

**Northumbria Primary Care**

 **Safeguarding Children & Young People Policy**

**Original Policy Author – Jane Abbott (on behalf of NHCFT)**

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**Reviewed by – Dr Christine Drury**

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|  **Operational Summary** **Policy Aim** The overall aim is to ensure that all staff employed by Northumbria Primary Care (NPC) know what their duties and responsibilities are with regard to safeguarding and promoting the welfare of children and act appropriately and in accordance with these policies and procedures when the situation or circumstances require them to do so. These policies apply to all staff employed by Northumbria Primary Care (hereafter known as NPC).**Policy Summary**These policies include information and guidance on all the sections identified on the contents page and includes procedures that apply to all staff Procedures that apply to specific services only, will be, or have been developed as Standards and Procedures/Pathways within the services they apply to and will be implemented and audited by those services. This document does not include the full details of these Standards but makes reference to them. Moreover, this document does not include the specific service procedures to be followed; however, these can be obtained via the intranet or by contacting the Group Manager for further information. All Standards and Procedures / Pathways relating to identified services specified in this document, must include the following: * The standard to be achieved
* The circumstances in which advice will need to be sought from one of the Trusts/CCG’s Safeguarding Children’s teams / Designated or Named doctor including time frames.
* Signs or indicators of concern if relevant
* Action to be taken including time frames.
* How frequently the Standard will be reviewed.
* How frequently it will be audited (where it is realistic to do so).
* Who (specifying the title of the member of staff within the service) will have responsibility for ensuring the audit(s) are completed.

All Standards, Procedures/Pathways specifically referred to in this document below, must be written, reviewed and updated in consultation with the Named Safeguarding Lead at the practice and the Designated Safeguarding professionals for North Tyneside and Northumberland. **What it Means for Staff****Managers/Supervisors -** All managers are responsible for ensuring that they read, understand and know how to access these policies and for ensuring that all staff who work in their service are:* Informed of these policies.
* Know how to and are able to access these policies.
* Informed that it is their responsibility to read these policies and seek further clarification from their manager or one of Safeguarding Children teams employed by the Trust, if there is anything in the policy they do not understand or if further information is required.

**All NPC Employees -** All staff must ensure that they follow these policies and procedures whilst undertaking their role. |

Procedure for making a referral to Children’s Social Care

Practitioner has concerns or reasonable cause to believe a child or young person is at risk of significant harm from abuse or neglect

If required, practitioner seeks advice from senior colleague, Group Manager or GP. **If risk of harm imminent**, **refer to Children’s Services immediately.** If out of hours, seek advice from CSC in the area the childlives in.

Practitioner still has concerns

Practitioner no longer has concerns

Practitioner refers via telephone to L.A Children’s Social Care (Children’s Services), in the area the child lives. Practitioner follows up in writing within 48 hours. Copy of the referral to be sent to Group Manager and Safeguarding Lead.

No further child protection action, however practitioner will need to ensure that any required assessments or support services are provided.

Social worker and manager acknowledge receipt of referral and decide on next course of action within one working day.

Social worker feeds back to referrer on the next course of action (usually within 3 days).

 **Introduction**

 This document reflects the principles contained within the United Nations Convention on the Rights of the Child, ratified by the UK Government in 1991 and also the European Convention of Human Rights, in particular Articles 6 and 8.

 The Children Acts (1989, s.27 and s.47) and (2004, s.11), places a duty on all agencies including Health, to work together to safeguard and promote the welfare of children and to make arrangements for ensuring that their functions, and services provided on their behalf, are discharged with regard to the above duty.

 The statutory guidance, Working Together to Safeguard Children (DOH 2013), describes in more detail the role and responsibilities of professionals and agencies.

 The National Institute for Clinical Excellence (NICE) Guidance (2009) and The National Service Framework (NSF) for Children, Young People and Maternity Services, Standard 5 (2004), have set out in more detail the standards that should be achieved by health organisations to ensure that children are safeguarded and their welfare is promoted.

 The Care Quality Commission (CQC) is the independent regulator of safety and quality for all health services and from April 2010, all NHS Trusts were required to be registered with the CQC. The Essential Standards of Quality and Safety produced by the CQC (2010) is designed to help providers of health and adult social care to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and the Care Quality Commission (Registration) Regulations 2009. Outcome 7 describes the essential standards of quality and safety that people who use health and adult social care services have a right to expect in relation safeguarding people who use services from abuse. The CQC regularly inspect health providers to ensure that these standards are being met.

 The Local Safeguarding Children Boards (LSCBs) in North Tyneside, Newcastle and Northumberland have overarching policies and procedures that apply to all agencies providing services to children and young people in their area; these policies have been written in accordance with both North Tyneside and Northumberland’s LSCBs’ policies and procedures.

 North Tyneside and Northumberland’s Local Safeguarding Children’s Boards’ (LSCB) Policies and Procedures can be accessed via the links below and they incorporate further information and guidance regarding specific circumstances in relation to safeguarding children e.g. Child Sexual Exploitation and Fabricated and Induced Illness.

 The LSCBs’ policies and related documents can be accessed via the following links:

 **North Tyneside Safeguarding Children Partnership polices and procedures:**

https://www.northtynesidescp.org.uk/professional/policies-and-procedures/

**Northumberland LSCB Safeguarding Children polices and procedures:**

 https://northumberlandlscb.proceduresonline.com/chapters/contents.html

 **Newcastle Safeguarding Children Policies and Procedures:**

 **https://www.newcastlesafeguarding.org.uk/safeguarding-children/policy-procedures/**

 NPC has a responsibility and duty to safeguard the children who access services. This includes the children of those adults and carers who use our services on a daily basis.

 Services do not always neatly divide into those for adults and those for children, and there will be circumstances when staff in adult services may become aware of or have reasonable cause to believe that a child is or may be at risk of significant harm; these concerns must be shared with the appropriate professionals / agencies.

 It is therefore crucial that all staff are aware of their responsibility to safeguard and promote the welfare of children

**Purpose**

 The purpose of these policies is to ensure that staff employed by NPC, understand their responsibilities to co-operate and work with other professionals and other agencies to safeguard and promote the welfare of children and that they know what action to take if they have concerns.

 The purpose of these policies is also to ensure that the Company and Practice meets its statutory requirements under current legislation and guidance in relation to Safeguarding Children.

 This document describes the responsibilities of NPC and provides policies and procedures for staff regarding how they should work together with other professionals and agencies to safeguard children and young people.

**Duties**

 The Chief Executive of NPC is ultimately accountable for ensuring that the functions, and services provided by, or on the Companies behalf, are discharged with regard to the need to safeguard and promote the welfare of children.

 NPC Board will ensure it has delegated responsibility for ensuring that the Health contribution to safeguarding and promoting the welfare of children is discharged effectively.

 NPC has an assurance framework in place which reports to the Company Board.

 The focus for the Named professional’s role is safeguarding children within their own organisation and they work closely with the Trusts Safeguarding Children lead to ensure all services are aware of their responsibilities.

 A key role of the Named professionals is to promote good professional practice within the organisation, and to provide advice and expertise to staff, managers and the Board Lead for Safeguarding Children. They have specific expertise in children’s health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children.

 Named professionals are expected to support the organisation in its Clinical Governance role, by ensuring that audits on safeguarding are undertaken and that safeguarding issues are part of the Trust’s clinical governance system. They also have a key role in ensuring a Safeguarding Training Strategy is in place and is delivered within their organisation.

 Part of the role involves conducting case reviews. Named professionals are also responsible for ensuring the resulting Action Plan for the organisation is implemented. If any case review or MDT meetings are cancelled it is the GP’s responsibility to review any lists and action anything immediately required.

 The Safeguarding Children teams at NHCFT can provide NPC staff with ad-hoc advice, regular safeguarding children training and proactive supervision as appropriate to their role.

 All professional staff are accountable to their professional registration ‘body’ for the standard of care they provide to clients / patients.

 All staff are accountable to their manager and any significant untoward incident is recorded and reported via SIRMS. Any incident involving safeguarding children is reviewed by one of the Named professionals and where appropriate would be discussed at the locality Safeguarding Children Board.

 There are two Designated Nurses for Safeguarding Children covering North Tyneside, Newcastle and Northumberland. They are employed by NHS Clinical Commissioning Group (CCG).

 In addition there are two Designated Doctors employed by NHCFT but accountable to NHS north of Tyne commissioners for their designated role.

 The designated professionals for Safeguarding Children are a vital source of expertise with regard to safeguarding children and young people.

 There are cards available in certain practices with important safeguarding contact details on. These should be available in clinical rooms at these Practices.

**Process**

**Practice Guidance**

**When a child visits the practice**

A check should be made whether the child is subject to a Child Protection Plan. If the child does not have a Child Protection Plan, this does not mean there are no concerns. If a professional has concerns, action must be taken appropriately. If the child lives in another area, efforts must be made to check whether they have a Child Protection Plan there. If the family are not able to give details, Children’s Services locally should be able to assist with a contact number.

**Information Sharing:**

Guidance:

Sharing information is vital for early intervention / early offers of help to ensure children and young people with additional needs get the services they require. It is also essential to protect children and young people suffering harm from abuse or neglect.

The HM Government guidance *Information Sharing: Guidance for practitioners and managers 2008*provides detailed advice on when and how frontline staff can share information legally and professionally.

**Seven golden rules for information sharing**

**1. Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.

**2. Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

**3. Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

**4. Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

**5**. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

**6. Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

**7. Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

**Remember, the child’s safety and welfare is the overriding consideration.**

**Responding to Disclosure**

Policy: if any doubt about what action to take following a disclosure that gives reasonable cause to believe that a child / young person has suffered or is at risk of significant harm, staff must refer to Children’s Social Care or seek advice from NHCFT’s Safeguarding Children Team covering the area the member of staff is based in, or Children’s Social Care if outside of normal working hours.

Guidance:A child may choose to confide in or talk to an adult about their experiences of child abuse; this is commonly known as a disclosure. Disclosures may take the form of a direct statement, indirect statement, in writing / drawings, role play or stories. Children may be very anxious and fearful about confiding in someone, or may disclose in a very casual way during an activity in a calm ‘matter of fact’ way. A disclosure of sexual abuse, serious physical abuse or neglect, must be referred to Children’s Social Care without delay.

Guidance on responding to disclosures:

Try not to stop a child who is freely recalling significant events. It is the adult’s role to:

* + **Receive** the information, by listening carefully to what the child is saying.
	+ **Reassure** the child by telling them they have done the right thing by telling you.
* **React** to the situation by doing something about it and explain what will happen next, as appropriate to the child’s level of understanding.
* **Record** what the child has said as soon as possible, using the child’s exact words, and making diagrams of any physical marks associated with the allegation.
* **Report** the disclosureto the Safeguarding Lead at the Practice. The lead will advise on whether to and who will speak to the parent/s **where such discussion will not place a child at increased risk of significant harm** and who will contact Children’s Social Care.
* **Support** the child by giving them your time and creating a safe place for them to talk, away from other children and adults.
* **Take care of yourself** by talking to someone who can support you in this process. Be careful not to talk to anyone who does not need to know and maintain confidentiality.

In the case of a disclosure:

* **Do not**: Promise to keep the disclosure a secret; you will have to report it.
* **Do not**: Rush off to find someone else to listen or to find a pen/paper
* **Do not**: Display shock or disapproval, anger or disgust
* **Do not**: Ask direct and/or closed questions such as Why? When? Who? Where? How? you may ask the child to repeat a statement or say ‘is there anything else you want to tell me? Or ‘Would you like to talk about it?’
* **Do not**: Investigate any allegations as you are not qualified to interview children and may mislead them.
* **Do not**: Make judgements or say anything about the alleged abuser and;
* **Do not**: Talk to the parents before discussing with the Safeguarding Children Team/referring to Children’s Social Care in the following circumstances;
* If you think that the child would be threatened or otherwise coerced into silence
* If you think that there is a strong likelihood that important evidence would be destroyed (such as in the case of sexual abuse or other police enquiry)
* If you the child in question does not wish the parent to be involved at that stage and is competent to take that decision
* If you think that it could place you or others at risk of significant harm
* In the case of an allegation against a member of staff**, DO NOT** talk to the member of staff before discussing the allegation with the Lead for Safeguarding at the Practice.

**Suspected Non-Accidental Injuries in babies, children and young people**

Policy:

**All immobile babies with bruises or injuries must be referred to Children’s Social Care without delay (the referral must be to be made to the Children’s Social Care based in the area the child lives in).**

**Babies with unexplained bruising / injuries cannot be left with the family until social services have made an assessment. Community staff have a responsibility to refer these children immediately but must consider their own safety when doing so.**

**Staff should follow up with Children’s Services within 48 hours, for any Child Concern Notifications, Domestic Violence Notifications, or any other type of contact/referral submitted, by a member of NPC for injuries to immobile babies, where there has been no contact from Children’s Services.**

If injuries/bruises are witnessed in the child’s home for example by a Community Midwife, Health Visitor, School Nurse or District Nurse and there is no clear, credible, witnessed history, a referral should be made to Children’s Social Care to enable them to arrange an appropriate Paediatric Medical Assessment and take any immediate protective steps deemed necessary. If the child appears to be ill as a result of the injuries, the member of staff must request an emergency ambulance and ensure ambulance staff are made fully aware of the situation.

Within the emergency are settings:

Babies under 12 months are particularly vulnerable and accidental injuries are less likely in this age group. In the hospital setting careful assessment by senior medical staff above the grade of Senior House Officer is required. When they present with an injury babies in this age group must not be solely assessed by nursing staff. A senior medical opinion (by a middle grade or a consultant in Emergency Care or the Paediatric middle grade out of hours) should be sought for **any injury in a baby under 12 months of age, who is immobile** unless there is a clear, credible, witnessed history prior to any decision to refer to CSC or discharge the baby.

Injuries would include those otherwise classed as minor such as any scratches, small bruises or marks noticed at the time. All injuries should be documented along with a clear medical history. Consideration must be given to seeking a senior paediatric opinion and the reasons for not doing so documented in the child’s records.

When making a referral regarding concerns in relation to non-accidental injury, the member of staff making the referral must verbally inform Children’s Social Care that they are concerned that the mark / bruise is non-accidental and ensure this view is also documented in their written referral.

**Safeguarding Disabled Children**

Any member of staff who has any concerns that a that a child or young person who is disabled is suffering or may be at risk of significant harm from abuse or neglect, must make a referral to Children’s Social Care (referral must be made to the CSC team based in the area the child lives in).

If in any doubt, advice should be sought from the Safeguarding Children Team covering the area the member of staff is based in, or Children’s Social Care if outside of normal working hours.

**Safeguarding Children in whom illness may be fabricated or Induced Illness**

When a member of staff is concerned that reported or actual signs and symptoms in a child or young person may have been fabricated or induced, they **must** discuss their concerns with Safeguarding Lead for advice on further management of the case and if and when a referral to Children’s Social Care is required.

Staff must **not** discuss their concerns with the child/young person or the carers/parents at this stage, as this may compromise the child’s safety further.

Concern that a child or young person has been left unsupervised.

When there isreasonable cause to believe that a child or young person is at risk of significant harm because they have been left at home or anywhere else unsupervised and attempts to locate an appropriate adult have been unsuccessful, the member of staff must telephone the police by calling 999 to inform them.

A referral to Children’s Social Care must be made in the area the child/young person lives in.

**Cause for Concern Notifications**

When a Cause for Concern Notification is received by the practice, the standard SOP for coding and notification as required following that CCN shall be followed. The Standard operating Procedure is to be found here: https://teamnet.clarity.co.uk/a87002/Files/DataItemDownload/bb37a4dd-08a0-42a7-8684-a90d00db176e/04717c6b-db35-4b75-bee7-17fa64c52932

Requests for Court statements, attendance at Court and Police statements/interviews

Staff must inform the Safeguarding Children Lead and the Group Manager as soon as possible and within 48hrs/2 working days of being notified that a statement for Court or attendance at Court is required.

An appointment will then be made for the member of staff to meet with a member of staff from the Safeguarding Children Teams to discuss the case and obtain advice on writing statements for Court and court skills.

**Disclosure and Barring Service (DBS)**

DBS’s role is to assist in preventing unsuitable people from working with children and vulnerable adults.

NPC will not undertake DBS checks on visitors to the Practice including celebrities or VIP’s. The Company welcomes the involvement of visitors and the value they can bring to raise awareness of public interest issues and highlight areas of good practice however official visitors should be supervised at all times and particularly when they have contact with patients. Official visitors should not be given unsupervised access to patients. Any cause for concern should be raised with the Group Manager.

**Completion of Appropriate Data Entry**

Data should be entered fully into the Record using recognised Read codes. These may be accessed via the NPC Safeguarding Children’s Template or the I Have a Concern template. The use of free text as appropriate is of value, but coding must accompany this to allow rapid access to important data and the audit of such data.