School of Psychology and Clinical Language Science (PCLS) Clinics Safeguarding Policy

This policy is an **addendum** to the University of Reading Safeguarding Children and Adults at Risk Policy and specifically relates to the safeguarding of Children and Young People (CYP) and Adults at Risk (AaR) within the University clinics. These clinics are:

- Anxiety and Depression in Young People Research Clinic (AnDY)
- Communication, Speech and Language Therapy Teaching and Research Clinic (C-STAR) – adult and paediatric clinics
- Wellbeing Hub, Centre for Autism (CfA).

Who does the policy apply to?

This policy applies to anyone associated with the clinics who may come into direct contact with CYP and/or AaR and/or have access to clinical records during their role. This policy applies to all employees, students, officers, consultants, contractors, volunteers, interns, casual workers, and agency workers who are engaged in the work of the clinics.

Designated Safeguarding Leads

Each clinic has a Designated Safeguarding Lead (DSL).

- AnDY Research Clinic: Ray Percy
- C-STAR: Afshan O'Sullivan
- Wellbeing Hub: Fiona Knott.

Clinic directors may be required to act as DSL for other clinics in the absence of their own DSL.

Ignazio Puzzo, Clinical Governance Lead, is the safeguarding co-ordinator for PCLS clinics.

It is the clinic director's responsibility to ensure that those undertaking clinical research in their clinics are compliant with this policy. Where there is a perceived conflict of interest or lack of clarity about responsibility, this should be discussed in the Clinical Governance Board.

NSPCC audit findings and recommendations

Three members of the Clinical Governance Board (Barbara Evetts, Ray Percy and Afshan O'Sullivan) have used the NSPCC audit tool to audit best practice in the PCLS clinics.

The remainder of this document sets out the actions identified through the audit process as requiring improvement. This audit is repeated annually in February and this policy is updated to show these practices are being embedded across clinics.

NSPCC Standard 1.1: Recruitment, induction and supervision

This section needs to be considered alongside the:

- University Recruitment and Selection Procedure
- Disclosure and Barring Service (DBS) Policy.

All clinical staff have a DBS check before commencing employment.

All administrative staff who have contact with CYP or AaR through record-keeping or reception work (even if this is just cover) also require DBS checks.

Cleaning staff do not clean during 09:00–17:00 when clinics are open to CYP and AaR.

DBS checks are repeated on a three-yearly basis in line with relevant sector practice (such as the NHS). HR is responsible for arranging these checks.

A safer recruitment statement is placed in all our adverts for clinical students and staff:

As an organisation, we are committed to safeguarding and protecting all children, young people, and adults at risk by implementing robust safer recruitment practices, including:

- *identifying through relevant DBS checks, and rejecting, applicants who are unsuitable to work with children, young people, and adults at risk*
- *responding to concerns about the suitability of applicants during the recruitment process*
- *responding to concerns about the suitability of employees and volunteers once they have begun their role*
- *ensuring all new staff and volunteers participate in an induction that includes training on child protection and working with adults at risk*
- *reviewing our safer recruitment policy regularly.*

All new clinical staff and students have a local induction which familiarises them with various policies, including the PCLS safeguarding procedure, what to do if there are any concerns about staff or students, and the **reporting procedure**.

Reporting procedure

Student safeguarding issues should only be reported on the University Safeguarding children and vulnerable adults incident reporting form, and sent to the Director of Student Services.

All other safeguarding referrals should be copied (**redacted**) to Ignazio Puzzo who will summarise and report them to the Health and Safety Committee.

All other incidents should be reported on the University incident form.

The staff and student compliance with mandatory training will be monitored by clinic directors and reviewed annually by the Clinical Governance Board.

Clinics are accessible to relevant staff and students only by swipe card/key code. Clinic accommodation needs to be secure in order to minimise access by unauthorised persons.

NSPCC Standard 2.2: Protecting Children and Young People and Adults at Risk

There is information in place for families on our clinic webpages and in poster format around our clinics, about raising concerns about safeguarding.

Safeguarding supervision structures for PCLS clinics

- **In the AnDY Clinic:** staff are mandated to bring safeguarding concerns to weekly clinical supervision sessions. In addition, staff are advised to raise new, urgent safeguarding

concerns with the duty clinician. Currently, separate safeguarding supervision does not take place.

- **In the C-STAR clinic:** we have termly group supervision which includes safeguarding as part of the agenda.
- **In the Wellbeing Hub, Centre for Autism:** there is a slot to raise safeguarding concerns in our weekly staff team meeting. Students are asked to report any safeguarding concerns as soon as they arise and there is a slot for safeguarding in our regular student supervision meetings.

NSPCC Standard 4: Running safer activities and events

All routine and extraordinary activities, including those taking place in the context of research, are risk assessed. The Health and Safety lead for the School is involved in reviewing these risk assessments. The Local Research Ethics Committee approves all research activities and should involve the Health and Safety lead as required.

NSPCC Standard 5: Recording and storing information

We do not currently keep additional Child Protection notes that are stored separately from the primary clinical notes. There is no record-keeping policy for clinics. IAPTUS records for risk and safeguarding could be pulled out into a separate document if required, for example for a safeguarding referral.

Our safeguarding statement

The safeguarding arrangements are audited by the Clinical Governance Board on an annual basis.

We make sure that everyone feels comfortable about raising concerns. We do this by:

- raising this issue routinely in clinic supervision
- mentioning this on our clinic webpages
- placing posters in our clinic reception areas.

All staff, students and volunteers receive ongoing supervision, support, appraisal, and child protection training, appropriate to their role.

Bullying is taken very seriously by the clinics. We have incorporated a statement about this into our induction paperwork and welcome leaflets as well as highlighting posters in our clinic reception areas.

Informed consent is gained from parents, children and young people before taking part in clinic work or research activities. This is recorded on IAPTUS including emergency contact details and any relevant medical history including allergy information. There is always a trained first aider on site whilst clinics are running.

Safeguarding concerns are accurately recorded on the IAPTUS electronic patient record and can be pulled to a separate document. Safeguarding records are part of the annual PCLS clinic record-keeping audit.

All staff, students and volunteers are fully informed regarding this policy. CYP or their parents are made aware of the clinic access to record policy via an information leaflet, clinic webpages and posters in our clinic reception areas.