

**Care Quality Commission (CQC)  
FUNDAMENTAL STANDARDS**

Policy title:	<b>Safeguarding children and young people from harm or abuse.</b>
Outcome:	<b>Children and young people are safeguarded from suffering any form of harm or abuse whilst they are in contact with, or using the Uttlesford Health service.</b>
Authorised by:	<b>Liz Adams, CEO (CQC Nominated Individual &amp; Registered Manager)</b>
Approved by:	<b>Dr Katharine Orton, Chair</b>
Issue date:	<b>1 February 2018 (Updated: 18 April 2018)</b>
Review date:	<b>31 January 2019 (or before if there is a change in practice or circumstances)</b>

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**Child Safeguarding Lead**

**Katherine Smith, Business Manager**

**(Named Doctor: Dr. Katharine Orton)  
(Named Nurse: Gary Townsend)**

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**1. Policy statement**

- 1.1 This policy sets out the statutory requirements for Uttlesford Health to discharge its accountability for safeguarding children and young people who may be, or are, at actual or potential risk of harm or abuse.
- 1.2 Uttlesford Health has a zero tolerance approach to the issue of abuse and supports all children and young people to feel safe and protected from any situation or circumstances that would potentially result in physical or psychological harm.
- 1.3 It is the policy of Uttlesford Health to treat patients under the age of 18 years.

This policy document is also relevant in the event that an adult patient being treated by Uttlesford Health, has a child with them at the time and is therefore present in the clinic premises.

- 1.4 Where any form of abuse is suspected, occurs, is discovered, or reported by a third party (which may be external to Uttlesford Health), Uttlesford Health will take timely action, including investigation and subsequent referral to an appropriate safeguarding authority.

## **2. What is abuse?**

2.1 The term 'abuse' can be subject to wide interpretation. The starting point for a definition is the following statement taken from *No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (DH and Home Office, 2000)*.

- Abuse is a violation of an individual's human and civil rights by any other person or persons.
- Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.
- Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.
- Abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

2.2 'Significant harm' should be taken to include: 'ill treatment including sexual abuse and forms of ill treatment which are not physical; the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.'

## **3. Children at risk**

3.1 In England, the definition of a child is any person under the age of 18.

3.2 It is the policy of Uttlesford Health to see and treat patients from the age of birth to 17 years.

3.3 All children seen or treated will be treated with respect and dignity.

3.4 Children aged 16 or over are entitled to consent to their own treatment.

3.5 Children under the age of 16 can consent to their own treatment if it is thought that they have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment. Otherwise, someone with parental responsibility can consent for them as long as they themselves have capacity to consent.

3.5 Children under the age of 16 years attending Uttlesford Health will be encouraged to be accompanied by a parent, other identified family member or legal guardian.

- 3.6 Uttlesford Health is mindful that a child may disclose information about a problem in their life. Therefore the individual needs of a child will be prioritised when considering the healthcare services that may be offered.
- 3.7 This may result in a referral to a specialist healthcare professional dealing with children e.g. a Paediatrician, for further opinion before proceeding with a recommended treatment.

#### **4. Definition of harm or abuse (Children)**

##### **4.1 Child physical abuse**

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

##### **4.2 Child emotional abuse**

Emotional abuse of a child 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 the child that he/she is worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development 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, causing the child to frequently feel frightened or in danger.

Some level of emotional abuse can be involved in all types of maltreatment of a child, though it may occur alone.

##### **4.3 Child sexual abuse**

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

##### **4.4 Child neglect**

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

Uttlesford Health staff also need to be aware of vulnerable child groups such as those with disabilities, children living away from home, child asylum seekers, children and young people in hospital, children in contact with the youth justice system, child victims of domestic abuse and those vulnerable due to religion and ethnicity, and children who may be exposed to violent extremism.

## 5. Making a referral

- 5.1 If a member of Uttlesford Health staff is concerned about a child in the clinic premises, they should discuss this with the Child Safeguarding Lead as soon as possible.
- 5.2 If Uttlesford Health has a concern about the actual or potential abuse of a child, the local safeguarding authority will be contacted without delay.

## 6. Child safeguarding contact details - Where to refer to?

- 6.1 Uttlesford Health will make a referral to a child safeguarding agency, if it has actual or potential concerns about a child's safety and welfare.
- 6.2 The following contact details are available to use if there are actual or potential concerns about a child who may be present during an adult appointment, to obtain further advice on the issue of child safeguarding and/or to make a referral;
- 6.3 The UH safeguarding lead will follow the Standard operating procedure (below) and seek advice if needed from their safeguarding supervisor



SOP - Safeguarding  
Adult and Children.doc

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### 1. Request for Support Portal (Non-urgent situations)

- <https://www.essexeffectivesupport.org.uk/request-support/>
  - <https://www.essexeffectivesupport.org.uk/s4s/FormDetails/FillForm?formId=1>
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**2. For URGENT safeguarding concerns (if it is considered that there is immediate risk of significant harm to a child):**

- **Call 0345 603 7627 and ask for the CHILDREN & FAMILIES HUB PRIORITY LINE.**
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**3. For Out of Hours safeguarding concerns, contact the Emergency Duty Service:**

- **Call 0345 606 1212.  
(Mon - Thurs 5.00pm – 8.45am)  
(Fri 4.30pm – Mon 8.45am Inc. Bank holidays).**
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**4. For consultations, further advice and guidance, contact the Children & Families Hub Consultation Line:**

- **Call 0345 603 7627 and ask for the Consultation Line.**
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**5. In an emergency situation call Essex Police (999 or 112).**

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- 6.3 Uttlesford Health will also formally notify the CQC of the child safeguarding referral using the formal notification process as set out on the CQC website at <http://www.cqc.org.uk/content/notifications> by completion and submission of a ***'Statutory notification about abuse or alleged abuse concerning a person or persons (child or adult) who use the service'*** Care Quality Commission (Registration) Regulations 2009 Regulation 18(2).

A copy of the CQC Notification form is set out at **Appendix 1** of this policy document.

- 6.4 If the concern relates to a child who lives out with the Essex area, the respective safeguarding authority will be contacted using the contact details via the following website

<http://www.safecic.co.uk/your-scb-acpc/55-free-downloads-and-safeguarding-links/61-safeguarding-children-board-links?eprivacy=1>

## **7. Female Genital Mutilation (FGM)**

- 7.1 FGM involves procedures that include the partial or total removal of the external female genital organs for non-therapeutic and non-medical reasons, or other injury to the female genital organ for cultural or other non-therapeutic reasons. The practice is medically unnecessary and is linked to a number of forms of physical and psychological distress. This practice includes piercing or altering the female genitalia in girls under the age of 18.

- 7.2 Under the Female Genital Mutilation Act (2003) ([https://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga\\_20030031\\_en.pdf](https://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf)), a person is guilty of an offence if they excise, infibulate and mutilate part or the whole of the female's labia majora, labia minora or clitoris. Therefore Uttlesford Health staff **must** adhere to the statutory requirements of the recording of identified cases.
- 7.3 FGM may be performed on babies and toddlers but it is most common in girls aged 4-10 and is usually performed before puberty. There are a number of reasons why FGM is practised within communities. These include social acceptance, family honour, ensuring a girl is marriageable, preservation of a girl's virginity or chastity, custom and tradition, hygiene and cleanliness, and the mistaken belief that it enhances fertility and makes childbirth safer for the infant (Foundation for Women's Health, Research and Development (FORWARD) [www.forwarduk.org.uk/key-issues/fgm](http://www.forwarduk.org.uk/key-issues/fgm)).
- 7.4 If Uttlesford Health has concerns that a female child or young female present in the clinic premises has had FGM or may be at risk of FGM, a risk assessment should be carried out and the above safeguarding authority (see 9.1) contacted for advice without delay.

(This is in keeping with published guidance on FGM published by the Department of Health and NHS England, a copy of which is at **Appendix 2.**)

## 8. Forced marriage

- 8.1 Forced marriage is a safeguarding issue. It can happen to both women and men, although many of the reported cases involve young women and girls aged between 16 and 25 (The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage; HM Government, June 2014). There is no 'typical' victim of forced marriage. Some may be over or under 18 years of age, some may have a disability, some may have young children and some may also be spouses from overseas.
- 8.2 **Forced marriage** is a marriage conducted without the valid consent of both parties, where some element of duress is a factor. A person can be put under both physical and emotional pressure to get married. In some cases people may be taken abroad without knowing that they are to be married.
- 8.3 **Arranged marriage** is a non-abusive contract between two consenting adults and is fundamentally different from the issue of forced marriage. 'The tradition of arranged marriage has operated successfully within many communities and many countries for a long time and remains the preferred choice of many young people' (Working Group: Forced Marriages - 'A Choice by Right', June 2000). Families of both spouses take a leading role in arranging the marriage, but the choice whether to accept the arrangement remains with the individuals. Arranged marriage should not be confused with forced marriage.
- 8.4 If Uttlesford Health has actual or potential concerns that a patient, or the partner of a patient, may be subject to forced marriage, the available information and circumstances will be referred to a safeguarding authority, without delay, for advice and action.

8.5 Uttlesford Health acknowledges that it may be very challenging to confirm if forced marriage is an issue when a patient uses its healthcare service. However, where any concerns are evident or suspected, these will be referred to the safeguarding authority. For example, concerns may become apparent if a patient requests treatment for themselves and additionally asks if the same treatment can be provided for their partner.

## **9. Allegations made against Uttlesford Health staff**

9.1 This policy also applies to all Uttlesford Health staff. This is to provide a framework for managing cases where allegations have been made about a member of staff that may indicate that adults at risk are believed to have suffered, or likely to suffer, significant harm or abuse.

9.2 Concern may be raised if a member of staff is behaving in a way which demonstrates unsuitability for working with adults.

9.3 Allegations may arise in a member of staff's work at Uttlesford Health or in their private life and include:

- committing a criminal offence against, or related to, adults at risk
- behaving towards adults at risk, in a manner that indicates they are unsuitable to work with this group
- an allegation or concern arising about a member of staff related to perpetration of domestic violence, or
- an allegation of abuse made by someone closely associate with the member of staff such as a partner, or family member.

9.4 If an allegation is received about a member of staff, Uttlesford Health will give priority to the following three areas:

- assessment of whether the adult at actual or potential risk of harm or abuse is in need of protection
- whether the police need to be contacted, and
- consideration of disciplinary action (including suspension from work).

9.5 Any concern about an adult that may be at risk of harm as a result of an allegation relating to a member of Uttlesford Health staff will be reported to the safeguarding authority without delay.

The safety of the adult is of paramount importance. Immediate action may be required to safeguard the person and the investigation of the allegation.

9.6 The safeguarding lead will ensure that a safeguarding referral is made.

9.7 If the member of Uttlesford Health staff who is the subject of the allegation is a healthcare professional and registered with the a regulatory body, such as the General Medical Council (GMC) for doctors, or the Nursing and Midwifery Council (NMC) for nurses, a fitness to practise referral must be considered.

- 9.8 Uttlesford Health will provide appropriate support to the member of staff during any safeguarding investigation and keep him/her informed of relevant progress.
- 9.9 If the member of staff is also employed by other employers or agencies outside of Uttlesford Health, Uttlesford Health will share details of the allegations with such employers or agencies.
- 9.10 Full and complete records of any allegations against Uttlesford Health staff will be kept and held securely and confidentially. Records will include:
- the nature of the allegation
  - who was spoken to as part of the investigation and referral process
  - what records or documents were viewed, and
  - what actions were considered, taken and what reasons were used as justification for actions taken.
- 9.11 Following the completion of a referral and investigation, Uttlesford Health will carry out a review of the outcome of the case. Any recommendations will be implemented without delay.
- 9.12 Uttlesford Health will give consideration to supporting a member of staff back into work, should this be relevant.

## **10. Uttlesford Health and DBS checking (Disclosure and Barring Service)**

- 10.1 Uttlesford Health has a statutory duty to protect children, young people and adults who may be, or are, at actual or potential risk of harm or abuse. An important part of this duty is to ensure that staff who are employed by Uttlesford Health undergo a DBS check prior to commencing employment.
- 10.2 All staff working at Uttlesford Health in roles that are eligible for a DBS check (Disclosure and Barring Service check), will undergo a DBS check at the level appropriate to the role, e.g. enhanced with barred list check, enhanced without barred list check or standard, prior to commencing employment.
- 10.3 No member of Uttlesford Health staff will be allowed to provide any healthcare services to patients (in the form of regulated activities), before an enhanced DBS and barred list check is carried out and completed.
- 10.4 Uttlesford Health may accept an existing DBS check provided by a new member of staff provided that the DBS check is not more than 3 months old, and it is considered suitable for the position applied for e.g. the check is at the correct level for the role.
- 10.5 If Uttlesford Health accepts an existing DBS certificate from a prospective employee, verification will be required that the certificate belongs to the person named on it. This may be done by checking other forms of personal identification.



An existing DBS disclosure certificate contains a number of security features which Uttlesford Health can use to verify its authenticity. These include:

- a 'crown seal' watermark repeated down the right hand side of the certificate, visible both on the surface and when held up to the light
- a background design featuring the word 'Disclosure' which appears in a wave-like pattern across both sides of the certificate
- the pattern's colour alternates between blue and green on the reverse of the certificate, and
- the ink and paper change colour when wet.

If there is any doubt about the authenticity of an individual's existing DBS certificate, the registered DBS body will be contacted for further advice.

- 10.6 Having a criminal record check which reveals a conviction, caution or other information will not automatically mean that an individual cannot work for Uttlesford Health. Uttlesford Health will make a fair and non-discriminatory assessment based on the person's skills, experience and suitability for the position applied for.

Where a DBS and barred list check confirms that a person is barred from working with adults and/or children, it is illegal for Uttlesford Health to allow that person to engage in any regulated activities provided by Uttlesford Health.

## **11. Child safeguarding training**

- 11.1 All staff working at Uttlesford Health will have the opportunity to attend, and be provided with, training in relation to child safeguarding relevant to their role in the clinic.

- 11.2 Safeguarding training may be in the form of:

- Internet online training
- training course attendance
- conference attendance
- 1:1 learning
- group learning
- private reading
- reflection, or
- other appropriate learning approach.

- 11.3 Update child safeguarding training will be provided as necessary, proportionate to the nature of the patient care service being provided and the

prevalence of children present in the clinic premises. This will be reviewed on an annual basis.

## **12. Audit**

12.1 Uttlesford Health safeguarding training records will be reviewed for each employee on an annual basis to ensure child safeguarding training has been completed.

## **13. Review of the policy**

13.1 Uttlesford Health will review this policy on annual basis. Any changes made to the policy will be communicated to all staff.

## **14. Guidance and further reading**

- Care Act (Specifically Sections 42 to 47)  
<http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted>
- Children Act 2004 - <http://www.legislation.gov.uk/ukpga/2004/31/contents>
- Deprivation of Liberty Safeguards: A guide for hospitals and care homes (DH, 2009).
- Department of Health (2015) Female Genital Mutilation: Risk and Safeguarding – Guidance for professionals  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418564/2903\\_800\\_DH\\_FGM\\_Accessible\\_v0.1.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903_800_DH_FGM_Accessible_v0.1.pdf)
- Equality Act 2010 - <https://www.gov.uk/equality-act-2010-guidance>
- Every Child Matters (HM Government, 2003).
- General Medical Council (2013) Intimate Examinations and Chaperones  
[http://www.gmc-uk.org/guidance/ethical\\_guidance/21168.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp)
- Guidance for restrictive physical interventions: How to provide safe services for people with learning disabilities and autistic spectrum disorder (DH, 2002).
- Guidance on when to suspect child maltreatment (CG89, NICE, 2009).
- Healthy Lives brighter futures: The children's strategy (DH, 2009).
- Human Rights Act 1998 - <http://www.legislation.gov.uk/ukpga/1998/42/schedule/1>
- Information Sharing: Guidance for practitioners and managers (DCSF, 2008).
- Mental Health Act 2007 - <http://www.legislation.gov.uk/ukpga/2007/12/contents>
- Mental Health Act Code of Practice (2007).

- Mental Capacity Act 2005 and associated code of practice  
<http://www.legislation.gov.uk/ukpga/2005/9/contents>  
<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>
- Multi-agency statutory guidance on female genital mutilation, (HM Government, April 2016)
- NHS Choices, FGM guidance for professionals [www.nhs.uk/guidelines](http://www.nhs.uk/guidelines)
- No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (DH and Home Office, 2000).
- Protection of Freedoms Act 2012 – links to The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012  
<http://www.legislation.gov.uk/ukpga/2012/9/contents>
- Revised Pan London Policy and Procedures 2016  
<http://londonadass.org.uk/wp-content/uploads/2015/02/LONDON-MULTI-AGENCY-ADULTSAFEGUARDING-POLICY-AND-PROCEDURES.pdf>
- Royal College of Obstetricians and Gynaecologists (2015) Female Genital Mutilation and its management (Green-top Guideline No. 53)  
<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/>
- Safeguarding children and young people. Charity Commission for Children and Young People (July 2014).  
<https://www.gov.uk/government/publications/safeguarding-children-and-young-people/safeguarding-children-and-young-people>
- Safeguarding children and young people: roles and competencies for healthcare staff. Intercollegiate document.  
[http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%202002%20%20%20%20\(3\).pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%202002%20%20%20%20(3).pdf)
- Safeguarding policy. NHS England.  
<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguard-policy.pdf>
- Safeguarding Vulnerable Groups Act 2006  
<http://www.legislation.gov.uk/ukpga/2006/47/contents>
- Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work (Association of Directors of Adult Social Services, 2005).
- Services for people with learning disabilities and challenging behaviour or mental health needs – Mansell report: revised edition (DH, 2007).
- Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (DCSF, 2007).
- Statement on the duties of doctors and other professionals in investigations of child abuse (DCSF and DH, 2007).

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 <http://www.legislation.gov.uk/uksi/2014/2936/contents/made>
- Violence: The short term management of violent/disturbed behaviour in in-patient psychiatric and emergency departments (CG25, NICE, 2005).
- What to do if you're worried a child is being abused (HM Government, 2006).
- Working together to safeguard children (HM Government, 2015). [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/592101/Working\\_Together\\_to\\_Safeguard\\_Children\\_20170213.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf)

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Signature ..... Date .....

**Liz Adams, CEO (CQC Nominated Individual & Registered Manager)**  
**Uttlesford Health Limited**

15. Appendix 1 – CQC Notification Form



Provider's notification reference:

**Statutory notification about abuse or alleged abuse concerning  
a person or persons (child or adult) who use the service**  
Care Quality Commission (Registration) Regulations 2009 Regulation 18(2)

Please read our **guidance for providers about making statutory notifications** and our **Guidance about compliance: Essential standards of quality and safety** for detailed advice on how and when to make statutory notifications.

This guidance is available at [www.cqc.org.uk](http://www.cqc.org.uk).

This form can be used to notify us of abuse or alleged abuse where people using the service are victims, perpetrators or both. You must provide information in the mandatory sections (marked\*). Please also provide all other requested information.

**If there are more than two victims or abusers** please fill in sections 12 to 22. *Do not submit sections 12 to 22 unless they have been filled in.*

**If there are more than four victims or abusers** please make additional copies of sections 12 to 22 as needed, fill them in, and submit the copies to us.

**Annexe 1** provides guidance on filling in sections 3, 5, 6, (and 14, 16 and 17); please do not send this back with the notification.

**Please enter dates in** the format dd/mm/yyyy.

Return your completed form to: [HSCA\\_notifications@cqc.org.uk](mailto:HSCA_notifications@cqc.org.uk)

**1. The provider and location(s)\***

Provider:

CQC provider number:

Location name and address:

Postcode:

CQC location number:

**OR:** This notification affects all the provider's locations

This form filled in by:

Date submitted

Contact for more information (where different):

Telephone number:

Email address:

**2. Applicable regulated activity:\***

Which of the regulated activities you provide was most significant and relevant to this notification?

**3. The allegation:\***

This notification is about:

A specific allegation(s) or event(s)

A general concern about abuse affecting all of your locations

**4. Where this notification is about a specific allegation(s) or event(s) (ONLY)**

How many victims/alleged victims were there?

How many abusers/alleged abusers were there?

	Victim 1	Victim2	Abuser1	Abuser2
Unique identifier/code				

There is space on page xx below to record information about additional victims and abusers

**5. Management of the allegation**

Date registered person informed:

Who made the registered person aware of the abuse?

*(refer to list in annexe 1)*

*If 'Other' please specify*

What is the informant's relationship to the victim(s)?

*(refer to list in annexe 1)*

*If 'Other' please specify (see annexe 1):*

Provide an identifier or code for the informant:

Has the local safeguarding authority been informed?

Yes

No

Name of local authority:

**6. Type of abuse or alleged abuse\***

Type of abuse (tick all that apply)	Victim 1	Victim 2
Physical	<input type="checkbox"/>	<input type="checkbox"/>
Psychological/emotional	<input type="checkbox"/>	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	<input type="checkbox"/>
Financial/material	<input type="checkbox"/>	<input type="checkbox"/>
Discriminatory	<input type="checkbox"/>	<input type="checkbox"/>

**7. The victims of abuse or alleged abuse**

Information	Victim 1	Victim 2
Age group (see annexe 1)		
Date they joined the service:		
Funding (see annexe 1)		
Gender:		
Ethnicity (see annexe 1)		
Disability – Physical	<input type="checkbox"/>	<input type="checkbox"/>
Disability – Learning	<input type="checkbox"/>	<input type="checkbox"/>
Disability – Sensory	<input type="checkbox"/>	<input type="checkbox"/>
Mental health difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Religion/belief (see annexe 1)		
<i>If other, please specify</i>		
Sexual identity (see annexe 1)		

## 8. The abuser(s) or alleged abuser(s)

Information	Abuser 1	Abuser 2
Age group (see annexe 1)		
Date they joined the service:		
Funding (see annexe 1)		
Gender		
Ethnicity (see annexe 1)		
Disability – Physical	<input type="checkbox"/>	<input type="checkbox"/>
Disability – Learning	<input type="checkbox"/>	<input type="checkbox"/>
Disability – Sensory	<input type="checkbox"/>	<input type="checkbox"/>
Mental health difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Religion/belief (see annexe 1)		
<i>If other, please specify</i>		

## 9. The abuser's or alleged abuser's relationship to the victim

Select all that apply	Abuser 1	Abuser 2
Employed by the service	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer with the service	<input type="checkbox"/>	<input type="checkbox"/>
Visiting worker or professional	<input type="checkbox"/>	<input type="checkbox"/>
Relative	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="checkbox"/>	<input type="checkbox"/>
Other service user	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>



**10. Immediate action taken**

Select all that apply	Victim 1	Victim 2	Abuser 1	Abuser 2
Removed from service/activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seen by GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken to hospital/A&E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complaints procedure opened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No action taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary action by employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – please specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim 1 ( <i>other actions taken</i> ):				
Victim 2 ( <i>other actions taken</i> ):				
Abuser 1 ( <i>other actions taken</i> ):				
Abuser 2 ( <i>other actions taken</i> ):				

**11. Where funded, victim’s/alleged victim’s PCT/local authority (if appropriate)**

PCT/local authority name:	Victim 1	Victim 2
Same as local authority in Section 5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**12. Where funded, abuser’s/alleged abuser’s PCT/local authority (if appropriate)**

PCT/local authority name:	Victim 1	Victim 2
Same as local authority in Section 5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**13. Additional relevant information**

Continue on additional numbered sheets if necessary. Box will expand if used on a computer.

**Information about additional victims or abusers/alleged victims or abusers**

Please only copy/fill in and send these extra sections if there were more than two abusers/alleged abusers or victims/alleged victims.

**14. Please provide a unique identifier/code for each person**

	Victim no.	Victim no.		Abuser no.	Abuser no.
Unique identifier					

**15. Type of abuse or alleged abuse\***

Type of abuse (tick all that apply)	Victim number:	Victim number:
Physical	<input type="checkbox"/>	<input type="checkbox"/>
Psychological/emotional	<input type="checkbox"/>	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	<input type="checkbox"/>
Financial/material	<input type="checkbox"/>	<input type="checkbox"/>
Discriminatory	<input type="checkbox"/>	<input type="checkbox"/>

**16. The victims of abuse**

Information	Victim number:	Victim number:
Age group: (see annexe1)		
Date they joined the service:		
Funding: (see annexe 1)		
Gender:		
Ethnicity; (see annexe1)		
Disability – Physical:	<input type="checkbox"/>	<input type="checkbox"/>
Disability – Learning:	<input type="checkbox"/>	<input type="checkbox"/>
Disability – Sensory:	<input type="checkbox"/>	<input type="checkbox"/>
Mental health difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Religion/belief: (see annexe1)		
<i>If other, please specify</i>		
Sexual identity: (see annexe 1)		

**17. The abuser(s) or alleged abuser(s)**

Information	Abuser number:	Abuser number:
Age group: <i>(see annexe1)</i>		
Date they joined the service:		
Funding: <i>(see annexe1)</i>		
Gender:		
Ethnicity: <i>(see annexe 1)</i>		
Disability – Physical:	<input type="checkbox"/>	<input type="checkbox"/>
Disability – Learning:	<input type="checkbox"/>	<input type="checkbox"/>
Disability – Sensory:	<input type="checkbox"/>	<input type="checkbox"/>
Mental health difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Religion/belief: <i>(see annexe1)</i>		
<i>If other, please specify</i>		

**18. Alleged abuser’s relationship to the victim**

Select all that apply	Abuser number:	Abuser number:
Employed by the service	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer with the service	<input type="checkbox"/>	<input type="checkbox"/>
Visiting worker or professional	<input type="checkbox"/>	<input type="checkbox"/>
Relative	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="checkbox"/>	<input type="checkbox"/>
Other service user	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**19. Immediate action following the allegation (tick all that apply)**

Select all that apply	Victim no:	Victim no:	Abuser no:	Abuser no:
Removed from service/activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seen by GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken to hospital/A&E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complaints procedure opened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No action taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary action by employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – please specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim 1 ( <i>other actions taken</i> )				
Victim 2 ( <i>other actions taken</i> )				
Abuser 1 ( <i>other actions taken</i> )				
Abuser 2 ( <i>other actions taken</i> )				

**20. Where funded, victim's/alleged victim's PCT/local authority (if appropriate)**

Select all that apply	Victim number:	Victim number:
Same as local authority in Section 5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**21. Where funded, abuser's/alleged abuser's PCT/local authority (if appropriate)**

Select all that apply	Abuser number:	Abuser number:
Same as local authority in Section 5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Please email your completed form to: [HSCA\\_notifications@cqc.org.uk](mailto:HSCA_notifications@cqc.org.uk)

16. Appendix 2 – Female Genital Mutilation (FGM) Mandatory reporting duty.

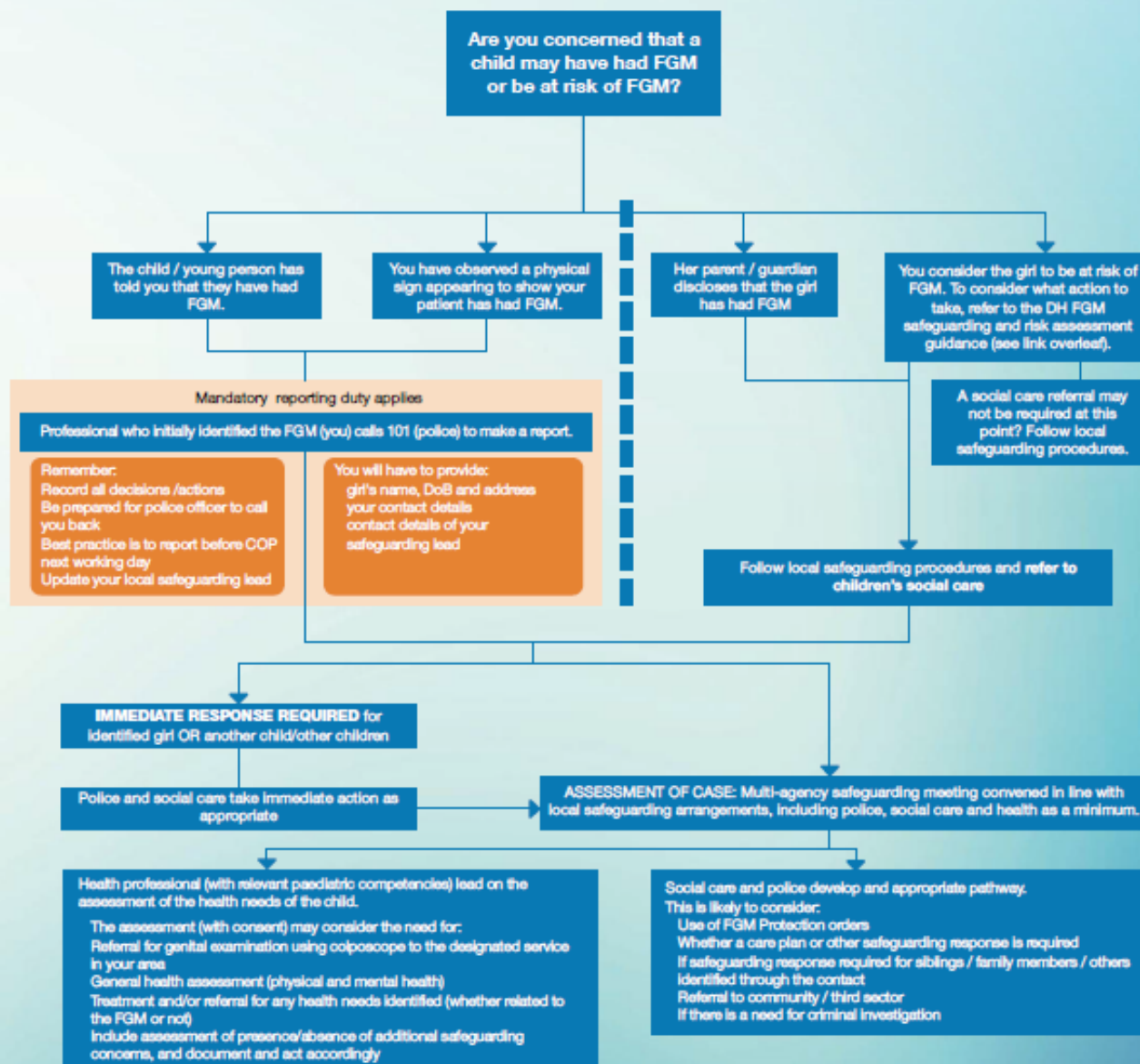


Department of Health



# Female Genital Mutilation (FGM)

## Mandatory reporting duty



If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

**REMEMBER:** Mandatory reporting is only one part of safeguarding against FGM and other abuse. Always ask your local safeguarding lead if in doubt.

## Female Genital Mutilation (FGM) is child abuse and illegal.

Regulated health and social care professionals and teachers are required now to report cases of FGM in girls under 18s which they identify in the course of their professional work to the police.

### How can I prepare?

FGM mandatory reporting duty and FGM safeguarding best practice guidance is available from: [www.gov.uk/dh/fgm](http://www.gov.uk/dh/fgm)

FGM eLearning:  
[www.e-ifh.org.uk/programmes/female-genital-mutilation](http://www.e-ifh.org.uk/programmes/female-genital-mutilation)

Videos: [www.nhs.uk/fgmguidelines](http://www.nhs.uk/fgmguidelines)

FGM Multi Agency Practice Guidelines: [www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation](http://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)

- [www.workingtogetheronline.co.uk](http://www.workingtogetheronline.co.uk)

Search for guidance from Royal Colleges and regulators

### Remember:

This is a personal duty; the professional who identifies FGM / receives the disclosure must make the report.

If a woman is over 18 when she discloses / you identify FGM, the duty does not apply and you should follow local safeguarding processes.

Do not undertake a genital examination unless this is already part of your role.

Complying with the duty does not breach data protection rules or other confidentiality requirements.

Non regulated healthcare staff should report through existing safeguarding procedures.

This duty is about reporting a crime. NHS organisations continue to be responsible for collecting and recording data on FGM.

## FAQs

### A girl is using another term which I think is FGM. Do I need to report?

Yes. Whether she uses the term 'FGM' or any other term or description, e.g. 'sunna' or 'cut', the duty applies.

### Does the duty apply to professionals in private education/healthcare?

Yes, if working as a regulated professional, the duty will apply.

### Should you only report if you are certain that FGM has been carried out?

When you see something which appears to show in your opinion that a girl has FGM, you should make the report. A formal diagnosis will be sought as part of the subsequent multi-agency response.

### I have identified a case but the patient is over 18, what should I do?

The duty does not apply in this case. You should signpost the woman to services offering support and advice. You may also need to carry out a safeguarding risk assessment considering children who may be at risk or have had FGM.

### Some FGM is very difficult to notice. What if I did not notice signs when I was caring for a patient who is later identified as having had FGM?

If an allegation of failure to report is made, all relevant circumstances will be taken into account by the regulators, including your experience and what could reasonably have been expected.

### I am treating a girl under 18 with a genital piercing / tattoo / non-medically indicated genital surgery. What should I do?

You should make a report.

### How quickly should I make a report?

The safety of the girl or others at risk of harm is the priority. You should report ASAP with the same urgency as for all other safeguarding cases. If you believe reporting would lead to risk of serious harm to the child or anyone else, contact your designated safeguarding lead for advice; you may need longer to take action, in exceptional circumstances.

### Should I tell the girl / family about the report?

Yes, wherever possible you should explain why the report is being made and what it means. If you believe reporting would lead to risk of serious harm to the child or anyone else, do not discuss it but instead contact your local designated safeguarding lead for advice.

### Following a risk assessment for a girl I've identified as being at risk of FGM, it isn't appropriate to refer to social care at this point. What should I do?

You should share information about the potential risk and your actions with your colleagues across health (GP, school nurse and health visitor as a minimum) and discuss next steps with your local safeguarding lead.



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Signature .....  ..... Date 26/06/18 .....

Liz Adams, CEO (CQC Nominated Individual & Registered Manager) Uttlesford Health Limited

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15. Appendix 1 – CQC Notification Form



Provider's notification reference:

**Statutory notification about abuse or alleged abuse concerning a person or persons (child or adult) who use the service**  
Care Quality Commission (Registration) Regulations 2009 Regulation 18(2)

Please read our **guidance for providers about making statutory notifications** and our **Guidance about compliance: Essential standards of quality and safety** for detailed advice on how and when to make statutory notifications.

This guidance is available at [www.cqc.org.uk](http://www.cqc.org.uk).

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This form can be used to notify us of abuse or alleged abuse where people using the service are victims, perpetrators or both. You must provide information in the mandatory sections (marked\*). Please also provide all other requested information.