Safeguarding and child protection requires a complex multi-agency system with many different organisations and individuals playing their part. Reviewing how well the system

If a child is considered to be suffering, or likely to suffer, significant harm the local authority will make them the subject of a child protection plan (in England) or add them to a child protection register (in Northern Ireland, Scotland and Wales).

The number of children on child protection registers or subject to a child protection plan on 31 March 2019 (or 31 July in Scotland)

Nation	2015	2016	2017	2018	2019
England	49,690	50,310	51,080	53,790	52,260
Scotland	2,741	2,715	2,600	2,668	2,820
Wales	2,935	3,060	2,805	2,960	2,599
Northern Ireland	1,969	2,146	2,132	2,082	2,211
UK total	57,335	58,231	58,533	61,500	59,890

NSPCC Learning (2020) *Child protection plan and register statistics: UK 2015–2019*. June. London: NSPCC.

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The UK's four nations – England, Northern Ireland, Scotland and Wales – each have their own child protection system and laws to help protect children from abuse and neglect. Although the child protection systems are different in each nation, they are all based on similar principles.

England

The Department for Education (DfE) is responsible for child protection in England. It sets out policy, legislation and statutory guidance on how the child protection system should work. Local safeguarding partnerships are responsible for child protection policy, procedure and guidance at a local level. The local safeguarding arrangements are led by three statutory safeguarding partners:

- the local authority
- the clinical commissioning group
- the police.

Northern Ireland

The Northern Ireland Executive, through the Department of Health, is responsible for child protection in Northern Ireland. It sets out policy, legislation and statutory guidance on how the child protection system should work. The Safeguarding Board for Northern Ireland (SBNI) co-ordinates and ensures the effectiveness of work to protect and promote the welfare of children. The board includes representatives from health, social care, the police, the probation board, youth justice, education, district councils and the NSPCC. The SBNI is responsible for developing policies and procedures to improve how different agencies work together.

Scotland

The Scottish Government is responsible for child protection in Scotland. It sets out policy, legislation and statutory guidance on how the child protection system should work. Child Protection Committees (CPCs) are responsible for multi-agency child protection policy, procedure, guidance and practice. Within each local authority, CPCs work with local agencies, such as children's social work, health services and the police, to protect children.

Wales

The Social Services and Well-being (Wales) Act 2014 came into force in April 2016. It provides the legal framework for social service provision in Wales. At a local level, regional safeguarding children boards co-ordinate and ensure the effectiveness of work to protect and promote the welfare of children. They are responsible for local child protection policy, procedure and guidance. Each board includes any:

- local authority

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- chief officer of police
- local health board
- NHS trust
- provider of probation services that falls within the safeguarding board area.

Definition

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- 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 (Department of Education, 2018).

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

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

This child-centred approach is fundamental to safeguarding and promoting the welfare of every child. A child-centred approach means keeping the child the main focus when making decisions about their lives and working in partnership with them and their families.

Terminology

Child protection is 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.

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family, institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Contextual safeguarding – developed by Dr Carlene Firmin at the University of Bedfordshire's Contextual Safeguarding Network – this recognises that as young people grow and develop, they are influenced by a whole range of environments and people outside of their family. For example, in school or college, in the local community, in their

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environments. Sometimes, the different contexts are inter-related and can mean that children and young people may encounter multiple risks. Contextual safeguarding looks at how we can best understand these risks, engage with children and young people, and help to keep them safe. It is an approach that has often been used to apply to adolescents, though the lessons can equally be applied to younger children, especially in today's changing world.

Complex safeguarding is an approach and term emerging from Greater Manchester (GM). It articulates GM's recognition that the current child protection system, legislation and practice does not adequately address the extra-familial harm and risk facing many young people. Complex safeguarding is a term that has been applied to encompass a range of safeguarding issues that adolescents face, in particular, those related to criminality and exploitation. The definition of complex safeguarding is:

> 'Criminal activity (often organised), or behaviour associated to criminality, involving vulnerable children/young people, where there is exploitation and/or a clear or implied safeguarding concern.' (Manchester Safeguarding Partnership, 20203.7afegM

Abuse can happen to anyone, but research shows that some children who have experienced abuse share similar characteristics. This means they may be more vulnerable. Having one or more of these characteristics does not automatically mean a child will experience abuse or neglect – and not having any of them is not a guarantee that a child will never be harmed. However, we do know that these challenges are often interlinked and the more problems a child and their family are experiencing, the greater the risk of abuse (Cleaver, Unell & Aldgate, 2011). It is important for professionals to understand risk and vulnerability factors so they can identify which families need extra support to help keep their children safe.

Children may be more vulnerable if they:

- are living in a chaotic or dysfunctional household (including parental substance use, domestic abuse, parental mental health issues, parental criminality)
- have a history of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour-based violence, physical and emotional abuse and neglect)
- have suffered a recent bereavement or loss
- have a gang/County Lines association – either through relatives, peers or intimate relationships. (County Lines is a term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs. These dealers will use dedicated mobile phone lines, known as 'deal lines', to take orders from drug users)
- are attending school with young people who are sexually exploited
- have a learning disability
- are unsure about their sexual orientation or unable to disclose sexual orientation to their families
- are friends with young people who are sexually exploited
- are homeless
- are lacking friends from the same age group
- are living in a gang neighbourhood
- are living in residential care
- are living in hostel, bed and breakfast accommodation or a foyer
- have low self-esteem or self-confidence
- are a young carer
- are an unaccompanied asylum-seeking child (UASC – defined as an individual who is under 18, has arrived in the UK without a responsible adult, is not being cared for by an adult who, by law or custom, has responsibility to do so, is separated from both parents and has applied for asylum in the UK on arrival)

Think family

Families have a range of needs and, from time to time, will require support or services to help meet them. Difficulties that impact on one family member will inevitably have a knock-on effect on other family members. For this reason, all practitioners should 'think family'. In a system that 'thinks family', both adult and children's services should:

- have no wrong door – help should be accessible no matter how the family tries to access it
- look at the whole family
- build on family strengths
- provide support tailored to need.

Individual practitioners working with children or adults (or both) should:

- ensure they know who has parental responsibility
- ensure they know who is living with the child/children
- consider the involvement, potential contribution and (when appropriate) the risks associated with all the adults who have a significant influence on a family, even if they are not living in the same house, or are not formally a family member
- have ready access to information to enable themselves and other practitioners to consider the impact of a parent's/carer's condition, behaviour, family functioning and parenting capacity
- identify and provide responsive services for families that are family focused.

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Some of the following signs might be indicators of abuse or neglect:

- behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed
- clothes which are ill-fitting and/or dirty
- consistently poor hygiene
- making strong efforts to avoid specific family members or friends, without an obvious reason
- not wanting to change clothes in front of others or participate in physical activities
- having problems at school, for example, a sudden lack of concentration and learning or appearing to be tired and hungry
- talking about being left home alone, with inappropriate carers or with stranger
- reaching developmental milestones late, such as learning to speak or walk, with no medical reason
- regularly missing from school or education
- reluctant to go home after school
- poor school attendance and punctuality, or consistently late being picked up
- drinking alcohol regularly from an early age
- concerned for younger siblings without explaining why
- talking about running away
- shying away from being touched or flinching at sudden movement
- parents who are dismissive and non-responsive to practitioners' concern
- parents who collect them from school when drunk, or under the influence of drugs.

There is no one definitive sign, symptom or injury. A series of seemingly minor events can be just as damaging as any one event. The NICE clinical guideline When to suspect child maltreatment in under 18s sets out the alerting features of maltreatment and is a key tool to help identify it (NICE, 2017).

Physical abuse

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child. Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where there is domestic abuse. Babies and disabled children also have a higher risk of suffering physical abuse. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

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The following signs may be indicators of physical abuse:

- frequent injuries
- unexplained or unusual fractures or broken bones
- unexplained bruises or cuts, burns or scalds, bite marks.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child 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. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

Emotional abuse also includes seeing or hearing the ill-treatment of another (for example, domestic abuse). It includes serious bullying (for example, cyber bullying), causing children to feel frightened or in danger frequently, 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.

Some of the following signs may be indicators of emotional abuse:

- children who are excessively withdrawn, fearful, or anxious about doing something wrong
- parents or carers who withdraw their attention from their child, giving the child a 'cold shoulder'
- parents or carers blaming their problems on their child
- parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Sexual abuse and exploitation

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

Sexual abuse 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 ora

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inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males, women can also commit acts of sexual abuse, as can other children.

Some of the following signs may be indicators of sexual abuse:

- knowledge or interest in sexual acts inappropriate to a child's age
- using sexual language or having sexual knowledge that you wouldn't expect them to have
- asking others to beed816.5 (c)-10.7 (nor)-03 (x)8.1 (ua)8.5 (l l)1.9 (418.2 (o)1.9 (41 (n)66(l)6cu)0.6 (s)4 t)2

- be responsive to a child's basic emotional needs.

Some of the following signs may be indicators of neglect:

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Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme. Radicalisation is the process through which a person comes to support, or be involved in, extremist ideologies. It can result in a person becoming drawn into terrorism and is a form of harm.

Extremism goes beyond terrorism and includes people who target the vulnerable (including the young) and seek to:

- sow division between communities on the basis of race, faith or denomination
- justify discrimination towards women and girls
- persuade others that minorities are inferior
- argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter-extremism strategy (HM Government, 2015a) as the:

> 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs... We also regard calls for the death of members of our armed forces as extremist.'

Challenging and tackling extremism needs to be a shared effort (HM Government, 2015a). For this reason, some organisationin[illegible]g

People aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances. Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide their own medical treatment, unless there is significant evidence to suggest otherwise.

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Under LPS, deprivation of liberty will have to be authorised in advance by the Responsible Body and will also apply to 16-and 17-year olds alongside adults. In relation to this age group:

- legal authorisation must be sought for deprivation of liberty of 16- or 17-year-olds who lack capacity to consent
- public authorities will need to review and potentially seek legal authorisation for the confinement of 16- and 17-year-olds in foster or residential placements to which they lack capacity to consent, where councils have relied on parental consent
- be alert to situations of 'private' confinements of 16- or 17- year-olds in their own homes, or in private schools/colleges, because state imputability arises when the state knows, or ought to know, of such private confinements.

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All health care organisations and health care providers have a duty outlined in legislation, regardless of who the commissioner is, to make arrangements to safeguard and promote the welfare of children and young people, and to co-operate with other agencies to protect individual children and young people from harm. Chief executive officers have a responsibility to ensure that all staff are able to meet this requirement, but all practitioners have a personal duty under their professional codes to maintain their knowledge, skills and competence.

Many providers of health services providing a regulated activity in England, for example, are required to be registered with the Care Quality Commission (CQC). To register, providers must ensure that those who use the services are safeguarded and that staff are suitably skilled and supported. This includes private health care, health care provision in independent schools, voluntary sector providers, online providers, and health care services that do not provide care or treatment to children.

Employer responsibilities are clearly defined both within the law and outlined fully in the Department for Education's *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children* (2018). Each provider organisation should have:

- a senior board level lead for safeguarding
- a culture of listening to children
- a named nurse and doctor for safeguarding children (and midwife where there are maternity services) whose contact details are known throughout the organisation
- safeguarding children procedures in place and available across the organisation
- a single, integrated child health record system, including mechanisms for obtaining records of previous attendances/admissions from other organisations
- arrangements set out for the processes of sharing information
- a secure facility for storing records in line with Caldicott requirements
- clearly defined policies on how to raise concerns about colleagues, manage sicknesstetf216TextEFF

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For independent provider organisations there should be a named nurse and doctor at national level and a named nurse and doctor at each provider location. The named midwife has knowledge and expertise of all issues associated with safeguarding children, particularly related to any specific concerns during the antenatal and early postnatal periods.

In Wales and Northern Ireland, the role of a named professional exists with similar responsibilities. In Wales, Public Health Wales, as a provider organisation, has a structure of designated and named professionals for the three regions.

In Northern Ireland, each health and social services trust has named professionals for child protection.

In Scotland, the title equivalent to the named doctor is 'paediatrician with a special interest in child protection'. Along with lead paediatricians and consultant/lead nurses, they provide clinical leadership, advice, strategic planning and are members of the child protection committee. In larger health boards there are child protection nurse advisers who support the lead nurses.

Named general practitioner

This is the GP employed by the local health care organisation to support it in carrying out its statutory duties and responsibilities for safeguarding. Activities can include: providing teaching and training to primary care, supporting practice safeguarding leads, working alongside other children and young people's safeguarding professionals locally (for example, designated professionals), working closely with adult safeguarding professionals (including named GPs for adult safeguarding), working strategically within their local health care organisation to provide child safeguarding resources for primary care.

GP practice safeguarding lead

The GP practice safeguarding lead is the GP who oversees the safeguarding work within the GP practice. The practice safeguarding lead will support safeguarding activity within the practice, work with the whole primary care team to embed safeguarding practice and ethos, provide some safeguarding training within the practice and act as a point of reference and guidance for their colleagues. Depending on practice size and structure, there may also be a practice safeguarding deputy lead. The practice should ensure that the safeguarding lead is supported in their duties, allowing protected time for these to be carried out and allowing time for additional training that the safeguarding lead is required to undertake.

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You may see a child just once, yet your record of that visit could help save a life. Often, it is only when many unrelated factors are pieced together that practitioners can identify a case of child abuse. Good record keeping is always factual, clear, accurate, accessible and comprehensive. You should:

- write down all observations and discussions as they happen, avoid asking leading questions – allow the young person to tell their story
- carefully record your judgements and any actions or decisions taken
- include details and outcomes of health care contacts as well as follow-up arrangements
- use good practice guidance on record keeping from the NMC Code (NMC, 2018)
- use a body map to identify specific anatomical marks or injuries
- add the date and time for every entry into your records.

All information about an individual child should be held in one file, where it is accessible to all members of the team. The file should be made secure in accordance with local policy and with reference to national guidelines. All records should contain a chronology that clearly notes dates and reasons for attendance, non-attendance and significant incidents.

While oral communications do take place in all safeguarding children situations, you must always make referrals to other agencies in writing and record the outcome of each referral.

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Multi-agency working is key to effective safeguarding and child protection (Sidebotham et al., 2016). Children and their families will access a range of services throughout a child's life. It is vital that practitioners work together to gain a full overview of a child's situation and have a co-ordinated approach to support.

Case reviews in each of the four UK nations emphasise the importance of information sharing and collaboration between agencies so that professionals can fully understand any risks a child may be exposed to and take appropriate action to keep them safe.

When working in a busy environment, it is important to communicate with others effectively. This is particularly important if you are sharing information that affects a child's well-being. It is important to remember that, communicating concerns/sharing information is an intrinsic part of any practitioner's role. The decisions about how much information to share, with whom and when, can have a profound impact on people's lives. You should weigh up what might happen if the information is shared against the consequences of not sharing the information.

Everyone who works with children has a responsibility to share any information that has a bearing on a child's welfare as early as possible. Practitioners working in adult services should also share any information that has an impact on the well-being of a child – for example, information about a parent's capacity to provide safe and loving care.

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To protect children and young people from harm, and help improve their well-being, all health care staff must have the competencies to recognise child maltreatment,

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Any allegation or concern that an employee or volunteer has behaved in a way that has harmed, or may have harmed, a child must be taken seriously and dealt with sensitively and promptly. Depending on the situation, an appropriate response may involve:

- the police investigating a possible criminal offence
- your local child protection services making enquiries and/or assessing whether a child is in need of support
- your organisation following the relevant disciplinary procedures with the individual concerned.

You should also make sure any children involved are given appropriate support. Your organisation should also have procedures for responding to allegations of abuse made against a child.

There are differences in the way allegations should be handled in each nation of the UK. If you are worried about the behaviour of a colleague or student, you must use local policy to raise your concerns. In the absence of a policy, contact your RCN steward or RCN Direct.

In England, the national guidance is *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children* (Department of Education, 2018). Local safeguarding partners will also have child protection procedures.

In Northern Ireland, the national guidance is *Co-operating to safeguard children and young people in Northern Ireland* (Department of Health, Social Services and Public Safety, 2017). Section 7.2.10 covers allegations of abuse by a person in a position of trust.

In Scotland, *Safer recruitment through better recruitment* (Care Inspectorate, 2016)

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HM Government (2015c) *What to do if you're worried a child is being abused – Advice for practitioners*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf (Accessed 11 February 2021).

HM Government (2018) *Information sharing: Advice for practitioners providing safeguarding services*. Available at: www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice (Accessed 11 February 2021).

Home Office (2019a) *Revised prevent duty guidance for England and Wales*. Available at: www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales (Accessed 11 February 2021).

Home Office (2019b) *Revised prevent duty guidance for Scotland*. Available at: www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-scotland (Accessed 11 February 2021).

Manchester Safeguarding Partnership Complex (2020) *Safeguarding Strategy 2020 – 2023*. Available at: www.manchestersafeguardingpartnership.co.uk/wp-content/uploads/2020/04/2020-05-27-MSP-Complex-Safeguarding-Strategy-FINAL.pdf (Accessed 11 February 2021).

Mental Capacity (Amendment) Act 2019. Available at: www.legislation.gov.uk/ukpga/2019/18/pdfs/ukpga_20190018_en.pdf (Accessed 11 February 2021).

National Institute for Health and Care Excellence (2017) *Child maltreatment: When to suspect child maltreatment in under 18s*. [online] Available at: www.nice.org.uk/guidance/cg89 (Accessed 11 February 2021).

Nursing and Midwifery Council (2018) *The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC. Available at: www.nmc.org.uk/standards/code/ (Accessed 11 February 2021).

Office of the High Commissioner United Nations Human Rights (OHCHR) (1989) *Convention on the Rights of the Child*. Geneva: OHCHR. Available at: www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx (Accessed 11 February 2021).

Powell C and Appleton JV (2012) Children and young people's missed health care appointments: Reconceptualising 'Did Not Attend' to 'Was Not Brought' – a review of the evidence for practice, *Journal of Research in Nursing*, 17(2), pp.181–192.

Royal College of Nursing (2019) *Safeguarding children and young people: Roles and competencies for health care staff*. London: RCN. Available at: www.rcn.org.uk/professional-development/publications/pub-007366 (Accessed 11 February 2021).

Sidebotham P, Brandon M, Bailey S, Belderson P, Dodsworth J, Garstang J, Harrison E, Retzer A and Sorensen P (2016) *Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014*. London: Department for Education.

The Children (Northern Ireland) Order 1995. Available at: www.legislation.gov.uk (Accessed 11 February 2021).

BACK TO CONTENTS

Welsh Government (2018) *Social Services and Well-being (Wales) Act 2014. Working together to safeguard people Volume 5 – handling individual cases to protect children*. Available at: https://gov.wales/sites/default/files/publications/2019-05/working-together-to-safeguard-people-volume-5-handling-individual-cases-to-protect-children-at-risk.pdf (Accessed 11 February 2021).

Further reading

Department for Education (2015b) *Guide to the children's homes regulations including the quality standards*. London: HM Government. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/463220/Guide_to_Children_s_Home_Standards_inc_quality_standards_Version__1.17_FINAL.pdf (Accessed 11 February 2021).

Department for Education (2017) *Care of unaccompanied migrant children and child victims of modern slavery. Statutory guidance for local authorities and professionals who support unaccompanied migrant children who may be victims, or potential victims, of modern slavery*. Available at: www.gov.uk/government/publications/care-of-unaccompanied-and-trafficked-children (Accessed 11 February 2021).

Department of Education Northern Ireland (2016) *Children and young people's strategy 2017–2027. Consultation document: Working together to improve the well-being of children and young people living in Northern Ireland, delivering positive, long-lasting outcomes*. Belfast: Northern Ireland Executive. Available at: www.education-ni.gov.uk/sites/default/files/consultations/education/Children%20and%20young%20people%27s%20strategy%20%284%29.pdf (Accessed 11 February 2021).

Deprivation of Liberty Safeguards. Available at: www.scie.org.uk/mca/dols/at-a-glance (Accessed 11 February 2021).

Health and Social Care Board (2016) *Protocol for joint investigation by social workers and police officers of alleged and suspected cases of child abuse – Northern Ireland*. Belfast: Northern Ireland Executive Government.

Home Office (2016) *Mandatory reporting of female genital mutilation: procedural information*. London. Available at: https://assets.publishing.service.gov.uk/government/

sertsoai0ao1(a)284.3 /(1.8)3.9.4 (T[soa)40.8 dei846 (2110.4)4.6 546 (39.2 a)0.6 hme)20.9 0 1(a(3.6 548.6

-19n617.1.6 (me)]Nae973CC.1 0)248 (11.6 6)6.5 [(F)u)0.6 Tf[M]5.7 a)7.5 G)10.6(a)31.2 (2)22.3 e)68 (o)22.5 rk

BACK TO CONTENTS

NSPCC Learning (2020) Child Protection system in Northern Ireland. [online resources] Available at: https://learning.nspcc.org.uk/child-protection-system/northern-ireland (Accessed 11 February 2021).

NSPCC Learning (2020) Child Protection system in Wales. [online resources] Available at: https://learning.nspcc.org.uk/child-protection-system/wales (Accessed 11 February 2021).

Safeguarding Board for Northern Ireland (SBNI) (2018) *Procedures Manual*. (Revised regional core child protection policies and procedures for Northern Ireland.) Available at: www.proceduresonline.com/sbni/contents.html#core (Accessed 11 February 2021).

Scottish Children's Reporter(ru1e F)14.1-(h)7.5.

Scottish23 fg.uk/Scottissd for Nsndgsg8 (or1(0.7 1e-5 (n)2.(g B)-3.30.6 (C(s)815.79.1 (.u) (.2 Td[(a)22.6 (t:

University of Bedfordshire (2020) Contextual Safeguarding. Available at: www.beds.

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RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This guidance is for all nursing staff who are in contact with children and young people.

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