



Child Safeguarding Policy

We ensure that we promote the interest of our patients irrespective of gender, age, race, disability, sexuality, and culture of religious belief.

Abuse is the result of misuse of power or a betrayal of trust, respect or intimacy between practitioner and patient, which the practitioner should know, would cause physical or emotional harm to the patient.

Abuse can be physical, psychological, verbal, sexual, and financial based.

All reports and allegations of abuse of any form, will be recorded and investigated.

This policy gives assurances:

- That our processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect ensuring they reflect relevant legislation and local requirements
- Safety is promoted in future and any recruitment practice, arrangements to support staff ensuring they have up to date Disclosure and Barring Service (DBS) checks.
- Wherever applicable, all staff will receive effective training in safety systems, processes and practices.
- That we work in partnership with other agencies to ensure they are helped, supported and protected.
- To remedy any shortcomings found in safeguarding practice in the service to help reduce risks to patients who use the service.
- To learn and apply learning from any safeguarding incident to help strengthen safeguarding in the future.
- To refer incidences of abuse or potential abuse to local authority safeguarding teams.
- To notify CQC of safeguarding incidents in accordance with regulations by completing a statutory notification at the time the abuse is identified.
- To co-operate with safeguarding enquiries.



Definition of Safeguarding

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high quality health and social care.

Categories of Abuse

Physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

Sexual abuse, including rape and sexual assault or sexual acts to which the Child has not consented, or could not consent or was pressured into consenting.

Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse, including racist and sexist comments or harassment that are based on a person's disability or because of an individual's race, gender, age, faith culture or sexual orientation.

Self-neglect - covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Children and Young Peoples Safeguarding Policy

Introduction

Safeguarding children is of paramount importance to ensure the safety of every child in the practice. All staff will be aware of how they may access advice, understand their role in protection, and understand the importance of effective Inter-agency communication.

This policy outlines how we will fulfil their legal duties and statutory responsibilities effectively in accordance with safeguarding children procedures of the local council Safeguarding Children Board.



We are committed to a best practice which safeguards children and young people irrespective of their background and which recognises that a child may be abused regardless of their age, gender, religious beliefs, racial origin or ethnic identity, culture, class, disability or sexual orientation

The Department for Education published the updated version of:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
July 2018.

This is statutory guidance which helps professionals understand what they need to do, and what they can expect of one another, to safeguard children. It focuses on core legal requirements and makes it clear what individuals and organisations should do to keep children safe. Safeguarding children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children’s health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

“Child” or “young person”, as in the Children Act 1989 amended 2004,
<https://www.legislation.gov.uk/ukpga/1989/41>

A Child is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status

or entitlements to services or protection. Where ‘child’ or ‘children’ is used in this document, this refers to children and young people.

“Safeguarding” and “promoting the welfare of children” is the process of protecting children from abuse or neglect and/or preventing impairment of their health or development. This includes ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best life chances.

“Child in Need” is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.



In such circumstances assessments by a social worker are carried out under Section 17 of the Children Act 1989 with parental consent.

“Child Protection” is one element of safeguarding and promoting children’s welfare. Child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. “Significant Harm” is the concept introduced by the Children Act 1989 as the threshold that justifies compulsory intervention in family life in the best interests of children. It gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

“Abuse” and “Neglect:” are forms of maltreatment of a child. 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 Child or Childs, or another child or children.

Female Genital Mutilation (FGM) Awareness and Reporting

Purpose

This section of our safeguarding policy is dedicated to the awareness, identification, and mandatory reporting of Female Genital Mutilation (FGM) in accordance with legal requirements and our commitment to the welfare and protection of children and vulnerable adults. While our clinic does not conduct intimate examinations that typically involve direct identification of FGM, it is imperative that all staff are knowledgeable and vigilant about this illegal practice to ensure prompt and appropriate action when necessary.

Policy Statement

We are committed to protecting the rights and safety of all individuals, particularly children and vulnerable adults, from the harms of Female Genital Mutilation (FGM). FGM is recognised internationally as a violation of human rights and an extreme form of discrimination against women and girls.

Definitions

Female Genital Mutilation (FGM) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. This practice is recognised as harmful and is illegal in many countries, including the UK.

Legal Framework

Under the Female Genital Mutilation Act 2003, and subsequent amendments, it is a criminal offence to perform FGM in the UK or assist a girl to carry out FGM on herself in the UK or abroad. The law also requires healthcare professionals, teachers, and social care workers to report known cases of FGM in under-18s to the police. Our policy reflects these legal requirements and supports the national agenda to eradicate FGM.



Identification of Risk

Staff should be aware of the signs that a child may be at risk of, or has undergone FGM. These include, but are not limited to:

- The family belongs to a community known to practice FGM.
- A child may express anxiety about an upcoming special ceremony.
- Prolonged absence from clinic appointments, especially followed by signs of discomfort or pain.
- The mother, sister or other female family member has undergone FGM.

Responsibilities

Awareness and Training: All staff, regardless of their role, are required to complete training on FGM - This is found under our Safeguarding training that is undertaken by all staff. This training will help staff identify potential signs that a child is at risk or has been a victim of FGM, and understand the steps to take for reporting.

Reporting: Any staff member who knows or suspects that a child has undergone FGM must report this immediately to the clinic's designated safeguarding lead. The safeguarding lead is responsible for taking immediate action, including reporting to law enforcement as mandated by law.

Support and Referral: Provide appropriate support and referral options for affected individuals. This includes providing information on medical and psychological support services, and ensuring such referrals are handled sensitively and confidentially.

Risk Assessment

Particular attention should be paid to children and young girls whose mothers or other female family members have undergone FGM, as they may be at higher risk. Staff should be aware of this risk and factor it into any safeguarding assessments.

Confidentiality and Data Protection

Information related to suspected or known FGM cases must be handled with the highest level of confidentiality and security in accordance with data protection laws. Information should only be shared on a need-to-know basis and always under the guidance of our safeguarding policies.



Safeguarding Lead

The safeguarding lead is: The Registered Manager

Mrs. Julie Scott

facial_aesthetics@hotmail.com

Telephone Number: 01376 584555

<https://facialaesthetics.co.uk/>

Whose role is to:

- Act as a focus for external contacts on safeguarding Child and Mental Capacity Act matters; this may include requests to contribute to sharing information required for Child reviews, domestic homicide reviews, multi-agency/ individual agency reviews and contribution to safeguarding investigations where appropriate;
- Act as a point of contact and document concerns and to take any necessary action
- Assess information received on safeguarding concerns promptly and carefully, clarifying or obtaining more information about the matter as appropriate;
- Be fully conversant with the safeguarding Child policy, the policies and procedures of Local Safeguarding Childrens Board; and the integrated processes that support safeguarding;

What to do with noticing a child safeguarding issue

- Be careful not to lead the child or put words into the child's mouth – ask questions sensitively
- Fully document the conversation on a word by word basis immediately following the conversation while the memory is fresh.
- Fully record dates and times of the events and when the record was made and ensure that all notes are kept securely.

Roles and Responsibilities

The Local Safeguarding Children Boards (LSCB) in the local Council are responsible for developing local procedures and ensuring multi-agency training is available. The LSCB's have a role in scrutinising the safeguarding arrangements of statutory agencies and promoting effective joint working.

It is the responsibility of Children's Social Care (CSC) to investigate allegations of child abuse in conjunction, and with the participation of, other agencies. They also lead the Child in Need process.

CSC work with all health services, including Primary Care, education, police, prison and probation services, district councils and other organisations such as the NSPCC, domestic violence forums, youth services and armed forces, all of whom contribute and work together to share responsibility for safeguarding children and promoting their welfare.

We do have a responsibility for sharing information, acting on concerns and contributing to the 'child in need', 'child protection', and 'looked after children' processes.



Consultation and Treatment: Gillick Competency

<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-8-gillick-competency-fraser-guidelines>

It was determined that 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.

Fraser guidelines

The 'Fraser guidelines' specifically relate only to contraception and sexual health. However, concluded that advice can be given in this situation as long as:

- 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 still 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 training

The document published by CQC identifies 5 levels of safeguarding:

https://www.cqc.org.uk/sites/default/files/20190621_CQC%20Inspector_Handbook_Safeguarding_update.pdf

- Level 1: All staff working in health care settings.
- Level 2: All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers.
- Level 3: All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.
- Level 4 specialist roles - named professionals.
- Level 5 Specialist roles - designated professionals.

The registered manager has level 3 Child Safeguarding Training.



Safeguarding Training Frequency

Frequency of training is:		
Level	Frequency	Role
Safeguarding Adults - Level 1	Non-Renewal	Non-Clinical
Safeguarding Adults - Level 2	3 Years	Non-Clinical
Safeguarding Adults - Level 3	Annual	Clinical
Safeguarding Adults - Level 4 - specialist roles	Annual	Clinical - Named Professionals
Safeguarding Adults - Level 5 - specialist roles	Annual	Clinical - Designated Professionals
Safeguarding Children (Version 2) - Level 2	3 Years	Clinical
Safeguarding Children Level 3	Annual	Clinical

Children Safeguarding Reporting

How to report a concern about a child

If you are concerned that a child or young person is being harmed or neglected or is at risk of this you should go to the [Essex Effective Support](#) website.

There is guidance on printing the Request for Support Form [here](#).

If the child is at immediate risk of significant harm, then call the **Children and Families Hub on 0345 603 7627** and ask for the 'Priority Line'.

Out of hours: (Mon-Thurs 5.30pm-9am. Fri & Bank Holidays 4.30pm-9am) 0345 606 1212 Email: Emergency.DutyTeamOutOfHours@essex.gov.uk

If there is an immediate risk of harm to a child then contact the Police.

The Children and Families Hub continue to offer a consultation line for professionals providing advice and guidance. This can be accessed by calling 0345 603 7627 and asking for the 'Consultation Line'.

Request for information portal

Enquiries and requests for information from Children and Families must be made through www.essex.gov.uk/ChildrenAndFamilies/ / https://essex-self.achieveservice.com/service/Children_and_families_request_for_information

Further information

Child protection procedures can be found on the local Council Safeguarding Children Board website.

- <https://www.escb.co.uk>
- <https://www.escb.co.uk/safeguarding-children-during-coronavirus-covid-19/general-information-and-advice/>

Dated: 1st May 2024

Review Date: September 2024



Safeguarding flowchart

