIAT); and Royal Holloway, University of London (2007) *Safeguarding Children – A Shared Responsibility*. Leicester: NSPCC].

Annex C: References and resources

The following was accurate at the time of writing, 23 March 2007.

England

Department for Education and Skills

www.dfes.gov.uk/

Department of Health

www.dh.gov.uk/en/index.htm

Assessing Children in Need and their Families

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144

National Service Framework for Children, Young People and Maternity Services

www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Childrensservices/Childservicesinformation/index.htm

Every Child Matters

www.everychildmatters.gov.uk/

Adoption

www.everychildmatters.gov.uk/socialcare/lookedafterchildren/adoption/
www.everychildmatters.gov.uk/socialcare/lookedafterchildren/adoption/act2002/

Child death review projects

www.everychildmatters.gov.uk/socialcare/safeguarding/childdeathreview/

Children leaving care

www.everychildmatters.gov.uk/socialcare/lookedafterchildren/leavingcare/

Children and Young People Plan

www.everychildmatters.gov.uk/strategy/planningandcommissioning/cypp/

Children's Trusts

www.everychildmatters.gov.uk/aims/childrenstrusts/

Children's Workforce Strategy

www.everychildmatters.gov.uk/delivering-services/workforcereform/

Common Assessment Framework

www.everychildmatters.gov.uk/delivering-services/caf/

Common Core of Skills and Knowledge

www.everychildmatters.gov.uk/delivering-services/commoncore/
www.everychildmatters.gov.uk/files/37183E5C09CCE460A81C781CC70863F0.pdf

Cost outcomes for children in need – research

© Royal College of General Practitioners and National Society for the Prevention of Cruelty to Children, 2007

www.everychildmatters.gov.uk/socialcare/costsandoutcomes/

Directgov – public services all in one place, England and Wales

www.direct.gov.uk/en/index.htm

Directgov – Parents

www.direct.gov.uk/en/Parents/index.htm?cids=Google_PPC&cre=Parents&gclid=CIXxkOHBhYsCFQyDEAodeG32GQ

Directgov – Kids

http://kids.direct.gov.uk/main.aspx?firstObject=parents_area

Disabled Children

www.everychildmatters.gov.uk/socialcare/disabledchildren/

Guidance on people who present a risk to children – review of schedule 1 offences

www.everychildmatters.gov.uk/socialcare/safeguarding/risktochildren/

Health

www.everychildmatters.gov.uk/health/

Home Office

www.homeoffice.gov.uk/

Information Sharing

www.everychildmatters.gov.uk/deliveringservices/informationsharing/

Internet safety

www.everychildmatters.gov.uk/socialcare/safeguarding/internetsafety/

Lead professionals

www.everychildmatters.gov.uk/deliveringservices/leadprofessional/

Looked-after children

www.everychildmatters.gov.uk/socialcare/lookedafterchildren/

Looked-after children – healthy care

www.everychildmatters.gov.uk/socialcare/lookedafterchildren/healthycare/

Missing Children notifications

www.everychildmatters.gov.uk/socialcare/safeguarding/missing/

Multi-agency working

www.everychildmatters.gov.uk/deliveringservices/multiagencyworking/

Office of Public Sector Information

www.opsi.gov.uk/

Participation of children and young people

www.everychildmatters.gov.uk/participation/

Private fostering

www.everychildmatters.gov.uk/socialcare/safeguarding/privatefostering/

Substance misuse

www.everychildmatters.gov.uk/health/substancemisuse/

Vetting and barring scheme

www.everychildmatters.gov.uk/socialcare/safeguarding/vettingandbarring/

Voluntary and Community Sector

www.everychildmatters.gov.uk/strategy/voluntaryandcommunity/

Working Together to Safeguard Children

www.everychildmatters.gov.uk/socialcare/safeguarding/workingtogether/

Local Safeguarding Children Boards Guidance

www.everychildmatters.gov.uk/files/99A633771D7DFE72CCEDC6B7B89C9B08.pdf

The Scottish Government

(Support for Children & Families)

<http://www.scotland.gov.uk/Topics/People/Young-People/children-families>

Antisocial Behaviour etc (Scotland) Act 2004

www.opsi.gov.uk/legislation/scotland/acts2004/20040008.htm

A Scottish Framework for Nursing in Schools

www.scotland.gov.uk/Resource/Doc/47034/0023958.pdf

Children's Charter, 2004

www.scotland.gov.uk/Resource/Doc/1181/0008817.pdf

Community Health Partnerships Statutory Guidance

www.scotland.gov.uk/Publications/2004/11/20168/45830

Educational (Disability Strategies and Pupils' Education Records) (Scotland) Act 2002

www.opsi.gov.uk/legislation/scotland/acts2002/20020012.htm

Family Law (Scotland) Act 2005

www.scotland.gov.uk/Topics/Justice/Civil/17867/FLSA2006

Finding Practical Solutions to Complex Needs, 2005

www.scotland.gov.uk/Publications/2006/01/complexNeedsConsultation

Further and Higher Education (Scotland) Act 1992

www.opsi.gov.uk/acts/acts1992/Ukpga_19920037_en_1.htm

Getting It Right for Every Child, 2005

www.scotland.gov.uk/Publications/2005/06/20135608/56098

Health for All children (Hall 4) Guidance for Implementation in Scotland

<http://www.scotland.gov.uk/Publications/2005/04/15161325/13269>

Her Majesty's Inspectorate of Education/Social Work Services Inspectorate Inspection Report, *Learning with Care: The Education of Children Looked After Away from Home by Local Authorities*, 2001

www.scotland.gov.uk/library3/education/lacr-00.asp

Integrated Children's Service Plans

www.sehd.scot.nhs.uk/chp/ChildHealthAdNoteCHPFinal101204.pdf

National Standards for Scotland's Youth Justice Services, *Improving the Effectiveness of the Youth Justice System*, 2002

www.scotland.gov.uk/library5/justice/nssyjs-00.asp

NHS Reform (Scotland) Act 2004

www.opsi.gov.uk/legislation/scotland/acts2004/20040007.htm

Protecting Children and Young People: Framework for Standards, 2004

www.scotland.gov.uk/library5/education/pcypfs-00.asp

Mental Health (Care and Treatment) (Scotland) Act 2003

www.opsi.gov.uk/legislation/scotland/acts2003/20030013.htm

Substance misuse

www.scotland.gov.uk/Resource/Doc/114027/0027764.pdf

Report of the Beattie Committee, *Implementing Inclusiveness: Realising Potential*, 1999,

www.scotland.gov.uk/library2/doc04/bere-00.htm

Welsh Assembly Government

www.wales.gov.uk/index.htm

All Wales Child Protection Procedures

<http://www.childreninwales.org.uk/areasofwork/safeguardingchildren/awcp/procure/sandprotocols/index.html>

Children Act 1989 – Guidance on Private Fostering

<http://new.wales.gov.uk/topics/childrenyoungpeople/publications/guidance/privatefosteringguidance?lang=en>

Children Bill Policy Statements – statutory guidance Wales

<http://new.wales.gov.uk/topics/childrenyoungpeople/publications/guidance/childrenbillpolicystatements?lang=en>

Children Leaving Care Act Guidance

<http://new.wales.gov.uk/topics/childrenyoungpeople/publications/guidance/childrenleavingcareact?lang=en>

Design for Life: Creating World Class Health & Social Care for Wales in the 21st Century

<http://www.wales.nhs.uk/documents/Designed-for-life-e.pdf>

Disqualification from Caring for Children (Wales) Regulation
www.opsi.gov.uk/legislation/wales/wsi2004/20042695e.htm

Implementation of the Adoption and Children Act 2002
<http://new.wales.gov.uk/topics/childrenyoungpeople/publications/guidance/implementingact?lang=en>
Important transitional guidance for adoption
<http://new.wales.gov.uk/topics/childrenyoungpeople/publications/guidance/adoptionguide?lang=en>

Safeguarding Children: Working Together Under the Children Act 2004 (2006, WAG)

<http://new.wales.gov.uk/topics/childrenyoungpeople/publications/guidance/1297522?lang=en>

Tackling Domestic Abuse: The All Wales National Strategy

<http://new.wales.gov.uk/topics/housingandcommunity/safety/publications/domesticabusestrategy?lang=en>

The Health & Social Care (Community Health & Standards) Act 2003 Commencement No.1 (Wales) Order 2004
www.opsi.gov.uk/legislation/wales/wsi2004/20041019e.htm

Mental Health Policy Guidance
http://new.wales.gov.uk/about/departments/dhss/publications/health_pub_index/guidance/mentalhealthpolicyguidance?lang=en

National Service Framework – Children, Young People and Maternity Services in Wales
www.wales.nhs.uk/sites3/home.cfm?orgid=441&redirect=yes

Practice Guidance on Assessing the Support Needs of Adoptive Families (Wales)
<http://new.wales.gov.uk/topics/childrenyoungpeople/publications/guidance/assessingadoptors?lang=en>

Reference Guide to Consent for Examination or Treatment
http://new.wales.gov.uk/about/departments/dhss/publications/health_pub_index/guidance/referenceguidepatientexam?lang=en

Substance Misuse
<http://new.wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/?lang=en>

Northern Ireland Assembly

www.niassembly.gov.uk/

A new beginning for health and social care – press release 22 March 2007

www.nics.gov.uk/press/hss/070322a-hss.htm

Children in Northern Ireland
www.ci-ni.org/index.php/index_no_link_rss/child_policy_info_home

Children in Northern Ireland (link to all legislation)

www.ci-ni.org/index.php/arc_cp/C20

GP practices

www.healthandcareni.co.uk/index.php?link=gps

Health Boards

www.healthandcareni.co.uk/index.php?link=boards

Health & Social Care in Northern Ireland

<http://new.wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/?lang=en>

Health, Social Services and public safety

www.dhsspsni.gov.uk/index/hss/child_care/child_protection/child_protection_links.htm

Multicultural Handbook for Staff

www.cbct.n-i.nhs.uk/services/Multi_Cultural_Handbook_for_Staff.pdf

Our Children and Young People – Our Shared Responsibility, Inspection of Child Protection Services in Northern Ireland, overview report, December 2001

www.sebt.n-i.nhs.uk/pubinfo/oss-overview.pdf

Rights – Children and Young People’s Strategy: Action Plan 2007-2008

www.ci-

ni.org/index.php/weblog/rights_children_and_young_peoples_strategy_action_plan_2007_2008_ni/

Channel Islands

Data Protection in Jersey

www.dataprotection.gov.je/cms/default.htm

Health and social care in Jersey

www.gov.je/Health/

Children (Jersey) Law 2002

www.jerseylegalinfo.je/Law/lawsinforce/consolidated/12/12.200_ChildrenLaw2002_RevisedEdition_1January2006.pdf

Jersey Legal Information Board

www.jerseylegalinfo.je/Home/WhatsNew/default.aspx

States of Guernsey

www.gov.gg/ccm/navigation/health---social-services/

Rehabilitation of offenders (Bailiwick of Guernsey) Law 2002 (Commencement, Exclusions and Exceptions) Ordinance 2006

www.qfsc.gg/UserFiles/File/General/RehabilitationofOffendersLaw2002CommencementOrdinance2006.pdf

The Children (Prescribed Orders – Isle of Man and Guernsey) Regulations
(Northern Ireland) 2006

www.opsi.gov.uk/sr/sr2006/20060480.htm

Other legislation

Disability Discrimination Act 1995

www.opsi.gov.uk/acts/acts1995/Ukpga_19950050_en_1.htm

Disability Discrimination Act 2005

www.opsi.gov.uk/ACTS/acts2005/20050013.htm

Health Act 1999

www.opsi.gov.uk/acts/acts1999/19990008.htm

Learning and Skills Act 2000

www.opsi.gov.uk/acts/acts2000/20000021.htm

Protection of Children Act 1999

www.opsi.gov.uk/acts/acts1999/19990014.htm

Annex D: Useful contacts and information

This list is not exhaustive but provides useful contacts for children and young people. The organisations aim to help children and young people and provide freephone services.

NSPCC

National Society for the Protection of Cruelty to Children (NSPCC)

Offers a 24-hour helpline on 0808 800 5000 and textphone service on 0800 056 0566 for people who are deaf or hard of hearing; NSPCC Asian Child helpline/ NSPCC

CYMRU/ Wales Child Protection helpline- contacts available via

http://www.nspcc.org.uk/HelpAndAdvice/WhoTurnTo/NSPCCHelpline/helpline_wda33161.html

The leaflet 'Worried? Need to talk?' can be obtained by phoning the number below or via the websites.

Tel: 020 7825 2763

Web: www.worriedneed2talk.org.uk; www.there4me.com

NSPCC ChildLine

Runs a free 24-hour helpline for children and young people in the UK, with counsellors to help.

Scotland

Tel: 0870 3367 2910

England and Wales

Tel: 0800 1111

Web: www.childline.org.uk; www.childline.org.uk/scotland.asp

CHILDREN 1ST

One of Scotland's leading childcare charities. Its mission is to ensure every child in Scotland has a safe and secure childhood

Web: www.children1st.org.uk/

ChildProtectionline

Scotland. A single national line which has capacity to transfer relevant calls to all local child protection service providers in Scotland. It also provides an information service to the public about what steps they can take if they are concerned about a child.

Tel: 0800 022 3222

Children in Scotland

Children in Scotland is the national agency for voluntary, statutory and professional organisations and individuals working with children and their families in Scotland.

Web: <http://www.childreninScotland.org.uk>

Children's Rights Officers and Advocates

Provide rights, advocacy and participation services to children and young people who are 'looked after' and 'in need', as well as those involved in child protection procedures.

94 White Lion Street

London N1 9PF

Tel: 020 7833 2100

Web: www.croa.org.uk

Commission for Social Care Inspection

The main organisation responsible for inspecting social care services.

33 Greycoat Street

London SW1P 2QF

Tel: 020 7979 2000

Fax: 020 7979 2111

Web: www.csci.org.uk

National Leaving Care Advisory Service (Rainer)

Helps under-supported young people to lead emotionally and physically secure and fulfilled lives.

Palm Tree Court

Unit 1

4 Factory Lane

Bruce Grove

London N17 9FL

Tel: 020 8471 3284

Web: www.rpsrainer.org.uk

A National Voice

An organisation run by and for young people who are or have been in care.

Central Hall

Oldham Street

Manchester

M1 1JQ

Tel: 0161 237 5577

Web: www.anationalvoice.org

National Youth Advocacy Services

Offers advice, information, support and representation to any child or young person who wants their wishes and feelings taken into account when decisions are made about them.

99-105 Argyle Street

Birkenhead, Wirral

CH41 6AD

Tel: 0151 649 8700; 0800 616101

Web: www.nyas.net

Scotland's Commissioner for Children and Young People (SCCYP)

SCCYP promotes and safeguards the rights of children and young people living in Scotland.

Tel: 0131 558 3733

Web: <http://www.sccyp.org.uk>

Scottish Children’s Reporter Administration

Central contact point for information on local Children’s Reporter offices, Panels and so forth.

Tel: 01786 459500

Email: communications@scra.gsx.gov.uk

The Office of the Children's Rights Director

Part of the organisation that sends inspectors to check on how children and young people are being looked after.

33 Greycoat Street

London SW1P 2QF

Tel: 020 7979 2000; 0800 528 0731

Web: www.rights4me.org.uk

The Who Cares? Trust

Offers confidential help and advice to children and young people in care, as well as anyone who has been in care in the past.

Kemp House

152–160 City Road

London EC1V 2NP

Tel: 020 7251 3117; 0500 564570

Web: www.thewhocarestrust.org.uk

Voice for the Child in Care

Offers information, advice and support to children and young people in residential care.

Unit 4, Pride Court

80-82 White Lion Street

London N1 9PF

Tel: 020 7833 5792

Web: www.vcc-uk.org

Children’s Commissioner for Wales

Oystermouth House

Charter Court

Phoenix Way

Llansamlet

Swansea SA7 9FS

Tel:01792 765600

Penrhos Manor

Oak Drive

Colwyn Bay

Conwy LL29 7YW

Tel: 01492 523333

Web: www.childcomwales.org.uk

Funky Dragon

The Welsh Assembly Government website aims to give children and young people the opportunity to get their voices heard.

<http://www.funkydragon.org/>

Voices from Care Cymru

Voices from care Cymru was set up in 1990 to help young people who are or have been looked after by local authorities in Wales.

<http://www.voicesfromcarecymru.org.uk/main.htm>