Tudor Medical Matters

Safeguarding Policy:

Children

To be reviewed:

November 2019

Introduction

Safeguarding:

Safeguarding is the process of protecting children from abuse and neglect. Everyone who comes into contact with children and families has a role to play in safeguarding, as safeguarding children is everyone's responsibility. **A child is defined as anyone who has not yet reached their 18th birthday.** Any individual who commits abuse towards another may be very well known to the individual and could include a paid carer or volunteer, health worker, social care worker, relative, friend, neighbour, another resident or service user or people who deliberately exploit vulnerable people.

'To do nothing is not an option' – You must always tell someone if you come across or suspect an individual is at risk or is being abused.

Anyone who works, or has contact with children has a duty to report actual or suspected abuse. This includes family, paid or unpaid carers, social workers and health workers, volunteers, managers and staff in private and voluntary agencies.

Staff should work together in partnership with children and young people so that they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

Abuse:

Abuse can occur when another person does something to an individual (including a child) which makes them hurt, frightened or upset, and includes all bullying behaviours. There are 10 forms of recognised abuse within the Care Act: physical abuse, domestic violence, sexual abuse, psychological/emotional abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational abuse, neglect and acts of omission and self-neglect. **The signs of abuse are not always obvious.** A child may be reluctant to share what they are experiencing in case the abuser finds out or the abuse gets worse, or if they think they won't be believed. Sometimes individuals won't realise that what is happening to them can be classed as abuse, but can have long-term consequences on the child, sometimes affecting them into adulthood, and on their health and wellbeing.

Types of abuse:

Domestic abuse

Includes any type of controlling, bullying, threatening or violent behaviour between people in an intimate relationship (may be between the child and parent, or between parents, relatives, carer). Living in a home where there is domestic abuse and witnessing/hearing abuse can also affect a child's behaviour and wellbeing, even into their adult lives. Around 1 in 5 children have been exposed to domestic abuse. Teenagers may also experience domestic abuse in their relationships.

Domestic abuse encompasses emotional, physical, sexual, financial or psychological abuse. Abuse can include (but not limited to) punching, cutting, hitting with an object, kicking, sexual abuse and rape, withholding money or preventing someone from earning money, not letting someone out of the house, reading emails, texts messages or letters or threatening to harm or kill them, a relative or pet.

Signs that children are witnessing or experiencing domestic abuse:

- Become aggressive or begin to display anti-social behaviour
- May suffer from depression and/or anxiety, become withdrawn
- Problems sleeping, nightmares or bed wetting
- Develop an eating disorder
- Missing school and not doing so well in studies
- Becoming involved in drugs or alcohol
- Experience suicidal thoughts or self-harm
- Visible bruises or marks (from grabbing)

Sexual abuse

This can occur when a child is forced or persuaded to take part in sexual activities which may happen physically, or it can even happen online. As with other types of abuse, victims may be afraid to speak out, not even realising that what they are experiencing is abuse.

Sexual abuse can be divided into two categories:

1) **Contact abuse**

(touching activities where an abuser makes physical contact with a victim, including penetration)

- Sexual touching of any part of the body
- Rape or penetration (putting an object or body part inside the mouth, vagina or anus)
- Forcing or encouraging the victim to take part in sexual activity
- Making the victim take their clothes off, touch someone else's genitals or masturbate.

2) **Non-contact abuse**

(non-touching activities, such as grooming, exploitation, persuading the victim to perform sexual acts over the internet and flashing)

- Encouraging the victim to watch or hear sexual acts
- Meeting a child following sexual grooming with the intent of abusing them
- Online abuse including making, viewing or distributing child abuse images
- Allowing someone else to make, view or distribute child abuse images
- Showing pornography to a child
- Sexually exploiting a child for money, power or status (exploitation)

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations/relationships will receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them. Children or young people may be tricked into believing they are in a loving and consensual relationship and may trust their abuser or be too scared to tell anyone what is happening to them. They might be invited to parties with other people and given drugs/alcohol. Sexual exploitation can also happen to young people in gangs.

Sexual exploitation can involve violent, humiliating and degrading sexual assaults, including oral and anal rape. CSE doesn't always involved physical contact however and can also happen online.

Who does it affect?

CSE can happen to any young person, whatever their background, age, gender, race or sexuality or wherever they live. Risk factors can include a history of abuse, recent bereavement or loss, homelessness, low self-esteem or self-confidence, being a young carer, being in or leaving care, living in a gang affected neighbourhood or being part of a gang. Having much older friends and none/not many friends from the same friendship group can also be a risk factor.

What to look out for?

- May reports the same signs as sexual abuse
- Hang out with older peers or antisocial groups
- Be involved in abusive relationships
- Associate with others involved in sexual exploitation
- Have older boyfriends or girlfriends
- Spend time at places of concern (hotels or known brothels)
- Have unexplained physical injuries
- Have a changed physical appearance (lost weight)

Psychological/Emotional Abuse

Emotional abuse is the ongoing emotional maltreatment of individual which can seriously damage emotional health and a child's development. Signs of emotional abuse aren't always obvious, but you may spot signs in a child's actions or emotions.

Babies and pre-school children may:

- Be affectionate towards strangers or people they haven't known for long
- Lack confidence or become wary/anxious
- Not appear to have a close relationship with their parent
- Be aggressive or nasty towards other children and/or animals

Older children may:

- Use language or act in a way/know about things you wouldn't expect them to
- Struggle to control strong emotions
- Have extreme outbursts
- Seem isolated from their parents
- Lack social skills
- Have few, if any, friends

Neglect

Neglect is the ongoing failure to meet an individual's basic needs, for instance a child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. They may suffer other abuse as well.

Howarth (2007) describes the following types of neglect:

Physical neglect: failing to provide basic needs such as food, clothing, shelter or supervision to provide for the individual's safety

Educational neglect: failing to ensure a child or young person receives an education

Emotional neglect: failing to meet an individual's needs for nurture, stimulation and social interactions (ignoring, humiliating, isolating or intimidating them)

Medical neglect: failing to provide appropriate health care (including dental care, ignoring medical recommendations, withholding medications and refusing care)

What to look out for:

- Poor appearance and hygiene (in children, frequent and untreated nappy rash, be smelly or dirty, wearing unwashed or inadequate clothing (not having a winter coat)
- Seeming hungry or turning up to school without breakfast or any lunch money).
- Anaemia, tiredness or recurring illnesses or infections
- Repeated accidental injuries caused by a lack of supervision
- Untreated medical, dental issues or injuries or missing medical appointments
- Thin or swollen tummy, skin sores, rashes, flea bites, scabies or ringworm
- Poor language, communication or social skills

They may also be:

- Left alone at home for a long time
- Taking on the role of carer for other family members
- Living in an unsuitable home environment

Physical abuse

Deliberately hurting another or causing injuries such as bruises, broken bones, burns or cuts. There isn't one sign or symptom to say that an individual is being abused, but either a pattern of injuries, or the explanation doesn't match the injury then this needs to be investigated.

What to look out for?

Bruises

Commonly on forearm, upper arm, back of the leg, hands or feet, on the head, ear or soft areas such as the abdomen, back and buttocks. Bruises in the shape of a hand or object.

Burns or scalds

From hot liquids, hot objects, flames, chemicals or electricity which may be on the hands, back, shoulders or buttocks, lower limbs, both arms and/or both legs. Burns might be in the shape of a cigarette burn for example.

Bite marks

Usually oval or circular in shape, sometimes visible with indentations or bruising from individual teeth

Fractures or broken bones

To the ribs or leg bones in babies, or multiple fractures or breaks at different stages of healing.

Other injuries and health problems

Including scarring, effects of poisoning or respiratory problems from drowning, suffocation or poisoning.

Signs of a head injury

Swelling, bruising, fractures, being comatose, respiratory problems, seizures, vomiting or unusual symptoms such as irritability, poor feeding, being lethargic or unresponsive.

Other types of abuse:

Child trafficking

Where children are recruited, moved or transported and then exploited, forced to work or sold**.** Children may be trafficked for child sexual exploitation, benefit fraud, forced marriage, domestic servitude (cooking, cleaning, childcare), forced labour in factories or agriculture, or criminal activities (pickpocketing, begging, transporting drugs or working on cannabis farms). Children may be trafficked from abroad or from one part of the UK to another. These children may be controlled through physical, sexual, emotional abuse and neglect. Traffickers can use grooming techniques to persuade the child, family or community or may threaten them. They may promote children education or that the child can have a better future in another place, and the families may be asked for 'payment' towards the 'services' offered by the trafficker.

What to look out for?

- Spends a lot of time doing household chores
- Rarely leaves their house, has no freedom or time for playing
- Orphaned or living apart from their family (may be in unregulated private foster care)
- Lives in substandard accommodation/ not sure which country, city or town they're in
- Unable or reluctant to give details of accommodation or personal details
- Not registered with a school or a GP practice
- No documents or has falsified documents
- No access to their parents or guardians
- Seen in inappropriate places such as brothels or factories
- Possesses unaccounted for money or goods
- Permanently deprived of a large part of their earnings, required to earn a minimum amount of money every day or pay off an exorbitant debt
- Injuries from workplace accidents
- Gives a prepared story which is similar to stories given by other children

Adults involved in child trafficking may:

- Make multiple visa applications for different children
- Act as a guarantor for multiple visa applications for children
- Travel with different children who they are not related to or responsible for
- Insist on remaining with and speaking for the child
- Live with unrelated or newly arrived children
- Abandon a child or claim not to know a child they were previously with.

Female Genital Mutilation (FGM)

Female genital mutilation is the partial or total removal of external female genitalia for non-medical reasons and can also be known as 'female circumcision' or 'cutting'. Religious, social or cultural reasons are often given for practicing FGM, however FGM is child abuse, dangerous and a criminal offence. There are NO medical reasons to carry out FGM – it doesn't enhance fertility, make childbirth safer but it can cause severe, long-lasting damage to physical and emotional health. FGM can happen in the UK or abroad, but FGM is known to be practiced in up to 42 African countries in the Middle East and in Asia.

Risk factors:

- From Somali, Kenyan, Ethiopian, Sudanese, Sierra Leonean, Egyptian, Nigerian, Yemeni, Kurdish and Indonesian communities
- FGM has been carried out on their mother, sister or a member from their extended family

There are four main types of FGM, ranging from pricking or cauterising the genital area, partial or totals removal of the clitoris, cutting of the labia or narrowing the vaginal opening. This can be done using instruments such as a knife, scissors, scalpel, glass or razor blades and is often performed by someone with no medical training, with no anaesthetic or antiseptic treatment. Girls are often forcibly restrained, and FGM can be performed at any time in a girl's life (from when they were babies).

FGM has been a criminal offence in the UK since 1985 and it has been a criminal offence for parents (UK nationals or permanent UK residents) to take their child abroad for FGM.

All known cases of FGM must be reported to the police directly by regulated health and social care professionals and teachers in England and Wales.

What to look out for?

A girl at immediate risk of FGM may not know what will happen to her. She might talk about a 'long holiday abroad' or 'home' to visit family, having a relative or cutter visiting from abroad, or a special occasion or ceremony to 'become a woman' or 'get ready for marriage'. They may also report of a female relative being cut, such as a sister, cousin or older female relative such as a mother or aunt.

Physical effects:

Severe pain, shock, bleeding, infection (tetanus, HIV, hepatitis B and C, organ damage, blood loss and infections that may cause death in some cases

After FGM, the child may:

- Have difficulty walking, standing or sitting
- Spend longer in the bathroom or toilet, and appear withdrawn, anxious or depressed
- Display unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help (the problem may not be clear due to embarrassment or fear)

Discriminatory abuse

This type of abuse includes forms of harassment, slurs or unfair treatment relating to a person's:

- Race
- Gender
- Gender identity
- Age
- Disability
- Sexual orientation
- Religion

Forced marriage:

Forced marriage is a form of domestic abuse and should be treated as such. Forced marriage affects people from many communities and cultures. Cases should be tackled using existing structures, policies and procedures designed to safeguard children, adults with support needs and victims of domestic abuse. Forced marriage cannot be justified on religious grounds, every major faith condemns it and freely given consent to marriage is a pre-requisite of Christian, Jewish, Hindu, Muslim and Sikh marriages. 'Forced marriages' is an abuse of human rights. It can happen to both men and women although most cases involve young women and girls aged between 13 and 30. There is no "typical" victim of forced marriage. Some may be under 18 years old, some may be over 18 years old, some may have a disability, some may have young children and some may be spouses from overseas.

A clear distinction must be made between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether to accept the arrangements remains with the adult or young person. In forced marriage one or both spouses do not consent to the marriage and some element or duress is involved. In some cases people may be taken abroad without knowingly that they are to be married. When they arrive in the country their passports may be taken by their family to try and stop them from returning home.

Modern Slavery

Modern Slavery is illegal and encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they must coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

A person commits an offence if:

- The person holds another person (such as a child) in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or
- The person requires another person (such as a child) to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.

Someone is in slavery if they are:

- Forced to work - through mental or physical threat;
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or has restrictions placed on his/her freedom of movement; and
- Human Trafficking Contemporary slavery takes various forms and affects people of all ages, gender and races.

Prevent

Prevent is a vital part of the UK's counter-terrorism strategy, to stop people becoming terrorists or supporting terrorism. It seeks to:

- Respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views;

- Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support;

- Work with a wide range of sectors where there are risks of radicalisation which we need to address, including education, criminal justice, faith, charities, the internet and health.

Prevent addresses all forms of terrorism, including Far Right extremism and some aspects of non-violent extremism. Work is conducted with local authorities, a wide range of Government Departments, with community organisations and with many countries overseas. The police also play a significant role.

Channel

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 support such as mentoring, counselling, assistance with employment etc. Channel is about early intervention to protect vulnerable people from being drawn into committing terrorist-related activity and addresses all types of extremism.

- Participation in Channel is voluntary. It is up to an individual, to decide whether to take up the support it offers. Channel does not lead to a criminal record. In a few cases, an individual may move beyond being vulnerable to extremism to involvement or potential involvement in supporting or following extremist behaviour. Where this is identified as a potential risk, further investigation by the police will be required, prior to other assessments and interventions;
- Any member of staff who identifies such concerns, for example because of observed behaviour or reports of conversations to suggest an adult at risk supports terrorism and/or extremism, must report these concerns to the named or designated safeguarding professional in their organisation or agency, who will consider what further action is required;
- Staff should exercise professional judgement and common sense to identify whether an emergency situation applies; examples in relation to violent extremism are expected to be very rare but would apply when there is information that a violent act / life threatening act is imminent or where weapons or other materials may be in the possession of a young person, another member of their family or within the community or imminent to travel to a conflict zone. In this situation, a 999 call should be made
- **If you have any concerns about someone and would like more advice ring 101/999 if urgent, if not then email concern@lancashire.pnn.police.uk**. Any information, advice or concern will be handled with sensitivity and where possible anonymity will be maintained. Referrals can be made directly to the email inbox by any individual or organisation and will be dealt with discretion.

For more information:

More information about **child abuse and keeping children safe** can be found through the following sources:

NSPCC website: https://www.nspcc.org.uk/preventing-abuse/

Lancashire County Council: https://www.lancashire.gov.uk/children-education-families/keeping-children-safe

Lancashire Safeguarding Children Board: http://www.lancashiresafeguarding.org.uk/

Purpose of this policy:

Staff at Tudor Medical Matters may work or interact with **children, young people and their families** as part of their day-to-day activities, which includes GP services such as consultations, home visits, prescriptions etc.

This policy aims to protect **children and young people** who receive care at Tudor Medical Matters. Tudor Medical Matters also wishes to provide parents, staff and volunteers with information and principles that guide our approach to safeguarding of children and young people. This policy statement applies to **anyone working on behalf of Tudor Medical Matters, encompassing both reception and clinical staff.**

We believe that children and young people should never experience abuse of any kind, and we have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.

At Tudor Medical Matters we recognise that:

- The welfare of children is paramount
- All children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children and young people, their parents, families, carers and other agencies is essential in promoting their welfare.

Keeping our patients safe:

We will seek to keep children and young people safe by:

- Valuing, listening to and respecting them
- Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- Identifying a safeguarding lead at Tudor Medical Matters (Dr Gary Tudor)
- Using our procedures to manage any allegations against staff and volunteers appropriately
- Ensuring that we have effective complaints policy in place
- Ensuring that we provide a safe physical environment for our children, young people and staff, by applying health and safety measures in accordance with the law and regulatory guidance
- Recording and storing information professionally and securely.

Staff responsibilities

Child safeguarding

Tudor Medical Matters staff and associated personnel must not:

- Engage in sexual activity with anyone under the age of 18
- Sexually abuse or exploit children
- Subject a child to physical, emotional or psychological abuse, or neglect
- Engage in any commercially exploitative activities with children including child labour or trafficking

Protection from sexual exploitation and abuse

Tudor Medical Matters staff and associated personnel must not:

- Exchange money, employment, goods or services for sexual activity. This includes any exchange of assistance that is due to beneficiaries of assistance
- Engage in any sexual relationships with beneficiaries of assistance, since they are based on inherently unequal power dynamics

Additionally, Tudor Medical Matters staff and associated personnel are obliged to:

- Contribute to creating and maintaining an environment that prevents safeguarding violations and promotes the implementation of the Safeguarding Policy
- Report any concerns or suspicions regarding safeguarding violations by a Tudor Medical Matters staff member or associated personnel to the appropriate staff member

Consent and Children:

In law, a person's 18th birthday draws the line between childhood and adulthood (Children Act 1989, s105) - so in health care matters, an 18-year-old enjoys as much autonomy as any other adult. To a more limited extent, 16 and 17-year-olds can also take medical decisions independently of their parents. The right of younger children to provide independent consent is proportionate to their competence - a child's age alone is clearly an unreliable predictor of his or her competence to make decisions.

What is Gillick competence?

Children under 16 can consent if they have sufficient understanding and intelligence to fully understand what is involved in a proposed treatment, including its purpose, nature, likely effects and risks, chances of success and the availability of other options. If a child passes the 'Gillick test', he or she is considered 'Gillick competent' to consent to that medical treatment or intervention. However, as with adults, this consent is only valid if given voluntarily and not under undue influence or pressure by anyone else. Additionally, a child may have the capacity to consent to some treatments but not others. The understanding required for different interventions will vary, and capacity can also fluctuate such as in certain mental health conditions. Therefore, each individual decision requires assessment of Gillick competence. If a child does not pass the Gillick test, then the consent of a person with parental responsibility (or sometimes the courts) is needed to proceed with treatment.

What are the Fraser guidelines?

The 'Fraser guidelines' specifically relate only to contraception and sexual health, and now apply to decisions about treatment for sexually transmitted infections and termination of pregnancy. Advice can be given in this situation if:

- He/she has sufficient maturity and intelligence to understand the nature and implications of the proposed treatment
- He/she cannot be persuaded to tell her parents or to allow the doctor to tell them
- He/she is very likely to begin or continue having sexual intercourse with or without contraceptive treatment
- His/her physical or mental health is likely to suffer unless he/she received the advice or treatment
- The advice or treatment is in the young person's best interests.

Health professionals should encourage the young person to inform his or her parent(s) or get permission to do so on their behalf, but if this permission is not given they can still give the child advice and treatment. If the conditions are not all met, however, or there is reason to believe that the child is under pressure to give consent or is being exploited, there would be grounds to break confidentiality.

Safeguarding those under 16 years:

If a young person under the age of 16 presents to a health care professional, then discloses a history raising safeguarding concerns:

- If they are **not** deemed to be Gillick competent, the health professional is obliged to raise the issue as a safeguarding concern and escalate their concerns through the safeguarding process

- If they **are** deemed to be Gillick competent and disclosure is considered essential to protect them from harm or to be in the public interest, the health professional should escalate concerns through the safeguarding processes

- In **both** cases, the health professional should inform the young person of this action, unless doing so could pose significant additional risk for their safe care.

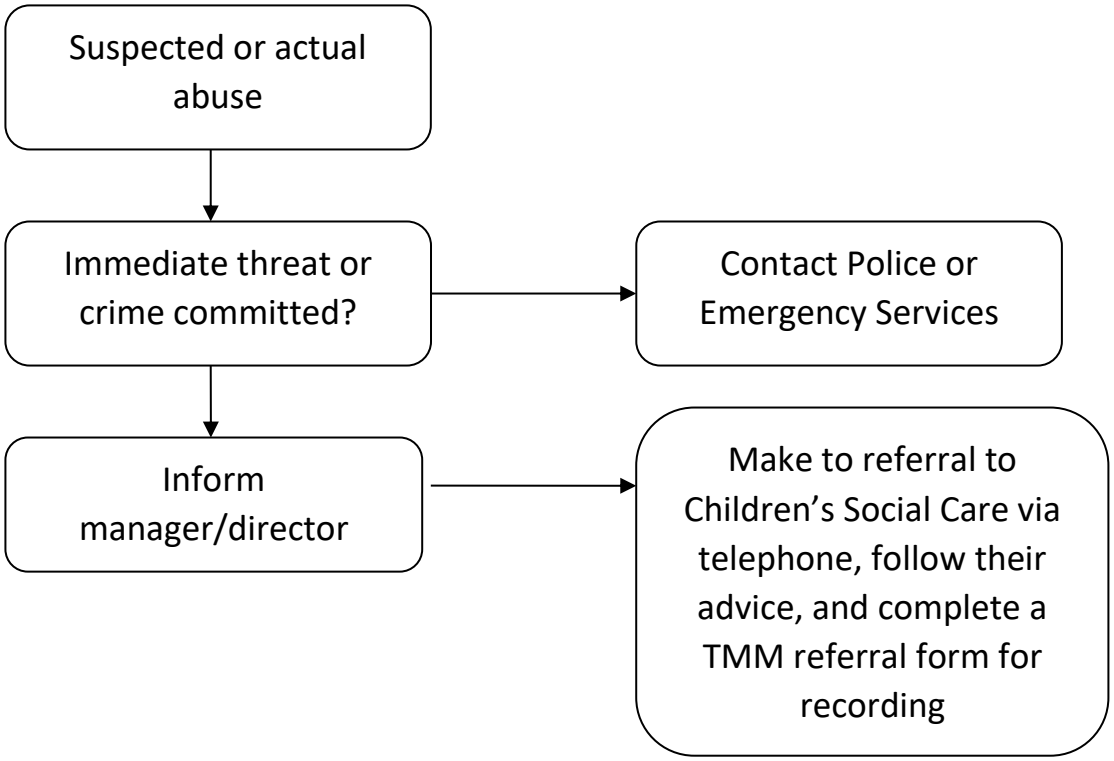
It is reasonable for the local authority or police to decide whether it is appropriate to inform the parents of the concerns raised. In some circumstances this may not be in the best interest of the young person.

Raising concerns:

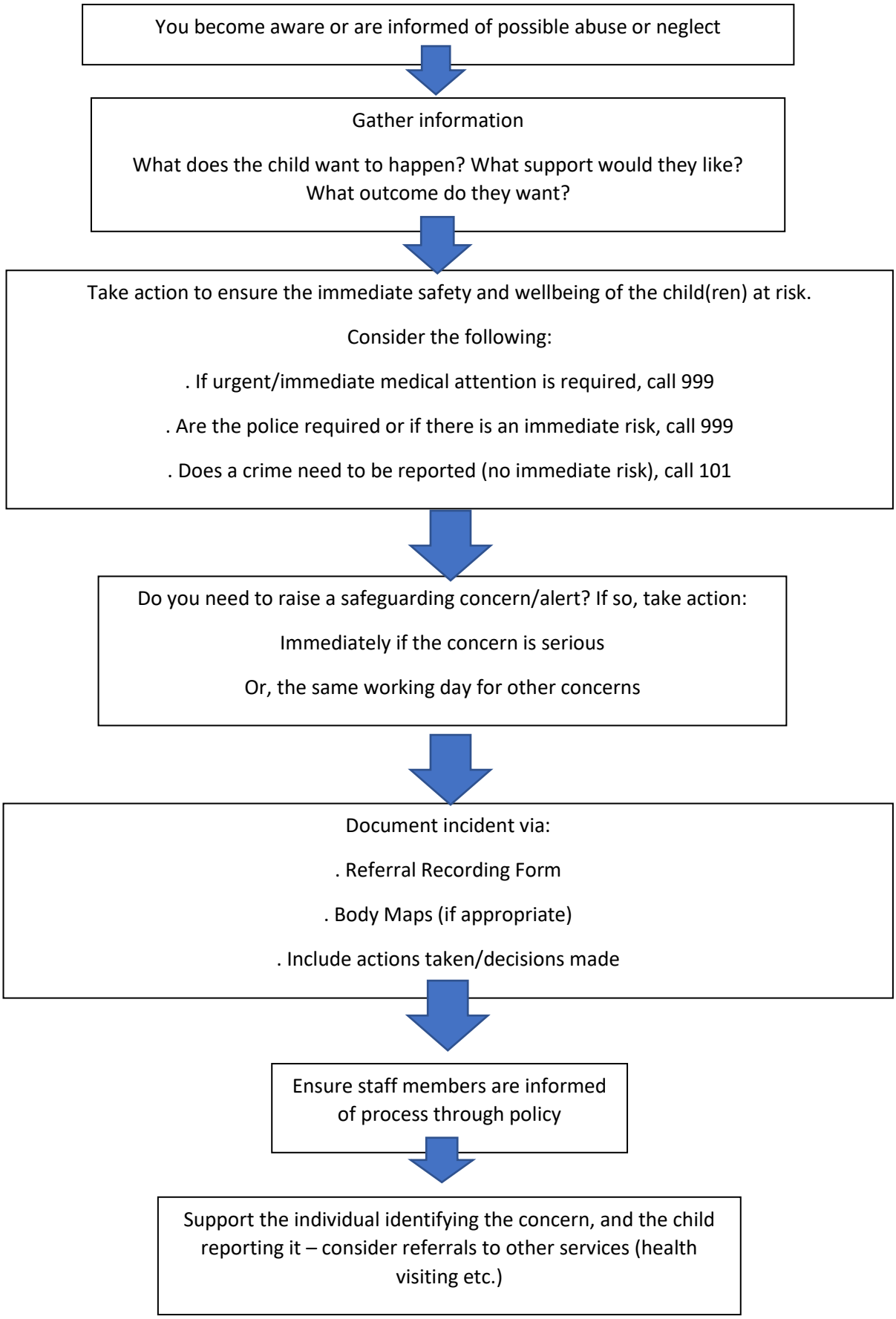
Safeguarding children from abuse and neglect is everyone's responsibility and it is important that professionals (and the public) are aware that it is their responsibility to raise a concern/alert if they identify abuse and how to do this. If you have concerns that an incident has occurred, it should be reported to your local authority for consideration under safeguarding procedures. Emergency services must be contacted if medical attention is required, the alleged abuser is a threat to others or a crime is suspected. This is in addition to raising a concern. **You should always remain aware and alert to possible abuse.**

Staff members who have a complaint or concern relating to safeguarding should report it immediately to the safeguarding lead (**Dr Gary Tudor**). If they are unsure about their concerns and whether they warrant referral, to discuss these with the manager/director. If you are a GP discuss with your colleagues even if you have nothing specific to pin these concerns on and discuss with other agencies such as Health Visitors, if appropriate. If the staff member does not feel comfortable reporting to their line manager (for example if they feel that the report will not be taken seriously, or if that person is implicated in the concern) they may report to any other appropriate staff member.

If appropriate, seek consent from the child/young person disclosing information for referral to safeguarding services – **HOWEVER** do not discuss with abuser directly or seek consent if discussion would put the vulnerable individual in danger or worsen abuse.



Flowchart showing process of information gathering and raising a concern.



Sharing Information:

Information sharing between agencies is essential to safeguarding children at risk of abuse and neglect. This includes statutory and non-statutory organisations. Decisions of what to share and when will be made on a case by case basis and whether this is with or without consent. Principles of confidentiality designed to safeguard and promote the interests of a child should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the child's welfare. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the child then a duty arises to make full disclosure in the public interest.

Information Sharing Checklist

1. Remember that the **Data Protection Act** is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately;

2. **Be open and honest with the person** (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;

3. **Seek advice if you are in any doubt,** without disclosing the identity of the person where possible;

4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case;

5. **Consider safety and well-being**: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions;

6. **Necessary, proportionate, relevant, accurate, timely and secure**: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely;

7. **Keep a record of your decision and the reasons for it** – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose. Use the Referral Recording Form to document concerns and your decision.

Ask the following questions before sharing information:

- How reliable and complete is the information I am considering sharing?
- How will disclosure contribute to risk reduction?
- How much information needs to be disclosed, and to whom?
- Have I sought, considered and recorded the views of the source and/or subject of the information about proposed disclosure?
- If consent is not forthcoming, or is refused, are there pressing reasons to disclose?
- Have I balanced rights to privacy and confidentiality against the scale of the assessed risk?

Sharing information early is key to helping effectively where there are emerging concerns. A professional should never assume that someone else will pass on information which they think may be critical to the safety and well-being of a child at risk of abuse or neglect. If a professional has concerns about a child's welfare in relation to abuse and neglect they should share the information with the local authority.

People in the wider community can also help by being aware of signs of abuse and neglect, how they can respond and how to keep people safe. If a criminal act is committed the statutory guidance advises that sharing information does not rely on the consent of the victim. Criminal investigation by the police takes priority over all other enquiries but not over the child's well-being and close co-operation and co-ordination among the relevant agencies. This is critical to ensure safety and well-being is promoted during the criminal investigation.

Contacts to use when raising a concern:

If the child is in immediate danger – call police on 101/999.

Consider admitting child to a place of safety – eg. hospital, if appropriate.

Lancashire County Council -

Safeguarding Children: 0300 123 6720 (8am - 8pm)

Out of Hours: Emergency Duty: 0300 123 6722 (8pm - 8am)

Concerns about adults who work with children – Children's Customer Care: 0300 123 6720 (8am to 8pm) or 0300 123 6722 out of hours (8pm – 8am).

Lancashire County Council Online Alert Form:

https://lancashire-self.achieveservice.com/service/Lancashire_Safeguarding_Adults_Process?F.Name=CZKJHjDpme2&HideToolbar=1

East Lancashire Hospitals NHS Trust Safeguarding Team -

Safeguarding Children: 01282 803125

Out of Hours: 01254 263555

Blackburn with Darwen Borough Council Safeguarding Teams -

Safeguarding Children: 01254 666400

Out of hours: Emergency Duty Team: 01254 587547

The associated referral recording form/body maps should be filed away in the patient's confidential notes and locked in the secure patient record cabinet. This information should only be shared on a need-to-know basis and is highly sensitive.

Tudor Medical Matters

HIGHLY CONFIDENTIAL

SAFEGUARDING REFERRAL RECORDING FORM

Referrer

Name:

Position:

Telephone number:

Email address:

Who were you concerned about?

Name:

DOB:

What were your concerns? Please continue on a separate sheet if necessary.

How did you address these concerns? Please continue on a separate sheet if necessary.

Agency contacted? (include telephone number):

Time and Date contacted:

Follow up required? (Please circle) - Yes/No (if yes, please detail)

Consent for referral obtained? (Please circle) – Yes / No. If no, why not?

Signed:

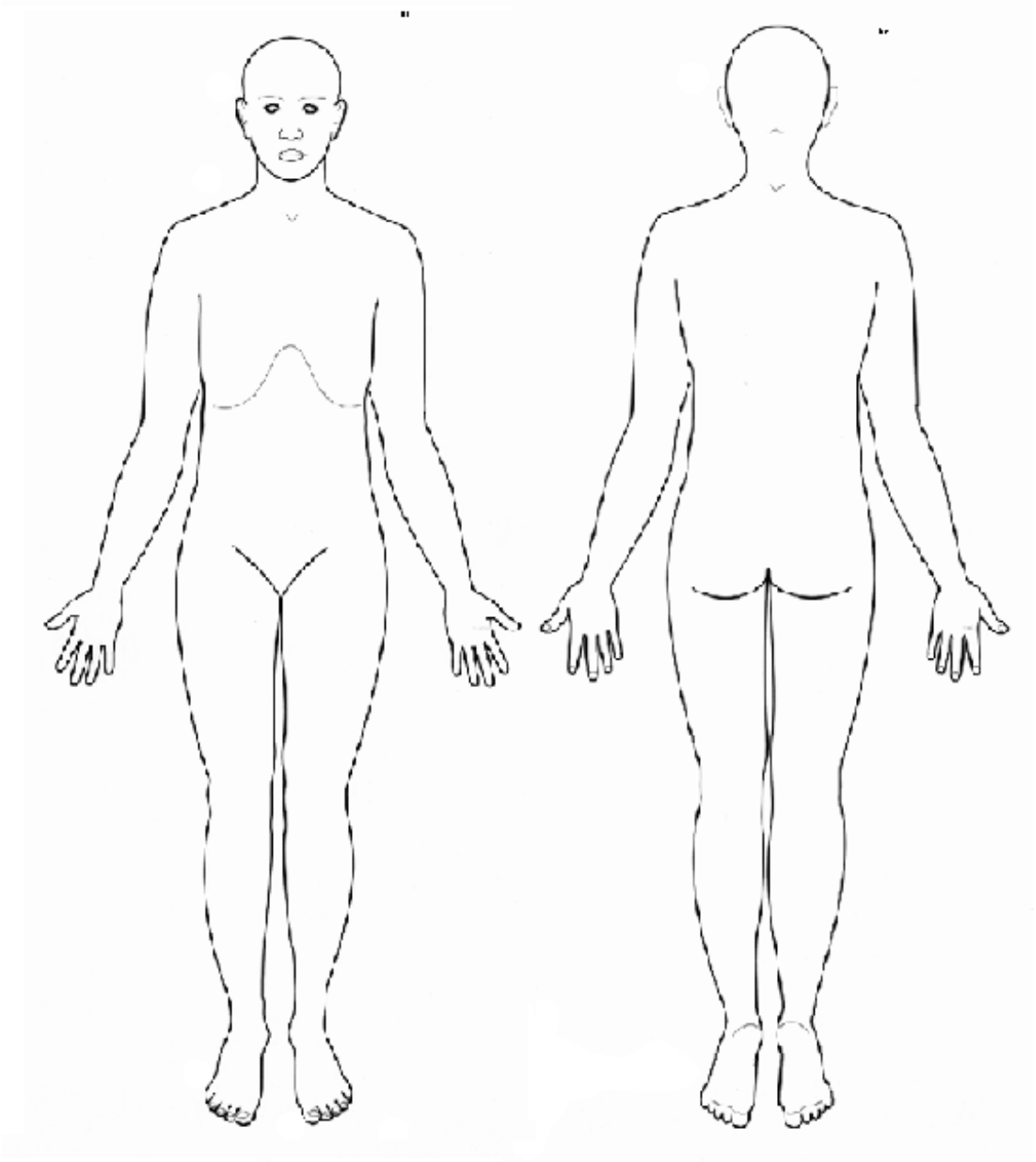
Dated:

For Office Use Only -

Date received:

Number:

Body map – Page 1: *HIGHLY CONFIDENTIAL*



Name of child:

DOB or ID code:

Date and time form completed:

Date and time injury witnessed:

Signature(s):

Name of worker(s):

Job title(s):

Body Map – Page 2: *HIGHLY CONFIDENTIAL*

Name of child:

DOB or ID code:

Date and time form completed:

Date and time injury witnessed:

Referral completed:

This body map and description links to 'Safeguarding Referral Reporting Form' reference number:

Signature(s):

Name of worker(s):

Job title(s):

Description of injury/injuries:
(Continue on a separate sheet if necessary)