

Master ID **CHO6**

Version **3**

Document Name **Child Protection Policy**

Type **Clinical**

Date adopted **20 October 2010**

Review Date **20 October 2013**

Responsibility for Review **Service Manager Safeguarding Children**

Equality Impact Assessment Performed **Yes**

Approved by

**Community Health Oxfordshire Policy Group**

# **Community Health Oxfordshire**

## **Child Protection and Safeguarding Children Policy**

### **Contents**

- 1. Introduction And Purpose**
- 2. Definitions**
- 3. Accountability And Responsibility**
- 4. Child Protection Referrals**
- 5. Information Sharing**
- 6. Case Conferences And Core Groups**
- 7. Resolving Professional Disagreements In Individual Cases**
- 8. Managing Requests For Court Reports And Witness Statements**
- 9. Record Keeping**
- 10. Training**
- 11. Supervision**
- 12. Serious Case Reviews, SUIS And Incident Reporting**
- 13. Allegations Management**
- 14. Process For Monitoring Compliance With And Effectiveness Of The Policy / Guidelines / Procedure**
- 15. References**
- 16. Consultation**
- 17. Process For Review Of The Document**

### **Appendix One**

**Key Contacts**

**Safeguarding Intranet Page**

**OSCB Website**

### **Appendix Two**

**Definitions of Abuse**

### **Appendix Three**

**Referral Pathway**

## 1. Introduction And Purpose

Community Health Oxfordshire (CHO) is committed to promoting the welfare of children and protecting them from the risks of harm and recognises its statutory duty under Section 11 Children Act 2004 to work in partnership to keep children safe and ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.

CHO complies with Care Quality Commission Regulation 7 Outcome 11 'Safeguarding people who use services from abuse' and continues to work to ensure people who use services are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

CHO acknowledges that child protection is a challenging and complex area of work; difficult judgements have to be made and staff may make the 'wrong' decision. CHO will ensure any learning from such cases will be managed in a supportive and constructive way

### Purpose

This Child Protection and Safeguarding Children policy is intended for use by staff employed by Community Health Oxfordshire.

The aim is to give staff a clear understanding of their roles and responsibilities for safeguarding child and young people as defined in Working Together to Safeguard Children 2010.

It applies to all staff regardless of their role, in recognition that everyone shares responsibility for safeguarding and promoting the welfare of children and young people, irrespective of individual roles.

It should be read in conjunction with:

- NHS Oxfordshire Child Protection and Safeguarding Operational Policy 2010.
- Oxfordshire Safeguarding Children Board Child Protection Procedures available via [www.oscb.org.uk](http://www.oscb.org.uk) Including OSCB working with Sexually Active under 18 Guidance
- Working Together To Safeguard Children 2010
- CHO Safeguarding Adults Policy
- CHO Recruitment Policies
- CHO Child Protection Supervision Strategy 2009
- CHO Safeguarding Children Training strategy 2009
- PCT Management of Allegations Policy
- Chaperone Policy
- Restraint Policy

- No Access Guidelines

(These are all available via safeguarding page on intranet)

Other Guidance:

- CHO Guidelines For Writing A Report or Witness Statement for Court Proceedings Relating To Children and Young People
- CHO Guidelines for Case Conference Reports for Children and Young People

## 2. Definitions

Children and young people are defined as anyone who has not yet reached their 18<sup>th</sup> 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 or in custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection under the Children Act 1989.

Safeguarding and promoting the welfare of children includes:

1. Protecting children from abuse or neglect
2. Preventing impairment of their health and development
3. Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully

Child Protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm as a result of abuse or neglect.

### Significant Harm

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

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 in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children. **(See Appendix Two for full definitions of categories of abuse)**

Children who are defined as being 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (section

17(10) of the Children Act 1989), plus those who are disabled. **Reference: Working Together DCFS 2010**

### **3. Accountability And Responsibility**

Overall accountability for safeguarding children within Community Health Oxfordshire lies with the Board in accordance with the Children Act 2004 (s.11) and Standard 5 of the National Service Framework for Children (DOH 2004).

This responsibility in Community Health Oxfordshire (CHO) is delegated to the Clinical Director for CHO, in accordance with Working Together 2010, as the executive lead for safeguarding children who takes responsibility for governance, systems and organisational focus on safeguarding children and works closely with the named health professionals.

Health professionals and organisations have a key role to play in safeguarding and promoting the welfare of children. The general principles they should apply are:

- To aim to ensure that all affected children receive appropriate and timely preventative and therapeutic interventions
- Those professionals who work directly with children should ensure that safeguarding and promoting children's welfare forms an integral part of all stages of the care they offer
- Those staff who come into contact with children, parents and carers in the course of their work also need to be aware of their professional safeguarding responsibilities
- All health professionals should be able to recognise risk factors and contribute to reviews, enquiries and child protection plans, as well as planning support for children and providing ongoing promotional and preventative support through proactive work
- Adults who work with children are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions
- Adults should work and be seen to work, in an open and transparent way
- The same professional standards should always be applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity

#### **3.1 CHO Board Responsibilities**

To ensure

- Clear priorities for safeguarding and promoting the welfare of children are explicitly stated in key policy documents and strategies
- A clear commitment by senior management to the importance of safeguarding and promoting children's welfare through the provision of services
- A culture of listening to and engaging in dialogue with children – seeking their views in ways appropriate to their age and understanding, and taking account of those both in individual decisions and the establishment or development and improvement of services
- A clear line of accountability and governance within and across the organisation for the provision of services designed to safeguard and promote the welfare of children and young people
- Recruitment and human resources management procedures are in place, including contractual arrangements, that take account of the need to safeguard and promote the welfare of children and young people, including arrangements for appropriate checks on new staff and volunteers and adoption of best practice in the recruitment of new staff and volunteers
- A clear understanding of how to work together to help keep children and young people safe online by being adequately equipped to understand, identify and mitigate the risks of new technology
- Procedures for dealing with allegations of abuse against members of staff and volunteers are in place
- Arrangements to ensure that all staff undertake appropriate training to equip themselves to carry out their responsibilities effectively
- Ensure staff are made aware of both the organisations arrangements and their responsibilities for safeguarding and promoting the welfare of children
- Policies for safeguarding and promoting the welfare of children, including effective complaints procedures that are in accordance with guidance from the local authority and locally agreed inter-agency procedures
- Arrangements to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information
- Appropriate whistle blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed
- To ensure representation at strategic and operational level on Oxfordshire Safeguarding Children Board (OSCB)
- To ensure representation at strategic level on Children and Young People Trust Board

- Work with partner agencies to develop joint strategies and integrated services relating to safeguarding children and young people

### **3.2 Joint Head Of Childrens Services**

The Joint Heads of Childrens Services for CHO have overall accountability for safeguarding children service provision within the organisation.

### **3.3 CHO Safeguarding Children Team**

#### **Service Manager Safeguarding Children**

Role is to ensure comprehensive and robust arrangements are in place for safeguarding children and young people across all Community Health Oxfordshire Services and to ensure appropriate high level monitoring of standards and practice in this area across all CHO Directorates.

#### **Operational Manager Safeguarding Children**

Role is to provide clinical leadership and line management for the Named Nurses for Safeguarding Children linking and embedding local and national initiatives into the service delivery, training, support and supervision provided to CYP workforce for CHO.

#### **Named Nurse Safeguarding Children**

Role is to provide expert advice, training and support to all staff working within CHO Trust on issues relating to the protection of children and safeguarding of children & young people.

#### **Named GP Safeguarding Children**

This professional has a lead role in providing:

- Advice and support for staff within Primary Care
- Completion of Primary Care Internal Management reviews
- Review of primary care involvement in SUIs /Amber incidents
- Provide a link with Local Medical Council ( LMC)

### **3.4 Responsibilities Of All CHO Staff**

- Must be aware of their responsibility to safeguard and promote the welfare of children and young people, even if they do not work directly with children and young people, commensurate with their role
- Follow Oxfordshire Child Protection Procedures
- Recognise and respond to concerns about a child or young person
- Know who to contact if you have a concern about a child or young person
- Know how to access advice and support from named safeguarding professionals

- Access safeguarding training and updating commensurate with their role in line with CHO safeguarding training strategy
- In addition, registered clinical staff and managers should know
- Know who to contact if you have a concern about a child or young person for child protection referrals, advice, support and supervision
- Share information appropriately
- Contact a Named professional if dissatisfied with an agency's response
- Access child protection supervision commensurate with their role in line with CHO safeguarding supervision strategy

### **3.5 Health Professionals Who Come Into Contact With Adults Who Are Parents Or Carers**

Should be able to recognise and respond when a parent or other adult has problems including domestic violence, parental substance misuse, mental illness and/or learning disability that may affect their capacity as a parent or carer, which may mean they pose a risk of harm to a child, or are unable to provide safe care and protection.

### **3.6 Staff Working In Urgent Care Settings**

Should be alert to the need to safeguard the welfare of children when treating children and also parents or carers of children, and follow CHO MIU and OOH safeguarding guidelines and NICE guidelines 'Maltreatment of Children' 2009

They should be particularly alert to and seek advice from the on call paediatric registrar at the John Radcliffe, Horton Hospital or Royal Berks Hospital for

- Attendances for injuries or accidents in non independently mobile babies and children, including those who have disabilities or have additional health needs

### **3.7 All CHO Clinical Staff Who Work With Children And Families Should Be Able To**

- Understand risk factors and recognise children and young people in need of support and/or safeguarding
- Recognise the needs of parents who may need extra help in bringing up their children, and know where to refer for help and use the Common Assessment Framework (CAF) to access support as appropriate for them
- Recognise the risks of abuse or neglect to an unborn child; communicate effectively with children and young people and stay focused on the child's safety and welfare

- Liaise closely with other agencies, including other health professionals, and share information as appropriate
- Assess the needs of children and the capacity of parents/carers to meet their children's needs, including the needs of children who display sexually harmful behaviours
- Be alert to the strong links between adult domestic abuse, substance misuse and child abuse and recognise when a child is in need of help, services or at potential risk of suffering significant harm
- Contribute to child protection conferences, family group conferences and strategy discussions
- Where appropriate, play an active part, through the child protection plan and core groups, in keeping the child safe
- As part of general safeguarding children and young people, provide ongoing promotional and preventative support, through proactive work with children, families and expectant parents
- Contribute to child death and Serious Case Reviews and implementation of the lessons learned

#### **4. Child Protection Referrals**

The safety of children is paramount in all decisions relating to their welfare. Any action taken by staff should ensure that no child is left in immediate danger.

Child protection referrals should be made to Children, Young People & Families Social Care in line with OSCB Child protection procedures. **(See Appendix One Key Contacts)**

<http://www.proceduresonline.com/oscb/chapters/contents.html#managing>

This can be completed by telephone in the first instance but all professionals must confirm verbal and telephone referrals in writing within 48 hours. A copy of the referral must be retained in the child's records and / or scanned on to the medical records. The outcome of the referral should also be recorded.

#### **5. Information Sharing**

Practitioners should follow the Oxfordshire Safeguarding Children Board Information Sharing Protocol – recognising that confidentiality in child protection will be governed by the need to safeguard the child and the principle that the child's welfare is paramount.

<http://www.proceduresonline.com/oscb/pdf/Information%20Sharing%20Protocol%20OSCB.pdf>

All agencies have a duty to assist and provide information in support of Child Protection Assessments.

Professionals should seek, in general, to discuss concerns with the family and, where possible seek the family's agreement to making a referral unless this may, either by delay or the behavioural response it prompts or for any other reason, place the child at increased risk of Significant Harm.

A decision by any professional not to seek parental permission before making a referral to Children, Young People and Families must be recorded and the reasons given.

Where a parent has agreed to a referral, this must be recorded and confirmed in writing using the Common Assessment Framework if appropriate.

Where the parent is consulted and refuses to give permission for the referral, further advice should be sought from a member of the CHO safeguarding team or manager unless to do so would cause undue delay. The outcome of the consultation and any further advice should be fully recorded.

If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded
- Children, Young People and Families should be told that the parent has withheld her/his permission
- Unless to do so would place the child at greater risk of Significant Harm or prejudice the enquiry, the parent should be contacted by the referring professional to inform her/him that after considering their wishes, a referral has been made

Any decisions not to share information regarding sexual activity involving under 13s should be exceptional and made with the documented approval of a member of the CHO safeguarding team/ senior manager in line with OSCB Under 18 Guidance.

[http://www.proceduresonline.com/oscb/pdf/SexuallyActiveU18sGuidance%20Final%20October%202008%20\(2\).pdf](http://www.proceduresonline.com/oscb/pdf/SexuallyActiveU18sGuidance%20Final%20October%202008%20(2).pdf)

### **5.1 Using An Interpreter.**

A family member, child, friend or partner must never be used as an interpreter in a situation where there child protection concerns as this could increase the risk to the child or adult parent or carer.

If interpreting services are required, a professional interpreter or 'Language Line' must be used.

## **5.2 GP Registration**

If during contact with a parent, carer, child or young person it becomes apparent that a child or young person is not registered with a GP, local GP information should be offered. Consent should be sought from the child, young person or their family, as appropriate, for relevant information to be disclosed to the health visitor, school nurse or other health professional to facilitate GP registration.

## **6. Case Conferences & Core Groups**

### **6.1 Child Protection & Family Support Case Conferences**

Attendance at Initial, Review Child Protection, Family Support and Pre- Birth Case Conferences should be prioritised by health visitors for unborn babies and children aged under age of 5years.

Attendance at Child Protection and Family Support case conferences for children aged five or over should be undertaken by invited health representative/s who are currently in direct contact with the child and or the family.

There may be occasions where a health professional is specifically requested to attend by the Independent Chair due to the significant /complex health needs relating to the child or parent/carer. This will enable a considered opinion on how the health needs may impact upon the child and family and how this may affect the overall assessment of risk.

A report in line with the CHO Case Conference Report Guidelines should be submitted by the health professional to the Independent Chair of the Conference in advance of the conference. A copy should be retained within the child's records.

If unable to attend a conference another health representative should be identified, fully briefed and provided with a copy of the case conference report. If this is not possible the Named Nurse or Line Manager must be informed to ensure a health representative is identified.

The outcome of the conference should be recorded in the child's records and the health plan within the Childs records updated to reflect the agreed health actions that form part of the child protection plan.

### **6.2 Core Groups**

Core Groups are made up of professionals from differing agencies, including the Lead Social Worker, who are responsible for implementing and monitoring the Child Protection Plan.

Core group membership is determined at the initial case conference and will be dependant on the nature of the case and child protection plan. If it is agreed that CHO staff are to be part of the core group they should ensure attendance and

agreed actions are completed. If unable to attend a core group, the Lead Social worker should be notified. Another health representative should be identified to attend and fully briefed in relation to progress against the health actions of the child protection plan. Core group minutes should be included within the child's records. Any changes to the child protection plan should also be reflected in the child's health plan.

## **7. Resolving Professional Disagreements In Individual Cases**

Staff should in the first instance try and resolve this at practice level, if it remains unresolved staff should contact a member of the CHO safeguarding team for advice and support. If necessary with the involvement of their supervisors or managers in order to engage in open discussion with colleagues in other agencies in line with OSCB procedures.

[http://www.proceduresonline.com/oscb/chapters/p\\_res\\_prof\\_disg.htm](http://www.proceduresonline.com/oscb/chapters/p_res_prof_disg.htm)

## **8. Management Of Requests For Court Reports And Witness Statements (For Court Proceedings Relating To Children And Young People)**

All requests should be submitted in writing. Staff should contact CHO safeguarding children team for advice and support to manage the request. Their line manager should also be informed. Additional advice and support is available from the PCT Legal Services team

CHO Guidelines for Writing a Report or Witness Statement for Court Proceedings Relating to Children and Young People should be followed if it confirmed a report or witness statement is to be submitted.

## **9. Record Keeping**

Record keeping must comply with individual Professional Codes of Conduct and CHO Record Keeping and Documentation Policies. All concerns and incidents should be recorded in a clear and factual way as soon as possible after the event in accordance with CHO's Clinical Records and documentation best practice guidelines 2008.

- Document the granting or (withholding) of consent to share information
- Document the grounds for sharing information
- Document decisions made and actions taken
- Document names of professionals liaised with and the outcome
- Practitioners must document when they have discussed specific cases with the Named Nurse/Doctor and or manager in the clinical record. If

there are specific actions, these should also be documented including outcomes.

### **9.1 Transfer Of Records Relating To Children Who Are Subject To Child Protection Plan, Family Support Plan Or Have Ongoing Safeguarding Concerns**

Practitioners should contact the Safeguarding Team when a child transfers out of Oxfordshire to ensure secure transfer of records to new area is completed and information is appropriately shared with new area to inform health provision for the child/young person.

### **9.2 Records Relating To Children Who Are Looked After**

Practitioners should contact the Looked after Children Team when a Looked after Child transfers out of their caseload to ensure secure transfer of records to new health professional is completed and information is appropriately shared within Oxfordshire or new area to ensure continued health provision for the child/young person.

## **10. Training**

Community Health Oxfordshire has in place a Safeguarding Children Training Strategy to ensure staff have a common core of skills, knowledge and competencies appropriate to their needs. The training will reflect national legislation and local guidance.

All staff should access training commensurate with their role in line with the CHO safeguarding children training strategy.

Attendance is reported through the Learning and Development team and monitoring via CHO Safeguarding Monitoring Group Contract Monitoring.

Personal Development Reviews must include reference to child protection training and supervision for all staff working with children and young people.

## **11. Supervision**

Community Health Oxfordshire has in place a Child Protection Supervision strategy to ensure that high quality child protection advice, support and supervision is available to all CHO staff to ensure staff are equally supported and offered professional challenge.

Child protection supervision is supplementary to clinical supervision in accordance with national guidance. All clinical staff working directly with children and young people should access supervision commensurate with their role in line with the CHO Child protection supervision strategy.

Group supervision attendance is reported by the CHO Safeguarding Team and monitoring via CHO Safeguarding Monitoring Group.

Personal Development Reviews must include reference to child protection training and supervision for all staff working with children and young people.

## **12. Serious Case Reviews, SUIs & Incident Reporting**

All Serious Case Reviews involving the CHO health services will be coordinated by Service Manager Safeguarding Children and in partnership with the Designated Professionals. The reviews will be undertaken in line with the OSCB Serious Case Review Protocol.

South Central Strategic Health Authority will be kept informed by the PCT Designated Nurse.

The CHO policy on the Management of Serious Untoward Incidents will be followed and all incidents reported appropriately and monitored through the SUI Panel of NHS Oxfordshire.

Child protection incident and near misses should be reported and actioned in line with CHO incident reporting policy.

## **13. Allegations Management**

All children and young people have a right to be treated with respect and dignity even in those circumstances where they display difficult or challenging behaviour.

All adults working with children should understand that the nature of their work and their responsibilities related to it, place them in a position of trust.

CHO will not accept inappropriate behaviour towards children, staff or volunteers and will ensure that any concerns or allegations of impropriety are dealt with quickly, fairly and sensitively.

Any allegation which may indicate that an adult behaved in an inappropriate way will be reported to the Clinical Director and subsequently reported to the Local Authority Designated Officer (LADO) and the appropriate procedures followed in line with the PCT Management of Allegations Policy. Examples of concerns that should be reported to the LADO.

- Harm to a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children

If staff/volunteers are unable to raise concerns via managers/volunteer coordinator the PCT has a Whistle Blowing policy in place to enable concerns emerging about the conduct of an adult to be appropriately addressed. All acknowledged Whistle Blowing incidents are entered on to the PCT Whistle Blowing Register, which is monitored by the PCT Board.

## **14. Process For Monitoring Compliance And Effectiveness Of The Policy / Guidelines / Procedure**

Robust governance of all safeguarding policies, practice and activity across Community Health Oxfordshire is in place and monitored through:

- CHOs Care Quality Commission Outcome 7, Regulation 11 submission
- OSCB Section 11 Audit – Annual submission to the OSCB to demonstrate Community Health Oxfordshire’s compliance to Section 11, Childrens Act 2004
- CHO Bimonthly internal safeguarding monitoring governance group which reports quarterly to CHO Governance and annually to CHO Board
- CHO Quarterly safeguarding monitoring meeting with PCT Designated Nurse
- Demonstrating compliance with NHS Oxfordshire Policy for Safeguarding as described in Schedule 11 of the Standard Contract and CHO is required to conform with any legal responsibilities and this is included in contract monitoring

The Care Quality Commission Standards require all NHS Providers to give assurance that they are protecting children by following national guidance both internally and in their working with other organisations. Providers will also be required to submit evidence to NHS Oxfordshire to ensure their safeguarding responsibilities are being fulfilled.

## 15. References

HM Government (2010) *Working Together To Safeguard Children: A Guide To Inter-Agency Working To Safeguard And Promote The Welfare Of Children*. The Stationery Office

HM Government (2008) *Information Sharing: Guidance for Practitioners and Managers* DfES

National Institute For Health and Clinical Excellence (2009) *When To Suspect Child Maltreatment*

Royal College of Paediatrics and Child Health (2006) *Safeguarding Children and Young People: Roles and Competences for Health Care Staff* (Intercollegiate Document) RCPCH

Oxfordshire Safeguarding Children Board Child Protection and Safeguarding Procedures (online) <http://www.proceduresonline.com/oscb/>.

Childrens Act, 1989 and 2004

## 16. Consultation

### Stakeholders Consulted:

Liz Shaw and Emma Leaver: Joint Head of Childrens Services

Jackie Adams: Head of Adult Services

Lucia Winrow: Service Manager C&SH and Luther Street

**Community Health Oxfordshire Child Protection and Safeguarding Children Policy**

Helen Hunt: Clinical Lead Urgent Care  
CHO Safeguarding Team  
Catherine Carter and Alex Hammond: Service Managers Childrens Universal  
Services and PCAMHS  
Anne Keating: Service Manager Childrens Therapies  
Moira Gilroy: Safeguarding Adult Lead

## **17. Process For Review Of The Document**

This policy will be formally revised in October 2013.

This review date may be superseded by review as part of the merger process with OBMH review will occur on an ongoing basis in response to any significant changes in National or Local Policy and practice guidance.

## Appendix One

### CHO Key Contact List for Safeguarding Advice & Support

<u>CHO Safeguarding Team</u>	Team Based: East Oxford Health Centre, Manzil Way, Oxford OX4 1XD Central No. 01865 265016, Fax No: 01865 265012
<u>Central (Oxford City)</u> <b>Lisa Lord</b> : Named Nurse T:01865 265010 M:07900212470 E: <a href="mailto:lisa.lord@oxfordshirepct.nhs.uk">lisa.lord@oxfordshirepct.nhs.uk</a>	<u>Central (Oxford City)</u> <b>Jayne Harrison</b> :Named Nurse T: 01865 265010 M: 07795287534 E: <a href="mailto:jayne.harrison@oxfordshirepct.nhs.uk">jayne.harrison@oxfordshirepct.nhs.uk</a>
<u>North</u> <b>Jo Lamb</b> : Named Nurse T:01865 265013 M:07791529962 E: <a href="mailto:jo.lamb@oxfordshirepct.nhs.uk">jo.lamb@oxfordshirepct.nhs.uk</a>	<u>South</u> <b>Lucy Bell</b> : Named Nurse T:01865 026019 M:07795612348 E: <a href="mailto:lucia.bell@oxfordshirepct.nhs.uk">lucia.bell@oxfordshirepct.nhs.uk</a>
<b>Kate Riddle</b> : Service Manager Based at Cuffas Lea House T:01865 421448 E: <a href="mailto:Catherine.riddle@oxfordshirepct.nhs.uk">Catherine.riddle@oxfordshirepct.nhs.uk</a>	<b>Jill Phipps</b> : Operational Manager T:01865 265034 E: <a href="mailto:jill.phipps@oxfordshirepct.nhs.uk">jill.phipps@oxfordshirepct.nhs.uk</a>
<b>Dr Clare Robertson</b> : Designated Doctor T:01865 231994 or 01865 741166 (JR)	<b>Jane Bell</b> : Designated Nurse, based at Jubilee House T:01865 336794
<u>OCC Safeguarding Team for Education</u> <b>Barry Armstrong – Alison Beesley</b>	T:01865 815186
<u>Oxfordshire Children, Young People &amp; Families</u> Assessment Team ie new referrals Oxford City Banbury Abingdon Out of Hours (after 4.30pm)	T:01865 323048 T:01865 816670 T:01865 897983 T:08008334086
<u>Domestic Abuse Units</u> City South North & West Thames Valley Police	T:01865 335165 T:01865 335165 T:01295 754625/26 or 754548 0845 8505505 (non emergency number)
<u>Women's Aid: Refuge Application</u>	T:01865 336080
<b>OSCB Child Protection Procedures and Multi-Agency Training</b> can be accessed via <a href="http://www.OSCB.org.uk">www.OSCB.org.uk</a>	<b>CHO Child Protection Policies &amp; Guidance</b> available via <a href="http://www.oxfordshirepct.nhs.uk/CHO/Pages/ChildrenSafeguardingServices.aspx">http://www.oxfordshirepct.nhs.uk/CHO/Pages/ChildrenSafeguardingServices.aspx</a>

## Appendix Two

### Definitions of Abuse

*Ref Working Together To Safeguard Children DCFS 2010*

#### Physical

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

#### Abuse

#### Emotional

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

#### Abuse

#### Sexual

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

#### Abuse

#### Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, 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 care-givers); or
- ensure access to appropriate medical care or treatment

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

## MAKING A REFERRAL

**ENSURE IMMEDIATE SAFETY OF CHILD / YOUNG PERSON**

**A TELEPHONE REFERRAL MAY BE  
MADE IN THE FIRST INSTANCE TO  
OXFORDSHIRE CHILDREN / YOUNG  
PEOPLE & FAMILIES  
(SOCIAL SERVICES)**

OXFORD CITY ASSESSMENT TEAM	01865 323048
BANBURY ASSESSMENT TEAM	01865 816670
ABINGDON ASSESSMENT TEAM	01865 897983
JOHN RADCLIFFE ASSESSMENT TEAM	01865 221208

**IF THE CONCERN ARISES OUT OF HOURS THE REFERRAL MUST BE  
MADE TO THE EMERGENCY DUTY TEAM**

**08008334086**

**ALL REFERRAL MUST BE FOLLOWED UP IN WRITING WITHIN 48  
HOURS, USING THE MULTI-AGENCY REFERRAL FORM**

**ALL WRITTEN REFERRALS WILL BE ACKNOWLEDGED BY  
OXFORDSHIRE CHILDREN / YOUNG PEOPLE & FAMILIES WITHIN 7  
DAYS**