

HEALTH for ALL (LEEDS) SAFEGUARDING CHILDREN POLICY



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HEALTH FOR ALL (LEEDS) SAFEGUARDING CHILDREN POLICY



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1.0 SCOPE

This policy is based on Leeds Safeguarding Children Partnership guidelines.

Health for All (Leeds) (HFA) aims to promote the overall well being and rights of children including their physical, emotional, social and intellectual development.

The organisation will provide an environment in which children and young people are safe from harm and where all suspicions of alleged or actual abuse are promptly and appropriately responded to.

The Chief Executive, Pat McGeever, has overall responsibility for safeguarding children and young people within the organisation.

The organisation will:

- Treat children/young people as individuals ensuring their dignity and respect;
- Promote the safety and protection of children/young people in all activities;
- Organise activities that minimise opportunities for children/young people to suffer harm;
- Make safety and protection the responsibility of all members;
- Adopt and apply safer recruitment practices for all staff.

1.1 Child Protection Awareness

The safety and protection of children/young people attending activities provided or facilitated by Health for All (Leeds) is everyone's responsibility. If someone believes that a child/young person is at risk of significant harm, they should always discuss their concerns with the designated person, Vikrant Bhatia, within each project, usually the Manager/Coordinator.

1.2 Definition of a Child

A Child/children refers to 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 their status or entitlements to services or protection.

2.0 EQUALITY STATEMENT

This policy applies to all Health for All (HFA) employees, volunteers and trustees (who have direct contact with children, young people and families), irrespective of age, race, colour, religion, disability, nationality, ethnic origin, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership.

HFA will ensure that this policy is monitored and evaluated by the Chief Executive, Pat McGeever, and Board of Trustees.

3.0 DEFINING ABUSE & NEGLECT

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 institutional or community setting by those known to them or, more rarely, by a

stranger for example via the internet. They may be abused by an adult or adults, or another child or children.

Abuse in all its forms will not be tolerated by Health for All.

4.0 TYPES OF ABUSE

4.1 Neglect

This 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 misuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food and clothing, shelter including exclusion from home or abandonment,
- protect a child from physical and emotional harm or danger,
- to ensure adequate supervision including the use of inadequate care takers,
- to ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

4.2 Sexual Abuse

This involves grooming or 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 (e.g. rape, buggery or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing and touching outside of clothing and also includes prostitution. They may include non-contact activities such as involving children looking at, or in the production of sexual images or watching sexual activities, or 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 and other children can also commit acts of sexual abuse.

4.3 Emotional Abuse

This is the persistent emotional maltreatment of children 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 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 the child's developmental capability, as well as over protection 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. **It may involve serious bullying (including cyber bullying) 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.**

4.4 Physical Abuse

This 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.

4.5 Bullying/ Cyber/Online abuse

Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.

Cyberbullying can include :

- Sending threatening or abusive text messages
- Creating or sharing embarrassing images or videos
- Trolling – the sending of menacing or upsetting messages on social networks, chat rooms or online games

4.6 Financial and material abuse

Financial and material abuse is a crime. It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes theft, fraud, internet scamming, coercion in relation to an adult's, young carer's or child's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

4.7 Child Trafficking and Modern Day Slavery

A child has been trafficked or enslaved if he or she has been moved within a country, town or city, or across borders whether by force or not, with the purpose of exploiting the child. This may include forced labour such as domestic servitude and forced criminality such as begging or cannabis cultivation. Any form of slavery or trafficking children is abuse. Children are coerced, deceived or forced into the control of others who seek to profit from their exploitation and suffering.

4.8 Child Sexual Exploitation (CSE)

Sexual exploitation of children and young people 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 performing, and/or another or others performing on them, sexual activities.

Child Sexual Exploitation (CSE) can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. 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. (HM Government, 2009).

For more information, see Health for All's CSE policy.

4.9 Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) refers to procedures that intentionally alter, mutilate or cause injury to the female genital organs for non-medical reasons. FGM is medically unnecessary and can have serious health consequences, both at the time it is carried out and in later life.

FGM is prevalent in 28 African countries and areas of the Middle and Far East, but it is increasingly practiced in the UK in communities with larger populations of first generation immigrants, refugees and asylum seekers. It is usually carried out on girls before they reach puberty, but in some cases it is performed on new-born infants or on women before marriage or pregnancy. It is often justified by the belief that it is beneficial for girl or women, but FGM is illegal in the UK and is considered as a criminal offence.

If a practitioner becomes aware of a FGM risk to a child they must contact Children's Services Duty and Advice Team, who may, in partnership with the police undertake appropriate enquiries and also liaise with health services regarding medical assessments.

4.10 Domestic abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse.

It's important to remember domestic abuse:

- can happen inside and outside the home
- can happen over the phone, on the internet and on social networking sites
- can happen in any relationship and can continue even after the relationship has ended
- both men and women can be abused or abusers.

Useful article regarding the impact of domestic violence on children and young people, also referred in references section on page 15:

<https://www.leedscp.org.uk/Practitioners/Training/Domestic-Violence-and-Abuse-Impact-on-Children>

5.0 Prevent Duty Guidance provides guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015

The Prevent Strategy 2011 aims to stop people becoming terrorists or supporting terrorism.

Section 26 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies like local authorities, to have "due regard to the need to prevent people from being drawn into terrorism".

The Prevent Duty became law on the 1st of July 2015. It grew out of the counter terrorism strategy released in 2011 under the coalition government which was called CONTEST and it contained the 4 Ps.

- Pursue: to stop terrorist attacks;
- Prevent: to stop people becoming terrorists or supporting terrorism;
- Protect: to strengthen our protection against a terrorist attack; and
- Prepare: to mitigate the impact of a terrorist attack.

Section 50 'other agencies and organisations' of the duty is the most relevant and it specifies: A range of private and voluntary agencies and organisations provide services or, in some cases, exercise functions in relation to children. The duty applies to those bodies, which include, for example, children's homes and independent fostering agencies and bodies exercising local authority functions whether under voluntary delegation arrangements or via the use of statutory intervention powers. These bodies should ensure they are part of their local authorities' safeguarding arrangements and that staff are aware of and know how to contribute to Prevent-related activity in their area where appropriate.

What should practitioners do? (This information is collated from LSCP one minute guide on Radicalisation and preventing extremism)

Notice : Practitioners should make themselves aware of the factors that might drive somebody towards extremism so they are able to notice them should they present themselves. However, staff using their skill, expertise, and professional judgement is critical is not stigmatising individuals that may display some of the vulnerability factors highlighted

Check : If a practitioner is concerned about an individual who is being drawn towards extremist activity, they should check their concerns with their organisation's safeguarding lead officer (if available) to ensure their concerns are valid and well informed.

Share : where it is recognised that an individual is indeed at risk of radicalisation and involvement of extremist activity, a referral should be made to the local authority's Channel Programme. Also practitioners should share their concerns with the Duty and Advice team and police should be informed as a matter of urgency.

Channel is a multi-agency partnership that develops a proportionate package of support and interventions to draw a vulnerable individual away from becoming radicalised and involved in extremist activity.

Channel in Leeds can be contacted by emailing : prevent@leeds.gov.uk

6.0 THE DESIGNATED PERSON (VIKRANT BHATIA)

Pat McGeever and Vikrant Bhatia are the designated individuals with overall responsibility for safeguarding within the organisation. In the absence of designated persons (Vikrant Bhatia & Pat McGeever), a deputy will be named by the Health for All Chief Executive, Pat McGeever.

Each project will have one Manager/Coordinator who is responsible for taking any necessary action when abuse/concern is seen or alleged. They will also be responsible for recording confidential concerns workers may have about adults or children/young people.

Contact details:-

Pat McGeever – 0113 2706903/07958 666063 – pat.mcgeever@healthforall.org.uk

Vikrant Bhatia – 0113 2774819/07956 077727 – vikrant.bhatia@healthforall.org.uk

7.0 INCIDENT LOG

Any concerns or allegations should be brought to the attention of the Line Manager and the designated person, Vikrant Bhatia, via the incident log (Appendix 1).

- All practitioners or staff should document concerns, facts, allegations and actions in the case record.
- Such concerns must be discussed with the Line Manager/Coordinator.
- If the Line Manager is unavailable, a designated person should be contacted (Vikrant Bhatia or Pat McGeever).
- The Incident Log (Appendix1) must be fully completed, with support from Manager/Coordinator if needed.
- The completed Incident Log must be signed by the practitioner/staff member and Line Manager/Coordinator.
- The original Incident Log must be forwarded to the designated person, Vikrant Bhatia, to ensure that the correct outcome is achieved.
- The Incident Log will be filed in a secure office appropriate to the project office. (Raising Aspirations Office at Tenants Hall and Middleton Family Centre, Young People's and Families Service at Middleton Family Centre, Learning Disabilities Service at Holbeck Youth centre, Healthy Communities Service with the service manager and administrator at Beeston Village Community Centre, HFA Skills Hub and Menspace at Cranmore & Raylands Centre, Bradford Breastfeeding Project at BSB office in Bradford, ACE Project and all other projects – HFA Headquarters).
- A copy of the Incident Log will also be kept in the client record as appropriate.

Whilst it is not the role of individual staff members to investigate allegations, all staff and volunteers must bear in mind that it is their responsibility to take any safeguarding concerns seriously. **A failure to do so could result in disciplinary procedures being implemented against them.**

8.0 MAKING A REQUEST FOR SERVICES OR REFERRAL TO CHILDREN LEEDS CONTACT CENTRE

- The decision to refer to Children's Social Work Service will be made following a discussion between practitioner/staff member and their Line Manager/Coordinator.
- During the current Covid 19 situation if anyone has a concern about child or young person they should act immediately following our safeguarding and child protection procedures.
- The referral is made via the Leeds Duty and Advice Team for Practitioners
Tel. 0113 3760336.
If members of public are concerned about a child – **Tel. 0113 2224403**
- During office hours (9.00am – 5.00pm) call the **Duty & Advice Team** on 0113 376 0336 (option 2) Out of office hours (evenings, weekends and bank holidays) call

the **Children's Emergency Duty Team** (EDT) on 0113 5350600. If you believe a child is in immediate danger and at risk of harm call the police on 999. Adult's EDT can be contacted on tel: 07712 106378 or **01133780644** Email: edt.ss@leeds.gov.uk

- This is followed up usually within 48 hours with a written referral using the request for services or referral form for Children Leeds contact centre.
- A copy of the completed form will be kept in the case files.
- Where a child or family is not supported on a one to one basis and does not have a case file, the form will be kept centrally with management of relevant project team.
- The designated person, Vikrant Bhatia, must be informed of the request for service/referral via the Incident Log.
- The referrer should maintain contact with Children's Social Work Service to ascertain the outcome of their request for service/referral.
- Service users should be told that the concern will be discussed with another staff member and a decision may be made to refer to Children's Social Work Service.
- Once a decision has been made to report a child protection concern to Children's Social Work Service, it is best practice to inform the parent/carers of the referral unless, by doing so, the child or young person will be at risk of further harm.

“While professionals should seek, in general to discuss any concerns with the family and, where possible seek their agreement to making referrals to Local Authority Social Care, this should only be done where such discussion and agreement-seeking will not place a child at increased risk of significant harm.”

(Working Together in Child Protection (2006) 5.16)

NB Parent refers to the person with legal parental responsibility for a child. Parental responsibility continues until a child reaches 18 years of age. Child or children refers to children or young people under the age of 18 years.

8.1 Information required when requesting services from Children Leeds

Safeguarding/child protection referrals must still be made even if all the information required on the form is not known.

- The child's full name and any other names they are known by
- Date of birth
- Address including post code
- Parents /carers names (including any aliases) and dates of birth
- Other members of the family in the household
- Family GP, Health Visitor, School nurse
- Relevant phone numbers
- Child's language and dialect
- School or nursery attended
- Care network of the child, including where the child is, if known
- The nature of the referral – details of the alleged abuse (it may be helpful when reporting physical injuries to make a sketch indicating where the injuries are, including the size, shape and colour)
- Information regarding any disability the child may have and its implications
- Your name and number and where you can be contacted
- If Early Help Assessment has been initiated

If a child discloses abuse, refer to Appendix 5.

9.0 LEGAL FRAMEWORK

The overriding legislation that addresses child protection issues is the Children and Young Person's Act 2004. "The welfare of the child shall be paramount" This principle known as the "paramountcy principle", means that when there is a child protection concern, priority should be given to ensuring the safety and welfare of the child. This may mean that the needs or wishes of adults are overridden.

It is important to work in partnership with parents/carers of the children but in the final analysis, the welfare of the child must always come first.

10.0 CONSENT, CONFIDENTIALITY AND INFORMATION SHARING

10.1 Consent

The issue about whether or not to seek the consent from parents/carers regarding sharing information about their child to another agency or professional must be governed by whether or not the child is at risk of significant harm.

10.2 Confidentiality

Confidentiality is **not** absolute. Information can be disclosed without consent in certain circumstances. One of those situations is if disclosure is justified in the wider public interest. Further protection is given following disclosure, by limiting the availability of the information and allowing access by individuals or groups on a strictly "need to know" basis.

10.3 Sharing Information

Following a child protection referral to Children's Social Work Service, or where "a cause for concern" is identified, this information should be shared, on a "needs to know basis" with other professionals/agencies, (within and outside the organisation) working with the child/young person and family. Please refer to appendix 6 for guidance on information sharing

11.0 RECRUITMENT AND EXCLUSION OF KNOWN ABUSERS

HFA will make every effort not to employ anyone who has, or allegedly has, abused children or young people.

All new staff will only be offered substantive posts subject to positive vetting via the Disclosure & Barring Service. If this discloses any convictions in connection with safeguarding, potential employees will have job offers withdrawn and staff already in post will be dismissed with immediate effect.

Any staff member undergoing police investigations in connection with safeguarding allegations will be suspended on full pay until such investigations are concluded. If a conviction results, employment will be terminated.

Volunteers and trustees will be treated in the same way as staff in substantive posts.

11.1 Recruitment process

- All applicants, whether paid or voluntary, will be subject to an interview to assess their suitability to work for the organisation.
- It will be made clear to all applicants for all posts within the organisation are exempt from the Rehabilitation of Offenders Act 1974.
- Every interview panel will include at least one person who has undertaken “Safer Recruitment” training provided by Leeds Safeguarding Children Partnership.
- All applicants, whether paid or voluntary will be subject to enhanced DBS checks prior to commencement of employment.
- In cases where applicants have unexplained gaps in their employment, or there is a history of frequent moves between jobs, explanations will be sought.
- All staff, both paid and voluntary, will be subject to a 6 month probationary period. Positions will not be confirmed as permanent until the organisation is confident that staff members are considered safe and suitable to work with children and young people.
- All commissioned workers (e.g. trainers) will be required to produce current DBS check and their professional testimonials to ensure their suitability to deliver their services.
- Despite the Covid 19 Pandemic restrictions, safer recruitment principles will be followed at all times.

11.2 Staff References

- All applicants will be requested to provide two referees who will be contacted to provide written references prior to employment.
- References will be closely examined by the appropriate Line manager and any queries discussed with the referee prior to job offer.

12.0 TRAINING AND DEVELOPMENT

HFA will facilitate training opportunities for all paid and voluntary staff within the organisation. Priority will be given to those staff groups who work with children and families on a regular basis, to ensure that they recognise the signs of possible abuse and neglect and are able to report those concerns in Line with this policy and Local Safeguarding Children Board guidelines.

Type of training	Staff
Introduction to Working Together to Safeguard Children and Young People	New staff as part of induction. All other staff including volunteers Refresher training to be attended every 3 years During the Covid 19 situation this course is also available online via Leeds Safeguarding Children’s Partnership website - www.leedsscp.org.uk/Home
Working Together to Safeguard Children and Young People	Staff groups, who are involved in assessments of need, attend child protection conferences, Early Help Assessment meetings (previously known as Common Assessment Framework in Leeds) or other relevant meetings. Refresher training to be attended every 3 years
Additional and specialist Training	Staff groups identified by Managers/Coordinators

Safer Recruitment	All relevant staff who will be involved in recruitment.
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13.0 BOARD OF TRUSTEES

The Board of Trustees has the responsibility to ensure that:

- There is a designated person, Vikrant Bhatia, for Safeguarding issues. For HFA this is the Chief Executive, Pat McGeever. In the absence of the Chief Executive, Pat McGeever, the Chairperson, Dr Raj Menon takes on this responsibility;
- All staff and volunteers undertake Safeguarding Training relevant to the role;
- All staff and volunteers access supervision relevant to the post.

14.0 SUPERVISION

- All staff with a case load of children, young people and families will receive one to one or group peer supervision as appropriate.
- Staff that do not have a case load will receive group supervision if required (maximum 5 per group)
- Ad hoc supervision can be accessed as required.
- Supervision will be provided by trained supervisors.
- A record of supervision will be logged in the case notes.
- Safeguarding supervisors will also receive supervision on their supervision
- All supervision will be audited by the organisation on a yearly basis.
- It is the responsibility of the supervisor to ensure any important issues raised in supervision are dealt with in appropriate manner

15.0 PROFESSIONAL RELATIONSHIPS/DUTY OF CARE

Staff must be aware of professional boundaries between supporting children, young people and families and becoming personally involved. Such involvement could impact on their judgement in safeguarding situations.

Staff members are in a position of trust and responsibility and this should not be compromised under any circumstances. If any staff member feels that their relationship with a particular client/service user is becoming unprofessional, they should discuss this with their Manager.

If any staff member or volunteer becomes aware of any unprofessional or inappropriate relationships they must inform their Line Managers (refer to Whistle Blowing Policy).

16.0 WHEN STAFF, VOLUNTEERS OR TRUSTEES ARE SUSPECTED OF ABUSING CHILDREN (allegations against staff)

All staff including volunteers and trustees should:

- Adopt a “whistle blowing approach” in line with the organisation’s ‘Hearing Staff Concerns’ policy, if they suspect any form of abuse of children including taking / circulating photographs / images of children by a staff member, volunteer or trustee;
- Report their concerns immediately to the designated safeguarding children person (Pat McGeever and Vikrant Bhatia).

Failure to report suspicions or actual facts could be seen as collusion and a failure in your duty of care. This could result in disciplinary procedures being instigated by the organisation.

If there are concerns about staff who work with children or young people, it is likely that the Local Authority Designated Officer (LADO) will be involved, to ensure all allegations and concerns about practitioners working with children are responded to appropriately.

The LADO works within Children’s Services and should be alerted to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against children, or related to a child, or
- behaved towards a child or children in a way that indicates s/he may pose a risk to children. (Working Together 2015)
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The Local Authority Designated Officers in Leeds can be contacted Monday to Friday on: 0113 3789687

Between them they operate a duty system for LADO Notifications.

If you think that a professional has harmed a child:

1. Request a notification form from LADO@leeds.gov.uk
2. Email the completed form to LADO@leeds.gov.uk

If you would like to discuss your concerns or are unclear about the criteria call the Local Authority Designated Officers, Monday to Friday on: 0113 3789687.

See the LADO information on LSCP website.

<https://www.leedsscp.org.uk/Practitioners/Managing-allegations>

17.0 GOOD PRACTICE GUIDELINES - SAFEGUARDING CHILDREN (Children and Young People in this case)

All staff must have access to their Local Safeguarding Children Procedures, and all staff must be aware of these procedures and adhere to them; these are:

West Yorkshire Procedures: <https://westyorkscb.proceduresonline.com/contents.html>

17.1 Group situations

- Staff will not be left alone for long periods with individual children or small groups. A staff member who needs to take a child aside – for example, for time out for behaviour issues, will choose a suitable place within the same room.
- A minimum of two staff, wherever possible, will work together with groups of children or young people.
- The layout within our activity venues will permit constant supervision of all children and the staff working with them.
- Children will be encouraged to develop a sense of autonomy and independence through staff support in making choices about their care and safeguarding.
- Risk assessment to be carried out where appropriate

17.2 One to one situations

Staff will only be left alone with children when they are undertaking one to one work.

To safeguard both children and staff, the following guidance must be followed:

- One to one work must be undertaken in premises where there are other people in the building i.e. any Health for All premises, school, children's centre, client's home, health centre etc.
- **It is good practice not to undertake one to one session if staff are alone with the child in any venue.**
- Staff must inform their project Coordinator/Manager of all one to one sessions and these must be included into the weekly timetable/time sheet.
- Prior to the start of the session, the worker must contact the Project Coordinator to confirm that the session is going ahead; how long it will last; and when they will be expected to return to the office/go home if at the end of the working.
- If during a visit you feel uncomfortable at any time, you should leave and report this to your Line Manager. Complete incident form.
- If the worker is not returning to base then the Coordinator must be given a reason for this.
- On completion of the one to one session, the worker must contact the Coordinator/Manager informing him/her that the session is over. If the Coordinator is unavailable then a message must be left.

17.3 Transporting children and young people

On the grounds of safeguarding children, health and safety, and litigation, staff and/or volunteers should never under any circumstances transport unaccompanied children and young people in their own vehicles without permission from line manager and parents. General principle will be to not to transport children and young people in their own vehicle unless there is an emergency or unforeseen circumstance.

17.4 Photography / Visual Records

Photographs of children and young people and families may be considered as personal data as defined by the GDPR (General Data Protection Regulation 2018), if any individual can be identified from the photograph/image.

Permission should always be sought from parents, carers, children and young people (who are deemed Fraser competent) before photographs/images are taken and displayed in any form.

17.5 Mobile Phones

Staff and volunteers must not, under any circumstances, use personal mobile phones to take or circulate photographs of children or young people they are working with.

17.6 Social Networking Websites

All staff and volunteers that use social networking websites must not, under any circumstances, release or discuss any images or aspects of work relating to children and families as this may have safeguarding implications.

17.7 Use of internet at work

Staff (including volunteers and trustees) are responsible for using the internet, social media and email in an efficient, effective, responsible, ethical and lawful manner. (Refer to Health for All's internet and email policy)

17.8 Impact of Covid 19

Staff should continue to follow government guidance at all times. Although day-to-day working arrangements are different and many staff are working from home, the key principles of Health for All's safeguarding and child protection remains the same. As and when staff return to work please refer to Health for All's health and safety policy and risk assessment for our offices and centres. Staff should also refer to Addendum relating to 'Impact of Coronavirus – Safeguarding Children's Policy'.

REFERENCES

Children Act 1989, HMSO, 1989

Children Act 2004, HMSO, 2004

Child Protection: Messages from Research, HMSO, London 1995

Leeds Safeguarding Children Partnership website - Procedures (West Yorkshire Consortium Procedures Manual – Calderdale, Kirklees, Leeds and Wakefield District Safeguarding Children Boards)

Working Together in Child Protection (2006)

Working Together to Safeguard Children: HMSO, London March 2010

Health for All Internet and Email policy 2012

Health for All Hearing Staff Concerns – “Whistle Blowing” policy 2012

Working Together to Safeguard Children, HM Government, March 2013

Working Together to Safeguard Children, HM Government, March 2015

Changes to Statutory Guidance : Working Together to Safeguard Children; and new regulations. Government consultation response, February 2018

Health For All Safeguarding Adults At Risk policy August 2016

Health For All Domestic Violence Policy 2015

Health For All Health & Safety Policy 2017

Health For All Covid Risk Assessment for all centres 2020

<https://www.leedsscp.org.uk/Practitioners/Training/Domestic-Violence-and-Abuse-Impact-on-Children>

Addendum – HFA Safeguarding Children’s Policy (Response to Covid-19) 2020

Appendix 1 - Incident Log

Health for All (Leeds)
 Tenants Hall Enterprise Centre, Acre Close, Middleton, Leeds LS10 4HX
 Tel 0113 2706903 Fax 0113 2725104



Incident form

Name of child	Address	DOB	Venue/Group	Date
Nature of incident/concern including relevant background (record child's word verbatim if possible)				
Signed..... Worker	Signed..... Worker	Signed..... Manager/Coordinator / Team Leader		
Action taken:				
Outcome:				
Signed..... Designated Senior Manager	Contact details			

Appendix 2

WHAT TO DO IF A CHILD/YOUNG PERSON DISCLOSES ABUSE TO YOU

1	Stay calm.
2	Do not transmit shock, anger or embarrassment.
3	Reassure the child /young person.
4	Believe the child/young person, and tell them that you believe them. (Children very rarely lie about abuse; they may have tried to tell others about it and not been heard or believed)
5	Tell them that you know that it is not their fault.
6	Never enter into a pact of secrecy with the child/young person. Assure them that you will try to help, but let them know that you will try to help and have to tell other people in order to do this.
7	Encourage the child/young person to talk, but do not ask “leading questions” or press for information. Listen and remember what they tell you.
8	Check that you have understood correctly what the child/young person is trying to tell you.
9	Check that you have understood correctly what the child/young person is trying to tell you.
10	Be non – judgemental.
11	Do not comment on the alleged offender or on their morality – it may be someone the child/young person loves.
12	Be aware that the child/young person may try to retract all they have told you.
13	As soon as you can, make a detailed record of the conversation using the child’s/young person’s own language, including any questions you have asked.
14	Do not add comments or opinion.
15	Discuss concerns with Line Manager/Coordinator or safeguarding lead.
16	Complete Incident Log.
17	Refer to Children’s Social Work Service using Request for Services/ Referral Form. Also Report the incident to LADO (Local Authority Designated Officer) if necessary.

Appendix 3

GUIDANCE ON INFORMATION SHARING FOR STAFF

- 1. Stay Calm**
- 2. Do not transmit shock, anger or embarrassment**
- 3. Please refer to seven golden rules of information sharing (Extract from HM Government Information Sharing : Guidance for practioners and managers) - see Appendix 6a attached.**
- 4. Data Protection Act is not a barrier to information sharing but provides a framework to ensure that personal information is shared appropriately**
- 5. Seek advice from your line manager**
- 6. Consider safety and wellbeing of the person and others who may be affected by their actions**
- 7. Keep a record of your decision and the reasons for it – whether it is to share information or not**
- 8. Please bring this to the attention of named safeguarding lead if you decide to make a request for service to Children’s Social Work Service / Adult Social Work Service / Police**
- 9. Complete appropriate incident log as advised by the named safeguarding lead**

Appendix 4

Seven golden rules for information sharing

- 1. Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- 2. Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 3. Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- 4. Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- 5. Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- 6. Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- 7. Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

DCSF, 2008, Information Sharing: Pocket Guide

Appendix 5

How we respond to the needs of Children and Families

It is everybody's responsibility to assess those children and young people they come into contact with, and where a need is identified to respond early by holding conversations within and between

- Universal
- Targeted and
- Specialist Services

to identify how those needs are met collectively.

As children's needs are met and concerns are reduced, we continue these conversations in order to provide appropriate support for the child and their family until that support is no longer required.

Working Together to Safeguard Children (2013)
government guidance states:

'If at any time it is considered that the child may be a child in need as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any professional.'

If you are concerned that this is the case for any child you are working with,
you MUST call the Duty and Advice Team

tel: 0113 3760336 (out of hours 0113 2409536)



Always consider the need for consent

	Examples of Services provided	Conversation Opportunities	Who will help me start the conversation?
Universal Services	<ul style="list-style-type: none"> • Midwifery • GP • Health Visiting • School Nursing • Schools (primary, secondary and higher education) • Early Years provision • Youth Services • Children's Centres • Careers Advice 	<ul style="list-style-type: none"> • Line manager • Own agency practitioners • Own agency Safeguarding Lead • Other universal agencies 	<p><u>Family Information Service</u></p> <p>Freephone: 0800 7310640</p> <p>Will be able to advise you of how to contact professionals within Universal Services</p>
Cluster Based Targeted Services	<ul style="list-style-type: none"> • Family Intervention and Support Services • Attendance Advisors • Targeted Mental Health Services • Youth Offending Service • Speech and Language • Area Inclusion Partnerships • Behaviour Support • Short Breaks and activities for children and young people with disabilities. 	<p>Would include those above and:</p> <ul style="list-style-type: none"> • Cluster Managers • Targeted Service Leaders • Cluster based groups • Integrated Processes Officers • Scope 	<p>Integrated Processes Team Tel: 0113 2476830</p> <p>Will advise you of who to contact in clusters and Targeted Services</p>
Specialist Services	<ul style="list-style-type: none"> • Children's Social Work Service (Child in Need, Child Protection and Looked after Children and Care Leavers) • Specialist Health Services including Continuing Care and Child & Adolescent Mental Health Service Tier 3 and 4 • Complex Needs Service. • Multi-Systemic Therapy Service 	<p>Would include those above and:</p> <ul style="list-style-type: none"> • Duty and Advice Team • Multi-agency practitioner meetings (e.g. Core Group meetings) • Allocated Social Worker • Specialist health workers • Complex Needs Service 	<p>Duty and Advice Team Tel: 0113 3760336 (out of hours 0113 2409536)</p> <p>Will discuss your concerns and advise the most appropriate course of action. This may include accepting a referral, signposting to specialist services or recommending an Early Help Assessment and support to be met in clusters</p>