PRIMARY HEALTH CARE CENTRE, CHOPWELL

Safeguarding Children Policy

Under the 1989 and the 2004 Children Acts a child or young person is anyone under the age of 18 years.

Safeguarding Children refers to the activity that is undertaken to protect specific children who are suffering or at risk of suffering significant harm. All agencies and individuals should be proactive in safeguarding and promoting the welfare of children.

The practice recognises that all children have a right to protection from abuse and the practice accepts its responsibility to protect and safeguard the welfare of children with whom staff may come into contact.

We intend to:

- Respond quickly and appropriately where abuse is suspected or allegations are made.
- Provide both parents and children with the chance to raise concerns over their own care or the care of others.
- Have a system for dealing with, escalating and reviewing concerns.
- Remain aware of child protection procedures and maintain links with other bodies, especially the primary care trust appointed contacts.
- The practice will ensure that all staff are trained to a level appropriate to their role, and that this is repeated on an annual refresher basis. New starters will receive training within 6 months of start date.

BASIC PRINCIPLES

- It is the responsibility of all adults to safeguard and promote the welfare of children and young people. This responsibility extends to a duty of care for those adults employed, commissioned or contracted to work with children and young people.

- Adults who work with children are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Adults should work and be seen to work, in an open and transparent way.
- The same professional standards should always be applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.
- Adults should continually monitor and review their practice and ensure they follow the guidance contained in this document and elsewhere.

Supporting Statement of Intent

The aim of this Document is to ensure that, throughout the Practice, children are protected from abuse and exploitation. This work may include direct and indirect contact with children (access to patient's details, communication via email, text message/phone).

We aim to achieve this by ensuring that CHOPWELL PRIMARY HEALTHCARE CENTRE is a child-safe Practice.

The Practice follows the guidelines suggested in the revised version of the GMC document "Raising and acting on concerns about patient safety", effective 12 March 2012, a copy of which can be downloaded here:

http://www.gmc-uk.org/Raising_and_acting_on_concerns_about_patient_safety_FINAL.pdf_47223556.pdf

CHOPWELL PRIMARY HEALTHCARE CENTRE is committed to a best Practice which safeguards children and young people irrespective of their background, and which recognises that a child may be abused regardless of their age, gender, religious beliefs, racial origin or ethnic identity, culture, class, disability or sexual orientation.

As a Practice, we have a duty of care to protect the children we work with and for. Research has shown that child abuse offenders target organisations that work with children and then seek to abuse their position. This policy seeks to minimise such risks.

In addition, this policy aims to protect individuals against false allegations of abuse and the reputation of the Practice and professionals. This will be achieved through clearly defined procedures, code of conduct, and an open culture of support.

CHOPWELL PRIMARY HEALTHCARE CENTRE is committed to implementing this policy and the Practices it sets out for all staff and partners, and will provide in-house learning opportunities, and make provision for appropriate child protection training to all staff and partners.

This policy will be made widely accessible to staff and partners and reviewed on 18/07/2016.

This policy addresses the responsibilities of all Practice employees and those to whom we have arrangements with. It is the responsibility of the Practice Manager and Safeguarding Lead to brief the staff and partners on their responsibilities under the policy.

For employees, failure to adhere to the policy could lead to dismissal or constitute gross misconduct. For others (volunteers, supporters, donors, and partner organisations) their individual relationship with the Practice may be terminated.

To achieve a child-safe Practice, employees and partners (independent contractors, volunteers, and the wider primary care team members) need to:

- Be clear what their role and responsibility is;
- Be able to respond appropriately to concerns or disclosures of abuse;
- Understand what behaviour is acceptable;
- Understand what abuse is;
- Minimise any potential risks to children.

- Ensure that all information relating to Child Protection issues is regularly updated in the relevant patient record, with appropriate alerts being added to (and removed from) the records of the child/family member.

The Read Codes for alerts in use in the practice are:

13IS - Child in need

13Id - On Child Protection Register

13IV - Child is classed as a 'Looked after Child' (may still be living with a parent)

13IO - Child has been removed from the Register

The code 13IM - Child on Child Protection Register will not be used on the record for the child (use 13Id above); however it may be used on a parent's / guardian's record to indicate that they have a child who is on the register.

Note: reference in the Read Coding system to "Register" is assumed to identify children at risk under the recent guidance.

Background and Principles

Safeguarding children and young people is a fundamental goal for the CHOPWELL PRIMARY HEALTHCARE CENTRE. This policy has been written in conjunction with our legislative and government guidance requirements and other internal policies. These include:

- Adoption and Children Act 2002
- The Children Act 1989
- The Children Act 2004
- The Protection of Children Act 1999
- The Human Rights Act 1998
- The United Nations Convention on the Rights of the Child (ratified by UK Government in 1991)
- The Data Protection Act 1998 (UK wide)

- Sexual Offences Act 2003
- Working Together to Safeguard Children 2006
- Practice Equal Opportunity Statement
- Practice Disciplinary Policy

What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

There are usually said to be four types of child abuse (with a fifth recognised in Scotland)

1. Physical Abuse
2. Emotional Abuse
3. Sexual Abuse
4. Neglect
5. Non-organic Failure to Thrive (Scotland only)

General Indicators

The risk of Child Maltreatment is recognised as being increased when there is:

- Parental or carer drug or alcohol abuse
- Parental or carer mental health
- Intra-familial violence or history of violent offending
- Previous child maltreatment in members of the family
- Known maltreatment of animals by the parent or carer

- Vulnerable and unsupported parents or carers
- Pre-existing disability in the child

(NICE CG89: When to suspect Child Maltreatment, July 2009)

Physical Abuse

Definition: Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child.

Working Together 2006

Indicators:

- Unexplained injuries;
- Injuries of different ages/types;
- Improbable explanation;
- Reluctance to discuss injury/cause;
- Delay or refusal to seek treatment for injury;
- Bruising on young babies;
- Admission of punishment which seems severe;
- Child shows:
- Arms and legs inappropriately covered in hot weather (concealing injury);
- Withdrawal from physical contact;
- Self-destructive tendencies;
- Aggression towards others;
- Fear of returning home;
- Running away from home.

Emotional Abuse

Definition: Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.

Working Together 2006

Indicators:

- Physical/ Mental/ Emotional developmental delay;
- Overreaction to mistakes;
- Low self-esteem;
- Sudden speech disorder;
- Excessive fear of new situations;
- Neurotic behaviours;
- Self-harming/ mutilation;
- Extremes of aggression or passivity;
- Drug/ solvent abuse;
- Running away;
- Eating disorders;
- School refusal;
- Physical/ Mental/ Emotional developmental delay.

Sexual Abuse

Definition: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative

acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

Working Together 2006

Indicators:

- Genital itching/pain
- Unexplained abdominal pain
- Secondary enuresis (or daytime soiling/wetting)
- Genital discharge/ infection
- Behaviour changes
- Sudden changes
- Deterioration in school performance
- Fear of undressing (e.g. for sports)
- Sleep disturbance/nightmares
- Inappropriate sexual display
- Regressive (thumb sucking, babyish)
- Secrecy, Distrust of familiar adult, anxiety left alone with particular person
- Self-harm/mutilation/attempted suicide
- Phobia/panic attacks
- Unexplained or concealed pregnancy
- Chronic illness (throat infections)
- Physical/ Mental/ Emotional developmental delay

Neglect

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

development, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.

Working Together 2006

Indicators:

- Poor personal hygiene, poor state of clothing;
- Constant hunger/thirst;
- Frequent accidental injuries;
- Untreated medical problems:
- Delayed presentation, concealed injuries;
- Low self-esteem;
- Lack of social relationships;
- Eating Disorders;
- Children left repeatedly without adequate supervision;
- Failing to engage with healthcare:
- Non-attended appointments (Practice or wider health professional);
- Frequent use of A&E / Out-of-Hours services;
- Failing to arrange immunisations;

Injury Patterns

There are a number of injury patterns that cause immediate concern in terms of Child Protection: amongst which are:

- Multiple bruising, with bruises of different ages
- Facial bruising in non-motile baby
- Baby rolls over at six months

- Baby attempts to crawl at eight months

(See Appendix 1: Child Developmental Stages)

- Ear bruising
- Unexplained oral injury
- Fingertip pattern bruising
- Cigarette burns
- Accidental burns are superficial, circular, with a tail
- Deliberate burns are deeper and tend to scar
- Belt/ buckle marks
- Burns/ scalds
- "Glove" and "stocking" scalds, with clear demarcation of forced immersion
- Face, head, perineum, buttocks, genitalia
- "Hole in the doughnut" scald: centre of buttocks is spared when child forcibly immersed in scalding water (surface of bath takes time to warm: hence flat surface relatively cooler than water. Absence of this sign might hint at premeditation?)
- "Splash" pattern – while droplet burns may indicate splashing trying to escape (and therefore potentially accidental), they may also suggest hot liquid thrown at child (which might cover larger, more diffuse area)
- Bites
- Animal bites puncture, cut and tear
- Human bites are bruised, crescent-shaped, and often do not break the skin
- Fractures
- Multiple rib fractures
- Different age of fracture
- Spiral fracture of long bones: twisting force

Further information on injury patterns can be found at:

http://www.nspcc.org.uk/inform/trainingandconsultancy/learningresources/coreinfo/coreinfo_wda54369.html

Practice Arrangements

The Practice Safeguarding Lead is: Dr M S Hassan

The Deputy Practice Safeguarding Lead is: Dr S Hassan

This is not a full-time function but instead complements the individual's daily duties. The responsibilities are detailed below.

CHOPWELL PRIMARY HEALTHCARE CENTRE recognises that it is not the role of the Practice to investigate or to decide whether or not a child has been abused

The Practice Lead(s) for Safeguarding Children & Young People will:

- Act as a focus for external contacts on safeguarding/ child protection matters;
- Be fully conversant with all aspects of the CHOPWELL PRIMARY HEALTHCARE CENTRE child protection policy, operating procedures and incident handling procedures;
- Disseminate safeguarding / child protection information to all practice members;
- Act as a point of contact for practice members to bring any concerns that they have and record it;
- Assess the information promptly and carefully, clarifying or obtaining more information about the matter as appropriate;

- Know and establish links with local child protection agencies, such as the children's social care services (previously social services in England and Wales);
- Know and establish links, and when appropriate take advice from named and designated professionals in child protection;
- Take a lead role in planning and delivering regular staff training, reviewing policy and operating procedures, and conducting audit / review of safeguarding in the Practice;
- Ensure that the practice meets the contractual and clinical governance guidance on safeguarding children/ child protection;
- Engages the Primary Healthcare Team to establish "You're Welcome" policies –
- See: RCGP Safeguarding Children and Young People – a Toolkit for General Practice
- Ensure that the practice team records safeguarding incidents appropriately, (for example of significant event forms see Appendix 2) and analysis of significant events (see Appendix 3);

Immediate Actions when Child abuse may be suspected

- Concerns should immediately be reported to the Practice Safeguarding Lead or their deputy (as identified above).
- In the absence of one of the nominated persons, the matter should be brought to the attention of the CCG appointed person, or, if it is an emergency, and the designated persons cannot be contacted, then the most senior clinician will make a decision to report the matter directly to social services or the police.
- If the suspicions relate to the designated person, then the deputy should be notified and the CCG appointed person and / or social services should be contacted directly.
- Suspicions should not be raised or discussed with third parties other than those named above.
- Any individual has the ability to make direct referrals to the child protection

agencies; however, staff are encouraged to use the route described here where possible. In the event that the reporting staff member feels that the action taken is inadequate, untimely or inappropriate they should report the matter direct. Staff members taking this action in good faith will not be penalised.

- Where emergency medical attention is necessary it should be given. Any suspicious circumstances or evidence of abuse should be reported to the designated clinical lead.

- If a referral is being made without the parent's knowledge and non-urgent medical treatment is required, social services should be informed. Otherwise, speak to the parent / carer and suggest medical attention be sought for the child.
- If appropriate, the parent / carer should be encouraged to seek help from the Social Services Department prior to a referral being made. If they fail to do so, in situations of real concern, the designated person will contact social services directly for advice.
- Where sexual abuse is suspected, the designated person will contact the Social Services or Police Child Protection Team directly. The designated person will not speak to the parents.
- Neither the designated person nor any other member of the practice team should carry out any investigation into the allegations or suspicions of sexual abuse in any circumstances. The designated person will collect exact details of the allegations or suspicion and provide this information to the child protection agencies that will investigate the matter under the Children Act 1989.

Notifying the CQC of allegations of abuse

Dr Hassan/Partner of the Registered Person at the Practice is responsible for notifying the CQC without delay about allegations of abuse including:

- Any suspicion, concern or allegation from any source that a person using the service has been or is being abused, or is abusing another person (of any age), including:

a) Details of the possible victim(s), where this is known, including:

b) A unique identifier or code for the person.

c) The date they were or will be admitted to the service.

d) Their date of birth.

e) Their gender.

f) Their ethnicity.

g) Any disability.

h) Any religion or belief.

i) Their sexual orientation.

j) All relevant dates and circumstances, using unique identifiers and codes where relevant.

k) Anything you have already done about the incident.

- A unique identifier or code for the actual or possible abusers, together with, where it is known:
- The personal information listed in a) > k) above
- Their relationship to the abused person
- A unique identifier or code for any person who has or may have been abused by a person using the service, together with (where known):
- The same personal information listed in a) > k) above
- Their relationship to the abused person
- The person who originally expressed the suspicion, concern or allegation (using a unique identifier or code).

• In relation to where the alleged or possible victim of abuse is a child or young person under 18 years, the notification must include details of the allegation, including:

- Any relevant dates, witnesses (using unique identifiers or codes) and circumstances.
- The date the allegation was notified to the police, local safeguarding children board and the strategic health authority (where appropriate).
- The type of abuse (using the categories in the Department for Children, Families and Schools document Working Together).
- Anything the registered person has done as a result of the allegation.

Where the Registered Person is unavailable, for any reason, Dr M A Hassan will be responsible for reporting the allegation to the CQC.

There is a dedicated Notification form for this type of incident. The form is contained in the Outcome 20 document “Notification of Other Incidents – Outcome 20 Composite Statements and Forms”.