**GDoc Child Safeguarding Policy**

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| Last revised | Sept 2016 |
| Last reviewed | Jan 2018 |
| Owner | JB |

**Note:** clinicians should follow the locally agreed policies and processes for primary care available at <https://g-care.glos.nhs.uk/pathway/329/resource/3>

In case of any problems accessing the G Care website, its guidance on how to make a referral is provided below as Appendix A but, whenever possible, clinicians should check the G Care website before referring, to ensure that they use the most up to date information.

The GDoc information below is to be used in conjunction with the guidance on G Care.

**GDOC Child Safeguarding Process**

What to do if you have concerns about a child seen in Choice Plus

Follow the guidance on G care as above, and:

* If a referral is made, the referring GDoc GP must also complete the Multi Agency Service referral form [see links on G Care] within 48 hours.
* Clinicians should follow their own judgement as to the urgency of a referral. However, wherever practicable, they should contact the patient’s own GP beforehand, **provided that this does not delay an urgent referral**. This is both to obtain background information about the child and to establish whether the family is already known to safeguarding services.
* The GDoc clinician remains responsible for any safeguarding actions needed as the result of the Choice Plus consultation unless the patient’s registered GP has explicitly agreed to take over the responsibility. If this is the case, it must be recorded in the consultation notes.
* The GDoc GP must ensure that any telephone conversations with other agencies, for example social services, are carefully documented in the notes, including the full name and contact phone number of the person contacted.
* If a safeguarding concern has not been discussed with the patient’s own GP, the GDoc clinician must ensure that the registered GP is aware of it promptly. Relying on the discharge summary alone is not adequate (unless there has also been a discussion with the registered GP). The GDoc clinician must ensure that the practice is also alerted by phone or fax so that the discharge summary can be passed urgently to the registered GP.

Working at Host sites

A GDoc clinician may become aware of a potential safeguarding concern about a child who is not a GDoc patient, for example by witnessing mistreatment of a child in a waiting room shared with another service.

In an emergency situation where the child is at immediate risk, the GDoc clinician should dial 999 for the police and follow the locally agreed processes (see G Care website and Appendix A below). The most senior clinical manager from the service caring for the child must be informed as soon as possible.

In non-emergency cases, the clinician must ensure that a senior clinical manager from the service in question is aware of the concern as soon as possible. In GP practices, this might be the GP on call or practice manager, In community hospitals, it would usually be the nurse in charge.

**Information about Safeguarding at GDOC**

GDOC Child Safeguarding lead: Dr Richard Probert

richard.probert1@nhs.net

CCG named doctor for child safeguarding: Katy Macintosh - katy.mcintosh1@nhs.net

Training: all GPs who work for GDOC must have Level 3 Child Safeguarding training. Other staff will have their training needs individually assessed. Nurses who work with children must have Level 2 training at a minimum.

To maintain Level 3 training, clinicians need to undertake:

* half day GSCB Multi Agency Safeguarding Children course (3 hours) once every three years
* one hour annual update (this can be provided in-house by the Practice Safeguarding Liaison GP delivering a Level 3 approved course).

GDoc runs also runs safeguarding update sessions – contact Jess if you need a place.

Recruitment: GDoc follows NHS employment guidance on safer recruitment.

Reviewed by J Bayley 270916

Approved by R Probert 270916

**Appendix A: How to make a child safeguarding referral**

This information from G Care is correct at September 2016, but it is updated frequently. It is provided here in case of any problems accessing the G Care website but, whenever possible, clinicians should check the G Care website before referring, to ensure that they use the most up to date information.

G Care child safeguarding information:

<https://g-care.glos.nhs.uk/pathway/329/resource/3>

How To Make a Referral

**When should I contact the Children’s Helpdesk?**

Contact the Children’s Helpdesk if you feel that:

* A child needs protection against suffering harm, neglect or abuse.
* A family is under stress. Support and advice can be offered to help families get support.
* A child is seriously ill or disabled. An assessment of the child's and families needs can identify support needed.

**Referral Process**

If there is an immediate risk of harm or you are working with a child who has disclosed abuse, contact the Children's Helpdesk:

* Tel: 01452 426565
* Email: childrenshelpdesk@gloucestershire.gov.uk .
* Out of office hours (5pm - 8am Monday to Friday/weekends):  Emergency Duty Team 01452 614194

If you have concerns about the immediate safety of the child or you believe a serious criminal offence has been committed contact the Police at any time on 101 or in an emergency ring 999.

**Referals must be confirmed in writing within 48 hours**, but ideally as soon as possible using the referral form [see link on website]

Guidance on completion of the [Multi Agency Service referral form](https://g-care.glos.nhs.uk/uploads/files/Multi_agency_service_request_form.doc) can be found on the Gloucestershire Safeguarding Children's Board website or via the link [see link on website]

On completion of the form. be clear as to your concerns and what you hope to expect from this referral - is this child protection?

**What will happen?**

Once you have contacted the Children’s Helpdesk with a concern about a child, this will be referred to the Gloucestershire Multi Agency Safeguarding Hub (MASH).

MASH is made up of agencies in Gloucestershire with a responsibility to protect children and vulnerable adults.  This includes;

* Gloucestershire County Council Children Services
* Gloucestershire County Council Education Services
* Gloucestershire Police
* Youth Support Service
* Gloucestershire health community

When referrals are received via existing safeguarding referral routes the MASH will allow agencies to share all the available and relevant information that they hold in order to make a decision as to how best to investigate and offer support.

The concept is designed to ensure a robust decision is made at the earliest stage, to help streamline the routes for referral and notifications of concern, and act as a centre for all new referrals regarding adults and children’s safeguarding.  The MASH concept supports recommendations made in numerous Serious Case Reviews about the need to improve information sharing between agencies and Lord Laming’s report ‘The Protection of Children in England. A progress report’ (HMSO, March 2009).

**It is important that you make your referral as soon as you have decided that this is the best course of action.**

**Problem with a referral?**

Please ensure the correct [Multi Agency Service referral form](https://g-care.glos.nhs.uk/uploads/files/Multi_agency_service_request_form.doc)[see link on website]has been completed and submitted to the address shown on the form.

At times we cannot understand why the referral has not been accepted by Social Care. Gloucestershire County Council have provided threshold guidance as to their assessment of referrals . See the *Gloucestershire Guidance for Levels of Intervention* document [see link on website]

Review your referral against this threshold document, and if you are still concerned in relation to the safety of a child, you need to escalate your concern. See the *GSCB Escalation policy*, [see link on website]

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