

Safeguarding of Children Policy

Inmind Reference:	CLN11
Category:	Clinical Policy
Version Number:	v2.0
Reviewed on:	February 2019
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Lead Officer:	Director of Nursing
Equality Impact Assessment completed:	Yes

Applicable Legislation/Regulations:

Children's Act 2004
 United Convention of the Rights of a Child 1991
 Data Protection Act 1998
 Human Rights Act 1998
 Sexual Offences Act 2003
 Safeguarding Vulnerable Groups Act 2006
 Protection of Freedoms Act 2012
 Children and Families Act 2014
 Mental Capacity Act 2005
 West Yorkshire Consortium Online Safeguarding Children Procedures- December 2017
 (The Consortium comprises: Bradford Safeguarding Children Board
 Calderdale Safeguarding Children Board
 Kirklees Safeguarding Children Board
 Leeds Safeguarding Children Board
 Wakefield District Safeguarding Children Board)

Codes of Practice:

Information Sharing : Advice for practitioners providing safeguarding services to children, young people , parents and carers : HM Government 2015
 Working together to Safeguarding children : HM Government 2015 Safeguarding Vulnerable People in the Reformed NHS
 Working Together to Safeguard Children (HM Government March 2013) No Secrets (DH and Home Office 2000)

Purpose:

The purpose of this policy is to safeguard children who may come into contact with our services and to raise awareness regarding child safeguarding as part of our overall safeguarding policies

Version Control Table		
Date Ratified	Version Number	Status
Feb 2018	2	Not active
Feb 2019	2	Live

Date	Key Revision
February 2018	Reference to: West Yorkshire Consortium Online Safeguarding Children Procedures- December 2017 (The Consortium comprises: Bradford Safeguarding Children Board Calderdale Safeguarding Children Board Kirklees Safeguarding Children Board Leeds Safeguarding Children Board Wakefield District Safeguarding Children Board) http://westyorkscb.proceduresonline.com/chapters/contents.html
	Clarification point regarding children visiting the service.
Feb 2019	No change to policy

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1.0 The Policy

- a) Inmind Healthcare believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all young people and to keep them safe. We are committed to practice in a way that aims to protect them.
- b) The child/young person's welfare is paramount; safeguarding and promoting their welfare is the overriding purpose of this policy. We are committed to ensuring that all children/young persons who come into contact with our service are protected from harm. All children regardless of age, disability, gender, racial heritage, racial belief, sexual orientation or identity have a right to equal protection from all types of harm or abuse. Some children are more vulnerable because of the impact of previous experiences, their level of dependency or other issues
- c) This policy aims to ensure that:
 - the young people who come into contact with In Mind's Services are properly protected and that their welfare is promoted and that an appropriate response is provided to any allegation or suspicion of abuse.
 - we educate our workforce to meet the expectations of the Children Act 1989 & 2004; Working Together to Safeguard Children; The United Nations' Convention on the Rights of the Child 1989; The Human Rights Act 1988 Article 3; the Protection of Children Act 1999
 - Inmind's Services complies with the policies and procedures of the Local Safeguarding Children Board
- d) This policy incorporates the principles of the following documents:
 - Safeguarding Vulnerable People in the Reformed NHS
 - Working Together to Safeguard Children (March 2013)
 - Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DH 2009)
 - No Secrets (DH and Home Office 2000)
 - Mental Capacity Act 2005: Code of Practice
- e) Within this Policy Statement and Procedure is a framework for the recognition of abuse, the basis for action in the event of concern, and actions to take in the event an allegation or disclosure being made against a member of staff. Additional information can be accessed from the document 'What to do if you are worried a child has been abused- Advice for Practitioners' 2015, which can be accessed from the internet. The West Yorkshire Consortium On Line Safeguarding Children's Procedures provide a good source of information with regular updates.
- f) To ensure best practice in addition to mandatory awareness of this policy, all staff shall have training in Safeguarding.
- g) In Mind fully supports the Leeds Safeguarding Children Board (LSCB) multiagency policy and procedures and will work in collaboration to ensure a proactive position on the safeguarding of Children/ Young People is taken to support Children/ Young People to keep themselves safe from abuse, neglect and exploitation

- h) All those who work within In Mind will be aware of their own responsibilities in preventing abuse. There is an expectation that any In Mind employee raises concerns if abuse has been reported to them, or is witnessed by them or is even suspected by them. Any In Mind employee who chooses not to voice concerns, allegations, or disclosures relating to safeguarding issues may result in appropriate further action being taken.
- i) This policy aims to ensure that no act or omission, places a service user or a child who may come into contact with our service at risk; and that robust systems are in place to safeguard and promote the welfare of young persons and to protect them from harm. In this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout.
- j) This policy aims to ensure that no act or omission, places a service user or a child who may come into contact with our service at risk; and that robust systems are in place to safeguard and promote the welfare of young persons and to protect them from harm. In this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout.
- k) The Government has defined the term safeguarding children in Working Together 2013 as - the action we take to promote the welfare of children and protect them from harm - is everyone's responsibility. Everyone who comes into contact with children and families has a role to play. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance 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; and taking action to enable all children to have the best outcomes.

2.0 The Procedure

2.1 How do In Mind Healthcare safeguard children who come into contact with our services?

- a) By ensuring the safeguarding ethos is embraced throughout the organisation. The procedures to follow if safeguarding concerns or a safeguarding allegation is made are clearly outlined in our Safeguarding Policy which all staff shall be trained in as part of their induction and ongoing Safeguarding refresher training
- b) Safely recruiting staff and volunteers, ensuring all necessary checks are made (See Recruitment and Selection Policy).
- c) Recording and storing information professionally and securely, sharing information about safeguarding and good practice to In Mind and those we support (See Information Governance Policy).
- d) Using our safeguarding procedures to share concerns and relevant information with agencies that need to know, and involving families, parents and carers appropriately and using our safeguarding procedures to manage any allegations against staff or volunteers appropriately (see Safeguarding Policy).
- e) Ensuring we have effective complaints and whistleblowing measures in place (See Complaints Policy and Freedom to Speak Up (Raising Concerns) Policy).
- f) Ensuring we provide a safe physical environment in our services for all staff, volunteers, and visitors including children and young people by applying health and safety measures in accordance with the law and regulatory guidance (See Health and Safety Policy).

2.2 Children visiting the service

- a) In Mind appreciates that there will be occasions when a service user has a significant relationship with a child/children, where it would be beneficial for both the child and the service user for visits to take place whilst the individual resides within an In Mind service. **Children are not allowed on the ward under any circumstances.**
- b) The decision as to whether a child visiting the service user will be in the best interest of both the child and the service user will be discussed and agreed by the multi-disciplinary team (MDT), external agencies and the service user's family. This must also include any team involved with the care of the child.
- c) In such circumstances, the child's welfare is paramount and will take priority over the interests of any and all adults, and the child's welfare will be safeguarded and promoted by all staff.
- d) For further guidance on responsibilities/procedures to follow when a child visits the service, see Children Visiting Policy.

2.3 Accessing the Community

- a) In Mind appreciates that there will be occasions when accessing the community that a service user may come into contact with a child/young person. It is the responsibility of all to ensure the welfare and safety of those we support, themselves as well all members of the public including children/young people.
- b) Where there is an identified risk, this risk must be mitigated/managed as far as is reasonably possible, steps taken may include
 - Avoid areas frequented by children. Young Persons (i.e. schools, parks etc.)
 - Plan any visits at a time when there are fewer children (such as during school hours)
 - Do not travel on public transport when children are travelling to and from school/college
 - Let a colleague know where you are going and what time you are planning to return. It may be necessary where a high risk is identified to postpone access to the community until it is safe to do so

2.4 What to do if you have concerns about the welfare of a child/young person

- a) It is emphasised that any staff member upon becoming aware of a safeguarding concern or allegation has the immediate responsibility to ensure all young people are safe in the first instance and then to immediately inform their Manager or an appropriate senior member of staff. The Manager must then inform The Group Operations Director (or a nominated deputy).
- b) Staff do not investigate concerns and our responsibility is to inform appropriately and follow guidance from the Local Authority Designated Officer (LADO/Child Protection). Following initial notifications, the Manager will make arrangements for an external referral to be made to the LADO.
- c) All staff need to be aware that the statutory agencies authorised to initiate proceedings to protect children under the terms of the Children Act 1989 are children's social care, the police and the NSPCC. The NSPCC is the only voluntary organization authorised to initiate proceedings to protect children under the terms of the Children Act 1989 and offers a number of services to children, adults and practitioners. It operates a helpline service advising adults and professionals on safeguarding matters and where necessary liaises with local statutory agencies to refer children at risk of abuse. The NSPCC also operates ChildLine which provides a telephone helpline across the UK for all children and young people who need advice about abuse, bullying, and other concerns. These services, along with other helplines such as Stop it Now! (which specialises in child sexual abuse prevention) and Parentline Plus (which offers support to anyone parenting a child), provide information, advice and support as well as important routes into statutory and voluntary services.
- d) It is essential that all staff are aware that on no occasion should they agree to 'keep secret' disclosure information. It must be made clear that such information will be shared. This should be done sensitively and include reassurance that the child/young person will be supported throughout. Handling such situations takes sensitivity and skill and therefore is integrated into training and supervision. Staff can reassure informants however, if the

allegation is from a third party, that the source of the information can remain anonymous.

- e) The reason for your decision to share (or not share) information must be recorded in writing.
- f) When there are historical or current safeguarding concerns about a young person this would be discussed within a professionals meeting or the local team.

2.5 Action if the Allegation is about staff or others who work or have worked with children/young persons

- a) This Policy should be used in respect of all cases in which it is alleged that a person who works or has worked with children has; behaved in a way that has harmed a child, or may have harmed a child;
 - possibly committed a criminal offence against or related to a child; or,
 - behaved towards a child or children in a way that indicates she/he is unsuitable to work with children.
- b) All allegations against staff must be referred by the Registered Manager (or nominated deputy) to the Local Authority Designated Officer (LADO). The Registered Manager must also inform their line manager. Some allegations will be so serious as to require immediate referral to the LADO, Children's Services and the Police for investigation. Others may be much less serious but would need to be referred to the LADO. It is important to ensure that even apparently less serious allegations are examined objectively by someone independent of the case the LADO will provide this independence.
- c) Raising a concern is not optional even if the child/young person at risk does not want any action taken. It may not be possible to do anything further about the concern, but the concern MUST be reported and the detail recorded.
- d) The first step however, is to ensure the child/young person making the allegation (and all other children) are safe.
- e) The Registered Manager must immediately ensure that no possible direct or indirect contact between the member of staff and their alleged victim (if in the context of their work with In Mind), or any other child, can occur.
- f) After ensuring children/young people are safe, advice and guidance must immediately be sought from the Local Authority Designated Officer (LADO). This advice and guidance must be followed.

2.6 Recording of Safeguarding Allegations

- a) When making a record entry the individual making the record should ensure that that the record is accurate and includes:
 - date and time of the incident
 - exactly what the person at risk said, using their own words about the abuse
 - how it occurred or exactly what has been reported to them

- appearance and behaviour of the person at risk
 - any injuries observed
 - name and details of any witnesses
 - the record should be factual, but if it does contain opinion or an assessment, it should be stated clearly that it is an opinion and should be supported by factual evidence.
 - Who they have informed of the incident
 - Records should not include abbreviations, unfounded opinion or jargon
 - The name and signature of the person making the entry in the clinical notes is required along with their job title
- b) If a crime has been or may have been committed do not disturb or move any items that may be connected for example clothing. If you need to remove items in the area or for care need reasons use surgical type gloves and preserve the item where it cannot be touched/tampered with
- c) In Mind will keep a clear and comprehensive summary of any allegations made, details of how the allegation was followed up and resolved, and details of any action taken and decisions reached, on a person's confidential personnel file and give a copy to the individual. Such information will be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age or for 10 years if that will be longer.
- d) The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future DBS Disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction. And it will prevent unnecessary re- investigation if, as sometimes happens, allegations re-surface after a period of time.

2.7 Children and Young People at risk from Sexual Exploitation

- a) A copy of Safeguarding children and Young People from Sexual Exploitation 2010 – supplementary guidance to Working Together is available on the internet.
- b) In all cases where abuse or neglect is suspected as a result of sexual exploitation, In Mind procedures apply. The Protocol must be followed and step by step safeguarding procedure.

2.8 Action to be taken in instances of Stranger Abuse

- a) The police must be contacted immediately in relation to any incidents/alleged incidents of Stranger Abuse of children or young people. The safeguarding procedure must then be followed regarding notifications.

2.9 Complaints

- a) All complaints against members of staff that could have safeguarding implications must be reported following our complaints policy. No investigation must take place until the LADO requests/gives permission for us to do so and, before commencing; the appointed Investigating Officer must liaise with the HR Department.
- b) For all other complaints that have safeguarding implications, the safeguarding procedure

must be followed.

2.10 Action if there is an allegation against another child/young person

- a) Some victims of abuse may become perpetrators of abuse to others, or behave in sexually inappropriate ways, which present the potential of risk. If any concern is raised (or allegation made) by a child/young person regarding the behaviour of one of their peers, the matter must be taken seriously and the reporting process followed as in Section 2.4 of this procedure.

2.11 Concerns about an unborn child and Care Planning pre-birth:

- a) Where a service user is pregnant, clinicians must ensure that the implications for the unborn child as well as the service user are considered as part of the care planning process. The principle that the welfare of the child, in this case unborn, is paramount, still applies.
- b) If there are concerns about the welfare of or risk to the unborn child, a referral should be made to the Children's Social Care Department and a request be made for a Pre-birth Planning Meeting.
- c) Where there are concerns regarding the parents' potential parenting capacity, which may or may not be linked with their mental health problems, these too must be considered and referred to Children's Social Care as described above.

Appendix 1

Equality Impact Assessment for this policy

Protected Characteristic (domain)	Area of conflict	Resolution
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.

Appendix 2

Definitions of abuse	
<p>The full definition of differing types of abuse can be found in “working together to Safeguard Children 2013” and the reviewed version in 2015.</p>	
<p>Physical Abuse</p>	<p>The descriptions contained herein are not meant to be exhaustive but illustrative of what may be considered as Physical abuse. This may involve: hitting, shaking, throwing, poisoning or physical harm to a child.</p> <p>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child</p> <p>Signs of Physical Abuse can include children/young persons who display bruises, scratches, burns, bite marks and other physical injuries. Children/young persons will undoubtedly have accidental injuries, but the concern will be around injuries on the places on the body that are not consistent with accidental injury for example; bruising to the eyes, mouth, on the back of the legs, arms, buttocks wrists etc.</p>
<p>Sexual Abuse</p>	<p>Sexual abuse involves forcing a child or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Any incidence of penetrative sexual activity involving a child 13 years of age or under is deemed to be statutory rape.</p> <p>There should be particular concern about exposure to new technologies (for example: abuse via the internet, mobile phones) and concerns about grooming and using these means for sexual exploitation.</p> <p>Physical signs of sexual abuse may include itching, soreness, discharge, unexplained bleeding, sexually transmitted disease (STDs), pain on passing urine, recurrent urinary tract infections</p>
<p>Emotional Abuse</p>	<p>Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless unloved or inadequate, It may feature age or developmentally inappropriate expectations being imposed on children. It may involve serious bullying causing children to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p> <p>Signs of emotional abuse, are often difficult to determine particularly with regard to normal adolescent development Nevertheless, the presence of the following may indicate emotional abuse as a result of any other form of abuse ;</p>

	<ul style="list-style-type: none"> • Sudden mood change • Regressive behaviour, such as bedwetting, soiling, smearing etc. • Sexual precociousness. • Excessive preoccupation with sexual matters, in talk. Inappropriately high levels of sexual arousal to minimal stimulus. • Changes in eating patterns, loss of appetite, “faddiness” and eating disorders. • Apparently indiscriminate attempts to involve peers and adults in sexual relationships. • Social isolation and withdrawal, poor peer group relationships. • Suicide attempts, para-suicidal behaviour and self-mutilation. • Excessive anxiety about medical examination or undressing in front of others. • Promiscuity. • Anti-social behaviour and delinquency. • Involvement in sexual exploitation/prostitution <p>?</p>
<p>Neglect</p>	<p>Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.</p> <p>Signs of Neglect may incorporate physical signs but also issues of hygiene, where a child/young person has not learned how to wash appropriately, overeating, lack of adherence to structures or rule keeping, overly affectionate seeking physical contact etc.</p>
<p>Children/young persons may make generalised hints about the fact that abuse may be occurring/have occurred or indeed make a direct allegation of abuse, examples may include:</p> <ul style="list-style-type: none"> • Talking about secrets, threats, asking about consequences of disclosure. • Asking for advice about HIV/AIDS and asking for contraceptive advice where there is no known sexual relationship. This may be particularly significant if the child/young person is very young. <p>?</p>	
<p>There are groups of children who maybe particularly vulnerable</p> <p>Although this is not an exhaustive list, Safeguarding and promoting the welfare of children who maybe particularly vulnerable include:</p> <ul style="list-style-type: none"> • Children living away from home • Disabled children • Abuse by children and young people • Bullying including cyber bullying Children who are at risk of sexual exploitation • Children whose behaviour indicates a lack of parental control 	

- Race and racism
- Domestic violence
- Children of drug misusing parents
- Child abuse linked to belief in 'possession' or 'witchcraft' or in other ways related to spiritual or religious belief.
- Child abuse and information communication technology
- Children and families who go missing
- Children of families living in temporary accommodation
- Migrant children
- Child victims of trafficking
- Unaccompanied asylum-seeking children