



**MP LOCUMS HEALTHCARE LTD**

**Safeguarding Children Policy**



## Policy Title

### Safeguarding Children

## Policy Statement

Within MP Locums, agency workers will inevitably come into contact with children who require medical attention. This policy ensure our minimum requirements are met with regard to the Protection of Children Act (PoCA) Scotland

All agencies working with children, young people and their families taking all reasonable measures to ensure that the risks of harm to children's welfare are minimised: and

Where there are concerns about children's, working to agreed **LOCAL** policies and procedures in full partnership with other **LOCAL** agencies. (Working Together To Safeguard and Promote the Welfare Of Children (2006)).

This policy is a **statement of intent** that demonstrates a commitment to safeguarding children with a charity from harm. The essential inclusions for a Safeguarding Children policy are outlined below.

## Responsibilities

It is the expectation of MP Locums that all employees are alert to the signs of child abuse and neglect and that they act upon them in the interest of the child/young person.

Any person who has knowledge or suspicion that a child or young person has been abused or is at risk of abuse **has a duty of care to refer their concerns** to one of the agencies with statutory authority to investigate.

The investigating agencies are:

- Local Safeguarding Children Board.
- Local Social Services Departments
- Police
- National Society for the Prevention of Cruelty to Children

Failure on the part of an employee to report an incident of abuse or suspected abuse of a child visiting a MP Locums Centre to an appropriate person are grounds on which disciplinary proceedings will be instituted.



## Procedure

The following procedures **MUST** be followed when a child/young person discloses an incident of abuse, past or present.

### **Communication with Patient:**

The child/young person must be treated with dignity and respect at all times. Listen carefully to what the child/young person has to tell you.

Make a careful note of anything the child/young person may say, together with any other relevant observations – e.g.: the child/young person's behaviour and demeanour.

Do not ask leading questions, remember just establish the facts, as the questioning of children/young people in such circumstances is a requirement of the investigative officer and not the healthcare staff

Staff members should not give the child/young person a guarantee that the information given will be kept confidential. The information received may need to be passed on.

No Secrets – explain that this is not something that can be kept to yourself and it will set a process into motion that may have serious consequences.

### **Immediate Action Of Agency Worker:**

Inform the Lead Nurse or if unavailable the Senior Clinical Lead on for that shift of all the relevant facts.

He/she will immediately contact the relevant Safeguarding Children Team and Social Services Department.

If outside normal office hours, the relevant Emergency Duty Team will be contacted and if unable to make this contact inform the Police.

Once this referral has been made no-one involved in the Centre or its management is permitted to investigate the matter further without the approval from the leading agency be that the, Safeguarding Children Team and Social Services Department.

It will be the responsibility of the Lead Nurse to inform and consult with the local Safeguarding Children Team and the responsible Social Services Department using the initial report form (Appendix 1).

If the local Safeguarding Children Team feels a criminal act has been committed then the evidence will be presented to the Crown Prosecution Service for them to decide if there is a case to answer.

## **Additional Notes**

Any investigations in the context of a suspected Safeguarding Children incident will include a full assessment of the child or young person's history and any experience of abuse.

It is important to observe interactions between children/young people and report any concerns. Other guidelines that are in place to minimize risk include:



Supervision of children  
Supervision and staff support  
Confidentiality  
Physical Contact  
Spending one to one time alone with children/young people.

The role of the local Safeguarding Board is to investigate whether there is a case to answer in relation to abuse of a child/young person. Should they establish that this is so, they will refer to the Police who will make the decision as to whether the case be forwarded to the Crown Prosecution Service (CPS) for their decision as to whether there is sufficient evidence to prosecute.

All Centre staff should note that any child under the age of one year is at significant risk from abuse.

Staff should be extra vigilant to the signs and symptoms of abuse when treating paediatrics.

In order to keep children/young people safe, staff are trained and encouraged to be vigilant for the

indicators of possible abuse, which are defined as follows:

- Risk of or actual significant harm.  
Physical abuse.
- Emotional abuse.
- Sexual abuse.
- Neglect.

Significant Harm - There is no absolute criterion on which to rely when judging what constitutes significant harm.

Sometimes a single traumatic event may constitute significant harm – e.g.: a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events both acute and long standing, which interrupt, change or damage the child's physical and psychological development. In order to understand and establish significant harm it is necessary to consider the factors set out by the local ACPC guidance.

Physical abuse – that is physical injury to a child or young person, where there is definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented, which includes corporal punishment or unjustified restraint. Examples of signs of physical abuse are:

- Finger bruising
- Bruising of different ages
- Bruising in unusual places
- Displaying aggressive behaviour either in speech or physically Burns and scalds
- Joint injuries
- Unusual lesions
- Fractures
- Inappropriate flinching and fear
- Bullying behaviour
- Poor anger management



Emotional Abuse – that is the severe adverse effect on the behaviour and emotional stability and development of a child or young person, caused by persistent or severe emotional ill treatment. This type of abuse is often present in other forms of abuse. Examples of signs of emotional abuse are:

Extreme sensitivity to requests, criticism and normal social interactions  
Withdrawn behaviour  
Loud, bullying behaviour

Sexist, racist and discriminatory behaviours/language  
Low self-esteem  
Poor anger management  
Unusual eating habits – e.g.: over/under eating  
Nervous habits – e.g.: tapping, wringing, twisting hands

All of the above, which are not exhaustive, may only be signs of abuse; they are not in themselves conclusive evidence. Some indicators, not listed, may be relevant to ALL categories of abuse.

Sexual Abuse – that is the involvement of dependent, developmentally immature children or young persons in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of appropriate roles and relationship within a family. Examples of signs of sexual abuse are:

- Age inappropriate sexualized speech
- Age inappropriate sexualized moves and behaviours to peers and/or staff
- Age inappropriate displays of sexualized behaviours
- Sharing sexualized fantasies as the truth and vice versa

Child Prostitution – staff should be aware that some of the children/young people being treated at the Centre may have been used as prostitutes or to procure clients. This may have been at any age. Any indications of a previous “promiscuity” may be evidence of this. Staff should be alert to significantly older adults being described as girl/boy friends or special friend. Staff should be especially alert of any such people who have a professional role in respect of the child – e.g.: doctor, police, youth worker, etc. Staff should note expensive gifts or large amounts of money in the possession of the child/young person.

It must be remembered at all times that however adult their behaviour appears, these children/young people are victims and should not be treated as potential perpetrators. Because of this, extra vigilance is required, in terms of contact with friends, family and other workers. Advice should be sought in case of any concern.

Neglect – that is the persistent or severe neglect of a child or young person, for example, by exposure to any kind of danger, including cold and starvation, which could result in the serious impairment of health and/or development. Staff need to be observant of indications of the following:

- Missing meals, lack of shelter and warmth.
- Having to look after young siblings inappropriately.
- Sleep deprivation.
- No provision or supervision of personal hygiene, appropriate clothing or bedding.



- What to do if you're worried a child is being abused (2003)  
[www.everychildmatters.gov.uk/search/?asset=document&id=1738](http://www.everychildmatters.gov.uk/search/?asset=document&id=1738)
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2006) HM Government.  
[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)