



## Safeguarding Children Policy

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**All Children have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation.**

Primary Care Doncaster Limited is committed to protecting children. It is the responsibility of everyone to report suspected child abuse.

This policy document outlines what constitutes child abuse and informs Primary Care Doncaster employees of the line of action to take should they identify a child who may be at risk or subject to abuse and how to report it.

## **Who is considered to be a child?**

The UN Convention on the Rights of the child defines a child as any person under the age of 18.

There are a number of different laws across the UK that specifies age limits in different circumstances. These include age of consent and age of criminal responsibility. However, for the child protection reporting purposes, a person is considered a child if under 18.

## **What is Child Abuse?**

An action or omission that harms a child.

## **What forms can Abuse take?**

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.

Everyone who comes into contact with children and families has a role to play. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

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

## **Signs and Indicators**

The risk of Child Maltreatment is recognised as being increased when there is:

- Parental or carer drug or alcohol abuse;
- Parental or carer mental health disorders or disability of the mind;

- 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, chronic or long-term illness.

## **Physical Abuse**

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 inducing illness in a child. *Working Together 2010*

## **Signs and Indicators**

- Abrasions
- Eye injuries
- Lacerations
- Spinal Injuries
- Bites (Human)
- Fractures
- Ligature marks
- Strangulation
- Bruises
- Hypothermia
- Oral injuries
- Subdural haemorrhage

**This list is not exhaustive**

## **Also consider -**

- Child with hypothermia and legs inappropriately covered in hot weather [concealing injury]
- For fabricated illness discrepancy in the clinical picture with one or more of the following:
  - Reported signs or symptoms only in the presence of the carer;
  - Multiple second opinions being sought;
  - Inexplicably poor response to medication or excessive use of aids;
  - Biologically unlikely history of events even if the child has a current or past physical or psychological condition.

## **Emotional Abuse, Behavioural, Interpersonal & Social Functioning**

*Emotional abuse is the persistent emotional mal-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.
- 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 the 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.

**This list is not exhaustive**

### **Signs and Indicators**

- Persistent harmful parent or carer – child interactions
- Hiding or scavenging for food without medical explanation
- Precocious or coercive sexualised behaviour

### **Also consider:**

- Physical/mental/emotional development delay
- Changes in behaviour or emotional state without explanation
- Extremes of emotion, aggression or passivity
- Drug/solvent abuse
- Low self-esteem
- Self harming/mutilation
- Running away
- Responsibilities which interfere with normal daily activities such as school
- School refusal

## Child Sexual Exploitation

Child sexual exploitation (known as CSE for short) is a form of child abuse. It happens when a young person is manipulated or forced, to take part in sexual activity. The abuser works hard to groom the young person - it might seem like a normal friendship or relationship to begin with - gaining their trust and then exploiting that trust for their own gain. It can happen online or offline, and without the young person being aware of it. It may also involve more than one abuser and a number of victims.

Doncaster Children's Services Trust guidance can be found via the below link -

[Child sexual exploitation - Doncaster Council](#)

[Spot the signs CSE Campaign.pdf \(windows.net\)](#)

## Sexual Abuse

*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 oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at sexual images or grooming a child in preparation for abuse (including via the internet).

Women can also commit acts of sexual abuse, as can other children.

## Signs and Indicators

- Ano-genital symptom in a girl or boy that is associated with behavioural change
- Hepatitis B or C in under 13s
- Sexually transmitted infection
- Pregnancy in under 13s

### Also consider:

- Persistent unexplained ano-genital symptoms
- Ano-genital warts
- Sexually transmitted infection in 13-15 year olds
- Marked power differential in relationship

### Behaviour changes such as:

- Sudden changes
- Inappropriate sexual display
- Secrecy, distrust of familiar adult, anxiety left alone with a particular person
- Unexplained or concealed pregnancy
- Self-harm mutilation/attempted suicide

Further information regarding Child Sexual Exploitation and Child Criminal Exploitation can be found via the below link -

<https://www.doncasterchildrenstrust.co.uk/how-we-can-help-you/child-exploitation>

## **Neglect**

*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.*

Neglect may occur during pregnancy as a result of maternal substance abuse.

Neglect involves 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); or ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **Signs and Indicators**

- Abandonment
- Repeated injuries suggesting inadequate supervision
- Failure to seek medical help appropriately
- Persistently smelly or dirty
- Repeatedly not responding to a child or young person

## **Also consider:**

Poor personal hygiene, poor state of clothing  
 Untreated tooth decay  
 Poor attendance for immunisations  
 Frequent severe infestations (scabies, head lice)  
 Repeated animal bites, insect bites or sunburn

Faltering growth due to poor feeding  
Treatment for medical problems not being given consistently  
Parents failing to engage with healthcare, attend appointments and/or use A&E/OOHS frequently

**This list is not exhaustive**

## **Patterns of Maltreatment**

The previous sections reflect the increasing emphasis on the importance of observation of patterns of possible maltreatment, including the interaction between the parent or carer and the child or young person, as well as physical signs which are inconsistent with their developmental stage (not always the same as the age in months or years) or the explanation given.

Providing inappropriate supervision (or none) leading to accidental injury or burns can also be forms of maltreatment.

In addition, there are a number of injury patterns that cause immediate concern in terms of child protection including:

- Multiple bruising, with unusual bruises of different ages;
- Bruising in no motile baby, particularly facial bruising;
- Baby rolls over at six months;
- Baby attempts to crawl at eight months.

## **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 their developmental age;
- 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;
- Unexplained or suspicious injuries such as bruising, bites or burns, particularly if situated unusually on the body;
- The child says that she or he is being abused, or another person reports this;
- The child has an injury for which the explanation seems inconsistent or which has not been adequately treated;
- The child's behaviour changes, either over time or quite suddenly, and he or she becomes quiet and withdrawn, or aggressive;
- Refusal to remove clothing for normal activities or keeping covered up in warm weather;
- The child appears not to trust particular adults, perhaps a parent or relative or other adult in regular contact;
- An inability to make close friends;
- Inappropriate sexual awareness or behaviour for the child's age;
- Fear of going home or parents being contacted;
- Reluctant to accept medical help;
- Fear of changing for PE or school activities.

## **Preventing young people being drawn into Extremism**

In a similar way to Child Protection, Channel is a multi-agency safeguarding programme run in every Local Authority in England and Wales. It works to support vulnerable people from being drawn into terrorism and provides a range of interventions such as mentoring, counselling and many other measures according to individual circumstances. Channel is about early intervention to protect vulnerable people from being drawn into committing terrorist-related activity and addresses all types of extremism. It is important to note that participation in Channel is voluntary. It is up to an individual, or their parents for children aged 17 and under, to decide whether to take up the support it offers. Channel does not lead to a criminal record.

The Local Channel Panel Chair is Karen Johnson, Assistant Director, Communities. Meetings are held according to demand to ensure a swift, co-ordinated response.

## **Radicalisation Concerns**



If you have any concerns about someone and would like more advice please contact Rachael Long, Crime and Community Safety Theme Manager, DMBC,

Via phone [01302 737469](tel:01302737469) or email [Rachael.Long@doncaster.gcsx.gov.uk](mailto:Rachael.Long@doncaster.gcsx.gov.uk)

## FGM

Primary Care Doncaster Limited would like to raise awareness of Female Genital Mutilation (FGM) This usually occurs between infancy and adolescence but can also occur into adulthood.

FGM is against the law in the UK and has been a criminal offence since 1985. It is a serious crime that carries a penalty of 14 years in prison. It is an offence to make arrangements for FGM to be undertaken within the UK or to take, or plan to take a child out of the UK for the purpose of FGM

As FGM is illegal this should be reported to the Police via the 101 non-emergency number.

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred.

There is a **mandatory** requirement for health care professionals to submit their FGM data for both children and adults via the Health & Social Care Information Centre. Further details can be accessed on their website below:

[www.hscic.gov.uk/FGM](http://www.hscic.gov.uk/FGM)

Submission became mandatory for acute trusts, GP practices and mental health trusts in 2015. If you believe that a victim or potential victim of FGM is in immediate danger, always dial 999. If you are concerned that a child is at risk you must make a referral to Children's Social Care immediately using your local Safeguarding Board procedures. The NSPCC has a 24 hour helpline to provide advice and support to victims of FGM, or to anyone who may be concerned a child is at risk - call the helpline on 0800 028 3550 or email

[fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

- Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.
- The practice has no health benefits for girls and women.
- FGM can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.

- More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated (1).
- FGM is mostly carried out on young girls between infancy and age 15.
- FGM is a violation of the human rights of girls and women.

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Generally speaking, risks of FGM increase with increasing severity (which here corresponds to the amount of tissue damaged), although all forms of FGM are associated with increased health risk.

Immediate complications can include:

- severe pain
- excessive bleeding (haemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death.

## **Where does abuse take Place?**

Any form of abuse as detailed above can take place anywhere. Abuse is reported to have taken place in outdoor public places, in the person's home, inside day centres, care homes, health institutions, in the work place, in educational setting and in many varied community groups and places.

## **Who abuses Children?**

An abuser can be anyone. A Partner or a family member, friend, neighbour, professional person, carer, including health care and hospital staff, educational staff, other patients and other residents and strangers

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## **Responsibility of Primary Care Doncaster employees**

Whilst Local Authority Doncaster Children's Services Trust has legal powers to protect children, government legislation and guidance directs all agencies to play their part in safeguarding children. This is set out in the statutory guidance, *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children* (HM Gov 2015).

The Children's Act 1989 and 2004 are the overarching legislation concerning the welfare of children. These Acts support the principle that the welfare of the child is the paramount consideration. They place a duty on all staff / volunteers to consider children in the course of their work, even where their client group may be adult.

Primary Care Doncaster Limited is committed to protecting vulnerable Children. All employees, contractors and staff are expected to raise safeguarding concerns immediately upon suspicion. It is everyone's responsibility to keep children safe and to report all suspected abuse.

All Primary Care Doncaster Employees will complete Safeguarding Children training on induction into post and at regular intervals throughout the course of their employment. The level of Safeguarding training completed will differ depending on the post of the employee in question, but as a minimum all staff will complete level 1. Primary Care Doncaster Ltd employees currently complete this training via e-learning on TeamNet. Safeguarding Children's training will be completed annually.

Primary Care Doncaster Ltd will ensure they keep up to date with changes to local and national ways of reporting/responding to abuse. These changes will be communicated to all employees to ensure best practice.

Primary Care Doncaster Ltd employees are reminded of their responsibility to recognise different forms of abuse and their duty to escalate and report these instances. If any employee is alerted to potential abuse they are aware that they need to report this immediately. Staff members employed by Primary Care Doncaster are aware they may receive reports/complaints of abuse and acknowledge their duty to raise this as soon as they are alerted. They understand they must follow local policy and procedures.

It is the responsibility of the Chief Executive and Board of Directors to ensure staff members are supported in raising and also responding to concerns of abuse.

Primary Care Doncaster aim to work in partnership with other providers and the appropriate bodies to contribute to individual risk assessments and developing plans for safeguarding persons at risk. Primary Care Doncaster Ltd pledges to work with other providers and bodies to ensure these plans are implemented. This includes regularly reviewing outcomes for people accessing services we support.

Primary Care Doncaster Ltd has a Corporate Governance Committee that has oversight of Incidents, Significant Events, Issues, Risks and Complaints.

If a new risk is highlighted any changes to the organisations operational procedures and policies will be addressed as a matter of urgency. This will also be undertaken if a reported Significant Event requires urgent steps to be implemented to safeguard patients.

The Corporate Governance Committee will also look at Primary Care Doncaster Ltd Complaints and Incident log to ensure we are actively working to prevent abuse in any form. Primary Care Doncaster Ltd is committed to ensuring any person involved either directly or indirectly with our organisation will receive the best care and treatment.

Themes and trends identified during the annual review of Primary Care Doncaster Limited Clinical Governance will be revisited to ensure the actions taken at the time are still effective in mitigating the risk of future reoccurrence.

We will actively improve any outcomes that are identified on the Risk Register, Significant Event, Incident and Complaints log to ensure we always comply with the 5 KLOES:

- Are we safe?
- Are we well-led?
- Are we effective?
- Are we caring?
- Are we responsive to a persons need?

## **Management of Disclosure of an Allegation of Abuse**

If a child makes allegations about abuse, whether concerning themselves or a third party, employees must immediately pass this information on to the Lead for Child Protection 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.

### **When responding to a child making an allegation of abuse:**

- Stay calm;
- Listen carefully to what is being said;
- Reassure the child that they have done the right thing by telling you;
- 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;
- 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 discussing your concerns and if necessary, passing this information on to Primary Care Doncaster Limited's safeguarding lead.

Children with a disability, especially a sensory deficit or communication disorder, 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. It is important to reassure the child that you will seek help on their behalf and cannot keep their disclosure a secret.

When receiving a disclosure of abuse, ensure that your notes are as detailed as possible, accurate, contemporaneous, and include the persons contact details. If no disclosure is made but abuse is suspected, record as much detail as possible.

## RAISING A CONCERN

Worried about a child?

If you are worried about a child you can contact Doncaster Children's Trust using the following options

### **Phone**

We are always here for our children, young people and families 24 hours a day, seven days a week, 365 days a year.

If you are worried about a child and wish to speak to a person you can contact us by calling 01302 737777 or in the evening or at weekends call 01302 796 000.

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**Otherwise complete the form below by clicking the 'start now' button.**

[Children's Referral Form - Doncaster Council](#)

This form can be used if you have a concern about a child or want to enquire about Early Help.

You can complete the form which will go to One Front Door and you will get one of two responses.

In order for this form to be processed it must be completed in full and consent must be provided (only if a child would be put at risk can a form be submitted without consent).

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Where you believe there is immediate risk of significant harm the police should be contacted on 999.

### **Urgent concerns regarding a child or young person's mental health**

If you have urgent concerns regarding a child or young person's mental health, please call the duty team on (01302) 796 191.

### **Urgent safeguarding concerns**

For urgent safeguarding concerns please call the Duty team, on 01302 737 777.

## **PRIMARY CARE DONCASTER LIMITED'S SAFEGUARDING LEAD**

Primary Care Doncaster Limited has a nominated Safeguarding Lead

### **Suzanne Hallworth-Manley**

Job Title: Chief Nurse and Caldicott Guardian

#### Safeguarding Lead Duties -

- Provide advice and support to colleagues with Safeguarding concerns
- Ensure any new guidance is updated within Safeguarding policies and disseminated to all staff
  - Ensure own Safeguarding training is up to date
- Monitor staff compliance to ensure MAST Safeguarding training is always up to date (in conjunction with PCD HR Officer)
  - Ensure accurate records of Safeguarding concerns are maintained
- Escalate any Safeguarding concerns to the Corporate Governance Committee and Board of Directors

#### **Contact Details**

Telephone: 07917 870071

Email: [pcdltd.pcdenquiries@nhs.net](mailto:pcdltd.pcdenquiries@nhs.net)

\*Please **DO NOT** include any personal identifiable information when emailing the enquiry inbox

## **PRIMARY CARE DONCASTER LIMITED'S DEPUTY SAFEGUARDING LEAD**

Primary Care Doncaster Limited also has a deputy Safeguarding Lead who can be contacted in the event PCD Chief Nurse is unavailable

### **Dr Andrew Oakford**

Job Title: GP & Clinical Governance Director at Primary Care Doncaster Limited

Deputy Safeguarding Lead duties-

- Provide advice and support to colleagues with Safeguarding concerns
  - Provide support to PCD Safeguarding Lead as required
  - Ensure own Safeguarding training is up to date
- Escalate any Safeguarding concerns to the Corporate Governance Committee and Board of Directors

### **Contact Details**

Email: [pcdltd.pcdenquiries@nhs.net](mailto:pcdltd.pcdenquiries@nhs.net)

All emails will be forwarded to Dr Andrew Oakford for review.

\*Please **DO NOT** include any personal identifiable information within your email\*

### **USEFUL LINKS**

Please find below links to further guidance as mentioned within this policy.

[Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](#)

[Working Together to Safeguard Children: Statutory framework \(publishing.service.gov.uk\)](#)

[The Children Act 1989 guidance and regulations \(publishing.service.gov.uk\)](#)

[Children Act 2004 \(legislation.gov.uk\)](#)