

 mind Hammersmith, Fulham, Ealing and Hounslow  
**Safeguarding Children and Young People  
 Policy**

Name of Local Mind	Hammersmith, Fulham, Ealing & Hounslow Mind
Policy	Safeguarding Children and Young People Policy
Version	V2
Date when last reviewed	10/22
Date when next review due	10/25
Author	Andrea Archer
Date reviewed by Safeguarding, Clinical and Risk Subcommittee	12 <sup>th</sup> September 2023
Date approved by Board	21 <sup>st</sup> September 2023
This policy is for	All Staff, contractors, trustees and volunteers

<b>Version</b>	<b>Change Type</b>	<b>Description of Change(s)</b>	<b>Date</b>
V2	content	New SG governance structure amended. New services added (safe space etc)  Checklist added Breach criteria added	10/22

**Summary**

The Safeguarding Children and Young People's policy outlines the HFEH Mind approach to CYP safeguarding, highlights our governance structures and provides guidance specifically for our managers with line management responsibility who will support staff and volunteers through safeguarding processes within youth services. The policy is only applicable to children and young people below the age of 18 and should be read in conjunction with the separate organisational policies on the prevention of suicide and self-harm, safeguarding adults, whistleblowing and serious incidents.

## **Purpose and Scope**

HFEH Mind is committed to and has a legal obligation under The Children Act and its supporting statutory guidance *Working Together to Safeguard Children to safeguard and promote the welfare of children and young people*. Therefore, safeguarding and promoting the welfare of children is a governance priority of HFEH Mind and, as part of fulfilling their trustee duties, the Board must and will take reasonable steps to protect from harm anyone aged below 18 who is in receipt of services from HFEH Mind or otherwise comes into contact with the Charity, its staff or its volunteers.

This policy will be reviewed every three years by the appointed Youth Services Safeguarding Lead and Quality Assurance.

## **HFEH Mind commitment to safeguarding.**

1. HFEH Mind believes that all children and young people have a right to develop and thrive free of abuse or neglect and therefore operates as an alerting agency, with no investigative role.
2. The home Local Authorities of the children, young people and families we serve, operate their own formal safeguarding procedures. HFEH Mind recognises that everyone who works with children has a responsibility for keeping them safe and no one person or organisation alone can have a full picture of a child's needs or circumstances. Therefore HFEH Mind will play a key role in identifying concerns, and sharing information in a timely manner, in partnership with the lead agency; the Local Authority.
3. HFEH Mind will co-operate and assist in the drawing up, development and monitoring of local multi-agency policies by joining any relevant Local Safeguarding Children Partnership (LSCP) and regularly attend safeguarding meetings led by the respective Local Authority.
4. HFEH Mind has a strict policy and associated guidelines with respect to confidentiality in line with GDPR regulations. However, there may be times, as stipulated by GDPR regulations, when it is in the best interests of a child or young person at risk that information should be shared with other agencies in order to prevent abuse. This is most likely to be the case when there is considered to be an immediate risk but parental consent to share information cannot practically be obtained, or when a defensible rationale can be provided as to why seeking parental consent could increase the risk to the child or young person. When information is shared in this way, it will only be given on a 'need to know' basis. For these reasons, HFEH Mind will not give children and young people, their parents and carers, or other agencies any assurance of absolute confidentiality in such cases.
5. All confidential emails will comply with GPPR regulations.
6. Staff and volunteers will be provided with appropriate training on safeguarding for both children and adults. This will be done through access to the iHASCO safeguarding modules online and the provision of yearly internal face-to-face training on safeguarding for both children and adults.
7. Staff must partake in ALL internal training around safeguarding.

8. It is imperative that all managers sign up staff to Local Authority training and internal training on safeguarding for both children and adults. The internal, yearly training, for both children and adults, should be completed within six months of joining the organisation.
9. Managers must also attend the safeguarding for manager's training provided internally and read the safeguarding for manager's policy.
10. Staff will be provided with regular supervision to support them with identifying and reporting concerns.
11. All staff and volunteers are made aware of this policy and read it during their induction week.
12. It is important that once read, staff members tick this off on BreatheHR.
13. Regular case supervision and team meetings ensure that awareness of this policy is maintained and allow early detection of situations that might need to be dealt with under the policy.
14. All service users are made aware of this policy.
15. That the policy is made available at the service user's request to see it.
16. This policy is reviewed on a three-yearly basis by the safeguarding lead.

Safeguarding Procedures, responding to SG concern immediate risk vs non immediate risk, concerns from public, recording SG concerns, mental capacity, referrals, working with LA

## **Policy Elements**

- What is Safeguarding Children and Young People
- Responsibilities and governance
- Safeguarding Thresholds
- Categories of Abuse
- Disclosures
- Social Media
- Youth Services Internal Safeguarding Process
- Manager response
- Service distinctions
- Internal Safeguarding Recording
- Whistleblowing and role of LADO
- Breaches of these policies
- Checklist for managers
- FAQs
- Other policies

## What is Safeguarding Children and Young People?

### Definitions:

The statutory definition of safeguarding children and young people is defined in *Working Together to Safeguard Children* as:

- Protecting children from maltreatment;
- Preventing impairment of children's mental and physical health or 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.

Children and Young people may be vulnerable to neglect or abuse within their family or from individuals or peers they may know. *Working Together to Safeguard Children* defines abuse as:

- 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. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse.
- Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others.
- Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

1. The Children Act (1989, updated 2004) sets out a clear legal framework for how Local Authorities and other agencies that provide services to children, young people, and their families should make arrangements to safeguard and promote the welfare of children and young people.

2. If a staff member or volunteer receives a disclosure that raises concern about actual or likely abuse or neglect of a child or young person, the staff member or volunteer must report this to Local Authority Children's Services. This is known as raising a safeguarding concern.
3. The safeguarding concern must be raised to the Local Authority which covers the area where the child usually resides. Once the concern is raised with the relevant Local Authority, they hold responsibility for investigating the concern and, if it is substantiated, taking action to ensure the child or young person is safe.
4. If a child or young person dies or is seriously harmed and abuse or neglect is known or suspected, the relevant local Safeguarding Partners (the Local Authority, NHS Clinical Commissioning Group and Metropolitan Police Basic Command Unit) will undertake a multi-agency learning review within 15 working days, known as a Rapid Review, to establish what lessons can be learned from the case. The Rapid Review may lead to a larger-scale multi-agency learning review, known as a Local Child Safeguarding Practice Review (LSCPR), to establish any further learning that could lead to improvement in the local multi-agency safeguarding system. The findings of LSCPRs are published. If the child or young person who has died or been seriously harmed received a service from HFEH Mind, the Charity must participate in all stages of the review process, providing any information requested and attending any meetings required.
5. The Safeguarding Partners for a local area are responsible for making arrangements to work in partnership with other agencies and organisations in their area who provide services to children and young people, which are referred to as Relevant Agencies. These arrangements are typically named Local Safeguarding Children Partnerships (LSCPs). HFEH Mind may be required to engage with any LSCP which covers the area in which any child or young person receiving services from the Charity usually resides.

# Responsibilities and Governance

## Organisational responsibilities

Legal obligations dictate that organisations must ensure they are:

- Meeting their responsibilities to safeguard adults and children
- Ensure that service specifications from all providers who commission services, include clear standards for safeguarding adults and children
- Ensure that safeguarding guidance is available and accessible to staff
- The CEO, SMT and the Board must ensure that procedures are in place for safeguarding adults, children, young people and families.

## Manager Responsibilities

HFEH Mind requires all managers to:

- Demonstrate leadership, be informed, and take responsibility for the actions of their staff providing services to children, young people and adults
- To be the first port of call to discuss safeguarding, recognise safeguarding and identify when/if it needs to be raised to the local authority or other statutory services
- Directing staff to raise concerns to the appropriate place
- Ensure safeguarding leads have oversight of incident reports
- Direct staff to obtain protective measures and outcomes of safeguarding
- Sign off safeguarding concerns- ensuring all correct processes have been followed and relevant signposting has been done
- Discuss safeguarding in supervision
- Ensure a safe environment for service users and staff- and minimise any risk
- Ensure staff are familiar with local processes
- Ensure staff have signed up for safeguarding training and completed their e-learning
- Ensure all staff maintain an accurate and comprehensive electronic record
- Ensure any breaches of policy concerning safeguarding, risk and serious incidents- are escalated to the safeguarding lead(s) and HR.



## HR Responsibilities

- Ensure staff have DBS checks and that these are regularly reviewed and stored on staff files
- Ensure a safer recruitment policy is in place
- Ensure a full employment history is obtained and gaps are accounted for when recruiting
- Ensure staff are aware of the internal training they must complete both on iHasco and internally and encourage staff to be booked on within the first 3 months
- Investigate safeguarding policy breaches at the direction of the safeguarding lead once the threshold has been applied
- Ensure the board has appropriate safeguarding training for their role as trustees

## Safeguarding Lead Responsibilities

- Ensure compliance with safeguarding legislation, processes and best practice
- Monitor and report on compliance with safer recruitment and training
- Deliver internal training on HFEH Mind processes
- Ensure managers are trained internally on safeguarding processes and provide advice on incident forms where managers may have missed something
- Monitor and evaluate the effectiveness of the policy
- Share any concerns around safeguarding practice to the CEO
- Ensure they are up to date with training, legislation, policies, processes and changes to best practice
- Ensure a log is kept of open safeguarding concerns that is accessible to staff
- Apply the threshold to safeguarding policy breaches informing HR of the outcome (Lessons learned, Investigation, etc)
- Acting as a final sign off operationally- prior to CEO signature

### CEO Responsibilities

- Ensure final sign off on incident reports
- Ensure SG leads exist for both adults and children
- Ensure the board is alerted to any imminent risk as soon as possible, triggering the escalation protocol. Such risks include reputational damage, litigation, death or serious harm
- Risks that must be highlighted to the clinical risk subcommittee include: serious incident reviews, serious adult reviews, serious case reviews, domestic homicide reviews, paedophile rings or slave rings
- Ensure the board receives a quarterly report on safeguarding
- Ensure they are trained and up to date with safeguarding policies and guidance

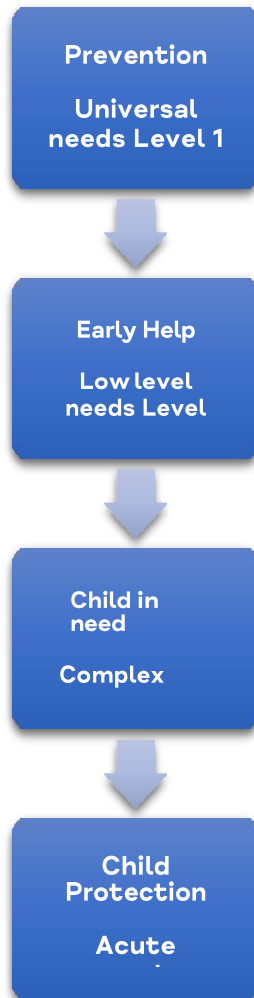
### Board Responsibilities

- Ensure ratification all safeguarding policies
- Ensure there is a named safeguarding lead for adults and young people
- Ensure oversight of safeguarding and incidents relating to risk
- Ensure they are trained in safeguarding responsibilities as board members

## Governance Structure



## Safeguarding Thresholds



**Universal Needs:** Within this threshold, children with no additional needs whose health and developmental needs can be met by universal services. This may also include however children with emerging needs or low-level vulnerability. The majority of children will fall under this category. Here there will be no involvement from statutory services.

**Early Help:** Within this threshold, children with some additional needs who may be vulnerable to achieving poor outcomes may require early help services. Children who fall under this category may benefit from additional support from a multi-agency support network working alongside their parents/carer. Here there will be a co-ordinated plan of support. With consent from the family, targeted early intervention may be explored through an Early Help Assessment.

**Complex Needs:** Within this threshold are children who are disabled or for whom specialist services are needed to promote their safety and welfare and prevent

them from experiencing harm. With consent from the family, a social work child in need assessment will explore the risk of harm for children. At this threshold children and families may be offered a Child In Need Plan (CIN) or on occasion specialist Child and Adolescent Mental Health services (CAMHS) may act as the lead agency devising an alternative plan of support.

**Acute risk of harm:** Within this threshold are children who are at risk of significant harm. These children require a co-ordinated multi-agency response to reduce the risk of harm by child protection procedures or specialised health services.

Most Local Authorities detailed local guidance on thresholds of need, which staff and volunteers may refer to when considering potential safeguarding issues.

## Categories of Abuse

Maltreatment of a child or young person can take many forms and may also be criminal offences. Working Together to Safeguard Children identifies four categories of abuse and neglect and defines them as follows:

### 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.

### Neglect

- The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development.

### Emotional Abuse

- The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

### 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.

In addition to the above four identified categories of abuse and neglect, Working Together to Safeguard Children provides definitions of the following two additional types of abuse, which typically are considered extra-familial or

### Child Sexual Exploitation

- Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance in 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.

### Child Criminal Exploitation

- Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

contextual safeguarding issues:

Further information on various forms of abuse against children and young people is available from the NSPCC, and staff and volunteers may wish to refer to this when considering potential safeguarding issues.

HFEH Mind discharges its obligations as an alerting agency for safeguarding in the following ways:



**We recognise:** When working with children and young people, whether one- to-one or in groups, we are actively alert to indicators of possible abuse or neglect.



**We consider:** Through internal case discussion and reflection, we consider risks and whether a referral to the relevant Local Authority is required.



**We respond:** We raise concerns with the relevant Local Authority Children's Services, share information efficiently and participate in multi-agency meetings on request.



**We follow through:** After raising a concern with the Local Authority, we obtain confirmation from them of whether the concern was substantiated, the outcome.

of any subsequent investigation, and what action has been taken to safeguard the child or young person.

## Disclosures

HFEH Mind staff or volunteers may be told directly or indirectly about abuse or suspected abuse while providing services to children, young people, and their families.

Disclosures of abuse and neglect can be made in person, via phone, on social media or email so staff and volunteers should always stay alert.

Prior to any interaction with a child, young person, parent or carer, all staff and volunteers should ensure they have a mobile phone with the numbers of their manager, duty and the local mental health teams. Practitioners must discuss with children and young people the limitations of confidentiality and document this on IAPTUS.

Disclosures of harm may also include clinical risk, therefore practitioners must familiarise themselves with the Suicide and Self Harm Prevention policy, risk assessments and CYP safety plans which also include a range of emergency and out-of-hours contact numbers.

The NSPCC has created a [short video resource](#) with advice and guidance on how to respond to a child's disclosure of abuse, which staff and volunteers may wish to refer to when preparing for an interaction with a child or young person.

If receiving a disclosure of abuse or neglect from a child or young person, staff and volunteers should follow the following guidelines:

<b>Do:</b>	<b>Do not:</b>
<ul style="list-style-type: none"><li>● Stay calm</li><li>● Speak in private (unless there are safety concerns)</li><li>● Listen carefully and make sure the child or young person knows they are being taken seriously regardless of the nature of their concern</li><li>● Show sympathy and concern</li><li>● Clarify key basic details without asking leading questions, for example: How recent? Any physical evidence?</li><li>● Explain what you are going to do next i.e you will have to inform the DSL</li><li>● Remind the child or young person that confidentiality can be broken if we fear there is a risk to them or others</li></ul>	<ul style="list-style-type: none"><li>● Investigate<ul style="list-style-type: none"><li>○ It is not your role to investigate the concern</li><li>○ Do not press for details</li></ul></li><li>● Appear shocked or concerned</li><li>● Form opinions or make judgements, ensure you stick to the facts</li><li>● Give false reassurances</li><li>● Confront the abuser</li><li>● Accuse the child or young person of telling lies or blaming it on their mental health</li><li>● Destroy any evidence</li><li>● Take risks</li></ul>



- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>● Make sure emergency services are called if required</li><li>● Document carefully what the child or young person has told you</li><li>● Seek support from your line manager</li><li>● Maintain boundaries</li></ul> |  |
|--|--|

### Reporting a Disclosure

- If abuse or neglect has been disclosed, you have a legal duty and obligation to report the concern.
- If a professional or a service user has stated that they have already raised the concern you must still raise a concern yourself. You have an obligation to raise your own concerns so it is imperative we do not take this information lightly.
- You must phone your line manager unless there is an emergency taking place and you need to call emergency services (999, police, ambulance, or fire service). Your line manager will provide you with support and further guidance if necessary.
- You will then need to raise the concern both internally and externally.
- If you do not have contact details for a service user (for instance they have sent in an email or called in but not disclosed personal details), send what you have as the local authority/mental health team may be able to identify the person through their phone number or email address.

### What if the young person /child or parent does not want you to make the disclosure?

Try and ascertain why the person concerned does not wish for the concern to be raised. Providing them with information about the process may reassure them. Offering for them to raise the concern themselves may help them feel more in control.

If the person concerned about still does not wish to raise the concern, discuss this with your line manager and consider asking the local authority for advice without divulging the victim's details to see if the concern should be raised.

If the concern should be raised, it is key that the safeguarding concern sent to the Local Authority details that the person concerned has not consented to the safeguarding concern being raised. The Local Authority is then able to make safeguarding personal (person-centred) for the child, young person or family concerned about in the way in which the concern is dealt with.

- Detail why the person concerned about does not want the concern to be raised.
- Detail if other people may be at risk, for instance children or other adults with care and support needs. If there is a child at risk, a separate safeguarding form should be sent to the child protection team in the local authority.
- Detail if the person concerned about is under pressure not to raise the concern.
- Detail if the alleged perpetrator also has care and support needs.

## Social Media

We may get disclosures around abuse and neglect through social media.

It is important we respond in a way that treats people with dignity and respect but also does not compromise their privacy.

We still have a duty to report an allegation regardless of if it's through social media or not. Please refer to the HFEH Mind Social Media Policy for further information.

## Youth Services Internal Safeguarding Procedure



## Reporting the concern externally

- Once the line manager has decided that the safeguarding concern meets the threshold, the practitioner must report the concern within **24 hours** to the local authority.
- The concern must be reported to the local authority in which the abuse or neglect took place. The concern must also be reported to the Designated Mental Health Lead and Designated Safeguarding Lead within the school/college the child or young person attends.
- If self-harm or suicidal ideation is disclosed, you must complete safety planning as a mandatory action. Read the Suicide and Self Harm Prevention policy to remind yourself of the process.
- If the young person is under the care of CAMHS whilst seeking support from HFEH Mind Youth Services or takes part in any HFEH Mind programmes, staff must inform the allocated CAMHS clinician/worker to provide them with an update of the identified risk.
- If the young person is not known to CAMHS and the subsequent risk assessment highlights that clinical risk is beyond the scope and threshold of HFEH Mind services, then a referral must be made to CAMHS for ongoing management of risk and provision of appropriate level of mental health care. Staff must ensure the young person's GP is copied into the referral.
- Each local authority has its own safeguarding form which is often located on their website (if you have trouble locating this please immediately reach out to the YS Safeguarding Lead). You must ensure you fill out this form with all available information you possess.
- You must send all forms protected. If the recipient does not have Egress, you will need to password protect the document and send the password in a subsequent email.
- Once you have submitted the report, you will need to check within 24 hours that it has been received.

## Following up

Once you have confirmed that the local authority has received your concern, you have fulfilled your alerting role. However, within HFEH Mind, to ensure children and young people are safe, we continue to follow through with the safeguarding

concern until it is closed. We, therefore, need to obtain 'protective measures that the local authority has put in, to reassure us that the service user is safe.

An example of a protective measure may be:

- if a child has shared that they have experienced online harms, the protective measure may be for parents to have passwords and access to online accounts, monitor their use of online chatrooms and ensure the child has supervised time on devices.

Some safeguarding concerns may not meet the threshold so the local authority may close the safeguarding but put in other support. In some cases, an investigation may need to take place. This is called a Section 47 enquiry. This could take long time to conclude, but if the person is facing immediate harm you should ask the local authority what the interim protective measures are.

When a safeguarding enquiry is closed, there are four potential outcomes:

- substantiated
- not substantiated
- partially substantiated
- inconclusive

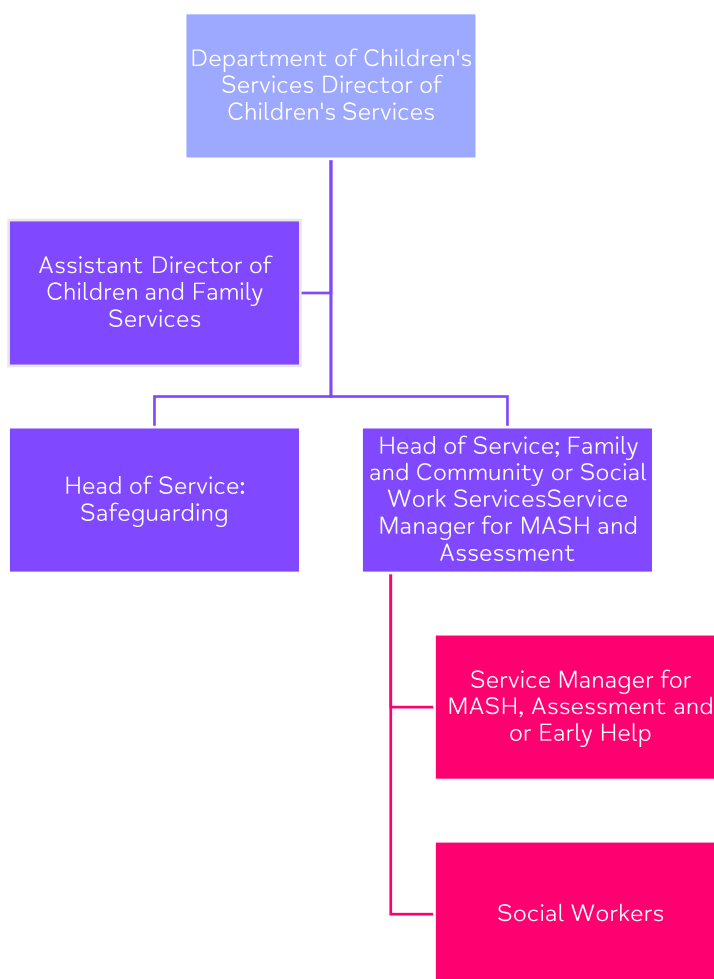
When a case has been closed, you need to obtain one of the above outcomes and ensure this is appropriately recorded on views and IAPTUS.

### Escalating Concerns

Staff should be chasing open safeguarding concerns weekly for protective measures and outcomes. If staff have attempted to do this more than 3 times with no response, they should escalate this to their line manager who will escalate to both the service manager and YS Safeguarding Lead.

The service manager should then inform authorities that the safeguarding has now been escalated due to no response and try and obtain the protective measures and outcomes themselves. They should include the YS Safeguarding Lead in discussions. If the service manager is unable to get an update- this should be escalated to the safeguarding lead internally who will decide if the trust safeguarding lead needs to be contacted who can also escalate the concern. The Safeguarding Lead will also track such cases and report trends/themes to the CEO and Board via quarterly safeguarding reports and quarterly safeguarding meetings.

## Escalation hierarchy for social services



## Service Distinctions; The Circle

The Circle sits under the complex needs hub within the Youth Services Hub & Spoke model. The Crisis intervention space is commissioned to offer evidence-based interventions to children and young people presenting with mild to moderate mental health issues. The Circle only report on suicide if there is an active plan or the young person has disclosed they have considered methods to act on this thought. Staff will only report on self-harm if the injury goes beyond superficial injury. Staff will liaise with and inform Speak CAMHS / CAMHS Alliance team depending on the risk.

If abuse or neglect has been disclosed, staff will follow the same procedures outlined within this policy.

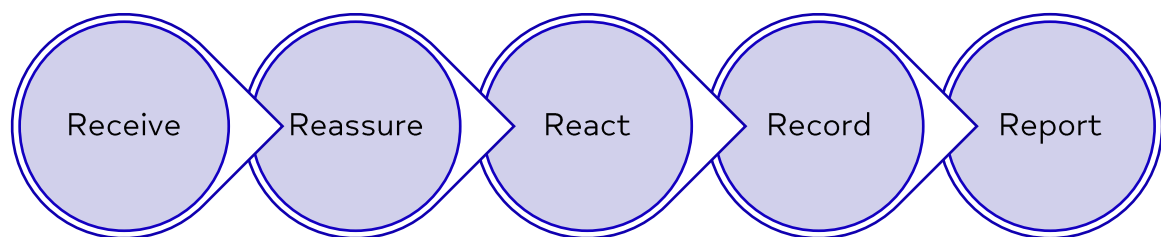
## Manager Response

Managers should be available to provide safeguarding advice to staff on:

- Whether an incident is a safeguarding incident or serious incident and whether this should be logged on views
- How to report this internally
- How to report this externally
- And next steps

Managers should ensure they have read all relevant policies before providing advice. Where managers are unavailable, they should ask staff to contact another manager and find appropriate safeguarding cover for when they are on annual leave.

**The 5Rs** When a disclosure is made, the 5Rs should be followed:



**Receive:** all managers should be ready and available to receive calls/emails from staff about safeguarding. If a manager is absent, staff must utilise duty for their safeguarding queries.

**Reassure:** all managers should provide reassurance to staff and ensure staff wellbeing through the process but thanking staff for recognising this and checking in with them at various stages of the process. Managers should also direct staff to Perkbox free counselling.

**React:** all managers should react to the issue that is being presented, advise on whether a concern should be raised, provide staff direction on where a concern should be raised and ensure the staff member understands the safeguarding process. Please direct staff to send all confidential information through a password protected document or Egress.

**Record:** all managers should ensure any guidance given over the phone is documented by email or documented in the incident form. Ideally this should be done after giving advice, so the staff member is aware of the process and has a point of reference as they work through the process.

**Report:** all managers must ensure an incident report is completed and all management guidance has been recorded. The report must also be signed off in the management section.

### Role of supervision and team meetings

It is key managers use the supervision template stored on BreatheHR to conduct supervisions at least 6 weekly with staff. Safeguarding must be discussed in every supervision and be a standing agenda item within team meetings.

It is key that managers bring up;

- How many open safeguarding concerns the staff member has
- Discuss any concerns around follow up/chase up
- Ascertain if escalation is necessary
- Ascertain if staff need further support (Perkbox or employee assistance scheme)
- Ascertain if policies and training has been completed for safeguarding

The type of advice or response given will depend on the type of incident and the type of team.

### Post Incident Support

After all incidents, there must be a debrief between the staff involved and their manager. The Youth Services Safeguarding Lead will also be available to lead or support debrief discussions. Staff and volunteers may also wish to take advantage of the free counselling helpline available to all staff and volunteers at Mind to get support with their own responses to the incident.

Not all staff and volunteers at Mind have clinical qualifications so managers must arrange for staff to have access to clinical supervision should they require additional support and ensure all safeguarding concerns or disclosures are discussed in supervision as indicated above.



## Internal Safeguarding Recording

Managers must advise staff to complete an incident report on views and send this to their line manager, business support and safeguarding lead. A URL should be provided by staff that takes managers to the incident report (which should be stored on the questionnaires section of Views).

If the case has been managed through a duty manager, the duty manager must fill out the initial manager comments on the Views form, then handover to the appropriate line manager or supervisor.

Managers must ensure they have read the Views manual and completed the Views training videos prior to using Views and entering anything on the incident forms.

Where to fill in and what to write:



The screenshot shows a form with three main sections. The first section is a large text area labeled 'Managers comments/further actions to be completed/timescale for completion'. The second section is a text input field labeled 'Managers name'. The third section is a date input field labeled 'Date of manager sign off' with a placeholder 'dd/mm/yy' and a calendar icon.

The advising manager must fill in these boxes, making it very clear what advice has been given to staff and what next steps have been taken. Any updates must also be logged in this box, but name and date stamps must be entered on every update.

Example:

08/10/2022 Andrea Archer - Staff member informed me of the disclosure made by a child of emotional abuse that took place within the home. The child resides with father in Ealing. YP disclosed that Mother is not currently living with the family although they visit with mother every other weekend. I have advised staff to inform the DSL and DMHL within the school of this disclosure and also gain insight into whether there is any additional information we need to be aware of. Child has identified father as a protective factor and therefore discussion will be had with father to gain consent for a referral to ECIRS (Ealing Children's Integrated Response Service).

Next steps:

- Staff to alert the DSL and DMHL
- Staff to obtain further information from DSL and DMHL to inform referral if appropriate/possible
- Staff to obtain consent for referral from Father

19/10/2022 Andrea Archer: I have checked Views and the safeguarding form is stored in the media section. LA concluded the family needed Early Help and have allocated an Early Help practitioner for targetted family support. Therefore, the abuse has been substantiated. Father has also been provided with additional support by way of EalingISAID for the child's SEN needs.

Next steps:

- SG lead to sign off

## Whistleblowing and the role of the LADO

HFEH Mind has a whistleblowing policy this is available for all staff, managers and service users to read.

If managers suspect a member of staff within the organisation of being a perpetrator of abuse and/or neglect, they must report this to their SG Lead immediately. They must call the SG Lead and ensure they inform no-one else. This does not need to be documented anywhere.

If the alleged perpetrator of abuse or neglect works for HFEH Mind and a crime is being committed, call 999

Where appropriate preserve any evidence. You may not be required to do this for most cases but on occasion, it is key that: answerphone messages are saved, the persons' clothes are not washed, advise the person concerned about not to wash or clean their teeth until the police has arrived if a sexual offence has been committed and record exact information that you have been told or seen (such as injuries; include size, shape and location).

This is where the staff/manager's role will end.

The safeguarding lead will then:

- Inform the CEO and HR through a restricted incident form
- Advise the CEO to inform the board immediately and advise HR to conduct an investigation immediately
- Raise a concern to the local authority and/or police
- Inform the LADO if a child is at risk
- Refer to the whistleblowing policy

### The role of the LADO (Local Authority Designated Officer)

As set out in Working Together to Safeguard Children, the role of the LADO is governed by the Local Authorities duties under section 11 of the children Act 2004. The LADO is responsible for managing allegations against adults who work with children.

The LADO must be contacted within one working day in respect of all cases in which it is alleged that a person who works with children 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; or

- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

If the safeguarding concern involves an allegation against adults or an adult who works with children staff must raise this with the YS Safeguarding Lead at the earliest opportunity. The YS Safeguarding Lead will then raise this with the LADO

## **Breaches of safeguarding/serious incident policy**

If a staff member breaches a policy, this must be reported by a manager. Failure to do this may result in an investigation and potentially disciplinary proceedings.

Breaches can occur in many ways:

- A safeguarding was not recognised
- A safeguarding was not chased up regularly (every two weeks)
- A safeguarding was not reported in the necessary time frame (24 hours)

Managers must complete an incident form using client Views code 10002.

Managers must not write the name of staff in the incident form. This form should then be sent to the SG lead.

The SG leads must inform HR of the breach and apply the following threshold to decipher if an investigation is necessary:

1. How severe is the breach? (think about impact on service user, increased risk to service user and/or others, potential self-harm/suicide as a result of the breach, reputational risk)
2. Persistency of breach (has this happened more than once by the same staff member? Is this happening across a certain team more than others etc)
3. Length of service (how long has the person been in post)
4. Compliance with training and policies (have the policies been read? Have they attended the safeguarding training and/or completed their iHASCO module?)

The investigation process will be led by HR and a disciplinary hearing with potential disciplinary action may be the result of the investigation. Severe breaches of policies that lead to or could have led to the harm of service users, staff or the general public can be considered gross misconduct, potentially leading to dismissal as per the disciplinary policy.

## Checklist for managers

### Safeguarding

<p>Be the first port of call for staff, be available to answer queries (ensure phone is on) and ensure you familiarise yourself with the policies and have conducted your training</p>	
<p>Ascertain:</p> <ul style="list-style-type: none"> <li>- If there is abuse/neglect</li> <li>- How imminent the risk of harm is</li> <li>- Check if other children or young people are involved</li> <li>- Check if other adults are at risk</li> <li>- Check if the local authority already involved with the young person and or family</li> <li>- Ascertain where the abuse took place</li> </ul>	
<p>Advise:</p> <ul style="list-style-type: none"> <li>- Staff to raise the concern to the local authority where the child resides</li> <li>- Ensure DSL and DMHL are both made aware</li> <li>- Recording on IAPTUS</li> <li>- Ensure parents are made aware if appropriate</li> <li>- Ensure liaison with SpeakCAMHS if staff are based in the Circle</li> <li>- Staff to create new risk assessment on IAPTUS and amend the final risk rating score</li> <li>- Check in with staff around their wellbeing</li> </ul>	
<p>Check:</p> <ul style="list-style-type: none"> <li>- If radicalisation exists, we must report to PREVENT and Police</li> <li>- If danger is imminent that emergency services have been called and a referral made within 24hours</li> <li>- If parents or young person have provided consent</li> <li>- Signposting information has been made available</li> </ul>	
<p>Report:</p> <ul style="list-style-type: none"> <li>- Check that the staff member has completed the Views form, IAPTUS clinical contacts are up to date and that you have received the link and check their wellbeing</li> <li>- Ensure the correct type of incident has been ticked on the views form</li> <li>- Check that the disclosure was reported on the same day</li> <li>- Ensure SG lead is copied in</li> <li>- Check the Media section for a copy of the safeguarding form</li> <li>- Write comments in the manager Section</li> </ul>	

<p>Follow up:</p> <ul style="list-style-type: none"> <li>- Ensure staff are following up for protective measures and outcome from all who have received the report</li> <li>- Ensure SG lead is informed when all steps have been taken</li> <li>- Check in on staff wellbeing</li> </ul>	
---	--

### Suicide prevention and self-harm

<p>Be the first port of call for staff, be available to answer queries (ensure phone is on) and ensure you familiarise yourself with the policies and have conducted your training</p>	
<p>Ascertain:</p> <ul style="list-style-type: none"> <li>- If the young person or child has a plan</li> <li>- How bad the injury is for the self-harm</li> <li>- Check in with staff around their wellbeing</li> </ul> <p><b>*CRISIS SERVICES: If client does not have a plan and the injury is not beyond superficial- managers to advise Circle staff not to raise. If it is, follow the rest of the checklist</b></p>	
<p>Advise:</p> <ul style="list-style-type: none"> <li>- Staff to raise it to the DMHL and DSL</li> <li>- Staff to complete a risk assessment</li> <li>- Staff to collaboratively create safety plan with the young person</li> <li>- Ensure liaison with SpeakCAMHS for staff working at the Circle</li> <li>- Ensure children's safeguarding team is informed if a child is at risk</li> </ul>	
<p>Check:</p> <ul style="list-style-type: none"> <li>- If danger is imminent that emergency services have been called</li> <li>- If the client has consented</li> <li>- If there has been an attempt, if there is immediate intent or a considered plan make referral to CAMHS and if applicable also the Local Authority</li> <li>- Signposting information has been made available</li> </ul>	
<p>Report:</p> <ul style="list-style-type: none"> <li>- Check that the staff member has completed the Views form and that you have received the link</li> <li>- Ensure the right type of incident has been ticked</li> <li>- Check that the disclosure was reported on the same day</li> <li>- Ensure SG lead is copied in</li> <li>- Check the Media section for a copy of the serious incident form</li> <li>- Write comments in the manager Section</li> </ul>	

Follow up:

- Ensure staff are following up for protective measures and outcome from all who have received the report
- Ensure SG lead is informed when all steps have been taken
- Check in with staff around wellbeing



## FAQS

Some commonly asked questions by managers:

### **1. How do I as a manager know where staff should be raising concerns?**

Check the safeguarding adult's and safeguarding children and young people's policy first. If you can't understand the policy, call your safeguarding leads for advice.

### **2. What happens if the child or young person is out of borough?**

If the child or young person is not in our borough, simply google where a safeguarding adult or safeguarding CYP form should be sent- you will find the right email address.

### **3. Staff have told me the local authority can't receive Egress emails. Now what?**

Direct staff to password-protect the document instead and send the password through another email.

### **4. What are protective measures and how do I know if they are enough?**

Protective measures should either mitigate or eradicate risk. An example would be if a young person is experiencing superficial self-harm - we would expect a risk assessment to be conducted and a safety plan to be made in collaboration with the young person. A referral to CAMHs may also be considered. You know if they are enough if the risk has reduced. Check with your safeguarding lead if you are unsure.

### **5. What if I think the person is still at risk after the local authority have closed the concern?**

Follow the escalation process- we can challenge the decision if we have grounds to believe the children/young person and or family is still at risk.

### **6. How do I know as a manager if my team are dealing with safeguarding well?**

All safeguarding concerns are signed off by a safeguarding lead and CEO. We will provide feedback to all line managers.

### **7. What if I think my team need some bespoke training?**

Speak to your safeguarding leads, we can create a bespoke package to help your team.

### **8. We need some training on Views and ensuring we record on Views properly**

We have a video to help you input information on Views. We also have a Views manual and subsequent training that will be rolled out soon.

These can be found on the Vimeo account.

**9. What if I don't know the answer to something safeguarding related?**

Email the YS Safeguarding Lead safeguarding lead, if they aren't available go to the Directors (if different from SG lead) and then CEO

**10. A safeguarding concern was closed but the social worker has rung and told us this was an error and the concern is still open. CEO has signed it off. What do we do?**

Inform your line manager and your safeguarding lead. Your safeguarding lead will open the safeguarding again. You should continue to chase for outcome and closure.

**11. I have some learning I'd like to share and talk about a case. How do I do this?**

Safeguarding is a consistent agenda item within the weekly team meetings as well as the extended monthly team meetings and therefore there will always be a dedicated space to discuss and share learning from cases. Additionally, supervisors and Line managers within Youth Services can do this in the clinical risk and safeguarding forum.

**12. What if there is an error in the policy?**

Inform the policy writer immediately.

**13. What if the young person doesn't consent to the safeguarding being raised**

Consent is an important element even in safeguarding. However, if the risk is high, we can override the need for consent. In the first instance discuss this with your safeguarding lead who will likely advise you to contact the local authority anonymously to see if the concern should be raised. If the local authority advises against raising- ensure the risk assessment is updated and that the advice and name of the person giving this advice is logged. If the case is still open to your team ensure regular appointments are offered and continue risk assessing.

**14. Should we tell parent/carers if we are going to make a referral?**

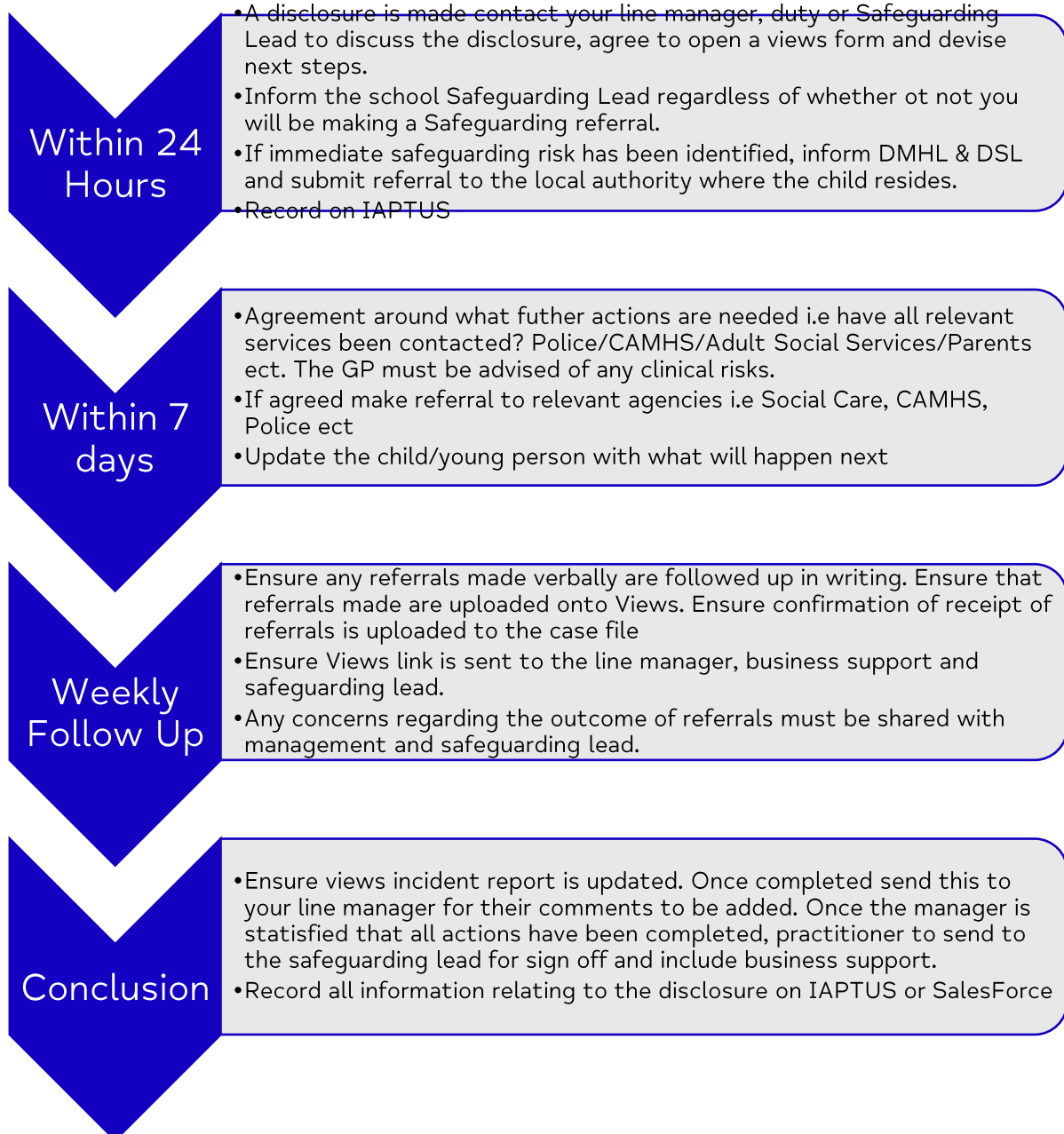
It is good practice to be as open and honest as possible with parent carers about any concerns you have and if you need to make a referral to social care, you should normally discuss this with the parent carer before you do. However, you should **NOT** discuss your concerns with the parent/carers in the following circumstances:

- Where Fabricated or Induced Illness (previously known as Munchausen Syndrome by Proxy) is suspected
- Where familial sexual abuse has occurred
- Where Female Genital Mutilation is the concern
- In cases of suspected Forced Marriage
- Where contacting or discussing the referral would place a child, or others at immediate risk.

### **Other policies to refer to**

- Escalation procedures
- Whistleblowing protocol
- Risk assessment and risk management
- Training protocol
- Supervision and appraisal policies
- Information sharing protocol.
- Safeguarding for Adult's policy
- Code of Conduct
- Disciplinary Policy
- DBS Policy
- Recruitment & Selection Policy
- Serious Incident Policy
- Suicide and Self Harm Prevention Policy
- Social Media Policy

## Appendix A – Disclosures



Where your line manager or duty clinic

ian is unavailable please approach any other manager at the same level as your direct line manager or contact Children's Services directly to discuss concerns.

**end their life\*.**

Be self-aware, mindful of any personal feelings, your facial expressions, language used and tone. Be supportive, practice active listening and don't presume you know what the CYP is going through.

Be supportive, practice active listening and don't presume you know what the CYP is



Explore disclosure with CYP; Inform CYP confidentiality will be breached to manage risk.

Conduct risk assessment and create collaborative safety plan

Explore whether CYP has appropriate help/support. During this conversation practitioner to help CYP to identify suitable named adult (typically parent/carer) who CYP would like to be involved



Contact Supervisor/Duty Manager to discuss disclosure/concern (where unavailable any other manager at the same level as your direct line manager). Conversation will include plan of action (refer to team safety plan) and any information to be shared with School DSL and Parent/Carer



Inform and discuss concern with Designated Safeguarding Lead in the school or college.

Wherever possible this should be done with the young person's consent, please advise the YP of the limitations of confidentiality in relation to risk and safeguarding.



As required, call Duty CAMHS to discuss disclosure and refer CYP. Follow advice provided by CAMHS



Record your conversation, plan and/referral information on IAPTUS. Update risk assessment and client risk rating. Record incident on VIEWS. Make a note in IAPTUS session notes that incident was recorded on views include views hyperlink.



Your line manager will add comments that may include 'further action required'. Once no further action is necessary, your line manager will share the views link with the YS safeguarding lead for

## **Appendix B – Self Harm Disclosures**

*\*Self-harm should only be reported where it has led to a wound that is more than superficial or where the self-harm is concerning (i.e more frequent, done by a young service user, being taught to other family members etc) if the self harm injury is superficial this will not be reported on a Views Incident form but rather*

*the risk assessment updated, risk rating updated, safety plan and all clinical contacts recorded on IAPTUS. Additionally, suicidal ideation without an active plan or method consideration also would not be recorded on Views.*

## **Appendix C – Views Incident Reports**

How to create an Incident Report on Views

In order to create a new incident from on Views please ensure you have your login details to hand as well as your Microsoft Authenticator. If you do not have these details please inform your line manager at the earliest opportunity. Once logged into Views, you must create a contact for the child or young person you have received the disclosure from before you are able to generate an incident form. Below are the steps to take to create:

1. Go to Contacts
2. Service User
3. Click Add
4. Complete form adding service users details (you can complete form without consent as this is a safeguarding concern)
5. Once form completed this generates an ID number, this is the last 4 numbers on the URL.
6. Now you have generated a person any information added from the left-hand tool bar will be added to that persons File.
7. Scroll down on the left and click into Questionnaires, go to plus sign and look for the HFEH Incident Report Form
8. Once saved, go back into the report by clicking on the eye icon on the right hand under actions. Once you are back into the report go to the top of the page and copy the URL.
9. Send this URL to the manager you discussed the concern with, your line manager, the business support team and the youth services safeguarding lead.

For additional guidance please refer to the VIEWS presentation which has a step by step guide and video to help you complete the form and gives guidance to how you record the information.

## Appendix D – Details to include in an incident form

Do	Do not
<p><b>Stick to facts</b></p>	<p>Add unnecessary details.</p> <p>For instance; I went to the hospital and I was talking to the patient about how their day went. It was around midday. The patient spoke to me about their day and we discussed what she had done over the weekend. We then spoke about the day centre. The day centre is where the patient attends for activities.</p>
<p><b>Report exactly what the person has told you, use quotation marks if you need to.</b></p>	<p>Put in your opinion.</p> <p>For instance: the person concerned about was <u>clearly</u> distressed about the issue and it was <u>obviously affecting her</u>. The hospital <u>was so uncaring</u> when she tried to talk to them about it.</p>
<p><b>Highlight any visible marks or bruises</b></p>	<p>Make judgements.</p> <p>For instance: I am convinced her husband did it, it was so obvious especially when I was talking to her. He was staring us both down and I am sure from the interaction my person concerned about is telling the truth. The hospital is definitely covering up what is happening.</p>
<p><b>Make it clear and concise: who, what, when and where.</b></p> <p>Use full names of everyone involved and provide full contact details where possible. This includes:</p>	<p>Do not ramble or add in details which are insignificant</p>

<ul style="list-style-type: none"> <li>● The victim</li> <li>● The perpetrator</li> <li>● GP</li> <li>● Mental health practitioner</li> <li>● Social worker</li> <li>● Safeguarding officer</li> </ul>	
<p><b>Use bullet points and short sentences to tell us what happened-</b> the facts, the frequency, the location, the injuries, and the type of abuse if applicable.</p> <p>What actions were taken- did the person call the police at the time or report the incident to anyone else? What actions did you take?</p> <ul style="list-style-type: none"> <li>● Call the police</li> <li>● Call emergency services</li> <li>● Inform the GP</li> <li>● Inform the mental health team</li> <li>● Inform social services</li> </ul>	<p>Write long paragraphs containing irrelevant detail or a script.</p> <p>For instance:</p> <p>I said “so what happened”</p> <p>She said “I went to take money out of my account and there was nothing in the account”</p> <p>I asked “why, where did the money go?”</p>



## Appendix E – Useful Contacts

If a child is in immediate danger call the Police on 999

<b>Ealing Local Authority</b>	
Ealing Council Ealing Children's Integrated Response Service (ECIRS)	020 8825 8000 (24 hours for emergency calls The Consultation Line is open Monday to Friday 9am to 5pm. The contact number is 020 8825 5236.
LADO (Local Authority Designated Officer)	When an allegation is made about an individual it must be reported to the LADO (Local Authority Designated Officer) within 24 hours via the Youth Services Safeguarding Lead.  The LADO for Ealing is: Natalie Cernuda, contactable via asv@ealing.gov.uk or 07890940241 during business hours.
Speak CAMHS Helpline	08003284444

<b>Hammersmith &amp; Fulham Local Authority</b>	
Initial Consultation and Advice Team (ICAT)	You can contact both ICAT and the MASH team on: 020 8753 6600 / 020 8753 6610 <a href="mailto:familyservices@lbhf.gov.uk">familyservices@lbhf.gov.uk</a> Out of hours service: 020 8748 8588  For case consultations or follow-up enquiries please contact the Duty Child Protection Adviser in the first instance on 020 8753 5125
LADO (Local Authority Designated Officer)	Megan Brown - Safer Organisations (LADO) and Safeguarding in Education Manager 07776 673020 megan.brown@lbhf.gov.uk
Speak CAMHS Helpline	08003284444

<b>Hounslow Local Authority</b>	
Children's Social Care	020 8583 6600 option 2 Our office is open Monday to Thursday 9am to 5pm, Friday 9am to 4.45pm Telephone 020 8583 6600 option 1 Out of hours (after 5pm weekdays or weekends) call 020 8583 2222 and ask to speak to the duty social worker.
LADO (Local Authority Designated Officer)	Grace Murphy Tel: 0208 583 4933 Email: grace.murphy@hounslow.gov.uk Working days: Tuesday- Friday (9:00am-5:00pm) Sarah Paltenghi Tel: 0208 583 3423/ 07970198380 Email: sarah.paltenghi@hounslow.gov.uk Working days: Monday- Wednesday (9:00am-5:00pm).
Speak CAMHS Helpline	08003284444

<b>Kensington &amp; Chelsea Local Authority</b>	
Children's Social Care	Tel: 020 7361 3013 <a href="mailto:socialservices@rbkc.gov.uk">socialservices@rbkc.gov.uk</a> Out of hours – 020 7361 3013 For case consultations or follow-up enquiries please contact the Duty Child Protection Advisor In the first instance on 02073613013
LADO (Local Authority Designated Officer)	Aqualma Daniel - Safer Organisations Manager & Local Authority Designated Officer (LADO) RBKC and Westminster Tel : 07870481712 Email Aqualma.Daniel@rbkc.gov.uk
Speak CAMHS Helpline	08003284444

## Useful Websites

- [Working Together to Safeguard Children \(2018\)](#)

- NICE guidance (2017) “When to suspect child maltreatment”  
<https://www.nice.org.uk/guidance/cg89>
- [Hackett’s Continuum of Behaviours \(2010\)](#)
- [Keeping Children Safe in Education \(2023\)](#)
- [Information Sharing: Guidance for practitioners \(2018\)](#)
- [NSPCC](#)