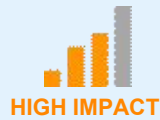




Review Sheet

Last Reviewed
29 Feb '24Last Amended
29 Feb '24Next Planned Review in 12 months, or
sooner as required.

Business impact



Reason for this review

Best practice

Were changes made?

Yes

Summary:

Safeguarding Children and Child Protection Policy and Procedure has been reviewed and remains appropriate to the area of Safeguarding Children, Child Protection. Minor word changes and additional content included in section 5.3. References and further reading links have been checked and updated. For some customers the policy reference number may have changed.

Relevant legislation:

- Female Genital Mutilation Act 2003
- Children and Families Act 2014
- The Police Act 1997
- The Sexual Offences Act 2003
- United Nations Convention Rights of the Child 1989
- Modern Slavery Act 2015
- Digital Economy Act 2017
- Adoption and Children's Act 2002
- Domestic Abuse Act 2021
- Borders, Citizenship and Immigration Act 2009
- Children and Young Persons Act 1933
- Children and Social Work Act 2017
- Chronically Sick and Disabled Persons Act (CSDPA) 1970
- The Young Carers' (Need Assessment) Regulations 2015
- Counter- Terrorism and Security Act 2015
- Counter-Terrorism and Border Security Act 2019
- Serious Crime Act 2015
- The Care Act 2014
- Children Act 1989
- Children Act 2004
- Equality Act 2010
- Human Rights Act 1998
- Public Interest Disclosure Act 1998
- Safeguarding Vulnerable Groups Act 2006
- Data Protection Act 2018
- UK GDPR



| | |
|---|--|
| <p>Underpinning knowledge - What have we used to ensure that the policy is current:</p> | <ul style="list-style-type: none"> • Author: NHS Choices, (2022), <i>Female Genital Mutilation (FGM)</i>. [Online] Available from: https://www.nhs.uk/conditions/female-genital-mutilation-fgm/ [Accessed: 29/2/2024] • Author: HM Government, (2021), <i>Children: child arrangements orders safeguards when domestic abuse issues arise (England and Wales)</i>. [Online] Available from: https://commonslibrary.parliament.uk/research-briefings/cbp-8764/ [Accessed: 29/2/2024] • Author: HM Government, (2009), <i>Reference guide to consent for examination or treatment (second edition)</i>. [Online] Available from: https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition [Accessed: 29/2/2024] • Author: North Yorkshire safeguarding Children Partnership, (2021), <i>Contextual Safeguarding</i>. [Online] Available from: https://www.safeguardingchildren.co.uk/beaware-professionals/contextual-safeguarding/ [Accessed: 29/2/2024] • Author: NICE, (2017), <i>Child Abuse and Neglect (NG76)</i>. [Online] Available from: https://www.nice.org.uk/guidance/ng76 [Accessed: 29/2/2024] • Author: NSPCC, (2020), <i>Definitions and signs of child abuse</i>. [Online] Available from: https://www.nspcc.org.uk/globalassets/documents/information-service/definitions-signs-child-abuse.pdf [Accessed: 29/2/2024] • Author: HM Government, (2018), <i>Information Sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers</i>. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/744447/Information_Sharing_-_Advice_for_practitioners_providing_safeguarding_services_to_children_young_people_parents_and_carers.pdf [Accessed: 29/2/2024] • Author: UK Parliament, (2018), <i>Domestic Violence in England and Wales - Briefing paper</i>. [Online] Available from: https://researchbriefings.files.parliament.uk/documents/SN06337/SN06337.pdf [Accessed: 29/2/2024] • Author: HM Government, (2017), <i>Tackling Child Sexual Exploitation: Progress report</i>. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/654447/Tackling_Child_Sexual_Exploitation_Progress_Report_web.pdf [Accessed: 29/2/2024] • Author: Home Office, (2023), <i>Domestic Violence Disclosure Scheme (DVDS) Guidance</i>. [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575361/DVDS_Guidance.pdf [Accessed: 29/2/2024] • Author: HM Government, (2020), <i>Multi-agency statutory guidance on female genital mutilation</i>. [Online] Available from: https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation [Accessed: 29/2/2024] • Author: HM Government, (2023), <i>Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children</i>. [Online] Available from: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2 [Accessed: 29/2/2024] • Author: Royal College of Nursing, (2019), <i>Safeguarding Children and Young People: Roles and Competences for Healthcare Staff</i>. [Online] Available from: https://www.rcn.org.uk/professional-development/publications/pub-007366 [Accessed: 29/2/2024] |
| <p>Suggested action:</p> | <ul style="list-style-type: none"> • Encourage sharing the policy through the use of the QCS App |
| <p>Equality Impact Assessment:</p> | <p>QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.</p> |



1. Purpose

1.1 The purpose of a Safeguarding Children and Child Protection Policy and Procedure is to ensure that appropriate action is taken when a young person, up to the age of 18 years, is suspected of either being abused or at risk from parents, guardians, carers, adult visitors, gangs, groups, online connections, other responsible adults or other young people.

- **Safeguarding Children** - What we do to prevent harm
- **Child Protection** - The way in which we respond to harm

1.2 The Safeguarding Children and Child Protection Policy and Procedure at BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED recognises that the safeguarding and protection of children is paramount and has priority over all other interests.

The purpose of this policy is to protect any children or young adults who receive our services or whom we may come in to contact with during our daily work. It also includes the children or child relatives of adults who may be receiving our services.

Whilst delivering services to children may not form part of our core business, we recognise that everyone working with children has a responsibility for keeping them safe and we have a statutory duty to ensure that robust procedures are in place.

1.3 This policy refers to all children up to 18 years of age (including the unborn), regardless of nationality, culture or religion. If the child has 'learning disabilities' or is a care leaver, their needs may extend to their 21st birthday (Section 9 Children Act 2004). The term 'children' will be used throughout this policy to refer to children and young people.

1.4 To support BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED in meeting the following Key Lines of Enquiry/Quality Statements (New):

| Key Question | Key Lines of Enquiry | Quality Statements (New) |
|--------------|--|---|
| RESPONSIVE | R2: How are people's concerns and complaints listened and responded to and used to improve the quality of care? | QSR4: Listening to and involving people |
| SAFE | S1: How do systems, processes and practices keep people safe and safeguarded from abuse? | QSS3: Safeguarding |
| SAFE | S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected? | QSS4: Involving people to manage risks QSS5: Safe environments |
| WELL-LED | W4: How does the service continuously learn, improve, innovate and ensure sustainability? | QSW7: Learning, improvement and innovation |
| WELL-LED | W5: How does the service work in partnership with other agencies? | QSW6: Partnerships and communities |

1.5 To meet the legal requirements of the regulated activities that BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED is registered to provide:

- Female Genital Mutilation Act 2003
- Children and Families Act 2014
- The Police Act 1997
- The Sexual Offences Act 2003
- United Nations Convention Rights of the Child 1989
- Modern Slavery Act 2015



- Digital Economy Act 2017
- Adoption and Children's Act 2002
- Domestic Abuse Act 2021
- Borders, Citizenship and Immigration Act 2009
- Children and Young Persons Act 1933
- Children and Social Work Act 2017
- Chronically Sick and Disabled Persons Act (CSDPA) 1970
- The Young Carers' (Need Assessment) Regulations 2015
- Counter- Terrorism and Security Act 2015
- Counter-Terrorism and Border Security Act 2019
- Serious Crime Act 2015
- The Care Act 2014
- Children Act 1989
- Children Act 2004
- Equality Act 2010
- Human Rights Act 1998
- Public Interest Disclosure Act 1998
- Safeguarding Vulnerable Groups Act 2006
- Data Protection Act 2018
- UK GDPR



2. Scope

2.1 The following roles may be affected by this policy:

- All staff
- Volunteers
- Contractors
- Students, Trainees, Apprentices, Work Experience
- Senior Management including Directors
- Anyone working on behalf of our organisation
- Agency Staff

2.2 The following Service Users may be affected by this policy:

- Service Users
- Children

2.3 The following stakeholders may be affected by this policy:

- Family
- Commissioners
- External health professionals
- Local Authority
- NHS



3. Objectives

3.1 The objective of BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED is to have a coordinated approach to child protection and safeguarding and to ensure that the procedures at BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED dovetail with policies and procedures published by the Local Safeguarding Partners of BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED whose contact details are appended to this policy.

3.2 To ensure that the voice of the child is heard and that a child-centred approach is taken.



4. Policy

4.1 Statement of Intent

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED recognises the vulnerability of children and believes that it is always unacceptable for a child or young person to experience abuse of any kind. It wholly supports the principle that the welfare of the child is paramount and accepts the United Nations Declaration of the Rights of the Child.

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED understands that children can be under threat, and/or abused by parents/family, other children and young people, carers, staff and others and that everyone who works with children has a responsibility for keeping them safe.

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that it works in partnership with other agencies, children and their families so that they receive the right help, at the right time and with everyone who comes into contact with them, understanding that they all have a role to play in identifying concerns, sharing information and taking prompt action.

Additionally, BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED believes that all children, regardless of ethnicity, gender, culture, sexual orientation, disability, faith or religious belief, have a right to equal protection from all types of harm or abuse.

4.2 BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED recognises that deaf and disabled children and those with complex health needs are at increased risk of abuse. Furthermore, it understands that some children have increased vulnerability because of the impact of previous experiences, their level of dependency, their communication needs, or other issues; and that threats can take a variety of different forms including sexual, physical and emotional abuse, neglect, exploitation by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation.

All necessary steps will be taken to ensure that the rights of all children are respected and that opportunities for abuse to occur are minimised.

4.3 BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will seek to keep children and young people safe by:

- Empowering children, listening, respecting and responding in a compassionate but effective way
- Ensuring a child-centred approach to service planning and delivery and keeping the child in focus when making decisions about their lives
- Ensuring that all staff read and understand this policy
- Providing safeguarding children and child protection training to staff to enable them to recognise signs of abuse and follow appropriate procedures when dealing with child protection concerns
- Adopting safe staff recruitment, selection and vetting procedures
- Sharing information about safeguarding children, child protection and good practice with staff, volunteers, parents, Care staff and relevant agencies
- Requiring all staff to follow the reporting and recording procedures in every case of suspected abuse or disclosed abuse
- Ensuring that all staff with responsibility for, or contact with children, will be provided with appropriate policies, guidance, training and support to enable them to implement this policy
- Providing effective management and support systems for all staff so that staff know who to contact within BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED in the event of safeguarding children and/or child protection concerns arising
- Working within the relevant Local Safeguarding Partners' guidance and procedures
- Ensuring that policy and practice remains current and up to date and dovetails with local procedures

4.4 Information Sharing and Confidentiality

Good communication is essential for any organisation. In BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED, every effort will be made to assure individuals that, should they have concerns, they will be listened to and taken seriously. It is the responsibility of the management staff to ensure that information is available to, and exchanged between, all those involved in this organisation and its activities.

Children and young people have a right to information, especially any information that could make life better and safer for them. BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will act to ensure that they have information about how, and with whom, they can share their concerns, complaints



and anxieties.

When sharing information, staff will be sensitive to the level of understanding and maturity, as well as to the



level of responsibility of the people with whom they are sharing.

We understand that some information is confidential and will only be shared on a strictly need-to-know basis. BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that staff follow the guidelines: [Information Sharing Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers](#) (July 2018). BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that staff understand that the UK General Data Protection Regulation (UK GDPR), Data Protection Act 2018 and human rights legislation are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

4.5 Safe Recruitment

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will adopt a consistent and thorough process of safe recruitment in order to ensure that those recruited are suitable. This includes ensuring that safe recruitment and selection procedures are adopted which deter, reject or identify people who might abuse children or are otherwise unsuitable to work with them. BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will not sub-contract to any organisation which has not been part of a safe recruitment process.

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that the level of DBS check required for the role will be confirmed. The recruiting manager will ensure that clearance is obtained before the applicant commences employment. As an employer of staff in a 'regulated activity', BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED has a responsibility to refer concerns to the Disclosure and Barring Service in accordance with the Safeguarding Vulnerable Groups Act 2006. Managers must report concerns to the Dorset and Gloucestershire Child Protection Team.

4.6 Allegations Against Management

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will act appropriately towards allegations against people in positions of trust and will follow procedure relating to the LADO (Local Authority Designated Officer).

4.7 Best Practice

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will adhere to HM Government's '[Working Together to Safeguard Children \(2023\)](#)' and will follow, within the scope of its role and responsibilities, NICE guidance NG76 and CG89 in addition to other best practice documents cited in this policy and procedure.

4.8 Accountabilities and Responsibilities

Individual staff have a responsibility to report and record any concerns, not to make decisions as to whether abuse has or has not occurred. An investigation into child abuse can only be undertaken by the Local Safeguarding Partners. Doing nothing is not an option. If we know or suspect that a child is being abused, we will do something about it and ensure that our work is properly recorded.

The Leadership Team at BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will:

- Be responsible for the effectiveness of this policy and related procedures and for ensuring that sufficient resources are available to support its implementation
- Appoint a nominated individual to ensure that this policy is agreed, implemented and reviewed within the clinical governance framework
- Delegate responsibility for ensuring that this policy is integrated into the governance structure of BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED and reviewed
- Appoint a designated Safeguarding Lead(s) to undertake a lead role for safeguarding, including being involved in Serious Case Reviews with Local Safeguarding Partners and agreeing action plans for shortfalls or improvements in process and working with the local operational team
- The Safeguarding Lead will review concerns identified, standardise process and learning and report to the committee responsible for reviewing safeguarding incidents, ensuring that the CQC is informed

Adeola Adesegun will:

- Notify the designated Safeguarding Lead, if it is someone other than themselves, of any safeguarding concerns
- Notify the designated Safeguarding Lead of the outcome of any safeguarding meetings not attended by the Lead
- Ensure that they remain up to date on child protection processes in their own locality
- Notify the CQC in line with CQC notification reporting requirements
- Contact DBS in line with statutory reporting requirements

All managers are responsible for:



BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED
45-47 Longsmith Street GL1 2HT

- Ensuring that all staff are aware of their responsibilities in accordance with this policy and associated



documents

- Monitoring compliance with this policy within their area of responsibility
- Providing support to staff involved in any children welfare incidents
- Ensuring that staff complete approved safeguarding training
- Ensuring that the services provided are compliant with BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED safeguarding and child protection processes as well as Dorset and Gloucestershire processes
- Notifying Adeola Adesegun of any safeguarding concerns
- Notifying Adeola Adesegun of the outcome of any safeguarding meetings not attended by Adeola Adesegun



5. Procedure

5.1 Safeguarding Children and Child Protection in Settings that Provide Services to Adults

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED understands that whilst it may not deliver services to children, during the course of providing services, staff come in to contact with children. This could be in a variety of circumstances, including but not limited to:

- Visitors who are children to BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED, including grandchildren, own children, friends
- Visitors who are children to the personal home that BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED provides a service to
- A child who lives with a Service User
- Other children in the community

As such, BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED understands its responsibility to ensure that staff understand the Local Authority procedure and the contents of this policy.

5.2 Local Procedures

All staff, including contracted or agency staff working with children, will familiarise themselves with the local child safeguarding policies, procedures and guidelines and work within them. BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that all staff within BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED are aware and understand their local child protection policies and their localised reporting procedures for Dorset and Gloucestershire. Copies of the local policy and procedure for Dorset and Gloucestershire **must** be appended to this policy. BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will identify a member of staff responsible for safeguarding.

5.3 Recognising Children who May Need Early Help

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that staff understand that they must be alert to the potential need for early help as stated in 'Working Together to Safeguard Children' (2023) for a child who:

- Is disabled
- Has special educational needs (whether or not they have a statutory education, health and care (EHC) Plan)
- Is a young carer
- Is bereaved
- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- Is frequently missing/goes missing from care or from home
- Is suffering from mental ill health
- Has a parent or carer in custody
- Is missing education, or persistently absent from school, or not in receipt of full-time education
- Has experienced multiple suspensions and is at risk of, or has been permanently excluded
- Is at risk of modern slavery, trafficking or criminal exploitation
- Is at risk of being radicalised or exploited
- Is viewing problematic and/or inappropriate online content (for example, linked to violence), or developing inappropriate relationships online



BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED
45-47 Longsmith Street GL1 2HT

- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse



- Is misusing drugs or alcohol themselves
- Has returned home to their family from care
- Is a privately fostered child

Additionally, staff must be aware of any new or emerging threats which include online abuse, grooming, sexual exploitation and radicalisation as well as having the ability to identify symptoms and triggers of abuse or neglect.

5.4 Safeguarding Children with Physical and or Learning Disabilities

Research suggests that children with disabilities are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. A child could be considered to be disabled if they have significant problems with communication, comprehension, vision, hearing or physical functioning. A failure to recognise disabled children's human rights can lead to abusive situations and practices. Organisational culture and 'custom and practice' can contribute to institutional abuse or harm.

- BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will not underestimate how poor practice can become pervasive in influencing staff to behave inappropriately
- The Care Worker will be given the opportunity to reflect on their practice and promote a positive risk-taking culture to enhance the quality of life for young people
- BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that its services will readily seek the views of young people, parents and other professionals in reviewing their practice

Particular attention will be paid to promoting a high level of awareness of the risks of harm, to high standards of practice, and to strengthening the ability of children and families to help themselves.

- Make it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment
- Ensure that disabled children receive appropriate personal, health and social education (including sex education)
- Make sure that all disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child's preferred method of communication
- Recognise and utilise key sources of support, including staff in schools such as support workers, friends and family members where appropriate
- Ensure that there is an explicit commitment to, and an understanding of, disabled children's safety and welfare amongst all providers of services used by disabled children
- Develop the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services
- Provide guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies; sexuality and safe sexual behaviour among young people; monitoring and challenging placement arrangements for young people living away from home
- Where a child is unable to tell someone of the abuse, they may convey anxiety or distress in some other way, e.g. behaviour or symptoms, and the Care Worker must be alert to this
- Under new legislation, children are victims in their own right

5.5 Responding When a Child Discloses Abuse

Keep the following considerations in mind when talking to a child who is disclosing abuse:

- Help the child feel comfortable
- Reassure the child that it is not their fault. Let them know that they have not done anything wrong
- Do not react with shock, anger, disgust. Be calm
- Do not force a child to talk. Give the child time. Let them talk to you at their own pace
- Do not force a child to show injuries
- Use terms and language that the child can understand
- Do not 'interview' the child



- Ask appropriate questions
- Do not ask 'why' questions
- Do not teach the child new terms or words. This is important in relation to the court and law
- Find out what the child wants from you
- Be honest with the child
- Confirm the child's feelings. Be supportive
- Remember that the safety of the child is most important. Keep in mind that a child might be further abused if they report that they have spoken to someone about the abuse. If you feel that the child is in danger, you must act immediately

5.6 Reporting Concerns

- If the child requires immediate medical attention call an ambulance and inform the control room staff that there is a child protection concern
- Call 999 if in immediate danger
- Report incidents/concerns to the relevant line manager who will support you to complete a report form. Refer to the Accident and Incident Reporting Policy and Procedure for the report form
- Report to the Dorset and Gloucestershire Child Social Care Team

5.7 Management of Allegations Against People in Positions of Trust (PiPoT)

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED, when working with children and families, must have clear policies for dealing with allegations against people who work with children. BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

If an allegation arises it will:

- Be reported immediately to a Senior Manager within BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED
- Be addressed as quickly as possible with a consistent and a fair and thorough investigation. Where it appears that a criminal offence may have been committed, the Police will be contacted immediately by the appropriate Senior Manager
- The Local Authority Designated Officer (LADO) at Dorset and Gloucestershire Children's Social Care Team must be informed within one working day of all allegations that come to the attention of BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED or that are made to the Police regarding an employee or someone in a position of trust working with, or on behalf of, or who is known to BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED who may have caused harm to a child. It is the responsibility of Adeola Adesegun to ensure that the LADO at Dorset and Gloucestershire Children's Social Care Team is notified

5.8 Referral to DBS

If BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED removes an individual (paid worker or unpaid volunteer) from work in regulated activity with children (or would have, had the person not left first) because the person poses a risk of harm to children, it must make a referral to the Disclosure and Barring Service to consider whether to add the individual to the barred list. Where an individual is a registered practitioner such as a Registered Nurse, they will also be referred to their Registered Body, such as the Nursing and Midwifery Council, irrespective of whether they were working as a registered practitioner for BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED.

5.9 Child Sexual Exploitation (CSE)

As a result of nationwide cases CSE has become a national priority for health and social care. Staff have a significant contribution to make in identifying children and young people at risk of sexual exploitation.

Where there are concerns about the welfare of a child, BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will:

- Remember the child or young person's welfare is of paramount importance
- Make sure the Care Worker is alert to the signs of Child Sexual Exploitation



BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED
45-47 Longsmith Street GL1 2HT

- The Care Worker will seek immediate advice from their manager, and BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will refer to Children's Social Care or the Police if there is a suspicion that a child is at risk of harm or is in immediate danger



- BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that staff know and understand the organisational and multi- agency safeguarding arrangements and processes
- Information must be shared on a need-to-know basis

5.10 Domestic Violence and Abuse

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

The Care Worker must follow local child protection reporting procedures if they are concerned that a child is witnessing domestic violence, is at risk of being harmed or is being harmed as a result of domestic violence or abuse.

5.11 Forced Marriage and Honour-Based Abuse/Violence

Children and young people can be subjected to domestic abuses perpetrated in order to force them into marriage or to 'punish' them for 'bringing dishonour on the family'. Whilst honour-based violence can culminate in the death of the victim, this is not always the case. The child or young person may be subjected, over a long period, to a variety of different abusive and controlling behaviours ranging in severity. The abuse is often carried out by several members of a family including mothers and female relatives/community members and may, therefore, increase the child's sense of powerlessness and be harder for professionals to identify and respond to. No religion condones honour-based abuse. Cultural beliefs are not reason enough to excuse criminal behaviour and the violation of human rights as an individual. Forced marriages of children must be regarded as a child protection issue. BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED must not contact the parents in this situation and must make a referral direct to the Safeguarding Team and follow local reporting procedures. Further advice can be obtained from the [Forced Marriage Unit here: www.gov.uk/stop-forced-marriage](http://www.gov.uk/stop-forced-marriage).

If Staff Know Someone is at Risk

If staff know someone who has been taken abroad to be forced into marriage, they should contact the Forced Marriage Unit (FMU) and give as many details as possible, for example:

- Where the person has gone
- When they were due back
- When they last heard from them

The FMU will contact the relevant Embassy. If the person is a British National, the Embassy will try to contact the person and help them get back to the UK, if that is what they want.

5.12 Female Genital Mutilation (FGM)

FGM is an illegal practice which affects a girl's genital area, and which can impact on their emotional or physical wellbeing. FGM is a criminal offence and carries a maximum penalty of 14 years imprisonment.

- If a Care Worker is aware of any Service User who has had FGM or of any female children who are at risk of FGM, they must discuss this with their manager or the Dorset and Gloucestershire Safeguarding Team
- If there is an immediate risk the police must be contacted
- Staff must understand their responsibilities to report concerns. Free E-Learning training is available through the Home Office

5.13 Contextual Safeguarding

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that staff training includes Contextual Safeguarding. BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that staff understand that, as well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Training must highlight that extremist groups make use of the Internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism must also be considered and BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that staff know how to refer any concerns to local safeguarding partners and that they have an understanding of [Channel](#) referrals and processes.

5.14 Confidentiality

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that staff working with children and young



people have read and



understand the 'Information sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers (2023)' and understand that UK GDPR must not be a barrier to sharing information.

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will ensure that staff follow the 7 Golden Rules for information sharing as outlined in the document.

5.15 Whistleblowing

Safeguarding children is complex and can frequently be under review. It is important to remember that safeguarding is everyone's responsibility, and a culture must be promoted where staff are able to raise concerns and whistleblow without fear.

5.16 Training

Safeguarding Children and Young People should be included within the mandatory induction and include familiarisation with child protection responsibilities and the procedures to be followed should anyone have any concerns about a child's safety or welfare. Training will be delivered to the level specified in the ['Safeguarding children and young people: roles and Competencies for Health Care Staff Intercollegiate Document'](#) and be in line with any contractual requirements.

5.17 Consent

Where BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED needs to share special category personal data, BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will be aware that the UK GDPR and Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent.

Information can be shared legally without consent if BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED is unable to or cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.



6. Definitions

6.1 Domestic Violence and Abuse

- The UK's cross-government definition of domestic abuse is:
Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This abuse can encompass but is not limited to:
 - Psychological
 - Physical
 - Sexual
 - Financial
 - Emotional
- Controlling behaviour is: A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour
- Coercive behaviour is: An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group

6.2 Safeguarding

- Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility. Statutory guidance says that safeguarding means:
 - Protecting children from maltreatment
 - Preventing impairment of children's health or development
 - Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
 - Taking action to enable all children to have the best outcomes

6.3 Child or Young Person

- Under the Children Acts 1989 and 2004 respectively, a child (or young person) is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders Institution does not change his or her status or entitlement to services or protection under the Children Act 1989

6.4 Staff

- Employment context: A person working under the control or direction of another, under a contract of employment in return for a wage or salary

6.5 Volunteer

- The Disclosure and Barring Service (DBS) defines a 'volunteer' as: "A person who is engaged in any activity which involves spending time, unpaid (except for travelling and other approved out of pocket expenses), doing something which aims to benefit someone (individuals or groups) other than, or in addition to close relatives

6.6 Child Sexual Exploitation

- Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology

6.7 Safeguarding Partners

- Local Safeguarding Children Boards (LSCBs) are being replaced by "Safeguarding Partners." Under



the new legislation, three safeguarding partners (Local Authorities, Chief Officers of Police, and Integrated Care Boards) must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area

- The geographical footprint for the new arrangements is based on local authority areas. Every Local Authority, Integrated Care Board and Police Force must be covered by a local safeguarding arrangement

6.8 Contextual Safeguarding

- Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships

6.9 UK GDPR

- UK General Data Protection Regulation is the UK law on data protection and privacy for all individuals
- The GDPR forms part of the data protection regime in the UK, together with the Data Protection Act 2018 (DPA 2018)
- The UK General Data Protection Regulation (GDPR) is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the UK - See [Information Commissioner's Office](#)

6.10 Special Category Personal Data

- Under UK GDPR, special categories of personal data means data revealing health, racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, etc.

6.11 Types of Abuse

- Types of most prominent child abuse
 - Physical abuse
 - Emotional abuse
 - Sexual abuse and exploitation
 - Neglect

6.12 PiPoT

- People who work with or care for children, including anyone who is an employee, volunteer, or student, paid or unpaid are known as People in a Position of Trust (PiPoT)

6.13 LADO

- Every local authority has a statutory responsibility to have a Local Authority Designated Officer (LADO) who is responsible for coordinating the response to concerns that an adult who works with children may have caused them or could cause them harm



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- The welfare of the child is paramount, with safeguarding being everyone's responsibility
- Whether you deliver children's services or not you must ensure that your staff have received safeguarding children and child protection training and understand local reporting procedures
- BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will promote a culture where staff can freely raise concerns



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- You have a right to equal protection from all types of harm or abuse
- BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED will seek your consent to share information about you. However, if we think you are at risk we will respond in your best interests. We will only share information on a need-to-know basis



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

The Children's Society - Child Protection and Safeguarding:

<https://www.childrenssociety.org.uk/child-protection-and-safeguarding>

NSPCC: Child Protection System in the UK:

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/>

Care Quality Commission - Not Seen, Not Heard Report:

<https://www.cqc.org.uk/publications/themed-work/not-seen-not-heard>

HM Government - What to do if you're Worried a Child is Being Abused - Advice for Practitioners:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to

GOV.UK - Promoting the Health and Wellbeing of Looked-after Children:

<https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

Sussex Child Protection & Safeguarding Procedures - Allegations against people who work with, care for or volunteer with children:

<https://sussexchildprotection.procedures.org.uk/tkysyy/the-child-protection-plan/allegations-against-people-who-work-with-care-for-or-volunteer-with-children>

RCPCH - Safeguarding children and young people - roles and competencies:

<https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies>

NSPCC - Safeguarding children and child protection:

<https://learning.nspcc.org.uk/safeguarding-child-protection>



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- There is evidence that staff working with children have received supervision which gives them the opportunity to reflect on their practice
- BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED works in partnership with other agencies to promote the welfare of the child
- BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED has a robust procedure in place for undertaking a root cause analysis of all incidents, understanding lessons learnt and applying them so incidents do not arise again
- There is very effective and coordinated partnership working at both a strategic and operational level. Comprehensive performance management and quality assurance systems ensure that accountabilities are firmly embedded, service effectiveness is well understood and areas for development and improvement are swiftly identified and progressed
- There is a relentlessly strong culture of continuous learning and improvement
- The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

The following forms are included as part of this policy:

| Title of form | When would the form be used? | Created by |
|---|--------------------------------|------------|
| Appendix 1 - Categories of Abuse - AR01 | When seeking further guidance. | QCS |

The following definitions will assist staff to recognise whether a child is suffering or is likely to suffer significant harm. Where abuse is suspected, a referral must always be made to the Child Protection Team using local reporting procedures.

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

Most children will collect cuts and bruises as part of the rough and tumble of daily life. Injuries should always be interpreted considering the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place. The physical signs of abuse may include:

- Unexplained bruising, marks or injuries on any part of the body
- Multiple bruises – in clusters, often on the upper arm, outside of the thigh
- Unexplained bruising in babies or non-mobile children
- Cigarette burns
- Human bite marks
- Scalds, with upward splash marks
- Multiple burns with a clearly demarcated edge

Changes in behaviour which can also indicate physical abuse:

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example, in hot weather
- Depression
- Withdrawn behaviour
- Running away from home
- Fear of medical help or examination

Emotional Abuse: Emotional abuse is the persistent emotional maltreatment of a child which causes severe and persistent effects on the child's emotional development. It may involve:

- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another, e.g. where there is domestic violence and abuse
- Serious bullying or intimidation causing children frequently to feel frightened or in danger
- Making the child the subject of jokes
- Belittling the child
- Making the child a scapegoat, placing blame on them
- Manipulating, exploiting and corrupting children
- Gaslighting

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive or grow, although this will usually only be evident if the child puts on weight in other circumstances, for example, when hospitalised or away from their parents' care. Even so, children who appear well cared

for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children. Signs which can indicate emotional abuse include:

- Neurotic behaviour, e.g. hair twisting, rocking
- Lacking in confidence
- Seeming distant from their parent/guardian
- Sudden speech disorders
- Fear of making mistakes
- Being unable to play
- Self-harm
- Fear of parent being approached regarding their behaviour
- Developmental delay in terms of emotional progress
- Extremes of passivity or aggression

Sexual Abuse: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. Sexual abuse includes non-contact activities, such as involving children in looking at pornography, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

In addition, sexual abuse includes abuse of children through sexual exploitation. Penetrative sex, where one of the partners is under the age of 16, is illegal although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13, it is classified as rape under Section 5 of the Sexual Offences Act 2003.

Adults or other children who use children to meet their own sexual needs, abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse, it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- Pain or itching in the genital area
- Bruising or bleeding near the genital area
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age, or developmental level
- Sexual drawings or language
- Bedwetting/daytime soiling
- Sudden loss of appetite or compulsive eating

- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug misuse
- Suddenly having unexplained sources of money or gifts
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way towards adults or other children/peers

Child Sexual Exploitation: Child Sexual Exploitation (CSE) is the deliberate exploitation of children for sexual favours in return for something such as money, accommodation, drugs, alcohol or gifts. The child may be completely unaware that they are being manipulated and may believe themselves to be in a real and loving relationship with the perpetrator, whereas in reality, they are being groomed. The perpetrator could be male or female, and either older or of similar age. The common denominator is that the perpetrator holds significant control over the victim (with or without them realising). CSE can occur anywhere either online or offline, and with anyone. Not limited to actual physical sexual contact in person, CSE includes sending sexual pictures, filming sexual acts or texts of a sexual nature.

Some of the signs of CSE are:

- Unexplained gifts or money
- Having a new group of friends or part of a gang
- Change in attitude
- Being very secretive
- Staying out late or not coming home
- Spending more time online
- Spending time with much older people
- Alcohol or drug misuse
- Pregnancy
- Volatile or criminal behaviour

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

Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected. Once a child is born, neglect may involve a parent failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers)
- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional, social and educational needs
- Depriving a child of their right to an education

Neglect can be a difficult form of abuse to recognise yet has some of the most lasting and damaging effects on children. The physical signs of neglect may include:

- Constant hunger, sometimes stealing food from other children
- Poor personal hygiene – constantly dirty or 'smelly'
- Loss of weight, or being constantly underweight
- Inappropriate clothing for the conditions
- Poor parental engagement for school/health needs

Changes in behaviour which can also indicate neglect may include:

- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised

Criminal Exploitation: Children or young people can be involved with gangs, and as such, can be asked to carry items such as weapons or drugs and transport them from place to place. County Lines is the police terminology for a young person exploited by a gang to be carrying drugs and transporting them from an urban hub to another area, such as a more rural setting or seaside town. It is possible that this may involve a journey alone on a bus or train and a stay overnight. There are multiple reasons why a young person or child may wish to be part of a gang, including but not limited to:

- To gain respect
- To be protected from another gang or bullies
- Pressured into joining, wanting to fit in
- School exclusion
- To earn money and feel this is a good way of doing so

Some of the signs of criminal exploitation could be:

- Continued absence at school
- Hanging around with older people
- Violence and aggression
- Unexplained money
- New slang words
- Getting clothing or tattoos in gang colours
- Staying out late and away overnight
- Being secretive
- Unexplained injuries and reluctance to seek medical help

Female Genital Mutilation: Female Genital Mutilation is the removal or alteration of female genitals deliberately. There is no medical reason for this practice and it is carried out at any age, including babies, children, teenagers, pregnancy and just before marriage. The procedure can be carried out by anyone and is often done without pain relief or proper medical tools.

Signs of female genital mutilation potentially about to take place are:

- Someone from abroad coming over called a 'cutter'
- A big family event such as 'becoming a woman' or getting married
- Long absence from school
- The girl makes references to running away

Signs that it might have happened already:

- Acting differently after a long absence from school
- Withdrawn or depressed
- Having trouble walking, sitting or standing
- Reluctance to go the doctor

Domestic Abuse: Included in the categories of child abuse above are a number of factors relating to the behaviour of the parents and carers which have significant impact on children, such as domestic violence. Research analysing serious case reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are the subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be

noted that the age group of 16 and 17 year olds has been found in recent studies to be increasingly affected by domestic violence in their peer relationships.

The cross-government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling Behaviour: A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Online Abuse: It is important to recognise that most types of abuse can occur online, most prominently cyberbullying, emotional, grooming and sexual abuse. A child or young person who spends a lot of time online could be at risk of abuse.

Abuse and Neglect - General Indicators:

The risk of maltreatment is recognised as being increased when there is:

- Parental or carer drug or alcohol abuse
- Parental or carer mental ill health
- Intra-familial violence or history of violent offending
- Previous child maltreatment in members of the family
- Known maltreatment of animals by the parent or carer
- Vulnerable and unsupported parents or carers
- Pre-existing disability in the child

(NICE CG89: When to suspect Child Maltreatment, July 2009)

Babies Under 1 Year

All babies need to be safe, nurtured and able to thrive. The early care they receive provides the essential foundations for all future physical, social and emotional development. Whilst most parents do provide the love and care their babies need, sadly too many babies suffer abuse and neglect. The emotional abuse, neglect or physical harm of babies is particularly shocking both because babies are totally dependent on others and because of the relative prevalence of such maltreatment.

- 45 percent of serious case reviews in England relate to babies under the age of 1 year

In England and Wales, babies are eight times more likely to be killed than older children. An original analysis conducted for this report estimates, for the first time, the numbers of babies living in vulnerable and complex family situations:

- 19,500 babies under 1 year old are living with a parent who has used Class A drugs in the last year
- 39,000 babies under 1 year old live in households affected by domestic violence in the last year
- 93,500 babies under 1 year old live with a parent who is a problem drinker
- 144,000 babies under 1 year old live with a parent who has a common mental health problem (All babies count campaign, NSPCC, executive summary. Nov 2011)

NB: These definitions and indicators listed are not meant to be definitive, but only serve as a guide to assist you. It is important to remember that many children may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death, or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to

BASELINE HEALTHCARE AND SUPPORT SERVICES LIMITED
45-47 Longsmith Street GL1 2HT

the child's development and context.

Signs of Abuse

Recognising child abuse is not easy. It is not your responsibility to decide whether child abuse has taken place or if a child is at risk of harm from someone. You do, however, have both a responsibility and duty of care to act, in order that the appropriate agencies can investigate and take any necessary action to protect a child.