

# **POLICY FOR SAFEGUARDING (CHILD PROTECTION)**

Clinic name: Trinity Centre, 25 Chywoone Hill,  
Newlyn. Penzance. Cornwall. TR18 5AR.  
Clinic Name: Cowdray Therapy Rooms,  
Parkway, Easebourne, Midhurst, West  
Sussex, GU29 0AW.

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## 1. Introduction

At [Newlyn Osteopaths and Cowdray Osteopathy], the safety and welfare of our patients is of the utmost importance. Because of the day-to-day contact with children that our team has, our staff are well placed to provide a safe environment for all of the children in our care whilst also remaining vigilant for the outward signs of abuse. All adults working in the practice must contribute to providing a safe environment (physical and emotional) and to protect children from harm and abuse, being aware that any child may be at risk of harm or abuse. We have a duty to safeguard and protect the welfare of our patients under the Children Act 1989 through identifying any child with welfare concerns and taking action to address them in partnership with families and other agencies where appropriate.

We fully recognise the contribution that the practice makes to safeguarding children. We recognise all staff have a full and active part to play in protecting our patients from harm.

## 2. Aims of the policy

The aims of this policy are to safeguard all children and protect vulnerable children by:

- Raising the awareness of both clinical and non-clinical staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse
- Ensuring all adults within our practice that have access to children have been checked as to their suitability
- Emphasising the need for good levels of communication between all members of staff
- Developing a structured procedure within the practice, which will be followed by all members of the staff in the case of suspected abuse
- Developing and promoting effective working relationships with other agencies, especially the police and social services

## 3. Definitions (as taken from Keeping Children Safe in Education part 1-KCSiE July 2015)

**“Safeguarding and promoting the welfare of children is defined for the purpose of this guidance as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; taking action to enable children to have the best outcome.”**

Where a child is suffering significant harm, or is likely to do so, action should be taken to protect that child and to promote the welfare of children who have suffered from, or may be at risk of physical

injury, neglect, emotional abuse or sexual abuse including Female Genital Mutilation (FGM), Children Sexual Exploitation (CSE) and the Prevent Agenda.

Safeguarding is therefore broader than child protection alone and is the responsibility of everyone in the clinic. It relates to action taken to promote the overall welfare of all children, as well as specific protection from harm, through appropriate provision and action.

**Safeguarding may cover a variety of areas including:**

- Neglect, physical abuse, sexual abuse, emotional abuse
- Racist, disability and homophobic or transphobic abuse
- Gender-based violence
- Radicalisation
- Child Sexual Exploitation
- Substance abuse
- Domestic violence
- Female Genital Mutilation

**4. Procedures**

The most current London child protection procedures, (5<sup>th</sup> Edition - London Safeguarding Children Board) is available at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk)

This policy and procedure also accords with 'Working Together to Safeguard Children' (HM government 2013)

**We will ensure:**

- We have a Designated Safeguarding Lead who undertakes regular training. At present this person is [Designated Safeguarding Lead is Carolyn McGregor BSc (Ost.), BA Div (Hons), RSHom.,]
- There is a member of staff (Deputy Safeguarding Lead) who will act in the Designated Safeguarding Lead's absence. At present this person is [First and last name]
- All members of staff develop their understanding of the signs and indicators of abuse
- Training will be available to all members of staff as appropriate and in line with national guidelines
- All members of staff know how to respond to patients who disclose abuse

- All parents/carers are made aware of the responsibilities of staff members with regards to child protection procedures
- Our procedures will be annually updated
- All new members of staff will be given a copy of our child protection procedures as part of their induction into the practice
- Any students or volunteers working on the premises will be given a summary of our safeguarding policy and asked to sign a form to show they will adhere to the policy

## **5. Responsibilities**

Everyone in the practice must be alert to the possibility that any child in our care, regardless of race, religion, culture, class or family background, could be the victim of abuse or neglect and must be familiar with these procedures.

### **The Designated Safeguarding Lead is responsible for:**

- Keeping written records of concerns (on appropriate safeguarding forms) about a child even if there is no need to make an immediate referral, ensuring all such records are kept confidentially and secure and are separate from the patient's records
- Ensure an indication of further record-keeping is marked on the patient's records
- Remaining up to date in their knowledge and attending relevant training
- Ensure the safeguarding policies are in place, are relevant, robust, reviewed annually and are followed
- Ensure all new staff have appropriate training
- Ensure the relevant policies are made readily available to parents
- Staff have appropriate training and are aware of all relevant policies
- Staff have access to relevant information and contact details in order to make referrals to appropriate agency as appropriate
- Safe recruitment practices are in place
- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to
- Ensure verbal concerns are raised with the appropriate authorities as soon as possible after the concerns have been raised recording all details on the appropriate forms
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children, which may include Social Services and/or the police

## **6. Confidentiality**

We recognise all matters relating to child protection are confidential. The Designated Safeguarding Lead will only disclose information about a safeguarding issued to other members of staff on a 'need-to-know' basis. Staff are made aware through child protection training that they have a professional responsibility to share information with other appropriate agencies in order to safeguard children. They are also made aware that they cannot promise a child to keep secrets and that they have a duty to share any concerns about children with the Designated Safeguarding Lead before leaving the practice premises.

## **7. Supporting staff**

We recognise that staff working in the practice environment who have become involved with a child who has suffered harm, or who appears to be likely to suffer harm may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

## **8. Allegations against staff**

We understand that a child might make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the Designated Safeguarding Lead.

If the allegation made to a member of staff concerns the Designated Safeguarding Lead, the member of staff should inform the Deputy Safeguarding Lead.

## **9. Whistleblowing**

We recognise that children and parents cannot be expected to raise concerns in an environment where staff failed to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues (See GOsC 'Duty of Candour' and Osteopathic Practice Standards (standard C9)).

## **10. Recruitment and selection**

In our recruitment we will ensure that our interview panellists are appropriately trained, that we always follow-up gaps in previous employment, that we always require specific references from employers for the last five years and that for all posts, paid or voluntary, the appropriate Disclosure Barring Service (DBS) and Disqualifications By Association checks are conducted. We also ensure staff are inducted in safeguarding procedures thoroughly and staff training is conducted regularly.

We keep a central record of all staff training including the date and outcome of their Disclosure Barring Service checks so that all children, patients and parents can be assured that this has been completed.

## **11. Contractors and outside services**

We expect all contractors providing services within the practice, whose staff have access to the practice premises, to comply with these policies and procedures. They must agree to this in writing. In particular, we require any contractors or organisations delivering a service on behalf of the practice or using our premises, to provide evidence that they adhere to the above requirements in terms of recruitment, selection, training and supervision of their staff, especially with reference to conducting Disclosure Barring Service checks.

This policy and procedure will also apply to any organisations using practice facilities. They must also agree to this in writing.

## **Appendix 1: recognition of child abuse**

The London Child Protection Procedures gives the following definition of child abuse and neglect:

- Child abuse and neglect is a generic term encompassing all ill-treatment of children including serious physical and sexual assault including FGM, CSE and Radicalisation/Extremism as well as cases where the standard of care does not adequately support the child's health or development.
- Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.
- Abuse can occur in a family, institutional or community setting. The perpetrator may or may not be known to the child.

**There are four main categories of abuse, which are used for the purpose of recognition:**

- Neglect
- Physical abuse (including FGM)
- Sexual abuse
- Emotional abuse

**Other welfare concerns may arise as a result of the following:**

- Parental substance abuse
- Domestic violence
- Poor parenting

These categories overlap and any abused child does frequently suffer more than one type of abuse. All of the below are taken from: 'Keeping Children Safe in Education' the DfE July 2015

### **Physical abuse**

May involve hitting, shaking, throwing, poisoning, burning or scolding, drowning, suffocating or otherwise causing physical harm to a child, including FGM. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.



### **Emotional abuse**

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 children 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 the child's development capacity, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interactions.

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**

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 (e.g. rape or oral sex) or non-penetrative act such as masturbation, kissing, rubbing and touching outside of clothing.

They may include noncontact 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 way or grooming a child in preparation for abuse (including via the Internet).

### **Neglect**

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

Neglect may occur during pregnancy as a result of parental substance misuse.

Once the 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 caretakers); or to ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**The first indication of concern about the child's welfare is not necessarily the presence of a serious injury. Concern may be aroused by:**

- Bruises or other marks on the child's body
- Several different explanations provided for an injury
- Remarks made by the child, another child, a parent or another adult
- Observation of the child's behaviour or reactions
- Self-harm, self-mutilation and suicide attempts
- Unexplained changes in the child's behaviour or personality
- Evidence of disturbance or explicit detail in a child play, drawing more writing
- Neglect or failure to thrive including failure to gain weight or actual weight loss
- clothing inappropriate for prevailing weather conditions
- In the case of FGM it may be triggered by knowledge of a family travelling to an area where FGM is practice

**For further information on recognising the four types of abuse, please refer to 'Keeping Children Safe in Education' part 1, page 8.**

## **Appendix 2: child protection procedure**

For in-practice procedures we will proceed as follows:

### **Do not delay**

Early referral gives more time to offer help to the child and family before the situation becomes severe or serious.

When the matter is already severe or serious, early referral gives more time for others to protect the child.

If you have a concern about a child, speak to the Designated Safeguarding Lead as soon as you can.

Make written notes of your concerns, record facts accurately and make it clear when you are expressing an opinion and what this is based on. Notes should be legible, signed, dated and recorded on the appropriate safeguarding forms.

Give a copy of these notes to the Designated Safeguarding Lead when you speak to them.

### **When concerns arise from a statement made by a child or another:**

**Listen:** do not ask questions or interrogate. The child must not be pressured for information, led or cross examined or giving false assurance of absolute confidentiality. Such well-intentioned actions could prejudice the police investigations, especially in cases of sexual abuse.

**Remain calm:** if you are shocked, upset or angry the child will sense this and this could stop them from saying more.

**Reassure:** the child has done nothing wrong - tell them it is alright to talk.

**Do not promise to keep it secret:** tell the child you cannot keep the matter secret and will need to take advice from someone who can help.

### **Clarify concerns**

**Offer reassurance** about how they will be kept safe.

**Explain what action will be taken:** whilst the child's views should be considered, it remains the responsibility of the professional to take whatever action is required to ensure the safety of that child and any other child.

### **Remember**

- If in doubt, consult
- Do not ignore concerns, even if these are vague
- Always make written notes
- The first responsibility is to the child
- If you need help or support to manage your own feelings, it can be provided
- You can make a referral directly if you remain concerned by contacting the Multi Agency Safeguarding Hub (MASH) on 0208 649 0418.