

Safeguarding Children Policy

Section	
1	Introduction – Policy statement
2	Impact Analyses
3	Scope
4	Policy Aim
5	Basic Principles of children's Safeguarding
6	Categories of abuse
7	Roles and Responsibilities
8	Practice Arrangements
9	What to do if you have concerns about Child Protection
10	Information Sharing
11	Recording Information
12	Implementation
13	Training and Awareness
14	Safer Employment
15	Managing Allegations against Staff
16	Whistle Blowing
17	Professional Challenge
18	Monitoring and audit
19	References and Resources

1. Introduction/ Policy Statement

Under the 1989 and the 2004 Children Acts a child or young person is anyone under the age of 18 years. This policy has been developed in accordance with the principles established by the [Children Act 1989](#) and the [Children Act 2004](#) in line with the following:

- “Working Together to Safeguard Children 2018”
- “Framework for the Assessment of Children in Need and their Families” 2000
- “What to do if you are worried a Child is being Abused” 2015
- Oxfordshire Safeguarding Children Board guidelines www.oscb.org.uk/

Safeguarding children is the action we take to promote the welfare of all children and protect them from harm.

Child Protection refers to the activity that is undertaken to protect specific children who are suffering or at risk of suffering significant harm.

This policy outlines how the Practice will fulfil its legal duties and statutory responsibilities effectively in accordance with Safeguarding Children procedures of the Oxfordshire Safeguarding Children Board.

2. Impact Analyses

Equality

In line with the Practice Equality and Diversity Policies, this policy aims to safeguard all children who may be at risk of abuse, irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender or sexual orientation. The practice's Equality and Diversity policies and procedures can be found (add location).

All Practice Staff must respect children's (and their family's/ carers) culture, religious beliefs, gender and sexuality. This must not prevent action to safeguard children who are at risk of, or experiencing, abuse or neglect.

All reasonable endeavours should be used to establish children's and their family/carer's preferred method of communication, and to communicate in a way they can understand.

3. Scope

This policy applies to GP Partners and all staff employed by the Practice including; all employees (including those on fixed-term contracts), temporary staff, bank staff, locums, agency staff, contractors, volunteers, students and any other learners undertaking any type of work experience or work related activity.

All Practice staff have an individual responsibility to safeguard and promote the welfare of children and must know what to do if concerned that a child is at risk of harm or neglect.

4. Policy Aim

This policy outlines how the Practice will fulfil its statutory responsibilities and ensure that there are in place robust structures, systems and quality standards for

safeguarding children, which are in line with [Oxfordshire Safeguarding Children Board \(OSCB\)](#) procedures.

The Practice will ensure that all staff are trained to a level appropriate to their role and that this is repeated on an annual refresher basis with reference to the intercollegiate guidelines on Child Safeguarding Training. New members of staff will receive induction training within an appropriate timeframe.

The Practice must have safe recruitment practices including appropriate use of the disclosure and barring service and whistle blowing processes (Fill in location)

5. Basic Principles of Children's safeguarding

- 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.
- Staff 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.
- Staff should work, and be seen to work, in an open and transparent way.
- This policy is to be used in conjunction with the NICE guideline NG76 on [child abuse and neglect](#), and CG89, [child maltreatment](#), and the [Multi-agency procedures of the Oxfordshire Child Safeguarding Board](#).

6. Categories of abuse

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 others (e.g. via the internet). They may be abused by an adult or adults or another child or children. There are 4 main categories of child abuse/neglect

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect/failure to thrive

These are not however exclusive, and abuse in one of these areas may easily be accompanied by abuse in the others.

Some other issues are listed below and further information can be found by clicking on the links below and in **References and Resources** (Section 19).

Harmful practices including [Female genital mutilation \(FGM\)](#)
[Preventing radicalisation](#)
[Child exploitation including modern slavery and trafficking](#)
[Domestic violence](#)
[Fabricated or induced illness](#)

Physical abuse may include:

- Hitting, shaking, throwing, poisoning, burning or scalding, or other forms of physical harm. This includes FGM.
- Where a parent or carer deliberately causes ill-health of a child
- Single traumatic events or repeated incidents

Sexual abuse may include:

- Forcing or enticing a child under 18 to take part in sexual activities where the child is unaware of what is happening
- May include both physical contact acts and non-contact acts

Emotional abuse may include:

- Persistent ill-treatment which has an effect on emotional development
- Conveyance of a message of being un-loved, worthless or inadequate
- May instil feeling of danger, being afraid
- May involve child exploitation or corruption

Neglect may include:

- Failure to meet the child's physical or psychological needs
- Failure to provide adequate food or shelter
- Failure to protect from physical harm
- Neglect of a child's emotional needs

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
- Self-harm.
- Accumulation of minor incidents giving rise to a level of concern, including frequent A&E attendances.

Some other situations which need careful consideration are:

- Bruising in a pre-mobile child
- Repeated presentation of young baby under 12 months of age.
- Any bruising or injury in child under 24 months of age.
- Very young girls or girls with learning difficulties or disability requesting contraception, especially emergency contraception.
- Girls under 16 presenting with pregnancy or sexually transmitted disease, especially those with learning difficulties, chronic long term illness, complex needs or disability.
- Situations where parental factors such as mental health problems, alcohol, drug or substance misuse, learning difficulties, domestic abuse may impact on children and family life.
- 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, delayed presentation, or which has not been adequately treated or followed up.
- 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.
- Disclosure by an adult of abusive activities, including activities related to internet and social media use.
- Reluctance to accept medical help.
- Fear of changing for PE or school activities.

7. Roles and Responsibilities

The Oxfordshire Safeguarding Children Board (OSCB) is responsible for ensuring that agencies work together to protect children. More information on the responsibilities of the OSCB are found [here](#)

The Local Authority has a responsibility to act if a child is in immediate danger or risk of significant harm. It has statutory responsibilities under the Children Act 2004 in cases where there are complex or enduring concerns, which are, or are likely to impact on a child's health and development, to provide assessment and appropriate services for the purpose of safeguarding and promoting their welfare.

The Practice team have a responsibility for recognising the potential signs and indicators of abuse, sharing information appropriately, and acting on concerns in a timely manner. The Practice recognises that safeguarding children is a shared responsibility with the need for effective joint working between professionals and agencies. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- the commitment of all staff within the practice to safeguarding and promoting the welfare of children;
- clear lines of accountability within the practice for work on safeguarding;
- practice developments that take account of the need to safeguard and promote the welfare of children and is informed, where appropriate, by the views of the child at risk and their families;
- staff training and continuing professional development enabling staff to fulfil their roles and responsibilities, and have an understanding of other professionals and organisations in relation to safeguarding children;
- Safe working practices including recruitment and vetting procedures;
- Effective interagency working, including effective information sharing.

8. Practice Arrangements

The Practice has clearly identified lines of accountability to promote the work of safeguarding children. Safeguarding responsibilities will be clearly defined in all job descriptions.

The nominated **Practice leads for Safeguarding Children** are found in **(insert location)**

- Practice Lead for Safeguarding Children
- Deputy Lead or Nurse for Safeguarding Children
- Administration Lead for managing Safeguarding data
- Prevent Lead

The **Practice Lead** for Safeguarding Children is responsible for;

- Ensuring that they are fully conversant with the practice safeguarding children policy, the policies and procedures of Safeguarding Children Board; and the integrated processes that support safeguarding;
- Facilitating training opportunities for staff groups ;
- Acting as a focus for external contacts on safeguarding children matters; this may include requests to contribute to sharing information required for safeguarding children reviews, domestic homicide reviews, multi-agency/ individual agency reviews and contribution to safeguarding investigations where appropriate;
- Disseminating information in relation to safeguarding children to all practice members;
- Acting as a point of contact for practice members to bring any concerns that they have, to document those concerns and to take any necessary action to address concerns raised; provision of peer support for colleagues;
- Assessing information received on safeguarding concerns promptly and carefully, clarifying or obtaining more information about the matter as appropriate;
- Facilitating access to support and supervision for staff working with children
- Ensuring that the practice team completes the practice's agreed significant events analysis form which are available on (insert location).
- Making recommendations for change or improvements in practice

The **Practice Manager** is responsible for ensuring that safeguarding responsibilities are clearly defined in all job descriptions. For employees of the practice, failure to adhere to this policy and procedures could lead to dismissal and/or constitute gross misconduct. The Practice Manager has a responsibility to ensure that Practice has a clear safe recruitment policy and that this is adhered to.

Partners are responsible for ensuring that;

- safeguarding children is integral to clinical governance and audit arrangements within the practice;
- the practice meets the contractual and clinical governance arrangements on safeguarding children;
- all practice staff are alert to the potential indicators of child abuse or neglect, and know how to act on those concerns in line with local guidance;

GPs have an important role to play in safeguarding and promoting the welfare of children. Identification of abuse has been likened to putting together a complex multi-dimensional jigsaw. GPs hold knowledge of family circumstances and can interpret multiple observations accurately recorded over time, and may be the only professionals holding vital pieces necessary to complete the picture.

The GMCs 'Good medical practice ' (2013, updated 2019) stresses the need for doctors to

- Protect patients and take prompt action if "patient safety, dignity or comfort is or may be seriously compromised".

GPs' contribution to multi-agency child protection conferences and other such meetings including Multi Agency Risk Assessment Conferences (MARAC) for cases of

high risk domestic violence is important and supports guidance from the Royal College of General Practitioners.

- Priority should be given to attendance and a written report should be made available for meetings where the GP will not be in attendance.
- Consideration needs to be given when sharing information for these meetings with regard to appropriate information sharing (See section 15 **Information Sharing**)

Practice nurses must ensure that Safeguarding is part of everyday nursing practice. The Nursing and Midwifery Council's Code of Conduct states that Nurses should raise concerns immediately if they believe a person is vulnerable or at risk and needs extra support and protection.

The Code states that Nurses must:

- take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse
- share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information, and
- have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people

All Individual staff members, including partners, employed staff and volunteers have an individual responsibility to;

- Be alert to the potential indicators of child abuse or neglect and know how to act on those concerns in line with the Practice procedure and Oxfordshire Children Safeguarding Board procedures.
- Be aware of systems used in practice and know how to access their local Safeguarding Children Board's policies and procedures for safeguarding children.
- Take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding children. Understand the principles of confidentiality and information sharing in line with local and government guidance.
- Contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect children.

9. What to do if you have concerns about a child, or a child discloses abuse

Oxfordshire Clinical Commissioning contacts, Local Authority locality teams and other agencies that can help are listed in **the accompanying Contact Cards (insert location)**

Further information is also available the OCCG website: [OCCG Children safeguarding on the appropriate action to take.](#)

When suspecting or having abuse reported to them by a patient or member of the public, practice staff will initially:

- Remain calm and non-judgmental
- Take immediate action to ensure the safety or medical welfare of the child
- Use active listening skills, clarify the main facts and summarise what has been said to you

- Remain supportive, sensitive and attentive
- Give reassurance but do not press for more detail or make promises
- Ensure all potential evidence has been preserved
- Inform the Practice Safeguarding Lead
- Decide if it is safe for a child to return home to a potentially abusive situation

Inform and discuss further action with the practice safeguarding lead or their deputy, or in their absence, another GP partner. Reception /administrative staff should inform the practice safeguarding lead or another clinician. Use NICE guidance on [child maltreatment](#) and on [child abuse and neglect](#) for support. All must be reported as soon as possible and if possible within the same working day.

In absence of nominated person seek help and advice on appropriate referral from locality teams or OCCG safeguarding teams contact detail

In an emergency the most senior clinician should ring police or social care. See [Appendix 1](#)

Record information appropriately in the child's health records in the way that risks were described. Use codes appropriately and consider using confidentiality function where necessary (see below/ useful information)

Share information appropriately (see section 10)

Follow up your concerns and use professional challenge or escalation procedures if needed (see below).

Where sexual abuse is suspected the Practice Lead or Deputy will contact the [Multi-Agency Safeguarding Hub \(MASH\)](#). The Practice Lead will not speak to the parents if to do so might place the child at increased risk.

10. Information Sharing

Sharing of information is vital for early intervention and is essential to protect children at risk from suffering harm from abuse or neglect. It is important that all practitioners understand when, why and how they should share information.

The GMC brief guidance for GPs on protecting children and young people is found [here](#) and contains the following summary of confidentiality and information sharing

- Tell an appropriate agency promptly if you are concerned that a child or young person is at risk of, or is suffering, abuse or neglect. Get advice if you are concerned about the possibility of abuse or neglect, but do not believe that the child or young person is at risk of significant harm.
- Ask for consent to share information unless there is a compelling reason for not doing so. Information can be shared without consent if it is justified in the public interest or required by law. Do not delay disclosing information to obtain consent if that might put children or young people at risk of significant harm.
- Tell your patient what information has been shared, with whom and why, unless doing this would put the child, young person or anyone else at increased risk.
- Get advice if you are not sure what information to share, who to share it with or how best to manage any risk associated with sharing information.

The 'Seven Golden Rules' of information sharing are set out in the Information Sharing Advice for practitioners providing safeguarding services to children, young people,

parents and carers (2015). This guidance is applicable to all professionals charged with the responsibility of sharing information is found [here](#)

Key points about information sharing:

- The Data Protection Act is not a barrier to sharing information but provides a framework to ensure personal information about living persons is shared appropriately.
- Be open and honest with the person/family from the outset about why, what, how and with whom information will be shared and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice if you have any doubt, without disclosing the identity of the person if possible.
- 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 judgment, that lack of consent can be overridden by the public interest. You will need to base your judgment on the facts of the case, on considerations of the safety and well-being of the person and others who may be affected by their actions.
- **Necessary, proportionate, relevant, accurate, timely and secure.** You must 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.
- Keep a record of your concerns, the reasons for them and decisions. 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

11. Recording Information

Where there are concerns about a child's welfare, all concerns, discussions and decisions made and the reasons for those decisions must be recorded in their medical records.

This Practice ensures that computer systems are used to identify those patients and families with risk factors or concerns using locally agreed Codes. Oxfordshire CCG recommends use of codes are listed in [the document Managing Safeguarding Information \(insert location\)](#)

The Practice has a dedicated Administration Team who is responsible for managing alerts and Safeguarding information/correspondence.

Records containing child protection information are likely to contain third party information. Appropriate codes for 'Records contain third party information' should be applied to these so they can be identified if information is shared in the future. The practice has systems for identifying such notes if they are transferred, ensuring relevant information is redacted, and checking this has happened before dispatch. Responsibility for this lies with the Safeguarding Administrator and Safeguarding Lead.

Records containing sensitive information where there is concern about access to records by a third party (eg in situations of domestic violence) should have relevant consultations protected using a '**confidentiality**' function.

Case Conference Reports should be ideally be scanned into that individual child's electronic General Practice records. If necessary third party references must be blanked out or anonymised before scanning or sharing with appropriate agencies. Codes expressing that a child is under a Child Protection Procedures should be

entered into notes of all individuals living at same address

Important: Case conference records must never be destroyed e.g. by deleting electronic records or shredding hard copies.

It is vital that when a child who is or has been under Child Protection Procedures moves to another area that the full clinical record including Case Conference Reports be sent to the next GP. Therefore they must NOT be kept separate or isolated from the child's written or computer records. Tragedies have resulted from Case Conference Records not being passed on to the child's current GP. (Pass on welfare concerns even if the child is not subject to a procedures).

12. Implementation

Practice staff will be advised of this policy through Practice meetings. The Safeguarding Children Policy will be available (insert location)

Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the Practice disciplinary procedure.

13. Training and Awareness

The Practice's induction for partners and employees will include a briefing on the Safeguarding Children Policy by the Practice Manager or Practice Lead for Safeguarding. At induction new employees will be given information about who to inform if they have concerns about a child's safety or welfare and how to access the Local Safeguarding Children procedures.

All Practice staff must be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with OSCB policy and procedures

The Practice will enable staff to participate in training on child safeguarding and promoting their welfare provided on both a single and interagency basis. The training will be proportionate and relevant to the roles and responsibilities of each staff member.

The Practice will keep a training database detailing the uptake of all staff training so that the Practice Manager and Safeguarding Leads can be alerted to unmet training needs. An annual practice update is provided by the safeguarding lead. Regular updates are also available from Safeguarding boards, and Oxfordshire Clinical Commissioning Group via the GP bulletin.

The Practice will abide by safeguarding children training

These are as per the Intercollegiate guidelines on Child Safeguarding Training here.

<https://www.rcn.org.uk/professional-development/publications/pub-007366>

The RCGP have a summary of these here:

<https://www.rcgp.org.uk/-/media/Files/CIRC/Safeguarding/Safeguarding-training-requirements-for-Primary-Care.ashx?la=en>

All GPs and Practice staff should keep a learning log for their appraisals and or personal development plans.

Oxfordshire have a suggested summary of adult and child safeguarding training which can be recorded for your appraisal/practice assessment, it is found (**insert location**):

Child Deaths & the Child Death Overview Panel:

The OSCB is charged, under the Children's Act 2004, to establish a Child Death Overview Process (CDOP), which includes a Rapid Response function and the CDOP. The Rapid Response Process, (RRP) is a group of key professionals who come together for the purpose of enquiring into, and evaluating, the unexpected death of a child. Professionals involved in this process provide initial support to the family and help to inform the subsequent CDOP review process. An explanation of the CDOP process can be found here: <https://www.oscb.org.uk/practitioners-volunteers/child-death-overview-panel/>

The Learning Disabilities Mortality Review (LeDeR):

The Review Programme aims to clarify any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.

LeDeR is to support local areas to review the deaths of people with learning disabilities aged 4 years and over, irrespective of whether the death was expected or not, the cause of death or the place of death. The GP of any LD patient who dies will be asked by Oxfordshire CCG to contribute information about annual health assessments and care for the review process. This will enable them to identify good practice and what has worked well, as well as where improvements to the provision of care could be made. Further information can be found <http://www.bristol.ac.uk/sps/leder/>. The notification form can be found at <https://www.bris.ac.uk/sps/leder/notification-system/>

If you need help please contact the OCCG safeguarding leads.

14. Safer Employment

The Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) functions have now merged to create the Disclosure and Barring Service (DBS).

The Practice recruitment process recognises that it has a responsibility to ensure that it undertakes appropriate criminal record checks on applicants for any position within the practice that qualifies for either an enhanced or standard level check. Any requirement for a check and eligibility for the level of check is dependent on the roles and responsibilities of the job.

The Practice recognises that it has a legal duty to refer information to the DBS if an employee has harmed, or poses a risk of harm, to vulnerable groups and where they have dismissed them or are considering dismissal. This includes situations where an employee has resigned before a decision to dismiss them has been made.

For further information see home office [guidance and information on safer employment](https://www.nhsemployers.org/your-workforce/recruit/employment-checks) <https://www.nhsemployers.org/your-workforce/recruit/employment-checks>

Safer employment extends beyond criminal record checks to other aspects of the recruitment process including:

- making a clear statement in adverts and job descriptions regarding commitment to safeguarding
- seeking proof of identity and qualifications
- providing two references, one of which should be the most recent employer
- evidence of the person's right to work in the UK is obtained

15. Managing Allegations against Staff who have contact with children.

Children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of a child by an employee, agency worker, independent contractor or volunteer will be taken seriously and treated in accordance with Oxfordshire Safeguarding Children Board policy and procedures <https://www.england.nhs.uk/publication/managing-safeguarding-allegations-against-staff-policy-and-procedure/> and the practice Allegations policy ((insert location))

The Practice Manager in conjunction with the safeguarding lead will refer to Children's Social Care via the [Multi-Agency Safeguarding Hub](#) or the Locality and Community Safeguarding team as appropriate. They will also inform the Local Authority Designated Officer, contact details are found in Contact Cards ((insert location)). Where appropriate they should refer to the Police. Following discussion with these agencies they will inform the subject that allegations have been made against them without disclosing the nature of those allegations until further enquiry has taken place. If it is deemed appropriate to conduct an investigation prior to informing those who are implicated, clear record needs to be made of who took the decision and why.

Suspension of the employee concerned from their employment should not be automatic. Depending on the person's role within the practice and the nature of the allegation it may be possible to step the person aside from their regular duties to allow them to remain at work whilst ensuring that they are supervised or have no patient/public contact. This is known as suspension without prejudice. Suspension offers protection for them as well as the alleged victim and other service users and enables a full and fair investigation/safeguarding risk assessment to take place. The Practice Manager, supported by the Safeguarding lead, will need to balance supporting the alleged victim, the wider staff team, the investigation and being fair to the person alleged to have caused harm.

All allegations should be followed up regardless of whether the person involved resigns from their post, responsibilities or a position of trust, even if the person refuses to co-operate with the process. Compromise agreements, where a person agrees to resign without any disciplinary action and agreed future reference must not be used in these cases.

If it is concluded that there is insufficient evidence to determine whether the allegation is substantiated, the chair of the safeguarding strategy meeting will ensure that relevant information is passed to the Practice Safeguarding lead. The Practice Manager, together with the Safeguarding lead, will consider what further action, if any, should be taken in consultation with the Local Authority Designated Officer and in line with the Practice HR procedures.

When an allegation of abuse or neglect has been substantiated, the Practice Safeguarding lead should consult with Children's Social Care for advice and whether it is appropriate to make a referral to the professional or regulatory body and to the

Disclosure and Barring Service (DBS), because the person concerned is considered unsuitable to work with children.

16. Whistleblowing

The Practice recognises that it is important to build a culture that allows practice staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns about quality of care or a colleague's behaviour. The Practice Whistleblowing Procedure is found in (insert location). The Central Southern Commissioning Support Unit, which supports Oxfordshire CCG, has a Whistleblowing Policy available [here](#)

17. Professional Challenge

This Practice enables and encourages any practice member who disagrees with an action taken and still has concerns regarding a child at risk of abuse or neglect to either contact the Safeguarding Practice Lead, or the Oxfordshire Clinical Commissioning Group's Safeguarding Team for independent reflection and support. Their contact details are in the accompanying Contact Cards (insert location)

The Oxfordshire Safeguarding Children's Board Conflict Resolution Policy is here.
https://oxfordshirescb.proceduresonline.com/files/resolve_multi_agency.pdf

18. Monitoring and Audit

Audit of awareness of this Safeguarding Children policy and processes will be undertaken the Practice Manager and Practice Safeguarding lead.

19. References and Resources

In developing this Policy account has been taken of the following statutory and non-statutory guidance:

Working together to safeguard children (2018)

<http://www.workingtogetheronline.co.uk/chapters/contents.html>

Working Together to Safeguard Children. Department of Health (1999)

<http://www.dh.gov.uk/assetRoot/04/07/58/24/04075824.pdf>

Information sharing – 7 golden rules:

HM Government (2015) Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/information_sharing_advice_safeguarding_practitioners.pdf

NHS mail encrypted message

<https://portal.nhs.net/Help/policyandguidance>

NICE guidance on child abuse and neglect

NICE guidance 89: when to suspect child maltreatment updated Dec 2009

<http://www.nice.org.uk/nicemedia/live/12183/44872/44872.pdf>

<https://www.nice.org.uk/guidance/cg89/chapter/1-Guidance>

<https://www.nice.org.uk/guidance/ng76>

HM Government (2019) Revised PREVENT Duty Guidance for England and Wales
<https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales>

Royal College of GP Safeguarding children's tools

<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/child-safeguarding-toolkit.aspx>

Safeguarding Children Toolkit NSPCC

<https://www.nspcc.org.uk/preventing-abuse/>

GMC brief guidance for GPs on protecting children and young people

https://www.gmc-uk.org/guidance/ethical_guidance/13257.asp

GMC guidance on confidentiality

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality>

DBS guidance:

Home office- <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs>
<https://www.gov.uk/government/organisations/disclosure-and-barring->

NHS employer guide to DBS <https://www.nhsemployers.org/case-studies-and-resources/2019/07/dbs-update-service-guidance>

Central Southern Commissioning Support Unit - [Whistleblowing Policy](#)

Oxfordshire Safeguarding Children's Board Conflicts Resolution Policy –
<https://www.oscb.org.uk/wp-content/uploads/2019/05/OSCB-MASA-Publication-2019.pdf>

Domestic Abuse Thames Valley Police Advice

<https://www.thamesvalley.police.uk/police-forces/thames-valley-police/areas/c/2020/domestic-abuse/>

Categories of abuse:

Child exploitation: <https://www.oscb.org.uk/safeguarding-themes/child-exploitation-modern-slavery/>

Domestic abuse <http://www.oscb.org.uk/themes-tools/domestic-abuse/>

Drugs

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf

Fabricated or induced illness

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf

Faith abuse

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175437/Action_Plan_-_Abuse_linked_to_Faith_or_Belief.pdf

Female genital mutilation (FGM) <http://www.oscb.org.uk/themes-tools/fgm/>

Harmful practices including forced marriage and honour based violence

<https://www.gov.uk/guidance/forced-marriage>

Gangs and youth violence <https://www.gov.uk/government/publications/advice-to-schools-and-colleges-on-gangs-and-youth-violence>

Gender-based violence/violence against women and girls (VAWG)

<https://www.gov.uk/government/policies/violence-against-women-and-girls>

Hate <http://educateagainsthate.com/>

Preventing radicalisation <http://www.oscb.org.uk/themes-tools/prevent-extremism/>

Relationship abuse <https://www.disrespectnobody.co.uk/relationship-abuse/what-is-relationship-abuse/>

Sexting <https://www.disrespectnobody.co.uk/sexting/what-is-sexting/>

Trafficking <https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance>

Child Death Panel:

<http://www.oscb.org.uk/professionals/child-deaths-cdop/>

Please contact the email address below, if you have any concerns regarding CDOP:

OCCG.cdopoxfordshire@nhs.net

Coding safeguarding information

Refer to the accompanying document 'Managing Safeguarding information' (insert location)