Brandon Centre
Safeguarding Policy & Procedure

Management Information

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1	07/01/2020	Helen Montgomery and Chioma Onyekwuluje	Created by Helen Montgomery and edited by Chioma Onyekwuluje
2	16/4/2020	Lucy Parakhina	Added new Brandon Centre logo
3	21/11/2020	Julia Brown	Amended Logo and updated policy in line with new reorganisation and other changes.
3.1	10/12/2020	Julia Brown	Updated Safeguarding Leads for each service
3.2	15/06/2021	Julia Brown and Emma Saunders	Updated Safeguarding Leads for each service and committee
3.3	01/02/2022	Michelle Drummond and Emma Saunders	Appendix 4 & 5 updated with safeguarding audit details for Clinical Training & Consultancy service Emma Sainsbury updated 3.2 and table in 4.2

3.4	03/07/2022	Julia Brown	Updated Policy following transition of Sexual Health Service.
3.5	09/02/2023	Sam Weston	Safeguarding Governance Structure and Designated Safeguarding Leads updated.
3.6	19/12/2023	Julia Brown & Sam Weston	Updated trustee and senior leadership team due to restructure changes and recruitment.

Contents

1.0 Introduction and background

1.1 Policy overview

This policy sets out our approach to the safeguarding of children and young adults at risk, and details the organisational structures, procedures and practice that supports the implementation of this policy.

This document is divided into the following sections:

1. Our commitment to the key principles of safeguarding
2. Our safeguarding governance and accountability structure: roles and responsibilities of all staff and volunteers
3. Identifying and responding to safeguarding concerns: procedure and guidance
4. Support, training and supervision to staff and volunteers
5. Protecting young people from harm and abuse within our organisation
6. Monitoring, reporting and audit

This document is to be used alongside *Brandon Centre Safeguarding Information and Guidance document*. This document provides more detailed information and learning resources for staff about:

- What constitutes abuse or harm
- Warning signs and vulnerabilities
- The legal framework for safeguarding
- Local authority safeguarding structure, statutory responsibility and processes for children and adults
- Summary of legislation and statutory guidance

Appendices

1. Glossary of terms
2. Safeguarding Actions flowchart
3. Recommended staff training and competencies
4. Safeguarding Supervision schedules by service
5. Audit/monitoring schedules by service

1.2 Background, context and scope of this policy

This policy has been written to apply generically to all

- clinical and non-clinical staff who are employed by Brandon Centre
- volunteers who are working for Brandon Centre including trustees
- services that operate under the auspices of Brandon Centre
- adults, young people and children, who access our services or are related in some way to our service users

Brandon Centre offers a number of different services which support children and young people, which include:

- individual counselling and psychotherapy
- outreach and school-based counselling and coaching programmes
- systemic intervention for families of young people (BCSIT)
- groups for parents of young people
- training and support for other professionals who work with children and young people

It is important to recognise that in applying a generic safeguarding policy and procedure across the organisation, each service at Brandon Centre varies in:

- the number (caseload) of children and young people that are seen
- models of therapeutic work and the degree of contact and involvement that young people have with our clinical and non-clinical staff
- the level of risk that is inherent as part of the therapeutic work each service offers
- the amount of background information that is known about the children and young people that are receiving care from that specific service
- whether children and young people seen in any specific service are referred by other professionals (with background information) or whether they self-refer (with only the background information which a young person chooses to tell us)
- the level of existing multiagency involvement with cases and the degree of direct working with local authority safeguarding services

1.3 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
- and 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.

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 Brandon Centre, 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 Brandon Centre, regardless of their role, including trustees.

2.0 Our commitment to the key principles of safeguarding

2.1 Safeguarding is the responsibility of everyone: all Brandon Centre staff and volunteers have a responsibility to safeguard and promote the well-being of children, young people, and adults at risk. They should read and understand this policy and procedure, be aware of their responsibilities, and undertake their duties with care for quality, efficiency and effectiveness.

2.2 Safeguarding is central to our work: the safety and well-being of children and young people is paramount to the work of Brandon Centre. Due to the nature our work, many of the children and young people who use the centre, may be suffering or be at risk of different kinds of abuse, and may be subject to health, social, developmental and environmental factors that have an adverse impact upon their lives.

2.3 Duty to safeguard may extend beyond our service users: our staff and volunteers may be required to extend their duty of care and safeguarding responsibility to children and young people who are not themselves a service user. For example, the children, siblings and friends of young people who use our services may also be at risk of harm and raise a safeguarding concern.

2.4 Safeguarding policy and practice is enshrined by legal frameworks, and national and local guidance: Our policy and procedures should be considered in the context of a legal framework that underpins safeguarding policy and practice in the UK (i.e. UN Convention on the Rights of the Child, The Children Acts of 1989 and 2004 ,The Care Act 2014), as well as national guidance for best practice (Working Together to Safeguard Children Statutory Guidance 2018) and local guidance from relevant local safeguarding partnerships (London Child Protection Procedures, Camden and Islington Safeguarding partnership). *Brandon Centre Safeguarding Information and Resources document* provides more details.

2.5 Safeguarding risk will be identified and responded to in a timely and appropriate manner: safeguarding concerns may require an immediate, urgent or less urgent response, and may require internal discussion and escalation of concern, as well as involvement of other agencies such as police or social care. We recognise that our engagement with young people frequently offers us only a snapshot of their situation at any given time: our staff must always be alert to identifying young people in need of support, and confident to receive and act upon disclosures or suspicions of abuse in a timely manner, following procedure described in *section four.*

2.6 Safeguarding requires effective partnership working: young people trust Brandon Centre to provide them with help and support. We will always act in the best interests of the young person. We will foster relationships with social care and other agencies who help to safeguard young people and will work in partnership on safeguarding matters. While everyone who works with

children and adults at risk has a responsibility for keeping them safe, no one person or organisation alone can have a full picture of an individual's needs and circumstances. Therefore, all partners have a role to play in identifying concerns, sharing information, and taking prompt action.

2.7 Information sharing: we believe that the best way to protect young people is to offer a confidential service. This encourages a relationship of trust in which young people are able to talk openly and allows appropriate steps to be taken to safeguard their well-being. However, we also acknowledge the effective management of child and adult safeguarding requires a multidisciplinary approach, supported by sharing information in a timely manner with appropriate professionals. We will share information about a young person if we believe that there is a serious risk of harm to them, or to another young person, and with informed consent wherever possible.

2.8 Staff and volunteers will be supported in their safeguarding responsibilities: we will ensure that all staff, volunteers and trustees are provided with appropriate training, supervision and support to enable them to adequately safeguard the children and young people they come across as part of their role at the Brandon Centre.

2.9 Implementation of our organisational policies should ensure that children and young people are not at risk of abuse from our staff and volunteers: such related policies include those which ensure the safer recruitment of staff, an adequate response to allegations made against staff, and whistle blowing.

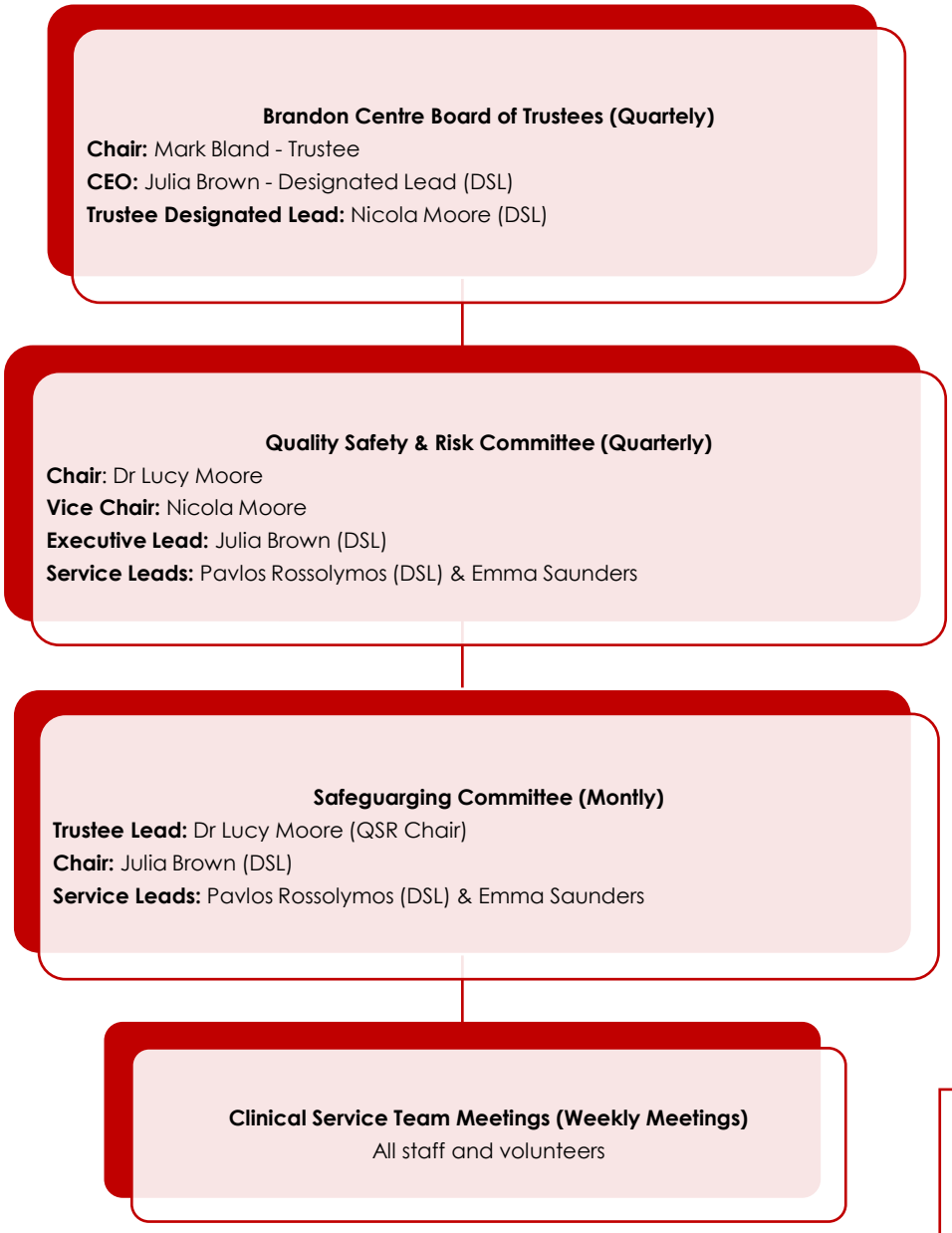
2.10 Safeguarding should encompass principles of equality and diversity: our safeguarding approach has the best interests of each individual client at its heart, with all children, young people and adults treated fairly and equally.

2.11 The effectiveness of safeguarding policy and practice should be regularly monitored and reviewed: we will monitor and measure the effectiveness of this policy and procedure through regular audit of compliance and documentation. We will report data on safeguarding activity and audit findings both internally (to our Quality, Safety and Risk committee and board of trustees) and externally e.g. to commissioners and inspectorates.

3.0 Our safeguarding governance and accountability structure: roles and responsibilities of staff and volunteers

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

3.1 Brandon Centre Safeguarding Governance Structure



Overall responsibility for ensuring the organisation has systems in place to protect children and adults from harm whilst on the premises or in receipt of support or care from the Brandon Centre.

- *Reviews and signs off all safeguarding policies and procedures.*
- *Reviews outcomes of safeguarding Heads of Department meeting*

- *Monitor compliance of safeguarding across all services.*
- *Identify training needs of staff and disseminate learning points.*
- *Ensure policies and procedures relevant to safeguarding are up to date and implemented and adequate supervision is provided.*

- *Discuss & review safeguarding within service.*
- *Attend safeguarding supervision and training as directed*
- *Work within organisational policies and procedure*

3.2 Brandon Centre service designated Safeguarding Leads (DSL)

Julia Brown	CEO (DSL)
Pavlos Rossolymos	Clinical Director (DSL)
Matthew Knox	Senior Clinical Psychologist & Intake Manager Psychotherapy Service (DSL)
Eleanor Brookhouse	Service Lead Systemic Integrative Treatment (SIT) Service (DSL)
Emma Sainsbury	Business Development Manager (DSL)

3.3 Specific roles and responsibilities

3.3a The Brandon Centre Board of Trustees

The Board of Trustees is ultimately accountable for the adequacy of organisational structures, processes, and resources to ensure:

- safeguarding is central to all services that the organisation provides.
- a safeguarding policy and procedure is implemented across the organisation.
- staff are adequately trained and supported in their safeguarding role.
- other associated policies and procedures are in place to support safeguarding.

The Board will appoint a **designated safeguarding trustee lead**, who will:

- provide expert advice and guidance to the Board on safeguarding matters.
- will sit on the Quality, Safety & Risk Sub Committee (QS&R), which maintains oversight of safeguarding issues within the organisation on behalf of the Board of Trustees.
- will receive regular update reports from service leads and the safeguarding committee meeting notes and papers.

The Board will:

- Be assured that Regulatory Duties are being met.
- ensure that due scrutiny and consideration are given to any concerns identified by the QS&R or by the CEO or by the Heads of Department team.
- all undertake level one safeguarding training (on-line) plus additional training specific to the role of a trustee: the designated safeguarding trustee lead should have level three safeguarding training.

3.3b The Chief Executive Officer (CEO)

The CEO is the senior accountable individual with overall responsibility for all aspects of safeguarding across the organisation. This includes promoting a strong culture of safeguarding across Brandon Centre, with clear reporting processes, structures, and line management accountability to safeguard children and adults at risk.

The CEO's specific responsibilities are to:

- ensure that service leads are held accountable for safeguarding within their respective services and work together as a senior management team to ensure that safeguarding is central to the organisation
- receive regular safeguarding updates from the clinical and service leads
- ensure that service leads are supported to implement this safeguarding policy
- attend and the monthly Safeguarding Committee Meetings and any relevant monthly case review meetings
- have direct involvement in the management and oversight of safeguarding matters deemed in need of escalation.
- promote working practices that ensure the welfare of children and young people who use our services
- ensure all staff attend relevant training in respect of safeguarding and child protection
- ensure that staff who are affected in any way by safeguarding or child protection issues, receive the appropriate help and support they require.

3.3c Clinical Service Leads & Service Managers (safeguarding leads)

All **Clinical Leads & service managers** have the same safeguarding responsibilities as all members of staff (see below)

As **Clinical Leads & Service Managers**, they are also accountable for safeguarding matters within their teams. As such, they

- have operational responsibility for the safeguarding practice and improvement of all staff within the services and teams they directly manage.
- ensure that robust reporting and escalation processes are in place appropriate to the area of work
- ensure the accurate documentation of safeguarding concerns, discussions and action within their service
- maintain a register of current safeguarding cases which can be reviewed and updated on a regular basis.

- ensure that the staff and volunteers in their teams are adequately trained and supported in safeguarding matters. Training needs are identified through the supervision and appraisal process. Training records are maintained at service level by the service lead/manager and centrally by Head of People
- ensure that the staff and volunteers in their team participate in regular safeguarding supervision
- ensure that they regularly review, audit and monitor the safeguarding activity in their teams.

The Brandon Centre Safeguarding Committee. Some organisational safeguarding responsibilities will be managed collectively by the Senior team of clinical leads / service managers which is known as the Brandon Centre Safeguarding Committee. This team will:

- hold organisational responsibility for ensuring that safeguarding policy and practice is developed, implemented, managed and monitored across the charity.
- be responsible for providing expert safeguarding advice and guidance across the organisation, including the CEO and the Board
- provide a forum for peer support where complex and challenging safeguarding cases can be discussed with other service leads, and a collective decision made about a safeguarding action plan
- review complex cases, ensuring activities to manage risk are regularly monitored, with robust action planning
- promote organisational learning in relation to safeguarding practice, using internal case review, internal audit, external reviews and audits, Serious Case Reviews, legislative and national guidance/policy updates
- maintain oversight of the organisation's safeguarding training and development programme, identifying training needs and the implementation of best safeguarding practice across the organisation
- report into the Quality, Safety & Risk Committee.

3.3d The Head of People

The Head of People has responsibility for Human Resources Management and is responsible for ensuring:

- Brandon Centre's recruitment and retention policies comply with relevant legislation and guidance relating to the employment staff working with children and other vulnerable people. This includes ensuring that enhanced disclosure and barring (DBS) checks are expedited regarding all staff, honorary workers and volunteers
- that Brandon Centre's Induction Programme and Mandatory Training Programmes include Child and Adult Safeguarding Training

- that central records of training are kept updated on each member of staff.

3.3e All Brandon Centre staff and volunteer

Staff and volunteers will ensure that they:

- are aware of their legal duty to safeguard children and vulnerable adults
- understand their responsibility to recognise, report, and record safeguarding concerns about children, young people, and adults at risk who they come across in the course of their work with Brandon Centre, in line with this policy document and associated guidance
- act on any concerns about any child or young person, by following procedure, seeking help and advice, and understanding that safeguarding should never be managed by a single professional
- document safeguarding concerns, discussions and action plans, accurately and in a timely manner
- understand the sharing of personal information about children and families is usually not possible without consent. However, the disclosure of confidential information may be necessary to safeguard a child: in such cases, protecting the child will override the child's right to confidentiality. Staff should take advice from their manager or supervisor and ensure that any confidential information shared is done so in the child's best interests
- have a responsibility to work closely with local authorities when required, to share relevant information and to take part effectively in multi-agency discussion and child protection planning
- complete all mandatory child and adult safeguarding training and any additional training provided by Brandon Centre or other agencies, in order to maintain safeguarding competencies at the required level required for their role *(see section four and appendix three).*
- attend regular one-to-one or group supervision, of which safeguarding practice forms a part: the frequency of this is service and role specific *(see section four and appendix four)*
- with regard to the safeguarding of a child or adult at risk, they report any allegation or concern regarding a member of Brandon Centre staff, to the relevant named professional following procedure in *Section six of this document.*
- remain aware at all times, of the number and whereabouts of all service users and visitors in the Centre: visitors should not be allowed to wander around the premises unaccompanied when children and young people are present. Staff and volunteers should be alert to strangers frequently waiting outside a venue with no apparent purpose.

- understand that volunteers must work directly with relevant members of Brandon Centre staff on the reporting and the recording of safeguarding concerns, but would not be expected to make referral, nor become involved with any external discussions, referrals or casework.

4.0 Safeguarding procedures: guidance for staff in identifying and responding to signs of abuse and safeguarding concerns

Brandon Centre has a number of services: services operate with different caseloads, 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 and social care.

This section details our overarching safeguarding procedure which 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.

Each service will follow the same generic procedure, but there may be specific differences in procedures for assessing risk and for managing any concerns about a young person's safety which will be highlighted.

Overview of the safeguarding procedure

Step 1: Identify signs of abuse, or potential risk of harm
Step 2: Checklist of Immediate actions
Step 3: Share your concerns; seek further advice and information from internal and/or external sources
Step 4: Decide on an appropriate response
Step 5: Make a referral/information sharing with external organisations
Step 7: Document all decisions, rationale and actions clearly in client record
Step 8: Monitor and support a young person

Step 1 – Identify risk of harm / risk assessment

- Brandon Centre staff will be provided with training and guidance to effectively identify the risk factors for abuse or harm, and to respond appropriately to young people who actively disclose that they have suffered abuse or harm

- Staff will use a risk assessment procedure/tool which is specific to their service, as a means of directly identifying risk factors for, and indicators of, abuse or harm to a child or young person

- In all services, staff will make a safeguarding risk assessment of all young people <18yrs at first contact or consultation. At subsequent consultations, staff will continue to monitor existing risk factors or vulnerabilities and be continually assessing for any new risks or safeguarding concerns

- If staff have concerns about a young person who is 18yrs or over, and feel they may be at risk of abuse or harm, they will document and monitor such concerns is the same way that they would a young person who is under 18yrs

- Young people for whom there are previous safeguarding concerns noted on their file should be triaged appropriately, ensuring they are seen quickly and by a staff member with whom they have an existing relationship, or another staff member experienced in safeguarding issues

- Staff should be encouraged to use additional information and resources about specific safeguarding issues e.g. *Brandon Centre Safeguarding Information and Guidance document*. This will help staff to distinguish healthy and harmful behaviours, and to identify particular risks and risk groups, including children and young people who are vulnerable to, or vulnerable because of:
    - Adverse Childhood Events (ACE) factors.
    - Disability
    - Child sexual exploitation
    - Female genital mutilation
    - Domestic violence and abuse, including forced marriage and honour-based violence
    - Online and other ICT based abuse
    - Radicalisation
    - child trafficking and modern slavery
    - involvement with gang culture.

Other circumstances where risk or harm may be identified or disclosed

Front office staff: should be alert to unusual or suspicious behaviour by clients or by those accompanying them and should note their concerns in the client

file and highlight them with the appropriate staff member prior to the client's consultation in order that the concerns can be explored further.

Referrals / telephone calls: staff may receive information which raise safeguarding concerns about a young person through an email or phone call. The young person concerned may or may not be a current service user: they may phone the Centre for advice, or to refer themselves to a specific service, or a parent or professional may make a referral on their behalf. During such phone calls, information may be disclosed which raises a potential safeguarding concern.

Staff should follow the procedure outlined in this document and must get accurate contact details of the caller and/or details of the young person about whom there is a concern. Such concerns must immediately be passed onto the relevant Service Safeguarding Lead.

Third party: Brandon Centre's safeguarding commitment extends to all young people, not just those who are attending clinics or using our services. Staff may be concerned about a baby, child or young person linked with or accompanying the young person they are seeing, or that others may be at risk of harm through the behaviour of the young person they are seeing.

Without directly communicating with the person at risk, it can be difficult to get a clear understanding of the situation and to decide what is in the best interest of that young person. Staff are advised to follow procedure and to seek further advice.

Events: a safeguarding concern may be identified about a young person who is participating in an event run by the Brandon Centre e.g. photo project, youth ambassador events. Such events must be planned for, risk assessed, and recorded appropriately. If a safeguarding concern arises at an event, the members of staff running these events must follow the safeguarding steps outlined in this document.

Step 2 - Checklist of immediate actions

With all cases where there is an active disclosure or where you have identified a potential safeguarding concern:

- Consider the immediate safety of the young person and of other young people, assess the urgency of the situation and how quickly you need to respond. If there is any child or young adult at risk in urgent or immediate need of protection, you need to act immediately *(see step four – responding to a safeguarding concern)*

- Consider what evidence you have heard (either through active disclosure or your assessment) of the risk of harm to the young person. Listen carefully and calmly; do not interrogate or ask potentially leading questions, but do ask open clarification questions e.g., 'what, when, who, how, where' questions or 'do you want to tell me anything else?' This will help maintain the trust of the young person and enable you to better understand the safeguarding risk

- Wherever possible, let the young person know that you have some concerns and are worried about them. With an active disclosure, reassure the young person that their disclosure has been heard and that they have done the right thing in sharing the information. Explain that you will need to share those concerns with a colleague or someone more senior at Brandon Centre as you have a duty of care to keep them safe

- Where appropriate and where possible, get permission from the young person to discuss their situation and to share information both internally and externally if necessary (but do not delay raising concerns even if you do not have express permission)

- If the young person is under 18yrs, consider whether it would be appropriate to discuss your concerns with a parent /carer, or whether that put the child or young person at more risk

- Make sure you have up to date contact details of the young person and ideally the contact details of someone else who they trust who could be contacted if you are unable to contact the young person directly

- Make sure you have acquired as much information about a young person's circumstances if not already known e.g., name of school/college, current or past involvement of other services, family support, details of their home circumstances, details of any key workers or social workers. This will help you assess the level of risk and protective factors already in place, and improve the chances of maintaining contact with the young person

- Ensure the child or adult at risk understands what will happen next

- Document clearly in the young person's case notes, your concerns, your actions, and details of any subsequent internal or external discussions. If the young person does not yet have case notes, you should document your concerns in an email (sent to your service safeguarding lead).

Step 3 – share your concerns; seek further advice and information from internal and /or external sources

Seeking advice and information internally

Sharing information with colleagues and other professionals is a fundamental aspect of enabling a child or adult's safety and protection. As a member of staff, you should never intervene alone or feel you have to decide if something constitutes abuse: your responsibility is to take action and share your concerns appropriately.

Where you have identified an actual or potential safeguarding concern, or where you have any doubt about the level of risk or appropriate course of action:

- the case must be raised and discussed with your service safeguarding lead, your line manager or clinical supervisor, within a time scale that is appropriate to the urgency of the case.
- urgent cases should be discussed immediately/same day; you should inform your safeguarding lead of less urgent safeguarding concerns by the next working day
- the actual mechanism for informing your safeguarding lead will depend on the service you work in and on the urgency of the case
- If your safeguarding lead or manager are not available, and there is a need for immediate advice, you should discuss your concerns with any other service safeguarding lead, or senior manager (who are part of the Brandon Centre Senior Leadership Safeguarding Team) If none of the above are contactable, you should contact the CEO.

Each Brandon Centre service has a Designated Safeguarding Lead accountable for safeguarding decisions within that service. They may advise that further information, discussion and advice is required before an appropriate response and course of action can be determined. Either your safeguarding lead will do this directly or will support you to do this.

Gathering further information and advice may involve:

- Speaking again directly with the young person concerned (or in certain cases with their family/carer)
- Internal advice: case discussion within the clinical team or with other safeguarding leads at the Brandon Centre (Brandon Centre Senior Leadership Team)
- External advice: staff may seek 'anonymous' advice about an appropriate response to a safeguarding concern from the relevant MASH team or adult safeguarding team, without necessarily naming the young person
- Information from external sources: contacting other agencies that are involved with the young person to gather further information (with consent wherever possible)- *see section below.*

Seeking advice and information from external agencies

Brandon Centre will seek information and advice from external agencies where appropriate, to identify any existing external concerns about a young person in order to inform decision making about the appropriate course of action to be taken in response to identifying a safeguarding concern

Some Brandon Centre services (e.g., BC-SIT teams) are commissioned by local authorities to deliver an intervention that forms part of a child protection action plan. As such, there will already be a lot of information known about the child, their family and networks, close working with local authority safeguarding and social care teams, and information sharing forms an integral part of multiagency working.

In other Brandon Centre services (e.g., Coaching, and self-referred psychotherapy service users), we may know nothing about a young person other than what they chose to tell us. In such cases, conversations with external agencies may provide vital information that helps to build a clearer picture of the young person's situation, helping us to assess the level and immediacy of the potential risk of harm. Appropriate information may need to be shared in order to receive information back which will then help to determine an appropriate course of action.

Whatever the service, the service safeguarding lead will develop strong working relationships with key external agencies, specifically Children and Adults Safeguarding Teams, Social Care and the Local Children and Adult Safeguarding Partnerships or equivalent.

Whenever information is sought externally, consent should first be sought from the young person where possible. If consent is not granted or it is impossible to contact the young person to seek consent or inform them of the course of action, we will proceed with obtaining external advice if it is in the best interests of the young person and their protection to do so *(See Step 6- Information Sharing section.*

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Step 4 – Responding appropriately to a safeguarding concern

1. Immediate response required to an urgent situation
2. Contact details for safeguarding leads and agencies
3. Less urgent situations where there is no immediate risk of harm
4. Specific safeguarding situations that require a response
5. Additional support offered from Brandon Centre services (internal referral)
6. Assessing that no specific response is required

4.1 Immediate urgent response

- if a member of staff believes a child or adult to be at immediate risk of harm or abuse and there is an urgent or immediate need for protection of that young person, they should call the police on 999
- Wherever possible, staff should not act alone. Staff should immediately report what has happened to their line manager, safeguarding lead or safeguarding lead of another service. If no senior manager / lead is available on site or on the phone, staff should inform the CEO as a matter of urgency
- If an emergency arises outside of a service's usual working hours (some services operate on evenings and weekends), staff must contact the manager who is providing out of hours support for that service or contact the CEO
- An emergency referral may also be required to the relevant MASH or Safeguarding Team in the area the young person currently lives (see contact numbers below). The out of hours emergency contact should be used if concerns arises out of usual office hours or at weekends
- The young person's safety must always be ensured in the meantime.
- Staff must record their safeguarding concerns and actions in the case notes on the same day
- Staff should ensure their safeguarding lead is made aware of the case as soon as possible.

4.2 Safeguarding contact details

Brandon Centre safeguarding contact details (as of December 2019)		
Organisational safeguarding Designated lead / CEO	Julia Brown	Check if in building. Email, or for more urgent advice call mobile (details at reception/SharePoint)
Mental Health Designated Safeguarding Lead	Pavlos Rossolymos	Email or if not at BC and you need urgent advice call personal mobile (details at reception/sharepoint)

Clinical Training & Consultancy Safeguarding Lead	Michelle Drummond	Email, or for more urgent advice call mobile (details at reception/sharepoint)

Children and Adults services (social care) and emergency contact numbers

Contact details for local authority safeguarding teams for Camden and Islington are below. If a child or young adult lives in another borough, you will need to look up similar contact details on the local authority websites **or check** https://www.londonscb.gov.uk/contacts/safeguarding-contacts/

Key contacts Camden

- **Camden Children's Safeguarding services**:
  MASH Mon – Fri 9am -5pm 020 7974 3317
  Emergency out of hours service duty team 020 7278 4444
- **Camden Adult Safeguarding services:**
  http://www.camden.gov.uk/adultsocialcare 020 7974 4000
  and select option 1, or email adultsocialcare@camden.gov.uk
- **LADO** 020 7974 6999
- **The Lighthouse** 020 3049 0010

(Child House to support victims of sexual abuse)

- **Designated Nurse (Jackie Dyer)** 07768886258

Key contacts Islington

- **Islington Children's safeguarding services**
  Children's Services Contact Team (contains MASH)
  - Mon – Fri 9am -5pm 020 7527 7400
  - Emergency out of hours duty team 020 7527 0992
- **Islington safeguarding adults services**
  - Call the Access Service on 020 7527 2299
  - access.service@islington.gov.uk
- **Named Nurse Whittington Health** 020 3316 1984
- **LADO (Tim Djavit)** 020 7527 8102
- **Safeguarding Manager** 020 3317 7096
  (Camden and Islington Foundation Trust)

Key Police contacts

- Emergency response(threat to life or of serious harm) 999
- Non urgent (i.e., not immediately life threatening) police referral or to report a crime : call 101

- **Camden and Islington Police Child Abuse Investigation Team**:
  Based at Holborn station 020 8733 4286 Fax: 020 8733 6504

4.3 Safeguarding response where there is no immediate risk of harm

- Where you have identified safeguarding concerns, but you do not believe any young person to be at immediate risk of harm, you should inform your safeguarding service lead or line manager by the next working day, by the means usually used within your service
- You should follow procedure as described in Step 2 (checklist of immediate actions) and step 3 (sharing concerns, gathering further information and advice). Your safeguarding lead/line manager/clinical supervisor will discuss the case with you
- A joint team or an organisational decision will then be made on an initial course of action
- Contact should be made with the appropriate agency, ideally with the consent of the young person concerned
- If the decision is not to involve any other agency immediately, this decision must be reviewed on a regular and on-going basis
- All concerns, discussions, decisions, responses must be recorded in the case notes
- A safeguarding concern must be recorded on a log/register: this is service specific and will assist service safeguarding leads with ongoing monitoring of safeguarding activity and active cases within their service.

4.4. Safeguarding response in specific situations

Staff should be aware that there are specific safeguarding situations where **it would be expected** that they share information and/or make a referral to children's safeguarding services and/or the police (in the case of FGM in a young woman <18yrs it is **mandatory to inform the police)**

These situations are summarised below. More information about these scenarios can be found in *Brandon Centre Safeguarding Information and Resources* document

a. Sexually active young people under the age of 13
b. Sexually active young people under 16yrs
c. Abuse allegations against a person in position of trust
d. FGM
e. Historic sexual abuse.

a. Sexually active young people under the age of 13

Sexual offences legislation states that any young person under the age of 13 years cannot consent to sex, so any penetrative sexual intercourse with a child under 13 years old is statutory rape: where this or any sexual activity has taken place, an offence has been committed.

All clients under the age of 13 who claim to be sexually active should be treated as potentially being at risk of harm and a detailed risk assessment must be completed. They should be sensitively questioned to establish whether they are actually having sex: in many cases, they may not yet be sexually active and are testing out the service or are reporting safe and healthy behaviours such as a curiosity about sex and relationships *(for more detail about age-appropriate sexual development see Brooks traffic light tool*[1]*.*

Your responsibility and response: where a young person under 13 years clearly reports sexual activity, or leads you to suspect they might be, the case should be immediately discussed with your safeguarding lead. Pan London Child Protection guidelines state that **it is expected** that all sexual activity involving a young person under the age of 13yrs, will be reported to local children's safeguarding team, and/or the police.

However, this is not a mandatory reporting requirement and there may be very rare circumstances where the decision is made not to immediately refer the case. This decision should always be made collectively by senior safeguarding leads/the Senior Leadership Team, and the rationale for this decision should be clearly documented in the case notes. Staff must also demonstrate that the young person is actively followed up, and that the safeguarding action plan is reconsidered, reviewed, updated and clearly documented at every subsequent attendance of the client.

b. Sexually active young people under 16yrs old

Being sexually active under the age of 16yrs is not in itself a safeguarding concern and does not usually warrant information sharing or referral to children's safeguarding or the police. However, staff

- should carry out a detailed risk assessment to identify other risk factors that might indicate potential harm
- should be aware that any sexual activity involving a young person under 16yrs is considered an offence in law (Sexual Offences Act 2003). However, health professionals can be reassured that the Act does not affect their ability to give advice or treatment to under 16 yrs olds. The law states clearly that if you are providing care to protect a child from pregnancy or STIs, you are not guilty of aiding, abetting, or counselling a sexual offence against a child.

Your responsibility and response:

- **Explain confidentiality and its limits.** All young people should be informed that they can expect confidential treatment whatever their age. However, young people under the age of 18yrs should be aware of the limits of confidentiality because in law they are still considered

[1] https://legacy.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool?gclid=EAIaIQobChMIybuyk5HI5gIVwoayCh0EUgs5EAAYASAAEgK5-vD_BwE

to be a child and we have duty to safeguard them of we feel they are at risk of abuse or harm

- **Assess and document competency if under 16 yrs.** Any competent young person, regardless of age, can give valid consent to medical treatment, provided they have sufficient understanding and maturity to understand fully the treatment that is proposed. Young people 16yrs old and over, are presumed in law to be competent to give consent for medical treatment unless proved otherwise. For young people under the age of 16yrs, competence has to be demonstrated through an assessment using 'Fraser guidelines', which should be documented clearly in the notes (see *Assessing capacity and seeking consent: Policy & Guidelines*)
- **Carry out a safeguarding risk assessment** on all young people under 18yrs accessing our services and discuss/report any identified safeguarding concerns or vulnerabilities to your safeguarding lead as per this procedure.

c. Allegations of perpetration of abuse by a person in a position of trust

You may hear an allegation (either directly from a young person or third party) that a person who works with children or adults at risk, either in an employed or in a voluntary capacity, has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child;
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved in a way in their personal life that raises safeguarding concerns e.g. possession of indecent photographs / pseudo-photographs of children, known to be a perpetrator of domestic violence, conviction for assault
- developed an inappropriate relationship with a child or young person e.g. a sexual relationship with a child under 18 while in a position of trust in respect of that child, even if consensual
- demonstrated 'grooming' behaviour giving rise to concerns of a broader child protection nature e.g. inappropriate text / e-mail messages or images, gifts, socialising etc
- abused or neglected an adult with care and support needs.

Your responsibility and response:

- discuss this allegation immediately (same day) with your safeguarding lead
- in the case of a child, make an immediate referral to the LADO (Local Authority Designated Officer) in the local authority where the organisation concerned is based

- in the case of an adult in need, contact the relevant local Safeguarding Adults Team, or designated professional for safeguarding adults in the CCG (if the allegations pertains to a healthcare worker)
- consider contacting the police if you feel there is an immediate risk to a child or young person or that crime has been committed.

Non-recent abuse: Allegations of non-recent abuse within organisations providing services for children or adults at risk, should be responded to and reported in the same way as contemporary allegations. In cases of non-recent abuse, the person against whom the allegation is made may still be working with children and it will be important to investigate whether this is the case

d. Female genital mutilation (FGM)

Female genital mutilation (FGM) is illegal in the UK. It is a form of child abuse and violence against women. The procedure described below must be followed if a girl or young woman discloses an act of FGM, or there is suspicion that one has taken place, or that a girl or young woman is suspected to be at risk of FGM.

Your responsibility and response

i. **You must contact the police i.e. it is your mandatory duty to report** when a young woman currently under 18yrs
- discloses that an act of FGM has been carried out on her
  or
- as a health worker, you observe physical signs which suggest that an act of FGM has been carried out on her

You should also:
- immediately discuss the case with your safeguarding lead or other safeguarding lead if they are not available
- contact the police by calling 101 to make a report
- consider making a referral to local safeguarding via MASH. Reporting to the police usually generates a multiagency response, but you should check with the police if further action is required on your part.

ii. **Consider contacting the police where:**
- you believe a child/young woman under 18yrs is at immediate risk and they require immediate protection to prevent FGM being carried out e.g. information suggests they may be being taken out of the country in order for the procedure to be performed.

iii. **Carry out a safeguarding risk assessment and consider referral to safeguarding social care where:**
- a young woman currently aged 18 years or over, reports having had an FGM procedure in the past

and

- there are female children <18yrs connected with her (e.g. her siblings, her children) who may currently be at risk.

iv. In all cases where FGM is reported to have been carried out

- the young woman or parent of a child concerned should be informed of your proposed actions i.e. statutory requirement to report to police or referral to safeguarding
- the young woman or child should continue to receive the appropriate and necessary on-going support and medical care. This may require referral onto specialist FGM health services[2] and support groups[3].

e. Historic or non-recent sexual abuse

There is no clear definition of historic or non-recent sexual abuse: it can be used to describe sexual abuse that happened to a (now) adult, when they were a child or young person <18yrs. However, we may see young people who are still not an adult i.e. still <18yrs, who disclose previous sexual abuse, and we may see adults at risk who disclose sexual abuse as an adults

Recent cases of historic/non-recent abuse have highlighted that those who sexually abuse children may present a long-term threat to others. This is the case whether the perpetrator has offended within or outside the family. Not sharing concerns when a disclosure is made, could mean that other children and young people could be at risk.

Your responsibility to respond:

In all cases where there is a disclosure of historic sexual abuse:

- You must notify your safeguarding lead of all cases of disclosure of historic abuse: if the young person is under 18yrs, this must happen on the same working day
- you should also undertake a risk assessment to establish whether or not there are any children who may be in current contact with the alleged perpetrator and the whereabouts of the perpetrator if known
- A young person who actively discloses historic abuse, or where historic abuse is identified by completion of a risk assessment, must be offered relevant support, including access to counselling or other support services, if appropriate
- the young person making the disclosure should be encouraged to report the allegation to the police, explaining that they were abused by the

[2] https://www.nhs.uk/conditions/female-genital-mutilation-fgm/national-fgm-support-clinics/
[3] https://www.forwarduk.org.uk/violence-against-women-and-girls/female-genital-mutilation/

alleged perpetrator as a child and that there is a possibility that the alleged perpetrator may have continued to abuse children.

Where there are children who may be at current risk: If it is thought that the alleged perpetrator has ongoing contact with children

- you should advise the young person that the information they have told you **will be shared** and a referral made to children's social care, as there is a duty to protect children who may be at current risk
- If the young person is 18 yrs or more and would like to remain anonymous this must be respected. However, they should be offered the opportunity to self-disclose to children's social care to enable them to safeguard any other child who may be at risk
- You should inform your safeguarding lead who may seek advice from the local Police Child Abuse Investigation Team (CAIT) 0208 217 6503/6555
- If the young person raises serious concerns about family or others learning of the disclosure, document this on any external referral and discuss with social care with a view to securing a confidential consultation between the young person and social care/police.

Where current level or risk to other children is not clear
Safeguarding leads should discuss the case with safeguarding HODS committee, the police (CAIT) or Children Social Care if the alleged perpetrator:

- was a child themselves when the abuse took place
- currently lives abroad
- it is unclear whether or not children are at current risk.

Where it is clear there are no children currently at risk and the young person making the disclosure is under 18yrs:

- There is an expectation that a disclosure of historic abuse by a young person who is currently under 18 will lead to a referral to social care.
- If the client states clearly that the abuse was reported in the past and nobody is now at risk, you may decide that a referral to social care is not warranted
- Decisions not to report historic abuse of a young person who is still a child, for whatever reason, must be discussed with other safeguarding leads within the organisation, the rationale for the decision clearly documented, and the decision reviewed on a regular basis.

Where it is clear there are no children currently at risk and it is an adult (18yrs+) making the disclosure

- offer the adult support to contact the police but if they choose not to report the allegation, respect the decision and refer them to the relevant support services
- encourage them to seek help and offer appropriate support and/or counselling.

- Provide information about relevant support services i.e. National Association for People Abused in Childhood (helpline weekdays and evenings) 0800 085 3330 www.napac.org.uk and Victim Support 0845 30 3900 www.victimsupport.org.uk/.
- Inform the young person about the further information on the Independent Inquiry into Child Sexual Abuse is available at https://www.iicsa.org.uk. Client can be supported in making this decision by calling the NSPCC helpline 0800 917 1000.

4.5 Additional support offered from Brandon Centre services

On occasions, Brandon Centre may refer young people who need support to other services within the Brandon Centre e.g., a coaching service user may benefit from counselling support.

When young people are referred to in-house support services or, this will be documented as an internal referral and Brandon Centre will continue to monitor the young person's situation and vulnerability.

Consent should be sought from the young person for any internal referral. The referral should be made at the earliest possible opportunity. Information about the young person should be provided to the colleagues to whom the referral is made with the consent of the young person.

4.6 No action or response required to the safeguarding concern identified

- Where it is agreed that no response is required to a safeguarding concern and no referral needs to be made, the rationale for this decision must be documented clearly in the clinical notes
- Follow up support should be agreed with the young person and their situation monitored
- This decision should be reviewed if additional information, or changes in the situation, identified through future contacts with the young person affects the risk assessment and therefore the appropriate course of action.

Child <16yrs (<18yrs if has a learning disability) who is privately fostered (living for more than 28 days with someone who is not a parent, grandparent or adult sibling)

Step 5 - Making an external referral for a young person

1. Referrals of children and young people under 18 yrs of age
2. Referrals to adult safeguarding or other adult services
3. External referrals when working with a partner organisation
4. Responses to referrals: what to expect from the local authority
5. Further actions and responsibilities for staff following a referral
6. Making referrals to child in need or early intervention services
7. Raising concerns when a young person is already known to safeguarding services e.g. on a child protection plan or looked after child
8. Information sharing guidance.

Where the assessment of the safeguarding concern determines that external referral is required, a decision must be made as to which agency. In most cases of young people under 18yrs, a referral will be made to children's social care. However, in the case of young adults, or where thresholds are not met, referrals may be to GP, mental health teams, drug and alcohol services, domestic violence services or other statutory or voluntary agencies.

When making referrals to external agencies, information should be shared with the identified agency in line with the seven golden rules for information sharing *(See Section on Information Sharing below).*

Referrals of children and young people under 18 yrs of age

Consent for referral
Wherever possible, the informed consent of the young person should always be sought before making the referral, and the staff member should communicate honestly and openly about what is likely to happen as a result of the referral.

If the young person does not consent to the referral, the decision should be made, in consultation with safeguarding leads, as to whether referral without consent is in the best interests of the young person. The young person should always be informed of what is happening as far as possible.

There may be cases where it is not appropriate to obtain consent, nor to discuss your intention to make a referral to a safeguarding team, with either the young person or their parent or carer. For example, you may have identified a high risk situation, and may feel that a young person is likely to be at risk of further abuse and/or silencing if your intention to make a safeguarding referral is discussed.

Referrals to children safeguarding services:

- Non urgent referrals to children's services would usually be undertaken by the allocated qualified clinician or safeguarding lead

- Staff or safeguarding leads must make referrals to the relevant local authority children's social care services, In Camden and Islington, contact is usually first made by phone to Camden MASH or Islington Children's Services team *(see contact list in Step)*
- Where children from other boroughs are concerned, staff should follow procedures relevant to the local authority where the young person resides
- All referrals must always be confirmed in writing via secure email and/or the completion of the relevant CAF referral form
- Where possible, staff should discuss their concerns with the child's parent or guardian, and an agreement should be sought for a referral to the local authority children's social care Staff should only seek parental consent if this does not increase risk to the child through either delay, or the parent's possible actions or reactions
- If staff decide not to seek parental permission before making a referral to children's social care, this must be made clear in the referral and this decision must be recorded and dated in the young person's clinical notes along with reasons.

Information ideally required when making a referral to children's services:

- full names, dobs and gender of children and adults living in the household
- address of family home, GP and school(s)
- identity of adult with parental responsibility
- ethnicity, first language and religion
- salient events in family history
- cause for concern
- any special needs of child or parent
- child's current whereabouts
- details of the alleged perpetrator and relationship to the child
- other agencies currently, or in the past, involved with the family
- parental agreement to the referral obtained or not.

Referrals to adult safeguarding or other adult services

Referrals for a young adult (18yrs plus) with capacity:

- **With consent:** If the young adult consents to safeguarding procedures and a referral, employees must follow the local Safeguarding Adults Board (SAB) procedures.
- **Without consent:** If the young adult does not consent to contacting other agencies, and has the mental capacity to make that decision, employees must provide information and advice to the adult. This must include a summary of the concerns and advice of other services that the adult may choose to access.

Referrals for a young adult (18yrs plus) who <u>lacks capacity</u>: If staff are concerned that they are dealing with a young adult at risk who lacks capacity to give consent to referral to adult safeguarding or other agencies, they must discuss this with a senior colleague or safeguarding lead as soon as possible *(please also see section on Mental Capacity Act (MCA) in Safeguarding Information and resources document).*

If an adult at risk of abuse is perceived to lack the mental capacity to make the decision regarding a referral, staff and their managers must consider what is in the adult's best interests. A referral without consent must be made in cases where:

- There is an emergency of life-threatening situation
- Other people are, or may be, at risk – including children
- Sharing the information could prevent a serious crime
- A serious crime has been committed.

If a serious crime has been committed, managers must also contact the police following the local Safeguarding Adult Board procedures. This must happen on the same working day the concern was noted.

External referrals when working with a partner organisation

If the safeguarding concern arises within the context of Brandon Centre working with a partner organisation or service (or e.g. a school or youth hub), employees must check with their service manager for any agreed safeguarding processes contained in the Service Level Agreement. Usually, this will involve contacting the designated safeguarding lead within the partner organisation. In such cases, both the Brandon Centre and the partner organisation's policies must be followed.

Responses to referrals: what to expect from the local authority

For a child/young person under 18yrs: children's social care services are required to provide referrers with a response within 24 hours of receiving a referral, and acknowledge receipt to the referrer. Responses may include:

- Referral progresses to a social work assessment
- No further action
- Signposting to another service
- A recommendation that the referring agency or another agency undertake an early help assessment (or that the referral remains within early help services).

For an adult/young person 18yrs or more: adult social care services do not have a statutory obligation to respond within a specified timeframe. Local response timeframe targets may operate; these are available on the

individual local authority Safeguarding Adult Board website. Responses may include:

- No further action
- An enquiry under Section 42 of the Care Act
- Where the circumstances are deemed not to trigger the Section 42 safeguarding duty, the local authority may choose to carry out proportionate safeguarding enquiries in order to promote the adult's well-being, and to support preventative action. This could include signposting.

Further actions and responsibilities for Brandon Centre staff following a referral

- Any significant outcomes and actions following referral should be clearly documented in the safeguarding notes of the young person concerned.
- If no response has been received within 48 hours, the member of staff who made the referral or their safeguarding lead should contact the local authority children's social care again and, if necessary, ask to speak to a line manager to establish progress
- If the local authority's response is inadequate, or doesn't sufficiently address the risk of abuse, this should be escalated via your safeguarding lead to the Brandon Centre's Senior Leadership Safeguarding Team, the CEO and the QSR committee chaired by the Board's Safeguarding Lead, where further action will be determined *(see escalating a response in Step)*
- Staff will ensure that the young person has appropriate follow-up support from Brandon Centre, and a follow up schedule should be agreed.

Staff making a referral to safeguarding may be required to participate further in a multiagency safeguarding strategy in order to protect a child or young adult at risk, give information to the Police and Children's Services Department. As such, they may be required to

- attend Strategy Meetings and Conferences as necessary.
- prepare reports for Child Protection conferences
- respond to requests or Court Directions for court reports- these should always be discussed with safeguarding lead/Lead Clinician or CEO
- to assist and participate in any serious case review conducted under the auspices of a Local Safeguarding Children Board.

This may require additional time for writing reports, attending meetings, and sharing information. Staff should seek advice and support from their line manager, safeguarding leads, senior leadership and information governance leads (SIRO and Caldicott guardian) where necessary, to ensure they are supported in this important aspect of safeguarding and are following appropriate procedure.

Making referrals to child in need or early intervention services

In cases where a local authority children's service decides that a child is not at risk of abuse, consideration must be made about whether other services are required.

Our staff must be familiar with the services on offer from a range of agencies, including how these are accessed in the relevant local area.

Any referral or signposting to other agencies for help and support for a child and family must be recorded in the safeguarding section of the case notes.

Raising concerns when a young person is already known to safeguarding services e.g. on a child protection plan or looked after child

Staff may identify safeguarding concerns about a child or young person who already has a child protection plan, is in care, or is in receipt of other services from the local authority,

In some Brandon Centre services (e.g. BC-SIT cases, referrals into Counselling & Psychotherapy) it will be clear that a young person is already known to social care and safeguarding services. In other services, such as Bwell coaching we may have suspicions, but cannot confirm that a young person is known to children services.

If a young person is already known to local authority children's services, you may feel that a formal safeguarding referral is not needed or will not be accepted. However, if you have current concerns, you must still share that information, even if it seems unlikely that the local authority in question will take additional specific action on the new information or change in circumstances. It is important the local authority has relevant and up to date information, and that Brandon Centre is undertaking effective partnership work.

In such cases the safeguarding lead or allocated staff member should

- contact the relevant local authority children services to ascertain whether the young person has a current social worker and obtain accurate contact details for them (if not already known)
- share new safeguarding concerns with MASH/Children Services by contacting the allocated social worker (or in their absence, their manager or the duty social worker) by phone or email. If your concerns have a high level of risk or urgency, this must be done on the same day, or next working day if your concerns are less urgent.

Information sharing guidance *(see also relevant Brandon Centre Information Governance policies).*

When taking action to safeguard a young person it may become necessary to share information outside of Brandon Centre. Sharing information may be

needed when seeking advice and information from external agencies *(Step 3)* and will obviously be required if making an external referral *(Step 5).*

Any personal data or sensitive information sent outside Brandon Centre must be sent using a secure or encrypted email (e.g. egress or nhs.net, or in a password protected document – *see Brandon Centre information Governance policies).*

When proposing to share information, staff should always ask themselves:

- is there a legitimate reason to share information?
- is there a necessity to identify the individual?
- if the information is confidential, has consent been obtained?
- if consent to share information is refused, have I considered what is in the 'best interest' of the young person (see below).

When making a decision to share information it is important to respect the expectations of trust and confidentiality that have been built up. The young person has the right to be involved in any decisions that affect them, including the decision to share information, but the best interests of the young person must always be the overriding concern.

Information should be shared without consent only if this is necessary and proportionate to effectively safeguard the wellbeing of a child or adult at risk. The young person should be informed about what is happening as far as possible.

The seven golden rules for information sharing

1. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children, young people and adults safe, but provides a framework to ensure information is shared appropriately

2. Be open and honest with the young person about why, what, how and with whom their information will, or could be, shared

3. Seek advice if you are in any doubt. Advice is available internally from the Senior Leadership Safeguarding Team

4. Share with consent where appropriate. Ask the young person for consent wherever possible before sharing information, but be willing to share without consent if, in your judgement, this action is in the best interests of the young person

5. Consider safety and well-being. Base your decisions on the safety and well-being of the young person and anyone else who may be affected by that decision

6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is only what is necessary for the purpose of safeguarding the young person, and that it is shared only with those who need to have it

7. Keep a record of your decision and the reasons for it. Completion of the Safeguarding Proforma will ensure appropriate documentation

Step 6 – Document all decisions, rationale and actions

All safeguarding concerns, discussions and actions will be fully documented in the clinical case record: this may be on a specific proforma or in a specific section of the notes, but this will always form part of the clinical case file (whether paper based or electronic).

The safeguarding proforma or equivalent in the clinical record will include:

- a summary of the concern
- the level of risk of harm
- the outcomes of any internal and external discussion
- the decisions taken and the rationale for those decisions
- the agreed actions and whether any referral to local authority safeguarding was made
- whether consent was obtained from the child, young person or parent
- what information has been shared (when, with whom, and the rationale for information sharing)
- appropriate timescales for follow up
- the response received to any external referral made to local authority safeguarding teams or other agencies. If the response was deemed inadequate, details of subsequent internal discussions and actions should be documented clearly in the case notes.

It is also useful to document clearly

- relevant contact details for the child or young person concerned
- relevant alternative contact for this young person e.g. parent, friend
- contact details for other relevant professionals e.g. key worker, social worker, school.

If the case is discussed in supervision, it should be noted in the clinical record that safeguarding supervision has taken place. Any action plan resulting from supervision, and any subsequent outcomes, should be clearly detailed in the clinical notes.

Step 7 – Monitoring and supporting young people with safeguarding concerns

The safeguarding lead of the relevant service will monitor all safeguarding concerns that are raised within their teams to ensure:

- that all agreed actions are delivered
- all external referrals are followed up to a satisfactory outcome and conclusion
- active cases continue to receive adequate ongoing assessment
- cases are closed with adequate documentation of rationale.

Brandon Centre will continue to support a young person in understanding their risk of potential harm and encourage them, with support, to take any appropriate action to mitigate that risk themselves, While providing follow-up support, staff will monitor any changes in the young person's situation that may affect the level of risk of harm and take action as appropriate.

Monitoring activity and outcomes will be documented. Reference to any risk assessment or safeguarding proformas will be made in the clinical record to allow for ongoing monitoring at future interactions with the young person.

Even when all actions have been completed on the case is closed, or if it is determined that no action is required, the note or alert that a previous safeguarding concern was identified should remain on the clinical record so that any staff who have future contact with the young person can actively monitor the concern.

Escalating a safeguarding concern where there is an inadequate response from local authority or other external agencies

Safeguarding is a multi-agency activity. Children, young people, and adults at risk can only be kept safe when agencies working together effectively and efficiently. Brandon Centre staff at all levels must be clear on their responsibilities for escalating their concerns if they feel there has been an inadequate response from local authority or external agencies to a referral or to sharing new concerns about a young person who is already known to children's social care.

If a member of staff believes that a local authority or another agency is not responding to a concern in a suitable or timely way, or that safeguarding concerns are not being responded to suitably, they must inform their service lead/manager or safeguarding lead.

This should also be discussed at the Brandon Centre Safeguarding Committee / QS&R Committee and escalated as a significant event to the CEO and Board of Trustees.

Clinical Service Leads must then review the concerns and, if agreed, contact the local authority team manager to discuss the decisions and issues of concern. A record must be made of the outcome of this discussion and summarised in the clinical case notes.

If, following escalation action, the outcome still does not address the safeguarding concerns, the clinical lead / CEO must take the matter up with the relevant Local Safeguarding Children Partnership, designated safeguarding nurses, other local safeguarding partners, or (in the case of an adult at risk) with the Safeguarding Adults Board.

5.0 Support to staff and volunteers: supervision and training

5.1 Safeguarding Induction, Training and Maintaining Competencies (See appendix three)

As part of their general induction to the organisation, all employed, Clinical Honorariums, locum & agency staff, Trainees and volunteers will receive specific instruction about our Brandon Centre Safeguarding Policy and procedures information:

- All staff and volunteers in whatever role will complete Level One Safeguarding Training on-line as part of their induction to the organisation

- All Brandon Centre staff will complete on-line or external Mandatory Safeguarding Training to a level commensurate with their role and in line with the recommendations of the Intercollegiate documents (*Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018 & Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019)*

- Level one and two training may be done on-line: level three training requires attendance at an external run training. These trainings are mandatory. Ideally these initial trainings should be completed within their probationary period but maybe dependent on the availability of local trainings

- If new staff can demonstrate a satisfactory personal training log from previous employment, clearly demonstrating a recent and local safeguarding training update, their line manager may decide that an initial training is not required in the probationary period

- Ongoing training may be necessary to ensure that staff maintain their required level of safeguarding training and competency, and to ensure they are equipped and supported to handle safeguarding concerns. Staff will be encouraged to attend recommended external training offered by Local Safeguarding Partnerships or other agencies, to maintain their level of safeguarding competencies, further enhance their skills and build relationships with other support agencies

- Individual safeguarding training needs will be identified through regular supervision with a line manager/service lead and the annual appraisal system

- Service leads will monitor training needs and will keep a record of attendances at safeguarding trainings for all staff members in their service. The Head of People is responsible for maintaining a record of individual staff's safeguarding training and competency record for the organisation

- **Individual staff training record**: It is recommended that all staff should also keep a personal record of their attendance at safeguarding training (children and adult), conferences and workshops related to safeguarding, child protection conferences, core groups, case reviews and child protection plans. This will contribute to the hours safeguarding CPD required to maintain their competency level and will identify any training gaps at annual appraisal

- **Organisational staff training**: Brandon Centre Safeguarding Committee are responsible for identifying staff training needs on an organisational level and leading on all staff trainings for the organisation. The Head of People is responsible for the organisation of such trainings.

5.2 Safeguarding Supervision

Safeguarding children and young people is challenging. The requirement to provide supervision and support to frontline staff who work in child protection is well documented in statutory national guidelines (Working together to safeguard children 2006 and 2010 and 2015) and in the Safeguarding Intercollegiate Document: safeguarding roles and competencies for healthcare staff 2018 (adults) and 2019 (children).

Supervision is a planned, accountable, often two-way process which support, motivates, assists and ensures that all of our staff who work with children and young people develop good safeguarding practice as part of the clinical supervision process.

Supervision should ensure that all staff are confident and competent in their role, and able to develop multiagency working, improve performance and learn from practice.

All clinical and non-clinical staff receive supervision, and this should always address risk and safety issues for the young person they come into contact with. All Brandon Centre staff will therefore receive safeguarding supervision as part of their clinical supervision or their line management processes.

Supervision arrangements are specific to each service. This is because each service deals with a very different case-loads, with very different levels of risk, with very different frequency of child protection and adult safeguarding

issues and very different therapeutic intervention *(See appendix four and Brandon Centre Supervision Policy.*

Safeguarding supervision schedules by service are *detailed in appendix four.*

All staff will receive group supervision with other members of their team and one to one supervision with their clinical supervisor, service lead or line manager (the frequency of this is dependent on service and role).

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
- 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 in some way 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 at the Brandon Centre Safeguarding Committee.

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. Brandon 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 Brandon Centre.

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.

6.0 Protecting children and young people from harm or abuse from our own staff and volunteers

6.1 Safer recruitment of Brandon Centre staff

Brandon Centre aims to ensure as far as possible that anyone who seeks to work at Brandon Centre and who gains access to children and/or adults at risk, is safe to do so.

We will apply rigorous procedures for the recruitment of staff, follow safer recruitment practices to protect children and adults at risk of harm and this is outlined in our Safer Recruitment Policy.

Safer recruitment procedures will include-:

- safer recruitment training for all managers who will be overseeing the recruitment of future members off staff
- at least one member of any interview/recruitment process will have had up to date safer recruitment training
- all prospective staff and volunteers should -:
  - complete an application form which includes details of their previous employment and the names of two referees
  - have a new disclosing and barring service (DBS) disclosure before they start employment with us – anyone who refuses to do so should not be employed
  - will be interviewed in order to establish their previous experience of working with children and adolescents, and their perceptions of acceptable behaviour, and awareness of safeguarding issues
  - will not start work before references have been received
  - be subject to an agreed probationary period
  - be clear about their responsibilities and work to an agreed job description which should clearly state their role in safeguarding.
  - read the safeguarding policy and procedure and complete any mandatory training online and in person as appropriate to their level (see Appendix 3) within their induction period.
  - attend training and support sessions on safeguarding on an ongoing bases to identity new needs and to keep their knowledge update.

Safer employment of 'third-party suppliers': a third party supplier includes any person or company with whom Brandon Centre has a contract or SLA, who is not an employee, a volunteer, or locum/agency staff. This could include for example someone with a particular skill (such as a filmmaker, photographer, music, or drama specialist), a consultant, a facilitator of service user engagement or feedback, a person carrying out research.

In the course of their specific work with us, third-party suppliers may come into contact with children and young adults. Therefore, in drafting a third-party supplier contracts, safeguarding matters must be taken into consideration.

The member of Brandon Centre staff in charge of such a contract, together with the Head of People, is responsible for ensuring all safeguarding precautions have been undertaken. This includes:

- a DBS check
- appropriate insurance
- suitable risk assessments for all activities.

6.2 Managing allegations of abuse involving Brandon Centre staff or volunteers

Organisations who work with children and young people, such as the Brandon Centre, need to be aware of the possibility that allegations of abuse may be made against members of their staff. Such allegations may be made by children and young people themselves, or by other concerned adults.

Allegations may be made about a member of staff or volunteer's behaviour either within work, outside of the workplace, or both.

Allegations made against a member of our staff or volunteers will be taken as seriously as any other allegation and treated in the same way. The following procedures will apply when there are allegations or concerns raised, from any source, that a member of our staff or a volunteer is behaving in a way that may pose a present or future risk of harm to a child, children or adults at risk.

- Staff who hear an allegation about or witness abuse caused by a Brandon Centre staff member or volunteer should record their concerns, and report the matter immediately to their safeguarding lead, directly to the CEO or to Trustee leads
- Staff must not alert the individual in question of their concerns before taking advice from a Designated Safeguarding Lead, as subsequent enquiries may potentially be compromised
- If the allegations concern a safeguarding lead, staff should discuss concerns with the CEO. If allegations concern the CEO, staff should consult with the Chair of the Board of Trustees
- The CEO will inform the Board of Trustees of any allegation against staff and seek legal advice where appropriate
- The CEO or another senior officer should **not** investigate the matter nor interview the member of staff, child or any potential witnesses. The primary task of the CEO / designated senior officer is to ensure there are written records, which are dated and signed by the person reporting the allegation and any potential witnesses

- Before any referral to the Local Authority Designated Officer (LADO) is made, at least one of the following criteria must be met, which should not be deterred by the staff member's resignation:
  - behaviour that has harmed a child or may have harmed a child;
  - possibly committed a criminal offence against or related to a child;
  - behaved towards a child or children in a way that indicates they are unsuitable to work with children
- if any of the above criteria are met, a discussion with LADO should take place if the abuse involves a child. If the allegations involve an adult at risk, the designated adult safeguarding lead in the CCG/ adult safeguarding board should be informed as per procedures detailed in Section three
- Where there is a specific identified child at risk of significant harm from that staff member or volunteer, the children's safeguarding process must run in parallel. The Designated Safeguarding Trustee / CEO Lead will advise on this.
- If staff member receives **a complaint** that features a concern or allegation of potential risk or abuse about an employee or volunteer, the complaints process must be suspended and the safeguarding allegations policy and process (and where applicable, the safeguarding policy and process) must instead take precedence.
- Where there is not sufficient substance in an allegation to warrant any external child protection investigation, there should be an internal inquiry to consider whether the behaviour of the professional should be addressed by further training/supervision or disciplinary proceedings.
- Any disciplinary proceedings will be conducted in line with Brandon Centre Disciplinary Policy.

6.3 Related policies and training

- *Allegations management training*: the CEO and at least one other named member of staff should have completed this training and have 'management of allegations' as part of their job description

- Our staff should be aware of the *Brandon Centre's Whistle-Blowing procedure*

- Staff should be aware of an independent charity Protect (formerly Public Concern at Work) whose lawyers can provide free confidential advice about how to raise a concern about malpractice at work: www.pcaw.co.uk

7.0 Monitoring, audit and review of safeguarding activity, procedure and compliance with this policy

- Each Brandon Centre Service has established its own specific method of logging, reviewing and monitoring cases where there are safeguarding concerns, including where a decision has been made to share information or refer the case to social care or other external agencies, and the outcome of these actions.
- Each service will have in place a means of regularly auditing individual case notes to ensure that adequate documentation of risk assessment, safeguarding concerns, information sharing and safeguarding action plans and outcomes
- Each service leads or managers are responsible for ensuring that their safeguarding caseload, safeguarding activity and quality of documentation is reviewed and monitored on a regular basis
- Each service will have a different requirement to report externally on safeguarding data and activity, but for most this will be quarterly
- Each service provides safeguarding supervision and regular reflective practice for all staff (either weekly or monthly). Attendance and engagement with supervision and reflective practice will be monitored by service lead/manager
- Brandon Centre Safeguarding Committee members meet monthly: to review safeguarding cases and ensure the policy and procedures are being followed operationally including progression of any audit action plans.

The effectiveness of this policy will be measured by:

- Audits of safeguarding documentation through the reports to the Quality, Safety and Risk committee
- Regular audit of each service's safeguarding processes.
- Regular audit of compliance with training and maintaining required competency level appropriate to role

APPENDX 1: GLOSSARY OF TERMS

Please also refer to the section on 'Safeguarding Information and Resources' for more detail on some of the following subjects

Adult at risk: A person aged 18 or over who is unable to look after their own well-being, property, rights, or other interests, and are at risk of harm (either from another person's behaviour or their own behaviour) due to disability, illness, physical or mental infirmity.

Asylum seeker: Someone who has arrived in the UK and asked the government for asylum. Until they receive a decision as to whether or not they will be granted refugee status, they are known as an asylum seeker. In the UK, this means they do not have the same rights as a refugee or those a British citizen would.

Care Act 2014: The Care Act 2014 provides a clear legal framework for how agencies work in partnership with other services to protect adults at risk. This places adult safeguarding on the same statutory footing as child safeguarding.

The Care Act defines an individual as an adult at risk, and states that specific adult safeguarding duties apply, to any adult who:

- has care and support needs
- is experiencing, or is at risk of, abuse or neglect
- is unable to protect themselves because of their care and support needs.

In its definition of adults who should receive a safeguarding response, the Care Act also includes people who are victims of certain types of crime. For example, those who are experiencing sexual exploitation, domestic abuse or modern slavery.

However, an individual would only be defined as an adult at risk where there are care and support needs that mean they are unable to protect themselves.

Carers: Carer/s of an individual may be family members, health care staff and paid carers and may be adults at risk themselves.

Child criminal exploitation: When an individual or group takes advantage of an imbalance of power to coerce, control, manipulate, or deceive a child or young person under the age of 18 into any criminal activity. This may be:

- In exchange for something the victim needs or wants
- For the financial or other advantage of the perpetrator or facilitator
- Through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Child in need (Section 17 (10) of the Children Act 1989): A child or young person is considered a "child in need" if: they are unlikely to achieve, maintain (or have the opportunity of achieving or maintaining) a reasonable standard of health or development without the provision for him/her of services by a local authority their health or development is likely to be significantly impaired, or further impaired, without the provision of such services.

Child Protection Conference (CPC): A meeting where safeguarding partners decide whether a child needs a child protection plan. The local authority will call a child protection conference when they have investigated concerns about child abuse and they believe the child is suffering, or likely to suffer significant harm. A lead social worker and members of the core group (refer to 'core group' definition in this glossary of terms) will be agreed at this meeting. The first conference is called the Initial Child Protection Conference (ICPC).

Child protection plan (CPP) The ICPC may decide that a child needs a child protection plan. The plan is developed to ensure the child is safe from harm and to prevent further suffering. The plan will also focus on promoting the child's health and development and will also include actions to support the wider family so that they can better safeguard and promote the welfare of their child (provided this is in the bests interests of the child).

Children's services: The department within a local council responsible for early help, children in need, children in need of protection, looked-after children and care leavers.

Child sexual exploitation (CSE): 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. This may be:

- in exchange for something the victim needs or wants (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money)
- 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.

Complex and organised abuse: Abuse involving one or more abusers and a number of abused children. It may take place in any setting. The adults

involved may be acting in concert, acting in isolation, or may be using an institutional framework or position of authority (such as a teacher, coach, faith group leader, or in a celebrity position) to access and recruit children for abuse.

Such abuse can occur both as part of a network of abuse across a family or community and within institutions such as residential settings, boarding schools, day care, or in other provisions such as youth services, sports clubs, faith groups and voluntary groups. Organised abuse may also occur online or via phones, games consoles and computers.

APPENDIX 2: Safeguarding Actions Flowchart

Assess whether you are dealing with the following:	If yes, carry out following actions:
1. Immediate risk to life or urgent concerns about the safety of child or adult in need	➢ Ensure immediate safety of child or vulnerable adult wherever possible ➢ Call 999 for assistance if needed ➢ Enlist help and support of any safeguarding lead, senior manager, or CEO ➢ Immediate call to MASH or relevant safeguarding team / Out Of Hours (OOH) numbers if past 5pm
2. Young women under 18 yrs: reports FGM or you suspected FGM	➢ Inform your safeguarding lead same day ➢ **MANDATORY reporting** to police by calling 101 ➢ Police should contact Children's services but you should also instigate a MASH referral
3. A specific safeguarding concerns that requires SAME DAY internal discussion and (usually) a referral to safeguarding and/or police e.g. • Sexual activity in a young person who is currently < 13yrs • Historical child sexual abuse by a young person of any age where there are currently other children potentially at risk • Child sexual abuse or sexual assault reported by a young person <18yr • Young person discloses abuse from person in position of trust • Child <16yrs (<18yrs if has a learning disability) who is privately fostered (living for more than 28 days with someone who is not a parent, grandparent or adult sibling • child at risk of being taken overseas for FGM, forced marriage • A young person at risk of radicalisation	➢ **SAME DAY** discussion with a safeguarding lead or with senior manager wherever possible to provide you with support ➢ **Refer to MASH** or relevant safeguarding team ➢ Consider calling police on 101 to report a crime or potential crime ➢ If decision is made NOT to make a safeguarding referral, clearly document the rationale for that decision ➢ Ensure follow up
4. A safeguarding concern that will require further internal and possible external discussion to determine action plan e.g. • Historic child sexual abuse disclosed by a young person who is now 18yrs plus and no other children at risk • FGM reported in an adult young women (18yrs or over) • child at risk of domestic violence • child at risk of CSE	➢ Report this via reporting mechanism for your service e.g. My Concerns, to your line manager, your clinical supervisor NEXT WORKING DAY ➢ You or your safeguarding lead may want to seek advice from MASH/childrens services as to whether a referral is advised ➢ Ensure documentation and follow up

5. Identified risks and vulnerabilities • Risk assessment has identified a number of vulnerability factors	➢ Discuss this as a non-urgent concern via reporting mechanism for your service e.g. MY Concerns, to your line manager, in your clinical supervision ➢ You may consider internal or external referral to other services or early help

APPENDIX 3 Safeguarding training and maintaining safeguarding competencies for all staff at the Brandon Centre

1. *Working Together to Safeguard Children 2018* places a duty on all employers to ensure that their staff is competent to carry out their responsibilities for safeguarding and promoting children's and young people's welfare.
   [Reference: ***Competence Still Matters**: Safeguarding children training for Islington employees and volunteers- a guide to the responsibilities of all ISCB partner organisations].*

2. The following publications act as our guide as to the level of training and the competencies required for all our members of staff, and recommends the amount of ongoing CPD that is required to maintain those competencies and level of training
   - *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019*
   - *Adult Safeguarding: Roles and Competencies for Health Care Staff INTERCOLLEGIATE DOCUMENT First edition: August 2018.*

3. Based on this, the Brandon Centre safeguarding committee has agreed the following training needs for staff, and the hours of CPD over any three year period that are required to maintain your competency level
   - this includes safeguarding adults and safeguarding children's training
   - initial Level 3 training includes level 1 & 2 training, Level 2 training includes level 1
   - If you are not sure what level training/competency you require, please check with your manager.

Competence level required by role	
LEVEL 1	All staff working at the Brandon Centre – **Front Office Staff / Administrators who have no contact with service users**
LEVEL 2	All non-clinical staff who have any contact with children, young people and/or parents/carers – **Front Office Staff /administrators who have regular contact with service users**
LEVEL 3	All staff who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person, parenting capacity and young adult where there are safeguarding concerns • **Wellbeing Support / Outreach Workers** • **Mental Health Referrals Coordinators** • **Clinical Service Leads / Service managers**
LEVEL 3 enhanced	Additional specialist competences and training are required for clinical staff who provide direct clinical care and assessment to children and young adults, and those who parent them: • **CaSH clinicians – doctors and nurses** • **BCSIT therapists/mental health practitioners** • **Psychologists** • **Psychotherapists**
LEVEL4	Specialist roles – **Designated Service Leads for safeguarding**
LEVEL 5	Specialist roles – **Organisational lead for safeguarding**
BOARD LEVEL	**Chief Executive Officer and Board Members**

NB: It is expected that Level 3 competencies will be met within 12 months of induction.		**LEVEL OF TRAINING**						
		1	2	3	3 enh.	4	5	BOARD
INDUCTION into organisational policies and context	30 mins. within six weeks of commencing post	√	√	√	√	√	√	√
REFRESHER TRAINING HOURS (ongoing training/CPD** to amount to the following number of hours over a three-year period)	2 hrs	√						√
	4 hrs		√					
	4-6 hrs			√				
	12-16 hrs				√			
	24 hrs					√	√	

As a member of Brandon Centre staff, your child and adult safeguarding training and CPD which will contribute to maintaining your competencies can include:

- in house trainings arranged by the Brandon Centre: we will aim to provide 3-4 hrs worth of in-house safeguarding training each year
- locality trainings/ network trainings/ trainings provided by external partners
- external trainings: Camden and Islington SCP provide trainings that are free to partner organisations in the borough
- external trainings: prior approval from your manager required if this incurs a cost e.g., NSPCC trainings/ conferences,
- on-line trainings
- personal reading/study
- attendance at safeguarding supervision, safeguarding case conferences, safeguarding professionals' meetings.

APPENDIX 4: Safeguarding Supervision at the Brandon Centre: summary by service

Service/staff member (supervisee)	Type of safeguarding supervision	Frequency	Safeguarding supervisor	Documentation/evidenced by	Notes
Front office reception staff	Group supervision together with mental health staff of relevant safeguarding cases	monthly	CEO/Clinical Lead	Group supervision meeting notes. Safeguarding actions documented in case notes	
	One to one as part of line management supervision	monthly	CEO/Clinical Lead	Line manager's individual supervision notes. Safeguarding actions documented in case notes	
Service/staff member (supervisee)	**Type of safeguarding supervision**	**Frequency**	**Safeguarding supervisor**	**Documentation/evidenced by**	**Notes**
Psychotherapy Service Trainees **Honorary** **Newly Qualified Staff (first 2 years post-qualification)**	Weekly case supervision with a senior member of the psychotherapy team Weekly team meeting attendance	Weekly	Senior salaried psychologist / psychotherapist	Patient notes. Team meeting minutes. Safeguarding / Risk Register	
Senior Psychotherapy Service Clinicians	Fortnightly case supervision Weekly or fortnightly team meeting attendance Team Meeting	Fortnightly / Weekly	Service Lead / Consultant Psychotherapist	Patient notes. Team meeting minutes. Safeguarding / Risk Register	
Service Lead **Consultant Psychotherapist**	Peer Meeting between clinical lead and consultant psychotherapist. Monthly meetings with external consultant	Weekly Monthly	Peer Support External Consultant	Patient notes. Team meeting minutes. Safeguarding / Risk Register	

	Team meeting	Weekly			
BC-SIT Service Team Leads	external consultant clinical Systemic psychologist	Monthly	TBC	Meeting notes	
	Complex cases taken to Brandon Centre Safeguarding Committee.	Monthly	Brandon Centre Safeguarding Leads/ Head of safeguarding lead	Meeting minutes	
	Camden Tier 4 cases discussed meeting with social care, commissioner and consultant psychiatrist	Monthly	Clinical Lead/Deputy	Feedback to therapist in weekly supervision and documented by co-ordinator in central system	
Service/staff member (supervisee)	**Type of safeguarding supervision**	**Frequency**	**Safeguarding supervisor**	**Documentation/evidenced by**	**Notes**
BC-SIT Senior Clinical staff & BC-SIT Clinical therapist	Clinical lead and Deputy on call to therapist 24/7 for safeguarding case discussion if needed	Daily/as needed	Clinical Lead/ Deputy	Recorded in safeguarding section on the weekly paperwork for supervision feedback and recorded in safeguarding file in system	
	Weekly paperwork submitted to clinical lead, or deputy; recorded in safeguarding section for feedback,	weekly	Clinical Lead/Deputy	Recorded in safeguarding section weekly clinical feedback	
	Safeguarding on agenda for weekly group supervision	weekly	Clinical Lead/Deputy	• On agenda for group supervision which is minuted by Co-ordinator and documented on SIT electronic system. • This system of weekly recording on central system started Nov 2019 • Recorded on weekly supervision paperwork and pasted into next week's supervision paperwork for follow through	
	Individual supervision	monthly	Clinical lead	Decisions minuted by therapist and put onto weekly clinical feedback	
	Tape review	monthly	Clinical lead	Written feedback given to therapist and recorded on weekly paperwork then recorded by co-ordinator in weekly group supervision	

	Feedback treatment to Core group when young person on CP plan	6 weekly	Social worker	• Decisions minuted by social worker and saved in clinical emails in safeguarding folder and discussed in group supervision • Recorded by co-ordinator and on weekly feedback for supervision	
BC-SIT Co-ordinator/ Business Manager	One to one line management supervision	Monthly	Clinical Lead	Minuted. Any safeguarding issue would also be recorded on central system	
Service/staff member (supervisee)	**Type of safeguarding supervision**	**Frequency**	**Safeguarding supervisor**	**Documentation/evidenced by**	**Notes**
Clinical training and consultancy assistant psychologists, honorary assistant psychologists, trainee clinical psychologist and newly qualified staff (first 2 years)	one-to-one case supervision Fortnightly team meetings	weekly	Head of clinical training and consultancy or senior salaried clinician	Supervision notes Patient notes on Patient source Meeting agendas and minutes MDT meeting minutes for EHLS	
Bank clinical staff	Peer group supervision	monthly	Head of clinical training and consultancy and clinical peers	Supervision notes	
Senior clinicians	One-to-one supervision Team meetings	Fortnightly fortnightly	Head of clinical training and consultancy	Supervision notes Meeting minutes	
Head of Clinical training and consultancy	One-to- one supervision Safeguarding committee Senior management meetings	Monthly Quarterly Fortnightly	External supervisor, Lucy Marks Senior colleagues and CEO Senior colleagues and CEO	Supervision notes Meeting minutes Meeting minutes	

APPENDIX 5: Methods of audit and review of safeguarding: by service

Psychotherapy Service	Patient Files are regularly audited by the clinical lead with the help of the referral's coordinator and the assistant psychologist.	Quarterly	Psychotherapy Service Clinical Lead Referrals Coordinator		
Psychotherapy Service	The risk / safeguarding register is brought weekly to the team meeting and updated.	Weekly	Psychotherapy Service Clinical Lead Referrals Coordinator		
BC-SIT Service	Safeguarding record updated in group supervision	Weekly	SIT co-ordinator	Recorded on Central system	
BC-SIT Service	2 cases from each therapist are randomly audited	Six Monthly	SIT co-ordinator Clinical Lead	Recorded in checklist format/sent to clinical staff and signed off by Clinical Lead	
BC-SIT Service	Thematic Analysis of safeguarding.	Yearly	Clinical Lead/ Deputy/ Senior Therapist	Recorded in yearly thematic report and disseminated in group supervision for learning	recording safeguarding centrally from weekly group supervision started in Nov 2019
Clinical Training and Consultancy	Patient notes audited regularly by head of service	Quarterly	Head of service	Recorded on central system on SharePoint	
Clinical Training and Consultancy	Enhanced Healthy Living Service MDT review of risk/safeguarding and actions	Monthly	Community Childhood obesity MDT attendees in Camden and Islington	Recorded and reported on quarterly	