

CHILD PROTECTION GUIDANCE FOR INDEPENDENT CONTRACTORS



Designated Safeguarding Children Team
Norfolk & Waveney

All health staff have key roles in the identification of children who may have been abused and those at risk of abuse and in subsequent intervention. They are also well placed to recognise when an adult has problems that may affect their capacity as a parent or carer, or that may mean they pose a risk to a child. Whilst health practitioners have responsibilities to all their patients the law makes it clear that the welfare of the child is paramount. All staff should know when it is appropriate to refer a child to Children's Social Care because of concerns of abuse or neglect. This quick guide should be used alongside your organisation's safeguarding children policy and policies of Norfolk and Suffolk Safeguarding Children Boards.

The safety of the child is paramount and overrides the health practitioner's duty to the family in matters of confidentiality

WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED:

REFERRAL

Any concern that a child has suffered or may be at risk of suffering significant harm must be considered for referral to Children's Social Care or advice taken as described opposite

Referral can be made by telephone to **MASH:**
(Multi-Agency Safeguarding Hub)

Norfolk: 0344 800 8020
Suffolk: 0808 800 4005

Referrals must be followed up in writing on the multi-agency referral form within 48 hours. Referral forms and guidance available from:

www.suffolkscb.org.uk www.norfolkscb.org

Details of how to send the referral form to MASH are detailed on both referral forms.

Infants under 1 year with any injury should be referred to MASH and for paediatric assessment and admission to on-call acute paediatrics.

FGM under 18 disclosed by young person or found on examination **MUST** be reported to police (101)

Managing concerns/allegations against staff

All staff should be aware that they must report any concern that indicates a person who works with children has

- Behaved in a way that has harmed or may have harmed a child, or
- Possibly committed a criminal offence against or related to a child, or
- Behaved towards a child/children in a way that indicates unsuitability to work with children.

Contact the Designated Safeguarding Team at the earliest opportunity.

CONSULTATION AND ADVICE

HEALTH

The Designated Safeguarding Children Team can be contacted by any member of the practice team to discuss a child/family that they have concerns about.

Mon-Fri 9am-5pm

Norfolk and Waveney: 01603 257164
Suffolk: 01473 264356

Outside of normal working hours for urgent child protection enquiries call MASH as opposite.

SOCIAL CARE

Suffolk Children's Social Care consultation Line:
0808 800 4005

(In Norfolk there is no social care consultation line. Advice can be sought from Designated Safeguarding children Team)

POLICE

The police offer a professional consultation facility for advice.

Norfolk: 0845 456 4567
Suffolk: 01473 613500

NSCB MEDICAL EXAMINATIONS POLICY

Medical examinations when abuse is alleged or suspected.

Always record verbatim what is said, use body maps, and refer to policy.

<p>Indicators for Concern should be considered with reference to the age and developmental stage of the child.</p> <ul style="list-style-type: none"> • Neglect • Self-harm • Recurrent injuries • Unusual patterns of attendance, e.g. frequent attendance or missed appointments • Any injury in a child under 1 year needs an urgent MASH referral and paediatric admission • Disclosure of abuse either by child or parent • Injuries inconsistent with the history given or unexplained injuries • Inappropriate delay in seeking medical advice unexplained faltering growth • Allegations or medical findings suggestive of sexual abuse <ul style="list-style-type: none"> • Young carers • Features of emotional abuse • Female Genital Mutilation <p>Consider seeing children alone or with a professional chaperone. Always record who accompanies a child to appointments. Ask about online experiences / relationships.</p>	<p>Parental indicators that may lead you to have concerns about the safety or welfare of a child</p> <ul style="list-style-type: none"> • Substance misuse • Learning disability • History of violence • Criminality • Abuse of animals • History of previous children being referred for child protection concerns or being removed under care order. • History of poor childhood experience • Observations of inappropriate behaviour between child and parent • Mental health difficulties • Domestic abuse • History of sexual offending • Fabricated illness • Acrimonious parental separation
<p>Physical Abuse – Factors in the history which should arouse suspicion:</p> <ul style="list-style-type: none"> • Recurrent injuries • Unexplained injuries • Variable history • Inappropriate delay in seeking medical advice • Abnormal interactions between child and parent • Unusual degree of hostility or over-friendliness to staff • Conditions with perplexing presentations (consider fabricated/induced illness) <ul style="list-style-type: none"> • Multiple and mixed injuries • Inappropriate parental reaction • Injuries inconsistent with history <p>Findings on examination which should arouse suspicion:</p> <ul style="list-style-type: none"> • Bruising • Head injuries • Fractures • Abdominal injuries • Intraocular haemorrhages • Injuries in unusual places, e.g. soft tissue, flexor surfaces, genital area • Scalds and burns • Bite marks • Mouth injuries • Ear injuries 	<p>Neglect - Factors in the history which should arouse suspicion:</p> <ul style="list-style-type: none"> • Obesity • Frequent injuries • Poor attention • Poor hygiene • Behavioural difficulties • Substance misuse • Dental decay • Lack of engagement with health care plans/treatment regimes • Pattern of missed health appointments • Underweight / faltering growth • Infestations or infections • Delayed language • Inappropriate clothing • Poor school attendance • Destructive behaviour • Indiscriminate friendliness <p>Neglect – Alerting features. Use Neglect Identification Tool</p> <p>Graded Care Profile. Norfolk and Suffolk both use this method of assessing neglect.</p>
<p>Sexual Abuse – Symptoms and presentations should always be considered in the context of the any other concerns.</p> <ul style="list-style-type: none"> • Consider the language used and consider seeing the child alone or with professional chaperone. <p>High suspicion:</p> <ul style="list-style-type: none"> • Disclosure by child • STIs • Sexualised behaviour • Genital injuries/bruises • Pregnancy • Engagement in inappropriate online activity <p>Child Sexual Exploitation</p> <p>Harmful Sexual Behaviour</p>	<p>Emotional Abuse – Patterns</p> <ul style="list-style-type: none"> • Rejecting: the child's needs are not acknowledged. The child lives in an environment where there is lack of emotional warmth • Isolating: the child is excluded from normal social interaction • Terrorising: the child is verbally assaulted • Ignoring: the child is deprived of essential stimulation • Corrupting: the child is encouraged to engage in destructive anti-social or criminal behaviour. <p>Abuse may also take place online through social media.</p>
<p>PREVENT</p> <p>For concerns about a child or young person being vulnerable to radicalisation, influence by extremism or involvement in terrorism</p> <p>Norfolk Suffolk</p>	<p>Modern Slavery and Trafficking</p> <p>Children and young people may be enslaved or trafficked for the purposes of slavery or sexual exploitation. If you have concerns that a child or young person is subject to slavery or trafficking a referral to MASH must be made.</p> <p>Norfolk Suffolk</p>