  

# Safeguarding Child Protection Policy and Procedures

- INSERT GP PRACTICE NAME –

Statement of Intent

The Practice confirms that the welfare of the child is paramount, and 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 who work with children and young people. The aim of these policies and procedures is to demonstrate that this practice fulfils its requirements in the area of safeguarding of children and young people. The ***[Insert Practice Name]*** is committed to implementing this policy and that this applies to all staff and partners. We will provide in-house learning opportunities and make provision for appropriate child protection training to all staff and partners. Furthermore, we have procedures in place to deal with and escalate concerns including contact with other health care and social care workers. These procedures are in keeping with current recommendations of best practice.

There are also several appendices included with this policy giving further information for general practitioners and their staff. The templates included in the appendices can be incorporated into the practice’s clinical system for convenience.

This policy document **should** be read in conjunction with the **Regional Child Procedures and Policies (listed in Appendix 1 of this document) for Safeguarding Children and Young People –**

# <http://www.proceduresonline.com/sbni/>

#### DEFINITIONS:

Child: Anyone under the age of 18 years (Children Northern Ireland Order 1995)

Safeguarding: Action taken to promote welfare of all children, protecting them from harm.

Child Protection: Activity to protect children who are at risk or potential risk of suffering significant harm.

*This document was launched on 13thDecember 2018 and is available electronically on the HSCB GP intranet:* [*http://primarycare.hscni.net/general-medical-services-gms/governance-2/risk-management/*](http://primarycare.hscni.net/general-medical-services-gms/governance-2/risk-management/)

*(any further updates will be electronic only)*

**PRACTICE ARRANGEMENTS**

#### Practice Lead

The practice clinical safeguarding lead is: His/her deputy is

***Insert name***

***Insert name***

***Insert name***

The Practice Administrative Lead is:

#### REPORTING CASES OF SUSPECTED CHILD ABUSE AND NEGLECT

In the first instance, and if the risk to the child/young person or any other individual is not increased by doing so, the health professional or practice lead for child protection must inform the child/young person and accompanying carer/ parent that you need to discuss or report your concern. Information can be shared without consent if it is justified in the public interest or required by law.

(See GMC Guidelines:

#### [https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people) [people](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people))

**RCGP toolkit:**

[**http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-**](http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx)[**toolkit-for-general-practice.aspx**](http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx)

When external authorities need to be contacted, the relevant details are on the page below. As a general rule of thumb, you should contact the Health & Social Care Trust Children’s Social Services Single Point of Entry Gateway Team first unless the issue is more immediate, which requires the police to be contacted.

|  |  |  |
| --- | --- | --- |
| **Service** | **Normal Office Hours** | **Out Of Hours** |
| Children’s Social Services | **Gateway Services for Children’s Social Work** | Out of Hours (after 17:00hrs) and at weekends / bank holidays:**Regional Emergency Social Work** |
| Tel: ***Insert number*** |
|  |  | **Service** |
|  |  | Tel: 028 95049999 |
|  |  | E-mail: resws1@belfasttrust. |
|  |  | hscni.net |
| Police Service | In an Emergency dial 999 or, in non-emergency dial the Central Referral Unit at 101 | Same numbers as normal office hours |
| Local Health Trust Designated SafeguardingPaediatrician |  |  |
| Local EmergencyDepartment |  | Out of Hours after 17:00hrs) Tel: ***Insert number*** |
| **NSPCC** | National Helpline0808 800 5000 or email: help@nspcc.org.uk | National Helpline0808 800 5000 or email: help@nspcc.org.uk |

### CONFIDENTIALITY:

*The GMC advises that the first duty of doctors is to make care of their patients their first concern*

* *When treating children and young people, doctors must also consider parents and others close to them; but their patient must be their first concern*
* *When treating adults who care for, or pose a risk to, children and young people, the adult patient must be the doctor’s first concern; but doctors must also consider and act in the best interests of children and young people*
* *If both the adult and child are patients, the child’s safety is again paramount.*

*Consent should ideally\* be sought to disclose information unless*

* + *This would undermine the purpose of the disclosure [such as Fabricated Induced Illness / Sexual Abuse]*
	+ *Action must be taken quickly as delay would put the child at further risk of harm*
	+ *It is impracticable to gain consent*

\**The Child Protection Needs take precedence over the need to preserve confidentiality*

[https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people) [people](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people)

When asked to share information the following needs to be clear

* Identity of the person / organisation making the request
* Purpose for which the information is required
* Consent as appropriate
* Share only on a “Needs to Know” basis
* Proportionality –just the information needed
* Keep a record in the relevant medical record

<https://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp>

#### CHILD PROTECTION CASE CONFERENCES:

We acknowledge that Child Protection Case Conferences are an important multidisciplinary meeting to review what risks a child/children may be subject to and to agree a Child Protection Plan to keep the child/children safe. If unable to attend the child protection case conference, appropriate notification of non-attendance will be sent to principal social worker along with report on the family.

Appendix 3 for suggested template to be considered for the report and Appendix 4 for the notification template that will be sent immediately following a Child Protection Case Conference.

#### Record Keeping – Child Protection Case Conference Guidance:

The Health and Social Care Board has updated the guidance to GP practices with respect to Child Protection record keeping and this now states **that case conference reports should be scanned into the patient record, not kept separate**. This is on the HSCB intranet at:

<http://primarycare.hscni.net/general-medical-services-gms/governance-2/risk-management/>

#### Flowchart for child in need of support

* Discuss presenting concern/ need with client/parent/carer
* If unsure whether child protection threshold is met, discuss with lead clinician or nominated person

**Child in Need** within the practice and/or seek advice from local Gateway Single Point of Entry Team

**of Support**

**Action**

* Seek consent to make referral to local Family Support Hub
* If consent is obtained make referral. If consent is refused, advise client that this can be revisited if family so wish
* Consider other sources of support and signpost as appropriate, depending on presenting needs
* Ensure clear recording of actions

**Information**

**Sharing**

* Seek consent to share information regarding presenting need with other relevant professionals e.g.

Health Visitor, Midwife, Community Mental Health Nurse

* Share concerns with other relevant professionals e.g. HV, Midwife etc. where appropriate via usual

communication methods within practice

* Ensure clear accurate recording
* Discuss at any client based practice meetings as deemed appropriate

**Ongoing**

**Concern**

* If concerns escalate or situation deteriorates and it is unclear if threshold has now reached child protection level discuss with lead clinician/nominated person/Gateway Single Point of Entry team and follow child protection pathway

**FLOWCHART FOR CHILD AT RISK**

**Child Protection Concern Identified**

* Discuss concern with client/parent/carer.
* If safe to do so for child (or others) seek consent to make child protection referral to Social Services (consent not required but good practice).
* If parents do not consent to medical care or to a social care referral in situations of real concern the safeguarding lead / senior clinician will make the referral and inform Gateway Single Point of Entry Team of parental refusal regarding consent.
* Legal and social services advice should be sought re: any necessary medical care refused by parent/carer/young person.
* If unsure whether child protection threshold is met, discuss with Lead clinician/nominated person within the practice and/or seek advice from local Gateway Team.

**Action**

* + Where emergency medical attention is necessary it should be given priority. If judged clinically necessary admit to the care of the emergency paediatric services.
	+ Ring Gateway Single Point of Entry Team (insert local number) to make verbal referral.
	+ Consider need for urgent referral to PSNI (if child is in immediate risk) - if unsure discuss with practice lead clinician or, in absence of the nominated person or deputy, the most senior clinician available to make decision whether to report the matter directly to Social Services **and/**or the Police. Do not delay referral if risk considered to be high).
	+ Follow up referral via UNOCINI referral form (insert link).
	+ Where sexual abuse is suspected the child/young person should also be referred to the Rowan Centre (Regional Sexual Abuse and Rape Centre - SARC) 0800 389 4424.

### Information Sharing

* Inform Lead Clinician within the Practice of actions.
* Ensure clear accurate recording.
* Share concerns with other relevant professionals e.g. HV, Midwife etc. where appropriate.
* Await outcome of referral and update records.

## Case Conference

* If referral progresses to child protection case conference, discuss with social worker whether GP attendance is required or if report for child protection case conference will be sufficient. Either way ensures appropriate information sharing with social worker in relation to child and family (can use templates if desired).