Cofton Medical Centre

Safeguarding Children Policy 100

Practice Lead	**Dr V Lloyd**
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Policy Review Period	**Annual**
Policy Review Date	**Dec 2019**

Cofton Medical Centre is committed to safeguarding children, protecting them from all forms of harm and abuse. We recognise that we have a responsibility to act on behalf of children in our care, reporting abuse when suspicions are raised.

This policy contains reference to the following Cofton Medical Centre Policies which can be found in the policies section of the CQC file on the shared drive:

- Safeguarding Adults
- Carers Protocol
- Missing Patient Policy
- Confidentiality of Patient Data Policy
- Consent Protocol
- Copying correspondence to patients policy
- Data protection policy
- Vetting and barring
- Significant Events Policy
- Chaperone Policy
- Complaints Procedure
- NHS Constitution Policy

Recognising Abuse

It is recognised that there are many kinds of abuse however most fall under the following headings:

Physical abuse

- Hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing harm to a child or deliberately inducing or fabricating the symptoms of an illness in a child
- Single traumatic events or repeated incidents

Sexual abuse

- Forcing or enticing a child or young person to take part in sexual activities including prostitution, production of sexual on-line images and the watching of sexual acts where the child is unaware of what is happening
- May include both physical contact acts and non—contact acts

Emotional abuse

- Persistent ill-treatment which has an effect on emotional development
- Conveyance of a message of being un-loved, worthless or inadequate
- May instil feeling of danger, being afraid
- May involve child exploitation or corruption

- It may involve serious bullying
- May instil a feeling of being inadequate or valued only because they meet the needs of another person.

Neglect may include:

- Failure to meet the child's physical or psychological needs
- Failure to provide adequate food or shelter
- Failure to protect from physical harm
- Neglect of a child's emotional needs

Common presentations and situations in which child abuse may be suspected include:

- Disclosure by a child or young person
- Physical signs and symptoms giving rise to suspicion of any category of abuse
- The history is inconsistent or changes.
- A delay in seeking medical help
- Extreme or worrying behaviour of a child, taking account of the developmental age of the child
- Accumulation of minor incidents giving rise to a level of concern, including frequent A&E attendances

Some other situations which need careful consideration are:

- Disclosure by an adult of abusive activities
- Girls under 16 presenting with pregnancy or sexually transmitted disease, especially those with learning difficulties
- Very young girls requesting contraception, especially emergency contraception
- Situations where parental mental health problems may impact on children
- Parental alcohol, drug or substance misuse which may impact on children
- Parents with learning difficulties
- Violence in the family

RECOGNISING A CHILD IN NEED

A child in need is defined as a child whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services (section 17, Childrens' Act 1989).

Considerations to make in this circumstance

- This includes disabled children.
- The Childrens' Acts 1984 and 2004 define a child as someone who has not reached their 18th birthday. The fact that a child has reached their 16th birthday, and may be living independently, working, or be members of the armed forces does not remove their childhood status under the Acts.
- If you are considering making a referral to Social Services as a child in need, it is essential to discuss the referral with the child's parents or carers and to obtain consent for the sharing of information.

CHILD PROTECTION REGISTER / PROTECTION PLAN

Every child on the register at the effective date will become the subject of a Child Protection Plan.

A list of children judged to be at continuing risk for whom there is a child protection plan in place, is maintained by social services. Social services, police and health professionals have 24 hour access to this. A child on the register has a “key worker” to whom reference can be made. This information is either found on the individual childs’ child protection plan held on their docman records or can be found on the at risk register which can be found on the Cofton Medical Centre EMIS spine.

TRAINING

All staff will be trained in child protection at least once every 3 years, and within 6 months of induction. This will normally be via an external basic awareness course (E-Learning), (minimum standard). Julie Walker (practice manager) is to hold all records of child protection training and will notify staff members when they are due to renew their training. GP’s are to complete 12 hours per 3 years face to face on child protection training.

CHILD PROTECTION ADMINISTRATORS (or “CPAs”)

Dr Victoria Lloyd and Luke Powell are the designated CPA for the practice and are responsible for ensuring that all information relating to Child Protection issues is regularly updated in the relevant patient record, with appropriate alerts being added to (and removed from) the records of the child/family member. Data relating to child protection should be entered using the *Vulnerable* Families template. This uses the recognised Read Codes.

Dr Zia Noor is reserve safeguarding lead in the event that Dr Lloyd is away for an extended period of time.

The CPA is responsible for ensuring that there are regular meetings with the Health Visiting team and that they are aware of all Children who have been referred for safeguarding measures.

NURSING AND ADMINISTRATION STAFF

- All Nursing and Administration staff will be made aware of the practice procedures regarding child protection.
- Health visiting staff are not immediately available at Cofton Medical Centre and therefore any concerns with regard to any safeguarding matters will be brought to the attention of the CPA. If they are not available then either a GP who knows the family best or the duty doctor.
- Administration staff will be made aware of the need to look out for child protection related correspondence coming into the practice and ensure that it is dealt with appropriately and in strictest confidence.

TRUST AND ATTACHED STAFF

In the event of a member of the Trust's staff becoming aware of, or suspecting that a child has suffered significant harm, she/he should take appropriate action in accordance with the Trust’s Child Protection guidelines.

GENERAL PRACTITIONERS

- GPs will familiarize themselves with the systems used in the practice for making child protection referrals. Each consulting room should contain a laminated copy of the referral numbers and e-mail addresses for the safeguarding team.
- The CPA should be notified of any referrals or concerns.
- It may be appropriate to check the notes of a child's siblings, parents, and other household members and to consider adding computer alerts to their records.
- A clear written entry of any action taken will be made by the GP preferably using the template header entry of *Vulnerable Families*.
- GPs will ensure that the practice Health Visitors are aware of the child protection issues and Read Code any referral to the Health Visiting team.

IF A GP SUSPECTS THAT A CHILD IS AT IMMEDIATE RISK:

- The GP should seek advice or make a referral.
- Advice may be sought on a 'what if?' basis, which avoids consent issues.
- Advice sought on a named patient basis should have appropriate consent unless there are good reasons why this cannot be obtained.
- Advice may be sought from Social Services. Out-of-hours advice may be sought from a senior hospital paediatrician. The contact details for each of these are available in every consulting room and in reception.

ATTENDENCE AT CHILD PROTECTION CONFERENCES

"GPs should make available to child protection conferences relevant information about a child and family whether or not they, or a member of the primary health care team, are able to attend."
Working Together to Safeguard
Children 1999 Para 3.30.

The input of the GP at a Child Protection Conference can be extremely valuable. Often the GP is the only professional who has known the family and child over a period of years, and the GP can be in possession of relevant information not known to other professionals e.g. mental health of parents, or drug use.

All Child Protection Conference invitations should be given to the CPA and if the GP cannot attend, then a report or letter will be submitted, to include all relevant information and be submitted where possible with at least 1 week prior to the meeting.

CONFIDENTIALITY (ple*ase see Cofton Medical Centre Confidentiality Policy for more details)*

Doctors have a duty of confidentiality, and patients have a right to expect that information given to a doctor in a professional context will not be shared without their permission. The GMC emphasises the importance in most circumstances of obtaining a patient's consent to disclosure of personal information. In general, if you decide to disclose confidential information without consent, you should be prepared to explain and justify your decision and you should only disclose as much information as is necessary for the purpose. The medical defence organisation will be consulted in all cases.

GMC guidance "Confidentiality: Protecting and Providing Information" (Sep 2000) describes the following circumstances when disclosure may be justified:

Disclosures to protect the patient or others
"Disclosure of personal information without consent may be justified where failure to do so may expose the patient or others to risk or death or serious harm. Where third parties are exposed to a risk so serious that it outweighs the patient's privacy interest, you should seek consent to disclosure where practicable. If it is not practicable, you should disclose information promptly to an appropriate person or authority. You should generally inform the patient before disclosing the information."

Key Points:

- You can disclose information without consent if you are making a child protection referral
- You should always obtain consent if you are making a referral as a child in need
- If you are in doubt about whether to refer a child as a 'child protection referral' versus a 'child in need' referral, ask advice from the CPA
- Clear and comprehensive records relating to all events and decisions will be maintained

RECORDS

Registration

Record the following additional information:

- Child's name and all previous names
- Current and previous address detail
- Present school and all previous schools
- Previous GP, Health visitor and / or school nurse
- Mother and father's names, dates of birth and addresses if different to the child's
- Name of primary carer and any significant other persons
- Name of person (s) with parental responsibility

The practice will expect full co-operation in the supply of these details from the parent / carer otherwise registration will be refused.
The Health Visitor will be informed within 5 days of registration of all children under 5 who register with the practice, including temporary registrations.
Staff should be vigilant in the instance of multiple short-term temporary registrations for the same child, especially if consecutive. In the event of concern the permanent GP should be contacted.

Medical Record

A paper based note will be prominently made and an alert placed on the clinical system – see coding issues above. The medical record relating to child protection issues may also include clinical photography / video recordings, and it is recommended that a significant event form [see the Cofton Medical Centre Significant Event Policy) be utilised within the medical record where a clinician identifies issues leading to increasing concern for the patient, or where an event occurs of particular note. Other aspects which may be recorded are:

- Evidence of abuse/ Child Protection Plans/Case Conferences/DNA hospital appointments/Domestic Violence
    - Should be forwarded to the CPA
- Drug / substance abuse/Mental Health issues – a search should be made to check if there are children in the household and the CPA should be informed

Where a child moves away or changes GP the practice will inform both social services and the health visitor within 5 working days.

Data Protection

At the present time records relating to child protection issues SHOULD be stored as part of the child's permanent medical records*

As a normal part of compliance with the data protection act it is likely that third party information will be stored within these records, and the normal duty of non-disclosure of this third party information may apply when information is to be released – it may be appropriate at such times to take advice.

*The practice should be alert to the fact that this guidance may be reviewed or amended in the future

De-Registration

- When administration staff receive a notification that a child on the Vulnerable Families list is moving GPs they must notify the CPA
- The CPA will then ensure that the Health Visiting team are aware of the move.
- Cofton Medical Centre will try to ensure that any immediately relevant information will be sent to the new GP and that the key worker involved is aware.
- CP files forming part of the practice computer system will remain in place after the patient has de-registered in line with all other permanent medical records. Particular care must be taken by the transferring practice to ensure that all child protection documents and information is passed over to the receiving practice. This is again a departure from previous guidelines. This also applies to any confidential files which may (according to the needs of the case) be filed separately.

LOOKED AFTER CHILDREN

Following safeguarding proceeding children may no longer be in the care of their parents and become "Looked After" Children. They are children and young people up to the age of 18 years who are in the care of the local authority.

- Children and young people subject to a care order
- Children and young people whose parents have agreed for them to be cared for by the local authority (under section 20 Children Act)
- Children and young people remanded to the care of the local authority
- Unaccompanied asylum seekers under 18 years

Children and young people who are looked after are amongst the most socially excluded groups in England and Wales. They have profoundly increased health needs in comparison with children and young people from comparable socio-economic background who have not needed to be taken into care. Risks associated with being 'looked after':

- Health inequalities
- Poorer education and social outcomes
- Developmental Delay
- Teenage pregnancy/parent
- Substance abuse
- Health needs related to their experiences prior to coming into care; these can include neglect, abandonment, and abuse - physical, mental or sexual.

It is therefore important that you are aware of these children and young people in the same way as you are aware of children on the child protection register. The 'Looked after Child' read code should be entered on the child's records.

All looked after children and young people have a health assessment soon after they become looked after, they also have review health assessments.
An Initial Health Assessment is normally completed by a paediatrician but can be completed by a GP.
Review Health Assessments:
0-5 yrs Health Visitors every 6 months
5-16 yrs School Nurses annually
16+ Health Questionnaires

Copies of the health assessments are sent to the practice and will tell you what health needs have been highlighted. All looked after children will have a health care plan, which the social worker keeps.

WHO CAN GIVE CONSENT FOR A LOOKED AFTER CHILD OR YOUNG PERSON?

This depends on the type of order that is in place.
Children placed in care with agreement of their parents under section 20 of the Children Act – parents keep full parental responsibility and their consent is needed for any treatment.

Children placed with a Care Order – Parental responsibility is shared between the parents and social services and either a parent or social work manager could consent for treatment.

Foster Carers do not have the right to consent for treatment.
When a child becomes looked after the parents sign a parental agreement form, which covers basic treatment such as dental care and immunisations: foster carers should have a copy of this.

WHAT ABOUT CONFIDENTIALITY?
Looked after children and young people are entitled to the same levels of confidentiality as any other child or young person.
Fraser Guidelines are also applicable were appropriate.

IF I HAVE A CONCERN ABOUT A PARTICULAR LOOKED AFTER CHILD OR YOUNG PERSON WHO DO I CONTACT?
The child's Social Worker or, if you are unable to contact them a Health Liaison Worker.

All looked after children and young people have an allocated Social Worker who is responsible for ensuring their health needs are met.

BIRMINGHAM SAFEGUARDING TEAM INFORMATION

All Birmingham procedures and policies can be viewed at the following web address

http://www.lscbbirmingham.org.uk/index.php/policies-a-procedures/summary-of-contents

Contact Details for the Child Safeguarding team are available at the following web address

http://www.lscbbirmingham.org.uk/index.php/safeguarding-referrals-item

APPENDIX I

Right Services Right Time – Meeting Children's Needs

A child's needs may change and move between responses – The indicators below are examples only – please refer to pages 6-11 of the guidance document.

CONCERNS AND NEEDS	INDICATOR	RESPONSES
• Children and young people's needs are being met	**UNIVERSAL NEEDS**	• Services accessible to all children and families in Birmingham
• Defaulting on immunisations/ development checks/health appointments • Patterns of regular absences – school attendance 94-86% • Can behave in an antisocial way e.g. alcohol, smoking, minor offending behaviour • Sexual Exploitation • Some difficulties with peer group relationships and with some adults • Finds managing change difficult • Limited episodes of low risk Domestic Abuse with the potential for emotional impact on child/ren • Inconsistent responses to child by parents	**UNIVERSAL PLUS:** Requiring a response from within a universal setting and/ or signposting to other support means	• Seek advice from the designated manager in your agency • Selective use of the Family Common Assessment Framework (fCAF) or a service specific assessment to determine the family's needs leading to a single agency action plan • Agencies are responsible for determining the range of services that can be provided.
• Health concerns not accepted or addressed – treatment not being sought/adhered to • School attendance below 85% • 3 or more fixed term exclusions or more than 15 days excluded in any academic year • Exhibiting extremist language/ behaviour/aligned to a street gang • Sexual Exploitation • Concerns around deteriorating mental health – including mild to moderate anxieties and/or low mood/self harm • Persistent/significant incidents of Domestic Abuse with impact on victim and children • Acrimonious divorce/separation • Receives erratic/inconsistent poor quality care • Parental capacity affects ability to nurture	**ADDITIONAL NEEDS:** Requiring a coordinated response bringing agencies together to support the child and family	• Where more than one agency is involved in providing support to the family use the Family CAF (fCAF) to record the assessment • Arrange a multi-agency Integrated Support plan • Appoint a Lead Professional • Where situations escalate and become more complicated consider a discussion with the appropriate specialist service such as Child & Adolescent Mental Health services, Youth Offending Service or Information Advice Support Service.
• Severe / chronic health problems, developmental delay or disability where treatment not being sought or adhered to • No School Place/Awaiting Allocation/Persistent School refusal • Negative influence from family members involved in drugs/ crime/ • Sexual Exploitation • Deterioration of mental health leading to risk to self and/or others including threat of or attempted suicide • Significant parental discord and persistent domestic violence • Parents inconsistent, critical or apathetic attitude to child may result in significant harm • Subject to physical, emotional or sexual abuse or neglect	**COMPLEX / SIGNIFICANT NEEDS:** Requiring a specialist response, these needs may emerge after a series of, or despite of targeted interventions or be sudden and/ or so serious as to require an immediate request for services. There will be concern that the child is suffering or at risk of suffering significant harm or impairment.	• If a child is at risk of physical, emotional or sexual abuse: for advice, support or referral to Children's Social Care contact the Information Advice Support Service. Tel: 0121 303 9515 Email: iasscitywide@birmingham.gov.uk • Where an immediate response is required because the child's physical health is at risk of immediate harm contact Health by dialing 999 for an ambulance • Where a child's safety is at immediate risk contact the Police by dialling 999 • For serious concerns around mental health contact the CAMHS Single Point of Access team Tel: 0121 333 9193 (open 9am-5pm, Monday-Friday)

APPENDIX II
USEFUL LINKS

BSCB FULL PROTOCOL AND POLICY WEBPAGE
http://www.lscbbirmingham.org.uk/index.php/policies-and-procedures-pro

LOCAL GUIDANCE ON SAFEGUARDING CHILDREN REFERRALS
http://www.lscbbirmingham.org.uk/index.php/safeguarding-referrals-item

INTERAGENCY REFERRAL FORM
http://www.lscbbirmingham.org.uk/index.php/safeguarding-referrals-item

CONTACT DETAILS

Early help and brokerage	0121 303 8117
Emergency Out of Hours Team	0121 675 4806.
Safeguarding Office	0121 303 1888
Northfield Office	0121 303 8888
Northfield Office fax	0121 303 9587
Contact Email	**secure.mash@birmingham.gcsx.gov.uk**

Designated Paediatrician for Child Protection

Dr Geoff Debelle	0121 627 1627
	0121 333 8163
	0121 333 9999 (BCH switchboard)
Dr Anne Aukett	0121 465 3756
	0121 507 5571
	0121 507 9508

Designated Nurse for Child Protection

Carnegie Centre	0121 465 3763

Lead Nurse for Child Protection

Clare Edwards	0121 465 8119
	07973 793635
	0121 465 8120 (fax)

Named GP for Child Protection

Dr Najma Mirza	0121 325 5522