Chroma Therapies Ltd
Safeguarding Children Policy

This Policy is dated:	20th July 2021
This Policy was approved on:	20th July 2021
This Policy is due for review on:	July 2022
Responsible Person:	Jo Godsal

This policy sets out the roles and responsibilities of ***Chroma*** staff in working together with other professionals and agencies in promoting children's welfare and safeguarding them from abuse and neglect. This policy complies with the Care Quality Commission Requirements and includes updated information from the HM Government: Working Together to Safeguard Children (2018) Risk Management Standards and guidance issued by the *local* Safeguarding Children Board. ***Chroma*** fully recognises its responsibilities for Safeguarding Children.

Chroma recognises that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, and some sense of blame. The interventions provided by ***Chroma*** may be an important stabilising element in the lives of children at risk as it provides a regular secure and predictable experience.

Introduction

1.1. ***Chroma*** believes that the welfare of children and young people are paramount and that at all times a child or young person in all situations has a right to feel safe and protected from any situation or practice that results in them being harmed or at risk of harm.

1.2. This policy sets out the principles of Safeguarding Children and gives guidance to staff on what to do if you are concerned for the welfare and protection of children. This should be read in conjunction with Local Safeguarding Child Protection Procedures which give further detailed information and guidance

1.3. This policy has been developed in line with ***Chroma's*** principles of Equality and Diversity and is underpinned by the following standards:

- The child's needs come first regardless of who is the primary client;
- The child's welfare and safety is everyone's responsibility;
- Staff must work together, understand and appreciate other professionals' roles and responsibilities; and
- No one should be discriminated against on the grounds of age, race, religion or belief, marriage or civil partnership, pregnancy or maternity, sexual orientation, gender reassignment, sex or disability (the protected characteristics under the Equality Act 2010). In addition, ***Chroma*** does not permit any discrimination on the basis of a person's culture, cultural background or socio-economic background.

1.4. Where English may not be a person's first language, interpreter services must be accessed in order to meet the communication needs of a parent/guardian or a child, with details recorded on their clinical record.

1.5. In addition, appropriate arrangements must be made for individuals with other communication needs. This may include people who use particular methods to communicate, such as Makaton, or sign language; or those who have specific needs such as hearing induction loops.

2. Scope

2.1. This policy applies to all employees, contractors or volunteers (permanent or temporary) of ***Chroma*** and those people that perform work on behalf of ***Chroma***

2.2. This policy complements all professional or ethical rules, guidelines and codes of professional practice on child protection (e.g. Health and Care Professions Council).

3. Duties

3.1. **Managing Director** – has overall responsibility for the safeguarding arrangements in Chroma and for the performance of Chroma in supporting the work of the Local Safeguarding Children Boards/Partnerships. The Managing Director will be notified of any Child Safeguarding Practice Reviews and requirements for representation at the meetings of the Safeguarding Partners for the local authority area. This responsibility may be delegated to other senior managers as required.

The Managing Director is Daniel Thomas Contact details: Chroma, Overross House, Ross Park, Ross-on-Wye, Herefordshire HR9 7US 0330 440 1838 | 07810 482 930; daniel@wearechroma.com

3.2. Designate Professionals for Safeguarding Children

3.2.1. The Designate Professional will provide a quarterly report to the Senior Management Board. Further reports will be provided where appropriate e.g. Child Safeguarding Practice Reviews.

3.2.2. The Designate Professional is responsible for linking with the Safeguarding Partners for the local authority area. To share information and provide specialist advice to those networks in respect of services or information provided by Chroma.

3.2.3. The Designate Professional will be responsible for ensuring a high quality service for Safeguarding Children within Chroma and will ensure that expert advice and support is available to all staff and sub contracted therapists. All referrals to the Local Authority Safeguarding Team and all concerns managed are recorded on MyConcern.

3.2.4. The Designate Professional will facilitate and raise awareness of training available in accordance with the Training Policy.

3.2.5. The Designate Professional will work together with the Local Safeguarding Partnerships (previously Local Safeguarding Boards) when a Child Safeguarding Practice Review is commissioned.

3.2.6. The Designate Professional will facilitate a record of local MASH contact details for all Local Authorities where Chroma work being available to staff and sub-contractors

3.2.7. The Managing Director is responsible for ensuring that the Designate Professional carry out these actions and for ensuring that all staff receive the appropriate level of training commensurate with their role.

3.3. **All staff and sub-contractors** – All staff and sub-contractors must be aware of and follow the legislation and guidance regarding child protection and safeguarding children as stated in this Policy and the Local Safeguarding Children Board procedures .

3.3.1. All staff and sub-contractors will identify and meet with the Designated Safeguarding Lead of any host institution (ie school, hospital etc) before commencing work

3.3.2. All staff and subcontractors will follow the local safeguarding procedures of the host organisations they are working with and in

3.3.3. All staff and sub-contractors should be alert to the possibility of child abuse or neglect. If staff

members have concerns about the safety or welfare of a child, those concerns must be addressed and consideration given for a referral to Children's Social Care (MASH).

3.3.4. All staff and sub-contractors working with individuals under over the age of 18 can contact the designate professional who is contactable during 09:00 – 17:00, Monday to Friday excluding Bank Holidays)

3.3.5. If the designate professional is not available to staff and sub-contractors, the local authority Children's Social Care (MASH) Team can be contacted for advice and guidance. However, all child safeguarding concerns must still be shared with the designate profession

3.3.6. If staff and sub-contractors feel a child is in immediate danger, they must call 999, inform the local (ie school) DSL and inform the designate professional

3.3.7. The designate professional should ensure staff and sub-contractors have access to safeguarding supervision in cases where complexity, non-compliance, lack of progress, professional disagreement or other factors indicate.

3.3.8. The Designated Professional is Jo Godsal. Contact details: Chroma, Overross House, Ross Park, Ross-on-Wye, Herefordshire HR9 7US; 0330 440 1838 | 07852 245 822 ; jo@wearechroma.com

4. **Reporting**

4.1 Staff and subcontractors will report any and all concerns regarding safeguarding on MyConcern. This covers low level concerns up to major safeguarding incidents. If in doubt, make a report on MyConcern.

4.2 Please note that if there is risk of significant harm, staff and sub-contractors must prioritise local safeguarding procedures before making a report on MyConcern.

4.3 Staff and sub-contractors will follow local safeguarding procedures alongside Chroma's procedures.

4.4 Consent should be sought from the client to break confidentiality. The therapist should explain who they will be speaking to and why. If a client does not consent to confidentiality being broken, the therapist will need to assess potential risk. If there is risk of harm, the therapist may need to break confidentiality without consent and should inform the client. If in doubt, discuss this with your supervisor, with the Chroma DSLs, or contact the local MASH for a No Names Consultation.

4.5 MyConcern emails the Chroma DSLs. If there is risk of significant harm or urgency, staff must

contact Chroma by phone in the first instance.

4.6 On reporting on MyConcern, the Designated Professional, or one of the other two DSLs, will review the concern, allocate a category and review actions.

4.7 The Designate Professional may allocate a Task – this will be the next steps that need to taken by the reporter. The task must be completed and marked as done by the completion date

4.8 Staff will discuss the concern with Chroma's DSL and identify next steps. These may include:

4.8.1 Filing a concern where no further action is required, or where information has been shared appropriately, risk is adequately managed and no further action is required. Evidence will have been uploaded to MyConcern of any information sharing and joint decisions made and the rationale for any decisions.

4.8.2 With consent, discussing with parent and agreeing how to manage the concern

4.8.3 With consent, discussing with other professionals and agreeing how to manage concern

4.8.4 Reporting to local DSL

4.8.5 Making a referral to the local MASH

4.8.5.1 Staff and sub-contractors will find the contact details for local MASH in the Knowledge Base on iinsight. The NHS Safeguarding App also has local MASH contact details. If in doubt, contact Chroma head office who will provide these contact details.

5. Definitions

5.1. The following definitions reflect the Department of Health document *Working Together to Safeguard Children (2018)*.

5.2. **Child Protection** refers to the activity that is undertaken to protect children who are suffering, or are at risk of suffering, significant harm.

5.3. **Safeguarding and Promoting Welfare and Child Protection** - This is defined as protecting children from maltreatment, preventing impairment of health or development and ensuring children are growing up in circumstances consistent with the provision of safe and effective care.

5.4. **Significant Harm -** The Children Act 1989 (Section 47) introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention in family life in the best interests of the child and gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard and promote the welfare of a child suffering or likely to suffer significant harm.

5.4.1. Significant harm relates to four categories of abuse, these are: physical, emotional, sexual abuse and neglect.

5.4.2. Where staff are aware that a child has suffered or is at risk of suffering significant harm, a referral to Children's Social Services via the Multi-Agency Safeguarding Hub must be made. Staff should follow the procedural guidelines associated with this policy at paragraph 12 below.

5.4.3. The National Institute for Health and Care Excellence (NICE) clinical guidance document, Child Maltreatment: When to Suspect Maltreatment in Under 18s is a valuable resource to help staff consider when a child may be suffering harm. This can be accessed via the NICE website where a useful flow chart is available.

5.5. **Children in Need -** Local Authorities have a duty to safeguard and promote the welfare of Children in Need. Children who are defined as being 'in need' under Section 17 of the Children Act 1989 are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services. This includes those children who are disabled.

5.6. **Looked After Children -** The term "Looked After Children" (LAC) was introduced by the Children Act 1989 and refers to children who are subject to care orders or voluntary accommodated. The Local Authority has responsibility for Looked After Children.

5.6.1. Looked After Children have often experienced abuse or neglect and will have additional health care needs. The Local Authority has a statutory responsibility to ensure the health care needs of children and young people are being assessed. Community health services work closely with local authorities to ensure that health care plans set out how identified health needs will be addressed.

5.6.2. For detailed information on Looked After Child procedures, staff should refer to the specific protocol in their area and refer to the guidance produced by the child Safeguarding Partners for the local authority area accordingly.

5.7. **Definitions of Child Protection categories and abuse -** There are four categories of child abuse as defined Working Together to safeguard Children 2018.

5.7.1. **Physical abuse -** Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or failing to protect a child from that harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately inducing illness in a child.

5.7.2. **Emotional abuse -** Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

- It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- It may involve seeing or hearing the ill-treatment of another.
- It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

5.8. **Sexual Abuse -** Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact including both penetrative and non-penetrative acts such as kissing, touching or fondling the child's genitals or breasts, vaginal or anal intercourse or oral sex.

5.8.1. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

5.9. **Neglect -** Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

- Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing; shelter, exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision

including the use of inadequate caretakers; or the failure to ensure access to appropriate medical care or treatment.

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

5.10. **Child Sexual Exploitation (CSE)** is a form of sexual abuse. A young person is forced or persuaded to take part in a sexual act (including sharing images) in exchange for something – this could include affection, gifts, drugs or alcohol, accommodation, friendship or money. The young person may be forced or threatened, or they may believe that they are in a consensual relationship with the other person.

5.11. **Multi-agency Risk Assessment Conference (MARAC)** is a conference for sharing information on the highest risk domestic abuse cases. These are attended by representatives from the police, probation, health, child protection, housing, Independent Domestic Violence Advisors (IDVAs) and other professionals. After information is exchanged, a co-ordinated action plan is formulated, which is aimed at protecting the victim.

5.12. **Multiagency Child Exploitation (MACE)** meeting is aimed at preventing children and young people from being exploited by working together to gather, share and understand information and intelligence in order to identify potential risks and for agencies to use their resources to protect the child or young person. Child Exploitation is a form of child abuse. It is not a specific criminal offence but the term encompasses a range of different forms of serious criminal conduct and a number of individual offences.

5.13. **Think Family** is an approach to help practitioners consider the parent, the child and the family as a whole when assessing the needs of and planning care packages with a parent suffering from a mental health problem. ***Chroma*** supports staff to consider the needs of all family members at each contact.

5.14. **Derogatory and Sexualised language or behaviour:** Staff must challenge any form of derogatory and sexualised language or behaviour. Staff should be vigilant to sexualised/aggressive touching/grabbing Recent DfE guidance situates sexual violence, sexual harassment and harmful sexual behaviour in the context of developing a whole-school safeguarding culture, where sexual misconduct is seen as unacceptable, and not 'banter' or an inevitable part of growing up. Chroma's own safeguarding culture supports school and local authorities to establish this. Groups at particular risk include girls, students who identify as Lesbian, Gay, Bisexual, Transgender+ (LGBT+), or are perceived by peers to be LGBT+, and pupils with SEND. We also have a statutory duty to report and record any incidents of 'Upskirting'.

The appropriate safeguarding lead person should be familiar with the full 2020 guidance from the UK Council for Internet Safety (UKCIS), Sharing nudes and semi-nudes: advice for education settings working with children and young people

https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people

Staff or therapists dealing with a safeguarding situation around sharing nudes should also familiarise themselves with this guidance and refer to the Safeguarding Handbook where this guidance is shared.

It is important that Chroma records incidents across the whole spectrum of sexual violence, sexual harassment, and harmful sexualised behaviours so that we can understand the scale of the problem for our clients, and ensure schools and Local Authorities are aware and able to make appropriate plans to reduce it. For more guidance go to:

https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges *(May 2018)*

The guidance covers: what sexual violence and harassment is, schools' and colleges' legal responsibilities, a whole school or college approach to safeguarding and child protection and how to respond to reports of sexual violence and sexual harassment

All such incidents should be immediately reported to the DSLs at the school and. Victims of harm should be supported by the school's pastoral system as well as through support in therapy.

6. **Family Information**

6.1. All clinical staff/therapists must complete details regarding Family Information on initial assessment and review this no less than once a year with a patient, this includes identifying if a child is subject to a Child Protection or Child in Need Plan or is known or open to children's social care (including Looked After Children).

6.2. The Family Information must be uploaded to the client's clinical records. The Family Information must also record parents' details (including those not living with the child), other significant relationships, and those of other children and adults in the same household.

6.3. All clinical staff must ensure that they ascertain who lives in the same household and that they consider potential risks to a child.

6.4. Where a child is identified to be living in a household where there is parental mental illness, along with substance misuse and/or domestic abuse, the child must be referred to the local authority unless the clinician has proactively assessed the risks and documented in the clinical records why the child is not at risk of significant harm.

6.5. All clinical staff must explore with all service users if they have a history of child abuse (Department of Health and Social Care mandatory question) or Domestic Abuse and where required, staff must also signpost them to appropriate services.

6.6. Disclosures of historical child sexual abuse

6.6.1. The term 'historical disclosure' is commonly used to refer to disclosures of abuse that were perpetrated in the past. It is normally used when the victim is no longer in circumstances where they consider themselves at risk of the perpetrator and more commonly used when adults disclose abuse experienced during childhood.

6.6.2. Allegations of child abuse are sometimes made by adults and children many years after the abuse has occurred. There are many reasons for an allegation not being made at the time including fear of reprisals, the degree of control exercised by the abuser, shame or fear that the allegation may not be believed. The person becoming aware that the abuser is being investigated for a similar matter or their suspicions that the abuse is continuing against other children may trigger the allegation. The impact of child sexual abuse may have a significant impact on an individual's mental health

6.6.3. Cases may be complex as the alleged victims may no longer be living in the situations where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. It is important to ascertain as a matter of urgency if the alleged perpetrator is still working with, or caring for children.

6.6.4. The professional receiving the disclosure or the victim may not be aware of the perpetrator's present circumstances and therefore are not able to assess whether they pose a current risk to a child, children or other adults at risk person.

6.6.5. Consideration must be given to whether the alleged perpetrator presents a

current risk to children or vulnerable people through having contact within a family setting, as a professional or by their behaviour.

6.6.6. The professional to whom the disclosure was made should:

- Clarify whether there are any children who may currently be at risk from the alleged perpetrator.
- If it has been ascertained that the alleged perpetrator has or may have contact with a known child/children, a referral should be made to Children's Services.
- If there are concerns that the alleged perpetrator has contact with children but the names of the children are not identifiable, the police should be contacted to enable further investigation.
- If there are concerns that the adult making the disclosure is at risk, consideration to refer to adult social services and police will be required.
- Advice and support the adult that they are able to make a formal complaint to the police.
- Provide the victim with information about relevant support services.
- Contact ***Chroma Designated Professional Lead*** for further advice and support for safeguarding of children.

7. The Legal Framework for Child Protection

7.1. The government document, *Working Together to Safeguard Children (2018)* refers to a child or young person as those up to their 18th birthday.

7.2. The Children Act 2004 makes it clear that Safeguarding Children is **everyone's responsibility**. It imposes a duty on NHS Trusts to in discharging their functions they have regard to the need to safeguard and promote the welfare of children (Section 11). To be effective it requires staff members to acknowledge their individual responsibility for safeguarding and promoting the welfare of children.

7.3. The Children and Social Work Act 2017 outlines the duties that local authorities have towards Looked After Children and young people leaving care. It requires local authorities to publish details of the services they are providing to care leavers, and outlines their duty to provide information and advice for the purpose of promoting the educational attainment of children adopted or placed in other long term arrangements. The Act also makes provision to replace Local Safeguarding Children Boards (LSCBs) with Safeguarding Partners for the local authority area. It sets out the Child

Safeguarding Practice Review functions and provides for a central Child Safeguarding Practice Review Panel for nationally significant cases.

7.4. The Children and Social Work Act 2017 (Section 16E (1) places a legal duty on "Safeguarding Partners" for the local authority area (and any agencies they consider appropriate) to make arrangements to "*work together in exercising their functions, so far as the functions are exercised for the purpose of safeguarding and promoting the welfare of children in the area*". Safeguarding Partners are defined in Section 16E(3) *in relation to a local authority area in England as meaning - (a) the local authority; (b) a clinical commissioning group for an area any part of which falls within the local authority area; and (c) the chief officer of police for a police area any part of which falls within the local authority area.*" **Chroma's** representation may be required via the Clinical Commissioning Group.

7.5. *Working Together to Safeguard Children (2018)* states that:

- *Everyone who works with children has a responsibility for keeping them safe.*
- *Health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support.*

- *This includes understanding risk factors, communicating and sharing information effectively with children and families, liaising with other organisations and agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews.*

- *For services to be effective they should be based on a clear understanding of the needs and views of children.*

7.6. The statutory inquiry into the death of Victoria Climbie (2003) by Lord Laming highlighted the 'lack of priority' status given to safeguarding. The government's response was to set out responsibilities and duties for all agencies as stated within the Children Act 2004 and the government has produced inter-agency guidance *Working Together to Safeguard Children* (Updated 2018).

7.7. Staff and sub-contractors must be aware of the risk factors for children living with a parent or guardian with mental illness, substance misuse, or domestic abuse; and their responsibilities to report and protect.

7.8. Lord Laming's report, following the death of 'Baby P', *The Protection of Children in England: a Progress Report* (March 2009) emphasised the importance of training, partnership working and leadership from service managers:

7.8.1. *"...adult mental health and adult drug and alcohol services should have well understood referral processes which prioritise the protection and well-being of children. These should include an automatic referral where domestic violence or drug or alcohol abuse may put a child at risk of abuse or neglect."*

7.9. Where there are concerns of significant harm for a child/unborn baby, the importance of working in partnership with other relevant professionals is vital. Staff should share relevant information and attend meetings arranged to assess the risks to a child/unborn baby.

7.10. Chroma also follows the recently updated Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges, September 2020; https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

8. Training

8.1. All training will comply with the standards and requirements set by Working Together to Safeguard Children 2018, in addition to any applicable training strategies published by Safeguarding Partners for the local authority area.

8.2. All staff must receive safeguarding training at the level according to their role as stated within the Training Strategy. The strategy introduces a framework of training levels underpinned by Agenda for Change Knowledge and Skills framework (KSF) Core Dimension 3 which focuses on maintaining and promoting the health, safety and security of all those who come into contact with services.

8.3. All staff must receive Safeguarding Adults and Children training every three years. Staff must access training within three months of commencing in post. There are a number of different levels of training dependent on staff role, specialism and contact with service users. The duration of training sessions is organised in sessions of Programmed Activity (PA). One Programmed Activity is equivalent to 4 hours of training.

8.4. The training needs analysis chart below details training requirements:

Core Practice	Level	Staff Group	Delivery Method	Frequency of Update
Safeguarding Children	1	All Non Clinical including board members	E Learning	New staff as per induction Other Staff – three yearly
Safeguarding Children	2	All staff who may be engaged in 1-1 provision (eg teaching on an individual basis)	E-learning	New staff as per induction Other Staff – three yearly
Safeguarding Children	3	All Registered Clinical staff/therapists working clinically including those who supervise clinicians	E-learning	Three yearly update
Safeguarding Children	4	Designate Professional	1 day face-to-face training	Three yearly update

9. Consent, Confidentiality and Information sharing (including making a referral)

9.1. In July 2007, a joint statement by the Department for Children, Schools and Families (DCSF) and the Department of Health and Social Care gave additional guidance on the duties of doctors and other health professionals:

9.1.1. *'When investigating allegations of child abuse or assessing injuries or symptoms which may arise from child abuse, professionals' first duty should be owed to the child. They should not be distracted from that duty by a parallel duty to anyone else including the parents or carers' (2007).*

9.2. The welfare of the child is paramount and staff have a duty to pass on information relating to suspected child abuse to Children's Social Care (Section 47 of the Children Act 1989). Staff obtain consent from the parent/guardian or child (where appropriate) in order to share information. However, consent is not required where:

- Seeking permission is likely to increase risk to a child.

- Permission has been refused but sufficient professional concern remains to justify disclosure.

- Seeking permission is likely to impede a criminal investigation.

9.3. Guidance is similar for hospital Trust Doctors and Consultants. The General Medical Council's (GMC) online guidance Protecting Children and Young People has a section on Confidentiality and Sharing Information. This makes it clear that information may be released without consent to third parties e.g. Children's Social Services, the police in circumstances where:

- It is required by law, or directed by a court; or

- If the benefits to the child or young person that will arise from sharing the information outweigh both the public and the individual's interest in keeping the information confidential.

9.4. You must weigh the harm that is likely to arise from not sharing the information against the possible harm, both to the person and to the overall trust between therapists and patients of all ages, arising from releasing that information. If a child or young person with capacity, or a parent/guardian, objects to information being disclosed, you should consider their reasons, and weigh the possible consequences of not sharing the information against the harm that sharing the information might cause. If a child or young person is at risk of, or is suffering, abuse or neglect, it will usually be in their best interests to share information with the appropriate agency.

9.5. If you share information without consent, you should explain why you have done so to the people the information relates to, and provide the information described in paragraph 35, unless doing this would put the child, young person or anyone else at increased risk. You should also record your decision.

10. Referrals to children's social care

10.1. All referrals to children's social care must be made in writing. You may telephone your referral to the MASH but a written copy of the referral on the appropriate MASH i.e. the Multi-agency Safeguarding Hub) referral form must be made and a copy retained in the child's record.

10.2. If a child is in immediate danger, staff should call 999 and complete a MASH referral to record the details of the call.

10.3. All referral forms and related correspondence (for example, responses from children's social care) must be uploaded to the relevant clinical records.

10.4. Staff who raise referrals are responsible for following up with children's social care to ensure that an outcome is received. This information must be uploaded to the relevant clinical record and shared with the Designate Professional

10.5. If a current or historical allegation is raised in relation to an adult who is (or has been) working with children in a position of trust (such as a clinician, teacher, foster carer or volunteer), then the matter must be reported immediately to the Designate Professional. This must be raised as a referral to children's social care (MASH) if the referrer has current details of the person subject to the allegations and the person is known to have access to children who can be identified in the referral (by name, age and address – or by organisation and location if this is a group of children at risk).

10.6. Where a concern is raised about a ***Chroma*** employee whether working with children or adults, the Designate Professional must be immediately informed. They will ensure appropriate liaison with the LADO and the ***Chroma*** HR Lead.

10.7. Staff Recruitment

10.8. ***Chroma*** is required to comply with the Disclosure and Barring Service (DBS) checks developed by the Home Office in consultation with the Department for Education and the Department of Health and Social Care.

10.9. The purpose of the Disclosure and Barring Service is to ensure that unsuitable people do not work with children or vulnerable adults on a paid or voluntary basis. ***Chroma*** has a duty to refer to the Disclosure and Barring Service to make decisions regarding safe recruitment.

10.10. All staff working with children or vulnerable adults will undergo a Disclosure and Barring Service check. Procedures are contained within the Safer Recruitment Policy.

10.11. All job descriptions for new staff and contracts for subcontractors contain a statement regarding staff responsibility for adhering to ***Chroma*** policies on safeguarding children

and adults.

11. Supervision

11.1. ***Chroma*** is committed to promoting the welfare of our clients and protecting them from harm in all localities, where services are provided and ensuring they receive safe, effective care in accordance with Care Quality Commission (CQC) Regulations; Outcome 7 and Ofsted regulations

11.2. Clinical and Safeguarding Supervision offer a formal process of professional support and learning for practitioners. Safeguarding Supervision is about the 'how' of safeguarding practice; it provides a framework for examining and reflecting on a case from different perspectives. It also facilitates the analysis of the risk and protective (resilience) factors involved discussing cases at varying levels of concern from confirmed abuse/ high risk indicators, to the cases with very early potential indicators in order to ensure safe practice (*Working Together* 2018).

11.3. All clinical staff/therapists are required to undergo supervision in accordance with ***Chroma's*** Supervision Policy. Supervision regarding safeguarding concerns must routinely take place where there are safeguarding cases to ensure the analysis of information is considered and that actions identified are implemented.

11.4. All staff working with children/young people where there are identified safeguarding concerns will be offered supervision and it is the line manager's responsibility to identify where additional support is necessary for staff e.g. during a Child Safeguarding Practice Review.

11.5. A record of supervision attendance should be maintained by staff and made available for audit purposes.

12 Monitoring

12.1 The Managing Director and Designate Professional will be responsible for the overall monitoring and review of this policy.

12.2 This policy should be reviewed annually in conjunction with the procedures and any additional multi- agency safeguarding adult's guidelines from the Local

safeguarding adult boards

12.3 An audit of key parts of this policy will be undertaken every three years with a rotating theme for example; recommendations from Safeguarding Adult Reviews and the referral process. The results will be presented to all appropriate committees for review and action.

12.4 Useful contact numbers

The designated persons for safeguarding (both adults and children) for ***Chroma*** are Daniel Thomas and Jo Godsal:

Contact details:

Chroma, Overross House, Ross Park, Ross-on-Wye, Herefordshire HR9 7US
0330 440 1838
daniel@wearechroma.com
jo@wearechroma.com

I confirm that I have read and understood the Safeguarding Children policy

Print name:.....

Signed:.....

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Date:.....