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# **STEP2MED CHILD PROTECTION POLICY**

## **1. CHILD PROTECTION POLICY**

### **1.1. INTRODUCTION**

Everyone who participates in medical or dental school application preparation courses or services provided by Step2Med Ltd is entitled to do so in an enjoyable and safe environment. We have a moral and legal obligation to ensure that, when given responsibility for young people, our staff provide them with the highest possible standard of care.

Step2Med Ltd is committed to devising and implementing policies so that everyone in the team accepts their responsibilities to safeguard children from harm and abuse. This means to follow procedures to protect children and report any concerns about their welfare to appropriate authorities. Safeguarding is the responsibility of everyone in the organisation and anyone can make a referral to the MASH team (Children's Social Care) (Multi Agency Safeguarding Hub Team) or the LADO (Local Authority Designated Officer). See **Appendix 1** for contact numbers.

The aim of this policy is to promote good practice, providing children and young people with appropriate safety/protection whilst in the care of Step2Med Ltd and to allow staff and training partners to make informed and confident responses to specific child protection issues.

### **1.2. KEY PHRASES**

#### **Safeguarding = Prevention**

All agencies working with children and their families taking all reasonable measures to ensure that the risks of harm to children's welfare are minimised.

#### **Child Protection = Protection**

Where there are concerns about children's welfare, all agencies taking appropriate actions to address those concerns in full partnership with other local agencies.

#### **Child at Risk**

A child is suffering or is likely to suffer significant harm, action should be taken to protect that child. A referral to the Designated Safeguard Lead (DSL) and then to MASH/Police if crime committed

### **Child in Need**

Action should also be taken to promote the welfare of a child in need of additional support, even if they are not suffering harm or are not at immediate risk. A referral to the DSL (or DDSLs) and then to MASH

## **1.3. POLICY STATEMENT**

Step2Med Ltd is committed to:

- the welfare of the child
- all children, whatever their age, culture, ability, gender, language, racial origin, religious belief and/or sexual identity should be able to participate in their medical or dental school application preparation services in a fun and safe environment
- taking all reasonable steps to protect children from harm, discrimination and degrading treatment and to respect their rights, wishes and feelings
- all suspicions and allegations of poor practice or abuse will be taken seriously and responded to swiftly and appropriately
- all Step2Med Ltd employees who work with children will be recruited with regard to their suitability for that responsibility, and will be provided with guidance and/or training in good practice and child protection procedures. Our tutors are a team of doctors, dentists, medical and dental students and therefore **all tutors** hold a Disclosure and Barring Service (DBS) certificate.
- working in partnership with teachers, parents and children is essential for the protection of children

## **1.4. MONITORING AND REVIEW OF SAFEGUARDING POLICIES**

Policies will be reviewed annually, unless any deficiencies or weaknesses in child protection arrangements require remedies without delay or any new guidance or procedures are produced (Leicestershire Children's Safeguarding Team, Department For Education etc).

## **2. PROMOTING GOOD PRACTICES**

## **2.1. INTRODUCTION**

It is not always easy to distinguish poor practice from abuse. It is therefore NOT the responsibility of employees or participants to make judgements about whether or not abuse is taking place. It is, however, their responsibility to identify poor practice and possible abuse and act if they have concerns about the welfare of the child, as explained in section 4.

This section will help you identify what is meant by good practice and poor practice.

## **2.2. GOOD PRACTICE**

All team members should adhere to the following principles and action:

- always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets)
- where individual sessions occur e.g. individual interview training, individual mock interviews, there will always be the option for a teacher / supervisor / parent or carer to be present to supervise and/or the facility to record
- make the experience fun and enjoyable: promote fairness, confront and deal with bullying
- treat all young people equally and with respect and dignity
- always put the welfare of the young person first
- maintain a safe and appropriate distance from students (e.g. it is not appropriate for staff or volunteers to have an intimate relationship with a child or to share a room with them)
- Avoid unnecessary physical contact with young people. Where any form of manual/physical support is required during clinical examinations, it should be provided openly and with the consent of the young person. Physical contact can be appropriate so long as it is neither intrusive, nor disturbing and the young person's consent has been given
- Clinical examinations and training should always be performed in groups, and where possible with more than one adult present
- Staff must never transport young people in their cars
- For any courses where photography and/or videography is taking place for training or marketing purposes, consent from the child and/or their parent, caregiver and/or guardian will be sought after prior to signing up to avoid any embarrassment or concerns.

- For any residential course, consent from parent, caregiver and/or guardian will be sought after prior to signing up
- For any residential course, adults must not enter a young person's room or invite a young person into their own room
- Step2Med Ltd members of staff are expected to maintain an appropriate model of behaviour in front of young people. This includes not smoking or using profanities in front of young people in our care.
- Step2Med Ltd team will always give enthusiastic and constructive feedback rather than negative criticism
- We will recognise the developmental needs and capacity of the young person and not risk sacrificing welfare in a desire for personal achievements. This means avoiding excessive training or competition and not pushing them against their will
- In the unlikely case of a injury taking place or harm coming to a child during one of our courses, we shall keep a written record of details at the time, along with details of any treatment given. Team members must escalate as appropriate to the DSL.

### **2.3. POOR PRACTICE**

The following are regarded as poor practice and should be avoided by all personnel:

- unnecessarily spending excessive amounts of time alone with young people away from others
- taking young people alone in a car on journeys, however short
- sharing a room with a young person
- engaging in rough, physical or sexually provocative games, including horseplay
- allow or engage in inappropriate touching of any form
- allowing young people to use inappropriate language unchallenged
- making sexually suggestive comments to a young person, even in fun
- reducing a young person to tears as a form of control
- allow allegations made by a young person to go unchallenged, unrecorded or not acted upon

When a case arises where it is impractical/impossible to avoid a certain situation e.g. transporting a young person on your car, the tasks should only be carried out with

the full understanding and consent of the parent/care and the young person involved.

If during your care you accidentally hurt a young person, the young person seems distressed in any manner, appears to be sexually aroused by your actions and/or if the young person misunderstands or misinterprets something you have done, report any such incidents as soon as possible to the DSL and make a written note of it. Parents should also be informed of the incident.

## **2.4. PHOTOGRAPHY, VIDEOGRAPHY AND IMAGES**

The vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse children through taking or using images, so we must ensure that we have some safeguards in place.

To protect young persons we will:

- seek their consent for photographs to be taken or published (for example, on our website or marketing material)
- seek parental consent. Where a competent young person provides consent this should be suffice.
- not use a young person's name associated with footage or an image, unless expressed consent provided by young person and parent
- encourage young person's to tell us if they are worried about any photographs that are taken of them.
- Make the school/institution aware in every situation when photographs are to be taken or published

## **3. DEFINING CHILD ABUSE**

### **3.1 INTRODUCTION**

Child abuse is any form of physical, emotional or sexual mistreatment or lack of care that leads to injury or harm, it commonly occurs within a relationship of trust or responsibility and is an abuse of power or a breach of trust. Abuse can happen to a young person regardless of their age, gender, race or ability.

There are four main types of abuse: **physical abuse, sexual abuse, emotional abuse and neglect.**

The abuser may be a family member, someone the young person encounters in residential care or in the community, including sports and leisure activities. Any individual may abuse or neglect a young person directly, or may be responsible for abuse because they fail to prevent another person harming the young person.

Abuse in all of its forms can affect a young person at any age. The effects can be so damaging that if not treated may follow the individual into adulthood.

Young people with disabilities may be at increased risk of abuse through various factors such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves or adequately communicate that abuse had occurred.

### 3.2. TYPES OF ABUSE

- **Physical Abuse:** where adults physically hurt or injure a young person e.g. hitting, shaking, throwing, poisoning, burning, biting, scalding, suffocating, drowning. Giving young people alcohol or inappropriate drugs would also constitute child abuse.
- **Emotional Abuse:** the persistent emotional ill treatment of a young person, likely to cause severe and lasting adverse effects on the child's emotional development. It may involve telling a young person they are useless, worthless, unloved, inadequate or valued in terms of only meeting the needs of another person. It may feature expectations of young people that are not appropriate to their age or development. It may cause a young person to be frightened or in danger by being constantly shouted at, threatened or taunted which may make the young person frightened or withdrawn.

Ill-treatment of children, whatever form it takes, will always feature a degree of emotional abuse.

Emotional abuse may occur when the young person is constant criticised, given negative feedback, expected to perform at levels that are above their capability. Other forms of emotional abuse could take the form of name calling and bullying.

- **Bullying:** may come from another young person or an adult. Bullying is defined as deliberate hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. There are three main types of bullying.

It may be physical (e.g. hitting, kicking, slapping), verbal (e.g. racist or homophobic remarks, name calling, graffiti, threats, abusive text messages), emotional (e.g. tormenting, ridiculing, humiliating, ignoring, isolating from the group), or sexual (e.g. unwanted physical contact or abusive comments).

- **Neglect:** occurs when an adult fails to meet the young person's physical and/or psychological needs, to an extent that is likely to result in serious impairment of the child's health or development. For example, failing to provide adequate food, shelter and clothing, failing to protect from physical harm or danger, or failing to ensure access to appropriate medical care or treatment.

Refusal to give love, affection and attention can also be a form of neglect.

- **Sexual Abuse:** occurs when adults (male and female) use children to meet their own sexual needs. This could include full sexual intercourse, masturbation, oral sex, anal intercourse and fondling. Showing young people pornography or talking to them in a sexually explicit manner are also forms of sexual abuse.

Activities which might involve physical contact with young people could potentially create situations where sexual abuse may go unnoticed. Also, the power of the coach/teacher over young students, if misused, may lead to abusive situations developing.

### 3.3. INDICATORS OF ABUSE

Even for those experienced in working with child abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place. Most people are not experts in such recognition, but indications that a child is being abused may include one or more of the following:

- unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries
- an injury for which an explanation seems inconsistent
- the young person describes what appears to be an abusive act involving them
- another young person or adult expresses concern about the welfare of a young person
- unexplained changes in a young person's behaviour e.g. becoming very upset, quiet, withdrawn or displaying sudden outburst of temper

- inappropriate sexual awareness
- engaging in sexually explicit behaviour
- distrust of adult's, particularly those whom a close relationship would normally be expected
- being prevented from socialising with others
- displaying variations in eating patterns including overeating or loss of appetite
- losing weight for no apparent reason
- becoming increasingly dirty or unkempt

Signs of bullying include:

- behavioural changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotionally up and down, reluctance to go training or competitions
- an unexplained drop off in performance
- physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching and bruising, damaged clothes, bingeing e.g. on food, alcohol or cigarettes
- a shortage of money or frequent loss of possessions

It must be recognised that the above list is not exhaustive, but also that the presence of one or more of the indications is not proof that abuse is taking place. It is **NOT** the responsibility of those working at Step2Med Ltd to decide that child abuse is occurring. It **IS** their responsibility to act on any concerns.

## **4. RESPONDING TO SUSPICIONS AND ALLEGATIONS**

### **4.1. INTRODUCTION**

It is not the responsibility of anyone working at Step2Med Ltd in a paid or unpaid capacity to decide whether or not child abuse has taken place. However, there is a responsibility to act on any concerns through contact with the appropriate authorities so that they can then make inquiries and take necessary action to protect the young person.



This applies **BOTH** to allegations/suspicions of abuse occurring within Step2Med Ltd and to allegations/suspicions that abuse is taking place elsewhere.

This section explains how to respond to allegations/suspicions.

## 4.2. RECEIVING EVIDENCE OF POSSIBLE ABUSE

We may become aware of possible abuse in various ways. We may see it happening, we may suspect it happening because of signs such as those listed in **section 3** of this document, it may be reported to us by someone else or directly by the young person affected.

In the last of these cases, it is particularly important to respond appropriately. If a young person says or indicates that they are being abused, you should:

- **stay calm** so as not to frighten the young person
- **reassure** the child that they are not to blame and that it was right of them to talk to you
- **listen** to the child, showing that you are taking them seriously
- **keep questions to a minimum** so that there is a clear and accurate understanding of what has been said. The law is very strict and child abuse cases have been dismissed where it is felt that the child has been led or words and ideas have been suggested during questioning. Only ask questions to clarify information.
- **Inform** the child that you have to inform other people about what they have told you. Tell the child this is to help stop the abuse continuing.
- **safety of the child** is paramount. If the child needs urgent medical attention call an ambulance, inform the doctors of the concern and ensure they are made aware that this is a child protection issue
- **record** all information in written format
- **report** the incident to the Designated Safeguarding Lead (DSL) – Dr Pooja Devani (hello@step2med.co.uk) and the management team.

**In all cases if you are not sure what to do you can gain help from the NSPCC 24-hour help line Tel No: 0808 800 5000. Alternatively, contact Step2Med Ltd DSL – Dr Pooja Devani (hello@step2med.co.uk; 07792296430)**

## 4.3. RECORDING INFORMATION

To ensure that information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern. In your recording, you should confine yourself to the facts and distinguish what is your personal knowledge and what others have told you. Do not include your own opinions.

Information should include the following:

- The child's name, age and date of birth
- The child's home address and telephone number
- Whether or not the person making the report is expressing their concern or someone else's
- The nature of the allegation, including dates, times and any other relevant information
- A description of any visible bruising or injury, location, size etc. Also, any indirect signs, such as behavioural changes
- Details of witnesses to the incident/s
- The child's account, if it can be given, of what has happened and how any bruising/injuries occurred
- A record of whether the parents have been contacted or not
- A record of a discussion with anyone else, in regard to this matter, has taken place
- A record of anyone who is alleged to be the abuser

#### **4.4. REPORTING THE CONCERN**

All suspicions and allegations **MUST** be reported appropriately. It is recognised that strong emotions can be aroused particularly in cases where sexual abuse is suspected or where there is misplaced loyalty to a colleague. It is important to understand these feelings but not allow them to interfere with your judgement about any action to take.

Step2Med Ltd expects its team members to discuss any concerns they may have about the welfare of a child immediately with the person in charge of delivering the service, the DSL (Designated Safeguarding Lead) and subsequently to check that appropriate action has been taken.

If the DSL or the management team are not available, you should take responsibility and seek advice from the NSPCC helpline, the duty officer at your local social services department or the police. Telephone numbers can be found in **Appendix 1**.

Step2Med Ltd are not child protection experts and it is not their responsibility to determine whether or not abuse has taken place. All suspicions and allegations must be shared with professional agencies that are responsible for child protection.

Social services have a legal responsibility under The Children Act 1989 to investigate all child protection referrals by talking to the child and family (where appropriate), gathering information from other people who know the child and making inquiries jointly with the police.

**NB: If there is any doubt, you must report the incident: it may be just one of a series of other incidences which together cause concern**

Any suspicion that a child has been abused by an employee or a member of our team should be reported to the DSL and the management team, who will take appropriate steps to ensure the safety of the child in question and any other child who may be at risk.

This will include the following:

- Step2Med Ltd will report the matter to Social Services
- The parent/carer of the child will be contacted as soon as possible following advice from the social services department

Allegations of abuse are sometimes made after the event. Where such allegation is made, you should follow the same procedures and have the matter reported to social services. This is because other children may be at risk from the alleged abuser. Anyone who has a previous conviction for offences related to abuse against children is automatically excluded from working with children.

#### **4.5. CONCERNS OUTSIDE OF THE TRAINING ENVIRONMENT (E.G. ABOUT PARENTS OR CAREGIVERS)**

If you suspect that child abuse has taken place, related to a child's parents or caregiver, please do not hesitate to report your concerns to Step2Med Ltd (hello@step2med.co.uk, 07792296430).

If the DSL or management team are not available, the person being told or discovering the abuse should contact their local social services department or the police immediately.

Social Services and Step2Med Ltd team will decide how to inform the parents/caregivers. Please ensure that you maintain confidentiality, where possible.

#### **4.6. CONFIDENTIALITY**

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only. This includes the following people:

- The DSL
- Step2Med Ltd management
- The parents of the child
- The person making the allegation
- Social services/ police
- The alleged abuser (and parents if the alleged abuser is a child)

Seek social services advice on who should approach the alleged abuser.

All information should be stored in a secure place with limited access to designated people, in line with data protection laws.

#### **4.7. INTERNAL INQUIRIES AND SUSPENSION**

Step2Med management team will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and social services inquiries.

Irrespective of the findings of the social services or police inquiries, a Disciplinary Committee will be assigned to assess any cases and decide whether a member of staff can be reinstated and how this can be sensitively handled. This may be a difficult decision; especially where there is insufficient evidence to uphold any action by the police. In such cases the Disciplinary Committee must reach a decision based upon the available information which could suggest that on the balance of probability, it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout.

## **5. RECRUITING AND SELECTING PERSONNEL WITH CHILDREN**

### **5.1. INTRODUCTION**

It is important that all reasonable steps are taken to prevent unsuitable people from working with children. This applies equally to paid staff and volunteers, both full and part-time. To ensure unsuitable people are prevented from working with children the following steps should be taken when recruiting.

### **5.2. CONTROLLING ACCESS TO CHILDREN**

The following measures are put in place by Step2Med Ltd to ensure appropriate recruiting with child safeguarding in mind:

- All staff and volunteers should complete an application form. The application form will elicit information about the applicants past and a self-disclosure about any criminal record.
- Staff must provide an up-to-date copy of a DBS check when joining Step2Med Ltd.
- If no up-to-date copy can be provided and Step2Med Ltd still wants to proceed with the recruitment process, Step2Med Ltd will carry out a DBS check on the staff member when they join
- All paid staff and volunteers are required to be up-to-date with our child protection policy
- For all virtual / online sessions, the following measures have been put into place:
  - Secure business use of softwares such as Zoom, Google Meet or Microsoft Teams etc.
  - All softwares used have been pre-agreed with the school / institution or child and parent or guardian in advance of the session
  - The option to record the session is available for all online sessions (excluding, albeit rare, any patient-sensitive role plays that do not have prior consent).
  - The presence of at least two tutors for all group sessions
  - For individual sessions, there is the option for a supervisor to be present e.g. teacher, supervisor, parent or guardian. Alternatively –

sessions can be recorded at the students, parent and school's discretion for their future moderation purposes

### **5.3. INTERVIEW AND INDUCTION**

All employees and volunteers will be required to undertake an interview carried out to acceptable protocol and recommendations. All employees and volunteers should receive formal or informal induction during which:

- A check should be made that the application form has been completed in full, including sections on criminal records and self disclosures
- Their qualifications should be substantiated
- The job requirements and responsibilities should be clarified
- Child Protection Procedures are explained, and training needs identified e.g. basic child protection awareness

### **5.4. TRAINING**

In addition to pre-selection checks, the safeguarding process includes training after recruitment to help staff and volunteers to:

- Analyse their own practice against what is deemed good practice, and to ensure their practice is likely to protect them from allegations
- Recognise their responsibilities and report any concerns about suspected poor practice and/or abuse
- Respond to concerns expressed by a child
- Work safely and effectively with children

## **APPENDIX 1: CONTACT NUMBERS**

### **Designated Safeguarding Lead (DSL)**

The DSL representative for Step2Med Ltd is: **Dr Pooja Devani**.

Her role is: **Founder and Lead Tutor**

She is contactable at: **hello@step2med.co.uk** or **07792296430**

## **LOCAL AUTHORITY DESIGNATED OFFICER - LADO**

Anyone can make a referral to, or gain advice from the Local Authority Designated Officer (LADO) regarding concerns or suspicions about behaviour towards children by staff or volunteers. The LADO will decide whether the allegation made is a potential criminal offence in which case a referral will be made to the Police. If the allegation indicates a child or children may be at risk of significant harm then a child protection investigation will be undertaken by Children's Social Care.

The LADO is contacted when it is believed that a member of staff or volunteer has:

- behaved in a way that has harmed or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child in a way that indicates they are unsuitable to work with children.

A LADO provides advice and presides over the investigation of any allegation or suspicion of abuse directed against anyone working in the school.

## **LADO CONTACT NUMBERS**

### **Leicestershire County Council LADO**

**Allegations Line:** 0116 305 4141

**Email:** [CFS-LADO@leics.gov.uk](mailto:CFS-LADO@leics.gov.uk)

**Address:** Leicestershire and Rutland Safeguarding Children Partnership and Safeguarding Adults Board, The Safeguarding Partnership Business Office, Room 100, County Hall, Glenfield, Leicestershire, LE3 8RF.

**Telephone:** 0116 305 7130.

Secure Information - if you need to send **sensitive information**, please call the Partnerships Business Office on **0116 305 7130** for further instructions.

## **MASH TEAM - REFERRAL AND ASSESSMENT TEAM**

**First Response Children's Duty Team  
Leicestershire**

The MASH is made up of co-located staff from Childrens Social Care, Police and Health from across the three boroughs with named link workers for Probation Housing and Youth Offending Team. A dedicated Education Worker coordinates MASH links with schools.

The MASH operates from 09:00 - 17:00 Monday to Friday, and is based in Frampton Street, London NW8 8LF.

If you have a concern about a child, please make your referral to the relevant local authority front door, and where appropriate, the local authority will refer cases to the MASH team.

Contact Leicestershire police on 101 if you think a crime has been committed but there is no immediate danger.

Contact First Response Children's Duty Team if you think a child is being:

- neglected
- physically abused
- sexually abused

Telephone our First Response Children's Duty Team if you have urgent concerns about a child who needs a social worker or police officer on the day: **0116 305 0005 (24 hour phone line)**

If you suspect that a child has suffered or is likely to suffer significant harm, refer this immediately by telephone to children's social care on **0116 305 0005**. The child may have made a disclosure, presents with an injury causing suspicion, or may be in a situation that has escalated so much that the child could be in danger.

A written referral of the information shared must be submitted using the Multi-Agency Referral Form for Early Help and Social Care services (MARF) within 24 hours. This form can be accessed via [www.leicestershire.gov.uk](http://www.leicestershire.gov.uk)

If you think a child is in immediate danger, contact the Police on 999, or call the NSPCC on 0808 800 5000, without delay.

**Child Protection Policy – October 20<sup>th</sup> 2020**