



# CHILD PROTECTION AND SAFEGUARDING POLICY AND PROCEDURE

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## Background

KidsAid believes that it is always unacceptable for a child or vulnerable person to experience abuse of any kind, and we recognise our responsibility to safeguard and promote the welfare of all children, young people at risk by a commitment to practice that protects them. This policy must be read in conjunction with the safeguarding adult policy

## Principles

- KidsAid understands that safeguarding children and young people is everyone's responsibility and the welfare of children and young people at risk is of paramount importance.
- All children and young people at risk (whatever their background and culture, maternity or pregnancy status i.e. think family, age, disability, gender, racial origin, religious belief, sexual orientation and/or gender identity) have the right to participate in society in an environment which is safe and free from violence, fear, abuse, bullying and discrimination.
- All children and young people at risk have the right to be protected from harm, exploitation, and abuse and to be provided with safe environments to live and play.
- Working in partnership with children, young people at risk and their parents, carers and other agencies is essential in promoting children and young people's welfare.
- KidsAid has a duty to promote the well-being of all people who use the service and to cooperate with other relevant agencies and partners in delivering its safeguarding duties.
- KidsAid is responsible for establishing appropriate policies and procedures to ensure that its activities promote the safety and wellbeing of children and young people at risk, e.g., safer recruitment policies, safeguarding adult policy, safer recruitment and safer working practices.

## **Purpose**

This policy demonstrates KidsAid's commitment to meet its legal obligations and reassure people who use the service, members of the public, staff, and partners that:

- KidsAid has appropriate policies and procedures to protect and safeguard children and young people at risk and respond to child protection concerns.
- Make it clear to the staff, volunteers, and trustees by providing guidance on the procedures that they should adopt if they suspect a child, or young person is at risk and may be experiencing harm or be at risk of harm to keep them safe
- Concerns can be raised through an established procedure to enable the best outcome for the child or young person.
- There is a high-quality recording and effective monitoring system in place.
- Trustees, staff, volunteers, and partners have received the appropriate training in line with the intercollegiate safeguarding competency guidance.

## **Policy Statement**

KidsAid is committed to safeguarding children and young people who engage with our services

This policy applies to anyone working on behalf of KidsAid including senior managers and the board of trustees, paid staff, volunteers, sessional workers, agency staff and students.

KidsAid will ensure through its staff recruitment policy and procedures that suitable people are selected to work with children and young people at risk.

KidsAid will take any concern made by a Trustee, staff member, volunteer or partner agency, child, or adult or other service user seriously and sensitively.

It will be made clear that referrals from a Trustee, a member of staff, volunteer or partner agency cannot be anonymous; referrals should be made in the knowledge that, during the course of enquiries, individuals from the referring agency may be required as prosecution witnesses.

KidsAid does not tolerate any form of harassment of any Trustee, member of staff, volunteer, partner agency, child, or young person who uses the service who raises concerns of abuse.

KidsAid will comply with the local area Safeguarding Children Partnership Interagency procedures and will respond positively to any recommendations regarding improvement of its safeguarding policies and procedures.

KidsAid collaborates with partners to ensure that a multi-agency approach is taken to safeguarding children and young persons at risk.

This policy has been drawn up based on legislation, policy and guidance that seeks to protect children in England.

### **Aims of the Policy**

- Respecting the rights, wishes, feelings and privacy of children and adults at risk by listening to them and minimising risks that may affect them.
- Preventing abuse and harm by good practice, creating a safe and healthy environment to avoid situations where abuse or allegations of abuse occur.
- Ensuring that Trustees, staff, therapists, and volunteers understand KidsAid's relevant Codes of Conduct and Safeguarding Policy.
- Raising awareness among Trustees and staff of the safeguarding duty KidsAid and its staff has in relation to Children and Safeguarding Vulnerable Group Acts for example: The Children's Act (1989), The Children's Act (2004), Children and Social Work Act (2017) The Care Act (2014) Female Genital Mutilation Act 2003 as amended by the Serious Crime Act (2015), the Domestic Abuse Act (2021) United Nations Convention on the Rights of the Child (1989) and Government guidance such as Working Together to Safeguard Children (2023) and Keeping Children Safe in Education (2023).
- Ensuring that partner agencies and freelancers have safeguarding policies and procedures commensurate with the level of involvement they have with children and adults at risk.
- Responding to any allegations appropriately and implementing appropriate disciplinary and appeals procedures.
- To ensure clear procedures are in place, promoted and implemented in line with the relevant local authority Multi-Agency Safeguarding Hub procedures for safeguarding children and adults at risk.
- To share information about concerns with agencies that need to know, and involving parents/carers, children, and adults at risk appropriately.

### To achieve these aims, we will:

- Ensure that safeguarding and child protection training appropriate to the level of involvement with children at risk is completed by all therapists and members of staff at least annually, updating staff and therapists as soon as possible regarding changes in legislation or KidsAid's internal policies.
- Respond in an appropriate and timely manner to concerns reported.
- Develop and implement effective procedures for recording and responding to incidents and accidents.
- Develop and implement effective procedures for recording and reporting to the relevant local authority Multi-Agency Safeguarding Hub (MASH) any allegations or suspicions of harm or abuse.

- Promote the welfare and wellbeing of children at risk during and within KidsAid's services, including in the planning of those services.
- Always maintain a proficient level of safer working practices to minimise the risk to children that encounter Trustees, staff, volunteers, and partner agencies.

### **Scope of this policy**

This Safeguarding and Child Protection Policy is for the Board, staff, therapists, volunteers, or partner agencies that encounter or deliver KidsAid's services to children at risk. Safer working culture and practices should be used on all occasions where the Board, staff, therapists, and volunteers come into contact with children at risk.

### **Definitions**

When the term 'children' is used in this document, this also includes 'young people' and 'young persons'. The phrase 'children and young person at risk' refer to: a) anyone under the age of 18, or b) anyone who may be unable to take care of themselves or protect themselves from harm or from being exploited. This may be because they:

- Have a mental health problem or illness.
- Have a disability.
- Have a sensory impairment.
- Are frail and or experiencing a temporary illness.
- People with substance misuse or an alcohol problem.

When the term 'parents' is used, we mean it in the broadest sense to include parents, carer(s) and guardians.

Within the realms of this policy the term 'Child Protection' is used to describe those children and young people at risk who are at imminent risk of significant harm should they return home after a disclosure of abuse or neglect.

In this policy the term 'Safeguarding' refers to concerns relating to a child or young person at risk' safety, health or welfare.

### **Criminal Disclosure, Barring and Safer Recruitment Practices**

Criminal disclosures should be sought where individuals have substantial or regular or unsupervised contact with children or young people at risk as part of their duties or responsibilities. DBS checks only guarantee that the person concerned does not have a relevant criminal conviction up to the date that the certificate is issued.

Risk assessments will be undertaken on KidsAid job descriptions to identify which jobs are likely to involve regular and/or substantial unsupervised contact with children. DBS checks will be undertaken appropriate to the right level of contact.

Applicants must fill in an application form as part of the application process. This ensures KidsAid secures relevant information regarding the applicant's prior experience and its relevance to the position applied for.

If applicants are successful and make it to the interview stage we ask 'Warner-based' questions to glean their lived experiences, morals, and ethics regarding working with children, and their families. Following the Lord Warner report 'Choosing with Care' (1992) into abuses within residential care settings, Warner interviewing' also known as value based, or behavioral interviewing, has become part of the safer recruiting process available to employers. Warner interviews can be used to help select suitable people to work in areas considered as high risk to vulnerable children and young people.

When posts are advertised, applicants are notified if they are subject to an enhanced DBS check. We ask that any successful applicants and Trustees are registered with the DBS update service to ensure we can check for any criminal convictions on an annual basis. For further information about the Disclosure and Barring Service DBS, please check their external website.

### **Recognising Potential Abuse**

In this policy, abuse covers physical, emotional, sexual and mental abuse including bullying or grooming. This includes any abuse that occurs online, on social media, by email or text messaging. This policy also covers Child on Child abuse, Honour-based Abuse (HBA) including Female Genital Mutilation (FGM) and Forced Marriage, Child Sexual Exploitation, County lines, Child Trafficking and Radicalisation.

Child abuse presents challenges to all who provide services; even for those experienced in working with child abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place.

People working for KidsAid (whether in a paid or voluntary capacity) are not experts at such recognition. However, they do have a responsibility to act if they have any concerns about the behaviour of someone (an adult or another child) towards a child. KidsAid will encourage and expect the Board, staff, therapists, and volunteers to discuss any concerns they may have about the welfare of a person immediately with Designated Safeguarding Lead or Designated Safeguarding Officers.

### **Social Media**

Children and young people do not usually use any devices whilst in our care. However, there are some cases where the use of technology can enable a client to 'open up' to interact with their therapist, for example with some children who have a learning disability. When this happens, we seek consent from themselves and their 'appropriate adult.'

We actively seek to identify and recognise if any of our children or young people are engaged in risky online behaviour or suffering from online abuse or bullying, in the same way that we would for any other abuse.

## Child-on-Child Abuse

“Child on child abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children, and within children’s relationships (both intimate and non-intimate), friendships and wider peer associations.” Firmin, C., (2017) Abuse between Young People: A Contextual Account.

Child-on-child abuse can and does happen in a whole range of settings that children attend; however, it often goes unseen. It might take place online, for example, or away from the school or setting. Therefore, training for professionals to help them recognise the signs, and know what to do, is essential.

All children are capable of abusing their peers, and this is most likely to include, but may not be limited to:

- Bullying (including cyber bullying).
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- Youth and serious youth violence.
- Sexual violence, such as rape, assault by penetration and sexual assault.
- Sexual harassment, such as sexual comments, sexual remarks, jokes and online sexual harassment, unwanted touching, which may be stand-alone or part of a broader pattern of abuse.
- Up skirting, which typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
- Causing someone to engage in sexual activity without consent.
- Consensual and non-consensual sharing of nudes and seminude images or videos.
- Sexting (also known as youth produced sexual imagery).
- Initiation/hazing type violence and rituals.
- Harmful sexual behaviour.
- Relationship abuse, teenage relationship abuse or domestic violence.
- Child sexual exploitation.
- Prejudice –based violence.

## Honor-Based Abuse

This encompasses all criminal activities undertaken to protect and defend the honor of the family including Female Genital Mutilation (FGM) forced marriage and other practices, such as breast ironing. All of which are considered illegal and must be reported to the police.

- FGM: the practice, traditional in some cultures, of partially or totally removing the external genitalia of girls and young women for non-medical reasons. It is illegal in the United Kingdom. If we suspect this abuse is/has taken place, our procedure is to communicate it to the police immediately and fill in a ‘Record of Concern’ form.

FGM could be called a different name. Some common names for FGM include:

- Female circumcision.
- Cutting.
- Sunna.
- Gudniin.
- Halalays.
- Tahur.
- Megrez.
- Khitan.

Signs that FGM might have taken place:

- Having difficulty walking, standing, or sitting.
  - Spending longer in the bathroom or toilet.
  - Appearing quiet, anxious, or depressed.
  - Acting differently after an absence from school or college.
  - Reluctance to go to the doctors or have routine medical examinations.
  - Asking for help – though they might not be explicit about the problem because they are scared or embarrassed.
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- Forced Marriage: where one or both parties enter a marriage without the person's consent. Violence, coercion, or threats may be used to force parties into getting married against their wishes. This is also true for those people who lack the capacity to provide informed consent.

#### Child Sexual Exploitation (CSE) and Child Trafficking

Children and young people are often misled into believing they are in a loving and consensual relationship. They are given gifts, money, or drugs (called grooming) in exchange for performing sexual acts. They often trust their abuser and do not realise they are being abused. Trafficking is where children and young people tricked, forced, or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. Children are trafficked for:

- Sexual exploitation.
- Benefit fraud.
- Forced marriage.
- Domestic slavery like cleaning, cooking, and childcare.
- Forced labour in factories or agriculture.
- Committing crimes, like begging, theft, working on cannabis farms or moving drugs.

Trafficked children experience many types of abuse and neglect.

Traffickers use physical, sexual and emotional abuse as a form of control. Children and young people are also likely to be physically and emotionally neglected and may be sexually exploited.

Knowing the signs of trafficking can help give a voice to children. Sometimes children will not understand that what is happening to them is wrong, or they might be scared to speak out. It may not be obvious that a child has been trafficked, but you might notice unusual or unexpected things. They might:

- Spend a lot of time doing household chores.
- Rarely leave their house or have no time for playing.
- Be orphaned or living apart from their family.
- Live in low-standard accommodation.
- Be unsure which country, city or town they're in.
- Can't or are reluctant to share personal information or where they live.
- Not be registered with a school or a GP practice.
- Have no access to their parents or guardians.
- Be seen in inappropriate places like brothels or factories.
- Have money or things you wouldn't expect them to.
- Have injuries from workplace accidents.

Give a prepared story which is similar to stories given by other children. If KidsAid becomes aware of any situation where children may have been trafficked or sexually exploited, we will report this immediately to the police.

Radicalisation: the process where a child, or young person is drawn into believing extremist views and ideologies. Extremism is vocal or active opposition to fundamental British Values, including the rule of law, democracy, individual liberty and mutual respect of different faiths and beliefs (HM Government, 2011) Radicalisation can be difficult to spot. Signs that may indicate a child is being radicalised include:

- Isolating themselves from family and friends.
- Talking as if from a scripted speech.
- Unwillingness or inability to discuss their views.
- A sudden disrespectful attitude towards others.
- Increased levels of anger.
- Increased secretiveness, especially around internet use.

Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family.

However, these signs do not necessarily mean a child is being radicalised – it may be normal teenage behaviour or a sign that something else is wrong.

KidsAid has a responsibility as specified under section 26 of the Counterterrorism and Security Act (2015) to identify vulnerable children and young people at risk and prevent them being drawn into terrorist activity. This is called Prevent Duty.

### County Lines

County Lines is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets - suburban areas and market and coastal towns - using dedicated mobile phone lines or “deal lines.” Young children can be exploited into carrying drugs for gangs. This can involve children being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs. This can include:

- Airbnb and short term private rental properties.
- Budget hotels.
- The home of a drug user, or other vulnerable person, which is taken over by a criminal gang- this may be referred to as cuckooing.

A child or young person might be recruited into a gang because of where they live or because of who their family is. They might join because they do not see another option or because they feel like they need protection. Children and young people may become involved in gangs for many reasons, including:

- Peer pressure and wanting to fit in with their friends.
- They feel respected and important.
- They want to feel protected from other gangs, or bullies.
- They want to make money and are promised rewards.
- They want to gain status and feel powerful.

They’ve been excluded from school and don’t feel they have a future.

### **Managing Allegations Against and Reports of Abuse of Children in Our Care**

If a child reports that they have been or are being abused by another child, or adult, please remember that they need support when dealing with the disclosure.

Tell them that you are unable to keep the information a secret and that you need to help keep the other children/people safe as well as help them. Tell them you need to report the disclosure to someone else.

Demonstrate unconditional positive regard towards the child, whatever they tell you. Record all that they tell you verbatim on My Concern form ‘in the person’s own words.’ The KidsAid designated safeguarding officers will then discuss the concern and decide who to escalate the concern to and whether a referral needs to be made. If this is urgent or an emergency, then 999 should be called to speak with the police child protection unit.

If another person contacts you with an allegation of abuse regarding a KidsAid client, then the procedure is as follows:

The KidsAid Designated Safeguarding Officer will:

- Ensure the child who has been impacted by the abuse is given appropriate support. This may mean they will request therapists via My Concern to pass on information or make referrals to the appropriate organisation. This will include referrals to external organisation such as social care teams, police, MARAC, MAPPA, etc.
- Ensure therapists provide the child or young person who is alleged to have displayed abusive behaviour or has alleged abuse with appropriate support within their therapy sessions. If necessary, The KidsAid Designated Safeguarding Officer will be available for advice about how to do this.
- Manage any risks to the child's safety and take appropriate steps to keep all children safe. KidsAid's response to any allegations must be proportionate, fair and consistent.

A full contemporaneous record will be maintained.

Data Protection

All copies of safeguarding and child protection referrals and any other relevant documents or records (e.g., telephone calls) relating to the incident will be securely stored. This information will be retained in accordance with data protection periods and retention guidelines. All staff, therapists and volunteers must also comply with KidsAid's internet and email policies.

Information relating to a member of staff will be retained in their personal file. Access to Safeguarding incident records will only be accessible by Designated Safeguarding Officers or authorised persons, this will include safeguarding supervision records and safeguarding audits

KidsAid takes the privacy and security of individuals, both adults and children's personal information very seriously. We operate within GDPR UK guidelines taking measures to obtain permission, protect and secure the personal data we process. Information security procedures are in place to protect information from unauthorised access, alteration, disclosure, or destruction.

Confidentiality and Information Sharing

Confidentiality is a key issue in Safeguarding and Child Protection. Safeguarding and protecting children and adults at risk is more important than the privacy of another person. Sometimes sharing information is necessary to establish the level of risk to a child or adult at risk.

It is well documented that poor information/data sharing in nearly all safeguarding reviews has resulted in missed opportunities to take actions that keep people safe.

In safeguarding, no health staff have ever been found guilty of information/data sharing breach.

Robust information sharing is at the heart of safe and effective safeguarding practice. Information sharing is covered by legislation, principally the General Data Protection Act 2018 (GDPR) and the Data Protection Act (2018). The GDPR and the Data Protection Act (2018) introduce new elements to the data protection regime, superseding the Data Protection Act (1998).

Practitioners/therapists/staff and volunteers must have due regard to the relevant data protection principles which allow them to share personal information. The GDPR and Data Protection Act (2018) place greater significance on organisations being transparent and accountable in relation to their use of data.

All organisations managing personal data need to have comprehensive and proportionate arrangements for collecting, storing, and sharing information. The GDPR and Data Protection Act (2018) do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe. Such guidelines are further supported by the Caldicott Principles, updated in 2017. Principle Seven states that the duty to share information can be as important as the duty to protect patient confidentiality. It is crucial to understand that sharing information, when there is a need to share it, and a lawful basis for doing so, and maintaining its security and confidentiality, are compatible activities.

Ask yourself: is it safe for me **NOT** to share the information? Decisions on who needs to be informed are set out in and available from local authority websites, for example, in Northamptonshire, the Safeguarding Children Board or Cambridgeshire and Peterborough Safeguarding Partnership for our work in the Peterborough area.

It is important that information is shared appropriately and sensitively with relevant agencies. This will be the decision of the appropriate Designated Safeguarding Officer. Always record what you have shared, with whom and why.

If an allegation is made towards another member of staff, full support will be given in line with KidsAid's Whistleblowing Policy.

### Involving Children, Parents and Carers

There is always a commitment to work in partnership with parents or carers where there are concerns about their children. Therefore, in most situations, it would be appropriate to talk to parents or carers to help clarify any initial concerns. Decisions should be made with the agreement of children and their parents whenever possible. In cases of Child Protection where a child has disclosed abuse by their parents/carers who they live with this needs to be reported immediately to the Designated Safeguarding Officer, who will decide who to report the concern/disclosure to. In cases where the child is at risk of significant harm, a record of concern should be treated as urgent and reported to the Designated Safeguarding Officer by the end of the therapy session. Failure to obtain parental agreement should not be seen as a factor in delaying making a referral.

### When it is not Appropriate to Share Concerns with Parents?

Information obtained about individuals should usually be shared with them unless sharing the information would be likely to result in serious harm to the individual, a child or another person, or the information

relates to a third party who expressly indicated the information should not be disclosed. (e.g., where a parent/carer may be responsible or accused of the abuse are not able to respond to the situation appropriately).

Where information is obtained and recorded that should not be shared with the individual concerned for one of the above reasons, it should be noted on record and the reasons for this decision recorded.

### **Police Requests and Court Orders**

In the instance that there is a request for the child or young person's therapeutic notes and safeguarding concerns from the police or a court order, the General Data Protection Regulation (GDPR) process must be carefully managed, balancing the need for confidentiality and the legal requirements.

- **Consent:** The GDPR requires that personal data, including therapy notes, be shared only if there is explicit consent from the individual or their legal guardian. In the case of a child, consent must typically come from a parent or guardian unless the child is considered mature enough to give their own consent (this varies by jurisdiction and the child's age). If the request comes from a family court or police, the need for consent may be bypassed if the request is lawful.
- **Lawful Basis for Processing:** If the police or family court has legal authority to request the notes (e.g., through a court order), the therapist or KidsAid may be obligated to comply. **Vital Interests:** In some cases, sharing information may be necessary to protect someone's life or well-being, particularly if the child's safety is at risk.
- **Data Minimisation:** Only the relevant information that is necessary to fulfill the request should be shared. It is important to ensure that the therapist and KidsAid do not release unnecessary or detailed information.
- **Confidentiality:** KidsAid should ensure that any data provided is shared securely, minimising the risk of unauthorised access. Confidentiality should be maintained throughout the process, including ensuring that data is transmitted securely.
- **Assessing the Request:** Before handing over therapy notes, it is important to assess the request to ensure that it is legitimate, and that it complies with GDPR regulations. A lawyer or legal advisor might be consulted to confirm that the request is appropriate. If the request is from a family court, there may be specific procedures or orders that outline what information can be shared.
- **Redacting Sensitive Information:** Depending on the circumstances, the therapist may redact parts of the therapy notes that are particularly sensitive or not relevant to the court's request. This could include individual opinions or unrelated details that do not serve the court's purpose.

- **Child's Rights:** GDPR emphasises the rights of individuals, including children. In situations where the child is old enough to understand, they should be informed about how their personal data (therapy notes) will be used and shared.
- **Data Retention:** Any notes shared should only be kept for as long as necessary and should be securely stored if there is an ongoing legal or administrative need.
- **Notification:** The individual (e.g., the child's parent or guardian) should ideally be notified about the request, unless the notification compromises the investigation or legal process.

#### Summary Steps:

- **The Clinical Lead must verify the legitimacy of the request:** Checking if the court or police request is legally valid.
- **Obtaining consent on a legal basis:** The Clinical Lead must ensure the necessary consent is in place, or there is a lawful basis (e.g., court order). **Data Minimisation:** The Clinical Lead must ensure that only relevant information is shared.
- **Ensure Security:** The Clinical Lead must ensure secure methods are used, such as Egress, to transmit any personal data. **Consult a Legal Professional:** If unsure about any step, the Clinical Lead should seek legal advice.

### Complaints

All complaints relating to safeguarding issues will be dealt with in line with KidsAid's Complaints Procedure and safeguarding processes may run in parallel.

### Implementation and Monitoring; Roles and Responsibilities

Rebecca Caswell-Fox: CEO.

#### Designated Safeguarding Lead

Carla Mangan: Clinical Lead & Designated Safeguarding Lead.

Tina Welford: Quality Services Trustee.

The therapists, Case Managers and Placement Manager are the main persons responsible for escalating issues to the Designated Safeguarding Lead. The Designated Safeguarding Offices are the main point of contact if the Designated Safeguarding Lead is unavailable.

#### Designated Safeguarding Officers

Lynne Goodwin: Case Manager.

Natasha Williams: Placement Manager.

Lynne Pritchard: Office Manager.

**The Designated Safeguarding Lead has the following responsibilities:**

- To attend relevant training at level 4, in line with the intercollegiate guidance.
- To function as a source of advice on all safeguarding matters.
- Maintain a thorough understanding of the safeguarding procedures in the counties where we operate, including Safeguarding Children protocols and the LADO (Local Authority Designated Officer) processes, ensuring effective record-keeping systems are in place.
- To ensure there are effective internal procedures to manage concerns.
- To provide safeguarding supervision
- To be the link person with the individual or organisation that has raised a concern.
- To decide whether to involve referral agencies including Early Help Assessments.
- To help people making referrals complete any forms, as appropriate, and to be the link person with relevant local agencies and consult with them on concerns that have been raised.
- To consider the need for support for those involved in disclosures when cases of poor practice or abuse arise.
- To deal with enquiries/information requests from other agencies in relation to safeguarding concerns.
- To ensure that records are kept and that they are always safe and secure.
- To ensure that the Policy, Procedures and Action Plan are reviewed on an annual basis to ensure compliance with safeguarding legislation.
- To audit safeguarding records and safeguarding supervision records including staff and therapist training compliance.
- To provide regular progress reports including the annual safeguarding report for the Trustees.

**The Designated Safeguarding Lead** must ensure that staff, therapists and volunteers are subject to appropriate Independent Safeguarding Authority (ISA) and Disclosure & Barring Service (DBS) checks, and that staff comply with the Child Protection and Safeguarding Policy and Procedure.

**The CEO** is responsible for ensuring that staff, therapists and volunteers receive the training they need, commensurate with their responsibilities.

**The Safeguarding Trustee** will report to the charity commission on cases that reach the threshold for Charity Commission involvement and ensure that the safeguarding annual report is presented and discussed at the Trustee board. Trustees are ultimately responsible for ensuring there are measures in place to protect the people who come into contact with the charity from harm.

**All trustees, staff, therapists, and volunteers** are responsible for performing their duties in a way that safeguards and promotes the welfare of children and adults at risk. They must also act in a way that protects them from wrongful allegations of abuse as far as possible, in line with this policy. They must

bring matters of concern about the safety and welfare of children and adults at risk to the attention of an appropriate Designated Safeguarding Officer in the first instance.

**Reporting and monitoring (see Appendix A)** Understanding and compliance with procedures will be monitored through a range of mechanisms including audits, one-to-ones, annual appraisals, staff feedback and ad-hoc checks. An annual report, covering safeguarding concerns, activity, feedback from any serious case reviews and progress against the action plan, will be provided to the Board of Trustees.

**Communication** with all trustees, staff, therapists, volunteers, children, parents/carers, and anybody else affected is essential for this policy to be successfully implemented. It is the responsibility of Trustees, the CEO and Clinical Lead to ensure that all staff are familiar with the policy and procedures and the responsibility for all members of staff, therapists, and volunteers to ensure that the policy is advocated and promoted to partner organisations, parents and children and adults at risk.

**Communication with staff directly employed** will take place through initial induction to the employing organisation and training identified with line manager or another relevant person.

**Communication to partner organisations** All staff should advise the principles of this policy to partner organisations.

## **Child Protection Services**

If a worker is unable to follow KidsAid's Safeguarding and Child Protection Policy and Procedure because the relevant people cannot be contacted, they may seek advice from the:

Designated Officer (Formerly LADO) at Northamptonshire Children Trust or the LADO at an alternative, relevant local authority.

The LADO may recommend you pass the Record of Concern directly to the Multi-Agency Safeguarding Hub (MASH) if the KidsAid Designated Safeguarding Lead or Designated Safeguarding Officers are unavailable. Concerns can be reported by phone or email.

**The contact details for the Designated Officer or LADO can be found online.**

**If it is an emergency and you think that a child or adult may be in immediate danger, you must contact the emergency services directly by calling 999.**

## **Misuse of the Procedure**

Malicious complaints and/or serious and/or persistent abuse of these safeguarding policies and procedures will not be tolerated and will be dealt with through KidsAid's disciplinary process.

## **Equality and Inclusivity**

Children, adults at risk and their families, no matter what their circumstances or personal characteristics, have the right to be protected from harm and abuse. How we treat people with disabilities and additional needs is included in The Equality Act (2010)

## **Policy Review**

This Child Protection and Safeguarding Policy will be reviewed every year, or earlier in the event of changes in legislation, or to consider changes in working practices which may result from incidents or allegations occurring. KidsAid's management will regularly review the effectiveness of the Policy and engage the Board of Trustees in this process in accordance with the Charity's governance framework.

## Appendix A.

# SAFEGUARDING PROCESS FLOWCHART



Only to be used if My Concern is unavailable.

## RECORDING FORM FOR SAFEGUARDING CONCERNS

Staff, therapists, volunteers, and regular visitors are required to complete this form and pass it to Designated Safeguarding Lead or Designated Safeguarding Officers if they have a safeguarding concern.

KidsAid case No:	Your name and position in KidsAid:

NATURE OF CONCERN/DISCLOSURE
Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.  Time & date of incident:
To whom are you passing this information?  Name:  Position:
Have education been informed?
<b>Your signature:</b>    <b>Time form completed:</b>  <b>Date:</b>

Time form received by Designated Safeguarding Lead or Designated Safeguarding Officers:

Action taken by Designated Safeguarding Lead or Designated Safeguarding Officers:

Is a referral required to:

MASH          Police          CAMHS          Other    Services

☐☐☐☐

If no, state reason:

Date and time referral to external agencies was made:

Parents informed? Yes / No (If no, state reason)

Any further action agreed:

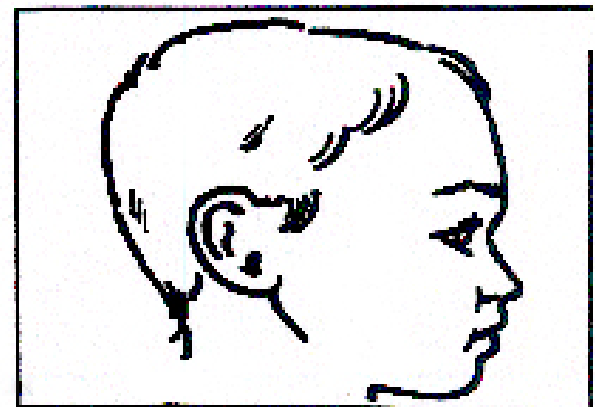
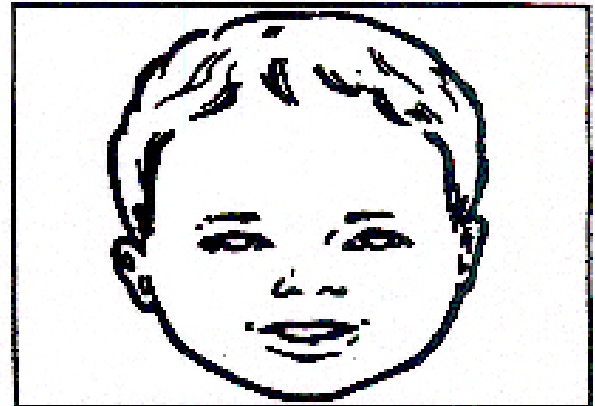
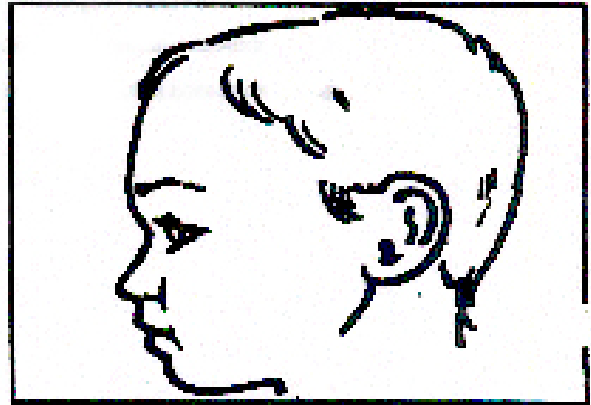
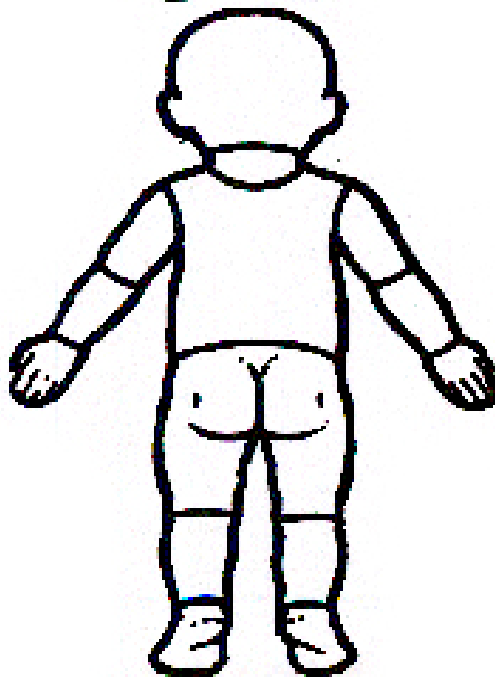
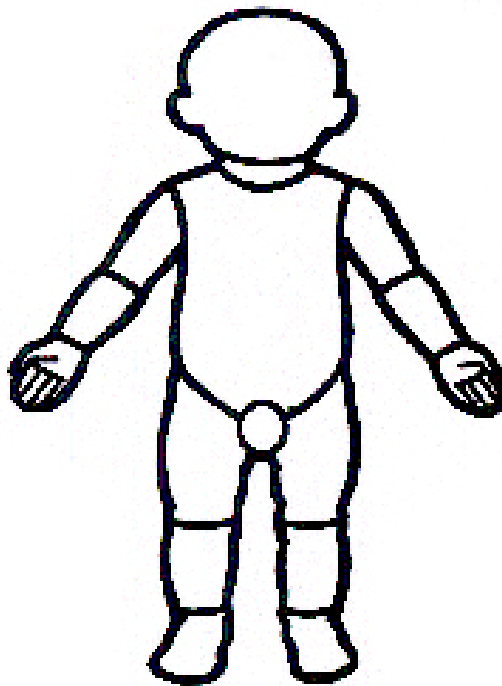
Full name:

Designated Safeguarding Lead/Officer Signature:

Date:

Was there an injury? Yes / No	Did you see it? Yes / No
Describe the injury:	
Have you filled in a body plan to show where the injury is and its approximate size?	
Yes / No	
Was anyone else with you?	
If yes, who?	
Has this happened before?	
Did you report the previous incident?	

## Young Child



## Older Child

