



SAFEGUARDING CHILDREN & YOUNG PEOPLE POLICY

Practice lead: Dr Sandra Fenn

INTRODUCTION

The purpose of this document is to set out the policy of the Practice in relation to the safeguarding of children. The Practice and all individuals working there will make every effort to safeguard against abuse, to deal appropriately with suspected incidents of abuse, and to co-operate with other professionals working in the field of safeguarding children. The Practice recognises its responsibilities to be aware of maltreatment and to share concerns but not to investigate or decide whether or not a child has been abused.

This local policy reflects the South West Child Protection Procedures, which have been adopted by the Bath & North East Somerset Local Safeguarding Children Board. The full set of procedures can be found at www.online-procedures.co.uk/swcpp These procedures follow guidance in Working Together to Safeguard Children (HM Government 2015).

Forms of abuse

- Neglect – ignoring mental or physical needs, care, education, or basic life necessities or rights
- Sexual – assault, rape, non-consensual acts (including acts where unable to give consent), touching, indecent exposure
- Physical – hitting, shaking, poisoning, restraint, burning/scalding etc
- Emotional – conveying messages of being unloved, worthless or inadequate

ROUTINE MANAGEMENT ACTION TO SAFEGUARD AGAINST ABUSE

The Practice will name a Child Safeguarding Lead, whose responsibilities are set out in Appendix A.

All staff recruitment and selection will be carried out according to the Practice Recruitment Policy and by staff who have been trained in safer recruitment principles as set out by the Local Safeguarding Children Board. On appointment, all staff who are considered to be in a regulated activity will undergo a Disclosure & Barring Service enhanced check.

The Practice will inform the Health Visitors within 5 days of registration of any child under the age of 5 who registers at the Practice, including long-term temporary patients.

Children under 5 who live outside the Practice catchment area will not normally be allowed to register with the Practice. In exceptional circumstances if this is allowed, then the Health Visitors will be alerted and contact made with the Health Visitor team where the child lives, to ensure that they are in contact with the family.

All staff will receive mandatory training in Safeguarding at Level 1 (ICG Safeguarding Competencies) as part of induction and at least every three years from then on. Nursing staff and senior managers will be trained to Level 2 and GPs to Level 3.

GPs and nurses occasionally find it necessary to use restraint to enable the delivery of care or treatment to young children, in particular when giving pre-school immunisations. This is the only circumstance in which the use of any form of restraint is permissible in the Practice. Normally the parent or carer should be asked to restrain the child, and Practice staff should only do so if the parent or carer is unable or unwilling to.

Definition of levels of need for children under 5

BANES Early Years Service and Health Visitors differentiate three levels of need:

U – children have no additional needs and can access universal services

UP – children with additional needs

UPP children with complex additional needs

Any child designated as UP or UPP must have this fact recorded on a screen alert on Emis.

Health Visitors will be notified when any child with a UP or UPP status leaves the Practice.

Quarterly meetings will be held between the Practice Lead and the Health Visitors to discuss children with UP and UPP status and to ensure that appropriate information is shared.

SUSPECTED SAFEGUARDING INCIDENTS: ACTION REQUIRED

The flowchart at Appendix B sets out the actions expected of non-clinical and clinical staff.

In all cases the welfare of the child is paramount.

Staff must be prepared to consult with colleagues and take advice from experts.

Anyone involved in a child safeguarding incident must keep comprehensive and clear notes at the time of the incident. The NHS SAFER guidelines are available to help with appropriate recording and referral.

Information sharing is an essential element of good safeguarding practice. The Practice will follow the guidance set out in "Information Sharing: advice for practitioners providing safeguarding services", published by the Dept for Education in 2015. A flowchart based on this guidance is included in the Safeguarding Children hard copy folder for staff.

All staff

It is the responsibility of all Practice staff, whatever their role, to be alert to the possibility and warning signs of abuse, and to act on any concerns. Warning signs may not be linked to physical sighting of the child, and could include failure to collect medication, failure to attend hospital appointments, frequent out of hours calls.

Any member of staff who has concerns regarding the welfare of any child on the surgery premises, whether or not the child is a patient here, should raise the matter immediately with the Practice Lead, Duty Doctor, a Partner, or any other doctor or nurse.

Clinical staff

Child safeguarding concerns may be raised with any doctor or nurse in the absence of the Practice Lead. It is the responsibility of that clinician to decide whether or not the issue appears to meet safeguarding criteria and to refer to specialist professionals according to the flowchart. Unless there is an immediate risk to the child's safety, the clinician receiving information about a potential safeguarding issue is advised to discuss this with at least one internal clinical colleague before involving any outside agency, and always if possible to discuss the case with any other GP who has been recently and actively involved in the care of the child. This will enable the Practice to reach a considered opinion on appropriate action.

Where abuse of a child is suspected the welfare of the child takes priority. In deciding whether to disclose concerns to a third party or other agency the GP will assess the risk to the child. Ideally the matter should be discussed with the child or a person with parental responsibility first, and attempt made to obtain consent to refer the matter to the appropriate agency. Where this is not possible, or in the case of emergency where serious harm is to be prevented, the child's doctor will balance the need to protect the child with the duty of confidentiality before deciding whether to refer. The child or a person with parental responsibility should usually be informed that the doctor intends to disclose information, and advice and support should be offered.

Due regard will be taken of the child's Gillick competence to provide a valid consent.

If appropriate, initial advice may be sought from experts on a "what if?" basis, without naming the child, in order to avoid consent issues.

In assessing the risk to the individual, the following factors will be considered:

- Nature of abuse, and severity
- Chance of recurrence, and when
- Frequency
- Those involved – family, carers, strangers, visitors etc.

- Whether other third parties are also at risk (other members of the same household may be abused at the same time)

All actions relating to a suspected or actual safeguarding case must be documented on the child's clinical record in enough detail to be clearly understood by another person reading the record. Where there is immediate concern for the child's safety, a warning to this effect should be placed on the patient's record, viewable every time the record is accessed. If the case proceeds to a formal multidisciplinary level, then an appropriate safeguarding Read code must be applied. Only GPs may apply warnings and Read codes. The GP may consider it appropriate to add warnings to the records of other children in the same household.

Any safeguarding incident must be brought to the attention of the Practice Lead as soon as possible after the event, so that s/he has a full understanding of child safeguarding issues within the Practice. At this stage the Practice Lead should also consider whether any clinical or non-clinical staff require personal support or mentoring as a result of their involvement with the incident.

The Practice will co-operate fully with any multi-disciplinary case management of our patients. The Practice Lead will normally be responsible for this, but there may be occasions when another clinician who has been more closely involved with the care of the patient should be included in place of or as well as the Practice Lead. Minutes of multi-disciplinary meetings should not be scanned on to the patient's record, although the GP's report to the meeting should be. Minutes will be kept securely by the Practice Manager.

CHILD PROTECTION PLANS

Where a child is the subject of a Child Protection Plan or is placed on the Child Protection Register, this will be recorded on the child's medical record and an appropriate Read code will be added. This code will be replaced by a code indicating removal from the register/no longer subject to a plan once the practice is notified of a change in status.

ALLEGATIONS

For the purpose of this process an allegation is where a child, or an adult on behalf of a child, alleges that an adult working at the Practice has:

- behaved in a way that has harmed, or may have harmed a child, or
- possibly committed a criminal offence against or related to a child, or
- behaved towards a child or children in a way that indicates unsuitability to work with children.

Additionally these procedures may be used:

- where an allegation might indicate a person would pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity,
- if there are concerns about the person's behaviour towards their own children, or
- there are safeguarding concerns connected to the individual about children unrelated to their employment or voluntary work, and there has been a recommendation from a strategy discussion that consideration should be given to the risk posed to children they work with, or,
- when an allegation is made about abuse that took place some time ago and the accused person may still be working with or having contact with children.

In these circumstances, or where clarity is required, a discussion with the **Safeguarding Children lead** will be necessary. S/he acts as the Named Senior Officer for the Practice, and will determine whether or not the allegation meets the above criteria. S/he will contact the Local Authority Designated Officer (LADO) and seek advice about how to proceed. When a report is made to the designated senior manager it will be clear in some cases that an immediate referral must be made to social care or the police for investigation. The LADO must be informed of **all** allegations that are brought to the attention of the Safeguarding Children lead. The LADO must be contacted within one working day.

If the allegation is against the Safeguarding Children lead, then the matter must be dealt with by another Partner.

The LADO is currently (Dec 2016) Mel Argles, the Deputy Safeguarding Lead, Children & Young People and Quality Assurance, at Bath & North East Somerset Council, and can be contacted on 01225 396810 or melanie_argles@bathnes.gov.uk .

CONTINUOUS IMPROVEMENT

The Practice recognises that the occurrence of safeguarding cases is comparatively rare, and the issues associated with such cases may not be part of our routine work. It is therefore very important to make sure that all staff are ready to deal with them appropriately when they do occur. Every case will be treated as an important opportunity for learning at both operational and clinical levels.

The key mechanism for learning from safeguarding cases is through the Significant Events Policy. Any safeguarding issue, whether or not it goes beyond the Practice, should be considered as a significant event if there is the potential to learn from it. At every Significant Events meeting it will be noted whether there are any safeguarding items on the agenda. Organisational matters will be dealt with at that meeting, while clinical matters will be referred to a clinical meeting.

It is the responsibility of the Practice Lead and any other clinician who has been involved in a safeguarding case to disseminate the learning from cases, training or any other form of updating at clinical meetings.

Resources:

At the date of this policy, there is guidance on child safeguarding on the BANES CCG website at www.bathandnortheastsomersetccg.nhs.uk – search under Safeguarding Children.

The documents include local policies, and the RCGP/NSPCC “Safeguarding Children Toolkit for General Practice”.

Hard copies of these documents, along with this policy, are kept in the Safeguarding Children folder in the Secretaries’ Room.

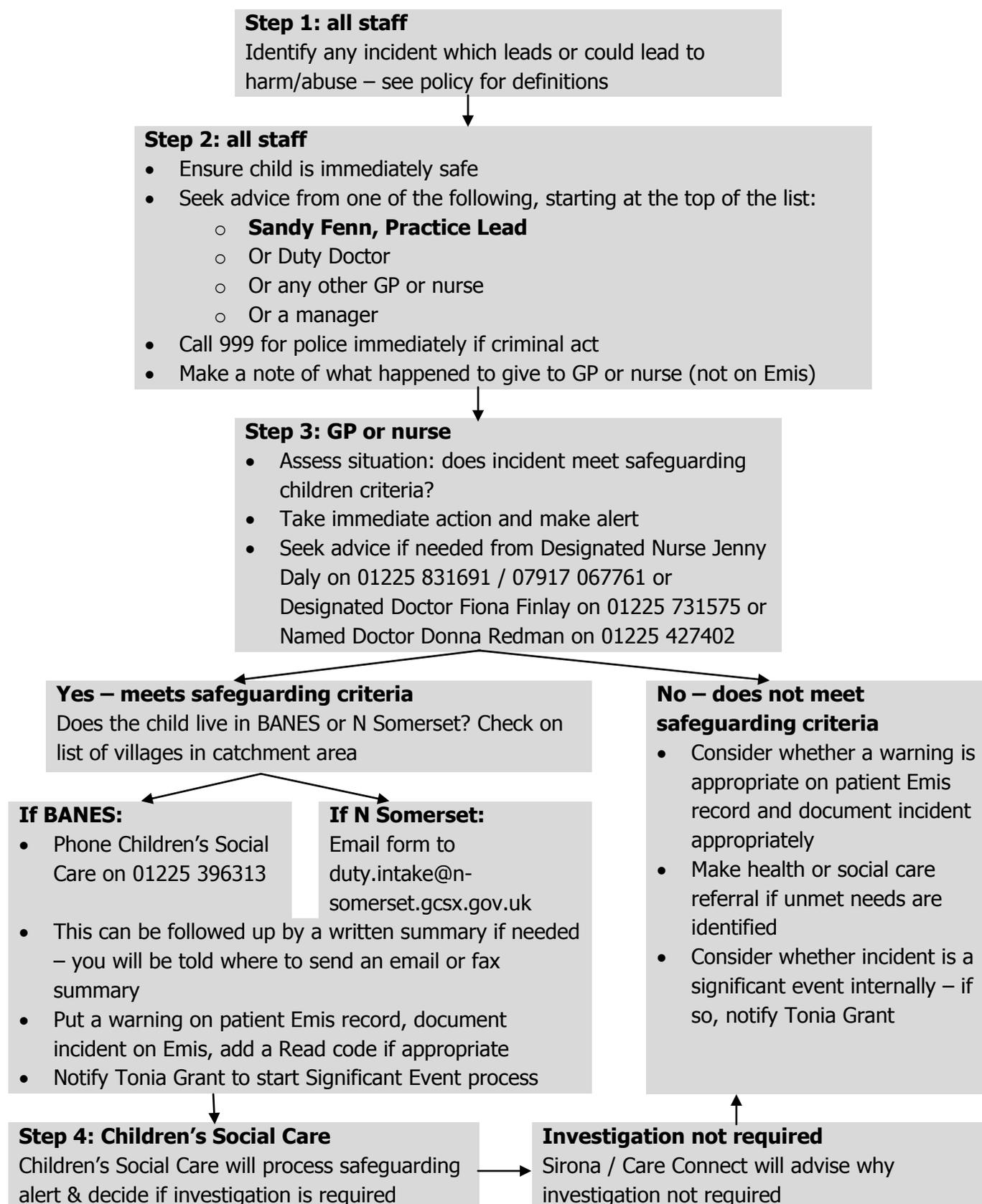
Appendix A

The Practice Lead for Safeguarding Children & Young People:

- Implements Chew Medical Practice safeguarding policy
- Ensures that the practice meets contractual guidance
- Ensures safe recruitment procedures
- Supports reporting and complaints procedures
- Advises practice members about any concerns that they have
- Ensures that practice members receive adequate support when dealing with child protection
- Leads on analysis of relevant significant events
- Determines training needs and ensures they are met
- Makes recommendations for change or improvements in practice procedure or policy
- Acts as a focus for external contacts including the named GP
- Attends regular meetings with others in the Primary Healthcare Team

Appendix B

Child Safeguarding Reporting & Review Flow Chart



See following sheet for full list of Child Safeguarding contacts

Appendix C

Child Safeguarding contacts

Designated Nurse	Jenny Daly	01225 831691 07917 067761 jenniferdaly@nhs.net
Designated Doctor	Dr Fiona Finlay	01225 731575 fiona.finlay@sirona-cic.org.uk
Named Doctor	Dr Donna Redman Number 18 Surgery	01225 427402 dredman@nhs.net
Community Paediatrician (RUH)	Office hours	01225 831575
	Out of hours	01225 428331 & ask for Community Consultant Paediatrician on call
Social Care (B&NES)	Office hours: referral & assessment	01225 396312/3
Duty Social Care (B&NES)	Out of Hours	01454 615165
Social Care/Child Protection (North Somerset)	Email form*	duty.intake@n- somerset.gcsx.gov.uk
Duty Social Care (North Somerset)	Out of hours – only for emergency calls that won't wait till next day	01454 615165
Local Authority Designated Officer (LADO)	Mel Argles	01225 396810 melanie_argles@bathnes.gov.uk
NSPCC National Helpline	For adults who have concerns about a child	0808 800 5000
Local police station (non- emergency)		101
Health Visitors (BANES)		01225 395458 (Bath code is correct)
Health Visitors (N Somerset)		01934 852927

**Children's social care child in need & child protection referral form*: hard copies kept in next wallet in Safeguarding Children file, also on Intradoc .

The single point of access phone number is 01275 888808 but they will just ask for the form to be completed.