

# Safeguarding

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## Safeguarding Children Policy

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### **Policy Statement**

Everyone employed by the practice, and working in partnership with the practice, has a responsibility in relation to child protection and safeguarding children. In most cases this will be the referral of concerns picked up during day-to-day contact with children and families – and particularly children identified as being at risk.

This policy aims to outline the role that the practice has in relation to child protection, the procedures that staff should take and guidance on issues related to child protection generally. It is not exhaustive. All staff should use as a rule of thumb the needs and safety of the child as being at the centre of any decision they make.

This policy takes into account all relevant legislation and guidance including official government statutory guidance, Working Together to Safeguard Children.

### **Definitions**

This practice understands that “safeguarding” and promoting the welfare of children is defined as:

- Protecting children from maltreatment either verbally or in writing.
- Preventing the impairment of children’s health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

The practice understand the term “child protection” to refer to a specific part of the safeguarding and promoting their welfare agenda and refers to activities that are undertaken to protect certain vulnerable children.

According to the Children Act 1989 children in need of protection are those who are suffering, or at risk of suffering, significant harm. Section 47 of the Children Act 1989 gives the local authority Children's Service the duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or is likely to suffer significant harm. This practice understands that this is the threshold which justifies compulsory intervention in family life in the best interests of children.

Other children defined as being "in need" are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their level of health and development will be significantly impaired, without the provision of services, plus those who are disabled.

### **Working Together to Safeguard Children**

The practice recognises that key Government guidance on safeguarding children and child protection is contained in Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children.

The guidance describes particularly vulnerable children as:

- Children living away from home.
- Disabled children.
- Children whose behaviour indicates a lack of parental control.
- Children living in households where there is domestic violence.
- Children of drug-misusing parents.
- Children whose carers believe in "possession" or "witchcraft".
- Children of families living in temporary accommodation.
- Migrant children, in particular child victims of trafficking and unaccompanied asylum-seeking children.

The guidance strongly advocates the view that shared responsibility and effective joint working between agencies and professionals that have different roles and expertise is required if children are to be properly protected and their welfare promoted.

Key elements of the Working Together strategy include:

- Every Child Matters – a government programme for improving outcomes for children and young people.
- The creation of Children's Trusts – local cooperation arrangements to ensure that partners work closely together.
- The setting up of Local Safeguarding Children Boards (LSCBs).
- The placing of a duty on all agencies to make arrangements to safeguard and promote the welfare of children.

This practice believes that close working relationships with partner organisations in child protection is vital if children are to be adequately protected.

Key partners include the police, social services, other NHS services such as community services and acute hospitals, and local safeguarding boards.

### **The Aims of the Policy**

The aims of this policy are:

- To raise awareness of individual responsibilities in identifying and reporting possible cases of abuse.
- To provide a systematic means of monitoring, recording and reporting of concerns and cases.

- To provide guidance on recognising and dealing with suspected child abuse.
- To provide a framework for inter-agency communication and effective liaison.
- To identify strategies and interventions available to support children at risk.

### **Procedure**

In order to safeguard children we will:

- Adopt child protection guidelines as recommended by our Local Safeguarding Children Board and other appropriate professional bodies.
- Implement appropriate procedures and code of conduct for the practice team.
- Raise awareness with staff and patients that concerns about the welfare of a child and child protection are taken seriously, with appropriate action being taken.
- Create an environment where children are listened to and their concerns taken seriously.
- Share information with other agencies on a need-to-know basis.
- Involve parents and children, except where doing so would put the child at greater risk of harm.
- Follow safer recruitment guidance and procedures.
- Provide effective staff management through access to supervision, support and training.
- Review this policy at regular intervals to ensure it is updated and informs day-to-day practice.

This organisation fully recognises its statutory and moral duties under the Children Act 1989 and 2004 with regard to safeguarding children and promoting their welfare. In particular, the organisation recognises the duty of all health care professionals who come in to contact with children, parents and carers in the course of their work to be aware of their responsibility to safeguard and promote the welfare of children and young people. The organisation understands that this is important even when health professionals do not work directly with a child, but may be caring, providing treatment or assessment for their parent, carer or significant adult.

### **Designated Person**

The designated person is [name of person]. Their role is to help co-ordinate any concerns that are raised regarding the welfare of a child and to liaise with other professionals where appropriate, including the local authority social care for children.

The designated person will:

- Co-ordinate action within the practice and liaise with social care and other agencies over cases of abuse and suspected abuse.
- Act as a source of advice within the practice.
- Ensure that staff are familiar with the practice's policy and procedure.
- Make child protection referrals, recording and reporting accordingly.
- Liaise with agencies about individual cases.
- Organise training on child protection and safeguarding children within the practice.
- Ensure that appropriate strategies for recording and reporting incidents are developed and implemented.
- Provide appropriate feedback to members of staff as and when necessary.

### **Staff**

Staff in this practice should:

- Be alert to the signs of abuse as detailed in this policy.
- Report any concerns immediately, where possible to the designated person.
- Consult with the designated person if in any doubt as to how to proceed.
- Follow the advice given in this policy in relation to how to handle disclosures.

## **Guidance on Recognising Abuse**

Child abuse is a term used to describe ways in which children are harmed by someone often in a position of power. It is not the responsibility of the practice team to decide whether child abuse is occurring but to act on any concerns and report these to the appropriate party. The health, safety and protection of a child are paramount.

Abuse might fall into the categories of:

- Physical
- Emotional
- Sexual
- Neglect

Staff should respond appropriately to signs and symptoms in a child which gives them cause for concern. These include:

- Significant changes in children's behaviour or appearance.
- Frequent mood changes.
- Deterioration in their general well-being.
- Unexplained bruising, marks or signs of possible abuse.
- Signs of neglect such as being unkempt.
- Comments children make which give cause for concern.
- Not wanting to go home.
- Seductive behaviour.
- A child who is quiet and withdrawn.
- A child who gives the impression of being unloved and unhappy.

More details on how to recognise signs of abuse can be found in the government *No Secrets* publication.

## **Policy on Dealing with Suspected Abuse**

This organisation understands that all healthcare professionals can make a referral to Children's Services (Social Services) if they have concerns about a child. However, in line with the government guidance *What to do if you are worried a child is being abused* they are advised to discuss these concerns with a more senior colleague first, except in an emergency when delay may be prejudicial to the child's welfare.

Therefore, in this organisation staff should refer concerns to their line manager or to the designated person as soon as possible. In the meantime, they should:

- Consider the child's welfare as paramount.
- Believe the child and take them seriously.
- Remain calm and caring.
- Reassure the child that they have done the right thing in talking to them.
- Make notes of the conversation as soon as possible, using the child's own words.
- Explain what will happen next and who will be told.

Staff should not:

- Promise confidentiality.
- Postpone the discussion until a different time.
- Interpret what they have been told.
- Probe or ask leading questions.

Where the staff member suspects that a child is being abused they should:

- Immediately tell their line manager or the designated person for safeguarding

- and child protection about their concerns.
- Make factual notes of what has occurred, using the child's own words where relevant, and any action taken.
- Ensure that the child receives the necessary medical treatment.

The designated person will follow the procedure below:

- Where possible, they will discuss concerns with the child and their parents and obtain agreement to making a referral to children's social care unless this discussion would put the child at increased risk of significant harm.
- Seek professional advice if unsure about whether or not to talk to parents first.
- When a referral is made, agree what the child and parents will be told, by whom and when. Inform the recipient of the referral what information has already been discussed with the child and their parents.
- If a telephone referral is made it must be confirmed in writing within 48 hours. Children's social care should acknowledge the written referral within one working day of receiving it, indicating the course of action chosen. If nothing has been heard back within three working days, contact children's social care again.
- Under no circumstances confront the abuser. There is a risk of forewarning the abuser and compromising any investigation or prosecution.

In emergency situations where any delay may be damaging to the welfare of a child then staff should contact the Local Authorities Children's Services or the police as appropriate.

### **Joint Working**

This organisations recognises the importance of joint working in the safeguarding of children. Practice staff will be expected to work together and in partnership with relevant staff from other organisations and agencies wherever necessary.

Staff will be expected to attend all relevant case reviews and safeguarding meetings and to cooperate with joint plans of care. Close working relationships will be maintained with key agencies such as the police and with the local Safeguarding Children Board.

Investigation of any cases of alleged abuse is the duty of Local Authority Children's Services and the police, but investigation will incorporate medical, legal, educational and other services as appropriate. All staff from this practice will be expected to cooperate fully with any investigations.

### **Confidentiality**

Confidentiality is a key concept in health and social care but in the context of child safety, the duty of confidentiality may be over-ridden by the duty to protect a child from abuse.

Relevant information about the protection of children must be shared with the investigative agencies, but only on a "need to know" basis.

Staff should be careful in subsequent discussions and ensure that information is only given to the appropriate person. All staff should be kept aware of issues relating to confidentiality and the status of information they may hold.

### **Recruitment**

In this organisation all new staff or volunteers will be subject to the organisation's Recruitment Policy which includes the implementation of appropriate checks prior to employment. These checks include identity checks and Disclosure and Barring Service (DBS) checks.

For any member of staff whose work regularly involves caring for, training, supervising or being in sole charge of young people under 18 or vulnerable adults the level of DBS check required in this organisation is an Enhanced Disclosure.

Any staff who are considered to be a potential risk to children will be reported to the Independent Safeguarding Authority under the Vetting and Barring Scheme.

### **Review**

This policy will be reviewed annually.

To ensure that the safeguarding arrangements are satisfactory monitoring of the safeguarding children/child protection arrangements will be undertaken on a regular basis.

### **Incident Reporting**

Any Serious Untoward Incidents (SUIs) relating to safeguarding issues should be reported and investigated in line with the organisations Incident Reporting Policy. This is to ensure that any incidents are fully investigated and lessons learnt.

### **Training**

All new staff should be made aware of this policy on induction.

Vigilance by all staff and volunteers working in the practice is required to ensure that children are adequately protected. All staff will therefore be trained in basic safeguarding children awareness so that they will be able to recognise potential abuse and will know what to do in such circumstances. Training will include the practices safeguarding children procedures, raising concerns and how to deal with parental concerns.

The minimum requirements for training for staff are set out in the *Intercollegiate Guidance Safeguarding Children and Young People: Roles and Competencies for Health Care Staff*. This guidance outlines the training requirements for different staff groups.

Records will be kept of staff attendance at safeguarding children training and staff will be required to update their training on a periodic basis appropriate to their role.

The designated person will be expected to access annual specialist training provided by the local safeguarding board and to identify continuous professional development needs in their personal development plan.