

Safeguarding of Children and Young People Policy



Category	Policy
Summary	This policy outlines BAPAM’s principles relating to safeguarding children and young people. It is applicable to all BAPAM personnel (staff, clinicians, volunteers) who work with or encounter children and young people in their clinical work for BAPAM.
Valid from	25 April 2018
Version	1.0
Date of next review	April 2021
Approval date/ via	BAPAM Medical Committee 25 April 2018
Distribution	BAPAM website; staff meetings; clinicians’ e-mail list
Related documents	<i>Incidents Policy; DBS Checks & Employing Ex-offenders Policy; Safeguarding Vulnerable Adults policy</i>
Authors	Dr Anita Nathan, Child Protection Lead; Claire Cordeaux, Director
Further information	<i>Working together to safeguard Children – a guide to inter-agency working to safeguard and promote the welfare of children (April 2018)</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> 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 people 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 Director 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 people 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 outcomes

Abuse:-

Abuse and neglect are generic terms encompassing all forms of maltreatment of a child or young person (*see section 5 for main categories and signs of abuse*). 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 in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

4. How to recognise abuse or neglect:-

There are several circumstances under which you might have concerns that a child or young person 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: - A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

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

Emotional Abuse: 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. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. 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, though it may occur alone.

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 who blame their problems on their child and who humiliate their child, for example by name calling or making negative comparisons.

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

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 under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or

facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology

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:- 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 caregivers)
- ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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

Extremism:- Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

Other examples - modern slavery, forced marriage, trafficking, internet abuse, bullying, and radicalisation

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 person is being abused or neglected? (Flowchart)*

Inform the BAPAM Child Protection Lead and Director 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 Director and Board to make sure all BAPAM staff, volunteers and clinicians 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, volunteers and clinicians be involved in a 'prosecution or conviction' during their contract with BAPAM they have a duty to inform the BAPAM Director.

Please see BAPAM '*DBS Checks and Employing Ex-Offenders*' policy for further information.

Training:-

The Director, Clinics Manager and Honorary 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 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 Director, Honorary Medical Director, Director, the Child Protection Lead and Clinics Manager will be notified in accordance with the policy.

The Director 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 at 7-9 Bream's Buildings, EC4A 1DT.

Support of BAPAM clinicians:-

The Child Protection Lead 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);

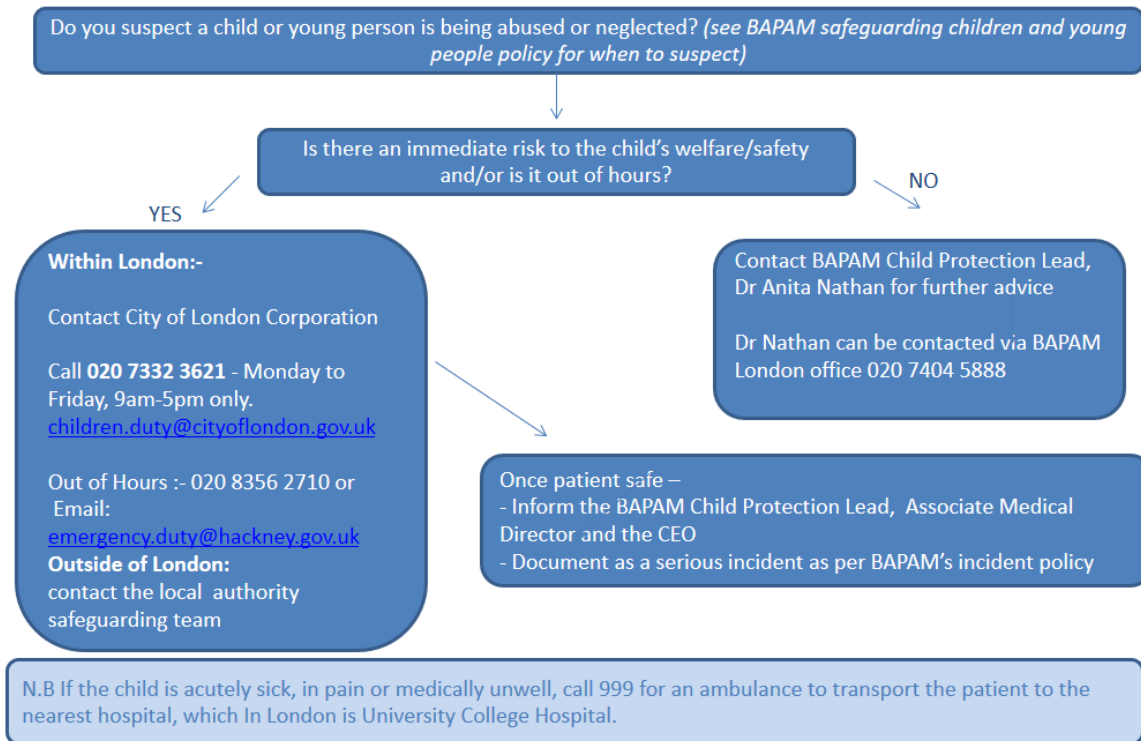
Version 2.0 = October 2015 (Rebecca Whitar, Anita Nathan, Deborah Charnock) Version 2.1 = March 2016

(updated by D Charnock) 2.2 = February 2018 (updated by C Cordeaux)

Review = October 2018

Flowchart

BAPAM Flowchart : What to do if you suspect a child or young person is being abused or neglected?



Safeguarding of Vulnerable Adults Policy



Category	Policy
Summary	This policy outlines BAPAM's principles and procedures relating to safeguarding vulnerable adults. It is applicable to all BAPAM (staff, clinicians, volunteers) who work with or encounter vulnerable adults in their clinical work for BAPAM.
Valid from	15 March 2016
Version	2.1
Date of next review	September 2018
Approval date/ via	BAPAM Medical Committee
Distribution	BAPAM clinicians' e-mail list & online forum Staff meetings Public website
Related documents	<i>Incidents Policy; DBS Checks and Employing Ex-offenders Policy; Safeguarding of Vulnerable Adults policy</i>
Author	Dr Rebecca Whiticar, Associate Medical Director
Further information	<i>City of London Safeguarding Policy 2017</i> <i>No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse – DOH</i> <i>Protecting adults at risk in London: Good practice resource. October 2012</i> http://www.scie.org.uk/publications/adultsafeguardinglondon/

1. Policy aim:

This document outlines BAPAM's principles and procedures relating to vulnerable adults. This guidance should be referred to by all BAPAM personnel – staff, clinicians and volunteers, who work with vulnerable adults in the course of their clinical work for BAPAM.

This policy adheres to the following key principles:-

- *Vulnerable adults* are entitled to have their civil and human rights upheld and to live a life free from abuse;
- they should be treated with respect and dignity, afforded the opportunity to choose how they wish to live independently and participate in their community, fulfil personal aspirations and realise potential in all aspects of their daily lives;
- the above includes having access to advocacy or support services and having their voice heard in decisions that affect their lives;
- if abuse does occur, vulnerable adults need to be assured they will be protected by the law and have their civil human rights upheld in the course of any investigation that takes place.

12. Responsibilities

The BAPAM Director is responsible for overall development and implementation of this policy, in consultation with the Honorary Medical Director 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 work together to help vulnerable adults to stay safe, to prevent abuse happening and to reduce the harm when it does occur.

13. Definitions:-

Vulnerable Adult – Any person aged 18 years or over who is, or may be, unable to take care of him or herself or who is unable to protect him or herself against significant harm or exploitation.

This may be because of a disability, sensory impairment, mental health problem, age/fragility or some form of illness. Vulnerable adults may be living in residential or institutional care, but may also be residing within the community.

Safeguarding:-

Safeguarding refers to ways of working together to stop abuse or neglect happening and to prevent it happening in the future.

Abuse:- Abuse and neglect are generic terms encompassing all forms of maltreatment of a vulnerable adult.

There are different types of abuse:-

Physical: - any act that causes physical harm or injury to a person. This may include hitting, smacking, pushing, shaking, spitting, scalding, misusing medication, using illegal restraint, or other ways of hurting such as exposing to extreme heat or cold.

Psychological and Emotional:- Any act that causes emotional harm to a person. This may include verbal abuse, threatening, bullying or forcing someone to do something, shouting or swearing at or ignoring someone or saying things to embarrass them or hurt their feelings such as name-calling. It can also include cyber bullying, or taking away their privacy, dignity or free speech.

Sexual: -any sexual activity that a person has not agreed to or has been coerced into.

Financial or material:- taking or misusing a person's money or property without their permission, including theft and fraud, internet and telephone scamming, pressure over property and inheritance, or misusing powers of attorney.

Neglect:- a failure to meet an individual's basic physical, emotional, health or care needs. This includes withdrawing or not providing help that a vulnerable adult needs such as medication, adequate nutrition and access to health and social care. Neglect can be intentional or non-intentional, when someone doesn't understand their care and support needs.

Discriminatory:- any form of abuse that is done because of a person's race, religion, culture, age, disability, gender or sexual orientation.

Domestic Abuse:- controlling, coercive, or threatening behaviour or violence between two people who are or have been intimate partners or family members. It can include psychological, physical, sexual, financial and emotional abuse and so called 'honour' based violence or forced marriage.

Organisational:- Repeated poor care of an adult at risk through neglect or poor professional practice in a paid or regulated care setting such as a hospital, a care home, or an organisation paid to support the adult in their own home.

Abusers may be:- A partner, relative, child, friend, a paid or volunteer carer, a health, social care or other worker, an employer or a stranger.

Abuse may occur in:- a vulnerable adult's own home, relative's or carer's home, work or educational settings, day care, residential or institutional setting or public places.

Potential signs of abuse:- multiple bruising or finger marks; injuries that the adult cannot give an explanation for; worsening health or weight loss for no apparent reason; inappropriate or dirty clothing; mood changes; a carer who is unwilling to let others have contact with the person they care for; shortage of money for no apparent reason; neediness; tearfulness and crying for no obvious reason and not saying why.

14. Identifying abuse:-

Abuse may be revealed to BAPAM personnel under the following circumstances:-

Disclosure –direct disclosure from the vulnerable adult during contact with clinics staff or a clinician during a consultation.

Disclosure from a third party e.g. colleague or relative

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

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

15. How do I respond to someone making an allegations or abuse?

- 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 vulnerable person 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 keep the adult safe
- Offer reassurance that they will be kept safe and explain the actions to be taken
- Make a full record at the earliest opportunity

What do I do next?

Refer to the BAPAM flowchart:- What to do if you suspect a vulnerable adult is being abused or neglected (appendix 1) and contact the relevant organisation to report your concerns.

Inform the BAPAM Director or Clinics Manager. If the Incident involves a patient from another organisation (e.g. at shared/hosted premises), staff must also inform the relevant Safeguarding lead. In the BAPAM London clinic, this is the Operational manager or Senior Administrator.

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

16. Staff checks and training in Safeguarding

Recruitment:-

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

Whilst personnel are 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, including volunteers and clinicians, be involved in a 'prosecution or conviction' during their contract with BAPAM they have a duty to inform the BAPAM Director.

Please see BAPAM '*DBS Checks and Employing Ex-Offenders*' policy for further information.

Training:-

All staff and clinicians will have an introduction to the policy at start of their employment and thereafter at 3 yearly intervals.

The Director, Clinics Manager should attain Level 2 Adult Safeguarding. All other non-medical staff must achieve a minimum of Level 1. Training will be provided by BAPAM as part of staff induction and development. All clinicians must provide evidence of Level 2 Adult Safeguarding. 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 will have advice on training programmes via BAPAM.

In addition BAPAM staff should read the documents listed in the 'further information' section above.

17. Breach of Policy:

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

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

Version 1.0 = September 2013 (D Charnock)

Version 2.0 = September 2015; Version 2.1 = March 2016 (Updated by D Charnock), Version 2.2 = February 2018 (updated by C Cordeaux)

Review = September 2018.

Flowchart

BAPAM Flowchart : What to do if you suspect a vulnerable adult is being abused or neglected?

