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CHILD PROTECTION POLICY

BACKGROUND & PRINCIPLES

GPS WORKERS ARE REMINDED TO FAMILARISE THEMSELVES WITH THE CLIENT PROVIDERS LOCAL POLICY AND THEIR NAMED CHILD PROTECTION LEAD.

This policy has been written in conjunction with legislative and government guidance requirements, our local Clinical Commissioning Group child protection procedures and relevant internal policies.

All children, regardless of their circumstances, are entitled to an efficient, full-time education that is suitable for their age, ability, aptitude and any special educational needs they have. Research shows that children who are missing education are at greater risk of underachieving, becoming victims of abuse or neglect and becoming **NEET** (***not in education, employment, or training***) in later life.

This policy is a GPS agreed policy, applicable to all clinicians and workers as well as official visitors to the premises, and it represents how GPS intends to keep children safe. The policy is detailed and lengthy but is no substitute for workers not maintaining their up-to-date training.

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 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.

Alerting features:

Abrasions	Eye Injuries	Lacerations	Spinal Injuries
Bites (human)	Fractures	Ligature marks	Strangulation
Bruises	Hypothermia	Oral Injuries	Subdural haemorrhage
Burns or scalds	Intra-abdominal injuries	Petechiae	Teeth marks
Cold injuries	Intra-cranial injuries	Retinal haemorrhage	
Cuts	Intra-thoracic injuries	Scars	

Or 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 maltreatment 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.

Alerting features

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

Or consider

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

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.

Alerting features:

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

Or consider:

Persistent unexplained ano-genital symptoms	Ano-genital warts (see CG89)
Sexually transmitted infection in 13-15 year olds	Marked power differential in relationship
BEHAVIOUR CHANGES: Sudden changes Inappropriate sexual display Secrecy, distrust of familiar adult, anxiety left alone with particular person Self-harm mutilation / attempted suicide	Unexplained or concealed pregnancy

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 because 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.

Alerting features

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

Or 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	Low self-esteem
Faltering growth (due to poor feeding)	Treatment for medical problems not being given consistently	Lack of social relationships; children left repeatedly without adequate supervision

Parents failing to engage with healthcare, attend appointments (practice or wider health professional) and / or use A&E / Out-of-Hours services frequently.

SIGNS OF ABUSE IN INFANTS

Infants aged under a year old are at the highest risk of maltreatment and are more at risk of being killed at the hands of another person than any other single year age group in England and Wales. On average, in England and Wales, one baby is killed every 20 days, and 80% of these infants were killed by a parent.

GPs must be especially alert in the ante-natal period to parental risk factors such as domestic abuse, depression, and substance abuse, and to also look for signs of parental stress, post-natal depression, or other mental illness in the post-natal period.

The six-to-eight-week developmental check is an extremely important opportunity to assess the parent-child relationship and how well parents are managing the transition to new parenthood,

Alerting factors to infant abuse may be:

- Inconsistent history.
- Late presentation of injury/injuries to practitioner.
- Injuries that are not consistent with history or age/stage of child.
- Unexplained injuries in non-mobile children particularly (but applies to all children).
- Presence of other injuries – full examination of infant always indicated.
- Patterns of repeat injuries.

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.

There are a number of injury patterns that cause immediate concern in terms of child protection including:

- Multiple bruising, in 'protected' areas or unusual bruises of different ages.
- Bruising in a non-mobile baby, particularly facial bruising.

A practitioner may observe unusual signs when the child is brought with an incidental respiratory infection, nappy rash or apparently minor illness and rashes. If a child presents with injury, it is important to note whether the injuries are consistent with the history provided and the child's developmental stage.

Areas of concern include the following:

- Information regarding areas of bruising that is of concern: face/neck/ear, in infants this is of special significance as it may be a sign of or precursor to more serious injury.
- Any facial/head/neck injury.
- Bruising on buttocks and lower back.
- Bilateral bruising.

- Bruising on upper arms/thighs/small clusters etc or 'protected' areas.
- Inconsistent history.
- Late presentation of injury.
- Injury not consistent with history or age/stage of child – especially important in infants who may not be mobile.
- Unexplained injuries (in non-mobile children particularly), but all children.
- Presence of other injuries – all presentations but especially those in infants under 12 months even if seemingly minor require full detailed examination.
- Patterns of repeat injuries.

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 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.

POLICY STATEMENT

Under the 1989 and the 2004 Children Acts a child or young person is anyone under the age of 18 years.

Safeguarding Children refers to the activity that is undertaken to protect specific children who are suffering or at risk of suffering significant harm. All agencies and individuals should be pro-active in safeguarding and promoting the welfare of children.

GPS recognises that all children have a right to protection from abuse and the practice accepts its responsibility to protect and safeguard the welfare of children with whom staff may come into contact.

GPS will:

- Respond quickly and appropriately where abuse is suspected, or allegations are made.
- Provide both parents and children with the chance to raise concerns over their own care or the care of others.
- Have a system for dealing with, escalating and reviewing concerns.
- Remain aware of child protection procedures and maintain links with other bodies, especially the CCG-appointed contacts.
- Ensure that all staff are trained to a level appropriate to their role, and that this is repeated on an annual refresher basis. New starters will receive training within 6 months of start date.

BASIC PRINCIPLES

- The welfare of the child is paramount.
- 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 adults employed, commissioned, or contracted to work with children and young people.
- Adults who work with children are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Adults should work and be seen to work, in an open and transparent way.
- The same professional standards should always be applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.
- Adults should continually monitor and review their practice and ensure they follow the guidance contained in this document and elsewhere.

ACTION REQUIRED

- Where abuse of any child or young person is suspected, the welfare of the service user takes priority. Any suspected cases of abuse must in the first instance be brought to the attention of the safeguarding lead without delay, who will make an initial assessment of the risk to the concerned.
- If, in the opinion of the worker, immediate intervention is required then action to minimise the harm to the victim should be taken if it does not unduly increase the risk to the worker.
- Workers should however remember that intervention in cases of assault wherever possible should be with utmost caution and with support from other workers and the Police.
- A decision as to the urgency in referring any suspected cases to the Local Authority or Police will be made by the safeguarding lead.
- A written record of the circumstances leading to a suspicion of abuse should be made by the person raising the issue as soon after the occasion as possible.

SUPPORTING STATEMENT OF INTENT

- The aim of this document is to ensure that children are protected from abuse and exploitation. This work may include direct and indirect contact with children (access to service user details, communication via email, text message / phone).

- We aim to achieve this by ensuring that we have a child-safe workforce.

- GPS follows the guidelines suggested in the revised version of the GMC document "Raising and acting on concerns about patient safety", effective 12 March 2012.

- 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.

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 professionals. This will be achieved through clearly defined procedures, code of conduct, and an open culture of support.

We are committed to implementing this policy and the protocols it sets out for all workers and will provide in-house learning opportunities and make provision for appropriate child protection training to all.

For workers, 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 workforce everyone including independent contractors, volunteers, and the wider primary care team members need to be able to:

- Describe their role and responsibility.
- Describe acceptable behaviour.
- Recognise signs of abuse.

Ensure practice systems work well to minimise missing vital information or delay in communication.

- Describe what to do if worried about a child or a pregnant woman or a family.
- Respond appropriately to concerns or disclosures of abuse.
- Minimise any potential risks to children.