Children and Young Persons Safeguarding Policy

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Approvals

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1. Introduction

Peppy Health believes that a child or young person should never experience abuse of any kind and we are committed to safeguarding and promoting the welfare of children and young people in accordance with the Children Act (1989) and 2004 and Working together to Safeguard Children (2018).

Peppy recognises that all children / young people should be able to grow up in circumstances where they are safe and supported so that they can achieve their optimal outcomes throughout childhood, their teenage years and into adulthood. To achieve this, we promote child welfare and the prevention of children suffering harm.

At Peppy, contact with children is limited to those who are relatives or under the care of our adult clients. The policy takes into account the welfare of any child who may be born as a result of fertility treatment (including the need of that child for supportive parents) and of any other child who may be affected by the birth.

This policy must be read in conjunction with the Safeguarding Adult policy.

1.2 Definition for safeguarding and promoting the welfare of children

Safeguarding and promoting the welfare of children is defined (in Working Together 2018) as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and

- taking action to enable all children to have the best outcomes.

Everyone who comes into contact with children and families has a role to play.

Peppy demonstrates a commitment to safeguarding and the welfare of children at risk of abuse and neglect by:

1. Identifying a lead for safeguarding (Designated Safeguarding Lead; DSL)
2. Ensuring that all members of staff recognise the importance of safeguarding children at risk, and have a clear understanding of their responsibilities whether or not directly involved.
3. Ensuring that staff are safe to be employed and follow procedure to safeguard children where allegations against staff members are made
4. Providing appropriate training to all staff at the appropriate level for the position they hold.
5. Ensuring effective communication and sharing of information.

2. Scope

The purpose of this policy is to provide a robust framework to ensure the safeguarding of children and young people, providing a consistent approach that supports our statutory duties. This policy applies to all peppy employees and contractors, and ensures that:

- All staff are aware of how to recognise and report issues of abuse and neglect of those children who are vulnerable as defined by the Children Act 1989 and 2004
- Staff work in a preventative manner to protect children at risk of abuse and neglect
- There is consistency of reporting and procedures across all disciplines, all verticals
- There will be an increase in staff awareness of safeguarding children issues
- Staff are aware of the types of abuse and who the abuser may be
- Staff are aware of their roles and responsibilities

We will take all safeguarding concerns seriously and respond in line with best practice, and according to our procedures.

2.1 Key Safeguarding Principles:

1. Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.
2. The child or young person's welfare is, and must always be, the paramount consideration.

3. All children and young people have a right to be protected from abuse, neglect, exploitation and harm regardless of their age, gender, gender reassignment, sexual orientation, race, nationality, ethnic origin, colour, religion or belief, ability or disability.
4. All children and young people have the right to a safe environment.
5. The voice of the child or young person must be evidenced in the care provided. Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and to have consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs (Working Together 2018).
6. If the child is too young to express their views, professionals involved should consider what the child may be feeling or experiencing and how this may impact their health, development and future outcomes.
7. All staff (including contractors) will ensure that all concerns, suspicions of abuse and allegations will be taken seriously and responded to appropriately. We have a culture of respect for all customers, clients and colleagues and a zero-tolerance approach to abuse, exploitation, bullying and all forms of discriminatory behaviour.

All staff within Peppy have a responsibility for the safeguarding of colleagues and end-users, 'Safeguarding is everybody's business'.

3. Personnel

The following section outlines the roles and responsibilities of Peppy employees.

3.1 Director of Clinical Services

The Director of Clinical Services has overall responsibility for ensuring compliance with this policy, and for identifying appropriate leads to Safeguarding children in line with Regulatory requirements.

The Director of Clinical Services is trained to Safeguarding Children and Adults Level 3.

3.2 Executive Director / Co-founder Level

A co-founder / executive director will be trained to Safeguarding Children and Adults Level 1.

3.3 Designated Safeguarding Lead

Trained to Level 4.

The Designated Safeguarding Lead (DSL), acts as the main source of support, advice and expertise for safeguarding in Peppy and are not limited to:

- Ensure compliance with legislation
- Leading the implementation of all safeguarding policies and procedures
- Identification of developments in safeguarding practice and implementation of these within Peppy
- Monitoring incidents and referral patterns
- Overseeing internal investigations regarding safeguarding, working with other agencies if and when required
- Where necessary, agreeing with the person (practitioner) who raised the suspicion or report of concern and with their line manager the details regarding who will take action.
- If required liaising with external agencies in relation to the sharing of information
- Ensuring that all staff receive appropriate training (as detailed in the Clinical Onboarding, Training & Development Policy)

    - Named professional, additional Safeguarding Lead - Safeguarding Adults and Children Level 4
    - Director of Clinical Services & Directors - Safeguarding Adults & Children Level 3
    - All Registered Practitioners - Safeguarding Adults & Children Level 2
    - Healthy Minds Practitioners - Safeguarding Adults & Children Level 3
    - Service Delivery – Safeguarding Adults & Children Level 1

- Ensure that safer recruitment processes are in place and adhered to, refer to the Selection and Recruitment Policy.
- Follow Person in Position of Trust procedure to safeguard adults where allegations against staff members are made (see appendix C)
- Ensuring policies and procedures are up to date, communicated effectively and compliance evidenced
- Ensure effective reporting arrangements to promote timely actions and learning
- Ensuring good practice in respect of equality and diversity (refer to the Equality and Diversity Policy).

3.4 All Staff

All staff to understand their individual responsibility to:

- Know what to do if they have a safeguarding concern
- Be clear what we expect in terms of their own behaviour and conduct
- Be familiar with the safeguarding reporting procedure and with whom they should raise any concerns

- Be willing to learn and receive training and support to enhance their own understanding of safeguarding

3.5 Training

All staff will be made aware of the level of safeguarding training they are required to complete. This will be completed on joining the company, and subsequently repeated every two years. In the case of promotion, and training requirement changes, this too will be completed. This will be recorded on the Learning Management System, which will support oversight and evidence of compliance.

Peppy recognises that as per multi-professional, training must go beyond e-learning and include interactive and reflective practice. This will be provided through case reviews, CPD, clinical all hands and for level 4's, clinical safeguarding supervision.

4. Materials

- Quality Management System
- Peppy Safeguarding Incident Reporting Form
- Learning Management System (LMS)

5. Procedure

All staff employed by Peppy have a duty to act promptly and report concerns if they are worried about the welfare of a child or believe the child to be at risk of, or suffering from, significant harm. All staff should:

- Have knowledge of safeguarding children procedures
- Know who to contact for advice and support, and to discuss or report concerns about a child's welfare.
- Receive appropriate training and supervision
- Contribute to the safeguarding process where appropriate
- Maintain accurate, comprehensive and legible records in line with professional guidelines and clinical record keeping policies.

All staff members who have or become aware of concerns about the welfare or safety of a child or children should know:

- What sources of further advice and expertise are available
- Who to contact within Peppy and how

Where there is any uncertainty about how to deal with a concern about a child, or about the appropriateness of making a referral to the Child's GP, staff can seek anonymous advice from the DSL.

Always record in writing in the designated safeguarding log within the Quality management system, without recording any personal information.

Any concerns or discussions about a child's welfare should always reach a clear and explicit recorded agreement about who will take what action or that no further action will be taken and the basis for this decision.

If deemed appropriate, a referral must be made to the GP where possible.

What to do if you are concerned about a child / child protection concerns:

Discuss your concerns with your line manager and / or DSL to clarify the seriousness and urgency of the situation and then decide the next course of action. As per the Peppy Safeguarding Process and Guide, if at any time an emergency arises and an external agency needs to be contacted (i.e. the emergency services), immediately speak to the most senior practitioner on shift to agree on a course of action.

If those concerns remain and are regarding a non-accidental injury:

- If we hold the user's GP details, the DSL will inform the local safeguarding team and GP. The safeguarding team or GP will then make a decision as to whether a non-accidental injury medical assessment is required, who will complete this and whether police involvement is required. The user will be signposted by Peppy to external support services in an emergency.
- Any and all advice and actions must be documented carefully within the dedicated QMS log
- Inform the user of your concerns and actions, unless doing so will place the child at further risk

5.1 Making a referral

- The referrer should consider discussing the concerns with the child's parent/carer and, where appropriate, inform them of the intention to advise seeking help from their GP.
- However, discussing with a parent about advising medical consultation should not be done if it would place the child or young person at increased risk of significant harm.
- A decision not to inform the parent about suggesting medical consultation must be documented with reasons given.
- When keeping a record of such discussions or decisions, ensure it is stored securely. A copy of the record should be retained.

5.2 Information sharing

Information sharing is vital for safeguarding children and young people from abuse or neglect and this overrides the duty of confidentiality to the carer. It is the duty of professionals, whether they are providing services to adults or children, to place the needs of the child first.

Sharing of information in cases of concern about children's welfare will enable professionals to jointly consider how to proceed in the best interests of the child and to safeguard children generally. Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding. Often, it is only when information from a number of sources has been shared and is then put together that it becomes clear that a child is at risk or suffering harm.

Information relevant to child protection will be about:

- Health and development of a child and his/her exposure to possible harm
- A parent/carer who is unable to care adequately for a child
- Other individuals who may present a risk of harm to the child

When deciding whether there is a need to share information consideration must be given as to whether the information is confidential, and if it is, whether there is a public interest sufficient to justify sharing. Confidential information can be shared if the person to whom it relates gives consent. Even where sharing of confidential information is not authorised you may lawfully share it if this can be justified in the public interest. Seeking consent should be the first option, if appropriate. Learning from safeguarding incidents will be shared internally via case management groups. See Appendix C.

5.3 Consent

Consent should be obtained to share information, unless to do so would place a child at increased risk of harm.
Information may be shared without consent if a member of staff has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner.

Whether information is shared or withheld, staff should record who has been given the information and why.

All staff must only share information in line with the relevant data protection principles, and in line with the Peppy GDPR policy and processes.

6. Data Entry

In the event a safeguarding concern is raised, the person who opened the case must make a record of the event using the Safeguarding Incident form, save this to the QMS and inform the CQC via their online portal. Case discussion and notes may also be shared via in-house communication platform, but all notes must be copied to the Incident Management form once the case is resolved.

8. Quality Control

This policy and the process will be audited as part of the Peppy Health audit schedule and the findings of the audits will be shared with the Clinical Governance Group (CGG). Information will be cascaded to the clinical teams to encourage shared learning and to promote best practice.

9. References and further information

Data Protection Act, (2018) Accessible here:
https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted

Human Fertilisation & Embryology Authority Accessible here:
www.hfea.gov.uk

The Children Act (1989, 2004) Accessible here:
https://www.legislation.gov.uk/ukpga/2004/31/contents

The Equality Act (2010) Accessible here:
https://www.legislation.gov.uk/ukpga/2010/15/contents

United Nations Convention on the Rights of the Child (1989)
https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf

Working Together to Safeguard Children, (2018) Accessible here:
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Safeguarding young people and children - every nurses responsibility (2021) Available at:
https://www.rcn.org.uk/professional-development/publications/safeguarding-children-and-young-people-every-nurses-responsibility-uk-pub-009-507

Safeguarding children and young people: Roles and competencies for healthcare staff (2019) Available at:
https://www.rcn.org.uk/professional-development/publications/pub-007366

10. Appendices

1. Appendix A – Peppy Incident Reporting form
2. Appendix B – Definitions and Concepts (Working together to safeguard children, 2018)
3. Appendix C – The person of trust procedure

Appendix A – Peppy Incident Reporting Form

Username	
Full name	
DOB	
Telephone Number	
Company	

GP Details	
Date case opened	
Date case closed	

Reported by:

Escalated to:

Issues highlighted:

Safeguarding concerns:

Outcome:

Further comments:

Intervention:

Appendix B – Definitions and Concepts (Working together to safeguard children, 2018)

- **A Child** – children are defined as anyone who has not yet reached their 18th birthday. Throughout this document 'child' will mean 'children and young people'

Safeguarding and Promoting the Welfare of Children

- 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 all children to have the best outcomes

- **Child Protection** – the activity undertaken to protect specific children who are suffering, or likely to suffer, significant harm.

- **Abuse** – A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. 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.

- **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.

- **Emotional abuse** – The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- **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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- **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 of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b)

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

- **Neglect** - The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
    - provide adequate food, clothing and shelter (including exclusion from home or abandonment)
    - protect a child from physical and emotional harm or danger
    - ensure adequate supervision (including the use of inadequate care-givers)
    - ensure access to appropriate medical care or treatment

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

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

Appendix C – The person of trust procedure

Staff are encouraged to take action when suspicious that abuse occurs at work, no matter what the setting or who the victim is. Peppy will respect and not penalise those who stand up for anyone who is suspected of being abused. Staff must report as soon as possible to their line manager, or in the case of the adult at risk being a member of staff to the

designated safeguarding lead or in his/her absence the Director of Clinical Services with any suspicions that a person/s is being abused or neglected.

The incident/allegation will be recorded on the QMS and stored confidentially with limited access to the detail, the Designated Safeguarding Lead will be informed.

If the incident involves the Designated Safeguarding, the Director of Clinical Services will be informed and will oversee the implementation of this procedure.

10. Related documents

- Safeguarding process and guide V4.1
- Adult Safeguarding Policy