



Libertatem Healthcare Group

Safeguarding Children Policy and Procedure

Notice to employees using a paper copy of this policy
The company Policies folder on the shared drive holds the most recent version of this document and all employees must ensure that they are using the most recent guidance.

Document Control

Document Name	Safeguarding Children Policy
Author	Karen Hodgkinson
Purpose	Libertatem Healthcare Group have a duty as outlined in the Children's Act (2004) to make arrangements to safeguard and promote the welfare of children and young people, and to co-operate with other agencies to protect individual children and young people from harm. This document provides the policy and procedure for all staff in managing concerns raised involving children.
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V2.0	25.06.2019	Karen Hodgkinson	Amended to reflect legislative changes advised in Working Together to safeguard Children 2018 and GDPR and Data Protection 2018

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Introduction

As acknowledged in Working Together to Safeguard Children (2018) Libertatem Healthcare Group recognises that safeguarding of children is everyone's responsibility.

For services to be effective each professional and organisation must play their full part by ensuring implementation of a child-centred approach and for these services to be effective they should be based on a clear understanding of the needs and views of children.

Libertatem Healthcare Group acknowledge that all individuals working in healthcare have a duty outlined in the Children's Act (1989 & 2004) to make arrangements to safeguard and promote the welfare of children and young people, and to co-operate with other agencies to protect individual children and young people from harm. Libertatem Healthcare Group recognise that children may be vulnerable to neglect and abuse or 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, we should put the needs of children first when determining what action to take.

All staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding issues, including child protection. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carers health or behaviour. To fulfil these responsibilities, it is the duty of Libertatem Healthcare Group to ensure that all our employees have access to appropriate safeguarding training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and information sharing.

Children have said that they need

- **Vigilance:** to have adults notice when things are troubling them
- **Understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon
- **Stability:** to be able to develop an on-going stable relationship of trust with those helping them
- **Respect:** to be treated with the expectation that they are competent rather than not
- **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans
- **Explanation:** to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- **Support:** to be provided with support in their own right as well as a member of their family
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views (From Working Together to Safeguard Children 2015).

Scope

This policy applies to all employees of Libertatem Healthcare Group.

Purpose

This Policy has been developed to ensure that any child who may be deemed at risk is afforded adequate care and protection during their care. This policy therefore defines what constitutes "at risk" and outlines how their care should be managed. It provides staff with access to information about the process and procedures to be followed to ensure that incidents of abuse, or potential abuse, are identified and investigated and the appropriate action is taken.

Duties / Responsibilities

The Board of Directors

The Directors are responsible for ensuring that safe working systems are in place for staff working with children and families and staff working with adults who have children in their care, and adults who have contact with children.

The Board has a responsibility to oversee this policy and ensure that appropriate processes and actions are in place to ensure prompt referral and action can be undertaken in raising safeguarding concerns. The board will ensure that through strong leadership there will be an organisational culture in which a child-centred and coordinated approach to safeguarding will be embedded.

The Clinical Director or their appointed deputy is responsible for ensuring that all relevant referrals are made to the appropriate authorities, this may include Care Quality Commission, the Local Authority Designated Officer, Duty Social worker and the Police.

Managers

Managers are responsible for ensuring that all staff are made aware of their roles and responsibilities in relation to this policy. They must ensure that all staff have read the policy and are aware of what actions they need to take. They must identify any additional training and support needs required by their staff to enable them to perform their duties as defined in this policy. They will monitor staff awareness of their roles in relation to this policy through ongoing supervision. They will ensure adherence to disciplinary procedures, complaints and incident reporting in relation to safeguarding.

Employees

All staff should actively safeguard and promote the welfare of children

All staff, including those providing services to adults with children, need to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.

All staff should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
- has returned home to their family from care and/or
- is showing early signs of abuse and/or neglect

Concerns that children are at risk of, or suffering from, child abuse or neglect **must** be discussed with a senior member of staff at the earliest opportunity. Reasons for the concern and actions taken should be documented in the incident report log

All employees must undertake mandatory safeguarding training and ensure that this is complete within the specified time frame.

Definition of a child

A Child: as defined 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

Definitions of categories of abuse: (HM Government, 2015)

- **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 or deliberately induces illness in a child.
- **Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to 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 and young people. These may include interactions that are beyond the child's 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. It may involve serious bullying (including cyber bullying), causing children and young people to feel frequently frightened or in danger, or the exploitation or corruption of children and young people. Some level of emotional abuse is involved in all types of maltreatment of a child though 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 include 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 involve non-contact activities such as involving children and young people in looking at, or in the production of sexual images, watching sexual activities, encouraging children and young people 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 and young people.
- **Neglect** is the persistent failure to meet a child's basic physical and /or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to;

- Provide adequate food, 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);
- Ensure access to appropriate medical care or treatment
- It may also include neglect of or unresponsiveness to a child's basic emotional needs

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is a procedure where the female genital organs are deliberately cut or injured, but where there is no medical reason for this to be done. FGM can be carried out on girls of all ages but may be more common between the ages of 5 and 10.

Types of Female Genital Mutilation

FGM is classified into four major types. The World Health Organisation definitions are:

Type 1: Clitoridectomy: partial or total removal of the clitoris

Type 2: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina)

Type 3: Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris

Type 4: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act, 2003 (as amended by the Serious Crime Act, 2015) which requires all regulated healthcare professionals to report FGM in a girl under 18, either through disclosure by the victim or relative and/or are visually confirmed. This is no different from any other obligation on healthcare professionals to report abuse against children. FGM is child abuse so the healthcare professional must make a report to the Police.

Information sharing and confidentiality

Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. The practitioner, where there are concerns about the safety of a child, should ensure the sharing of information in a timely and effective manner between organisations which can reduce the risk of harm.

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). To share information effectively:

- all practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'
- where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at

risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk

Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns.

The Clinical Director or the assigned deputy must be informed when there is a breach in confidentiality and the following Principles will be applied when sharing information:-

Necessary and proportionate: - When taking decisions about what information to share, we will consider how much information we need to release. The Data Protection Act 1998 requires consideration of the impact of disclosing information on the information subject and any third parties. Any information shared must be proportionate to the need and level of risk.

Relevant: - Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make sound decisions.

Adequate: - Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

Accurate: - Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely: - Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm to a child.

Secure: - Wherever possible, information should be shared in an appropriate, secure way.

Record: - Information sharing decisions should be recorded whether or not the decision is taken to share. If the decision is to share, reasons will be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, there will be a record of the reasons for this decision and discuss them with the requester. This record will be kept with the incident record.

Raising a safeguarding concern

Employees are able to raise concerns of safeguarding issues in the following way:-

- directly contacting their line manager to discuss concerns, in or out of hours.
- by completing the daily log and populating the required safeguarding box with the relevant information
- by completing an incident form

If there is immediate danger present for the child or others the police must be contacted immediately for support and intervention.

Recording information

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident. The daily record for each person we support has a specific question directly asking if any

safeguarding issues have been raised through the duration of the shift. This should be filled in with as much factual detail as possible when required.

Incident reporting is one of the key methods for alerting when unintended or unexpected incidents could have, or did lead to harm. An incident report form should be completed for all safeguarding incidents that occur. At Libertatem Healthcare Group this can be documented on the electronic incident form and should be submitted as soon as possible after the event.

Raising a safeguarding alert with the appropriate Authority's

The responsibility for raising a safeguarding alert with the appropriate local authority will rest with the company Clinical Director or the nominated deputy in the absence of the Director. This will include completion of the relevant notification form to the Care Quality Commission. The Clinical Director will ensure all processes have been undertaken correctly and will work with the Local Authority to undertake any required enquiries as requested.

Documentation will be maintained including:-

- Provision of factual information, clear chronological timing of events and reasoning behind the decisions made
- Any action plan provided by the respective boards.
- A copy of the Safeguarding referral must be kept in the electronic file.
- A copy of the Care Regulator notification must be saved in the electronic file.

Managing Safeguarding Children Allegations against Staff

It is imperative that a member from the Board of Directors and the Clinical Director are informed immediately.

The framework for managing allegations is set out in Working Together to Safeguard Children (2015). 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 an employee of Libertatem Healthcare Group, it must be responded to and thoroughly addressed. There may be concern that a member of staff has;

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against, or related to, a child
- behaved in a way that indicates s/he is unsuitable to work with children

It is essential that any allegation of abuse made against a person is dealt with consistently, fairly, quickly and in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

An integral part of the framework for managing allegations against staff is the role of the Local Authority Designated Officer (LADO). The LADO is responsible for the management and oversight of individual cases and must be informed of all allegations or concerns relating to staff or volunteers that fit the criteria above.

The LADO will provide advice and guidance to any employer providing services for children. Where necessary they will liaise with Children's Social Care and other agencies, monitor the progress of cases and work to ensure that all allegations are dealt with appropriately.

It is essential that, following agreement with the LADO, managers ensure that they keep LADO informed of the ongoing investigation and at the closure share relevant reports relating to the investigation.

When to contact the LADO

All safeguarding allegations or concerns about a member of staff or volunteer should be discussed with the Clinical Director who will inform relevant LADO in the first instance and will then liaise, as necessary, with social care and the police. The LADO needs to be informed within one working day of all allegations that come to an employee's attention or that are made directly to the police (Working Together, 2013)

Training

Libertatem Healthcare Group Staff will be required to complete relevant training. Line Managers will be responsible for ensuring staff access training in line with all other mandatory training requirements. A record of attendance should be kept within the member of staff file.

In Summary

All Staff have a duty to report any allegations or suspicions of abuse or potential abuse to their immediate line manager as outlined above, and this should be clearly documented in the electronic notes.