



Child Safeguarding Policy

Accessibility of this document:

This document is available to view on the talking2gether website. A paper or PDF copy can be provided upon request.

talking2gether Speech and Language Therapy delivers independent speech and language therapy to children in their homes, in an educational setting or via teletherapy. It is owned by Sarah Kelly, Speech and Language Therapist.

This policy applies to talking2gether Speech and Language Therapy

talking2gether Speech and Language Therapy does not employ paid staff, volunteers, sessional workers or agency staff or students and therefore this policy applies only to Sarah Kelly, Speech and Language Therapist and any student Speech and Language Therapists working under the guidance of Sarah Kelly

The purpose of this policy is to:

- protect children and young people who receive talking2gether's services from harm; to ensure their safety and to promote their welfare

talking2gether believes that:

- children and young people should never experience abuse of any kind
- we have a responsibility to promote the welfare of children and young people, to keep them safe and to practise in a way that protects them

talking2gether recognises that:

- the welfare of children and young people is paramount in all the work we do and in all the decisions we take
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare
- all children regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issue
- extra safeguards may be needed to keep children who are additionally vulnerable safe from abuse

talking2gether will seek to keep children and young people safe by:

- valuing, listening to and respecting them
- adopting child protection and safeguarding best practice through policies and procedures
- ensuring that safeguarding training is up to date

- ensuring that all necessary checks are made and available for parents and service users to view
- recording, storing and using information professionally and securely in line with data protection legislation and guidance
- using the appropriate safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know and involving children, young people, parents, families and caregivers appropriately
- when visiting children in education settings,, following the relevant safeguarding policies and procedures of that setting

Duty of care and confidentiality:

- talking2gether has a duty of care to all children on their speech and language therapy caseload
- talking2gether will maintain confidentiality except in circumstances where to do so would place the individual or another individual at risk

Procedure in the event of a disclosure or allegation:

If a child, young person or adult makes an allegation or disclosure of abuse against an adult or another child or young person, it is important that the person being told:

- Stays calm and listens carefully
- Reassures the child/adult that they have done the right thing in telling them
- Does not investigate or ask leading questions
- Explains that they will need to tell someone else
- Does not promise to keep what they have told you a secret
- Informs the Safeguarding Lead if this occurs within an educational setting
- Contacts the West Sussex Integrated Front Door in all other locations such as client homes:

West Sussex Integrated Front Door (WSIFD)
Tel. 01403 229900 between 9am and 5pm Monday to Friday
Tel. 0330 222 6664 at other times
Email: WSChildrenservices@westsussex.gov.uk

- Makes a written record of the allegation, disclosure or incident and signs and dates this record, using the template in Appendix 4. This should be given to the Safeguarding Lead, or statutory services if a referral is made. Any such records will be stored securely in a locked filing cabinet
- The person about whom the allegation is made must not be informed if it is judged that to do so would place a child at increased risk

Procedure in the event of concern:

If there is an immediate threat of harm the Police should be contacted.

Where it is judged that there is no immediate threat of harm the following will occur:

- The concern will be discussed with the Safeguarding Lead if at an educational setting or the WSIFD in all other locations and a decision made as to whether the concern warrants a referral to statutory agencies
- A confidential record will be made of the conversation and circumstances surrounding it using the template at Appendix 4. This record will be kept securely, and a copy passed to statutory agencies if a referral is made

Supporting Information:

Sarah Kelly is registered with the Health and Care Professions Council (HCPC), the professional body that regulates the standards of proficiency for Speech and Language Therapists

[Registration no. 3964](#)

Sarah Kelly is a member of the Royal College of Speech and Language Therapists

[Membership no. RC0012282](#)

Sarah Kelly is a member of the Association of Speech and Language Therapists in Independent Practise (ASLTIP)

[Membership no. 2364](#)

Sarah Kelly has an Enhanced DBS check; the certificate can be provided upon request

Sarah Kelly has public liability insurance from the RCSLT; the certificate can be provided upon request

Sarah Kelly is registered with the Information Commissioner's Office (ICO) as a Data Controller

[Registration no. ZA265898](#)

talking2gether's Privacy, Data Protection and Teletherapy policies as well as Terms and Conditions of Service are all available to view on the talking2gether website and a PDF copy can be shared on request

This policy was last reviewed on:

30th November 2022

Appendix 1. What is abuse and neglect - Children

These definitions are taken from *Working Together 2013*

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse

- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child
- Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child

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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- 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 (including cyberbullying), 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

Sexual abuse

- Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening
- The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child 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

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:
 - o provide adequate food, clothing and shelter (including exclusion from home or abandonment)
 - o protect a child from physical and emotional harm or danger
 - o ensure adequate supervision (including the use of inadequate care-givers)
 - o ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

APPENDIX 2. Signs of Possible Abuse - Children

Physical Abuse

Physical Signs include:

- Unexplained injuries
- Injuries that are inconsistent with explanation
- Injuries that reflect an article used e.g. an iron
- Bruising, especially trunk, upper arm, shoulders, neck or finger tip bruising.
- Burns/scalds, especially cigarette
- Human bite marks
- Fractures, especially spiral
- Swelling and lack of normal use of limbs
- Serious injury with lack of / inconsistent explanation
- Untreated injuries

Psychological/Emotional Signs include:

- Unusually fearful with adults
- Unnaturally compliant to parents
- Refusal to discuss injuries/fear of medical help
- Withdrawal from physical contact
- Aggression towards others
- Wears cover up clothing

Fictitious Illness by Proxy

- Psychiatric Illness, whereby a parent or carer deliberately inflicts harm onto a child
- Normally the child's mother
- The child has commonly had genuine serious illness in the first year of life (a dependency on medical attention has developed in the mother)
- Very difficult to diagnose/evidence

Female Genital Mutilation

A cultural (not religious) procedure whereby parts of female genitalia are removed - also referred to as female circumcision

- Illegal in UK
- Normally undertaken on pre-pubescent girls
- Girls either taken abroad for procedure or “practitioners” come to UK
- There can be no anaesthetic, no sterile equipment used
- Complications include – serious infection, septicaemia, death, numerous gynaecological problems

Sexual Abuse

Physical Signs include:

- Damage to genitalia, anus or mouth
- Sexually transmitted disease
- Unexpected pregnancy especially in very young girls
- Soreness to genitalia area, anus or mouth
- Repeated stomach aches
- Loss of weight
- Gaining weight
- Unexplained recurrent urinary tract infections, discharges or abdominal pain
- Unexplained gifts/money

Psychological/Emotional Signs include:

- Sexual knowledge inappropriate for age
- Sexualised behaviour in young children
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Sudden changes in personality
- Lack of concentration, restlessness
- Socially withdrawn
- Overly compliant behaviour
- Poor trust in significant adults
- Regressive behaviour, onset of wetting – day or night
- Suicide attempts, self-mutilation, self-disgust
- Eating disorders

Emotional Abuse

The classic description of Emotional Abuse is “Low Warmth High Criticism” style of parenting

Signs include:

- Physical, mental and emotional lags
- Acceptance of punishments, which appear excessive
- Over reaction to mistakes
- Continual self-depreciation
- Sudden speech disorders
- Fear of new situations

- Neurotic behaviour (such as rocking, hair twisting, thumb sucking)
- Self-harm
- Extremes of passivity or aggression
- Drug/solvent abuse
- Running away
- Bullying/Aggression
- Overly compliant behaviour
- Overeating or loss of appetite
- Clingy
- Fearful/withdrawn
- Sleep disorders

Neglect

Physical Signs include:

- Tired/listless
- Poor personal hygiene
- Poor state of clothing
- Emaciation, potbelly, short stature
- Poor skin tone and hair tone
- Untreated medical problems
- Failure to thrive with no medical reason

Psychological/Emotional Signs include:

- Constant hunger
- Constant tiredness
- Frequent lateness/non-attendance at school
- Destructive tendencies
- Low self-esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing/scavenging
- Multiple accidents/accidental injuries

Appendix 3. INCIDENT RECORDING FORM

Basic information

Date and time of incident:

Date on which this report was written:

Your full name:

Full name of child or young person concerned:

Location / Situation:

Other people present:

Record of incident:

- o Please ensure you are as accurate and detailed as possible. Use quotes wherever possible – do not interpret what was said using your own words.
- o Record what you said as well as what the child or young person said.
- o Include details such as tone of voice, facial expression and body language.
- o If you have formed an opinion please state it, making it clear that it is your opinion and give reasons for forming that opinion.

Continue on additional pages if necessary and attach to this form

Who has been spoken to about the incident?

Record below the names of all those who have been spoken to about this incident:

Safeguarding Lead:

Children's Services:

Police:

NSPCC:

Parent/Carer:

Child:

Other (name, role and organisation):

Advice and follow up actions:

Signed:

Dated:

Role: (person who wrote this report)