



Croydon Youth Information & Counselling Service Limited

Safeguarding Policy

Croydon Drop In
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Registered Charity Number 1049307
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Through CDI's Policy Review System, all policies are reviewed annually from the date of approval

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Introduction & Purpose

Croydon Drop In (CDI) recognises that it has an explicit duty to safeguard and protect Children, Young People and Families (CYPF) at risk from abuse as defined in the Children Act 2004, Section 175 of the Education Act 2002 and Working Together to Safeguard Children 2015.

Safeguarding looks at preventative action and covers the full range of measures in place to protect CYPF at risk from potential dangers, including the safer recruitment of staff, and is therefore a proactive approach.

CYPF at risk protection looks at recognising abuse or neglect and acting on it, so is a reactive approach.

The purpose of this policy is to support staff and volunteers to protect CYPF at risk. It aims to protect these individuals from physical injury, neglect, failure to thrive, emotional abuse, sexual abuse and any other potential abuse. It is a specific managerial responsibility to maintain this policy and CDI have a Designated Safeguarding Lead, Deputy and a Safeguarding Lead on the Board of Trustees.

We are committed to ensure that:

- The welfare of CYPF is paramount and that we have a duty to safeguard and promote the well-being of all children, young people and adults
- We will identify CYPF at risk who are suffering, or likely to suffer, significant harm, and take appropriate action to see that children, young people and adults at risk are kept safe.
- Staff are made aware of and fully understand the Safeguarding policy which will include how to communicate any concern about a disclosure, arrangements for managing allegations against staff, whistle-blowing procedures and information about the Local Safeguarding Children Board (LSCB) and the Social Care.
- Staff apply the same professional standards regardless of culture, disability, gender identity, language, racial origin, religious belief and sexual orientation.
- Staff work, and are seen to work, in an open and transparent way and acknowledge that deliberately invented/malicious allegations are extremely rare but that all concerns will be reported and recorded.
- Staff and managers will regularly monitor, review practice and offer training /Continuing Personal & Professional Development around Safeguarding. Reference to Intercollegiate guidelines – roles and competencies for Health Care staff (Children 2019) and Adults (2018).
<https://www.rcn.org.uk/professional-development/publications/pub-007069>
<https://www.rcn.org.uk/professional-development/publications/pub-007366>

This policy is informed by these Legal and Policy Frameworks:

- The Children Act 1989 and 2004
- Keeping Children Safe in Education 2016
- Working Together to Safeguard Children 2015
- The Care Act 2014
- <https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>
- The Counter Terrorism and Security Act 2015
- The Equality Act 2010
- The Serious Crime Act 2015
- Domestic Abuse Bill 2020
- The London Child Protection Procedures
- Croydon Local Safeguarding Children Partnership
- Other CDI organisational Policies and Procedures

Scope

All CYPF at risk, regardless of age, disability, gender, racial heritage, religious belief and sexual orientation or identity have the right to protection from harassment, harm or abuse. For the purposes of this advice a child and young person is deemed to be any young person up to their 18th birthday. The term Children, Young People and Families (CYPF) is inclusive of all citizens, Children and Adults, who access our services.

The Equality Act 2010

CDI is committed to safeguarding the protected characteristics as identified by the Equality Act 2010. These are age, disability (which includes mental health and people diagnosed as clinically obese), race, religion or belief, sex, sexual orientation, gender reassignment, marriage and civil partnerships and pregnancy and maternity.

Respecting the rights of CYPF at risk

CDI recognises the expectation that all CYPF at risk have rights that need to be respected as identified by the Human Rights Act. We will commit to meet these rights by:

- Keeping CYPF at risk as fully informed as possible.
- Providing clear and detailed information.
- Explaining interventions and support in a way they can understand and in a format that is accessible to them.
- Treating CYPF at risk with dignity and respect.

All members of the CDI community, including staff paid and unpaid, Trustees and sub-contracted staff, are responsible for safeguarding and promoting the welfare of CYPF at risk and will be made aware of the CDI Safeguarding Policy and Procedures.

Safeguarding and promoting the welfare of CYPF is defined for the purposes of this guidance as: protecting CYPF from maltreatment; preventing impairment of CYPF health or

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development; ensuring that children and young people grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all CYPF to have the best outcomes.

Disclosures about abuse or neglect and allegations against persons in a position of trust made by a CYPF will always be taken seriously and reported in line with CDI procedures, and with due regard to the privacy of the CYPF at risk.

Safeguarding CYPF at risk procedures provide a clear framework for raising concerns or worries about a CYPF at risk and should be read and understood by all paid and unpaid staff at CDI. (See Appendix A & B for the CDI Flowchart pathway and CDI Safeguarding Concern Form.)

Culture of safety

Safeguarding and promoting the welfare of CYPF is everyone's responsibility and everyone who comes into contact with children, young people and their families/carers has a role to play in safeguarding. In order to fulfil this responsibility effectively, all professionals should make sure their approach is person-centred. This means that they should consider, at all times, what is in the best interests of the CYPF

- Applicants for posts within CDI are clearly informed that the positions are subject to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.
- Candidates are informed of the need to carry out 'enhanced disclosure' checks with the Disclosure & Barring Service before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
- We abide by legal requirements in respect of references and Disclosure & Barring Service checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to the CYPF.
- We take security steps to ensure that we have control over who comes into our settings so that no unauthorised person has unsupervised access to the CYPF. We have procedures for recording the details of visitors to our sites.
- All adults working with or on behalf of CYPF have a responsibility to safeguard and promote their welfare and wellbeing.
- All staff will be informed of their responsibilities to be alert to the signs of abuse. Any concerns should be shared with the designated members of staff for safeguarding.
- All staff will be encouraged to maintain an attitude that 'it could happen here'.
- The designated members of staff for safeguarding will receive training at least every two years and all other staff who will have contact with CYPF will receive updating safeguarding training every year. Reference to Intercollegiate guidelines:
<https://www.rcn.org.uk/professional-development/publications/pub-007069>
<https://www.rcn.org.uk/professional-development/publications/pub-007366>

- Staff will be provided with relevant information on a need to know basis about individual CYPF to keep them vigilant to any specific needs.
- External & Internal speakers and events: managers will check the content to be delivered and any implications re. DBS.
- When a complex safeguarding referral is identified by any staff member within the organisation, there will always be an opportunity for a debrief for the reporting staff with the Designated Safeguarding Lead or Deputy DSL.

Prevent Duty

CDI recognises its duty under section 29 of the Counter-Terrorism and Security Act July 2015 (“the CTBA 2015”) to have “due regard” to the need to deliver on the Prevent Duty and to help prevent CYPF being drawn into terrorism, which includes not just violent extremism but also non-violent extremism. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism.

Partnership

CDI will have contact with the regional Prevent Coordinator to ensure up to date guidance on risk is provided to trustees and senior managers. The Information, Advice and Guidance will be shared with staff and anyone accessing our services. The Designated Safeguarding Lead will act as the single point of contact and take responsibility for the strategic and operational delivery and to ensure regular liaison with the regional Prevent Coordinator and support referrals to Channel. Channel is part of the Prevent strategy. The process is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism. It may be appropriate for anyone who is vulnerable to being drawn into any form of terrorism. Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist activity.

Prevent Action Plan

The Designated Safeguarding Lead will notify the regional Prevent Coordinator if risk is identified at CDI and work to produce a prevent action plan to address risks identified.

Prevent Awareness Training

Staff will be offered training on the risks of radicalisation and British values. British values will be defined as *democracy, the rule of law, individual liberty and mutual respect and tolerance for those with different faiths and beliefs*. This will be linked to the CDI’s commitment to safeguard the nine protected characteristics defined by the Equality Act 2010.

Staff will be trained to understand the factors that make CYPF vulnerable to being drawn into terrorism and to challenge extremist ideas. Staff will be trained to recognise this vulnerability and be aware of what action to take in response and know where to seek additional advice and guidance.

E-Safety and the Prevent Duty

The E-Safety Policy provides detail on how CDI will safeguard on-site internet access to ensure young people are safe from terrorist and extremist material by establishing appropriate levels of filtering and identity when this material is potentially accessed

<https://www.croydon.gov.uk/community/safercroydon/advice-information/counter-terrorism>

- The Prevent Co-ordinator is contactable at Channel@croydon.gov.uk
- Anti-terrorist hotline: **0800 789 321**

Categories of Abuse

We understand the main categories of abuse according to the definitions provided by The London Safeguarding Children Board: Child Protection Procedures (5th Edition 2017) which are informed by 'Working Together to Safeguard Children' 2018 and 'Keeping Children Safe in Education' September 2016. <http://www.londoncp.co.uk/>
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Abuse is a form of maltreatment of a CYPF. Somebody may abuse or neglect a person by inflicting harm or by failing to act to prevent harm. people may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by a Child, young person and/or adult.

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a person.

Physical harm may also be caused when a parent/carer fabricates the symptoms of, or deliberately induces illness in a child; see [Fabricated or Induced Illness Procedure](#).

Emotional abuse is the persistent emotional maltreatment of a person such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to a person that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Imposing age or developmentally inappropriate expectations on children and young people. These may include interactions that are beyond the child/young person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child/young person participating in normal social interaction.
- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse.
- Serious bullying, causing a person frequently to feel frightened or in danger.
- Exploiting and corrupting CYPF.

Some level of emotional abuse is involved in all types of maltreatment of CYPF, though it

may occur alone.

Sexual abuse involves forcing or enticing a CYPF to take part in sexual activities, not necessarily involving a high level of violence, whether or not the person is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

- Sexual abuse includes non-contact activities, such as involving a person in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or encouraging a person to behave in sexually inappropriate ways or grooming a child/young person in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children and young people.
- In addition sexual abuse includes abuse of children/young people through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 [Sexual Offences Act 2003](#).

Neglect is the persistent failure to meet a persons basic physical and / or psychological needs, likely to result in the serious impairment of their health and/or development.

- Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the CYPF may be neglected.

Once a child is born, neglect may involve a parent/carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect CYPF from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional, social and educational needs. Neglect is characterised by the absence of a relationship care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including adolescence.

Neglect can be identified from the perspective of a child's right not to be subject to inhuman or degrading treatment, for example in the European Convention on Human Rights, Article 3 and the United Nations Convention on the Rights of The Child (UNRC), Article 19.

Included in the four categories of child abuse and neglect above, are a number of factors relating to the behaviour of the parents and carers which have significant impact on children such as domestic abuse.

Research analysing Serious Case Reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic violence in their peer relationships.

The Home Office definition of Domestic violence and abuse was updated in March 2013 as: "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Grooming is when someone builds an emotional connection with a child, young person or adult at risk to gain their trust for the purposes of sexual abuse or exploitation. Children, young people or adults at risk can be groomed online or in the real world by a stranger or by someone they know, for example a friend, a family member or a professional. Groomers may be male or female. They could be any age. Many children, young people or adults at risk don't understand that they have been groomed or that what has happened to them is abuse.

Child Sexual Exploitation (CSE) Involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, mobile phones, gifts, money or in some cases simply affection) as a result of engaging in sexual practices. Sexual exploitation can take many forms ranging from 'consensual' relationships where sex is exchanged for affection or gifts, to serious crime by crime by gangs and groups. What makes it exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to

have sex, sexual bullying including cyber bullying and grooming. However it is important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Financial or Material Abuse This includes theft, fraud, exploitation, pressure in connection with wills, property, enduring power of attorney, or inheritance or financial transactions, or the inappropriate use, misuse or misappropriation of property, possessions or benefits.

Discriminatory Abuse CDI is committed to safeguarding from discriminatory abuse, harassment or similar treatment to those identified by the Equality Act 2010. These are age, disability (which includes mental health and people diagnosed as clinically obese), race, religion or belief, sex, sexual orientation, gender reassignment (people who are having or who have had a sex change, transvestites and transgender people), marriage and civil partnerships and pregnancy and maternity.

Self-Neglect This is not a direct form of abuse but staff need to be aware of it in the general context of risk assessment/risk management and to be aware that they may owe a duty of care to a vulnerable individual who places him/herself at risk in this way.

Forced Marriage A clear distinction must be made between a forced and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in choosing the marriage partner but the choice whether or not to accept the arrangement remains with the young people. In forced marriage, one or both spouses do not consent to the marriage or consent is extracted under duress. Duress includes both physical and emotional pressure.

Female Genital Mutilation (FGM) FGM is the practice of partially or totally removing the external genitals of girls or young women for non-medical purposes. It is illegal in the UK and is a form of child abuse with long-lasting consequences.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon professionals to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18.

A Child Missing from Education Is a potential indicator of abuse or neglect. CDI staff will follow the Local Authority's procedures for dealing with children that go missing from education, particularly on repeated occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent risks of their going missing in the future. A child who fails to attend school/college for a continuous period of 10 days or more will be seen as a safeguarding issue and will be referred to the Local Authority. A child who does not attend school/college for 48 hours without notification will be deemed a safeguarding concern.

Bullying and Cyber Bullying are covered in CDI Policies and could be a safeguarding issue.

Reporting Concerns – CDI Staff Protocol

If you suspect or know of any safeguarding concern for a child, young person or adult at risk then firstly, if possible, remind the client of your duty of care to them which may require breaking of confidentiality.

Then talk to Rhona Kenny, the Designated Safeguarding Lead, or Gordon Knott, Deputy DSL, Designated Safeguarding Trustee Roger King, a CDI manager or clinical supervisor in person or by telephone.

If you are working in an education setting then discuss at the first opportunity with the on-site Safeguarding Lead.

You must also complete the Safeguarding Concern Form and refer to the Flowchart to help inform your decision-making. (Page 23 -26).

Even if you do not have firm evidence but have concerns then you should still talk to a senior practitioner or member of staff.

Please remember:

- You must not try to investigate the matter on your own.
- If, following your initial contact with the DSL or Deputy, it is decided that the matter should be taken further the Safeguarding Concern Form must be prepared and given to the Safeguarding lead or deputy as soon as possible.
- The report should be factual and not include opinions or personal interpretations.
- It should contain as much detail as possible, including any apparent physical signs of abuse or other circumstances which led to your suspicions, or the account given to you of abuse by the child, young person, or adult at risk as accurately as you are able to record it.
- The report should be signed, dated and a copy stored in a secure place, in consultation with the DSL.
- The records should at all times be treated as confidential and must never be left where they can be seen by anyone not directly involved.

If a child, young person or adult at risk tells you about possible abuse, please listen carefully using the following guidelines:

- Allow the child, young person or adult at risk to speak without interruption.
- Try to stay calm and do not show your emotions. If you show anger, disgust or disbelief they may stop talking.
- Do not put words into the child's, young people or adult at risk's mouth.

- Ask enough questions to clarify your understanding but do not interrogate.
- Reassure the child, young person or adult at risk that they have done the right thing by telling you.
- Be honest. At the earliest stage let them know that you cannot keep this a secret; you will need to tell someone else. But tell them you will only tell those who need to know and say who that will be. You must not discuss the case with anyone else.
- Note the main points carefully, include date, time, place, what the child, young person or adult at risk said, include your questions and their answers.
- Report immediately to the Designated Safeguarding Lead or Deputy.
- If you need further advice and cannot find anyone at CDI or in the education setting to talk to then call Social Services (available during office hours or out of hours). Contact numbers are listed at the end of this policy.
- In an emergency situation call the police on 999.

What happens next

If it has not been an emergency then, taking into account all the information available, the DSL/DDS will decide on the next step, which may include taking no further action. However if further action is necessary, this may be to:

- Contact the parent/carer if the young person is under 16, and/or the over 16 year old provides consent.
- Investigate the concern.
- Seek further advice from external agencies.
- Make a referral to internal resources or to external agencies/institutions.
- Report the matter to the police.

If a referral is made, this must be confirmed in writing to the appropriate agency. Written records of any concern regarding a child's, young people or adult at risk's safety will be kept centrally and securely at 132, Church Street.

Information concerning an at risk child, young person or adult at risk will be shared with all members of staff on a 'need to know' basis. The DSL will make a judgement in each individual case about who needs and has a right to access particular information.

All safeguarding records are subject to Freedom of Information Act (2000) and the Data Protection Act (2018). If there is any doubt as to the rights of any party to access information, we may seek legal advice prior to releasing any information. A young person over the age of 16 or Adult will be asked to give written permission to share information with external agencies.

Physical Contact and Physical Intervention

Not all children, young people and adults feel comfortable about physical contact. Staff should not make the assumption that it is acceptable practice to use touch as a means of communication. Wherever possible, children, young people and adults should be informed before physical contact or intervention is made.

It is recognised that some children, young people and adults at risk who have experienced abuse may seek inappropriate physical contact and staff should be particularly aware of this when it is known that an individual has suffered abuse.

Summary of staff responsibilities:

- **Recognise** behaviour that may indicate abuse, which may include direct disclosure.
- **Respond** and **Reassure** the child, young person or adult at risk that they have done the right thing in raising the issue with you and accept what they say without judgement, prompting or interruption.
- **Record** what has been said as accurately as possible. Make sure it is factual and does not include your own interpretation, include details of how they looked and behaved are useful, e.g. 'He had a black eye and was crying'.
- **Report** concerns to the Designated Safeguarding Lead/Deputy without delay. Once you have reported the concern about abuse the responsibility for taking any further decisions or actions resides with them.
- Only the Designated Safeguarding Leads can make a decision to **refer** a complaint or allegation, having gathered and examined all relevant testimony and information.

Roles and Responsibilities

The Trustees are responsible for ensuring that:

- CDI has effective policies, procedures and systems in place in accordance with guidance from government bodies and other agencies, including effective procedures for the safe recruitment of staff and dealing with allegations of abuse against members of staff.
- CDI has a Designated Safeguarding Lead.
- The Designated Safeguarding Lead and the Deputy Safeguarding Lead will attend mandatory safeguarding training as required.
- The Board of Trustees appoints a Trustee to act as Safeguarding Lead and liaison with CDI managers and staff. This person will be experienced in Safeguarding and will be expected to attend regular CPD opportunities in line with the requirements on the DSL and the Deputy DSL. They will also be available as a source of consultation and support to staff and any users of CDI services.

The Director is responsible for ensuring that:

- CDI's safeguarding policies, procedures and systems are fully implemented and followed.
- Sufficient resources and time are allocated to ensure the Designated Safeguarding Lead is able to carry out their role effectively.
- All staff and volunteers feel able to raise concerns about the safety of children, young people and adults at risk and know the names of the Designated Safeguarding Lead and Deputy.
- Any concerns are dealt with sensitively, effectively and in a timely manner.

All Staff: All staff (including volunteers and sub-contracted staff) are responsible for ensuring they:

- Familiarise themselves with and become aware of the importance of CDI's safeguarding, and associated policies and procedures as outlined in this document.
- Adhere to the CDI Safeguarding Policy, procedures and systems.
- Promote and safeguard the welfare of children, young people and adults at risk.
- Attend Safeguarding training as required.
- Know what to do in the event that a child, young person or adult at risk makes a disclosure to them.
- Be vigilant to potential signs and indicators of abuse and alert a manager or colleague if they have concerns about a child, young person or adult at risk.
- Help to create a listening culture and help to ensure that children, young people and adults at risk know that they can come to them and be listened to.

Members of staff should *never* attempt to investigate the matter in any way. Only the Designated Safeguarding Lead should mount an investigation, otherwise this might be construed as unjustified interference which could jeopardise an investigation and any possible subsequent court case.

As previously stated, if a child, young person or adult is in immediate danger or is at risk of harm, a referral should be made to Children/Adult Social Care and/or the police immediately.

The Designated Safeguarding Lead: The Director will appoint a member of staff to the role of Designated Safeguarding Lead. This should be explicit in their job description. This person is currently Rhona Kenny, Head of Therapeutic Services, and she will have the appropriate authority and be given time, funding and training resources and support to provide advice and support to other staff on welfare and child protection matters, to take part

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in strategy discussions and inter agency meetings – and/or to support other staff to do so – and to contribute to the assessment of children

The Director, Gordon Knott, will act as the Deputy Designated Safeguarding Lead.

The Designated Safeguarding Lead is responsible for ensuring that:

- All staff members will receive appropriate safeguarding and child/Adult protection training which is regularly updated. In addition all staff members will receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
- All staff will be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the Designated Safeguarding Lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.
- All staff will be made aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989 that may follow a referral, along with the role they might be expected to play in such assessments.
- Safeguarding is visible and promoted throughout CDI and the various settings.

In addition:

- Arrangements are in place for inducting and training staff in safeguarding practices and procedures.
- Safeguarding resources are up to date and distributed.
- The Designated Safeguarding Lead will have established contact with the Local Safeguarding Children Board and other relevant forums and meetings.

Confidentiality Statement

The safety and wellbeing of the child, young person or adult at risk is paramount. Staff may have access to confidential information about children and young people in order to undertake their everyday responsibilities. In some circumstances, staff may be given highly sensitive or private information. They should never use confidential or personal information about a CYPF for their own or others' advantage. Information must never be used to intimidate, humiliate, or embarrass a CYPF.

Confidentiality and trust should be maintained as far as possible but staff must act on the basis that the best interests, safety and wellbeing of the child, young person or adult is paramount.

The degree of confidentiality will be governed by the need to protect the child, young person or adult at risk. The member of staff to whom the child, young person or adult at risk is

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making the disclosure needs to be open and honest with them from the outset and not promise to keep information confidential.

When abuse is alleged or suspected, the member of staff has a duty to pass information on without delay to the Designated Safeguarding Lead.

If a member of staff is in any doubt about whether to share information or keep confidential, they should seek guidance from the Designated or Deputy Safeguarding Leads.

CDI complies with the requirements of the Data Protection Act 2018 but the DPA does not prevent staff from sharing information where this is necessary to protect the safety and wellbeing of the child, young person or adult at risk.

Whenever possible the CYPF right to confidentiality should be respected however a staff member should not promise confidentiality on an unconditional basis. Confidentiality is a basic right offered and expected. However, the young person needs to be aware confidentiality is between them and the agency and if someone is at risk it may be necessary to put the safety of the 'victim' or potential 'victim', before maintaining confidentiality. Confidentiality should be explained to the young person on the first contact and again as necessary particularly if conversation appears to be moving towards sensitive issues.

CYPF may be confused, have mixed loyalties and many may have low self-esteem and little confidence. It is important that young people feel in control of the process rather than feel responsible for making decisions, which they may or may not feel able to do.

Each person is unique and every disclosure of concern or risk will need to be carefully assessed and action taken on an individual basis. The responsibility lies with the volunteer or staff member to discuss the case with the young person and with a manager or clinical supervisor.

All discussions on child protection concerns that take place need to be recorded in writing by using the agency Safeguarding Concern Form.

Safer Recruitment of Staff and Volunteers

CDI undertakes to ensure that its staff are fit to work in our settings with CYPF. It also reserves the right to refuse to employ staff whom it has a reasonable belief may pose a risk to CYPF.

CDI has systems in place to prevent unsuitable people from working with CYPF and to promote safe practice. These systems apply to all new staff and require the following checks to be made pre-appointment or directly following appointment.

CDI does not discriminate because of a conviction or other information revealed and has a policy statement on the recruitment of ex-offenders and this is made explicit in the recruitment process.

- A minimum of 2 satisfactory employment references wherever possible, one of which should be from the current or most recent employer.

- Original documentary evidence checks of identity, nationality, residence and 'right to work' status pre-appointment.
- An Enhanced Disclosure & Barring Service (DBS) Disclosure.
- Original documentary evidence of qualifications.
- A common application form is completed for all candidates who are selected for interview.
- Therapeutic staff are asked to provide their BACP/UKCP membership number.
- All candidates for jobs at CDI are interviewed by a panel of appropriate managers and often, young people from the Participation Group.
- All managers are trained in safer recruitment and selection.
- All offers of appointment are conditional upon receipt of 2 satisfactory references, satisfactory DBS clearance, verification of qualifications, verification of identity and right to work checks.
- Satisfactory completion of the probationary period.
- The following statement is placed on all recruitment advertisements and relevant publicity materials for CDI:

We are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults. Successful applicants are required to undertake an Enhanced Disclosure via the Disclosure and Barring Service (DBS).

- At every interview and selection there is a question to the interviewee regarding Safeguarding.
- Job Descriptions to include the phrase: '*To safeguard and promote the welfare of children, young people and adults at risk served by CDI*'.
- A single central record is kept by the DSL detailing the checks carried out on staff and agency staff, including DBS clearance.
- CDI fully complies with the DBS Code of Practice regarding the correct handling, use, storage, retention and disposal of Disclosures and Disclosure Information. We also comply fully with our obligations under the Data Protection Act 2018 and other relevant legislation pertaining to the safe handling, use, storage, retention and disposal of Disclosure information.
- Once appointed to CDI all staff receive a pack of information, including:
 - Induction checklist
 - Equalities & Diversity Policy
 - Code of Conduct
 - Safeguarding Policy
 - Health & Safety, including fire awareness

- The Designated Safeguarding Lead and Deputy have undertaken specific safeguarding training.

Training

As a minimum, all staff shall be required to undertake Safeguarding Training provided by the Local Authority's e-learning programme and will be supported to complete Levels 1, 2 & 3 Safeguarding Training within the Local Authority's Workforce Training Programme. In addition CDI will provide Safeguarding training and updates to staff on a regular basis.

Allegations of abuse against CDI staff

CDI recognises that an allegation of abuse made against a member of staff may be made for a variety of reasons and the facts of the allegation may or may not be true. It is imperative that those dealing with an allegation maintain an open mind and that investigation is thorough. CDI recognises that the Children's Act 1989 states that the welfare of the child, young person or adult at risk is of paramount concern and it is essential in all cases of suspected abuse by a member of staff that action is taken quickly and professionally. It is also recognised that hasty or ill-informed decisions can irreparably damage an individual's reputation, confidence and career. Therefore, such allegations must be dealt with sensitivity and care. A member of staff who receives an allegation about another member of staff from a young person should follow the guidelines for dealing with disclosure. The allegation should be reported immediately to the Director, unless the Director is the person against whom the allegation is made, in which case the report should be made to the Designated Lead or Chair of Trustees

If a decision is made to pursue an allegation of abuse against a member of staff, this will be investigated using the procedures outlined in the disciplinary or grievance procedures as appropriate.

If an individual leaves CDI before any final disciplinary decision was taken due to harm or risk of harm to a child, young person or adult at risk, this information must be referred to the appropriate authorities. The responsibility for reporting cases lies with the Director who will consult the LADO of any allegations made against individuals working at CDI.

Whistle Blowing

As CDI is an organisation concerned with the welfare of CYPF, staff and volunteers should feel able to report child/Adult protection concerns about anyone in the organisation, including colleagues or managers, without fear of repercussion.

If young people have concerns they will be assisted in being conversant with the complaints procedure outlined to them when contracting with agency staff and volunteers.

If a complaint is being made about a colleague or fellow professional then there will be a conversation with the line manager. If the complaint is about the line manager the matter should be taken up with the Director who will report through normal management routes.

As specified above if the complaint is being made about the Director then it will be directed to the Designated Safeguarding Lead or the Chair of the Board of Trustees.

Members of staff should report concerns through normal line management routes.

Paid members of staff can also contact 'Public Concern at Work', an independent charity whose lawyers can give free confidential advice about malpractice at work. Telephone: 020 7404 6609

Whistleblowing Advice Line: Tel: 0800 028 0285 Email: help@nspcc.org.uk

CYPF have a right to safe services. If you are concerned about the way in which a member of staff has behaved towards a person, you or your manager must inform the Local Authority Designated Officer (LADO).

As outlined in the Children Act 2004, the LADO will be informed of all allegations against adults who work with children. The LADO provides advice and guidance to senior managers on the progress of cases to ensure they are dealt with robustly and resolved as quickly as possible. Information relating to allegations is collated and presented to the Croydon Safeguarding Children Board to inform training, research, safer recruitment and awareness raising.

The LADO is located within children's services and should be alerted to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against children, or related to a child
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

The LADO role applies to members of staff who are paid, unpaid, permanent, volunteers, casual, agency, or anyone self-employed. It covers concerns, allegations or offences emanating from within or outside of work.

The LADO is involved from the initial phase of the allegation through to the conclusion of the case. The LADO will provide advice and guidance and help determine whether the allegation sits within the scope of the procedures. Within the role the LADO helps co-ordinate information sharing. The LADO will also monitor and track any investigation with the expectation that it is resolved as quickly as possible.

Concerns about conduct of staff would be reported to Croydon Local Authority Designated Officer (LADO) [Reporting a concern about an adult who works with children | Croydon Council](#)

Local Authority Designated Officer: Jane Parr

Tel. 020 8255 2889

LADO@croydon.gov.uk

LADO Service Manager: Steve Hall

steve.hall@croydon.gov.uk

London Borough of Croydon

Bernard Wetherill House
8 Mint Walk Croydon CR0 1EA
Tel: **020 8726 6000**

Useful Contact Details

CDI: Designated Lead and Deputy Safeguarding Leads Team

Designated Safeguarding Lead and Head of Therapeutic Services:

Rhona Kenny Tel: **020 8680 0404** Mobile: 07896238068 Email: rhona@croydondropin.org.uk

Deputy Designated Safeguarding Leads

Gordon Knott; Director Tel: **020 8680 0404** Mobile: 07738239510 Email: gordon@croydondropin.org.uk

Nicola Newman: Deputy Director Mobile: (07949024824) (Maternity Leave: June - Dec 2023)

Angela Ben-Arie: Learning & Development Manager (Mon – Weds) Mobile: 0791243885

Clinton Waller: Outreach Manager: Mobile: (07951386093)

Barbara Allen: MHST Lead: (07952037625)

Juliet Lecointe: Therapeutic Services Manager: (07999020475)

Roger King: Designated Safeguarding Trustee: Mobile: **0775 861 6585** Email: Roger.king@blueyonder.co.uk

Children & Young People

Croydon Single Point of Contact (Early Help & Children's Social Care)

The Single Point of Contact team is made up of staff from the Multi-Agency Safeguarding Hub (MASH) and Early Help and is for enquiries and referrals relating to children and young people at risk of harm or where you require support in agreeing an Early Help offer. Monday to Friday 9am to 5pm

Email: childreferrals@croydon.gov.uk

Secure: childreferrals@croydon.gcsx.gov.uk

Urgent child protection matters needing immediate attention

Tel: **020 8255 2888**

Professionals' consultation line (for advice on whether a safeguarding referral may be appropriate) – Tel: **020 8726 6464**

Out of hours:

Emergency social work service for urgent child protection matters that cannot wait until the next working day – Tel: **020 8726 6000**

Email: SSD-EMERGENCY-DUTY-TEAM@croydon.gov.uk

If you believe a child/adult is at immediate risk of harm call the police on **999**.

Croydon Safeguarding Partnership - <https://croydonlcsb.org.uk/>

Early Help and Children's Social Care - Single Point of contact (MARF) referral form: <https://my.croydon.gov.uk/MashReferrals?qWname=New&qServiceRef=ChildReferral>

Welcome to Croydon's Multiagency Referral Form (MARF)

This form is only for professionals and should be used to refer a child and family for one of the two following services:

1. An **Early Help Best Start Family Solutions service (intensive/targeted need)**, where you are concerned for a child's wellbeing and the family has asked for support that cannot be addressed by one or more organisation.
2. A **Children's Social Care (CSC) service** where you are worried about the safety of a child.

If you are a member of the public call 0208 255 2888 (Mon – Fri 9am – 5pm)

Professionals Consultation Line 0208 726 6464 (Mon – Fri 9am – 5pm)

If you are unsure about whether or not to make a referral, or which service will best help the family and safeguard the child, please refer to the Croydon Continuum of Need on the Croydon Children Safeguarding Children Board website and speak to your designated safeguarding lead within your organisation. If you are then still unsure you can telephone the CSC Single Point of Contact (SPOC) consultation line for a consultation with the social worker or early help consultant on the numbers below:

Daytime hours:

(Monday to Friday 9am to 5pm) 0208 726 6400 main council number

(Monday to Friday 9am to 5pm) 0208 255 2888 for **urgent child protection matters** that require the same day intervention from a SPOC social worker;

SPOC Consultation:

(Monday to Friday 9am to 5pm) 0208 726 6464 where professionals with safeguarding responsibilities can **consult** early help consultants or social workers in the SPOC for advice on **non-urgent** cases

Out of hours:

5pm - 9am Monday- Friday, 24 hours Saturday, Sunday and bank holidays 0208 726 6000

Email: SSD-EMERGENCY-DUTY-TEAM@croydon.gov.uk

Please note: completing a safeguarding form will take several minutes. You need to ensure you have the child and family's details to hand before you start.

Please make sure you have consent prior to filling in this form unless it would increase the risk of significant harm to a child in doing so.

Please ensure you complete all the required fields and press SUBMIT once the form is complete. Once the form has been submitted you will receive a thank you message confirming we have received your referral. If this form is not working, please download the MARF word version available at the bottom of the following link:

<https://www.croydon.gov.uk/healthsocial/families/childproctsafe/childprotect>

Croydon Police Child Protection Unit: Tel: 020 8721 4188

Free online safeguarding awareness and early help training is available at:

www.croydonlcsb.org.uk/professionals/learning-development

For online guidance on Early Help referrals: www.practitionersspacecroydon.co.uk

For consultation and advice on reporting concerns at level 1, 2 & 3:

Adults

Adult Social Care

Tel: 020 8726 6500.

Email: Referral.team2@croydon.gov.uk

Reporting Abuse Line: 010 8726 6500

National:

1. NSPCC Child Protection Helpline: 0808 800 5000

The Department for Education (DfE) has published an updated version of the statutory guidance Keeping Children Safe In Education (2018), which revises and replaces the 2016 guidance. This will come into force for schools in September 2018.

It sets out what schools and colleges in England must do to safeguard and promote the welfare of children and young people under the age of 18.

<https://www.nspcc.org.uk/globalassets/documents/information-service/briefing-on-key-updates-to-statutory-guidance-for-schools-in-england-keeping-children-safe-in-education-2018.pdf>

2. Childline: **0800 1111**
3. Child Exploitation & Online Protection

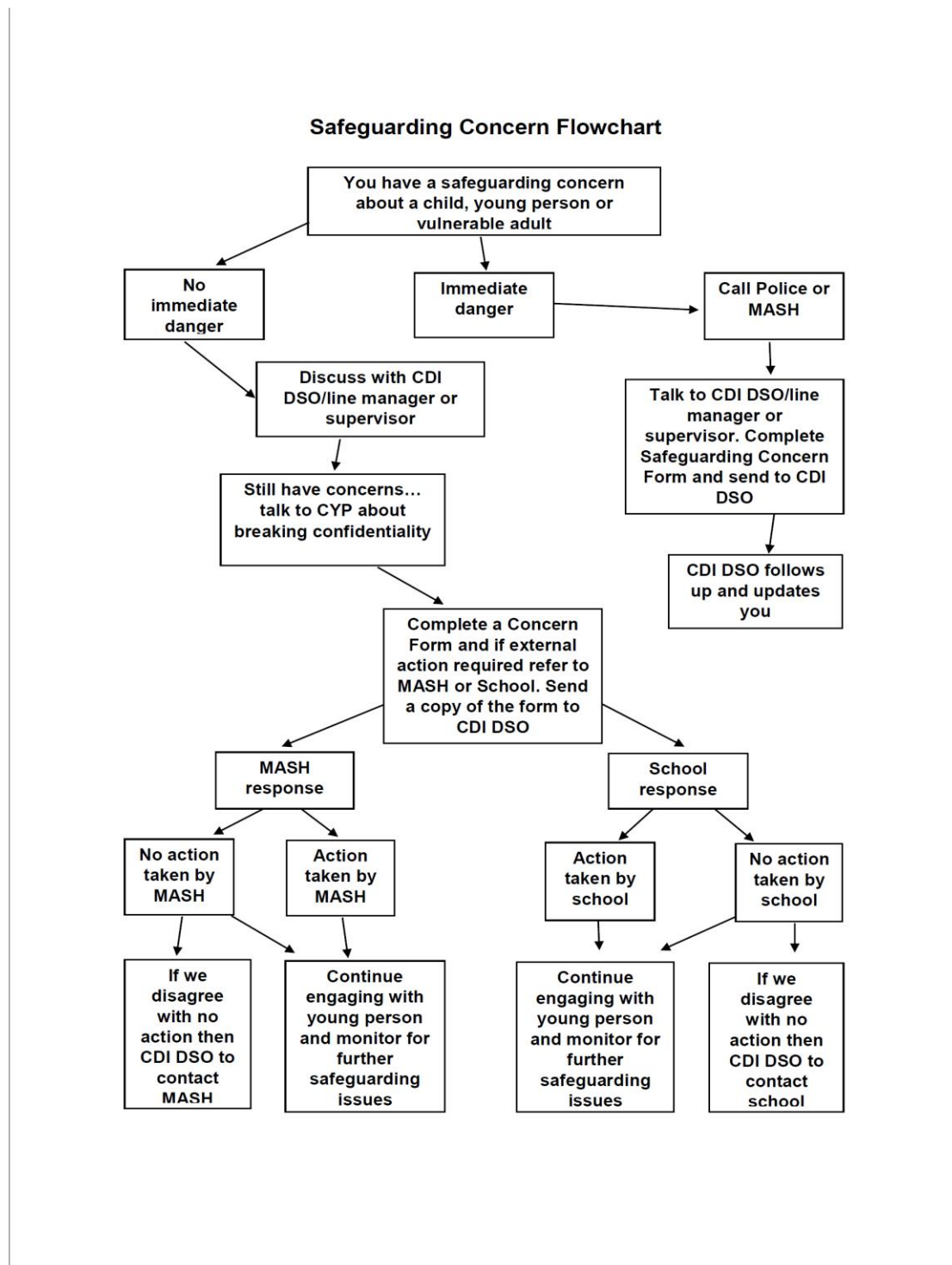
<https://www.ceop.police.uk/safety-centre/>

Appendices:

A: Safeguarding Concern Reporting Flow Chart

B: Safeguarding Concern Form

C: Safer Working via Phone D: Safer Working via Online.



Appendix A:

Appendix B:



Safeguarding Concern Form

This form is designed to internally record a safeguarding concern or to document an external referral to the Local Authority or School/Academy.

Please complete the form, return to rhonakenny@croydondropin.org.uk and copy your line manager/supervisor into the email.

Date	
------	--

Name of child/vulnerable adult			
Name		Date of Birth	
Address		Age	
		Gender	
		Local Authority	
		GP	

Your Details			
Name		Job Title	
Phone number		Location	
Email			

Through CDI's Policy Review System, all policies are reviewed annually from the date of approval

Have you clearly explained Confidentiality Policy to Child/Vulnerable Adult: **YES/NO** (please circle)

Type of Safeguarding Concern (please tick or highlight)			
Neglect	Emotional	Physical	Sexual
Self Harm	Suicidal Ideation	Suicide Attempt	Domestic Abuse
Sexual Exploitation	Sexual Assault	Financial	Hate Crime
Risk to Others	Radicalisation	FGM	Abuse by Professional
Other:			

Who have you spoken to about your concerns?	Name	Contact details
Parent/Carer		
Line Manager		
Supervisor		
Social Care		
School/Academy		
Other		

Summary of your concerns

--

Any actions agreed?

--

Croydon Drop In - *Counselling, Advocacy and Health Support for Young People*

Tel: 020 8680 0404

www.croydondropin.org.uk

Company Limited by Guarantee Registration Number 3092355

Registered Charity Number 1049307

Through CDI's Policy Review System, all policies are reviewed annually from the date of approval

Registered Office, 132 Church Street, Croydon, CR0 1R

Appendix C: **Guidance for safer working over the phone**

Setting up before a call

What kind of space are you calling from – are there other people around - could you be overheard?

Do they know what time you are calling?

Review notes from last session and any action plans from supervision.

Are you or they completing any Routine Outcome Measures

Are they completing any homework from the last session?

If you are making notes take them during the call as this will reduce your admin time after.

Have you got a list of key local services, useful websites/apps you could recommend?

Make sure you are using a CDI mobile phone or if you have to use another phone make sure your number is withheld or dial 141 before dialing.

Remember not to disclose your location and be sensitive around other identifying details.

Ensure you know who is on Duty when you are working and you have contact details for Designated Safeguarding Officer and Deputy DSO

When someone does not attend

If the client does not pick up the phone at the scheduled time, call back in 5 minutes. If they do not answer a second time, call back at 10 minutes. Don't leave voicemails that reveal any information at all about appointments and don't leave a voicemail unless you are absolutely certain you have the correct phone number.

If the client does not attend you should follow the policy which is to record it, to let the Duty Worker/Rhona know or send a message via 10 to 8 and this will generate an invitation to attend the next session or if it is after 2 x DNA's then the contract will be ended.

Starting a call

Always check who you are speaking to (even if you think you recognise their voice)

Check they are ready to take the call, are they somewhere comfortable and private? Can they hear you? Can you hear them? Have they put you on speaker phone?

Set the time boundary and set an agenda. This is important in telephone sessions; it keeps the focus of the session. This should be collaborative and may include outlining the length of the session, agreeing to discuss any Routine Outcome Measures, Risk assessment, introducing new concepts, planning homework and planning for next session.

Communicating over the phone

You will not have visual and non-verbal cues that usually make up a big part of conversation. Listen carefully to what is being said.

Regularly reflect, paraphrase, summarise and clarify. Check your understanding of what is being said. This will let the CYP/Parent know you are listening, and it becomes a key skill in building rapport. It will also help you to think, and internalise key information.

Silences are ok over the telephone. We often want to fill silences with talk but this may prevent the CYP or parent from thinking through a response.

Let people digest information, think, then speak. If you are taking notes let them know you are still there but writing something down. It may feel uncomfortable at first but you will get used to it.

Risk

Risk and changes in risk should be assessed at every session

Supervision/line management should still be accessed regularly
A CDI duty member of staff or CDI Manager will be available when you are working for urgent risk and safeguarding queries – make sure you have their contact details

GDPR

Ensure Parent/Carers have consented to telephone working and we have appropriate proof
Do not conduct telephone working if you are not able to do this in a private location
Any notes and information should only be kept on secure systems or if handwritten then kept in locked storage and follow usual CDI policy & procedures
Do not store CYP/Parent/Carer names on your phone and delete any information that could identify a CYP/Parent/Carer from your phone

Confidentiality

The same guidelines apply as when working face to face for example: *Everything we discuss remains confidential. If I am concerned you or anyone else were at risk of harm I do have a responsibility to talk to someone else such as your Mum/Dad/Carer/Grandparent/Teacher/GP/Social Worker/Key Worker. This is to make sure that I provide the best care for you and give you the best advice I can. I am here to support you and I would always hope to discuss any concerns with you before acting on them.*

Before ending the call

Have you agreed when the next session is?
Have you set them any tasks/homework to help keep them focused on themselves?
Do they know where to get help in an emergency?
Do you need to follow through with any safeguarding concerns?
If you agreed to follow up any identified actions are you clear how you will do this and how this will be communicated back to the CYP/Parent/Carer?
If this is the last session have they got all information that might be useful to them and do they know they can re-refer back into CDI?
When you have ended the call make sure you do what you need to do to get out of the zone, take a break and breathe/eat/drink/stretch/shake out before the next call.

Advantages of working over the phone:

Flexibility - We can make contact quickly and easily, offering support or making referrals to alternative services swiftly. Also many CYP/Parents may prefer phone support rather than “no support at all” during this time

We can fit in a 30 – 45 minute phone call around their other commitments.

Responsive and Accessible – client disabilities, working hours, study commitments, and caring responsibilities often mean sessions are postponed, cancelled, or not attended. Telephone working can mitigate against this as support can be provided and received more rapidly.

1:1 format – maintaining the 1:1 format allows the practitioner to tailor content to the client's needs while still allowing for risk assessments.

Anonymity – A huge draw for some people who access telephone working is that it feels more anonymous, even though the practitioner knows all their details. They will not worry about bumping into you in a shop and often feel they can share more openly when talking about sensitive and emotional wellbeing issues.

Practitioner Benefits – builds ability to communicate clearly and effectively and helps build skills in rapidly forming therapeutic relationships. Easier to keep sessions focused.

Prevents Isolation – isolated individuals, lack of transport and the Coronavirus pandemic could all mean people feel isolated from key services that may have helped them. We can prevent them from this feeling of isolation and link them in with us and other key resources.

We are building a bridge so invite them to connect with us face to face when the pandemic is over.

Appendix D: **Guidance for safer working online**

Before working online consider this for yourself and with your manager:

- What is your level of experience?
- What is your level of competence using this format?
- Will your online working meet the requirements of the Ethical Framework?
- Have you completed BACP/OU Working Online Primer Course and passed a copy of the certificate to your line manager?

Does the proposed work satisfy the following conditions:

- Technology/Equipment/Suitable Skills are in place
- Practicalities are understood (time/working space and set-up)
- Risk Assessments (for clients suitability) have been done

Setting up before a session

- Have you got consents and contracts/working agreements in place, signed and agreed by all parties?
- Are you using your work laptop and not your personal one?
- Test your setup is working before you meet young people online by delivering a practice session with your line manager.
- Ensure you have a private, confidential space, free from background distractions or noise-disturbances. What kind of space are you calling from – are there other people around - could you be overheard? Use a neutral background behind you.
- Have you thought about the children and young people's confidentiality when parents/carers and others may have access to their engagement with us?
- Is there a plan in place for the children and young people where there may be language barriers?
- Do they know what time you are starting the session?
- Do they have access to the right equipment and broadband capacity?
- Have a clear procedure in place for dropped connections (e.g. phone or text them) and let them know that you will never intentionally end a session without prior agreement.
- Creating a safe space is as important for a video call as it is for an in-person meeting. Leave a few minutes at the beginning of the session for young people to get familiar with the interface. You can use this time to encourage them to update their in-call name to what they prefer to be called and to add their preferred gender pronouns.
- If you are using Zoom customise the settings for more safety;
 - Turn on the waiting room function
 - Prevent participants from using the screen share function
 - Prevent participants from sending private messages in the group chat
 - Ensure 'Allow removed participants to re-join' is disabled
 - Password protect your meetings and lock your meetings when all participants are present
 - Create a new meeting link for each client session & don't re-use a previous meeting link
 - Use a neutral background
 - Clear cookies after each call.

- Review notes from your last session and any plans you may have made in supervision.
- Are you or they completing any Routine Outcome Measures?
- Are they completing any homework from the last session?
- Consider in advance what materials a client might need to be sent via email before the session. Do they have access to materials (e.g. arts and crafts)?
- Have you got a list of key local services, useful websites/apps you could share?
- Remember not to disclose your location and be sensitive around other identifying details.
- Ensure you know who is on Duty when you are working and you have contact details for Designated Safeguarding Officer (Rhona Kenny) and Deputy DSO (Gordon Knott)

If the client does not respond or join the meeting

If the client does not join the meeting at the scheduled time wait 10 minutes and if they do not appear then send an invitation to join a meeting in progress. As you have committed to the meeting, as you would do with a face to face session, leave the meeting open for the agreed time slot. If they do not attend at all then follow the policy which is to record the session accordingly, let the Duty Worker/Rhona know or send a message via 10 to 8 and this will generate an invitation to attend the next session or if it is after 2 x DNA's then the contract will usually be ended.

Starting a session

- Close all other apps, tabs and windows on your device before a session, especially programs that use a lot of memory or data, or documents with sensitive information, as accidental screen-sharing can happen.
- Use headphones or earphones to reduce audio-clipping and to ensure that the client cannot be overheard by anyone else in or near to your setting.
- Always check who you are speaking to (even if you think you recognise them)
- Check they are ready to start the session, are they somewhere comfortable and private? Can they hear you? Can you hear them?
- Set the time boundary and set an agenda to offer a focus for the session. This should be collaborative and may include outlining the length of the session, agreeing to discuss any Routine Outcome Measures, Risk assessment, introducing new concepts, planning homework and planning for next session.

Communicating in the session

- If connection is not performing well, check they do not have other applications open on their device. Or do you?
- You will have less visual and non-verbal cues that usually make up a big part of conversation so listen carefully to what is being said.
- Regularly reflect, paraphrase, summarise and clarify. Check your understanding of what is being said. This will let the client know you are listening and it continues to be a key skill in building rapport. It will also help you to think and internalise key information.
- Silences are ok in the session. We often want to fill silences with talk but this may prevent the client from thinking through a response.
- Let clients digest information, think, then speak. If you are taking notes let them know what you are doing.

Give young people time to respond

Young people often need more time to respond when working online than they would if you are meeting in person. It is important to pause and give space for people to

share their ideas. This might feel uncomfortable at times, but the silences are important to give space for them to respond. Remember that slow internet connections can lead to a few seconds lag between someone speaking and you hearing them or vice-versa. Give young people time to repeat themselves if their answers get lost due to poor connection or background noise.

Keep up energy levels

Levels of energy and participation will differ with each session. Have a few ice breaker activities prepared so that you can build rapport. When the pandemic is over, what will your first trip be? Who/what is your favourite superhero/supervillain? If you had a superpower what would it be?

Get the timing right

Give time and space for each piece of content in your meeting schedule. It is generally better to cover fewer topics in depth than to cover lots of information badly. Include touch points throughout the sessions for clients to share ideas and add comments.

Make the most of online participation tools or sharing documents/artwork

Zoom/Teams have a few tools on offer to help you create a participatory space, including the whiteboard and polling features. But to keep things interesting for your clients, you could also consider using participation tools in conjunction with Zoom. Mural, a digital workspace for visual collaboration and [Vevox](#), a live polling and Q&A app, can both be used for free and conjunction with Zoom to make sessions more engaging.

Leave time for breaks

Working online can be tiring. For longer sessions (anything longer than 1 hour), make sure you factor in breaks. Incorporate this with a task away from the screen, such as writing down thoughts on a subject that you're discussing. Or give the client 5-10 minutes to complete a task if either of you need to grab a drink or take a comfort break. If you are going to ask young people to do off-screen tasks like writing or drawing, remember to let them know before the session so they know to have the necessary materials ready.

If you are running groups;

- Get feedback

As with any activity, getting feedback from the young people in your online group is important to let you know what you're getting right and help you make improvements. Make sure you have an online feedback form prepared before the call, and try to leave time towards the end for participants to complete the form during the call. This will increase the response rate compared with sending a link after the call is finished.

- *Be clear about roles*

If there is more than one host it's a good idea for facilitators to join the call a few minutes before the meeting is scheduled to begin. As well as making sure that the meeting can start on time, this will give you an opportunity to set up. Once designated as a co-host in Zoom, team members will be able to let in any late arrivals to the session and communicate with individuals privately using the chat function, as well as supporting participants with any technical issues while colleagues are busy leading discussions.

Risk

- Risk and any changes in risk should be assessed at every session
- Supervision/line management should still be accessed regularly
- A CDI duty member of staff or CDI Manager will be available when you are working for urgent risk and safeguarding queries – make sure you have their contact details

GDPR

- Ensure Young People/Parent/Carers have consented to working online and we have appropriate proof
- Do not carry out the session if you are not able to do this in a private location
- Any notes and information should only be kept on secure systems or if handwritten then kept in locked storage; follow usual CDI policy & procedures
- Be aware of storing CYP/Parent/Carer names on your phone/in your computer and delete/anonymise any information that could identify a CYP/Parent/Carer

Confidentiality

The same guidelines apply as when working face to face for example:

Everything we discuss remains confidential. If I am concerned you or anyone else were at risk of harm I do have a responsibility to talk to someone else such as your Mum/Dad/Carer/Grandparent/Teacher/GP/Social Worker/Key Worker. This is to make sure that I provide the best care for you and give you the best advice I can. I am here to support you and I would always hope to discuss any concerns with you before acting on them.

Before ending the session

- Have you agreed when the next session is?
- Have you set them any tasks/homework to help keep them focused on themselves?
- Do they know where to get help in an emergency?
- Do you need to follow through with any safeguarding concerns?
- If you agreed to follow up any identified actions are you clear how you will do this and how this will be communicated back to the CYP/Parent/Carer?
- If this is the last session have they got all information that might be useful to them and do they know they can re-refer back into CDI?
- When you have ended the call make sure you do what you need to do to get out of the zone, take a break and breathe/eat/drink/stretch/shake out before the next session.

Advantages of working over the phone/computer:

Flexibility - We can make contact quickly and easily, offering support or making referrals to alternative services swiftly. Also many CYP/Parents may prefer this kind of support rather than “no support at all” during this time.

We can fit in a 30 – 45 minute phone call or online session around their other commitments.

Responsive and Accessible – client disabilities, working hours, study commitments, and caring responsibilities often mean sessions are postponed, cancelled, or not attended. Telephone and video working can mitigate against this as support can be provided and received more rapidly.

1:1 format – maintaining the 1:1 format allows the practitioner to tailor content to the client's needs while still allowing for risk assessments.

Anonymity on the phone – A huge draw for some people who access telephone working is that it feels more anonymous, even though the practitioner knows all their details. They will not worry about bumping into you in a shop and often feel they can share more openly when talking about sensitive and emotional wellbeing issues.

Practitioner Benefits – builds ability to communicate clearly and effectively and helps build skills in rapidly forming therapeutic relationships. Can be easier to keep sessions focused.

Prevents Isolation – isolated individuals, lack of transport and now a Coronavirus pandemic can all mean people feel isolated from key services that may have helped them. We can prevent them from this feeling of isolation and link them in with us and other key resources. We are building a bridge so invite them to connect with us face to face when the pandemic is over.

Useful Resources

- NSPCC - Keeping Children Safe Online Training <https://www.nspcc.org.uk/keeping-children-safe/online-safety/>
- NSPCC - Guidance on Running Safe Online Services with Children <https://learning.nspcc.org.uk/safeguarding-child-protection/social-media-and-online-safety?fbclid=IwAR0IW5GtmuGe-c5IUIZ3TjOxGZyD1N1Y-Edpk2K2ecXGUqQgObr5cROZkk4>
- Ineqe – Digital safety webinars on specific social media platforms <https://ineqe.com/ssnap/>
- Safer Internet – General advice on staying online <https://www.mcafee.com/blogs/consumer/consumer-threat-notices/10-tips-stay-safe-online>
- CEOP – Raising concerns about online abuse <https://www.ceop.police.uk/safety-centre/>