**SQUIRES LANE MEDICAL PRACTICE**

**Child Safeguarding Policy**

*Persons responsible for review of this protocol:*

*Dr Geeta Thawani, Child Protection Lead*

Kerry Butler Senior Practice Administrator

*Date of last review: January 2025*

*Date of next review: January 2026*

**Introduction**

**Statement of Intent**

The aim of this policy is to ensure that, throughout the work of Squires Lane Medical Practice (the Practice) children are protected from abuse and exploitation. This work may include direct and indirect contact with children, access to patient’s details and communication via email, text message or phone. We aim to achieve this by ensuring that the Practice is a child-safe entity.

We are committed to a best practice which safeguards children and young people irrespective of their background, and which recognises that a child may be abused regardless of their age, gender, religious beliefs, racial origin or ethnic identity, culture, class, disability or sexual orientation.

As a practice, we have a duty of care to protect the children we work with and for. Research has shown that child abuse offenders target organisations that work with children and then seek to abuse their position. This policy seeks to minimise such risks. In addition, this policy aims to protect individuals against false allegations of abuse and the reputation of the practice and its professionals. This will be achieved through clearly defined procedures, code of conduct, and an open culture of support.

The Practice is committed to implementing this policy and the practices it sets out for all staff and partners, and will provide in-house learning opportunities, and make provision for appropriate child protection training to all staff and partners.

It is the responsibility of the Safeguarding Lead to brief the staff and partners on their responsibilities under the policy. For employees, failure to adhere to the policy could lead to dismissal or constitute gross misconduct. For others (volunteers, supporters, donors, and partner organisations) their individual relationship with the Practice may be terminated.

To achieve a child-safe practice, employees and partners (independent contractors, volunteers, and the wider team members) need to:

* be clear what their role and responsibility is
* be able to respond appropriately to concerns or disclosures of abuse
* understand what behavior is acceptable
* understand what abuse is
* minimise any potential risks to children

**What is abuse and neglect?**

Abuse and neglect are forms 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 a stranger.

There are usually said to be four types of child abuse

1. Physical Abuse

2. Emotional Abuse

3. Sexual Abuse

4. Neglect

**General Indicators**

The risk of Child mistreatment is increased when there is:

* parental or carer drug or alcohol abuse
* parental or carer mental health
* intra-familial violence or history of violent offending
* previous child maltreatment in members of the family
* known maltreatment of animals by the parent or carer
* vulnerable and unsupported parents or carers
* pre-existing disability in the child.

**Physical Abuse**

Definition:

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child.

Indicators:

* Unexplained injuries
* Injuries of different ages/types
* Improbable explanation
* Reluctance to discuss injury/cause
* Delay or refusal to seek treatment for injury
* Bruising on young babies
* Admission of punishment which seems severe
* Child shows:
* arms and legs inappropriately covered in hot weather [concealing injury]
* withdrawal from physical contact
* self-destructive tendencies
* aggression towards others
* fear of returning home
* running away from home

**Emotional Abuse**

Definition

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.

Indicators:

* Physical/ Mental/ Emotional developmental delay
* Overreaction to mistakes
* Low self-esteem
* Sudden speech disorder
* Excessive fear of new situations
* Neurotic behaviors
* Self-harming/ mutilation
* Extremes of aggression or passivity
* Drug/ solvent abuse
* Running away
* Eating disorders
* School refusal
* Physical/ Mental/ Emotional developmental delay

**Sexual Abuse**

Definition

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

Indicators

* Genital itching/pain
* Unexplained abdominal pain
* Secondary enuresis (or daytime soiling/wetting)
* Genital discharge/ infection
* Behavior changes
* Sudden changes
* Deterioration in school performance
* Fear of undressing (e.g. for sports)
* Sleep disturbance/nightmares
* Inappropriate sexual display
* Regressive (thumb sucking, babyish)
* Secrecy, distrust of familiar adult, anxiety left alone with particular person
* Self-harm/mutilation/attempted suicide
* Phobia/panic attacks
* Unexplained or concealed pregnancy
* Chronic illness (throat infections)
* Physical/ Mental/ Emotional developmental delay

**Neglect**

Definition

Neglect 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, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child’s basic emotional needs.

Indicators:

* Poor personal hygiene, poor state of clothing
* Constant hunger/thirst
* Frequent accidental injuries
* Untreated medical problems
* Delayed presentation, concealed injuries
* Low self-esteem
* Lack of social relationships
* Eating Disorders
* Children left repeatedly without adequate supervision
* Failing to engage with healthcare
* Non-attended appointments
* Frequent use of A&E/Out-of-Hours services
* Failing to arrange immunisations

**Injury Patterns**

There are a number of injury patterns that cause immediate concern in terms of Child Protection amongst which are:

* Multiple bruising, with bruises of different ages
* Facial bruising in non-mobile baby
* Ear bruising
* Unexplained oral injury
* Fingertip pattern bruising
* Cigarette burns
* Belt/ buckle marks
* Burns/ scalds
* Bites
* Fractures

**Practice Arrangements**

**Practice Lead**

The Practice Safeguarding Lead is Dr G Thawani.

This is not a full-time function but instead complements the individual’s daily duties. The responsibilities are detailed below.

**The Practice Lead for Safeguarding Children & Young People will assist in the following:**

* act as a focus for external contacts on safeguarding/ child protection matters
* be fully conversant with all aspects of the child protection policy, operating procedures and incident handling procedures
* disseminate safeguarding/ child protection information to all practice members
* act as a point of contact for practice members to bring any concerns that they have and record it
* assess the information promptly and carefully, clarifying or obtaining more information about the matter as appropriate
* know and help establish links with local child protection agencies, such as the children’s social care services
* know and help establish links, and when appropriate assist other members of the team in taking advice from Named and Designated Professionals in Child Protection
* take a lead role in planning and delivering regular staff training, reviewing policy and operating procedures, and conducting audit/review of safeguarding in the practice
* ensure that the Practice meets the contractual and clinical governance guidance on safeguarding children / child protection
* ensures that the Practice records safeguarding incidents appropriately

**Staff Employment & Training**

**Minimum criteria for all staff**

The minimum safety criteria for all staff working for the Practice are:

* have DBS check [enhanced for clinical staff]
* have at least 1 references that have been followed up
* have been interviewed face to face

**Staff training**

* All new members of staff will undergo in-house training or other basic awareness training
* All members of staff will undergo child protection training at least every three years
* Non-clinical staff Level 1
* Clinical staff [GPs, Practice Nurses and others] Level 2
* Safeguarding Lead Level 3

**Whistle blowing**

The Practice recognises the importance of building a culture that allows all staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns they have about a colleague’s behavior. This will also include behavior that is not linked to child abuse but that has pushed the boundaries beyond acceptable limits.

**Complaints procedure**

The Practice has a clear procedure that is capable of dealing with complaints from all patients (including children and young people), employee, accompanying adult or parent.

**General guidelines for staff behavior**

These guidelines are here to protect children and staff alike. The list below is by no means exhaustive and all staff should remember to conduct themselves in a manner appropriate to their position.

Wherever possible, you should be guided by the following advice. If it is necessary to carry out practices contrary to it, you should only do so after discussion with, and the approval of, your Practice Manager or the General Practitioner.

* You must challenge unacceptable behavior.
* Provide an example of good conduct you wish others to follow.
* Respects young people’s right to personal privacy and encourage children, young people and adults to feel comfortable to point out attitudes or behaviors they do not like.
* Involve children and young people in decision-making as appropriate.
* Be aware that someone else might misinterpret your actions.
* Don’t engage in or tolerate any bullying of a child, either by adults or other children.
* Never promise to keep a secret about any sensitive information that may be disclosed to you but do follow the guidance on confidentiality and sharing information.
* Never offer a lift to a young person in your own car.
* Never exchange personal details such as your home address with a young person.
* Don’t engage in or allow any sexually provocative games involving or observed by children, whether based on talking or touching.
* Never show favoritism or reject any individuals.

**Internet, mobile phones and electronic equipment**

Personnel must always act responsibly with regard to internet, electronic and telecommunications equipment (including use of mobile phones), and use them in a professional, lawful and ethical manner.

**Inappropriate types of sites**

Accessing or downloading data from inappropriate websites, (e.g. pornographic websites or emails, racist, sexist or gambling websites or emails, sites promoting violence and illegal software) at any time is forbidden and may lead to disciplinary proceedings.

**Permitted personal use**

Reasonable personal use of the internet is permitted, as long as it does not interfere with the performance of normal duties, and remains in accordance with the stated IT policies, including those on acceptable use of equipment and use of email. Such limited, personal use of the internet should only be conducted when it doesn't interfere with the user's ability to carry out their normal duties, e.g. outside normal working hours.

**Recognition of abuse**

Recognising child abuse is not easy and it is not our responsibility to decide whether or not abuse has taken place. However, it is our responsibility to act if we have any concerns. Guidance follows on recognising the possible symptoms of abuse in the four main areas: physical, emotional, sexual and neglect.

**Reactive measures**

While every precaution may be taken to prevent an incident from occurring, it is recognised that thorough and professional reactive measures are necessary. The procedures, which follow, set out those steps to be taken with respect to any concerns relating to child protection.

**Disclosure of an allegation of abuse**

If a child discloses information about abuse, whether concerning themselves or a third party, employees must immediately pass this information on to the Safeguarding Lead and follow the child protection procedures below.

It is important to also remember that it can be more difficult for some children to tell than for others. Children who have experienced prejudice and discrimination through racism may well believe that people from other ethnic groups or backgrounds do not really care about them. They may have little reason to trust those they see as authority figures and may wonder whether you will be any different.

Children with a disability will have to overcome barriers before disclosing abuse. They may well rely on the abuser for their daily care and have no knowledge of alternative sources. They may have come to believe they are of little worth and simply comply with the instructions of adults.

**Responding to a child making an allegation of abuse**

* Stay calm.
* Listen carefully to what is being said.
* Find an appropriate early opportunity to explain that it is likely the information will need to be shared with others – do not promise to keep secrets.
* Allow the child to continue at his/her own pace.
* Ask questions for clarification only, and at all times avoid asking questions that are leading or suggest a particular answer.
* Reassure the child that they have done the right thing by telling you.
* Tell them what you will do next and with whom the information will be shared.
* Record in writing what has been said using the child’s own words as much as possible – note date, time, any names mentioned, to whom the information was given and ensure that paper records are signed and dated, and electronic subject to audit trails.
* Do not delay in passing this information on.

**Reporting -** Professionals worried about a child

In the first instance, and if the risk to the child is not increased by doing so, the health professional or Safeguarding Lead will inform the child and accompanying carer/ parent that you need to discuss or report the concern.

When the child concerned is not a patient of the Surgery, the policy is to speak to the Safeguarding Lead, who should pass on that information in accordance with local guidelines.

**Consultation Line** (this number is available for consultation, advice or when you just want to talk over a situation and case names are not required) – 020 8359 4336

**Referrals**

\*\*\*The MASH is the single point of entry for all referrals regarding concerns for a child or young person (unborn to 18 years) or where it is felt they would benefit from additional support. Use the referral form below.

Further information about the MASH and the referral process is shown on the Working with children in Barnet website.

Remember: If you're concerned about a child or young person in Barnet and you want to speak to someone please contact MASH on 020 8359 4066 and provide as much information as you can.

Contacts

Multi-Agency Safeguarding Hub (MASH)

North London Business Park (NLBP), Oakleigh Road South, London N11 1NP

Tel: 020 8359 4066

FAX: 0871 594 8766

Email: mash@barnet.gov.uk

**What is the Multi-Agency Safeguarding Hub?**

The Multi-Agency Safeguarding Hub (MASH) was developed by the police, Local Authorities and other agencies to co-locate safeguarding agencies and their data into a secure, research and decision making unit. This was in response to the inability of agencies, on occasions to effectively share information which has been the comment of numerous Serious Case Reviews and public enquiries.

MASH in Barnet is the single point of entry for all referrals regarding concerns for a child or young person (unborn-18 years) or where it is felt they would benefit from additional support. Referrals will cover all thresholds of need from child protection to early help. Core agencies  include the  police public protection desk, children’s social care, health and education, with representatives attending from CAHMS, adult services, substance misuse, the early intervention services, probation, housing and others.

MASH is a screening, information and co-ordinating process only. It is not a case holding team. It is located at North London Business Park.

**How do I refer?**

Before referring to the MASH you need to consider if the child or young person‘s needs can be met by services from within your own agency, or by other professionals already involved with the family.

In order to make a referral you will need to complete a referral form. You will then receive an acknowledgement email from the MASH with a reference number.

https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/forms/MASH-referral-form.html

Before making a referral you must tell the family and seek consent. Please also download the information leaflet explaining the MASH process which you can give to families.

**You should not seek consent in cases where you consider to do so may increase the risk of harm to the child.** In cases where you have concerns for a child’s welfare which indicate that they are at a level that may require an assessment by children’s social care, if having informed the parents you are making a referral consent has not been given, a referral can still be made. The MASH team will consider if/what information needs to be shared to ensure the child’s needs are being met.

If you have concerns about a child’s safety you can telephone the MASH team on 020 8359 4066 to discuss your concerns and give the initial details. You will be expected to follow this with a online referral the same day.

The Consultation line for professionals who would like to discuss a case without making a referral will remain operational on 020 8359 4336 on Tuesday and Wednesday between 9.30 to 11.30am.

**Operating hours**

The MASH operates Monday–Thursday 9am to 5.15pm and 9am to 5pm on Fridays. Outside of these hours care and welfare concerns about children and young people that require an immediate response should be reported to the Emergency Duty Team on 020 8359 2000. Where an emergency response is required, at any time, the police should be called.

**What happens next?**

All referrals to the MASH are recorded on forms known as Contacts. These will be screened; this will include checking to see if the child already has a social worker or a lead professional as a result of a CAF.

If there is an allocated social worker, they are considered the best person to support the child, so the contact form is sent directly on to them.

If there is no allocated social worker, then the MASH senior social worker assesses the level of risk. The MASH Manager confirms the level of risk.

The MASH will use BRAG Ratings Blue, Red, Amber and Green. Red being the highest risk where there is a serious safeguarding concern requiring immediate action. A Green rating would be a low risk which may require a child in need assessment (sect17) or a Common Assessment Framework (CAF).

For further information regarding Thresholds and the BRAG ratings and to assist you in making a referral please see the ‘Common Assessment Framework (CAF) and Social Care Threshold Guidance’ available here.

Following receipt of all referrals through the MASH the contact form outcome could vary from; a referral to the Children’s Social Care Duty Assessment Team (DAT) for a social work assessment, referral to the Early Help and Prevention services such as CAF.

How will I know what has happened to the case?

The MASH team are responsible for providing referrers with appropriate and proportionate feedback about the progress of a case whilst in the MASH or for cases being signposted for universal services or no further action, by email or telephone. If the case is referred to Children’s Social care or the Early Intervention service the professional receiving the referral has a responsibility to inform you they are dealing with the case.

**How will the child/family know what has happened?**

The MASH team are also responsible for ensuring that actions are put in place to ensure that appropriate and proportionate feedback is provided to children and families. This may be done by a Children’s Social Care professional either from the MASH or another team such as the Duty Assessment Team or CAF team visiting the family, sending a letter, or telephoning.  On other occasions you, as someone who knows the child and or family might be asked to contribute to the process of providing verbal feedback.

**What are my responsibilities if I am contacted by the MASH team for information?**

When a case comes to the attention of the MASH team that requires information gathering, the relevant professionals will receive an email with a MASH information collection form. In some cases they will receive a telephone call first advising them this form has been sent. The request will contain a summary of the referral concerns and we ask that you provide relevant information on the form. This should include strengths in the family as well as knowledge of issues such as domestic violence, substance misuse, mental health difficulties and concerns about the child such as neglect, emotional or behavioral problems. Please also comment on the family's ability to engage with services and keep appointments.

In order to observe time scales for BRAG ratings, professionals should where possible respond immediately to the request.  If this is not possible it is important in order to protect and maintain the welfare of children and young people to return the form within the time scale specified according to the BRAG rating given on the form. Information must be returned securely.

It is expected that families will be aware of the information you hold on them and the form you receive will indicate if they have given consent for this to to be shared. Where consent has not be obtained or has been refused the MASH are still able to gather information either because it is a child protection concern or under Section 10 of the Children’s Act (please see Data Sharing and Fair Processing below).  In exceptional circumstances an agency such as the police may hold information that is restricted to other professionals and in some cases to the family concerned. In these circumstances this information should be shared with the MASH but will not be shared with professionals outside the MASH and will be recorded on a separate restricted file.

**What should I do if I am concerned about the way in which the MASH team has dealt with a concern I have raised?**

In the first instance you could discuss the action taken with the MASH Team Manager. Alternatively you could speak to the Service Manager who is also based at NLBP. Contact details are given in the CAF /Social care threshold document.

**What to do if I am not happy?**

If you are not happy about the way the MASH team deals with any referral about your family, please raise this first with the MASH manager. He or she will explain why the information was shared and how the decision on your case was made.

**Consultation Line**

If you are a professional and are worried about a child and would like to talk over any concerns you have you can contact our Consultation Line on **020 8359 4336**. This may be particularly helpful for long term chronic situations or where the concerns are border line or if the issue is unusual or complex. If we feel the child is at risk we will insist that you make a referral. If the situation is an emergency we would expect you to contact the MASH team immediately.

The Consultation Line is open on Tuesdays and Wednesdays between 9.30am and 11.30am.

**Data sharing and Fair Processing**

All partner agencies have signed up to Barnet Council's MASH Information Sharing Agreement that specifies what data can be shared in the MASH and the legal basis for doing so.  All partner agencies are required to ensure staff are fully trained and aware of their responsibilities under the Data Protection Act.  They are required to ensure all information sharing is done in adherence with the Information Commissioner’s Data Sharing Code of Practice.

**Out of hours emergency Social Work Service** (including out of hours child protection referrals) – The Barnet Council Emergency Service Controller will take initial details and contact the appropriate out of hours officer – tel. number 020 8359 2000

When external authorities need to be contacted, the child social care services should be informed first unless the issue is more immediate.

**Enquiry process**

Staff (particularly health professionals) may be asked to contribute information and will be expected to provide a written report in order to assist this process. It is possible that attendance at a case conference or court proceedings may be required in order to share the information. In these situations it may be advisable for a member of staff to be accompanied by a Practice Manager or the General Practitioner.

**Sharing Information**

The Practice will adhere to usual policies on sharing information. Professionals charged with the responsibility of sharing information, including that of child protection cases, are still guided by the principles of Data Protection and Confidentiality Code of Practice. However if the child is subject to a plan the company is covered by Section 47 Children Act 1989 where we have a duty to share information. We also have a duty to try to work in partnership with both parents and the local authorities in this respect.

**SQUIRES LANE MEDICAL PRACTICE**

**CHILD SAFEGUARDING POLICY**

I acknowledge that I have read and am familiar with this procedure.

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| --- | --- | --- |
| **Full Name** | **Signature** | **Date** |
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