



Safeguarding Children Policy

Dec 2018



Helping young people affected by
parental mental illness

1. Introduction

The government statutory guidance, *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children (2018)*, sets out the responsibilities for all agencies, including voluntary and private sector organisations, to make arrangements for safeguarding and promoting the welfare of the children and young people with whom they work.

The underpinning principles set out in *Working Together to Safeguard Children* are:

- Safeguarding is everyone's responsibility.
- For services to be effective each professional and organisation should play their full part.
- Use of a child-centred approach. For services to be effective they should be based on a clear understanding of the needs and views of the child.

The duty to safeguard and promote the safety and welfare of children and young people has been part of the legal framework governing child protection practice since the Children Act 1989. Following the death of Victoria Climbié in 2001 and criticism of many public services by Lord Laming in 2003, the government launched a comprehensive programme of reform. The Children Act 2004 provided the legal underpinning for the *Every Child Matters* programme which sets out five outcomes that are key to children and young people, enabling them to achieve their full potential. These are:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing

In the development of the latest edition of *Working Together to Safeguard Children (2018)*, children were asked what they would want from an effective safeguarding system. These 'asks' from children should guide the behaviour of all staff and volunteers at Our Time.

Vigilance: Staff to notice when anything is troubling a child.

Understanding and action: Staff to ensure children are heard and understood, and to act upon that understanding.

Stability: Children are able to develop an ongoing stable relationship of trust with staff.

Respect: Children to be treated with the expectation that they are competent rather than not.

Information and engagement: Staff to ensure children are informed about and involved in decisions, concerns and plans.

Explanation: Children are informed of the outcome of assessments, decisions and reasons when their views are not met with a positive response.

Support: Children to be provided with support in their own right, as well as a member of their own family.

Advocacy: To provide children with advocacy to assist them in putting forward their views

Protection: Children to be protected against all forms of abuse and discrimination, and the rights to protection and help if a refugee.

2. General principles that underpin working to safeguard children

All staff and volunteers must be aware that the right of a child to be protected from abuse or neglect will always override the needs or wishes of any adult (the principle of primacy of the child – Children Act 1989).

All staff and volunteers are individually responsible for ensuring that there is comprehensive managerial oversight for all cases where there are safeguarding risks identified.

If a safeguarding concern is identified for a child, the potential risks to other children or vulnerable adults in the family or community must also be considered, and recorded.

Consent is required from parents to share information with other agencies about their children, unless the child is in need of protection from significant harm, when information can be shared without consent if consent is not given or possible. Effective information sharing is, however, at the heart of good multi-agency working to safeguard and protect children.

All staff and volunteers must be aware of the duty to manage the specific risks and issues that mental health problems may present in working with parents with mental health problems and safeguarding the welfare and development of children.

3. Assurance statement

Our Time is a charity committed to safeguarding and protecting the welfare of all children and their families who access its services. All those who come into contact with children and families in their everyday work, including staff who do not have a specific role in relation to children, have a duty to safeguard and promote the welfare of children.

This policy applies to all Our Time employees. All staff working in a temporary capacity or as a volunteer must ensure that they possess the required knowledge, skills and competencies, in line with their role, as set out in this document. This policy will identify roles and responsibilities of all staff, to ensure staff are able to recognise the indications of abuse or harm and are clear about what actions must be taken to safeguard and protect children and young people. The aim of the policy is to ensure staff are supported to not only be competent in their role but are confident in safeguarding and protecting the welfare of all children and young people.

This policy and accompanying *Due Diligence Compliance Document* (Appendix 1) and *Child Protection Flow Chart* (Appendix 2) will provide assurance to the trust board that Our Time is discharging its safeguarding duties effectively and in line with The Charity Commission Standards.

4. Aims and objectives

The aim of this policy is to ensure that the charity's workforce is aware of its responsibility to safeguard and promote the welfare of all children and young people regardless of whether the staff member works directly or indirectly with children and their families.

All charity employees and volunteers will adhere to a consistent and systematic approach to safeguard and promote the welfare of children and **Think Child – Think Parent – Think Family.**

All charity employees will ensure that they receive or can demonstrate that they have completed safeguarding children training appropriate to their role.

5. Information sharing

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many serious case reviews (SCRs), where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe.

Information that is shared between agencies should be in line with General Data Protection Regulations (GDPR) and Data Protection Act 2018. Please read this section in conjunction with the Our Time's privacy policy.

When sharing information, the staff member must adhere to the seven golden rules of information sharing:

- General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justify information sharing.
- Be open and honest about why and with whom information would be shared, and seek their agreement where possible.
- If in any doubt, always seek advice.
- Where possible, share the information with consent. However, under the GDPR and Data Protection Act 2018, information can be shared without consent if an individual's safety is at risk.
- Base your decision to share information on considerations of the safety and wellbeing of the individual.
- Ensure that the information you share is **necessary, proportionate, relevant, adequate, accurate, timely and secure.**
- Ensure that your decision and the information that was shared is recorded
- Record what information was shared, when, for what purpose and with whom.

6. The definition of abuse as defined by *Working Together* 2018

Abuse is a form 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 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.

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 symptoms of, 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 in so far 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.

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 produce 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.

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

7. Roles and responsibilities

Trust board

The trust board has accountability for ensuring the provision of high quality, safe and effective services within the charity. The trust board holds overall accountability for safeguarding. Trustees must carry out appropriate and proper due diligence on individuals and organisations that the charity gives grants to or uses to carry out charitable projects and help deliver its work. This involves the trustees assessing the risks to ensure that those partners are suitable and appropriate for them to work with. In practice the trust board should ensure that 'due diligence' is undertaken with each new partner.

Chief executive officer (CEO)

The CEO is responsible for ensuring that there are safe and robust operational arrangements in place for safeguarding children and young people in all the services that are provided by Our Time staff and volunteers. Ensuring through normal charity safe recruitment processes that all staff have appropriate checks (e.g. Disclosure and Barring Scheme (DBS)) before being allowed to have access to potentially vulnerable people and to ensure that the provision of safeguarding training is provided and monitored at the requisite training levels.

Clinical lead/Designated safeguarding lead

It is the responsibility of the clinical lead to provide assurance to the CEO and trust board that all staff delivering workshops and working in schools on behalf of Our Time are trained in safeguarding children, are DBS checked, have a copy of the safeguarding children policy, provide a safe space to reflect on safeguarding children and give advice on any issues that arise at the end of each Our Time workshop and understand their responsibilities to safeguard vulnerable children and adults. It is the responsibility of the clinical lead/designated safeguarding lead to have oversight of all of the safeguarding referrals that are made to children's services, providing challenge and support and ensuring that all referrals are processed effectively (Appendix 1 and 2).

Staff and volunteers

Volunteers have a responsibility to read and retain the safeguarding policy and adhere to its principles. To ensure any training required is completed and kept up to date. To ensure that any competencies required are maintained and to co-

operate with the development and implementation of policies as part of their normal duties and responsibilities.

8. Young carers

Young carers are defined in *Working Together* as children and young people who assume important caring responsibilities for parents or siblings who are disabled, have physical or mental ill health problems, or misuse drugs or alcohol. A young carer may require additional support from an external organisation (such as a Young Carer's projects) or Children's Social Care. They may need an assessment as a Child in Need under Section 17 of the Children Act 1989.

In many families, children contribute to family care and well-being as a part of normal family life. A young carer is a child who is responsible for caring on a regular basis for a relative, usually a parent, who has an illness or disability. This can be primary or secondary caring.

Caring responsibilities can significantly impact upon a child's health and development. Many young carers experience:

- social isolation
- a low level of school attendance
- some educational difficulties
- impaired development of their identity and potential
- low self-esteem
- emotional and physical neglect
- conflict between loyalty to their family and their wish to have their own needs met

A referral should be made to the local authority children's social care, if the child identified is:

- unlikely to achieve or maintain a reasonable standard of health or development because of their caring responsibilities;
- at serious risk of harm through abuse or neglect
- unlikely to be able to maintain intimate body care

Unless there is reason to believe that it would put the child at risk of harm, young carers should be told if there is a need to make a referral, in order that their trust in a professional is retained.

Wherever possible, the young carer's consent and the consent of their parent or carer should be sought, through a discussion of why the referral must be made and the possible outcomes. Children assessed as young carers have access to services from the local authority and peer support.

9. Safe recruitment

The Safeguarding Vulnerable Groups Act (2006) requires organisations to check relevant staff for criminal convictions via enhanced Disclosure and Barring Service (DBS), checks formerly referred to as CRB checks. The DBS is an executive, non-departmental public body of the Home Office set up to help organisations make safer recruitment decisions and to prevent unsuitable people from working with vulnerable groups, including children.

Jobs that involve carrying out certain activities for children and adults may require an enhanced DBS check with a check of the barred lists. This will establish whether someone's included in the two DBS 'barred lists' (previously called ISA barred lists) of individuals who are unsuitable for working with children and adults.

People on the barred lists can't do certain types of work. There are specific rules for working with children and vulnerable adults - known as working in a regulated activity.

It's against the law for employers to employ someone or allow them to volunteer for this kind of work if they know they are on one of the barred lists.

It is the responsibility of the clinical lead to retain copies of DBS and enhanced DBS documents and keep them securely. These documents should be reviewed on a yearly basis. (See Appendix 1).

10. Training

It is the responsibility of the staff member or volunteers to have undertaken the correct level of safeguarding training to enable them to carry out their role effectively. There is no set standard regarding the level of training required but it is best practice to be trained to level 2 competencies. When starting an Our Time workshop the clinical lead must ensure that all staff and volunteers are compliant with training and that this is reviewed on an annual basis (Appendix 1).

Our Time subscribe to CIC Standard Safeguarding Children e-learning. If a staff member is unable to demonstrate compliance with training that they have already completed they can undertake this e-learning before they commence their role - https://www.safecic.co.uk/e-shop/all-categories/product/9-online-safeguarding-training/category_pathway-13?utm_source=ncvo-web&utm_content=ts-text-link. They will be provided with details to log on securely and will then be provided with a certificate when they have completed the module.

11. Staff accused or suspected of harming a child or who pose a risk to children

If a member of staff becomes aware of any information regarding another member of staff (within **Our Time** or partner agencies working with the charity) which identifies that a child either may or has been at risk of significant harm (including the member of staff's own children), they must refer to the local LADO (local authority designated officer), as set out in the London Child Protection Procedures. Details of each LADO can be found on the local authorities' safeguarding children board website.

In addition, the clinical lead, CEO and the trust board must be informed.

Parents or carers of a child or children involved should be told about the allegation as soon as possible if they do not already know of it. The person who would do this would be agreed in the discussion with the LADO. Parents should also be kept informed about the progress of the case.

12. Identifying safeguarding concerns for children and young people

Serious harm to children can be prevented by the early recognition of abuse and/or neglect and prompt referral to social care. All members of staff have a responsibility to take immediate action. Like all parents, parents with mental illness want what is best for their children. Parents affected by mental illness face particular challenges; many are fully aware that their disorder affects their children, even if they do not fully understand the complexities, and all children will be sensitive to their parent's state of mind and health.

Dependent on the age and developmental stage of the child; the possible impact on the child's health and welfare must be considered when the parent/carer is

unwell. The following factors may impact on parenting capacity and increase concern that a child may have suffered or is at risk of suffering significant harm.

It is, however, important to exercise professional judgement in each situation, and recognise that a referral may need to be made even when the factors below are absent.

A referral to children's services should be considered if:

- The child features within parental delusions i.e. in these cases a Section 47 (Child Protection Investigation) will always be conducted (The Children Act 1989).
- The child might be harmed as part of a suicide plan - in these cases a Section 47 (Child Protection Investigation) will always be conducted (The Children Act 1989).
- The child is involved in their parent's obsessive compulsive behaviours.
- The child becomes a target for parental aggression or rejection.
- The child witnesses disturbing behaviour arising from mental illness, e.g. self-harming or suicidal behaviour, disinhibited behaviour, violence or homicide.
- The child is missing or absent from home.
- The child is missing from education.
- The child may be at risk of child sexual exploitation.
- The child is at risk of female genital mutilation (FGM). FGM is illegal; it constitutes '**significant harm**' and action **must** be taken to prevent girls being cut and to support those who have been subjected to FGM.
- The child is at risk of radicalisation and being drawn into terrorism.
- The child is in a family where there is **domestic violence** and abuse.
- The child is in a family where there is misuse of drugs, alcohol or medication.

- The child is neglected physically and/or emotionally by an unwell parent.
- The child is privately fostered (a child looked after by someone who is not their parent, sibling, grandparent, step-parent or guardian for more than 28 days consecutively).
- The child is a young carer, i.e. assumes important caring responsibilities for a parent or siblings.
- The child does not live with the ill parent but may experience any of the above on contact with them, e.g. during formal supervised or unsupervised contact sessions, visits or overnight stays.

If a member of Our Time staff believes or suspects that a child may be suffering, or is likely to suffer, significant harm then they should always refer their concerns to the clinical lead and they will support the staff member to refer to the local authority children's social care services where the child is a resident.

It is best practice to inform the parent that the referral is being made and to obtain consent. However, if by informing the parent the risk to the child increases a referral can be made without parental consent. The referrer must consider the risk of significant harm and how it would impact on the child if the parents are being informed.

A copy of the referral should be forwarded to the Our Time office manager and will be stored safely and securely.

The safety of children is paramount in all decisions relating to their welfare. Any action taken by members of staff should ensure that no child is left in immediate danger.

All referrals made over the telephone should be followed up in writing on the correct referral form within 24 hours. All referrals should be followed up with the children's services within three working days of referral submission. Any documentation should be kept securely.

(Follow Appendix 2)

References

Working together to safeguard children (August 2018)

Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers (July 2018)

Document URL

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

<https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees#policies-and-procedures-you-need-to-have>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

Appendix 1

Due diligence to be completed when starting a new Our Time Workshop.

Safer recruitment

Each staff member and volunteer must produce a copy of their personal DBS document

Safer Recruitment	Staff members name	DBS Document seen and copy retained

Training

All staff members and volunteers have demonstrated that they are level 2 training in safeguarding children. The clinical lead must keep a record of the training, when it is due to be renewed and produce this to the trust board if required. This can be a certificate, a screen shot of completed e learning or another type of confirmation

Safeguarding children training – level 2	Staff members name	Date training completed	Date training due

Policy agreement

The Safeguarding children policy has been provided to each staff member, the staff member has been given protected time to read the policy and each staff member has signed that this process has taken place.

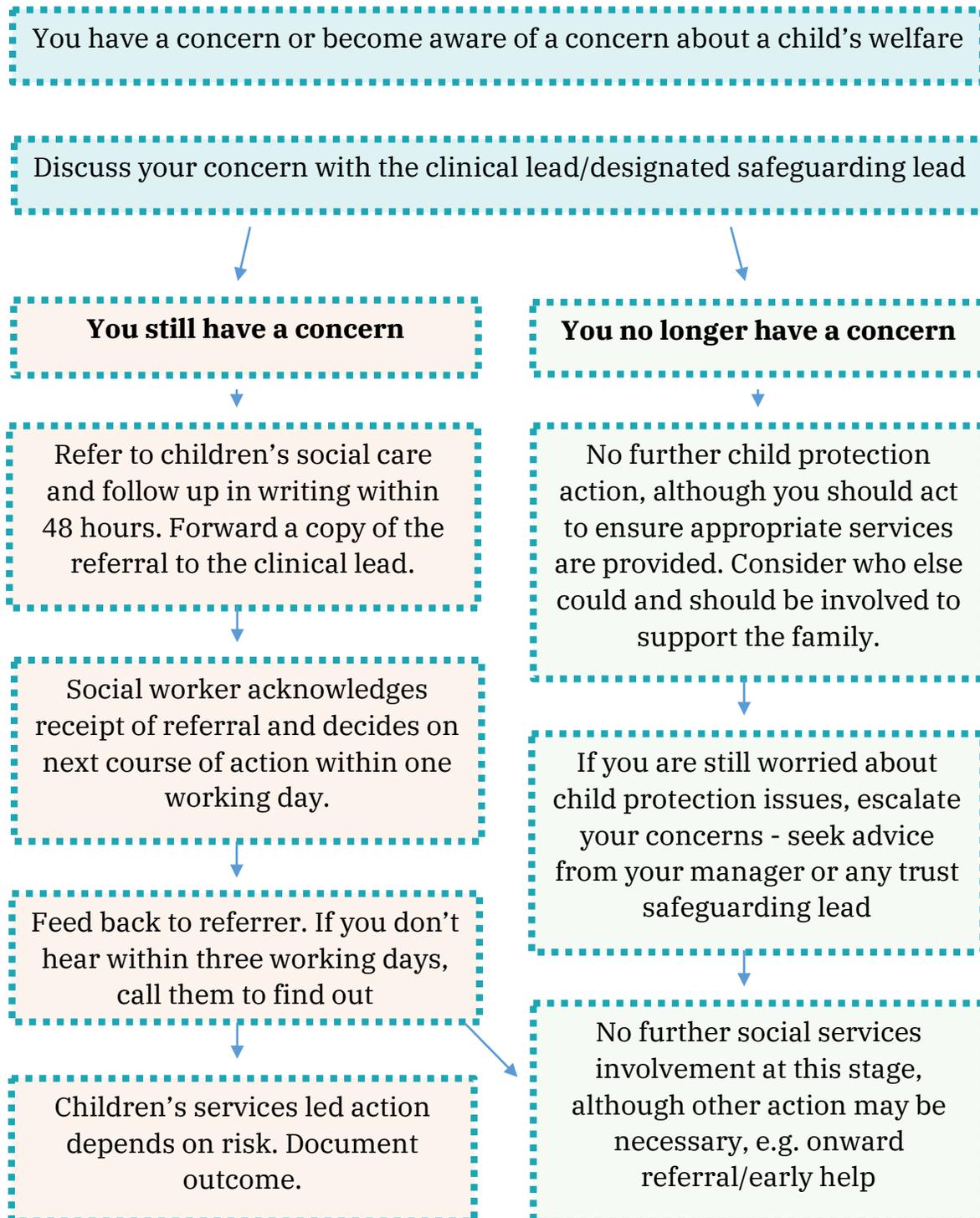
Safeguarding Children Policy	Staff members name	Policy given and read	Staff signature

Supervision and managerial oversight

Protected time should be given at the end of each Our Time workshop to reflect on safeguarding issues that may have been identified.

Appendix 2 - Protecting children

What you should do





Helping young people affected by
parental mental illness

The Resource Centre, Holloway Road, London N7 6PA | www.ourtime.org.uk

Charity number: 1147087

Our Time ©