

Safeguarding of Children and Young People Policy



Category	Policy
Summary	This policy outlines BAPAM's principles relating to safeguarding children and young adults. It is applicable to all BAPAM personnel (staff, clinicians, volunteers) who work with or encounter children and young adults in their clinical work for BAPAM.
Valid from	15 March 2016
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Approval date/ via	BAPAM Medical Committee
Distribution	BAPAM website; staff meetings; clinicians e-mail list & Podio forum
Related documents	<i>Incidents Policy; DBS Checks & Employing Ex-offenders Policy; Safeguarding Vulnerable Adults policy</i>
Authors	Dr Rebecca Whitar, Associate Medical Director; Dr Anita Nathan, Child Protection Lead; Dr Deborah Charnock, CEO
Further information	<i>Working together to safeguard Children – a guide to inter-agency working to safeguard and promote the welfare of children (MARCH 2015)</i> <i>What to do if you're worried a child is being abused:- advice for practitioners (March 2015)</i> <i>When to suspect child maltreatment (NICE 2009)</i> <i>Camden Safeguarding Children's Board www.cscb.org.uk</i> Safeguarding Children & Young People: roles & competencies for healthcare staff. Intercollegiate document, Royal College of Paediatrics & Child Health March 2014.

1. Policy aim:

This document outlines BAPAM's principles relating to safeguarding children and young people. The guidance should be referred to by all BAPAM personnel – staff, clinicians and volunteers, who work with or encounter children or young adult in the course of their clinical work for BAPAM.

BAPAM is guided by the following key principles:-

- Children have a right to be safe and should be protected from all forms of abuse and neglect
- Safeguarding children is everyone's responsibility
- It is better to help children as early as possible, before issues escalate and become more damaging; and
- Children and families are best supported and protected when there is a co-ordinated response from all relevant agencies

2. Responsibilities

The BAPAM Chief Executive is responsible for overall development and implementation of this policy, in consultation with the Honorary Medical Director, Child Protection Lead and Clinics manager.

It is the responsibility of **all** of BAPAM staff and clinicians to become familiar with this policy in order that they can:-

- listen carefully to children and young adults and their carers
- Understand what abuse is and how to report it
- Understand what child protection is and how to report any issues
- Report abuse when they suspect it or when it has been alleged
- Keep clear and accurate records relating to any abuse they suspect or are told of
- Take part in safeguarding training

3. Definitions:-

Children / Young people – 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 his or her entitlement to services or protection.

Safeguarding:-

Safeguarding and promoting the welfare of children is defined as:-

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances

Abuse:-

Abuse and neglect are generic terms encompassing all forms of maltreatment of a child or young adult (*see section 5 for main categories and signs of abuse*).

Abuse and neglect can occur in a family or an institutional or community setting. The perpetrator of abuse may or may not be known to the child.

4. How to recognise abuse or neglect:-

There are several circumstances under which you might have concerns that a child or young adult has been or is being abused:-

Disclosure – you may be told about abuse that has been experienced either currently or historically by the young person directly

Disclosure from a third party – you may be told by a relative or friend of the child, by a colleague or other healthcare professional, or by a teacher etc.

Observation – evidence of physical or psychological signs or symptoms during contact with BAPAM staff and clinicians.

Colleague conduct – there may be concern about the conduct of a colleague when working with children or vulnerable adults

Relatives'/carers' conduct – there may be concern about a relatives or carers behaviour or conduct with a child

5. Different types of abuse and how to recognise them:-

Physical abuse: - this is deliberately physically hurting a child. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating. Physical abuse may also be caused when a parent or carer fabricates or deliberately induces illness in the child.

Signs:- children with frequent injuries, unexplained or unusual fractures, and unexplained bruises or cuts, burns or scalds, bite marks.

Psychological and Emotional Abuse: this is the persistent emotional maltreatment of a child. This may include verbal abuse, humiliation, bullying, threatening, coercion, intimidation or any persistent emotional maltreatment such as to cause severe and persistent adverse effects on emotional development. Emotional abuse may involve serious bullying – including online bullying – by a child’s peers.

Signs:- children who are excessively withdrawn, fearful or anxious about doing something wrong. Parents or carers who withdraw their attention from their child, giving the child the ‘cold shoulder’. Parents or carers blaming their problems on their child and who humiliate their child, for example by name calling or making negative comparisons.

Sexual abuse:- is any sexual activity with a child. Sexual abuse may involve physical contact, such as assault by penetration (rape or oral sex), or non penetrative acts such as masturbation, kissing, touching outside clothing. It may include non contact activities, such as involving children in the production of sexual images, forcing children to watch sexual activities etc.

Signs:- Children who display a knowledge or interest in sexual acts inappropriate to their age, children who use sexual language or have a sexual knowledge you wouldn’t expect them to have, children who ask others to behave sexually or play sexual games, children with physical health sexual health problems.

Neglect:- is a pattern of failing to provide a child’s basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter.

Signs:- Children living in a home that is dirty or unsafe, left hungry or dirty, left without adequate clothing, living in dangerous conditions, who are often angry, aggressive or self-harm, who fail to receive basic health care and parents who fail to seek medical treatment when their children are ill or injured

N.B Female genital mutilation (FGM) is also a recognised type of abuse

6. Barriers to Disclosure:-

Staff :-

Finding it hard to believe what you are hearing, fear of being mistaken, anxiety about starting a process which might lead to the break-up of a family, Ignorance about what happens next, Anxiety that the matter is trivial, Interpreting abuse of one child or young person by another as 'normal'

Children experiencing abuse:-

Being unable to recognise the abusive experience as abuse, not having the language to explain what is happening to them, being scared because they have been threatened, belief they will be taken away from home, belief they are to blame, feelings of embarrassment, not wanting the abuser to get into trouble.

7. How do I respond to someone making an allegation of abuse or if I suspect that abuse has taken place?

- Stay calm and listen carefully
- Reassure the person that they are doing the right thing but do not promise to keep secrets
- Elicit enough information to know what to do next – no more than this
- Allow the child to use his/her own words and go at his/her own pace
- Find an opportunity to explain that the information will have to be shared with others but only with other people who need to know it to keep the child safe
- Offer reassurance that they will be kept safe and explain the actions to be taken
- Make a full record at the earliest opportunity

8. What do I do next?

Follow the BAPAM *flowchart: What to do if you suspect a child or young adult is being abused or neglected? (Appendix)*

Inform the BAPAM Child Protection Lead and CEO as per the flowchart.

Make a confidential, written report within 24 hours whilst the incident /suspicions are still fresh in the mind.

Further details of reporting and monitoring are outlined in Section 10 below. For further guidance, please refer to BAPAM's *Incidents* policy and/or contact the BAPAM Child Protection lead.

9. Organisational safeguarding roles-

BAPAM Child Protection Lead:-

The BAPAM Child protection Lead is Dr Anita Nathan. She can be contacted within office hours via the BAPAM London office 020 7404 5888

The main roles of the child protection lead are:-

To provide specific advice regarding child protection matters

To provide advice regarding BAPAM's *Safeguarding of children and young people* policy, in particular how to report incidents appropriately

10. Additional Organisational Responsibilities:-

Recruitment:-

It is the responsibility of the CEO and Board to make sure all BAPAM staff adhere to a 'safer recruitment' process, including DBS checks and professional registration where appropriate.

Whilst under contract, the DBS checks should be carried out every 3 years. On joining BAPAM, clinicians should be encouraged to join the DBS update service and this will facilitate BAPAM checking their DBS status online.

However, should a member of BAPAM staff be involved in a 'prosecution or conviction' during their contract with BAPAM they have a duty to inform the BAPAM CEO. Please see BAPAM '*DBS Checks and Employing Ex-Offenders*' policy for further information.

Training:-

The CEO, Clinics Manager and Medical Director should attain a minimum of Level 2 Child Safeguarding training. All other clinic staff must achieve a minimum of Level 1. Training will be provided by BAPAM as part of staff induction and development.

All clinicians BAPAM must provide evidence of Level 2 Child Safeguarding training when joining BAPAM, and attain Level 3 Safeguarding during their period of contract if working with patients under 18 years of age. The Child Protection Lead must complete Level 3.

All training must be updated every 3 years.

NHS employees can access this training free registering at the NHS England e-learning hub:- <http://www.e-lfh.org.uk/home/> Non NHS-employed BAPAM staff may have access to advice or training programmes via BAPAM.

Monitoring of Child Protection Incidents:-

Any child protection incident will be reported as a serious incident according to BAPAM's 'Incident Policy' and the CEO, Honorary Medical Director, Associate Medical Director, the Child Protection Lead and Clinics Manager will be notified in accordance with the policy.

The CEO and Honorary Medical Director are responsible for monitoring the frequency of any incidents, in conjunction with the registered Clinics Manager, and taking further actions as necessary.

BAPAM personnel working in hosted settings must also be aware of local Safeguarding procedures and contacts, and should report any concerns about any child or young person regardless of whether or not they are a BAPAM patient. In London, the BAPAM clinics premises operate out of host premises - the Royal Free Hospital London's South Camden Centre for Health (SCCH). Staff who are aware of any safeguarding issues relating to non-BAPAM patients must report them to the Office and Clinics Manager for onward reporting to SCCH or if an emergency (as per the Flowchart), directly to the SCCH Operational Manager on 0203 182 1710 (internally on ext 1710) or Senior Administrator on 0203 182 1745 (internally on Ext 1745).

Support of BAPAM clinicians:-

The Child Protection Lead (or Associate Medical Director if available) is responsible for providing any additional help or support needed to any clinicians or BAPAM staff involved in a child protection incident.

11. Breach of Policy

All BAPAM staff and clinicians will receive a copy of this policy and training, and will be required to comply as a condition of working at BAPAM.

Breaches of the policy may constitute professional misconduct and could lead to disciplinary action.

Version 1.0 = December 2008 (Naomi Wayne & Penny Wright);

Version 2.0 = October 2015 (Rebecca Whitarcar, Anita Nathan, Deborah Charnock) Version 2.1 = March 2016 (updated by D Charnock)

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