



Axia ASD Ltd

Safeguarding Children Policy

Introduction / purpose of the policy

The purpose of this policy statement is:

- to protect children and young people who receive Axia ASD Ltd's services from harm. This includes the children of adults who use our services
- to provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection.

This policy applies to anyone working on behalf of Axia ASD Ltd, including Directors, Associates, paid staff, volunteers, agency staff and students.

This policy applies to children and young people below the age of eighteen.

Guiding principles

We believe and recognise that:

- Children and young people should never experience abuse of any kind
- We have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.
- the welfare of children is paramount in all the work we do and in all the decisions we take all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

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Axia ASD Ltd staff will encounter children during the course of normal working activities and are in a unique position to be able to observe signs of abuse or neglect, or changes in behaviour which may indicate a child may be being abused or neglected.

Axia ASD Ltd staff should ensure that they are alert to the signs of abuse and neglect, that they question the behaviour of children and parents/carers and do not necessarily take what they are told at face value.

Axia ASD Ltd staff should make sure they know where to turn to if they need to ask for help, and refer to children's social care or to the police, if there is a suspicion that a child is at risk of harm or is immediate danger.

Axia ASD Ltd staff should make sure that they understand and work within local multi-agency safeguarding arrangements.

Axia ASD Ltd staff should not let other considerations, such as the fear of damaging relationships with adults, get in the way of protecting children from abuse and neglect. If referral to local authority children's social care is necessary, it should be viewed as the beginning of a process of inquiry, not as an accusation

Legal framework

Axia ASD Ltd is committed to delivering services that reflect the key legislative requirements set out in the Children Acts, 1998 and 2004 and the statutory guidance, 'Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children (2023). This policy is underpinned by Section 11 of the Children Act 2004, and Section 175 of the Education Act 2002 both of which place a statutory duty on organisations and individuals to ensure that their functions are discharged, with regard to the need to safeguard and promote the welfare of children. This guidance takes account of "What To Do If You're Worried a Child Is Being Abused - Advice for Practitioners" as well as "Working Together to Safeguard Children" (HM Government - December 2023)

Across the UK there are many laws which aim to keep children safe and protect their rights. The NSPCC has put together an overview of the key legislation in these areas, to help people who work with children

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<https://learning.nspcc.org.uk/child-protection-system/children-the-law>

Axia ASD Ltd will seek to keep children and young people safe by:

1. Understanding and identifying abuse and neglect

- Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.
- Child welfare concerns may arise in many different contexts and can vary greatly in terms of their nature and seriousness. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet. In the case of female genital mutilation, forced marriage and honour based violence, they may be abused by an adult or adults, or another child or children. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. Abuse and neglect can happen over a period of time but can also be a one-off event. Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and well-being.
- The warning signs and symptoms of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health. By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.
- Staff should always consider if there is domestic abuse in the family/household and the impact of this on the child. It is recognised that

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those who experience domestic abuse, the majority of whom are women and children, are at considerable health disadvantage and may be at life threatening risk and that practitioners who come into contact with children as part of their work role, must consider the additional risks to these children posed by domestic abuse.

- There are four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse and neglect. Each has its own specific warning indicators, which you should be alert to.

2. Reporting safeguarding concerns

Any child protection or welfare concerns must be reported to the Safeguarding Lead, Estee Tsang, and the Nominated Deputy for Safeguarding Children, Tracy Henney. This should be done via the Safeguarding Reporting Form.

However, if staff still have concerns about the safety or welfare of a child and feel they are not being acted upon by the designated Safeguarding lead, it remains their responsibility to take action. Staff can also seek advice at any time from the NSPCC helpline – help@nspcc.org.uk or [0808 800 5000](tel:08088005000).

If a child is in immediate danger or is at risk of harm, you should refer to the relevant local authority children's social care and/or the police. Before doing so, you should try to establish the basic facts and record these in writing. However, it will be the role of social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation

If, at any time, staff believe a child may be a child 'in need', or that a child is being harmed or is likely to be, they should refer immediately to local authority children's social care. This referral can be made by any practitioner. (nb Children are considered to be 'in need' under s17 of the Children Act 1989 if they are disabled). If you see further signs of potential abuse and neglect, report and refer again. Referrals should be made to the relevant local authority children's social care services as soon as a problem, suspicion or concern about a child becomes apparent or if the child's own needs are not being met. A child or young person who is suffering or is at risk of suffering sexual exploitation will be a Child in Need. Therefore, any practitioner who is concerned or receives information,

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that a child or young person is involved in sexual exploitation, should contact Children's Social Care to provide information about their concerns.

All Axia ASD Ltd staff will be provided with a laminated list of the relevant local contacts. For other geographical areas, the duty social care team should be informed. You can do this by contacting the local council. You can check their council area by using the [postcode search on the gov.uk website](#).

If you have any problems contacting the local authority, or they don't respond appropriately, you can call the Care Quality Commission (CQC) on **03000 616161**

NSPCC helpline – help@nspcc.org.uk or **0808 800 5000**

When referring a child to children's social care, staff should consider and include any relevant information about the child's development needs and their parents'/carers' ability to respond to these needs within the context of their wider family and environment.

When referring, at all times you should explain to the child the action that you are taking. It is important to maintain confidentiality, but you should not promise that you will not tell anyone, as you may need to do so in order to protect the child. In general, all Axia ASD Ltd staff must obtain parental consent when they wish to seek information or share information with other agencies. Clinicians must make it clear to parents which organisations they wish to seek information from and who they wish to share information about the family with. If anyone in the family home is aged 16 or over, their individual consent must be sought to seek or share information about them, with other agencies. However, there are some instances where it is not appropriate to seek consent. Consent should not be sought if doing so would:

- Place a person (the individual, family member, worker or a third party) at increased risk of significant harm (if a child) or serious harm (if an adult).

- Prejudice the prevention, detection or prosecution of a serious crime - this is likely to cover most criminal offences relating to children.

- Lead to an unjustified delay in making enquiries about allegations of significant harm (to a child) or serious harm (to an adult).

It is good practice that any referral is made by the person with firsthand information or for that person to be available to pass on their information.

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The important thing is that everyone with a child protection concern has a responsibility to ensure the referral is made. The referrer should have as much information as possible prior to making a referral. However, gaps in essential information should not result in a delay in making a referral.

3. Recording and Assessment:

Axia ASD Ltd will record, store and use information professionally and securely, in line with data protection legislation and guidance.

Staff should record, in writing, all concerns and discussions about a child's welfare, the decisions made and the reasons for those decisions.

If you are concerned about a child you should record your concerns through contemporaneous records, which demonstrate that you have considered the issues regarding the safety of children, when they form part of a service users family or when the patient provides a carer function for children who are not their own. Risk assessment documentation includes information required around children and whether there are safeguarding concerns.

It is the responsibility of the practitioner to assess child protection concerns and communicate these through their own clinical and professional supervision and support sessions and where necessary immediately through to the Children's Social Care.

4. Attendance at multi agency safeguarding meetings.

Axia ASD Ltd staff who are involved with the family (or with the child or young person) who is subject to safeguarding or child protection processes, including child sexual exploitation, must wherever possible attend Child Protection Conferences, Child In Need and all other associated relevant meetings. Where staff are unable to attend, they must make every effort to send a comprehensive report to the meeting for inclusion in the discussions.

5. Staff support, training and supervision

Axia ASD has a nominated Safeguarding lead for children and young people to provide support, as well as oversee training and supervision needs.

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Axia ASD Ltd employees should undertake Mandatory Training on Safeguarding Children as follows:-

- Non-clinical staff –On induction and annual updates
- Clinical staff –Three years
- Safeguarding lead – Three years

Axia ASD Ltd Associate staff are individually responsible to arranging their own training and must be able to provide documentary evidence of this if requested Axia ASD Ltd. This should be updated every three years.

Volunteers will undertake Mandatory Training on Safeguarding Children at induction and thereafter at a frequency commensurate with their role in Axia ASD Ltd.

6. DBS and Professional Registration checks

Axia ASD Ltd takes steps to recruit and select staff and volunteers safely, ensuring all necessary checks are made. These include DBS and Professional Registration checks.

All Axia ASD Ltd staff and Associates are required to have the relevant Disclosure and Barring checks prior to working unsupervised. A five-year rolling programme is in place to renew DBS checks for employees and Associates. Associates are expected to renew every 5 years and provide Axia ASD Ltd with the original documentation.

Axia ASD Ltd also carries out Professional Regulation checks of all Associates.

Some volunteer roles will require a DBS check. Axia ASD Ltd will make an assessment against the role, activities and the responsibilities of the role in order to determine if a DBS check is required, and if so at what level.

7. CHAPERONES

AXIA ASD is committed to providing a safe, comfortable environment where children, parent/guardian and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

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A chaperone is an impartial observer present during an examination of a patient. A chaperone does not remove the need for adequate explanation and courtesy. Neither can it provide full assurance that the procedure or examination is conducted appropriately.

It is important that children and young people are provided with chaperones. The GMC guidance states that a relative or friend of the patient is not an impartial observer. They would not usually be a suitable chaperone.

Children are expected to be accompanied by a parent or guardian to whom the need for the consultation will be explained and consent obtained. They will be expected to remain with the child during the examination. Information about how to request for a chaperone will be provided via email prior to appointment and on our website.

Chaperones should always be considered where a health professional is carrying out an examination. All patients are entitled to have a chaperone present for any consultation or examination.

The health care professional may also request for a chaperone to be present.

If the parent/guardian does not want a chaperone, record that the offer was made but declined with clear documentation in the notes.

All chaperones working for AXIA ASD should have an understanding and follow:

- GMC https://www.gmc-uk.org/-/media/documents/maintaining-boundaries-intimate-examinations-and-chaperones_pdf-58835231.pdf?la=en&hash=A6DCCA363F989E0304D17FBC4ECB9C1060028385
- The Medical Defence Union guidance on chaperones. (<https://www.themdu.com/guidance-and-advice/guides/guide-to-chaperones>).

Although these guidance above refer to intimate examinations, AXIA ASD expects the same approach for chaperones at our face-to-face assessments.

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Role of Chaperone

- Introduce themselves to the child, parent/guardian and explain the purpose of their presence.
- Provide emotional comfort and reassurance to patients, parent or guardian.
- Maintaining the patient's dignity, by only exposing the area requiring examination by using clothing, gowns and sheets.
- To act as a witness of the continuing consent to the examination.
- Have agreement from the parent/guardian to be present at the consultation.
- Maintain the confidentiality and comply with clinic policies.
- A record and details of the chaperone will be kept in the patient' notes

8. Information Sharing and GDPR

The Care Act 2014 emphasises the need to empower people, to balance choice and control for individuals against preventing harm and reducing risk, and to respond proportionately to safeguarding concerns. Sharing sensitive or personal information between organisations, as part of day-to-day safeguarding practice and prevention, is not covered in the Care Act because it is already covered in a range of other laws and duties.

The Data Protection Act 2018 incorporating General Data Protection Regulation (GDPR) allows that, if it is deemed to be in the public interest, data may be collected, processed, shared and stored. It may be stored for longer periods in the public interest and in order to safeguard the rights and freedoms of individuals. The principles of GDPR are that data be:

- Processed lawfully, fairly and in a transparent manner in relation to individuals
- Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes
- Adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed
- Accurate and, where necessary, kept up to date

- Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed
- Processed in a manner that ensures appropriate security of the personal data

Organisations need to share safeguarding information with the right people at the right time. This may be within the organisation itself or outside of it. We work with our safeguarding partners (e.g. the police, GPs and health providers, services providers, local councils, CQC) to prevent harm or abuse, or to act where harm or abuse has occurred – information sharing is key to this. The main reasons personal confidential information may be shared in the context of safeguarding are to:

- prevent death or serious harm
- coordinate effective and efficient responses
- enable early interventions to prevent the escalation of risk
- prevent abuse and harm that may increase the need for care and support
- maintain and improve good practice in safeguarding adults
- reveal patterns of abuse that were previously undetected, and that could identify others at risk of abuse
- identify low-level concerns that may reveal people at risk of abuse
- help people to access the right kind of support to reduce risk and promote wellbeing
- help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour
- reduce organisational risk and protect reputation

9. Remote working

As with face-to-face work, safeguarding and child protection is vital when seeing children, young people and their families/carers remotely. Communicating online may allow a view into a young person's world that would not have been seen otherwise. This may generate some safeguarding concerns for that young person.

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Axia ASD Ltd will ensure parents, carers and children understand the benefits and risks of remote contact and get consent for this. Advice is available on the Axia ASD Ltd website (Resources section) for those attending virtual appointments

<https://axia-asd.co.uk/advice-from-axia-for-those-attending-virtual-appointments/>

Where appointments take place remotely, it is important that Associates and staff maintain professional practice as much as possible. When communicating online with parents, carers, and children: Axia ASD Ltd Associates and staff will

- communicate at the time agreed.
- use parents' or carers' email addresses or phone numbers to communicate with children.
- use Axia ASD Ltd email accounts (not personal ones)
- use Axia ASD Ltd devices over personal devices wherever possible
- be aware of and consider what will be in the background.

All Associates and staff should continue to act immediately in line with this Safeguarding policy if they have any concerns about a child or young person's welfare, whether the child or young person is seen physically or remotely.

Signature

Name

Position

Date

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Supporting documents

This policy statement should be read alongside the other Axia ASD Ltd policies, procedures, and other related documents. These include:-

- Managing safeguarding allegations against staff and volunteers
- Anti-harassment & Bullying
- Code of Conduct
- Complaints
- Disclosure and Barring (DBS)
- Health and safety
- Induction
- Mandatory Training
- Professional Registration
- Recruitment and Recruitment of Ex-offenders
- Supervision
- Visiting celebrities
- Volunteer policy
- Whistleblowing

Safeguarding Children Partnerships and Local Guidance

Cheshire West and Chester Safeguarding Children Partnership

Safeguarding Children Partnership

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