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# 1. Introduction

YPCS is wholly committed to safeguarding and promoting the welfare of children. Safeguarding children is **everyone’s** responsibility. YPCS has a key role to play in safeguarding children. This policy applies to the whole organisation, all its services and staff, including trustees. **All** YPCS staff have a duty to be aware of the nature of child abuse, and the steps to be taken if there is a suspicion of harm to, or neglect of a child.

# 2. Purpose of this policy

YPCS believes that a child or young person should never experience abuse of any kind. This policy should be reviewed in conjunction with the **YPCS Safeguarding Code of Conduct.** The purpose of this policy is-

• To protect children and young people who receive YPCS services.

• To provide staff and volunteers with the overarching principles that guide our approach to safeguarding

YPCS believes that-

• the welfare of the child/young person is paramount, as enshrined in the Children Act 1989

• all children and young people, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse

• some children and young people are additionally vulnerable because of their level of dependency or their communication needs

• working in partnership with children, young people, their parents, carers and other agencies is essential in promoting children’s and young people’s welfare

# 3. Definitions

**A Child**: In this document, as in the Children Acts, 1989 and 2004, 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 for children and young people, does not change his/her status or entitlement to services or protection under the Children Act, 1989.Welfare of the child/young person is paramount, as enshrined in the Children Act 1989

**Safeguardin**g and promoting the welfare of children is defined (in Working Together,2018) as:

•protecting children from maltreatment;

•preventing impairment of children's health or development;

•ensuring that children are growing up in circumstances consistent with the provision of safe and effective care

•Taking action to enable all children to have the best outcomes.

**Child Protection** is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. YPCS takes the safety of children and young people very seriously and expects all its staff, volunteers and trustees to do the same

**Significant Harm** (In relation to children): The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm. Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, “for example, impairment suffered from seeing or hearing the ill treatment of another”. Suspicions or allegations that a child is suffering or likely to suffer Significant Harm should result in an Assessment incorporating a Section 47 Enquiry

# 4. Working Together

Effective safeguarding arrangements are in place within YPCS and are underpinned by five key principles as per Working Together 2018

•The child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.

•All staff should follow the principles of the Children Acts 1989 and 2004 that state that the welfare of children is paramount and that they are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary.

•Children may be vulnerable to neglect and abuse of exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including: sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, YPCS staff should put the needs of children first when determining what action to take.

•Everyone who works with children has a responsibility for keeping them safe. No single agency can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

•In order that organisations, agencies and practitioners collaborate effectively, it is vital that everyone working with children and families, including those who work with parents/carers, understands the role they should play and the role of other practitioners. They should be aware of, and comply with, the published arrangements set out by local safeguarding partners.

# 5. Legal framework

This policy has been drawn up on the basis of law and guidance which seeks to protect children and young people, namely:

• Children Acts 1989 and 2004

• United Nations Convention on the Rights of the Child 1991

• Data Protection Act 2018 and GDPR

• Human Rights Act 1998

• Sexual Offences Act 2003

• Safeguarding Vulnerable Groups Act 2006

• Protection of Freedoms Act 2012

• Children and Families Act 2014

• Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015

• Working together to safeguarding children: A guide to interagency working to safeguard and promote the welfare of children; HM Government 2015 and 2018

# 6. Types of Abuse

## **Abuse**

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

## **Physical abuse**

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

## **Emotional abuse**

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond a child’s developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another eg experiencing domestic abuse. It may involve serious bullying (including cyberbullying), causing children frequently 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, although it may occur alone.

## **Sexual abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## **Neglect**

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, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

**In addition to these types of abuse and neglect, YPCS staff will also be alert to the following specific safeguarding issues:**

##  **Child Sexual Exploitation (CSE)**

 A type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some indicators of children being sexually exploited are: going missing for periods of time or regularly coming home late; regularly missing school or education or not taking part in education; appearing with unexplained gifts or new possessions; associating with other young people involved in exploitation; having older boyfriends or girlfriends; suffering from sexually transmitted infections; mood swings or changes in emotional wellbeing; drug and alcohol misuse and displaying inappropriate sexualised behaviour.

A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching. Sexual activity with a child under 16 is also an offence. It is an offence for a person to have a sexual relationship with a 16 or 17 year old if that person holds a position of trust or authority in relation to the young person. Non consensual sex is rape whatever the age of the victim. If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed. Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18.

## **Criminal Exploitation**

There is currently no legal definition of county lines or criminal exploitation and also very little guidance. Currently, the criminal exploitation of children and young people is often not fully understood by services working with young people which can impact on the response that a young person receives. Child trafficking and criminal exploitation are forms of abuse and therefore should be afforded a safeguarding response. Children are often recruited, moved or transported and then exploited, forced to work or sold.

Often the visible symptoms of this abuse are responded to, meaning that many young people receive a criminal justice response and their safeguarding needs can be overlooked as a result.

Criminal Exploitation involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them completing a task on behalf of another individual or group of individuals; this is often of a criminal nature. Child criminal exploitation often occurs without the child’s immediate recognition, with the child believing that they are in control of the situation. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability**.**

## County Lines

Is a growing problem in the UK and is a form of criminal exploitation. Gangs exploit vulnerable young people to carry drugs and sell them to other parts of the country. These gangs groom, threaten or trick children into trafficking their drugs for them. They might threaten a young person physically, or they might threaten the young person’s family members. The gangs might also offer something in return for the young person’s cooperation – it could be money, food, alcohol, clothes and jewellery, or improved status – but the giving of these gifts will usually be manipulated so that the child feels they are in debt to their exploiter.

## Honour-based violence (HBV)

HBV includes incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving “honour” often involves a wider network of family or community pressure and can include multiple perpetrators. All forms of HBV are abuse (regardless of the motivation) and will be handled and escalated as such

## Female Genital Mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

FGM is illegal in the UK. It is a form of child abuse and a form of violence against women and girls. The Female Genital Mutilation Act 2003 requires that a person who works in a regulated profession has a duty to notify the police of FGM if discovered or disclosed

## Domestic abuse

Witnessing any form of domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships. Domestic Abuse is any incident of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: Psychological, Physical, Sexual, Financial, Emotional

## Grooming

Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional.

## Harmful sexual behaviour

Harmful sexual behaviour (HSB) is a term used to describe sexual actions that are outside what is safe for a young person’s stage of development. It includes actions that can harm either the child or young person themselves, or another person.

It can include:

* frequently and intentionally accessing age-inappropriate sexual material online
* using inappropriate language
* undertaking mutual sexual activity they are not ready for with peers
* sending and receiving illegal images
* sexual interactions where there are significant power differences, lack of consent, or through force or threats
* engaging in abusive or sexually violent sexual behaviour online or offline.

Children and young people who develop harmful sexual behaviour harm themselves and others.

## Radicalisation

Radicalisation is a form of harm. The process may involve being groomed online or in person, exploitation, including sexual exploitation, psychological manipulation, exposure to violent material and other inappropriate information, the risk of physical harm or death through extremist acts.

The Counter-Terrorism and Security Act 2015 places a duty on specified authorities, including local authorities and childcare, education and other children’s services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism (“the Prevent duty”). Young people can be exposed to extremist influences or prejudiced views, in particular those via the internet and other social

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism that uses existing collaboration between local authorities, the police, statutory partners (such as the education sector, social services, children’s and youth services and offender management services) and the local community.

# 7. How YPCS will safeguard children

## We will seek to keep children and young people safe by:

• valuing them, listening to and respecting them

• having a Safeguarding Lead for children and young people and a deputy safeguarding lead.

• child protection practices through procedures and a code of conduct for trustees, staff and volunteers

• developing and implementing an effective e-safety policy and related procedures

• Effective management for staff through supervision, support, training and quality assurance measures

• Recruiting staff safely, ensuring all necessary checks are made and ensuring all therapists/counsellors are registered with a supervisor to receive professional supervision which fulfills the BACP ( British Association for Counselling and Psychotherapy) or PTUK ( as relevant for YPCS Play Therapists) requirements of professional accountability, frequency and duration

• Recording and storing information professionally and securely, and sharing information about safeguarding and good practice with children, their families, staff and volunteers via leaflets, posters, one-to-one discussions. Therapists/Counsellors are required to maintain records for their own clients in accordance with the service’s overarching policy and in accordance with any professional body eg BACP Recommendations

• using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately

• using our procedures to manage any allegations against staff and volunteers appropriately

• creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise

• ensuring that we have effective complaints and whistleblowing measures in place

• ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance

# 8. What to do if you are concerned about a child

 If you have concerns you **must** act on them.

YPCS staff should be aware of the nature of abuse of children and be able to consider the needs of any child in the family of the service user and to refer to other services or support for the family as necessary and appropriate, in line with local safeguarding procedures. All staff have a duty to co-operate with other agencies to ensure that children are safeguarded.

All staff should be familiar with and record all safeguarding cause for concerns in the clinical record in the safeguarding section and also notifying the concerns by e mail to the single point of access safeguarding@ypcs.uk. If the concern is urgent then to call the clinical co Ordinator.

All staff have a duty to ensure that they have received appropriate training for their role and have familiarised themselves with the YPCS Safeguarding Children policy and Cambridgeshire and Peterborough safeguarding adults and children’s partnership board procedures.

If a child reports that they are being abused and neglected, YPCS staff will listen to them, take their allegation seriously, and reassure them that they will take action to keep them safe. They will decide the most appropriate action to take, depending on the circumstances of the case, the seriousness of the child’s allegation and the local multi-agency safeguarding arrangements in place. They might refer directly to children’s social care and/or the police, or discuss the concerns with others and ask for help. At all times, it should be explained to the child what action is being taken. It is important to maintain confidentiality, but it should not be promised that no one will be told, as that may need to do so in order to protect the child.

Respond, Report, Record – whenever there is a safeguarding concern - If suspected abuse is not reported or the right people aren’t told, this effectively leaves a young person at risk, so concerns must always be reported and staff must be proactive in their response to potential abuse. It is not the responsibility of YPCS to investigate safeguarding concerns, but it is their responsibility to pass on concerns to another agency e.g. Children’s Social Care to do so.

If the child is in immediate danger and needs to be removed to a place of safety staff must contact the police by 999

If a child is believed to be at significant risk of harm (but not immediate) and therefore in need of protection, staff must act without delay; they should make an urgent referral to Children's Social Care and call the Referral Contact Centre immediately.

#### • For Cambridgeshire call 0345 045 5203 (8am to 6pm Mon – Fri)

#### • For Peterborough call 01733 864170 (9am to 5pm Mon – Fri)

• Out of hours emergencies – call 01733 234724.

All telephone referrals should be followed up in writing within 48hrs using the online referral form accessed via safeguardingcambspeterborough.org.uk

[Concerned? | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)](https://safeguardingcambspeterborough.org.uk/concerned/)

Where you are concerned about a child and there is reason to suspect they are likely to suffer significant harm because of abuse or neglect but do not feel that there is a risk of immediate serious harm, complete this online referral form. You do not need to call first.

All online referrals to be saved as a pdf copy onto the clinical record and a copy send to Safeguarding Lead

When making a referral it is important that:

* All basic details are completed on the referral form (correct names and spellings, family members, date of birth, addresses, ethnicity, first language, disabilities etc). You will not be able to move forward to the next section of a form until all the mandatory fields are completed and you will not be able to save an incomplete form and complete it later.
* Consent should always be sought from the family before passing information about them to Social Care, unless seeking consent would place them at increased risk of immediate and significant harm or may lead to the loss of evidence for example destroying evidence of a crime or influencing about a disclosure made. If someone is at immediate risk of significant harm, a referral to Social Care should not be delayed whilst consent is sought.
* The referral must clearly identify the concerns and the impact on the child/adult at risk as well as what support has been provided previously to help address these concerns and what strengths/resilience is within the family.
* Referrals should set out what the referrer wants to see happen as a result of the referral, and should include the views of the family and, where appropriate, the child or young person.
* The more information that is provided, the easier it is for the MASH ( Multi Agency Safeguarding Hub)to make a decision about the best course of action to take.

Referrals to services regarding concerns about a child or family typically fall into three categories:

• Early Help Services;

• Child in need - Section 17 (Children Act 1989) referrals;

• Child protection - Section 47 (Children Act 1989) referrals.

The Effective Support for families in Cambridgeshire and Peterborough ‘Threshold’ Document 2018 sets out the different levels of need and detailed guidance about how concerns within these different levels should be responded to by YPCS.

<http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/threshold-document/>

The parent/carer will normally be contacted to obtain their consent before a referral is made except where to do so might place the child or another person at immediate risk of harm or prejudice the prevention or detection of crime e.g. fabricated or induced illness in which case nothing should be said to the parent/carer ahead of the referral, but a rationale for the decision to progress without consent should be provided with the referral.

If, after a referral, the child’s situation does not appear to be improving local escalation procedures must be considered to ensure that the concerns have been addressed and, most importantly, that the child’s situation improves. The Safeguarding Lead should be escalating these concerns with the relevant agency in line with Cambridgeshire and Peterborough Safeguarding Partnership Board Resolving Professional Differences Policy

The Early Help Referral Form will be used to request additional early help for a family when the needs of a child are beyond the level of support that can be provided by universal services.

In circumstances where a child has an unexplained or suspicious injury that requires urgent medical attention, the Children’s Social Care referral process should not delay the administration of first aid or emergency medical assistance. If a child is thought to be at immediate risk because of parental violence, intoxication, substance abuse, mental illness or threats to the child, urgent Police intervention will be requested.

Where a child sustains a physical injury or is distressed as a result of reported chastisement, or alleges that they have been chastised by the use of an implement or substance, this will immediately require a referral to Children’s Social Care that should lead to a section 47 enquiry.

It is important that all staff who interact with children, including for online/virtual therapy sessions, continue to look out for signs a child may be at risk and act accordingly.

# 9. Allegations against staff

The framework for managing allegations is set out in Working Together to Safeguard Children (2018). The framework applies to all who work with children and young people, including those who work in a voluntary capacity. When an allegation of child maltreatment is made against a YPCS employee or volunteer it must be responded to and thoroughly addressed.

YPCS adheres to the Local Area Designated Officer (LADO) process for dealing with allegations relating to staff conduct towards children or other behaviour which indicates they pose a risk to children.

All concerns and allegations will be taken seriously by trustees, staff and volunteers and responded to appropriately.

Concerns should be first discussed with the Safeguarding Lead

The Local Authority Designated Officer (LADO) must then be informed in accordance with Cambridgeshire and Peterborough Safeguarding Board core inter-agency procedures within the same working day

#### Peterborough Local Area Designated Officer: 01733 864038

#### Cambridgeshire Local Area Designated Officer: 01223 727968

E mail: lado@cambridgeshire.gov.uk ( for both Peterborough and Cambridgeshire cases)

For the purpose of this process an allegation is where an adult working or volunteering 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 or children in a way that indicates they may pose a risk of harm to children

Where third parties work in one of our venues, or in conjunction with one of our projects, but are not directly employed by YPCS, the third party is responsible for undertaking checks, storing records and ensuring their service users are aware of their safeguarding procedures. Written confirmation of this must be given to YPCS prior to engagement as a partner.

In the event that any concern is raised in respect of the conduct of any staff member or volunteer within YPCS, the matter will also be dealt with as per the disciplinary policy. In respect of counsellors/therapists, this may be referred to their membership body and/or appropriate authorities.

Where an allegation affects a member of a regulated profession, e.g. teachers, medical practitioners etc, this allegation will be also be referred to the LADO that same day.

# 10. Procedure for safeguarding disclosures and concerns

See Appendix 3 for cause for concern process

All YPCS staff are required to place the welfare of children and young people at the forefront of all interactions including decision making and act in the best interest of the client at all times.

YPCS is committed to honouring client autonomy and confidentiality and as such consent should always be sought from the client regarding sharing their information. However, where the level of risk calls for immediate action to protect from significant harm, all YPCS staff will act in the best interest of the child/young person without their consent.

It is the responsibility of the person to whom the disclosure is made to follow the procedure and share information regarding the disclosure so that the relevant agencies can take appropriate steps to safeguard vulnerable children and young people.

## Procedure

•At the initial assessment session and prior to any work commencing with the client, the therapist/counsellor will fully explain confidentiality and limitations to the client, allowing opportunity for questions and clarification.

•Where a direct disclosure of abuse is being made, the therapist/counsellor will indicate at the earliest opportunity they would have to share this information and discuss what action may need to be taken.

•Therapists/Counsellors must make an accurate factual written record of the details of the disclosure using the client’s own words and language. This should be signed, dated and time noted by the therapist/counsellor.

•Questioning should be limited in respect of the actual details to prevent any leading or interpreting and interfere with any formal investigation. If appropriate or necessary to support the client through the process of disclosing, open ended questions may be used; e.g. who, where, when, what. Therapists/Counsellors are to note their questions to provide a complete record.

•Therapists/Counsellors should seek to establish the immediacy and severity of future risk in order to inform the decision-making process of what action needs to be taken.

•Therapists/Counsellors are required to consult their YPCS supervisor as a priority. Where agreed, a referral to Children’s Social Care must be made on the same day as the disclosure.

•Should the YPCS supervisor not be available within the desired timeframe, the therapist/counsellor will contact the safeguarding lead at YPCS. The Safeguarding Lead is also available for additional consultation, advice, guidance and support should the counsellor require advice, guidance and support should the counsellor require.

•Any disclosure must be logged with the Safeguarding Lead using the relevant form within 24 hours of disclosure. This form will be used for monitoring and statistical reporting by the YPCS.

•Where the concerns are not specifically disclosed by the client but alluded to, the therapist/counsellor will follow the above in discussing the concerns with their supervisor. At all times, they will work to empower the client to seek support and guidance.

# 11. Role of the YPCS Safeguarding Lead

It is recommended that at least one person within any organisation is a safeguarding lead, to advise and lead on safeguarding policy and procedures.

## The nominated Safeguarding Lead should:

•Be someone with authority within the organisation such as a manager or team leader or nominated by a senior manager

•Have a Disclosure and Barring Service (DBS) check

•Have at least two references which have been verified

•Have completed minimum of level 3 safeguarding training delivered by a recognised provider

A deputy should be appointed in the event of absence or sickness of the Safeguarding Lead.

### Responsibilities of the Safeguarding Lead

•All staff should initially discuss any safeguarding concerns with a YPCS Clinical Co ordinator and Safeguarding Lead. The Clinical Co ordinator is available to all staff to provide additional advice or guidance in the absence of the Safeguarding Lead

•To have a higher level of safeguarding training and knowledge designed to fulfil the role

•To ensure that the YPCS safeguarding policy is kept up to date

•To ensure that YPCS comply with safer recruitment and induction procedures

•To advise, guide and support staff in making a referral to Children’s Social Care

•To promote a safe environment for children and young people

• Ensure that the appropriate agencies are informed of relevant concerns about individual children, young people and vulnerable adults

• To be aware of local safeguarding procedures as per Cambridgeshire and Peterborough Safeguarding Partnership Board

• To uphold confidentiality as appropriate, in all individual protection matters

• Make sure that all issues concerning the safety and welfare of children and young people who access YPCS are properly dealt with through policies, procedures and administrative systems.

 • Make sure that all staff are made aware of the procedures and what they should do if they have concerns about a child or young person.

• Receive and record information from anyone who has concerns about a child or young person who accesses YPCS.

• Take the lead on dealing with information that may constitute a safeguarding concern or an allegation about a member of staff or volunteer. This includes assessing and clarifying the information, and taking decisions where necessary in consultation with colleagues, the chair of the trustee’s board and statutory child protection agencies.

# 12. Information Sharing and Data Protection

Sometimes YPCS may need to share information and work in partnership with other agencies when there are concerns about a child’s welfare.

We will ensure that our concerns about children who attend our services are discussed with the child’s parents/carers first, unless we have reason to believe that such a move would be contrary to the child’s welfare.

Promoting young people’s wellbeing and safeguarding them from harm depends upon effective information sharing, collaboration and understanding. Often, it is only when information from a number of sources has been shared and pulled together that it becomes clear that there are concerns or that a child is in need of protection or services.

It is important, of course, to keep a balance between the need to maintain confidentiality and the need to share information to protect others. Decisions to share information must always be based on professional judgement about the safety and wellbeing of the individual and in accordance with legal, ethical and professional obligations.

Professionals can disclose information for the purposes of safeguarding provided that the proposed disclosure meets the public interest test. This test involves weighing up,

(a) the public interest of protecting individual children or vulnerable adults who are potentially at risk of harm, against

(b) the public interest of protecting their confidentiality and privacy, while taking account of the individual’s wishes where these are known.

The disclosure and the reasoning behind the decision to disclose should be documented in the record of the individual and also in an organisational disclosure log.

• Children need particular protection when you are collecting and processing their personal data because they may be less aware of the risks involved.

• If you process children’s personal data then you should think about the need to protect them from the outset, and design your systems and processes with this in mind.

• Compliance with the data protection principles and in particular fairness should be central to all your processing of children’s personal data.

• You need to have a lawful basis for processing a child’s personal data. Consent is one possible lawful basis for processing, but it is not the only option. Sometimes using an alternative basis is more appropriate and provides better protection for the child.

• You should not usually make decisions based solely on automated processing about children if this will have a legal or similarly significant effect on them.

• You should write clear privacy notices for children so that they are able to understand what will happen to their personal data, and what rights they have.

• Children have the same rights as adults over their personal data. These include the rights to access their personal data; request rectification; object to processing and have their personal data erased.

• An individual’s right to erasure is particularly relevant if they gave their consent to processing when they were a child

The GDPR does not represent a fundamental change to many of the rights that children have over their personal data. The Data Protection Act 1998 does not specifically mention children however its provisions apply to them as individuals in their own right. For example, children have the right to request a copy of their personal data under both pieces of legislation and have the right to request that you stop processing their data. Unlike the GDPR, the 1998 Act does not explicitly require that children’s data is protected and does not require that privacy notices must be clear and accessible to a child or tailored specifically for them. Fairness and compliance with data protection principles remain key concepts under the GDPR and should still be central to all processing.

The concept of competence (the child’s capacity to understand the implications of their decisions) remains as valid under the GDPR as under the 1998 Act. If a child is not competent to exercise their own data protection rights or consent to processing themselves then it will usually be in their best interests to allow an individual with parental responsibility to act on their behalf. If a child is competent then the overriding consideration should still be what is in their best interests however, in most cases it should be appropriate to let the child act for themselves.

# 13. Safer Recruitment

YPCS adheres to the principles of safer recruitment. For example,

• safeguarding statements in job descriptions and adverts

• seeking appropriate references (2 minimum, including most recent employer)

• checking ID and professional qualifications

• seeking appropriate DBS checks (formerly CRB)

## DBS Criminal Record Check

There are legal restrictions under safeguarding legislation on who can be involved in working with children and adults at risk. YPCS has a responsibility to:

• make sure that trustees, employees and volunteers are suitable to work with children and adults at risk

•request appropriate checks from the Disclosure and Barring Service where the role is eligible

•check that the individuals are legally able to act in the position

A DBS check is a process for gathering information about an applicant’s criminal history and is an important part in safeguarding. It helps organisations make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

All YPCS staff are required to have a DBS check

It is the responsibility of third parties associated with YPCS to arrange for their staff to have DBS checks. YPCS trustees would need to see this prior to any third party having any contact with children or young people e.g. checking employment history

# 14. Whistleblowing

A culture of open practice underpins effective safeguarding within an organisation. This YPCS whistleblowing policy contributes to the YPCS safeguarding children arrangements by supporting a culture where issues can be raised safely and addressed by the organisation. This may be in relation to an individual’s conduct and practice, illegal activity or a widespread or systemic failure in the provision or management of services to children and adults which places them at risk.

# 15. Professional Boundaries

Maintaining professional boundaries is central to providing safe and quality care for patients. It ensures personal and organisational reputation is maintained, professional standards are upheld and statutory requirements are met.

Staff should be aware that this responsibility extends to conduct on the internet and in the use of communication devices such as mobile phones and tablets.

# 16. Supervision and Support

Safeguarding Children supervision is described as ‘An accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes.’ Providing Effective Supervision (Skills for Care and CWDC 2007)

Regular clinical supervision is available for all clinical staff by YPCS Clinical Co ordinators. Safeguarding supervision is also available on request by any counsellor/therapist from the Safeguarding Lead who has completed the NSPCC Safeguarding Supervision Skills course. YPCS counsellors/therapists may access their own supervision outside of YPCS but safeguarding concerns must always be raised first and foremost with the YPCS Safeguarding Lead and YPCS supervisor.

See Appendix 4 for the process of arranging safeguarding supervision

# 17. Safeguarding Training

In order to safeguard and promote the welfare of children and young people all staff who work at YPCS must have the knowledge and skills to carry out their roles and responsibilities. Regular safeguarding children training is key for this.

The level of training required will be dependent on role.

Therapists/counsellors- Staff are required to complete Level 3 Safeguarding Children training -4hrs minimum every year due to the direct contact they have with children and the need to understand how to recognise, respond and record where there may be safeguarding concerns.

Staff should receive training on induction if they are due for a refresher. If not they are provided with the safeguarding policy and signposted to local procedures e.g. the safeguarding children partnership board so they are aware of local procedures.

 Trustees to have Level 1 safeguarding children training 3 yearly. This should amount to 2 hrs of training every 3 years and can be e learning. Safeguarding Lead to update trustees as needed of any changes to local arrangements, local and national policy etc.

# 18.Ensuring the safety of children within YPCS buildings

All staff members have a responsibility to ensure our buildings and grounds are secure and for reporting concerns that may come to light. Visitors are expected to sign in and out in the office visitors’ signing in book. Any individual who is not known or identifiable will be challenged for clarification and reassurance. Any staff member or therapist should always wear a YPCS badge/lanyard when in a YPCS building.

It is important that all staff who interact with children, including online, continue to look out for signs a child may be at risk.

# 19.Role of Trustees

Trustees are responsible for safeguarding even if certain aspects of the work are delegated to staff. This safeguarding policy is therefore made public via the YPCS website demonstrating to the public the clear commitment YPCS has to safeguarding by publishing the charity’s safeguarding policy. For YPCS Trustees and staff it can be accessed via the charity’s relevant system where all policies are stored. Failure to follow it will be dealt with as a very serious matter.

YPCS Trustees shall safeguard and where appropriate, promote the well-being and welfare of their beneficiaries. Trustees must take reasonable steps to protect their charity’s beneficiaries, staff, volunteers and those connected with the activities of the YPCS from harm. This should be a governance priority for all charities. Any failure by trustees to manage safeguarding risks adequately would be of serious regulatory concern to the Charity Commission.

To comply with legal duties as a charity trustee, YPCS Trustees must responsibly handle all incidents or allegations of abuse and reports of safeguarding risks or procedural failures. Trustees must also make sure that people working in the charity know how to deal with safeguarding issues.

As a trustee, where necessary, reports may be required of safeguarding incidents for the police, social services and other agencies, and where the criteria are met, a serious incident report sent to the Charity Commission.

Failure to report a serious incident that subsequently comes to light would result in the Charity Commission considering any mismanagement, eg where the trustees have failed to manage the risks properly and breached their legal duties. This could prompt regulatory action, particularly if further abuse or damage has arisen following the initial incident.

#### We are committed to reviewing our policy and good practice annually and when there are significant changes in legislation or internal to our organisation. This policy was last updated on: 23.05.23

####  Person responsible for overseeing review: Clare Dhanushan –YPCS Safeguarding Lead

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| DATE |  23.05.23 |   |
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| AUTHOR | CLARE DHANUSHAN | Signature:  |
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| APPROVED BY | ALISON GRAHAM | Signature:Text, letter  Description automatically generated |
|
|
| DATE FOR REVIEW | 23.05.25 |   |

## Appendix 1 - What is Section 11 of the Children Act?

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Which Organisations Does this Affect?

Section 11 places a duty on:

Local authorities and district councils that provide children’s and other types of services, including children’s and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services;

NHS organisations, including the NHS Commissioning Board and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts;

The police, including police and crime commissioners and the chief officer of each police force in England and the Mayor’s Office for Policing and Crime in London;

The British Transport Police;

The Probation Service;

Governors/Directors of Prisons and Young Offender Institutions;

**Voluntary** and private sector organisations;

Early years and child care;

Faith organisations;

Directors of Secure Training Centres; and

Youth Offending Teams/Services

What Should These Organisations Have in Place?

These organisations should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;

A senior board level lead to take leadership responsibility for the organisation’s safeguarding arrangements;

A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;

Arrangements which set out clearly the processes for sharing information, with other professionals and with the Safeguarding Adults and Children Board;

A designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including responding to possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;

Safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;

Appropriate supervision and support for staff, including undertaking safeguarding training:

Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;

Staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child’s safety or welfare; and

All professionals should have regular reviews of their own practice to ensure they improve over time.

Clear policies in line with those from the Local Safeguarding Partnership Board for dealing with allegations against people who work with children. An allegation may relate to a person who works with children who 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 they may pose a risk of harm to children.

If an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring

## Appendix 2- Safeguarding Code of Conduct

#### YPCS has a Safeguarding Code of Conduct, all staff and volunteers, irrespective of their role, are expected to sign this to confirm that they understand and agree to comply with this code. This ensures everyone understands what is acceptable behaviour and young people know what to expect from us. The Code of Conduct forms part of a staff contract of employment.

#### 1. Having a Code of Conduct creates a Safeguarding culture, lessening the possibility of false allegations, and making people more alert to situations of abuse and danger and more able to report concerns and unacceptable behaviour

#### 2. Act Professionally – staff and volunteers must maintain clear professional boundaries between their personal and professional lives (including acting responsibly on the internet and not sharing personal information.) It also includes thinking through actions that might be misinterpreted so that you can prevent them from happening

#### 3. Put children and young people first. Put the safety and welfare of children and young people first

#### 4. Act as a role model and lead by example

#### 5. Respond, Report, Record – whenever you have a concern - If we don’t report suspected abuse or don’t tell the right people, we are effectively leaving a young person at risk, so always report concerns, be proactive in your response to potential abuse.

## Appendix 3

**Cause for Concern Process**

1. Child shares information that therapist believes is a safeguarding concern e.g.
* Physical Abuse
* Emotional Abuse
* Sexual Abuse
* Physical Neglect
* Emotional Neglect
* Domestic Abuse
* Parental Mental Health
* Substance Use (parent or child)
* Criminal Exploitation
* Sexual Exploitation
* Modern slavery
* Peer on peer abuse
* Online abuse
* Criminal activity
* Concerns around Fabricated induced illness
* Sexual behaviours
* Any allegation of harm from a figure of authority
* Inappropriate carer duties
* Thoughts to harm others
* Suicidal ideation

This list is not exhaustive.

There does not need to be a clear disclosure - could be a suggestion of any of the above.

Professional judgement and curiosity should be exercised

These concerns can be current or non-recent.

Concerns do not have to only relate to the child being seen – could also be a sibling or friend

1. Concerns shared with YPCS Clinical Co Ordinator and Safeguarding Lead to single point of access e mail -safeguarding@ypcs.uk.
2. If concerns are significant then please mark as urgent and also phone Clinical Co ordinator to advise of email and share concerns verbally.
3. Concerns recorded in the clinical Charity Log record within 24hrs.
4. Therapist to have advice and support from the Safeguarding Lead ( or Clinical Coordinator in their absence) within 48 hrs.

Appendix 4

Safeguarding Supervision

1. Email sent to Clinical Co Ordinator and Safeguarding Lead sharing safeguarding concern
2. Safeguarding Lead to contact Therapist and either discuss concerns via e mail or arrange a telephone, video call or a face to face contact for safeguarding supervision.
3. The concern may also be discussed with the Therapist’s own supervisor outside of YPCS but the concern should always be highlighted first to YPCS Clinical lead and Safeguarding Lead. Full confidentiality must be maintained when discussing any case with a supervisor outside of YPCS
4. Detail of any safeguarding supervision should be recorded in the Charity Log Clinical record and include a plan