



**HEALTH FOR ALL (LEEDS) LRD**  
**SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY**

<b>Author</b>	Policy Sub Group, Health for All (Leeds) Ltd
<b>Designated Safeguarding Leads</b>	Pat McGeever Richard Weaver Shaun Pilkington Rachel Duxbury
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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 wellbeing and rights of children including their physical, emotional, social and intellectual development.

HFA 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.

Health for All 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.

Health for All will take all reasonable steps to protect children and young people from neglect and physical, sexual or emotional harm.

All staff, volunteers and trustees will, at all times show respect for and understanding of the rights, safety and welfare of the children and young people accessing our services, and conduct themselves in a professional manner at all times.

The safety and protection of children/young people attending activities provided or facilitated by HFA is everyone's responsibility. If someone believes that a child/young person is at risk of significant harm, they should always discuss their concerns initially with their manager and if appropriate followed up with a designated safeguarding lead.

This policy and procedures have been produced in line with the Children Act 1989 & 2004, and in accordance with Working Together to Safeguard Children 2018.

### **1.1 Aims of the Policy**

The aim of the policy is to outline the practice and procedures for all staff, volunteers and trustees within HFA, in order to safeguard and promote the welfare of children and young people accessing our services and activities.

### **1.2 Definition of a Child**

This Policy related to children and young people under the age of 18. A Child / Children refers to anyone who has not yet reached their 18<sup>th</sup> 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 LEGAL FRAMEWORK**

The overriding legislation that addresses child protection issues is the Children and Young Person's Act 2004, as amended by the Children and Social Work Act 2017.

Everyone who comes into contact with children and families has a role to play. Safeguarding and promoting the welfare of children is:

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

"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.

### **4.0 CONSENT, CONFIDENTIALITY AND INFORMATION SHARING**

#### **4.1 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.

#### **4.2 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.

#### **4.3 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

### **5.0 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, 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.

## **5.1 Types of Abuse**

Abuse occurs when a child or young person has suffered harm, or is at significant risk of or suffering from ill treatment or impairment of development, by any person. There are different types of abuse, which may include the following:

### **5.2 Neglect**

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

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

### **5.3 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 (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.

### **5.4 Emotional Abuse**

Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development It may involve:

- Conveying to children that they are worthless or unloved, inadequate.
- Valued only insofar as they meet the needs of another person
- Not giving the child opportunities to express their views
- Deliberately silencing them or making fun of what they say or how they communicate
- Age or developmentally inappropriate expectations being imposed on a child.
- Interactions that are beyond the child's developmental capability
- Over protection and limitation of exploration and learning
- Preventing the child to participate in normal social interaction.
- A child seeing or hearing the ill treatment of another.
- Serious bullying (including cyber bullying)
- Causing a child to feel frightened or in danger
- 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.

## **5.5 Physical Abuse**

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.

## **5.6 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.

## **5.7 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.

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

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person into sexual activity in exchange for something the victim needs or wants, and or financial advantage or increased status of the perpetrator or facilitator.

Child Sexual Exploitation 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.

## **5.9 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.

## 5.10 Extremism

Extremism goes beyond terrorism and includes people who target the vulnerable including children and young people by seeking to sow a division between communities on the basis of faith, race or denomination.

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 aims to stop people becoming terrorists or supporting terrorism. The overall aim is to reduce the risk from terrorism to the UK, so that people can go about their lives freely and with confidence by:

- 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.

If you notice a change in an individual that could make them vulnerable to being exploited or radicalised, check your concern with your manager and a designated safeguard lead and if there is a genuine concern about radicalisation, they should share this with the Prevent Team who could advise you to make a referral to the Channel Programme. You may be asked to complete a referral form so that they can support the person you're worried about; phone 0113 535 0810 (Monday to Friday, 8am to 4pm) or email: [prevent@leeds.gov.uk](mailto:prevent@leeds.gov.uk)

Please see further guidance: - [One-minute guide - Radicalisation and preventing extremism](#)

## 5.11 County Lines

A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more areas. Children and young people are likely to become victims of county lines abuse they will often use coercion, intimidation, violence (including sexual) and weapons.

## 5.12 Discriminatory Abuse

Discriminatory abuse includes racist, religious, sexist, homophobic and disablist

## 6.0 INDICATIONS OF ABUSE

There are certain signs of abuse, both in a child's or young person's appearance and behaviour, which may alert an individual to the possibility of abuse. Some of these signs are common to all types of abuse and others are more specific. Knowing the signs is essential for recognising a real or potential problem. However, the presence of any one sign itself may not necessarily mean abuse is occurring. A person who is being abused may not show any obvious signs, all concerns should be acted upon following the correct procedure.

Indications that a child or young person may be being abused include:

- Unexplained or suspicious injuries such as bruising, cuts, burns
- An injury for which the explanation seems inconsistent
- The child or young person describes what appears to be abusive
- Unexplained changes in behaviour or emotions
- Becoming very quiet or withdrawn, or displaying temper outburst
- Inappropriate sexual awareness

- Engaging in sexually explicit behaviour
- Distrust of adults
- Difficulty making friends
- Uncharacteristic eating disorders, depression and suicide attempts
- The child or young person may become withdrawn, depressed, low self esteem and lack of confidence.

## 7.0 SAFEGUARDING PROCEDURES

### 7.1 Designated Safeguarding Lead

Richard Weaver, Shaun Pilkington and Rachel Duxbury are the designated individuals with responsibility for safeguarding within Health for All. Pat McGeever has overall responsibility of safeguarding within Health for All.

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

The role of the designated persons is to ensure:

- HFA Safeguarding policy and procedures are followed
- Ensure they know and staff know how to deal with a safeguarding concern
- Act as a source of advice and seek further advice from professionals and the governing bodies when required
- Ensure that appropriate records are kept and is kept safely and securely
- Ensure information which needs to be shared is shared only to the appropriate persons.

#### Contact details for the Designated persons:

**Pat McGeever** – 07958 666063 – [pat.mcgeevever@healthforall.org.uk](mailto:pat.mcgeevever@healthforall.org.uk)

**Richard Weaver**– 07958 100383 - [richard.weaver@healthforall.org.uk](mailto:richard.weaver@healthforall.org.uk)

**Shaun Pilkington** - 07377347470 [shaun.pilkington@healthforall.org.uk](mailto:shaun.pilkington@healthforall.org.uk)

**Rachel Duxbury** – 07903 174154 - [Rachel.duxbury@healthforall.org.uk](mailto:Rachel.duxbury@healthforall.org.uk)

### 7.2 Logging an Incident

Any concerns or allegations should be brought to the attention of your Line Manager and one of the named designated persons, via the incident log (Appendix 1).

- All practitioners or staff should document concerns, facts, allegations and actions
- Such concerns must be discussed with the Line Manager/Coordinator.
- If the Line Manager is unavailable, a designated person should be contacted.
- 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, to ensure that the correct outcome is achieved.



- The Incident Log will be filed in a secure office appropriate to the project office.

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.**

### 7.3 Making a request for services or referral

#### **For Leeds**

- 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 any pandemic 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**. (Monday to Friday 9am to 5pm, except Wednesdays when we're open from 10am).
- If members of the public are concerned about a child you can call Children's Social Work Services on **0113 222 4403** (Monday to Friday 9am to 5pm, except Wednesdays open from 10am).

#### **Out of office hours Leeds**

If the issue can't wait until the next working day, please contact the Children's Emergency Duty Team (EDT) on **0113 535 0600** and provide us with as much information as possible.

If you believe a child is in immediate danger and at risk of harm call the police on 999.

#### **For Bradford**

- 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 any pandemic 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 during office hours to the Children's Social Care Initial Contact Point on **01274 435600 (Monday – Thursday 8.30am – 5pm and Fridays 8.30am – 4.30pm)**. or [LADO@bradford.gov.uk](mailto:LADO@bradford.gov.uk)

#### **Out of office hours Bradford**

If you feel your concern requires an urgent out of hours response, contact the Emergency Duty Team direct on **01274 435400**. The Emergency Duty Team (EDT) provides out of hours cover for all Social Care emergencies within the Bradford Metropolitan District on **01274 431010**.

NB: If you believe a child is at immediate risk call **999**

- 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.
- One of the designated persons, 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 (2018))

**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.

#### **7.4 Information required when requesting services from Children Leeds or Bradford Children’s Services**

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

**Below is a list of information that will be required when completing a referral**

- 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.**

### **8.0 STAFF AND VOLUNTEER RECRUITMENT AND SELECTION**

Health for All recognises that anyone may have the potential to abuse children and young people in some way and that all necessary steps are taken to ensure unsuitable people are prevented from Working with them.

Health for all 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 role.

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

Due to Health for All’s work with children and young people all staff and volunteer applicants are

required to disclose all previous criminal convictions. Any information provided is treated in the strictest confidence.

Before commencing employment and part of the recruitment process all staff are required to complete a criminal record check 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.

All staff, volunteers and trustees are required to undergo this process every 3 years.

### **8.1 Recruitment Process**

- All applicants are required to complete an application form to assess the candidate's suitability for the role. This makes it easier to compare the experience of candidates and helps to get all of the important information needed.
- It is made clear in the recruitment pack that we have a commitment to safeguarding and protecting children
- All applicants, whether paid or voluntary, will be subject to an interview with pre-planned and clear questions to assess their suitability to work for Health for All.
- All candidates are asked to bring photographic ID to prove their identity.
- Every interview panel will include at least one person who has undertaken "Safer Recruitment" training within the last 3 years.
- All applicants, whether paid or voluntary will be subject to a DBS check 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.
- If the role requires qualifications evidence of this is 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.
- If a DBS disclosure reveals a criminal record, this will not automatically ban the person from working at Health for All, this will be discussed with the applicant and take into consideration the circumstances of the offence, type of offence, when committed, and assess fairly to ensure fair appointment and selection.
- During any disruption to normal services or restrictions to normal working practices, safer recruitment principles will be followed at all times.

### **8.2 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 sent from the Human Resources Department and closely examined by the appropriate Line manager and signed off once happy and any queries discussed with the referee prior to job offer.

## **9.0 TRAINING AND DEVELOPMENT**

Health for All will ensure that all staff employed by Health for All and volunteers will have at least attended a level 1 in safeguarding children.

Additional specialist training will be given to staff directly working with children and young people.

Safeguarding Children & Young People Refresher Training will be completed every 3 years following completion of Introduction to Safeguarding Children Training.

Anyone responsible or involved in recruitment within Health for All will attend the Safer Recruitment Awareness training.

All employees will have regular supervision where they have the opportunity to discuss any safeguarding issues or concerns. All supervision will be logged in the individuals file

## **10.0 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).

## **11.0 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 leads.
- 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 Health for All.

The Local Authority Designated Officer (LADO) is the person who should be notified when it has been alleged that a professional or volunteer who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates she or he may pose a risk of harm to children
- behaved or may have behaved in a way that indicated they may not be suitable to work with children

## **For Leeds**

A notification will be accepted by the LADO if it meets the criteria set out above. The notification form can be accessed by contacting the LADO service at: [LADO@leeds.gov.uk](mailto:LADO@leeds.gov.uk)

or by calling 0113 378 9687.

For LADO information please refer to the following link for guidance:

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

## **For Bradford**

A notification will be accepted by the LADO in Bradford if it meets the criteria set out above. The notification form can be accessed by contacting the LADO service at: [LADO@bradford.gov.uk](mailto:LADO@bradford.gov.uk) or by calling 01274 435600

For LADO Bradford referral form and guidance please use the following link:

<https://www.saferbradford.co.uk/> and scroll down to the documents section at the bottom of the webpage.

## **12.0 GOOD PRACTICE GUIDELINES**

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

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

Leeds Local Protocols: <https://www.leedsscp.org.uk/Practitioners/Local-protocols>

Bradford Local Protocols: <https://www.saferbradford.co.uk/children>

### **12.1 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

### **12.2 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.

### **12.3 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.

### **12.4 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.

Consent 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.

### **12.5 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.

### **12.6 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.

### **12.7 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)

### **13.0 IMPACT OF COVID 19**

All staff and volunteers should continue to follow government guidance at all times.

**APPENDIX 1 – INCIDENT LOG**

Name of child	Address of child	D.O.B	Venue / Group	Date
<p><b>Nature of the incident / concern including relevant background (record the child’s word verbatim if possible)</b></p>				
Name of Worker	Signature of worker	Name of Manger	Signature of Manager	
<p>Action Taken:</p>				
<p>Outcome:</p>				
Name of Designated Safeguarding lead reported to	Signature of Designated Lead	Contact Details		

Health for All (Leeds) Ltd, Tenants Hall Enterprise Centre, Acre Close, Middleton. Leeds, LS10 4HX

Telephone: 0113 2706903

## APPENDIX 2 - WHAT TO DO IF A CHILD OR YOUNG PERSON DISCLOSES ABUSE

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 – RULES TO SHARING INFORMATION**

1. Remember that the General Data Protection Regulation (GDPR) is not a barrier to justified information sharing, but a framework to ensure that Personal information is shared appropriately.
2. Be open and honest with the individual (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 unsafe or inappropriate.
3. Seek advice from other practitioners or safeguarding leads.
4. Where possible share information with consent.
5. Consider safety and wellbeing; base your information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected.
6. Ensure it is necessary, proportionate, relevant, adequate, accurate, timely and secure and necessary for the purpose and only shared with those who need the information.
7. Keep a record of your decisions and reasons for sharing or not, if you decide to share record what and whom with and for what.

