Brent Centre for Young People
healthy minds, brighter futures.

Safeguarding Policy

Last reviewed: March 2025

Next review: March 2027

Safeguarding personnel and contact details

Designated Safeguarding Leads

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Deputy member of staff responsible for this policy is:

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Safeguarding governance and accountability

The organisational governance structure set out below shows lines of accountability for safeguarding throughout the Brent Centre for Young People. The roles and responsibilities of all members of staff are described later in this document.

Brent Centre for Young People Board of Trustees
(meets quarterly)

Chair: Bernard Roberts
CEO: Valentina Levi (DSL)
Trustee Designated Lead: Bernard Roberts

Overall responsibility for safeguarding. Will ensure that the Brent Centre for Young People has robust systems in place to protect children, young people and adults from harm while receiving our support

Designated Safeguarding Leads

Valentina Levi (CEO, all services)
Barnaby Dunn (In-house services)
Jana Duchanova (Outreach services)
Anna Honeysett (Private services)
Adam Kay (Westminster services)

First point of escalation for any staff member raising a safeguarding concern. Monitor effectiveness of safeguarding procedures across services. Identify training needs and opportunities to upskill staff. Ensure policies are up-to-date and implemented properly

Clinical Meetings and Supervisions
(meets weekly)

All clinical staff and trainees

Discuss and review cases to share safeguarding concerns. Feedback on safeguarding processes and policies

Safeguarding Policy Overview

Safeguarding is about knowing when a child is at risk or needs help, and keeping children safe by:

- Protecting them from harm
- Supporting their health and development
- Making sure they grow up in a safe environment

Child protection procedures are the methods and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children.

The Brent Centre for Young People fully recognises that all staff have a full and active part to play in protecting children from harm.

All staff accept that this Centre should provide a caring, positive, safe and stimulating environment which promotes the social, physical and moral development of the individual child. The welfare of the child / young person is paramount.

The aims of this policy are:

- To support child development in ways that will foster security, confidence and independence
- To raise the awareness of staff to the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse and/or neglect
- To emphasise the need for good levels of communication between all members of staff
- To develop a structured procedure and guidelines within the Centre, which will be followed by all staff in cases of suspected abuse. Appendix 2 outlines the procedures that all staff should follow in the event of a safeguarding concern.
- To develop and promote effective working relationships with other agencies, especially the Police and Social Care
- To ensure that all adults within the Centre, who have access to children have current Disclosure and Barring Service (DBS) checks, have their identity verified by original documentation and also that references are checked in line with safe recruitment policies
- To implement the appropriate Vetting and Barring Procedures in line with the Independent Safeguarding Authority (ISA).

Context and scope of policy

The purpose of this document is to protect children and young people who are in contact with the Brent Centre for Young People and to provide staff, trustees and volunteers with guiding principles to safeguarding and child protection.

Brent Centre for Young People will ensure that all staff, including clinical and administrative staff, trustees, volunteers or anyone else working on behalf of the Brent Centre for Young People are:

- Aware of the legislation concerning child protection and safeguarding
- Informed about the local child protection procedures, and able to access local training where required
- Informed about the workings of the Brent Safeguarding Children Partnership and the Local Safeguarding Children Partnership covering Kensington and Chelsea and Westminster
- Aware of their responsibilities for safeguarding children, and
- Kept informed regarding the Independent Safeguarding Authority

Clinicians will explain to young people in their first sessions the parameters of confidentiality, and how they may be impacted by any safeguarding concerns.

Brent Centre for Young People will follow the child protection procedures laid down by the Local Safeguarding Children Partnerships.

Key definitions

Child or young person: Anyone who has not yet reached their 18th birthday.

Adult at risk: anyone aged 18 or over who

- has needs for care and support due to disability, illness, physical or mental infirmity (regardless of the level of need and whether or not the local authority is meeting any of those needs)
- as a result of those needs, is unable to look after their own well-being, property, rights, or other interests and unable to protect themselves against abuse or neglect
- is experiencing, or is at risk of harm, abuse or neglect (either from another person's behaviour or their own behaviour)

Child safeguarding is the action that is taken to promote the welfare of children and protect them from harm. Safeguarding is defined in Working Together as:

- protecting children from abuse and maltreatment

- preventing impairment to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

Adult safeguarding is the statutory framework introduced under the Care Act 2014 to care for adults in need, and is defined as

- protecting the rights of adults to live in safety, free from abuse and neglect
- people and organisations working together to prevent and stop both the risks and experience of abuse or neglect
- people and organisations making sure that the adult's well-being is promoted including, where appropriate, taking their views, wishes, feelings and beliefs fully into account when deciding any action
- recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances and therefore potential risks to their safety or well-being.

Significant harm: The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (s47 of Children Act, 1989). To make enquiries involves assessing what is happening to a child. Where s47 enquiries are being made, the assessment (known as the core assessment) should concentrate on the harm that has occurred or is likely to occur to the child as a result of child maltreatment, in order to inform future plans and the nature of services required. Decisions about significant harm are complex and should be informed by a careful assessment of the child's circumstances, and discussion between the statutory agencies and with the child and family.

Child and adult abuse: Children and adults may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their daily lives. Abuse can take a variety of different forms, including:

- Sexual, physical, emotional abuse, and neglect
- Exploitation by criminal gangs / organised crime groups
- Trafficking and modern slavery
- Online abuse
- Sexual exploitation
- Influences of extremism leading to radicalisation
- Domestic abuse

- Financial abuse
- Discriminatory abuse
- Organisational abuse

Staff: anyone employed by The Brent Centre for Young People, including agency employees and locum staff and those on secondment or placement including trainees and interns, honorariums both paid and voluntary, and students.

Volunteers: Anyone working as a volunteer for The Brent Centre for Young People, including trustees.

Terms of reference

External documentation

This policy complies with the following key documents:

- *Working Together to Safeguard Children* (HM Government, December 2023)
- *Safeguarding children and young people* (Charity Commission Policy Paper, July 2014)
- *What to do if you're worried a child is being abused: advice for practitioners* (HM Government, March 2015)
- *Safeguarding and protecting people for charities and trustees* (The Charity Commission, December 2017)
- *Care Act* (HM Government, May 2014)
- *What to do if you're worried a child is being abused: advice for practitioners* (HM Government, March 2015)
- *Child Maltreatment: when to suspect maltreatment in under-18s* (NICE, October 2017)
- *Safeguarding for charities and trustees* (The Charity Commission, November 2021)
- *Safeguarding and protecting people for charities and trustees* (The Charity Commission June 2022)
- *Safeguarding and child protection standards for the voluntary and community sector* (NSPCC, January 2024)
- *Good governance for safeguarding: A guide for UK NGO boards* (Bond, January 2019)
- *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff* (Royal College of Nursing, January 2019)

Internal documentation

- Confidentiality policy
- Privacy & Clinical Data Protection Policy for Service Users
- Complaints Policy & Procedure

- Privacy Notice Policy
- Subject Access Request (SAR) Policy

Procedures and recording

The Centre's procedures for safeguarding children is in line with Safeguarding Children Partnership procedures in our areas of operation. For the staff guide to internal recording of a safeguarding concern, see Appendix 1 below

The Centre will ensure that:

- There are at least two designated Safeguarding Leads responsible for implementing safeguarding procedures for the Centre, who undertake regular training
- There is a member of staff who will act in a designated Safeguarding Lead's absence
- All members of staff develop their understanding of the signs and indicators of abuse as written below, and update any safeguarding training requirements every 3 years
- All members of staff know how to respond to a child who discloses abuse or neglect
- All parents/carers are made aware of the responsibilities of staff members with regard to safeguarding and child protection procedures
- The Centre is covered by adequate and relevant insurance at all times
- These procedures will be regularly reviewed and updated
- All new members of staff will be given a copy of the Safeguarding and Child Protection Policy during induction. This policy will also be made available on the Brent Centre for Young People 'cloud' enabling electronic access for all staff, and will also be available on our website

The Brent Centre for Young People is committed to providing a safe, trusted environment for all who come into contact with the Centre, including young people, parents and carers, professionals working in the local community and our own staff.

All staff, clinical and non-clinical, complete advanced Safeguarding Level 3 Training, accredited by leading national bodies (ACP, BPC and BACP). All trustees complete Safeguarding Level 1 Training. All clinical and community engagement team have enhanced Disclosure and Barring Checks (DBS) in line with regulatory guidance, and all non-clinical staff have Disclosure and Barring Checks (DBS).

In this way, the Centre has developed an embedded culture of safeguarding that runs throughout the organisation, drawing on the expertise of young people with lived experience and issues that arise dynamically in our surrounding communities.

From a reporting perspective, the Brent Centre has a Safeguarding Log held by our online CRM system provider, Lamplight, where clinicians record safeguarding disclosures that come up within their clinical work. This is overseen by the Designated Safeguarding Leads and reviewed by Service Leads at management level every month to ensure all issues have been

responded to fully, actions completed and to gauge evolving risks developing across our services.

Given the nature of our work and the various vulnerabilities of the young people we support, we receive a high number of safeguarding disclosures on a day to day basis, which require different responses and levels of escalation and action. We report to and share information with external stakeholders on serious incidents or 'near misses'. More broadly the Brent Centre for Young People reports to our two local Safeguarding Boards, the Brent Children Safeguarding Partnership and Westminster and Kensington & Chelsea Local Safeguarding Partnership.

Safeguarding procedure: In-house clinics

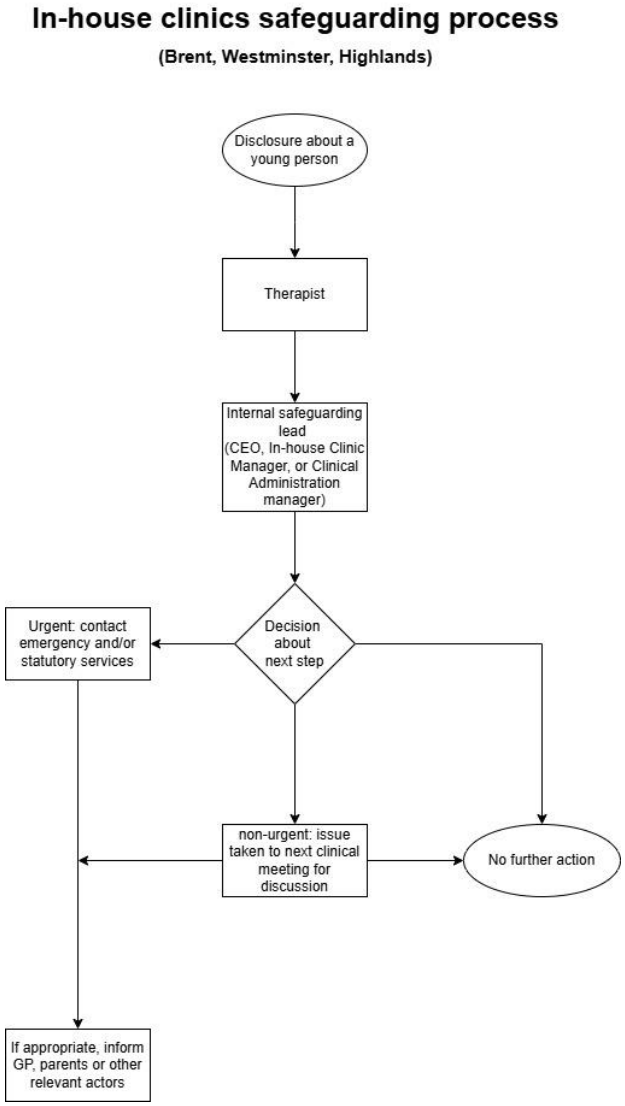
Procedure: Dealing with Safeguarding issues at the In-house Clinics

When a disclosure is made during a session in the In-house Services (located in Brent, Westminster, and the Highlands), the clinician notifies the Safeguarding Leads/Managers of the Service.

The case is discussed with the Safeguarding Lead and, depending on the nature of the disclosure and on the level and imminence of risk, a decision is made regarding actions to be taken. These could include:

- Immediate action (i.e. calling an ambulance, the police etc),
- Medium urgency action (alerting relevant agencies and family members) or
- Deferred action (the case is discussed in the clinical weekly meeting).

If the managers are not available and or further advice is needed, the CEO will advise on the actions for the case.



Safeguarding procedure: Outreach services

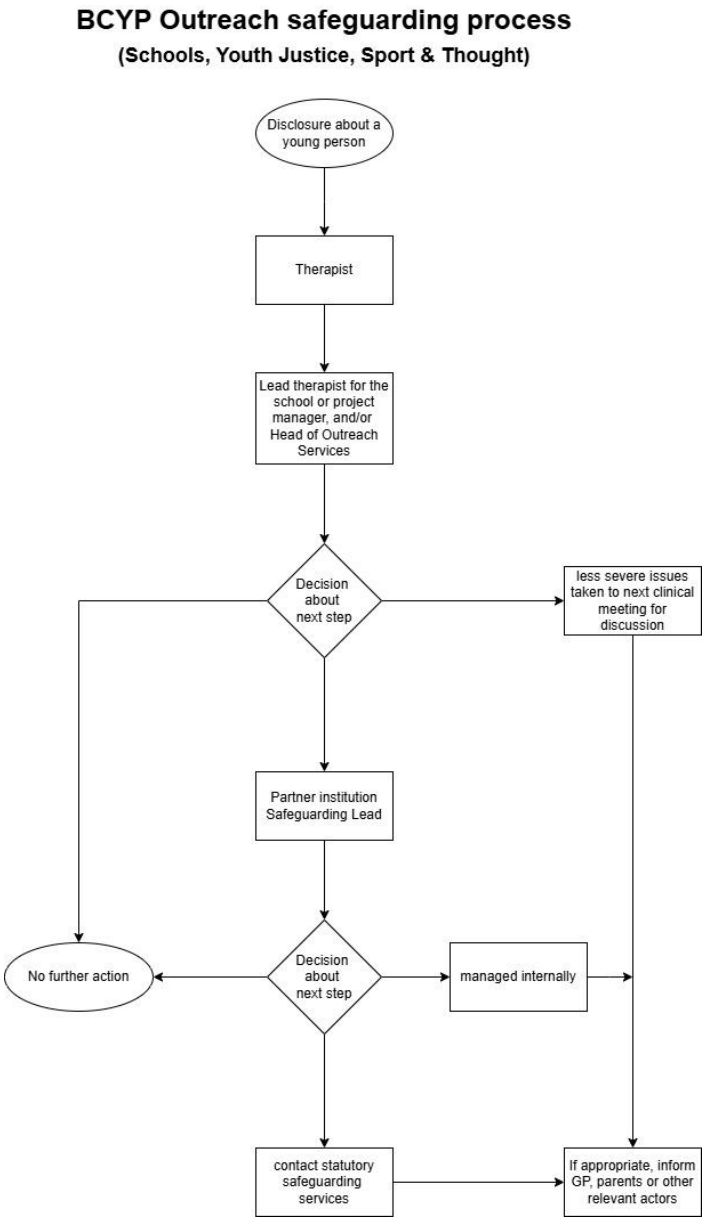
Procedure:

Dealing with Safeguarding issues at our outreach services

Within our Outreach Services (Schools, Youth Justice, Sport & Thought), each school has a designated Lead Therapist and each project a Project Manager. There is a designated member of the school or partner organisation staff that has been chosen as responsible for linking up with us regarding Safeguarding.

The BCYP clinician that receives the disclosure discusses the case with the Brent Centre Lead Clinician or Project Manager for that particular service. If the Lead Clinician/Project Manager is not available or further input is needed, the case is discussed with the Head of Outreach Services. If they are unavailable or need further input, the case is discussed with the CEO.

If the Brent Centre staff think that any action is needed to safeguard the young person, they will liaise and consult with the partner organisation staff in charge of safeguarding for that particular location. In the same way as is the case with in-house services, and depending on the nature of the disclosure, level and imminence of risk, a decision is made regarding actions: either immediate action (i.e. calling an ambulance, the police etc), medium urgency action (alerting relevant agencies and family members) or deferred action (the case is discussed in the clinical weekly meeting).



Supporting Staff – training & supervision

We recognise that staff working at the Centre who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting

The Centre will support such staff by providing an opportunity to talk through their anxieties with the safeguarding lead to seek further support as appropriate

The Brent Centre trains all staff, volunteers and governors, regardless of their role, to be aware of and watchful for signs that a child may be in need of help, as well as the signs of abuse, neglect and exploitation. All staff members who come into contact with children must take part in child protection training during the beginning stages of their employment, and at intervals of not more than 3 years, in order to support staff and make them aware of potential issues which could cause harm to a child. All clinical staff are required to have level 3 safeguarding training. Our Chairman, Dr Bernard Roberts, is the safeguarding Lead on our board. He is a retired Consultant Psychiatrist and Senior Psychoanalyst, formerly Head of Psychotherapy Services at Central and North West London Foundation Trust, Medical Director at Kingston and District Community Trust, and Head of the Child and Adolescent Clinic and Safeguarding Lead at the Institute of Psychoanalysis. The Safeguarding Lead officer within the organisation is Valentina Levi, CEO and Senior Child & Adolescent Psychotherapist who has a wealth of safeguarding experience both in statutory and third sector mental health services, including delivering risk training for the Association of Child Psychotherapists.

In addition, all staff members receive safeguarding and child protection updates (via email and staff meetings) as required to provide them with the relevant skills and knowledge to safeguard children effectively. The DSL leads on ensuring that regular safeguarding and child protection updates are circulated to all staff.

The importance of supervision and providing support to healthcare staff working with vulnerable young people is made clear in statutory and non-statutory guidance.[1] Supervision should ensure that all staff members are comfortable and confident with their responsibilities, learn from others' experience and continue to develop in their roles.

All clinical and non-clinical staff receive supervision, and this should always address risk and safety issues for young people. All Brent Centre for Young People staff will receive safeguarding supervision as part of their clinical supervision or their line management processes.

General principles of the safeguarding aspect of clinical supervision:

- The supervisee makes the supervisor aware of any risk and safety issues with their caseload, or with any service user with whom they have had interaction

[1] HM Government (2023) *Working Together to Safeguard Children: A guide to multi-agency working to help, protect and promote the welfare of children;* Royal College of Nursing (2019) *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff*, intercollegiate document, 4th edition.

- Service users for whom there is a potential or obvious safeguarding issue are identified by a senior member of the clinical/managerial team
- The names of these young people are logged by the clinical leads of all services, which allows for regular monitoring and review of these cases
- A safeguarding action plan is established i.e. an agreed action plan between supervisor and supervisee is established, the supervisor assists the supervisee to take this action and monitors actions already taken by the supervisee
- Through sharing their anxiety and concerns associated with risk, the supervisee is more likely to be able to carry out their therapeutic function with the young person
- Safeguarding supervisors will ensure that cases have been assessed and managed appropriately and that there is individual and group learning from case discussion.

Escalation of concerns: during a supervision session a situation may arise where a high-risk case is identified and/or there may be disagreement between supervisor and supervisee as to how a child or young person should be safeguarded. All such cases should be discussed as soon as possible with the service safeguarding lead, another service safeguarding lead, and/or discussed with organisation safeguarding leads.

Record keeping: the supervisory process should ensure that appropriate documentation of:

- Attendance at group and individual supervision
- Cases discussed and learning points for group supervision
- Identified individual safeguarding risks, safeguarding action plans and progress of action plans should be made in both supervision note and individual case notes.

Pastoral support to staff as part of supervision process: the receipt of a disclosure of abuse or harm, or involvement with a complex safeguarding case, can be challenging and upsetting for staff. Brent Centre staff will be offered support in accordance with our *supervision policy* with either:

- Individual case debrief with the service safeguarding lead
- Regular 1-to-1 safeguarding supervision with their supervisor
- Group safeguarding supervision.

Service Managers or safeguarding leads are responsible for encouraging staff to access the appropriate support, whether internal or external to the Brent Centre for Young People.

Quality and assurance

Compliance with the recommended supervisory process, including a staff member's attendance and engagement with supervision, will be regularly monitored by service lead / service manager.

Safer recruitment

The Brent Centre for Young People takes all reasonable steps to ensure that everyone we recruitment into our organisation are suitable and appropriate to work with young people. These steps include:

- A vigorous vetting process
- Two-stage interview process
- A DBS check for all non-clinical staff and an Enhanced DBS check for all clinical and community engagement staff
- Receipt of 2 good quality references
- Receipt of a reference questionnaire requesting any disclosures of concerns about the prospective employee, however minor

Indicators and identification of abuse and harm

The Brent Centre for Young People has a number of services delivered at our clinics as well as in community locations such as schools, community hubs and youth centres. These services work with a range of ages including both children and adults, with different levels of risk, with different levels of engagement with young people and their networks, with different levels of access to background information about young people, and with different levels of engagement with multiagency working across health, education, criminal justice and social care.

This section provides general guidance on how we identify and respond to potential harm or actual abuse of children, young people and adults at risk, whether those young people are already known to safeguarding services or not.

Child Abuse and Neglect is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health and development.

Children may be abused or neglected through the infliction of harm, or the failure to act to prevent harm.

The factors described in this section are frequently found in cases of child abuse.

Their presence is not proof that abuse has occurred but must be regarded as indicators of the possibility of significant harm justifies the need for careful assessment and discussion with your line manage / colleagues/ Lead Child Protection Officer may require consultation with and / or referral to Social Services. The absence of such indicators does not mean that abuse or neglect has not occurred.

In any abusive relationship the child may:

- appear frightened of the parent/s
- act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may

- persistently avoid child health services
- have unrealistic expectations of the child
- frequently complain about /to the child and may fail to provide attention or praise (high criticism / low warmth environment)
- be misusing substances
- persistently refuse to allow access on home visits
- be involved in domestic violence

Staff should be aware of the potential risk to children where individuals previously known or suspected to have abused children, move into the household, or where there is a history of domestic violence.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- an explanation which is inconsistent with an injury
- several different explanations provided for an injury
- unexplained delay in seeking treatment
- parents are absent without good reason when their child goes for treatment
- repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
- family use of different doctors and A&E department
- reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided

- any bruising to a pre-crawling or pre-walking baby
- bruising in or around the mouth, particularly in small babies which may indicate force feeding

- two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be accidental or abusive)
- repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- the outline of an object used e.g. belt marks, hand prints or a hair brush
- grasp marks on small children
- bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

Burns and Scalds

It can be difficult to distinguish accidental and non-accidental burns and scalds, and will always require medical opinion. Any burn with a clear outline may be suspicious e.g.

- circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- linear burns from hot metal rods or electrical fire elements
- burns of uniform depth over a large area
- scalds with uniform marks or scalds which cannot be adequately explained

Fractures

Non-mobile children rarely sustain fractures. There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent with the fracture type
- there are associated old fractures
- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- there is an unexplained fracture in the first year of life

Scars

A large number of scars of different sizes or ages or on different parts of the body may suggest abuse.

Recognising Emotional Abuse

The following may be indicators of emotional abuse:

- developmental delay
- abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- indiscriminate attachment or failure to attach
- aggressive behaviour towards others
- scapegoated within the family
- low self-esteem and lack of confidence
- withdrawn or seen as a 'loner' - difficulty relating to others

Recognising Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently afraid to say anything due to guilt or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of the individual child/family.

Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural. Some behavioural indicators associated with this form of abuse are:

- inappropriate sexualised contact
- sexually explicit behaviour, play or conversation, inappropriate to the child's age
- self-harm (including eating disorder), self-mutilation and suicide attempts
- involvement in prostitution or indiscriminate choice of sexual partners

Some physical indicators associated with this form of the abuse are:

- pain or itching of genital area
- blood on underclothes
- pregnancy in a younger girl where the identity of the father is not disclosed
- physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted diseases

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- a child seen to be listless, apathetic and unresponsive with no apparent medical cause
- failure of child to grow within normal expected pattern, with accompanying weight loss
- child frequently absent from school
- child left with adults who are intoxicated or violent
- child abandoned or left alone for excessive periods

Recognition of Child Protection Issues in Specific Circumstances

Disabled Children

Any child with a disability is by definition a 'child in need' under a s.17 of the Children Act 1989. A disabled child is vulnerable to physical, emotional or sexual abuse, or neglect as any other child, though the level of risk may be raised by:

- a need for practical assistance in daily living, including intimate care from what may be a number of carers
- carers and staff lacking the ability to communicate adequately with the child
- a lack of continuity of care leading to an increased risk that behavioural changes may go unnoticed
- physical dependency with consequent reduction in ability to be able to resist abuse
- an increased likelihood that the child is socially isolated
- lack of access to 'keep safe' strategies' available to others
- communication or learning difficulties preventing disclosure

In addition to the universal factors of abuse/neglect listed previously the following abusive behaviours must be considered:

- force feeding
- unjustified or excessive physical restraint
- rough handling
- extreme behaviour modification including the deprivation of liquid, medication, food or clothing
- misuse of medication, sedation, heavy tranquilisation
- invasive procedures against the child's will
- deliberate failure to follow medically recommended regimes

When a child is unable to tell someone of his / her abuse s/he may convey anxiety or distress in some other way e.g. behaviour or symptoms and carers and staff must be alert to this.

Parents who Misuse Drugs or Alcohol

Misuse of drugs and /or alcohol is strongly associated with significant harm to children, especially when combined with other features such as domestic violence.

The risk to children may arise from:

- use of the family resources to finance the parent's dependency characterised by inadequate food, heat, clothing for the children
- exposing children to unsuitable care givers or visitors e.g. customers or dealers
- effects of alcohol may lead to disinhibited behaviours e.g. inappropriate display of sexual or aggressive behaviour
- chaotic drug use which may lead to increased irritability, emotional unavailability, irrational behaviour and reduced parental vigilance
- withdrawal symptoms including mood disturbances
- unsafe storage of drugs or injecting equipment
- adverse impact of growth or development of an unborn child

Although there are some parents who are able to care for and safeguard their children despite their dependence on drugs/alcohol, parental substance misuse can cause significant harm to children at all stages of development. A thorough assessment is required to determine the extent of need and level of risk of harm for each child in the family. Where a parent has enduring and/or severe substance misuse problems, children in the household are likely to be at risk of, or experiencing significant harm primarily through emotional abuse and neglect. The child may also not be well protected from physical or sexual abuse. This area is covered in detail in the London Children Protection Procedures (3rd Edition 2007).

Severe and /or enduring parental mental illness

The majority of parents who suffer significant mental health problems are able to care for and safeguard their children and /or unborn child. It is essential to assess the implications for each child in a family where mental illness is prevalent.

A child at risk of significant harm or whose well-being is affected could be a child:

- who features within parental delusions
- who is involved in his/her parents' obsessive compulsive behaviours
- who becomes a target for parental aggression or rejection
- who has caring responsibilities inappropriate to his/her age
- who may witness disturbing behaviour arising from the mental illness (e.g. self-harm, suicide, uninhibited behaviour, violence, homicide)
- who is neglected physically and /or emotionally by an unwell parent
- who does not live with the unwell parent but has contact (e,g formal unsupervised contact sessions, or the parent sees the child in visits to the home or overnight stays)

Or he/she could be an unborn child:

- of a pregnant woman with any previous major mental disorder, including disorders of schizophrenic, any affective or schizo-affective type; also severe personality disorders involving known risk of harm to self and/ or others.

The following may impact upon parenting capacity and increase concerns that a child may have suffered or is at risk of suffering significant harm:

- History of mental health problems with impact in the sufferers functioning
- unmanaged mental health problems which impact on functioning
- maladaptive coping strategies
- misuse of drugs, alcohol or medication
- severe eating disorders
- self-harming and suicidal behaviour
- lack of insight into illness and impact on child, or insight not applied
- non-compliance with treatment, or poor engagement with services
- previous or current compulsory admissions to mental health hospital
- disorder deemed long term 'untreatable' or untreatable within time scales compatible with child's best interests
- mental health problems with domestic abuse and/or relationship difficulties
- mental health problems with isolation and /or poor support networks
- mental health problems combined with criminal offending (forensic)
- non-identification of the illness by professionals (e.g. untreated post-natal depression can lead to significant attachment problems)
- Previous referrals to Local Authority children's social care for other children.

Allegations against staff

We understand that a child may make an allegation against a member of staff.

If such an allegation is made, the member of staff receiving the allegation will immediately inform their line manager, who will inform the CEO, HR and/or Designated Safeguarding Lead if appropriate.

If the allegation made to a member of staff concerns the Line Manager, the designated member will immediately inform the CEO who will consult with Referral &Assessment, Social Care.

If allegation made a member of staff concerns the CEO, the staff member will immediately inform their line manager, if not the CEO, who will immediately inform the chairperson of the board of trustees.

Confidentiality

We recognise that all matters relating to Child Protection are confidential and need to be dealt with sensitively. A child's welfare and safety are paramount, and all staff must be aware that they cannot promise to a child to keep secrets and may need to share information with other agencies and professionals in order to protect a young person at risk.

Safeguarding concerns about a child or young person will be flagged on our clinical database, to ensure any member of staff working with that young person is aware.

All staff must be aware that they have a professional responsibility to share information with other agencies who need to know in order to safeguard children. Children and parents will be appropriately involved, if concerns need to be shared.

Data protection

Written safeguarding records count as "special category personal data" under the *General Data Protection Regulation and Data Protection Act* (HM Government, 2018): they neither prevent nor limit the sharing of information for the purposes of keeping children and young people safe.

The Brent Centre acknowledges that "safeguarding of children and individuals at risk" is a processing condition that allows it to share "special category personal data". This circumstance includes allowing practitioners to share information without consent where there is good reason so to do. Where the sharing of information in a timely manner will enhance the safeguarding of a patient, but it is not possible to gain consent, or it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a patient at risk, then the Brent Centre may release information if it is considered to be in the best interest of a patient.

Where sharing information would result in the serious harm test being met, then the Brent Centre will withhold providing the data in compliance with the Brent Centre's obligations.

Parents who ask to see records may be allowed access, provided this does not put children at risk and that any questions of the child's consent are satisfied.

Ultimately, *General Data Protection Regulation and Data Protection Act* (HM Government, 2018): do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information will not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children.

Technology and E-Safety

The Centre recognises that children and young people have access to the internet, smartphones, and other forms of communication and information, that can compromise their safety if used without guidance

Staff are aware that safeguarding issues can arise from suicide / self-harm websites and chat rooms, online 'grooming', talking to strangers online, 'BBM' chat and other forms of messaging that young people use, internet pornography, and the filming of violent or sexual incidents using phone cameras. Staff will respond to online or technology based safeguarding issues with the same sensitivity and care as any other safeguarding issue, following local procedures to ensure the wellbeing of the young person

Staff will endeavour to keep themselves up to date with training, issues and policy developments or guidance around e-safety, so they can deal with these safeguarding concerns sensitively and appropriately

The Centre recognises that young people may attend appointments and outreach services with electronic devices/smart phones. Maintaining the confidentiality and safety of those young people and any other young people accessing our services is paramount, and staff are able to recognise when this might be put at risk from misuse of electronic devices. Staff are also aware that on occasion young people may use their smart phones or electronic devices to convey aspects of their life, or their concerns within a therapeutic setting, and staff will also ensure that this can be recognised and supported appropriately

Staff will intervene appropriately, if electronic devices or smart phones compromise a breach of confidentiality or raise safeguarding concerns in a clinical or group session. Any appropriate intervention follow safeguarding good practice, and would identify the risk or concern, raise this with the young person and seek to sensitively maintain a safe and boundary environment for therapeutic work

Workers in outreach settings will additionally be aware of local policies within any specific outreach setting, (for example in some schools and settings, young people are encouraged to have mobile phones switched off). Staff will work alongside partner agencies to safeguard young people

Staff are encouraged to discuss concerns regarding e-safety and the use of technological devices with the lead workers in Safeguarding

Reception staff are also aware of the potential issues around using smartphones or electronic devices within the waiting area of the Centre, and ensuring it is a safe and confidential space. Any concerns would be dealt with by reminding young people of the need to provide a safe and confidential space to all who use the waiting area, and raising concerns with the Service Manager for Clinical Administration where necessary.

Useful contacts

If a child is at immediate risk of harm, call the police on 999

If you suspect, have evidence of, or receive a disclosure of abuse, you should inform your line manager, Chief Executive, or designated safeguarding leads as soon as possible.

Brent borough contacts

Brent Children's Safeguarding services

- https://www.brent.gov.uk/children-young-people-and-families/keeping-children-safe
- Office hours (Mon – Fri 9am - 5pm): Call 020 8937 4300 (option 1)
- Outside office hours: Call the emergency duty team on 020 8863 5250
- **Link: Children's Social Care referral form for professionals**

Brent Council Safeguarding Adults Team

- https://www.brent.gov.uk/adult-social-care/protecting-adults-from-risk-of-abuse
- Office hours (Mon – Fri 9am - 5pm): Call 0208 937 4098 or 0208 937
- Outside office hours: Call the emergency duty team 0208 863 5250

Brent Safeguarding Children Partnerships Team (BSCP)

  - https://brentsafeguardingpartnerships.uk/
  - Brent.Safeguardingpartnerships@brent.gov.uk

Westminster borough contacts

Westminster Children's Safeguarding services

- https://www.westminster.gov.uk/children-and-families/childrens-social-care
- Office hours (Mon – Fri 9am - 5pm): Call 020 7641 4000
- accesstochildrensservices@westminster.gov.uk
- Outside office hours: Call the emergency duty team on 020 7641 2388
- **Link: Westminster Multi Agency Referral Form (MARF)**

Westminster and Kensington & Chelsea Local Safeguarding Children Partnership

- https://www.rbkc.gov.uk/lscp/
- telephone: 07739 315388
- https://brentsafeguardingpartnerships.uk/
- Brent.Safeguardingpartnerships@brent.gov.uk

National contacts

NSPCC

- Office hours (Mon-Fri 10am-4pm): Call 0808 800 5000
- Email help@NSPCC.org.uk
- Online report abuse form: https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/report/report-abuse-online/

Child Exploitation and Online Protection Centre (CEOP)

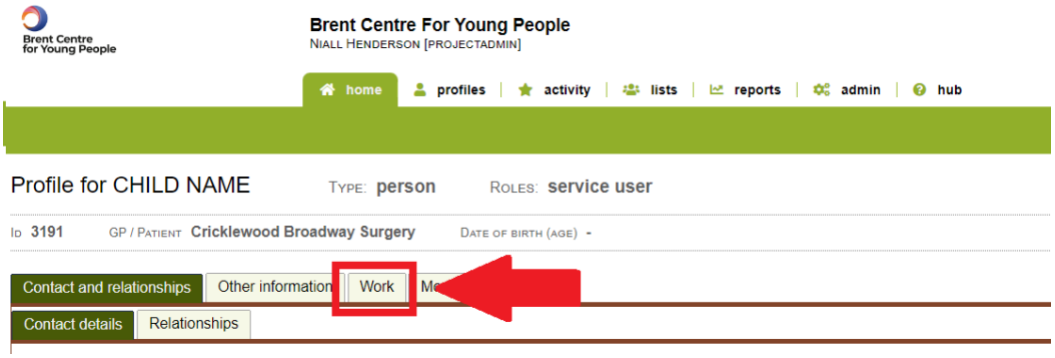
- CEOP can be contacted for information and advice regarding worrying or upsetting images online, or an email with abusive material for example
- www.ceop.gov.uk

Appendix 1: Staff guide to recording a safeguarding event internally

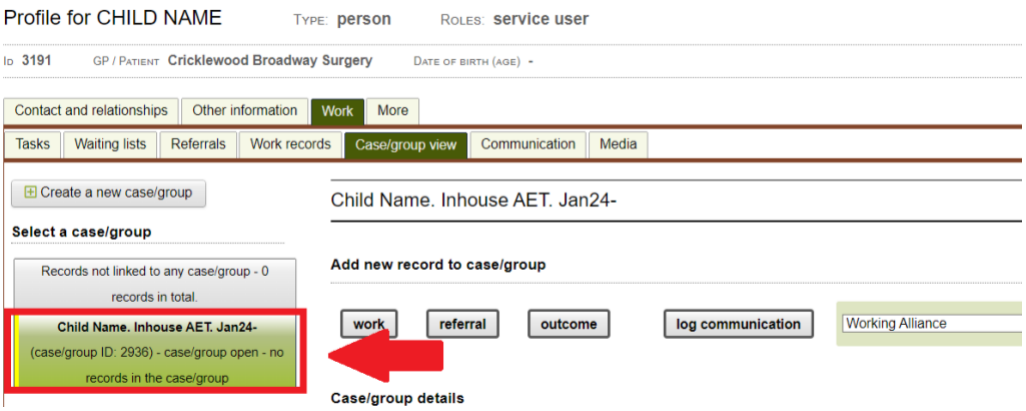
When you have a safeguarding concern which you escalate beyond discussion at a clinical meeting, this should be recorded as a safeguarding event on Lamplight. To do this, do the following:

1. Log in to Lamplight and go to the relevant young person's profile by searching their name at the top right:

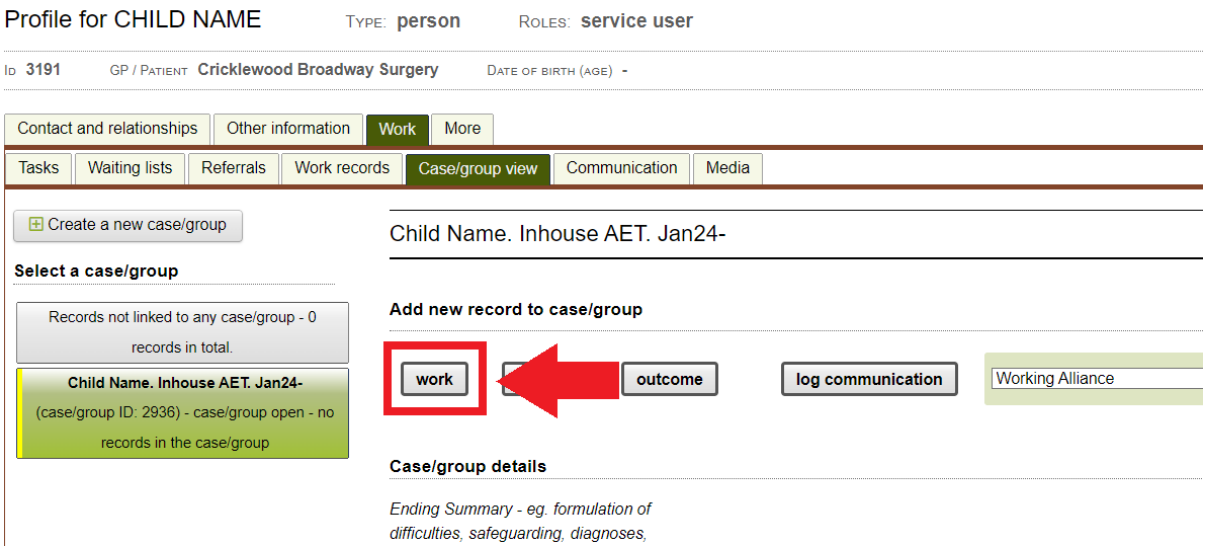
2. In the young person's profile, click the **Work** tab



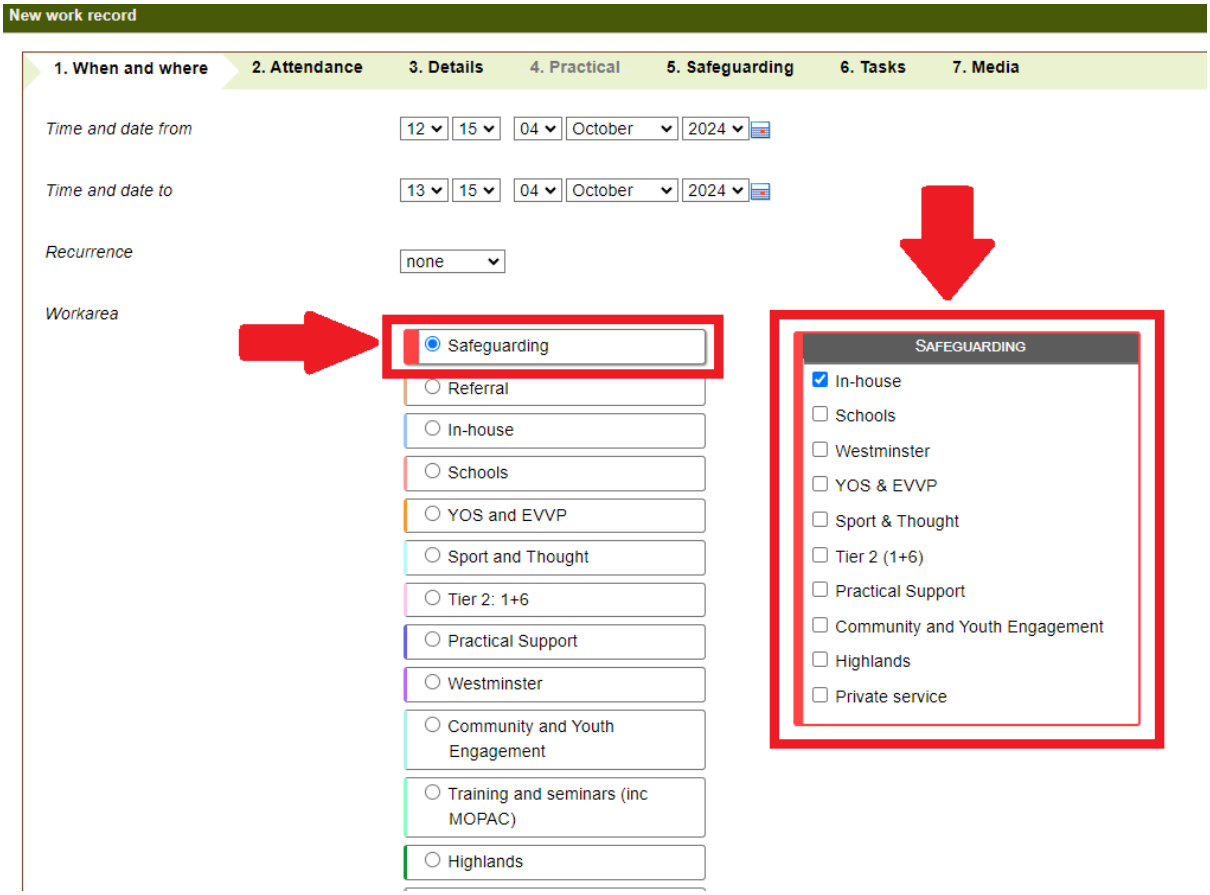
3. This will open the **Case/group view.** From here, click on the relevant case folder on the left hand side:



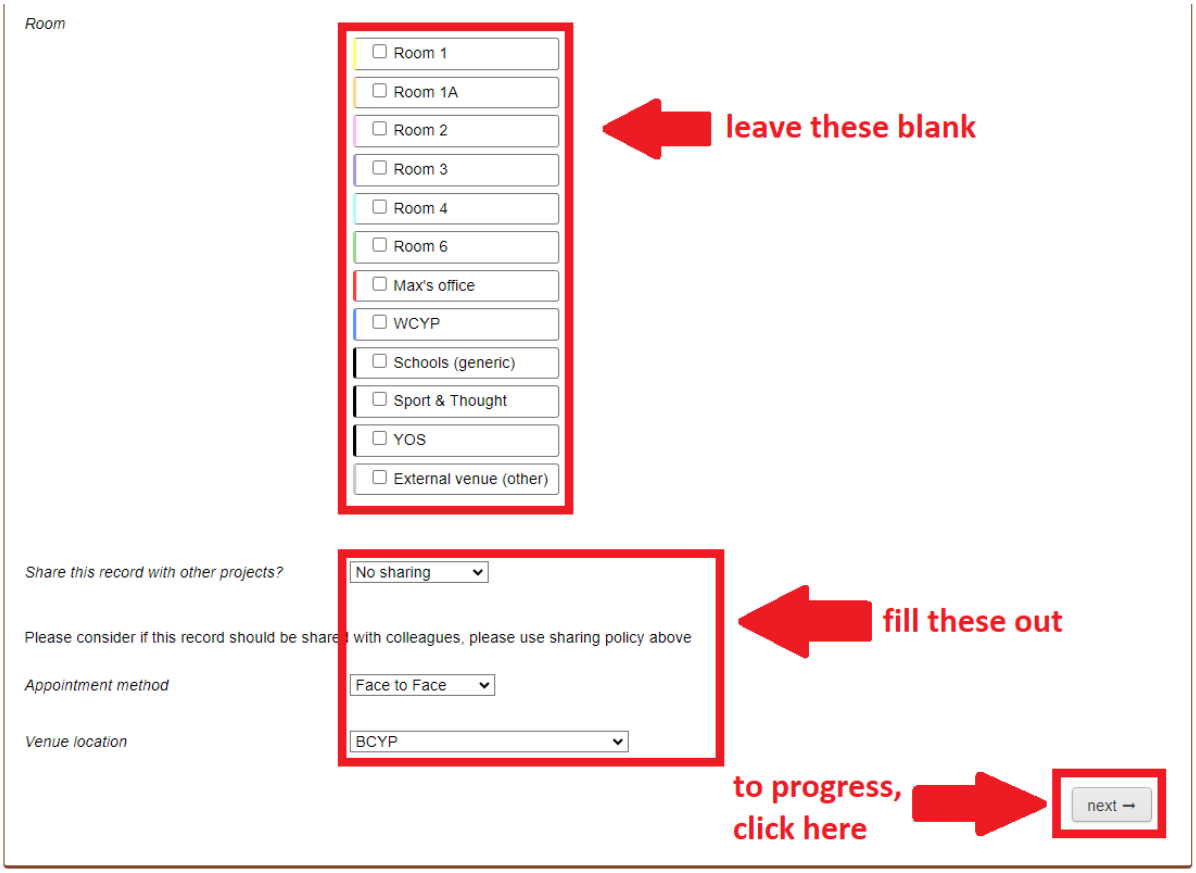
4. After selecting the case folder, to record a safeguarding event, click on the **work** button:



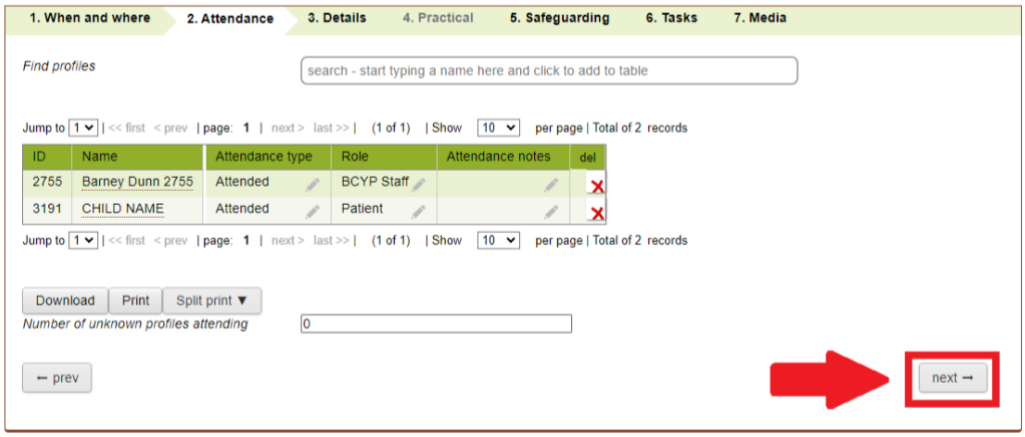
5. Input the time and date the event happened. Then, select the **Safeguarding** work area to choose which service the young person accesses:



6. Please **do not** fill out the *Room* section – nothing should be ticked here.
7. The *Share this record with other projects* can be set to "No Sharing
8. Please **do** fill out *Appointment method* and *Venue location* sections to indicate where the incident happened
9. Once this page has been completed, click **next**:

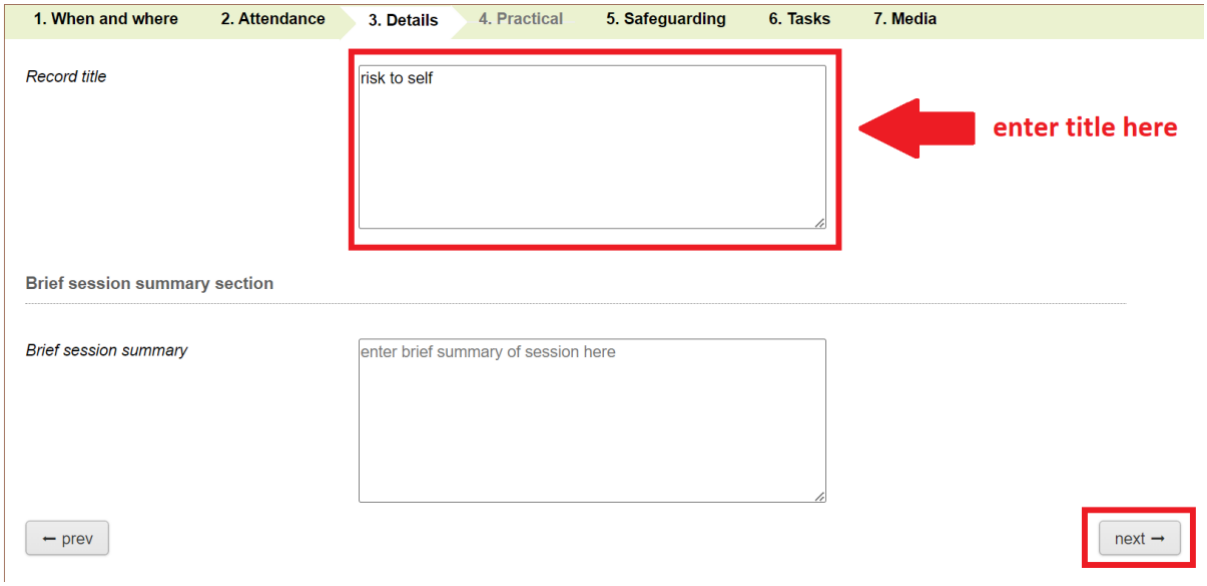


10. The section titled **2. Attendance** indicates who was directly involved initially in this incident/disclosure. Typically this will be the young person and the clinician. When this is all correct, click **next:**

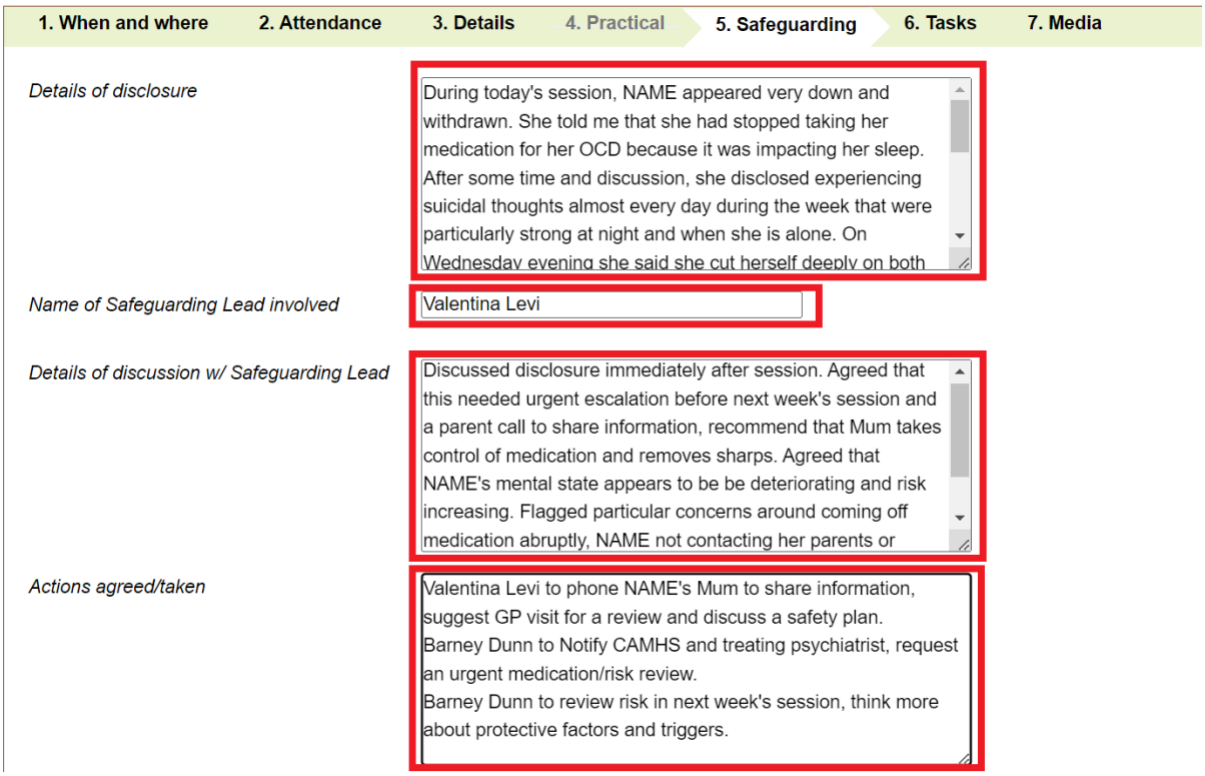


11. In the section **3. Details** you only need to enter a *Record title*. For the title, please use the most appropriate choice from the following:
    a. Risk to self
    b. Risk to others
    c. Risk from others

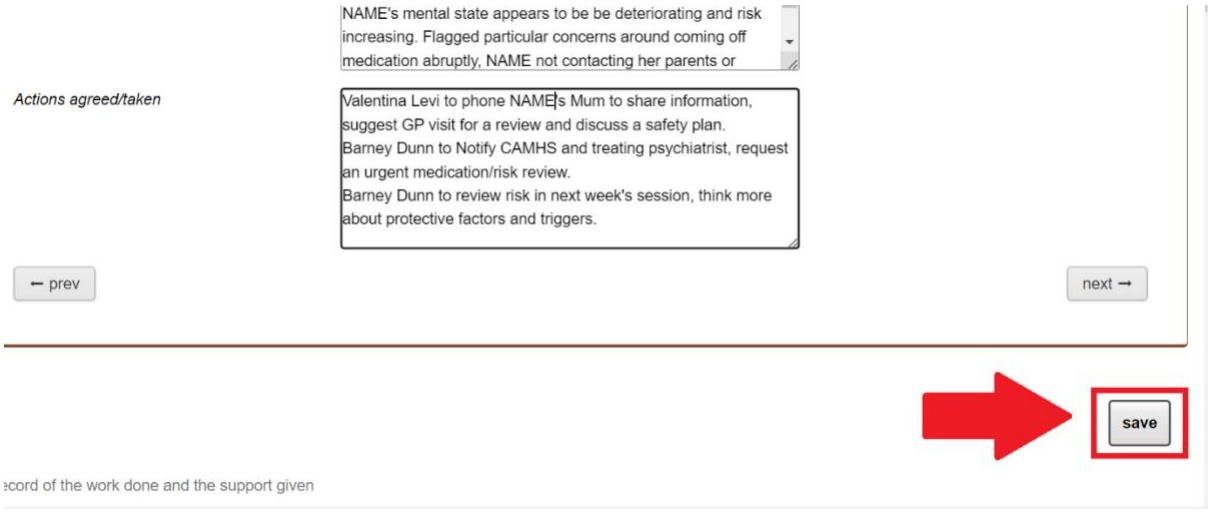
    When this is done, click **next,** which will take you directly to the section **5. Safeguarding**



12. In the section **5. Safeguarding**, you need to enter the details of the disclosure, the name of the BCYP safeguarding lead you have involved, details of your discussion with them, and actions agreed/taken:



13. Once these are completed, click the **save** button:



14. The record is now created and will show in the young person's case folder:

Add new record to case/group

work | referral | outcome | log communication

Working Alliance | evaluation

Jump to 1 | << first < prev | page: 1 | next > last >> | (1 of 1) | Show 50 per page | Total of 3 records

menu	Date	Start time	Workarea	Type	Sub-workareas	Record title	Number listed	Number service users attending	Room
	08/10/2024	14:15	Safeguarding	work	In-house,	risk to self	2	1	
	08/10/2024	09:45	In-house	work	Initial assessment,	NAME - Inhouse IA - Barney D	1	1	
	01/10/2024	09:45	Referral	referral	In-house: Initial Assessment,		1	1	

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