



Wells Health Centre

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Policy for Safeguarding Children

Owner:	Helen Crawley
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Introduction

All staff within the practice need to have clear knowledge of how concerns should be passed on within the team, how specialist advice can be obtained, and how and who should make referrals outside the practice. Wells Health Centre adheres to the requirements as stipulated in the Somerset CCG Safeguarding Children Policy vn.2 issued March 2019. All local arrangements are as follows:

Role of Safeguarding Children Lead

Wells Health Centre Safeguarding Children Lead (Dr Helen Crawley) ensures that practice colleagues are aware of the need to hold regular meetings to discuss vulnerable children and families, seeking to involve other agencies in these meetings as appropriate and available, such as Health Visitors, Midwives, CAMHS, Integrated Therapy Services and School Nurses. This is to ensure early recognition of circumstances leading to abuse and neglect and identification of this can be addressed by the GP practice and other agencies.

Dr Crawley will ensure that serious incidents are reported using the Strategic Executive Information System (STEIS). For further information see here:

<https://improvement.nhs.uk/resources/steis/>

Dr Crawley will ensure that Somerset CCG Safeguarding are kept informed on progress of action plans created as a result of a serious incident.

Safeguarding Children Lead Dr Crawley is available for discussion/supervision on request. This process will involve discussion on 'think family' as well generating a plan for further reflection if that is considered appropriate by the Safeguarding Children Lead.

Dr Crawley will ensure that the surgery engages with a range of service users (children and adults) to inform the service that we provide

Allegation against a member of the Wells Health Centre

If any member of the Wells Health Centre feels that a colleague has behaved in a way that has or could have harmed a child; or they have acted inappropriately; or have committed a criminal offence this MUST be reported immediately to one of the following:

Safeguarding Children Lead:	Dr Helen Crawley
Senior Partner:	Dr Jonathan Bench
Managing Partner:	Karen Polly

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).

- 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.

Local authority social services departments working with other local authority departments and health services have a duty to safeguard and promote the welfare of children in their area who are in need. 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. Social Services will then follow local procedures to undertake an assessment of the child and their family.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is recognised internationally as a violation of the human rights of girls and women and is illegal in many countries. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is child abuse.

If any member of the team has a concern about FGM and one of our patients they must alert the Safeguarding Children Lead Dr Helen Crawley. In her absence speak to one of the other partners immediately.

Health professionals caring for a patient under 18 who has undergone FGM, have professional responsibilities to safeguard and protect that patient.

[Guidance and resources about FGM for healthcare staff](#) are available on the GOV.UK website.

The NSPCC can be contacted on 0800 028 3550 or phone 999 in cases of emergency.

Training

All clinical staff will be trained in Safeguarding Children Level 3, whilst non-clinical staff will be trained to Safeguarding Children Level 1. This will be on a yearly basis, normally via e-learning.

Serious Case Reviews

Wells Health Centre will engage with Serious Case reviews in the first instant and with any further actions/requests as any case progresses. This involvement will also include providing details of lessons learnt and processes put into place to avoid recurrences of these events.

MDT Meetings

The practice holds weekly MDT meeting which provides a forum for discussion of any safeguarding concerns, child or adult.

Identification of children on the Child Protection Register

As notification is received by the practice a warning/alert message will be put on the child's medical record and also on records of mother/father/carers and siblings. All members of the team are to record information as soon as possible after it is received or observed and this should be recorded on the patient's medical record.

Please ensure that any notification received is passed to Records Clerk who will set up the alert message and enter the appropriate read codes.

Child Protection Read Codes

As listed in Somerset CCG Safeguarding Children Policy, vn.2, see Appendix 1, page 31.

Removing a Child from the Child Protection Register

The Somerset Patient Services notify in writing when a child is removed from the Register. At this stage the Read code 1310 (child removed from child protection register) should be entered via the template and the alert box deleted. All EMIS documentation relating to child protection should be removed from family records.

Data Protection

- Current guidance suggests that written records relating to child protection issues should be stored as part of the child's permanent medical records, either manually or on computer, or both. This is a change to the previous recommendation. The practice should be alert to the fact that this guidance may be reviewed or amended in the future and must seek the guidance of the CCG.
- 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.

Report a concern

If you are worried about a vulnerable child and would like help, **please don't stay silent.**

Children's Social Care on 0300 123 2224

Out of Hours Children's Social Care on 0300 123 23 27

Speak to a social worker outside of office hours please phone the Emergency Duty Team (EDT) (6pm to 8am, Monday to Friday, weekends and bank holidays)

Consultation line for GPs on **0300 123 3078**

You can contact the police directly by dialling 101 and they will discuss with Children's Social Care what action should be taken. **In an emergency always contact the police by dialling 999.**

Alternatively you can call ChildLine for advice on 0800 1111