Safeguarding Children Policy

IGPF CLINICAL POLICY

RESPONSIBLE LEAD: IGPF Medical Director	**SIGNATURE** Mark Smith 	**DATE APPROVED** 25.05.2023
EFFECTIVE FROM	*Date of approval above*	
DISTRIBUTION	Relevant staff groups: All clinical staff involved in face-to-face care (doctors, nurses, pharmacists, health care assistants and other as decided by service clinical leads)	
RELATED DOCUMENTS	Health and Wellbeing Policy for 'Looked After' Children and Young Persons	
RELEVANT STANDARDS	RCGP Child Safeguarding Toolkit Working Together to Safeguard Children 2018 Roles and responsibilities in NHS settings IGPF whistleblowing policy RCN list of competencies for safeguarding	
AUTHOR/FURTHER INFORMATION	IGPF Medical Director	
SUPERCEDED DOCUMENTS	NA	
REVIEW DUE	2 years from approval date	
SCOPE OF APPLICATION AND EXEMPTIONS	For the groups listed below, failure to follow the policy may result in investigation and management action which may include formal action in line with IGPF disciplinary or capability procedures for IGPF employees, and/or other action in relation to organisations contracted to the IGPF which may result in the termination of a contract, assignment, placement, secondment or honorary arrangement.	

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1. POLICY STATEMENT

Under the 1989 and 2004 Children Acts a child is anyone under the age of 18 years (including when the term 'young person 'is preferred).

- Safeguarding children is the action we take to promote the welfare of all children and protect them from harm.
- Child Protection refers to the activity that is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm.

Islington GP Federation recognises that all children have a right to protection from abuse and neglect and accepts its responsibility to safeguard the welfare of all children in all of its services and when they come into contact with its staff.

The Federation, as an employer, will ensure that:

- There is a named Federation Safeguarding Lead
- Human Resources policies and procedures are in place to support Child Safeguarding activities including recruitment processes, monitoring of training and whistleblowing (see 2.3 and 2.4).

Federation services

The term **Federation Service** relates to any service, or support service for which the Federation employs staff who interact with, or provide care to, the public - whether the service is embedded in an individual (Federation or non-Federation) GP practice or is a distinct Federation service. Federation services will all:

- Have a named Child Safeguarding lead (often the Clinical Lead)
- Responsibilities of this lead are given in 2.2.

Basic Principles of Safeguarding in the Federation

- The welfare of the child is paramount.
- 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 in any Federation service.
- Staff 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 gender or sexual identity.
- Staff should continually monitor and review their practice and ensure they adhere to this policy and follow national safeguarding legislation and guidance.

2. RESPONSIBILITIES WITHIN IGPF

Named Clinical and Child Safeguarding Leads
The current list of clinical and Safeguarding Leads is kept HERE

Named Child Safeguarding Lead:
Dr Mark Smith
mark.smith10@nhs.net

The individual services clinical leads should be the first port of call for any safeguarding queries.

2.1. RESPONSIBILITIES: Of all clinicians working for IGPF services

Each and every clinician working in a Federation Service - including GPs, pharmacists and nurses - has these responsibilities:

a. KEEP YOURSELF WELL PLACED TO IDENTIFY SAFEGUARDING CONCERNS

Individual clinicians in any IGPF service should:

- Read and take note of:
    - Federation safeguarding policies, procedures, referral pathways
    - Safeguarding updates circulated by Service Leads
- Know where to find Federation policies, including the List **Emergency Contact List**

- Training
    - Keep yourself trained and updated to Level 3, as defined in the Federation Safeguarding Training Requirements document (pending).
    - A list of competencies is available here.

- Keep yourself updated in current national child safeguarding guidance
- Know the safeguarding training requirements for work in your service
- Complete and update safeguarding training as required
- Training record: Keep a true and accurate record of your training in Child Safeguarding:
    - For submission to HR before the end of the first year in post
    - For submission to HR before the end of each subsequent 3 years

- **Identification** of safeguarding issues - specific considerations for clinicians:

  Take responsibility to identify, as far as possible, children who:

- May be **at risk**
    - May benefit from **early help**. For more information on the concept and benefits of 'early help' see **here**.
    - Taking a broad approach, be able to list child safeguarding concerns/presentations most relevant to your service [for a source list see the RCGP Child Safeguarding Toolkit]; For example: signs of forced marriage; presentation of FGM in an adult; very young girls or girls with learning difficulties or disability requesting contraception (especially emergency consultation).
    - Consider how the **shift to remote consultation** may have affected presentations and your ability to identify a problem, for example:
    - Phone consultations for or with children or young people with repeated failed call back or unexplained sudden end.
    - Checking to see if the consultation can be overheard (is the patient alone? Are they using headphones?)
    - Planning verbal strategies that may help / help identify a young person who may be being overheard

b. BE ABLE TO LIST IMMEDIATE ACTIONS/ MANAGEMENT OPTIONS WHEN CONCERNS ARISE

Clinicians in any IGPF service should be able to demonstrate that they can rapidly access:

- Relevant referral pathways
- The emergency contact list
- Relevant national guidance

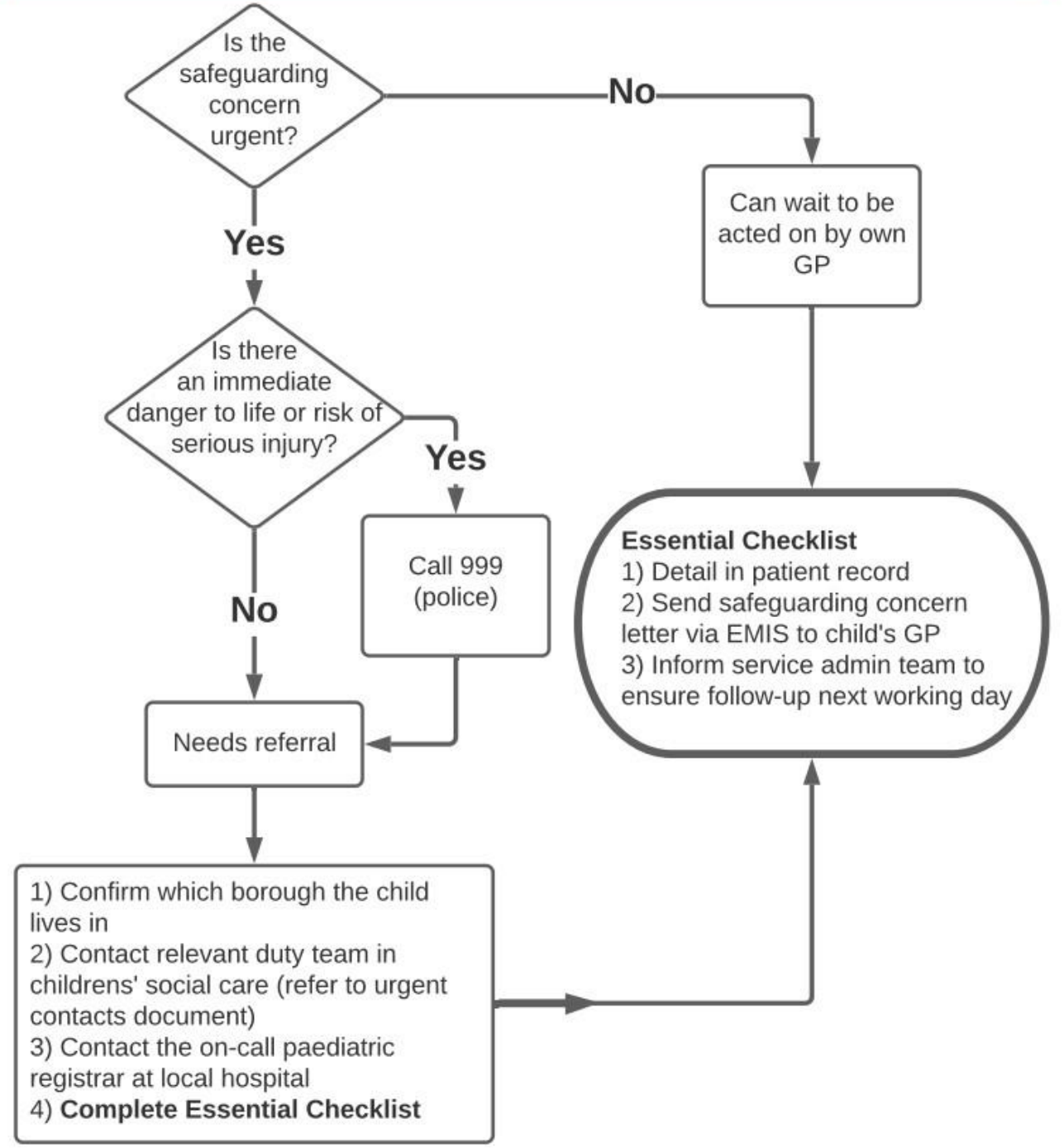
- Any suspicious circumstances or evidence of abuse should be reported to the Service Clinical Lead at the earliest opportunity.
- Clinicians should never conduct their own investigation into concerns or allegations about child safeguarding.

Safeguarding referral pathway *for non-practice settings* - Teams link and reproduced here:

*NB **SMI team** to refer to the SMI flowchart as the family maybe known to MH trust*

Children
Safeguarding Referral Pathway

Managing uncertainties? *If you are not sure of the urgency of the referral, consider a no-name discussion with Social Services. In cases of doubt, consider a Paeds referral.*



Immediate actions where there is a safeguarding concern (for ALL Federation services, including GP practices)

SAFEGUARDING EMERGENCY CONTACT LIST - **Teams link**

c. OUTLINE HOW INFORMATION AND DATA CAN BE SAFELY SHARED IN ORDER TO SAFEGUARD CHILDREN

Individual clinicians should be able to outline the ways in which Data Protection Regulations nevertheless allow for the sharing of information for the purposes of keeping children safe. Please see Working Together to Safeguard Children 2018 (p21) for **common myths** that may hinder effective information sharing.
More detailed information is available in Working Together to Safeguard Children 2018 (p18)

2.2. RESPONSIBILITIES: For all IGPF Clinical Service Leads

Clinical and service operational leads have a responsibility to inform and support their teams help safeguard children as far as they are able. This will most commonly need to involve both clinical and non-clinical members of their team. This guidance is broad-brush and Leads should identify child safeguarding issues that are most relevant to their service.

You are expected to work closely with HR so that the HR team know the relevant training requirements for your team and therefore can keep a record, monitor and chase accordingly.

Clinicians in your team
Working with HR, ensure that clinical staff in your team are aware of their responsibilities in safeguarding, including

- To meet Federation Safeguarding Training requirements [see document] (pending)
- Their responsibilities as listed in this document
- Familiarity with the systems, pathways and safety-nets relevant to their specific service

A list of competencies for staff is available here.

Leads should

- Ensure there is a named Child Safeguarding Lead for the service (if it is not the Clinical Lead)
- identify what safeguarding and child protection issues are most pertinent to their service and ensure both training and systems are in place to identify and manage these.
- work with HR to set up 'diary date' systems to ensure training and information-giving updates are timely and training records are up to date.
- Set up and/or promote training opportunities on Safeguarding that are relevant to their team.
- Consider use of 'read receipts' on safeguarding information emails

Non-clinical members of your team

Working with HR, ensure non-clinical members of your team

- Are enabled to meet Federation Safeguarding Training requirements [see document] (pending)

Ensure that at induction and (as required) at team meetings you:

- Emphasise the importance of safeguarding children;
- Illustrate how the issue interfaces with your service: and the risks when things go wrong
- Support the seeking of help if unsure
- Teach and explain relevant pathways and systems for referral, including safety-nets
- Make clear individual roles and responsibilities, including of clinicians
- Use, as required, interactive learning activities that are tailored to your context.
    - These might help the team discuss the interplay of the (possibly urgent) needs of the child; confidentiality and data protection.
    - Enable them to practice use of pathways and systems

Clinical service systems and procedures should be in place to support the following:

- A quick and appropriate response where information requests relating to child protection are made, abuse is suspected, or allegations are made.
- To provide children and parents with the chance to raise concerns about safeguarding or the safeguarding of others, whatever the clinical setting
- Have a system for dealing with, escalating and reviewing concerns, including safety-netted approaches to referral-on (or back to the patient's GP).
- Remain aware of child protection procedures and maintain links with other bodies, especially the commissioning body's appointed contacts
- Conduct relevant audits and searches of clinical and non-clinical processes relating to safeguarding (see Child Safeguarding Toolkit self-assessment tool and see if relevant to your service).

Should a Child Safeguarding report or incident take place in your service

- Ensure the reporting staff member and members of the team have completed all steps
- Notify the Federation Child Safeguarding Lead

2.3 RESPONSIBILITIES OF IGPF HUMAN RESOURCES

Initial and ongoing employment of staff working in clinical services

Ensure the Federation has safe and robust:

- Checking and monitoring of training requirements
- Recruitment practices including appropriate use of the disclosure and barring service
- Whistleblowing processes.

Training:

- HR will act on the current Federation Safeguarding Training Requirements list (pending) and implement systems to ensure that clinical staff self-completed training records are up to date and appropriate
  - At recruitment
  - By the end of year 1
  - By the end of each subsequent spell of 3 years
- HR will work with clinical and operation leads of Federation services should individual (clinical or non-clinical) members of staff fail to engage with Safeguarding Training to a degree raising concern with the service leads.

- At induction of a new staff member working in any Federation service, HR will ensure
  - Signing off of responsibilities, above (for clinicians only)
  - Staff have the Federation Safeguarding policy; referral pathway and emergency contact list shared with them including information as to where they are kept on Teams as appropriate
  - Staff are given the Whistleblowing policy

Whistleblowing- see Federation whistleblowing policy

2.4. RESPONSIBILITIES OF IGPF CHILD SAFEGUARDING LEAD

To review and update this policy as required.

To ensure its implementation through work with:

- **Federation clinical service leads** in implementation of policy including
- support and review of audits
- review and update of training requirements
- review of safeguarding incidents
- **Federation Human Resources** in implementation of policy including
  - HR systems to monitor training (comprehensive, timely, proactive)
  - the whistleblowing policy

Review Child Safeguarding incidents/presentations in a service to ensure

- responses were high quality, timely and safe
- learning is applied across all relevant service

3.0. ADDITIONAL INFORMATION AND RESOURCES

IGPF documents

- Clinical lead list for each service and overall Federation Safeguarding Lead.
- IGPF Safeguarding Emergency Contact List
- Safeguarding referral pathway
- Safeguarding contacts by NCL Borough are given here
- IGPF Whistleblowing policy

National Safeguarding guidance and information

Referral to Statutory agencies [Information, RCGP]

RCGP Child Safeguarding Toolkit [RCGP 2019]

Working together to safeguard children [UK Gov 2018]

This guidance covers:

- The legislative requirements placed on individual services
- A framework for the three local safeguarding partners (the local authority; a clinical commissioning group; the police)
- The framework for child death reviews

Protecting children and young people [GMC updated 2018]

Roles and responsibilities in NHS setting [NHSE, updated 2021]

The Parents Protect Website with a wide range of "Stop it Now" free resources.

Female genital mutilation

- **Safeguarding pathway [DOH]**
- **Information and advice [NSPCC]**
- **RCGP Child Safeguarding Toolkit – Female Genital Mutilation**

Protecting children from trafficking and modern slavery [NSPCC 2020]

NSPCC published case reviews [2020]

RCGP Child Safeguarding Toolkit [RCGP 2019]

NCL Training requirements are drawn from:

Intercollegiate document – **RCN Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff - 2019**

RCGP guides – **Child safeguarding toolkit : Introduction (rcgp.org.uk)**

RCGP supplementary guide for safeguarding in primary care -7 pages

APPENDIX 1. Child safeguarding in Federation GP Practices

SAFEGUARDING CHILDREN POLICY
Barnsbury Medical Practice

Version 1 15.8.21 last edited by Grace McGeoch

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1.0 Introduction

a. The Children Act 1989 and 2004 and the associated statutory guidance, 'Working Together to Safeguard Children' (HM Government, 2018) and 'Promoting the Health and Well-being of Looked After Children' (DH, 2015) set out the principles for safeguarding and promoting the welfare of children and young people. This policy outlines how **Barnsbury Medical Practice** will fulfil their legal duties and statutory responsibilities effectively in accordance with safeguarding children procedures of safeguarding partnerships of **Islington.**

2. The majority of children and their families in the UK are registered with a GP and general practice remains the first point of contact for most health-related issues. The Practice recognises that GPs and their practice teams have a key role not only in providing high-quality services for all children but also in identifying and responding to the needs of vulnerable children and their families, supporting victims of abuse and neglect and providing on-going care and assessment while contributing to case conferences and multi-agency plans. Identification of child abuse has been likened to putting together a complex multi-dimensional jigsaw. GPs and their teams, who hold knowledge of family circumstances and can interpret multiple observations accurately recorded over time, may be the only professionals holding vital pieces necessary to complete the picture.

2.0 Engagement

This policy was developed by the Named GPs for Safeguarding Children York and North Yorkshire and Nurse Consultant Safeguarding Adults and Children in Primary Care, for use within General Practices and has been shared with, and adapted by, the RCGP for use in all general practices across the UK.

3.0 Impact Analyses

a. Equality

i. In line with the **Islington GP Federation** Equality and Diversity Policies and Sustainability impact assessment, this policy aims to safeguard all children and young people who may be at risk of abuse, irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender or sexual orientation. Approaches to safeguarding

children must be child centred, upholding the welfare of the child as paramount (Children Acts 1989 and 2004).

ii. All Practice Staff must respect the alleged victim's (and their family's/ carers) culture, religious beliefs, gender and sexuality. However, this must not prevent action to safeguard children and young people who are at risk of, or experiencing, abuse.

iii. All reasonable endeavours should be used to establish the child, young person and families/carer's preferred method of communication, and to communicate in a way they can understand. This will include ensuring access to an interpretation service where people use languages (including signing) other than English. Every effort must be made to respect the person's preferences regarding gender and background of interpreter

2. Bribery Act 2010
Due consideration has been given to the Bribery Act 2010 in the development of this policy and no specific risks were identified.

4.0 Scope

- This policy applies to all staff employed by the **Islington GP Federation working at Barnsbury Medical Practice** including; all employees (including those on fixed-term contracts), temporary staff, bank staff, locums, agency staff, contractors, volunteers (including celebrities), students and any other learners undertaking any type of work experience or work-related activity.

- All Practice staff have an individual responsibility for the protection and welfare of children and must know what to do if they are concerned that a child is being abused or neglected.

5.0 Policy Aim

5.1. The Practice adopts a zero-tolerance approach to child abuse and neglect.

5.2 This policy outlines how the Practice will fulfil its statutory responsibilities and ensure that there are in place robust structures, systems and quality standards for safeguarding children, and for promoting the health and welfare of Looked After Children in line with multi-agency safeguarding children partnerships of **Islington.**

6.0 Definitions

- Definitions in relation to the following terms used within this document are taken from statutory guidance (HM Government, 2018):

  - "Child" or "young person", as in the Children Act 1989 and 2004, is anyone who has not yet reached their 18th birthday. The fact that a child has

reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection. Where *'child'* or *'children'* is used in this document, this refers to children and young people.

1.2. "Safeguarding" and "promoting the welfare of children" is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

6.1.3 "Child In Need" is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child
who is disabled. In such circumstances assessments by a social worker are carried out under Section 17 of the Children Act 1989 with parental consent.

- "Child Protection" is one element of safeguarding and promoting children's welfare. Child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

- "Significant Harm" is the concept introduced by the Children Act 1989 as the threshold that justifies compulsory intervention in family life in the best interests of children. It gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

2. "Abuse" – this is a form 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 others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

3. Statutory guidance defines abuse as (HM Government, 2018):

Physical abuse: "A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child."
NB: Female genital mutilation is considered to be a form of physical abuse.

Emotional abuse: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not

giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level or violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activites, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child Sexual Exploitation: This is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Neglect: This 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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to;

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment;
- Neglect may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

7.0 CONTEST and PREVENT (Radicalisation of vulnerable people)

7.1. Contest is the Government's Counter Terrorism Strategy, which aims to reduce the risk from international terrorism, so that people can go about their lives freely and with confidence.

b. Contest has four strands which encompass;

- PREVENT; to stop people becoming terrorists or supporting violent extremism.
- PURSUE; to stop terrorist attacks through disruption, investigation and detection.
- PREPARE; where an attack cannot be stopped, to mitigate its impact.
- PROTECT; to strengthen against terrorist attack, including borders, utilities, transport infrastructure and crowded places.

a. Prevent focuses on preventing people becoming involved in terrorism, supporting extreme violence or becoming susceptible to radicalisation. Alongside other agencies, such as education services, local authorities and the police, healthcare services have been identified as a key strategic partner in supporting this strategy.

- Healthcare professionals may meet and treat children and young people who are vulnerable to radicalisation because they may have a heightened susceptibility to being influenced by others.

- The key challenge for the health sector is to be vigilant for signs that someone has been or is being drawn into terrorism. GPs and their staff are the first point of contact for most people and are in a prime position to safeguard those people they feel may be at risk of radicalisation.

7.6 Practice staff who have concerns that someone may be becoming radicalised should seek advice and support from the Safeguarding Lead and dedicated Prevent Lead.

- The Designated Professional for Adult Safeguarding acts as the Prevent lead for General Practice and advises on concerns following the referral pathway in line with the policy and procedure. Advice can also be obtained from the Named GP, Nurse Consultant or Designated Nurse for Safeguarding Children.

The Practice Prevent Lead for Islington is accessed via the Adult Safeguarding team:

Adult protection contacts list
Safeguarding Adult Lead: David Pennington t: 0203 688 2953 Davidpennington@nhs.net
Safeguarding Lead Designated Doctor: Dr Dee Hora, e: d.hora@nhs.net

- **It is important to note that prevent operates within the precriminal space and is aligned to the multi-agency safeguarding agenda.**

- **Notice:** if you have a cause for concern about someone, perhaps their altered attitude or change in behaviour
- **Check:** discuss concern with appropriate other (Safeguarding Lead)
- **Share:** appropriate, proportionate information (Safeguarding Lead/ Prevent Lead)

8.0 Roles and Responsibilities

8.1. The safeguarding partnerships of **Islington** are responsible for developing local procedures and ensuring multi-agency training is available. The safeguarding partnerships have a role in scrutinising the safeguarding arrangements of statutory agencies and promoting effective joint working.

- It is the responsibility of Children's Social Care (CSC) to investigate allegations of child abuse in conjunction, and with the participation of, other agencies. They also lead the Child in Need process.

- CSC work with all health services, including Primary Care, education, police, prison and probation services, district councils and other organisations such as the NSPCC, domestic violence forums, youth services and armed forces, all of whom contribute and work together to share responsibility for safeguarding children and promoting their welfare.

- Clinical Commissioning Groups are required to employ a Named GP to advise and support GP Safeguarding Practice Leads. GPs should have a lead and deputy lead for safeguarding, who should work closely with the Named GP based in the CCG. (HM Government 2018)

- The practice team are not responsible for investigating child abuse and neglect but they do have a responsibility for sharing information, acting on concerns and contributing to the 'child in need', 'child protection', and 'looked after children' processes.
- There is an expectation that the practice team contribute to the 'early help' agenda. Children and their families who receive coordinated early help are less likely to develop difficulties that require intervention through a statutory assessment under the Children Act 1989. An Early Intervention assessment can be completed with the agreement of parents so that local agencies can work with the family to identify what help the child and family might need to reduce an escalation of needs that could require statutory intervention.

9.0 Practice Arrangements

9.1 Barnsbury Medical Practice and the Islington GP Federation has clearly identified lines of accountability within the practice to promote the work of safeguarding children within the practice. Safeguarding responsibilities will be clearly defined in all job descriptions and there are nominated leads for safeguarding children**.**

- The Practice Lead for Safeguarding Children is:

Dr Grace McGeoch gmcgeoch@nhs.net

The Deputy Practice Lead for Safeguarding Children is:

Dr Craig Seymour craigseymour@nhs.net

The Administration Lead for managing Safeguarding data is:

Jo Estabrook

3. The responsibilities of **Practice Leads** for Safeguarding Children are to:

- Act as a focus for external contacts on child protection matters, particularly with other health colleagues to ensure concerns regarding a child are identified and shared in a timely manner to reduce further risk to the child.
- Establish links and seeks appropriate advice and support from the Named GP for Safeguarding Children, the Nurse Consultant Safeguarding Children and Vulnerable Adults in Primary Care and the Designated Doctors and Nurses.
- Ensure partners and staff have access to the Practice's Safeguarding Children Policy and Safeguarding Partnership Procedures.
- Ensure that the Practice meets contractual and clinical governance guidance concerning safeguarding children. o Promote appropriate recording of child protection issues**.**
- Support arrangements to ensure continued accuracy of information where children's records are flagged to identify they are subject to a child protection plan or are a Looked after Child.
- Promote relevant child protection training for partners and staff.
- Promote the provision of GP information to child protection conferences through either attendance or completion of child protection reports within a timely manner.
- Encourage regular discussion of child protection issues, including any relevant learning from serious case reviews at Practice team meetings. o Act as a point of contact for Practice partners and staff to bring any concerns that they have and record this along with any subsequent action taken as a result.
- Ensures that practice members receive adequate support when dealing with safeguarding children concerns. Understanding it is not the role of the Practice to decide whether or not a child has been abused or neglected and signposts colleagues to sources of advice and understand the referral process to Children's Social Care.

    - Ensures safe recruitment procedures.
    - Ensures and supports robust reporting and complaints procedures.
    - Leads on analysis of relevant significant events/root cause.
    - Makes recommendations for change or improvements in practice.

- The **Practice Manager** should ensure that safeguarding responsibilities are clearly defined in all job descriptions. For employees of the practice, failure to adhere to this policy and procedures could lead to dismissal and/or constitute gross misconduct.

- All **GPs** have a critical role to play in safeguarding and promoting the welfare of children**.** Identification of child abuse has been likened to putting together a complex multi-dimensional jigsaw. GPs hold knowledge of family circumstances and can interpret multiple observations accurately recorded over time, and may be the only professionals holding vital pieces necessary to

complete the picture. GPs should aim to contribute to the Child Protection process including child protection conferences and strategy meetings, and meetings such as Multi Agency Risk Assessment Conferences (MARAC) and other such multi-agency assessments, so that decisions about children can be made with as much relevant information as possible.

- MARACs are risk management meetings where professionals share information on high-risk cases of domestic violence and abuse and put in place a risk management plan for victims and their families. Information from General Practice may provide vital information to the risk assessment process in such cases and assist GPs in contributing to this process and promoting the welfare of their patients.

- The GP may have relevant information to share with conferences and multiagency meetings, even if the children and parents do not attend surgery often. This includes information about both children and their parents/carers.

- It will not always be possible for a GP to attend all case conferences, MARACs or other such meetings and if this is the case, they should do the following:

- contact the Independent Conference Chair or chair of the conference or meeting and give apologies for attendance
- complete and send a case conference report (within procedural timeframes) or other relevant document enabling the sharing of appropriate information as required

- **Practice nurses** have a responsibility to ensure that a child's welfare is promoted and treated as paramount. The Nursing and Midwifery Council's Code of Conduct states that Nurses should raise concerns immediately if they believe a person is vulnerable or at risk and needs extra support and protection.

The Code states that Nurses must:

- take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse
- share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information, and
- have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people

- **Other Practice Staff** - All staff, employees, volunteers, students and others working within the practice will keep up to date with national developments relating to preventing harm, exploitation, coercion, abuse and the welfare of children and young people. All practice staff uphold the general practice rules which include;

- Challenging any unacceptable behaviour by any other Practice staff.

- Never promise to keep a secret about any sensitive information disclosed to you but follow the Practice's guidance on confidentiality and sharing information. Remembering the welfare of the child is paramount.
- Respect a young person's right to personal privacy and encourage children, young people and adults to feel comfortable to point out attitudes or behaviours they do not like.

o It is not the role of any person within the practice to begin any form of investigation relating to an allegation, report or disclosure of harm, exploitation, coercion and/or abuse. All allegations, reports or disclosures/concerns about a child suffering or likely to suffer significant harm should be referred to Children's Social Care Practice Arrangements.

10.0 Implementation

- Practice staff will be advised of the policy through Practice meetings. The Safeguarding Children Policy will be available via Teams, as a subfolder entitled Safeguarding in the Clinical folder.
- Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the Practice disciplinary procedure.

11.0 Training and Awareness

11.1. The Practice's induction for partners and employees will include a briefing on the Safeguarding Children Policy by the Practice Manager or Practice Clinical Lead for Safeguarding. Partners and employees will be given information about who to inform if they have concerns about a child's safety or welfare and how to access the Safeguarding Partnership procedures.

11.2 All Practice staff must be competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with Safeguarding Partnership procedures and the 'Safeguarding Children and Young People Competencies for Health Care Staff Intercollegiate Document' (RCN, 2019)'

The RCGP has produced a supplementary guide to Safeguarding training requirements for all primary care staff.

- All Practice staff will complete the level of training commensurate with their role and responsibilities.
- The Practice will keep a training database detailing the uptake of all staff training so that the Practice Manager and Safeguarding Leads can be alerted to unmet training needs.

11.5 All GPs and Practice staff should keep a learning log for their appraisals and or personal development plans (a template can be found in the Intercollegiate Document: Safeguarding Children and Young People: Competencies for Health Care Staff, RCN, 2019)

12.0 Recognising child maltreatment or abuse

- Refer to the RCGP Child Safeguarding Toolkit – Child maltreatment
- Refer to NICE Guidance: 'When to suspect child maltreatment'

13.0 Responding to concerns about a child

- To seek further information/ share concerns contact as applicable:

- Midwife (link): **Insert name and contact details**
- Health Visiting team (link): whh-tr.hv-caledonian@nhs.net
- School Nurse (link): **Insert name** whh-tr.islingtonschoolnursing@nhs.net

- To seek further advice contact:

Area specific guidance for Islington
Child safeguarding resources page specific for Islington

For related education please see the Mandatory Training page.

Useful contacts

Children's Services Contact Team:
020 7527 7400

Designated Doctor for Safeguarding Children
Dr Katarina Harris
Islington

Designated Nurse for Safeguarding Children
Marie Fitzpatrick
Islington

Designated Nurse for Children Looked After
Yvonne Conway
Islington

3. Making a child protection referral

- Clearly document concerns and collate any family information known to you.

- If you are unsure how to proceed, seek advice from one of the following: line manager, Practice Safeguarding Lead, Nurse Consultant Named GP or Designated Nurse or Children's Social Care Team; or duty Paediatrician at local hospital.
- If child protection referral is required, contact Children's Social Care via **020 7527 7400**. Give all details/information regarding your concerns and confirm that you are making a child protection referral.
- Follow up verbal referral in writing within 24 hours. Retain a copy of your referral for your reference. (Referral forms available on **EMIS - Islington Children's Services**)
- Wherever possible, share your intent to refer with parents/carers of child (exceptions outlined in Child Protection Procedures).
- Always follow Child Protection Procedures. If you believe that a child is at risk of immediate harm, call the Police/ Children's Social Care as an emergency.
- Further information and child protection procedures can be found on Islington Safeguarding Children Board Website.
- **Please see the** Islington Safeguarding Children Board Threshold Document on the Continuum of Help and Support

  - Children's Social Care contact numbers:

    020 7527 7400

  - Safeguarding Partnership websites:
    Home | ISCP (islingtonscp.org.uk)

14.0 Recording Information

1. This Practice ensures that computer systems are used to identify those patients and families with risk factors or concerns as per the RCGP guidance:

Processing and Storing of Safeguarding Information in Primary Care

available from the:
RCGP Child Safeguarding Toolkit – Processing and Storing of Safeguarding Information in Primary Care

2. It is recognised that it is as important to be alert to the siblings and other members of the household as the child there are direct concerns about.

3. Key information about children and their family and carers includes;

- Details of any disability for the child
- Details of mental health issues for the child
- Information supplied by all members of the Primary Care Team, including the Health Visitor and School Nurse
- Conversations with and referrals to outside agencies
- Basic information is recorded for every child and checked for changes at every visit including who accompanies and their relationship.
- Historical details of the parent's experience as a child if concerns known
- Details of any housing problems
- Details of significant illness or problems in the family

- Details of any parental substance misuse
- Details of any parental mental health issues Details of any parental learning disabilities
- History of domestic abuse in the household.

4. Information will be sought and entered from:

- The summarising of new patient health checks on all children, including enquiry about family, social and household circumstances.
- Any contact with a potential carer – 'seeing the child behind the adult' – so that a patient with a substance misuse problem is asked about any responsibility they may have for a child, and that child's record amended accordingly.
- Opportunistic consultations: Antenatal, Postnatal bookings, 6-week check
- Correspondence from outside agencies, such as ED /OOH reports and other primary and secondary care providers.
- Practice Team meetings which include contact with Health Visitors and School Nurses which are conducted to enable regular discussion of all practice children subject to child protection plans, or any other children in whom there may be concerns. These meetings are recorded and children's records updated as appropriate.

14.5. The Practice has a dedicated Administration Team who are responsible for managing alerts and Child Protection information/ correspondence which is all held together within one health record.

15.0 Information Sharing

1. Keeping children and young people safe from harm requires professionals and others to share information about their health and development and exposure to possible harm. Often, it is only when information from a number of sources has been shared and pulled together that it becomes clear that there are concerns a child is in need of protection or services.

2. It is important to keep a balance between the need to maintain confidentiality and the need to share information to protect others. Decisions to share information must always be based on professional judgement about the safety and wellbeing of the individual and in accordance with legal, ethical and professional obligations.

3. Information sharing guidance: Information Sharing. Advice for practitioners providing **safeguarding services** to **children, young people, parents and carers** (July 2018).

- This guidance is applicable to all professionals charged with the responsibility of sharing information, including in safeguarding adult's scenarios. The guidance outlines the seven golden rules to information sharing:
  - The Data Protection Act 2018, associated General Data Protection Regulations and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared.

- Be open and honest with the individual (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.
- Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
- Consider safety and wellbeing: base your information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.
- Necessary, proportionate, relevant, adequate, 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 individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
- 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.

5. Ideally consent should be provided along with the request for patient information however there are times when the concerns/risks to the child are such that it is not appropriate to seek consent, principally as this may lead to the child being further abused. A lack of consent should not prevent a GP or other practitioner within the Practice from sharing information if there is sufficient need in the public interest to override the lack of consent. The welfare of the child is paramount and where there are child protection concerns this outweighs confidentiality. However, where the practitioner is uncertain, advice about consent is available from the Safeguarding Practice Lead, Named GP, Nurse Consultant for Safeguarding in Primary Care, Designated Nurse, the GMC, LMC or medical defense organisation.

16.0 Safer Employment

1. The Disclosure and Barring service (DBS) enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involving children or vulnerable adults, and provides wider access to criminal record information through its disclosure service for England and Wales.

2. The Practice recruitment process recognises that it has a responsibility to ensure that it undertakes appropriate criminal record checks on applicants for any position

within the practice that qualifies for either an enhanced or standard level check. Any requirement for a check and eligibility for the level of check is dependent on the roles and responsibilities of the job.

3. It is also recognised that the Practice has a legal duty to refer information to the DBS if an employee has harmed, or poses a risk of harm, to vulnerable groups and where they have dismissed them or are considering dismissal. This includes situations where an employee has resigned before a decision to dismiss them has been made.

4. For further information, visit http://www.homeoffice.gov.uk/agencies-public-bodies/dbs

5. Safer employment extends beyond criminal record checks to other aspects of the recruitment process including:

- making clear statement in adverts and job descriptions regarding commitment to safeguarding
- seeking proof of identity and qualifications
- providing two references, one of which should be the most recent employer
- evidence of the person's right to work in the UK is obtained

17.0 Managing Allegations against Staff

1. If an allegation is made against a member of practice staff and it relates to conduct towards a child, the Practice recognises that its Safeguarding Practice Lead or Practice Manager must ensure that the Local Area Designated Officer (LADO) who is employed by the Local Authority (contact details available on the relevant Safeguarding Partnership website as referenced above), is informed. The LADO assumes oversight of any subsequent investigation process from beginning to end and will give advice. They will also liaise with the police and social care if necessary.

2. After taking any immediate action in line with practice policy, the Practice Safeguarding Lead or Practice Manager should ensure that the LADO is informed if the staff member 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 in a way that indicates unsuitability to work with children.

18.0 Whistle Blowing

18.1. The Practice recognises that it is important to build a culture that allows practice staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns about quality of care or a colleague's behaviour.

19.0 Professional Challenge

19.1. This Practice enables and encourages any practice member that disagrees with an action taken and still has concerns regarding a child to either contact the Safeguarding Practice Lead, Nurse Consultant Safeguarding Primary Care, or the Designated Nurse for independent reflection and support**.**

20.0 Monitoring and Audit

20.1. Audit of awareness of this safeguarding children policy and processes will be undertaken by the Practice Manager and Practice Safeguarding Lead.

21.0 Policy Review

21.1. This policy will be reviewed two years from the date of issue. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

1. References

- RCGP Child Safeguarding Toolkit
- Children Act 1989
- Children Act 2004
- Department of Health (2015) Promoting the Health and Wellbeing of Looked After Children
- HM Government (2018) Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers
- HM Government (2018) Working Together to Safeguard Children
- HM Government (2015) Revised Prevent Duty Guidance for England and Wales
- NICE guidelines (2009) Child maltreatment: when to suspect maltreatment in under 16s (CG90)
- RCN Safeguarding Children and Young People: Roles and Competencies for Health Care Staff. Intercollegiate Document, Fourth Edition, January 2019.