

Safeguarding Policy for Children and Young People

July | 2017

Responsible Committee: Clinical Governance Committee

Date Effective: August 2017

Supersedes: July 2014

Next Review Done: August 2017

Contents

1. INTRODUCTION	3
2. DEFINITIONS.....	6
3. Scope	7
4. Roles and responsibilities.....	7
4.1 SELDOC Safeguarding Children Lead	7
4.2 On-Call Clinician.....	7
4.3 All other staff	8
4.4 Practices	8
5. Implementation and dissemination of this Policy	8
6. Confidentiality.....	9
6.1 Confidentiality and Information sharing:.....	9
6.2 Confidentiality and Parental Responsibility	9
7. <i>Identifying safeguarding concerns</i>	9
8. Responding to safeguarding concerns	11
9. Documentation:	12
9.1 Referral Letter to Social Services	12
9.2 Medical records	12
10. Follow-up actions	12
11. Employment – safer recruitment.....	12
12. Training	13
13. Allegations of abuse against a member of staff or healthcare professional.....	13
APPENDIX A: PARENTAL RESPONSIBILITY	14
APPENDIX B: IMPORTANT CONTACTS	15
APPENDIX C: ADDITIONAL INFORMATION ON SAFEGUARDING CHILDREN	16
APPENDIX D: What to do if you suspect maltreatment.....	17

1. INTRODUCTION

*'The support and protection of children cannot be achieved by a single agency... Every Service has to play its part. All staff must have placed upon them the clear expectation that their primary responsibility is to the child and his or her family.'*¹

The safeguarding of children and young people is paramount and an essential part of clinical governance and risk management. SELDOC will work collaboratively with all relevant services, teams and agencies to safeguard and protect the welfare of people who use its services, and undertake all necessary actions, including sharing information, co-operating during any investigative process and contributing to forums including the Local Safeguarding Children Board.

Many of the boroughs served by SELDOC, particularly Lambeth, Southwark and Lewisham, have a growing and particularly young population, which includes many vulnerable children and families. Additionally there has been a steady increase in safeguarding activity nationally following notable cases such as Victoria Climbié, Baby Peter, Khyra Ishaq and Daniel Pelka.

Neglect continues to be the most common reason for a child being subject to a child protection plan. Domestic violence and emotional abuse is also a significant problem that is known to place children at risk.

Children account for nearly 50% of cases presenting in the out of hours services. Some of these children will have already been identified as vulnerable and at risk. In addition, the presentation of a child to unscheduled care can be a way of avoiding contact with regular health care professionals.

Key principles of Child Safeguarding:

- All patients, including children and young people, and their carers accessing SELDOC are to be treated in a manner that respects their human rights and diversity in a fair and equal way
- Due regard should be given to issues of race, culture, gender and disability when working with families to safeguard and promote children's welfare.

¹ Making Arrangements to Safeguard and Promote the Welfare of Children (DfES 2005),

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/DFES-0036-2007.pdf>

- The welfare, well-being and protection of the child is the paramount consideration in all cases.
- People that have been abused or are suspected of being abused (or where appropriate, people acting on their behalf) are to be :
 - Taken seriously and treated with dignity and respect when they report abuse.
 - Provided with appropriate help and support to report abuse.
 - Supported by the service to take part in the safeguarding process to the extent to which they want, are able to, or to which the process allows.
 - Confident that their care, treatment and support will not be compromised if they raise issues of abuse.
 - Made aware of, and supported to access, sources of support outside the service including local independent information advice, or independent mental health advocacy services where relevant.

In summary, this policy serves to:

1. Clearly set out best practice and joint working of non-clinical staff and healthcare professionals at SELDOC to promote the welfare of children and young people and safeguard them from abuse and neglect
2. Define SELDOC's systems and procedures for safeguarding to minimise harm or risk of harm to children and young people.
3. Develop a culture that enables the early identification and reporting of safeguarding issues, and their effective management in the, out-of-hours period, when the full range of support services may not be available
4. Ensure all SELDOC staff and duty clinicians have adequate knowledge to report and respond appropriately to safeguarding issues.
5. Support a robust safeguarding process at SELDOC in line with national and local requirements and obligations to commissioners and Care Quality Commission (CQC).

The following policies are linked to the SELDOC Safeguarding Children and Young People Policy and should be read in conjunction with this policy:

- Complaints
- Chaperone
- Confidentiality

The following reference documents should also be read in conjunction with this policy:

- What to do if you are worried a child is being abused – Every Child Matters:
<https://www.education.gov.uk/publications/eOrderingDownload/6840-DfES-IFChildAbuse.pdf>
- Guidance on when to suspect child maltreatment (CG89, NICE, 2009)
<http://www.nice.org.uk/CG89>
- Royal College of General Practitioners' Safeguarding Children Toolkit:
http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~/_media/Files/CIRC/Safeguarding%20Children%20Module%20One/Safeguarding-Children-and-Young-People-Toolkit.ashx
- Information Sharing: Guidance for practitioners and managers (DCSF, 2008)
- Working Together to Safeguard Children 4th Edition (London Safeguarding Children Board (LSCB),2010) including its supplements on gang activity, disabled children, sexual exploitation, child protection, domestic violence and parental substance misuse, trafficking and abuse linked to a belief in spirit possession

The following legislation and guidance provides the framework for Safeguarding children:

- Framework For The Assessment of Children In Need And Their Families (DH, 2000)
- No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (DH and Home Office, 2000)
- Sexual Offences Act (DH, 2003)
http://www.opsi.gov.uk/acts/acts2003/ukpga_20030042_en_1
- Safeguarding Children in Whom Illness is Fabricated or Induced (DH, 2003)
- The Children Act (DH, 2004)
http://www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1
- National Service Framework for Children (DH, 2004)
The Protection of Children in England: A Progress Report (DH, 2009)
http://dera.ioe.ac.uk/8646/1/12_03_09_children.pdf

2. DEFINITIONS

Child

In this document, a child is defined as those aged 18 and below, including the unborn child; however, for those with a learning disability, this extends to those aged 25 and below.

Abuse

All forms of maltreatment, infliction of harm, or failure to act to prevent harm to a child. Abuse is classified into four categories:

Physical abuse – inflicting physical harm to a child e.g. hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating and when a parent fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse - persistent emotional maltreatment causing severe and persistent effects on the child's emotional development; this includes bullying.

Sexual abuse - Forcing or enticing a child or young person to take part in sexual activities and behave in sexually inappropriate ways. This includes non-contact activities

N.B. Penetrative sex where one of the partners is under the age of 16 is illegal; where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003.

Neglect - 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.

3. Scope

This policy is intended for all staff and healthcare professionals working at SELDOC, including staff not employed directly by SELDOC e.g. agency staff, and is relevant for all staff that have any kind of patient contact, including those involved in the administration of patient records.

All professionals should also be familiar with any Safeguarding/ Child Protection guidance provided by their own professional organisations.

4. Roles and responsibilities

It is the responsibility of all non-clinical staff and healthcare professionals working at SELDOC to have read this policy and be in a position to act in accordance with its contents.

4.1 SELDOC Safeguarding Children Lead

The Safeguarding Lead is responsible for:

- Ensuring that all staff and Duty Clinicians are trained in accordance with requirements
- Ensuring that all staff and Duty Clinicians are aware of SELDOC's Child and Young People's Safeguarding policies and procedures
- Awareness of all safeguarding issues and queries at SELDOC and oversee and advise as necessary.
- Documenting any information relevant to Safeguarding Children to raise awareness for call handlers and duty clinicians.
- Working collaboratively with the Named GP for Safeguarding Children in each borough to ensure that procedures are consistent with local best practice and recommendations
- Conduct safeguarding audits e.g. RCGP Urgent and Emergency Care Clinical Audit

4.2 On-Call Clinician

In the out-of-hours period, the on-call clinician is responsible for being the Safeguarding Children Lead and responding to any concerns raised by clinical or non-clinical staff regarding the welfare of a child.

4.3 All other staff

All other non-clinical staff and Duty Clinicians are responsible for the following in accordance with their contract of employment / Service Level Agreement (SLA):

1. Attending relevant safeguarding training
2. Implementing the standards within this policy
3. Liaising with the SELDOC Children Safeguarding Lead as required

All non-clinical staff and healthcare workers at SELDOC should:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers, or potential abusers, may pose to children;
- Share and help to analyse information so that an assessment can be made of the child's needs and circumstances, including information for child protection enquiries and conferences;
- Contribute to whatever actions are needed to safeguard and promote the child's welfare;
- Work co-operatively with parents, unless this is inconsistent with ensuring the child's safety

4.4 Practices

Out-of-hours duty clinicians do not have access to patient's complete medical records therefore to enable effective, integrated care out-of-hours, practice Child Safeguarding leads should upload a special note on ADAstra on the medical record of each child that is subject to a child protection plan. Special notes must be updated monthly by the Practice Child Safeguarding Lead.

5. Implementation and dissemination of this Policy

The policy will be shared with all staff and duty clinicians via training events, highlighted via the Quarterly GP Educational Newsletter and made available on the SELDOC / ADAstra intranet.

6. Confidentiality

All health care staff, providing clinical or administrative services, must respect patients' privacy and their right to have information about them held in confidence and held in private and secure systems.

However, where there are potential safeguarding issues it is important not to enter into contracts with the child or make unrealistic promises for the outcomes of any disclosure.

6.1 Confidentiality and Information sharing:

6.1.1 Staff and Duty Clinicians

Any member of staff or duty clinician who has information about an adult or child which may impact on the welfare or safety of a child, has a responsibility to share that information – this disclosure of confidential information is permitted where necessary to safeguard a child or children in the public interest ^{2,3,4}

6.2 Confidentiality and Parental Responsibility

When seeing a person under the age of 16 who is unaccompanied, it is important to put them at ease and address their presenting problem.

- Offer a chaperone
- Document the fact that they were unaccompanied
- Explore the reasons for being unaccompanied, consider whether this is in itself a safeguarding issue
- If concerns about Gillick competence, contact with **a person with parental responsibility** to explain the management plan, unless the child's right to confidentiality outweighs the parent's right to know.

7. Identifying safeguarding concerns

See NICE guidance when to suspect maltreatment (CG89, NICE, 2009)

<http://www.nice.org.uk/CG89>(On ADSTRA / Intranet)

Utilise the information on ADASTRA

² The Children Act (DH, 2004) http://www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1

³ What to do if you are worried a child is being abused – Every Child Matters:
<https://www.education.gov.uk/publications/eOrderingDownload/6840-DfES-IFChildAbuse.pdf>

⁴ Information Sharing: Practitioners and manager. Guide" DFES 2008.
<https://www.gov.uk/government/publications/information-sharing-for-practitioners-and-managers>

- Is their usual GP listed? Are they registered with a practice?
- Are they a frequent out-of-hours caller? (> 4 calls per month or >6 per year)
- Are there special notes relating to potential safeguarding issues
- Are they under 16 and unaccompanied

Remember:

A) Risk of harm to a child is increased by:

- Younger age - babies and young children are at immediate risk.
- Special needs e.g. medical conditions, communication difficulties or disability
- Inadequacy of parental care and the family context e.g. parental/carer with mental illness , learning disability, substance or alcohol misuse, or domestic violence

B) In young persons who are sexually active - explore safeguarding concerns where:

- The young person is under 16 years of age
- The young person is between 16-18 years and the partner may be exploiting a position of authority
- Teenage pregnancy in an under 16 year old

NB Refer to Social Services any pregnant teenager under 15 years to ascertain context.

8. Responding to safeguarding concerns

Where behaviour suggests possible abuse, there are potential injuries compatible with abuse or it is believed that an unborn infant, child or teenager child has been, or is likely to be, harmed by **abuse or neglect it is your responsibility to act:**

If you are a non-clinical member of staff:

- Document your concerns;
- Inform your line manager of your concerns - they will report the matter to a duty clinician.

If you are the consulting duty clinician (see APPENDIX D):

- Consider whether the child is at risk of immediate further harm, or needs to be referred to paediatricians for admission by dialling 999– either for their own safety, or for collection of medical or forensic evidence.
 - Where you consider it appropriate, raise your concerns with the child, and parent or carer, provided you do not think this would put the child more at risk.
 - Refer to **the Duty Social Worker for children in the borough where the child resides** (see Appendix B for contact details), who will assess and arrange for an urgent child protection medical / forensic examination as necessary.
 - Ideally you should obtain consent from the parent or carer for the referral to social services, however seeking consent is inadvisable in some circumstances, for example:
 - if a child discloses alleged sexual abuse;
 - if the child would be placed more at risk if the parent or carer were informed and;
 - where there is suspicion regarding honour based violence.

In these circumstances, you should refer to social services without obtaining consent.

N.B. If you need clinical advice or support, contact the SELDOC Clinical Director on-call (see ADASTRA / Intranet for on-call clinician rota)

9. Documentation:

9.1 Referral Form to Social Services

Please use the generic Safeguarding Referral form located on the Seldoc Website (appendix E)

The referral should record the exact circumstances of the event/s

- what was actually said and by whom
- names of relevant witnesses
- any injuries observed using body maps
- relevant health details of child (and adult/s where appropriate)
- relevant social circumstances
- other agencies involved with the child if known
- what actions have been taken

If for whatever reason the Safeguarding form cannot be downloaded or printed, complete the electronic safeguarding referral form. Which will go directly to the Clinical Governance Team, to refer the patient the next working day.

9.2 Medical records

Clearly document the consultation, key concerns and referral to social services in the medical records to inform the patient's GP.

10. Follow-up actions

The Clinical governance Team will:

- **Inform the patient's GP of the referral to Social Services by telephone on the next working day, and**
- **Inform SELDOC's Medical Director.** The Medical Director is then responsible for ensuring that any follow up action is carried out

11. Employment – safer recruitment

SELDOC is committed to best employment practice in order to support patients' safety with rigorous pre-employment checks for all staff as most will have access to confidential medical records and many work directly with patients.

SELDOC recruits in accordance with its DBS Policy.

A robust quality assurance process is in place for Duty clinician Recruitment.

12. Training

All staff at induction are required to familiarise themselves with the relevant policies, procedures and updates as advised .These are accessible to all staff and duty clinicians on ADASTRA / Intranet.

All GPs are required to be trained to Level 3 Safeguarding, other clinicians Level 3 and all other staff to Level 1/2 and undertake the appropriate updates as specified.

13. Allegations of abuse against a member of staff or healthcare professional

All allegations of abuse will be taken seriously and procedures followed involving external facilitators.

Any member of staff at SELDOC with concerns about a colleague's behaviour will be supported to share information in confidence in line with SELDOC's Protected Disclosure Policy.

APPENDIX A: PARENTAL RESPONSIBILITY

What is parental responsibility?

Parental responsibility (PR) is where an adult is responsible for the care and well-being of their child and can make important decisions about the following points for example: food, clothing, education, home, medical treatment.

Who has parental responsibility?

A married couple who have children together both automatically have parental responsibility. Parental responsibility continues after divorce.

Mothers automatically have parental responsibility.

- Where the parents are not married, the unmarried father has parental responsibility if:
 - His name is registered on the birth certificate - this is the case for births registered after 1 December 2003. Fathers can re-register if their names have not been placed on the birth certificate before this date.
 - He later marries the mother.
 - Both parents have signed an authorised parental responsibility agreement.
 - He obtains a parental responsibility order from the court.
 - He obtains a residence order from the court.
 - He becomes the child's guardian.

Others, such as grandparents and stepparents, do not have parental responsibility. They can acquire it by:

- Being appointed as a guardian to care for a child if their parent dies.
- Obtaining a residence order from the court for a child to live with them.
- Adopting the child.

APPENDIX B: IMPORTANT CONTACTS

SELDOC Contacts

Out of hours – Speak to *On-call Clinical Director* (see Intranet / ADAstra for on-call clinician rota or speak to Shift Supervisor)

In hours - Dr Sarah Donald, Medical Director & Safeguarding Lead

Tel: 0208 619 1250

Social Care Contacts Out of Hours

Contact the Social Services Team for the Borough in which the child resides

Lewisham Social Services: 0208 314 6000

Lambeth Social Services: 020 7926 1000

Southwark Social Services: 020 7525 5000

Sutton Social Services: 01483517898

Social Services: Surrounding boroughs, Contacts Out of Hours

Bromley Social Services 0300 303 8671

Greenwich Social Services 020 8854 8888

Croydon Social Services 0208 726 6400

Merton Social Services 020 8770 5000

Wandsworth Social Services 020 8871 6000.

Kingston Social Services 020 8770 5000

Surrey County Council 01483 517898

(For Epsom & Ewell, Reigate & Banstead and all of Surrey)

Contact Duty Paediatrician if urgent medical attention is required, and transport the child to A & E by calling 999.

Contact Police – 999, if risk of violence

APPENDIX C: ADDITIONAL INFORMATION ON SAFEGUARDING CHILDREN

Local Information

- Lambeth Council

<http://www.lambethccg.nhs.uk/about-us/our-governance/safeguarding-children/Pages/default.aspx>

- Southwark Council

http://www.southwark.gov.uk/info/266/child_protection

- Lewisham Council

<http://www.lewisham.gov.uk/myservices/socialcare/children/Safeguarding-Children-Board/Pages/default.aspx>

- Sutton Council

https://www.sutton.gov.uk/info/200302/child_protection/476/child_protection_enquiries

- Wandsworth Council

<http://www.wscb.org.uk/>

- Merton Council

<http://www2.merton.gov.uk/health-social-care/children-family-health-social-care/safeguardingchildren/lscb.htm>

- Kingston council

<http://www.kingstonccg.nhs.uk/about-us/safeguarding.htm>

National Information

- National Society for the Prevention of Cruelty to Children (NSPCC)

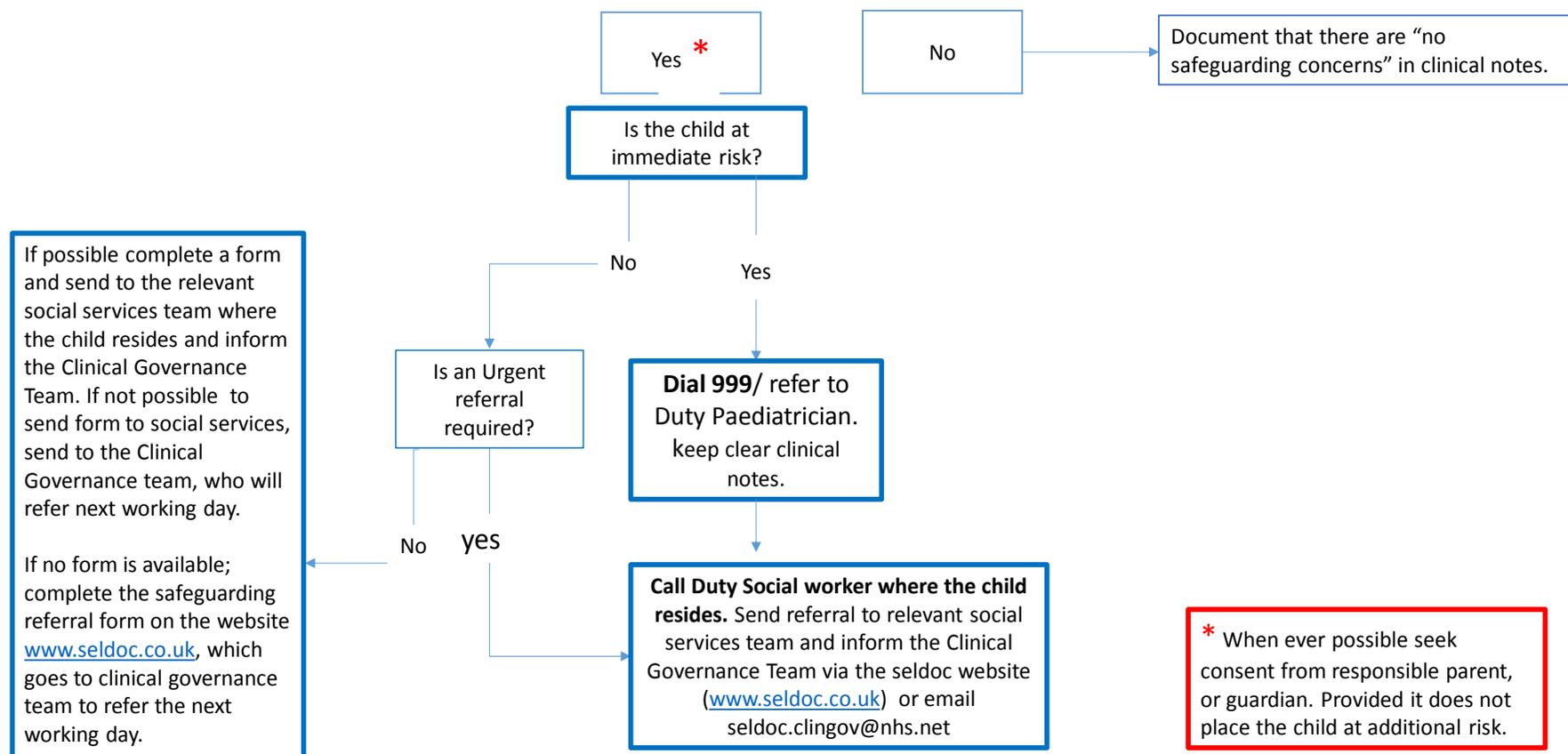
<https://www.nspcc.org.uk/>

NSPCC Helpline – Help and advice 0808 800 5000

Child line – Help for children and young people 0800 1111

APPENDIX D: What to do if you suspect maltreatment

Do you have a safeguarding concern?



APPENDIX E:

July 2014



Referral Form to Children's social services

This form is to be used when raising a safeguarding concern, please discuss this with the Duty Social Worker for children & young people in the borough where the child/young person resides or is located. For all forms completed (urgent and non-urgent concerns) send a copy of referral form to the relevant social Services team in the borough where the individual is located and to Clinical Governance Team, the clinical governance team will follow up any non-urgent concerns the next working day.

Referral Completed by: (details of person taking the referral)						
Name of referrer:			Job title:		Agency:	
Address of service:				Email:		Telephone:
Date of Referral:		Time of referral:				
1. CHILD/YOUNG PERSON DETAILS/SIBLING DETAILS						
Last Name	First Name	Age/DOB/ EDD	M/F	Ethnicity/ Language	Religion	Address and telephone number
2. HOUSEHOLD DETAILS (including extended family)- where known						
Last Name	First Name	Age/DOB/ /EDD	M/F	Ethnicity/ Language	Relationship to child	Address and telephone number
Give details of principal carers and those with Parental Responsibility (if their address is different from the child):						
Last Name	First Name	Age/DOB/ EDD	M/F	Ethnicity/ Language	Relationship to child	Address and telephone number
Are there any communication/interpreting needs for the child and/or family?				Does the child and/or family have a disability or special needs?		
3. Other professionals involved (to include GP, school and details of any voluntary agencies involved)- where known						
Name	Job Title	Address			Telephone/email	

I

4. Reason for Referral	
What was the date and time of presentation? If NO, please give details of where the child was at the time of referral and who they were with:	Was the child/young person present? <input type="checkbox"/> YES <input type="checkbox"/> NO
Why are you worried about this child/these children?	
What has happened? What are these concerns based on? Why is Children's Services involvement needed now?	
What are the known views of parents/child?	
5. Previous involvement	
Has a Common Assessment Framework (CAF) been completed? <input type="checkbox"/> No <input type="checkbox"/> Yes , please attach	
If No, please say why not: SELDOC is an urgent care service provider seeing patients who are acutely unwell when their GP surgery is closed.	
What services have already been offered by your agency and/or other agencies and what were the outcomes?	
Are you aware of any previous social work involvement with this family? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give details, including approximate dates:	
6. Consent (Please note that parents/carers have to consent to this referral unless obtaining this consent will place the child at further risk of harm)	
Have parents/carer(s) given consent for this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the child given consent for this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
If consent has not been obtained, please give reason.	
7. Are there any issues we should be aware of when contacting parents/carers?	

If further information is required, please contact Clinical Governance Team or Medical Director for further information

Don't forget to include details of registered GP and ,where applicable, name of School attended by the child

Social Care Contacts Out of Hours

Contact the Social Services Team for the Borough in which the child resides

<u>Lewisham Social Services:</u>	0208 314 6000
<u>Lambeth Social Services</u>	020 7926 1000
<u>Southwark Social Services</u>	0207 525 5000
<u>Sutton Social Services</u>	0148 351 7898

Social Services: Surrounding boroughs, Contacts Out of Hours

<u>Bromley Social Services</u>	030 0303 8671
<u>Greenwich Social Services</u>	020 8854 8888
<u>Croydon Social Services</u>	0208 726 6400
<u>Merton Social Services</u>	020 8770 5000
<u>Wandsworth Social Services</u>	020 8871 6000.
<u>Kingston Social Services</u>	020 8770 5000
<u>Surrey County Council</u>	01483 517898

(For Epsom & Ewell, Reigate & Banstead and all of Surrey)

Contact Duty Paediatrician only if urgent medical attention is required, all medical assessments will be arranged by social services

Contact Police – 999, if risk of violence