



CHUMS

**Mental Health and
Emotional Wellbeing
Service for Children
and Young People**

Safeguarding Children Policy

Implementation Date: February 2013
Reviewed: 2015
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Next Review Date: June 2022

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Background

The aim of CHUMS is to offer children an opportunity to explore their thoughts and feelings in a confidential setting, either through 1 to 1 support at home, in school, at CHUMS premises, or through our group programmes.

Safeguarding is everyone's responsibility.

We commit ourselves to the protection and welfare of all children and adolescents with whom we are in contact.

It is the responsibility of each practitioner to identify the risks of harm through neglect, physical, sexual or emotional abuse of all children contacted through the work of CHUMS and to report any abuse disclosed or suspected to their Team Leader and/or the Safeguarding Lead and to take action where appropriate in line with the Local Safeguarding Children Board (LSCB) procedures.

The Service is committed to supporting, resourcing and training all staff and to offering appropriate supervision.

All staff and volunteers will undertake foundation e-learning during the induction process and before working with children and young people. This should be repeated on an annual basis by anyone working directly with children and young people.

All clinical staff will be able to complete a face to face safeguarding training course (training recommended by LSCB) in addition to the above where appropriate. It is recommended that all clinical staff attend 4 hours of safeguarding related training annually. The safeguarding lead and Head of Service will access enhanced safeguarding training as deemed appropriate by LSCB.

Safer recruitment guidance and practice is embedded throughout our HR processes.

All staff are responsible for keeping up to date with current recommendations for safeguarding children made in the publication "Working Together to Safeguard Children 2015".

A member of staff is responsible for all issues relating to Safeguarding Children.

This policy will be reviewed on a bi- annual basis or sooner if important legislation changes.

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The Children Act 1989 and the Children Act 2004

In order to safeguard the welfare of children and young people in their charge, voluntary organisations should consider the issues raised by each of the following statements of principle and take any action they see as necessary:

- Adopt a policy statement on Safeguarding the Welfare of Children
- Plan the work of the organisation so as to minimise situations where abuse of children may occur
- Introduce a system whereby children may talk with an independent person
- Apply agreed procedures for protecting children to all paid staff and Volunteers
- Give all paid staff and Volunteers clear roles
- Use supervision as a means of protecting children
- Treat all Volunteers as job applicants for any position involving contact with children
- Gain at least one reference from a person who has experience of the applicant's paid work or volunteer work with children
- Explore all applicants' experience of working or contact with children in an interview before appointing
- Find out if the applicant has any conviction for criminal offences against children
- Make paid and voluntary appointments conditional upon the successful completion of a probationary period
- Issue guidelines and responsibilities on how to deal with the disclosure or discovery of abuse
- Train paid staff and Volunteers, their managers, and policy makers in the prevention of child abuse

Categories of Abuse

Compulsory intervention into family life can only be justified where a child is deemed to be at risk of/or experiencing significant harm. Below this threshold support can be given to the family through an Early Help Assessment (EHA). The EH team can be contacted via the local social care teams. An EHA requires consent from the family to proceed.

Physical abuse

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 the symptoms of, or deliberately induces, illness in a child.

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Emotional abuse

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 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 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

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

Neglect

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 unresponsiveness to, a child's basic emotional needs.

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Staff Ratios

The following are the minimum recommended staffing ratios for workshop or group programmes/events:

Children under 7 years

Two adults for up to eight children and one additional adult for every eight children.

Children over 7 years

Two adults for up to eight children and one additional adult for every twelve children.

Where children with additional needs are being supported, the ratio should increase dependent upon the needs of each individual child.

Good Practice Guidelines for the Prevention of Child Abuse

Children and Young People

As far as is possible, a worker should not be left alone with a child where their activity cannot be seen. This may mean leaving doors open, or two groups working in the same room.

In a therapeutic situation, where privacy and confidentiality are important, ensure that another adult knows that the session is taking place, where and with whom. At all times another adult should be in the building and the child should know that they are there.

All children and young people should be treated with respect and dignity. Language, tone of voice, body position and body language should all be considered, as should discipline and maintaining control by establishing appropriate boundaries.

Do not let children involve you in excessive attention seeking that is of an overtly sexual or physical nature.

Confidentiality must be maintained at all times, except in the instance of suspected abuse or neglect.

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Colleagues

If another member of staff is acting in a manner that might be misconstrued, be prepared to speak to them, your Team Leader or the Safeguarding Lead about your concerns.

As a service, we strive for an atmosphere of mutual support and care of each other, enabling us to be comfortable enough to discuss inappropriate attitudes and behaviour.

These measures should protect staff from false accusations.

Supervision

Supervision is mandatory for all, staff/volunteers should be committed to meeting at regular intervals to review, evaluate and plan the work.

Staff will be given time to reflect on the relationship they have with children/young people and the feelings that may arise as a result of this relationship. An entry should be recorded following each intervention on the dedicated database. The notes should not contain any judgements or personal thoughts but be a record of what was covered in the session. A personal journal may be kept for reflection. Any paper notes should be kept in a safe, locked place and returned to the office after sessions have finished.

Procedures if Child Abuse is Disclosed or Discovered

Code of conduct for all staff and Volunteers

Always remember that while you are caring for other people's children you are in a position of trust and your responsibilities to them and the organisation must be uppermost in your mind at all times.

DO NOT:

- Use any kind of physical punishment or chastisement such as smacking or hitting
- Smoke in front of any child
- Use non-prescribed drugs or be under the influence of alcohol
- Behave in a way that frightens or demeans any child
- Use any racist, sexist, discriminatory or offensive language
- Invite a child to your home or arrange to see them outside the set activity times
- Engage in any sexual activity (this would include using sexualised language) with a child you meet through your duties or start a personal relationship with them, this would be an abuse of trust
- Engage in rough or physical games, including horseplay

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- Let allegations a child makes go unchallenged, unrecorded or not acted upon
- Rely upon good nature to protect you or believe “it could never happen to me”
- Give children presents or personal items *

*Exceptions to this could be a custom such as: buying children a small birthday token or leaving present, help to a family in need - such as equipment to enable them to participate in an activity. Both types of gift should come from the organisation and from a professional capacity and be agreed with the named person for safeguarding children and the child's parent/carer. Similarly do not accept gifts yourself other than small tokens for appropriate celebrations, which you should mention to the activity leader.

DO:

- Exercise caution about being alone with a child. In situations where this is unavoidable, ensure another worker or volunteer knows what you are doing and where you are
- Ensure that any physical contact is open and initiated by the child's needs, e.g. for a hug when upset or help with toileting. Always prompt children to carry out personal care themselves and if they cannot manage ask if they would like help
- Talk explicitly to children about their right to be kept safe from harm
- Listen to children and take every opportunity to raise their self-esteem
- Work as a team with your co-workers. Agree with them what behaviour you expect from children and be consistent in enforcing it
- Remember if you have to speak to a child about their behaviour you are challenging ‘what they did’, not ‘who they are’
- Make sure you have read the Safeguarding Children Procedure and Policy and that you feel confident that you know how to recognise when a child may be suffering harm, how to handle any disclosure and how to report any concerns
- Seek advice and support from your colleagues and your designated lead for safeguarding children
- Be clear with anyone disclosing any matter that could concern the safety and wellbeing of a child that you cannot guarantee to keep this information to yourself
- Seek opportunities for training
- Where possible encourage parents to take responsibility for their own children
- Make sure you are up to speed with your organisation's confidentiality policy and the LSCB Information Sharing Protocol

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Signs of abuse

The following MAY indicate abuse, but conclusions should not be made – there could be other explanations.

- Physical – unexplained or sudden injuries and lack of medical attention
- Emotional – reverting to younger behaviour, nervousness, sudden under-achievement, attention seeking, running away, stealing or lying
- Sexual – preoccupation with sexual matters, evident from words, play, drawings, etc. Being sexually provocative with adults. Disturbed sleep, nightmares, bed wetting, secretive relationships with adults or children, tummy pains with no apparent cause
- Neglect – looking ill-cared for or unhappy. Being withdrawn or aggressive. Having lingering injuries or health problems

If abuse is disclosed, discovered or suspected write down what you have been told using the 'Safeguarding Recording Incidents/Concerns' form attached to this policy (Appendix A).

Do not delay

Do not act alone

Do not start to investigate

Consult with your Team Lead or the Safeguarding Lead as soon as possible

If the child is in immediate danger, call the police and children's social care or Multi Agency Safeguarding Hub (MASH) in the area in which the child lives.

What to do if a child tells you about abuse (a summary for reference only)

- Look directly at the child
- Keep calm
- Accept what the child says
- Be aware that the child may have been threatened
- Tell the child that they are not to blame
- Do not press for information
- Reassure the child that they are right to tell and that you believe them
- Let them know what you are going to do next, who you are going to tell and why and roughly what will happen. Do not promise confidentiality
- Finish on a positive note
- As soon as possible afterwards, make notes of exactly what the child said and the date and time

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- Consider your own feelings and seek support if needed
- Refer immediately to your Team Leader or the Safeguarding Lead for further action to be taken

Helpful things you may say:

- I believe you
- Thank you for telling me
- It's not your fault
- I will help you

Do not say:

Why didn't you tell anyone before?

I can't believe it

Are you sure this is true?

Why? How? When? Who? Where?

Never make false promises

Never make statements such as 'I am shocked, don't tell anyone else.'

Usual process of professional involvement

The child or young person (as appropriate to their understanding) and usually the parent or guardian should be informed that you plan to make a referral (unless telling them will put the child at additional risk or could impact on any criminal proceedings). If the child is at risk of significant harm you can refer without consent even if the family disagree with your decision. It is always best to discuss this with your safeguarding lead. A referral outcome should be received within 48 hrs. If not, this needs to be followed up after 3 days. If the referral is not accepted, consider if this decision should be challenged through escalation procedures.

If a referral is accepted, following initial investigation a strategy meeting will be established involving Children's Social Care, Police Public Protection Team and other appropriate professionals which may include the referrer.

The investigation may include:

- An informal talk with the child
- A formal police and/or Children's Social Care video-recorded interview
- Medical examination

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- Preliminary family assessment. There may be a decision to hold a child protection conference and information should be shared at this meeting. Alternatively a decision may be made that the threshold has not been met and a child in need or early help team around the family meeting may be held instead.

Safeguarding Children and Young People with Suicidal Ideation

CHUMS supports children and young people who may be suffering with low mood. Clinical risk within most CHUMS services remains with the G.P. It is however, imperative that a clinical risk assessment is undertaken for all CYP and where it is felt there is a medium to high level of risk, with no or few protective factors, the clinician should ensure there is a safety plan in place. This may include, but is not exclusive to, informing the G.P. of the current risk. In cases where there is immediate risk the clinician should contact the CAMHS crisis team. Where there is a raised level of risk but no immediate risk the clinician should ensure that the child/young person and their parent/carer know what to do should the level of risk escalate. Each clinician is responsible for talking to their clinical supervisor and/or the relevant safeguarding lead where the risk appears to be high or significantly escalating. In some circumstances the safeguarding lead may suggest a safeguarding form is completed. The safeguarding lead is then responsible for ensuring this is followed up appropriately. However it is imperative that the clinical risk assessment form is continuously updated also within the PCMIS client database, along with chronological notes. The PCMIS alert function should be used where there is any increased level of risk. This will also alert the supervisor to the level of risk.

Transport

All vehicles used for transporting children must be registered, taxed and properly maintained. Vehicles must have a minimum of third party insurance and the insurance company should be made aware of the use of the car for this purpose. The number of passengers must not exceed the number of seats for which the vehicle is registered. It is the responsibility of the Safeguarding Lead to audit this on a regular basis.

When transporting children, the driver should normally have more than one child in the vehicle. If there is only one child, then they should be seated in the rear of the vehicle.

The driver must ensure that all children are using appropriate safety devices as required, including age and height appropriate booster seats etc. (for further information see appendix A). When collecting a child, the driver must be able to prove his/her identity via a CHUMS I.D. badge. As with Volunteers in other areas of the service all drivers must undergo enhanced DBS checks.

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CHUMS Safeguarding Children Contacts

Bedfordshire & Luton

Safeguarding Lead – Debbie Robson
Main Office: 01525 863924
Email: debbie.robson@chums.uk.com

In event of absence – Annette Cooper
annette.cooper@chums.uk.com

Cambridgeshire & Peterborough
Safeguarding Lead – Jas Chauhan
Main Office: 01480 277848
Email: jasmer.chauhan@chums.uk.com

In event of absence either Debbie Robson or Annette Cooper

Local Safeguarding Children's Social Care Contacts - Bedfordshire

Bedford Borough Council

MASH (multi agency safeguarding hub)
Tel: 01234 718700 (8.50-5.20 Mon-Thurs, 8.50-4.30 Fri)
Secure email: mash@bedford.gcsx.gov.uk

Out of hours emergency duty team Tel: 0300 300 8123

Central Bedfordshire Council

Access and Referral Team/MASH
Tel: 0300 300 8585
Email: A conversation must be had with a member of the Initial Assessment Team before they will give out a secure email address

Luton Council

MASH/Rapid Intervention & Assessment
Tel: 01582-547653
Email: Initialassessment@luton.gov.uk.cjism.net

Other Useful Contacts:

Isobel Sanderson
ELFT Named Professional for Safeguarding Children (Bedford and Mid Beds)
Tel: 07940 001239
Email: isobel.sanderson@elft.nhs.uk

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Mandy Park
ELFT Named Professional for Safeguarding Children (Luton and South Beds)
Tel: 07940 001247
Email: mandy.park@elft.nhs.uk

Local Safeguarding Children's Social Care Contacts - Cambridgeshire and Peterborough

Use **Joint Safeguarding Referral Form** for Cambridgeshire and Peterborough -
<http://www.safeguardingpeterborough.org.uk/children-board/reporting-concerns/>

Cambridgeshire Multi Agency Safeguarding Hub – 0345 045 1362
Emergency Duty Team (out of hours) – 01733 234724
MASH.C&F@cambridgeshire.gcsx.gov.uk

Peterborough Children's Social Care – 01733 864180/864170
Emergency Duty Team (out of hours) – 01733 234724
PDCSC@peterborough.gcsx.gov.uk

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Appendix A

Transport Information

Children aged 3 and above, until they reach EITHER their 12th birthday OR 135cm in height:

In the Front Seat - The child **MUST** use the correct child restraint. It is illegal to carry a child in a rear-facing child seat in the front, which is protected by an active frontal airbag.

In the Rear Seat - The child **MUST** use the correct restraint, where seat belts are fitted.

There are three exceptions where there is not a child seat available. In each case the child **MUST** use the adult belt instead. They are:

- 1) In a licensed taxi or private hire vehicle
- 2) If the child is travelling a short distance for reason of unexpected necessity
- 3) If there are two occupied child restraints in the rear which prevent the fitment of a third

In addition, a child aged 3 and over may travel unrestrained in the rear seat of a vehicle if seat belts are not available.

It is the driver's legal responsibility to ensure that the child is correctly restrained.

Children over 1.35 metres in height, or who are 12 or 13 years old:

- In the Front Seat - The adult seat belt **MUST** be worn if available
- In the Rear Seat - The adult seat belt **MUST** be worn if available
- It is the driver's legal responsibility to ensure that the child is correctly restrained

Passengers over 14 years old:

- When travelling in the front or rear seat, an adult seat belt **MUST** be worn if available
- It is the responsibility of the individual passenger to ensure that they are wearing the seat belt

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Appendix B

**Safeguarding Form for Recording Incidents/Concerns
(for Safeguarding Lead)**

The importance of recording all stages of the safeguarding process cannot be overemphasised. Evidence from reports and reviews into deaths of children indicates the vital importance of good record keeping. This form is designed as an aide memoir to help ensure appropriate procedures are followed after a safeguarding concern. Please ensure that you distinguish between a fact, an allegation and an opinion within the report.

Please forward to the relevant safeguarding lead who is responsible for recording the information on the CHUMS Incident Tracker.

Name of child		Date of birth	
---------------	--	---------------	--

Brief description of concerns (including child's view)

By Whom.....

Date.....

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Action Taken

Description of action taken (including who referred to, names, times, telephone numbers, etc.)

By Whom.....

Date.....

If a referral has not been made, please give reasons as to why not	Signed	Date

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Further Notes

Has this report been shared with the parents/guardian? Yes/No

Child's relationship with peers and with adults. (Include child's social skills).

CHUMS relationship with family and child.

Child's presentation (physical appearance, hygiene, diet if known, etc.).

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Attendance and punctuality.

Other comments.

Signed:

Dated:

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Chronology of Events/Concerns
 (to be kept in child's file)

Concern/event	Action/result

Signature.....

Date.....

Concern/event	Action/result

Signature.....

Date.....

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Concern/event	Action/result

Signature.....

Date.....

Chronology of Events/Concerns

Concern/event	Action/result

Signature.....

Date.....

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Concern/event	Action/result

Signature.....

Date.....

Concern/event	Action/result

Signature.....

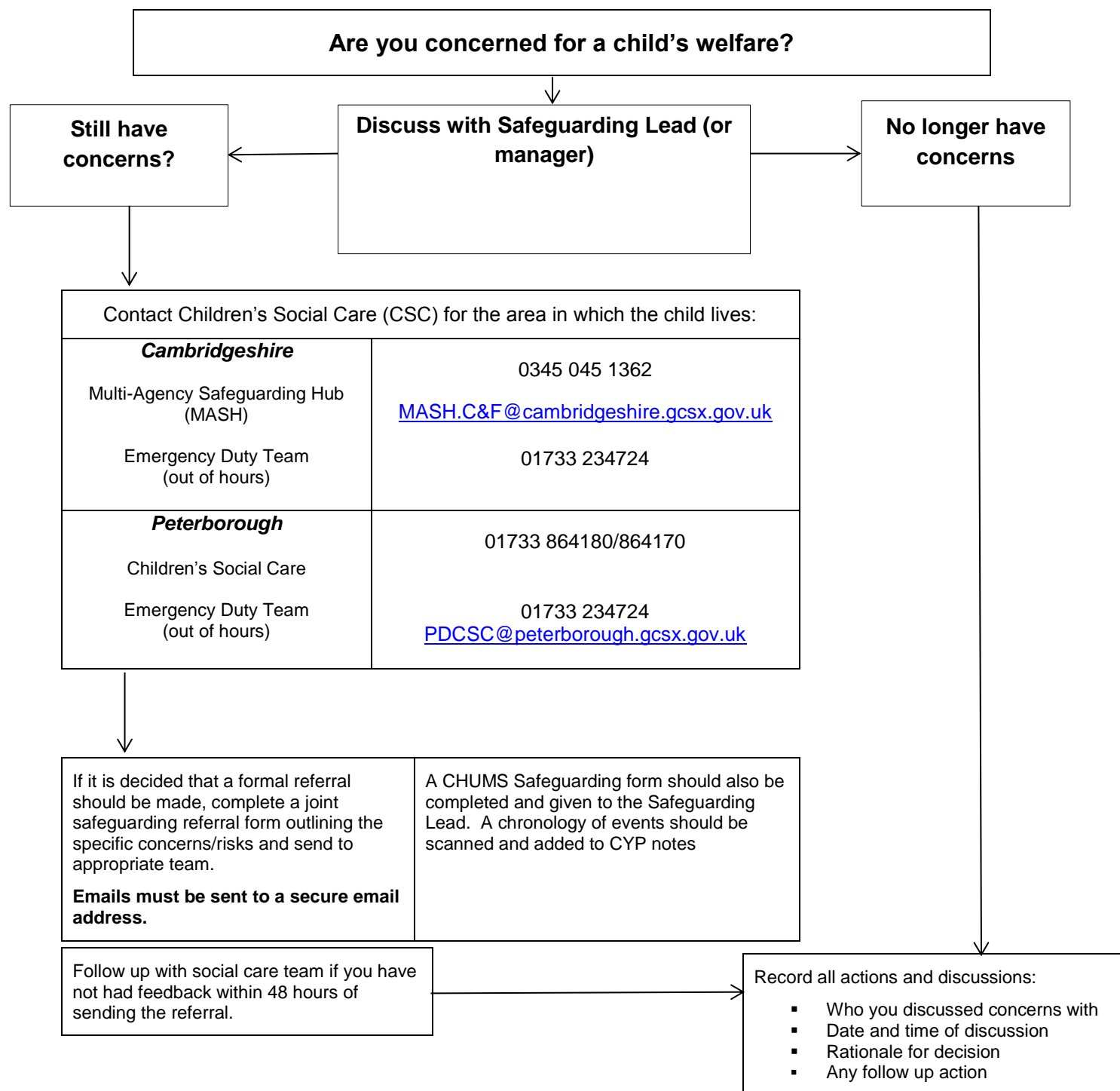
Date.....



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Appendix C

CHUMS SAFEGUARDING CHILDREN FLOWCHART
(Cambridge & Peterborough)

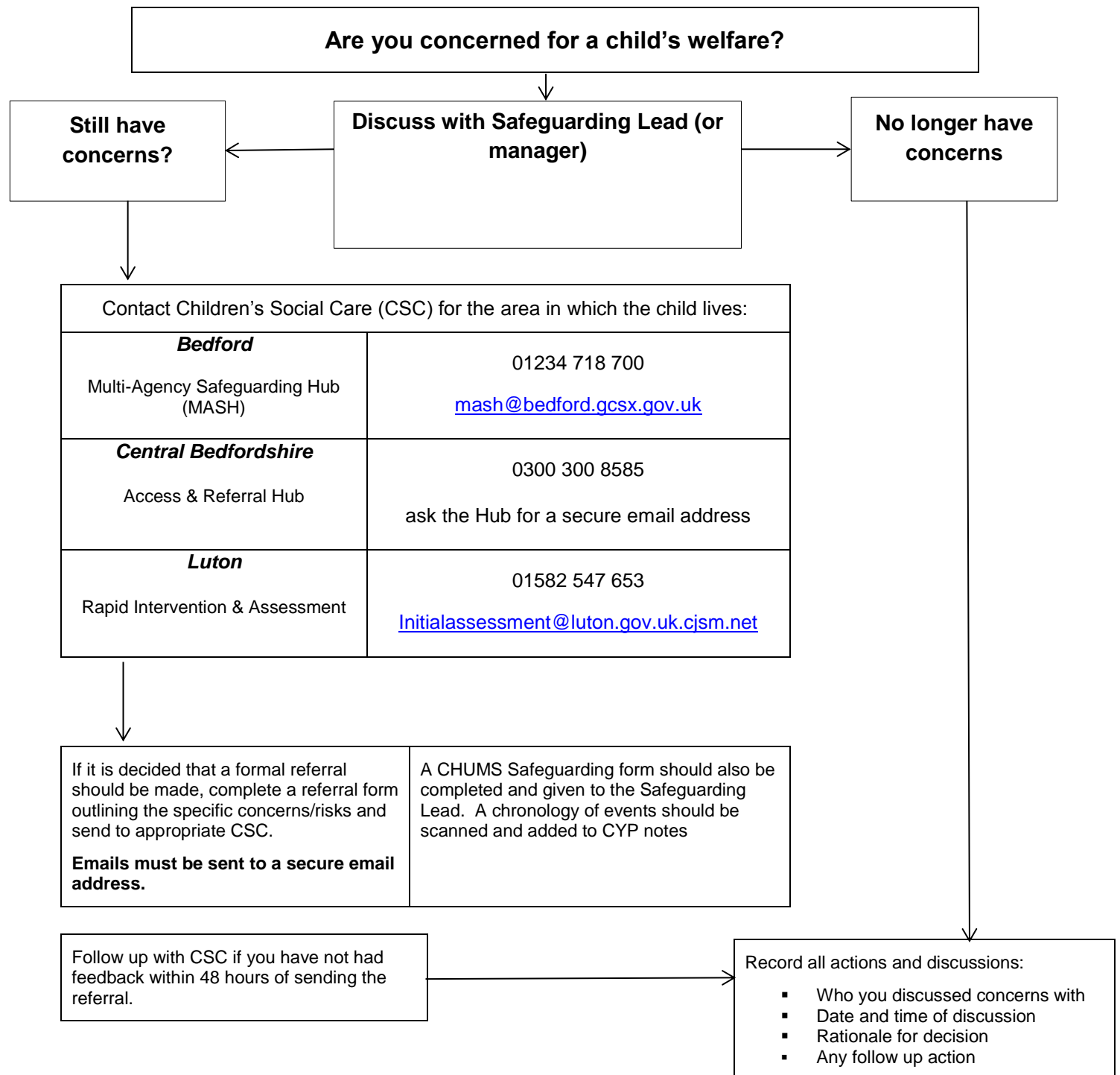


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Appendix D

CHUMS SAFEGUARDING CHILDREN FLOWCHART
(Bedfordshire)



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Governance Committee Authorisation

Signature* 

Name Print Elizabeth Mitchell

Position/Role: Psychotherapist/ Chair, Governance Committee

Date: June 2019

Date of review: June 2022

*Authorised signatory must be the chair (or deputising chair) of Governance Committee