

School of Psychology and Clinical Language Science (SPCLS)

Clinics Safeguarding Policy

Important – this policy is an **addendum** to the “UoR 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),
- Speech and Language Therapy Clinics – paediatric and adult (SLT) and
- Centre for Autism (CfA)

This addendum 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.

- link to UoR safeguarding children and adults at risk policy
<https://www.reading.ac.uk/about/governance/governance-zone>

The University Policy (section 5) asks for Designated Safeguarding Leads (DSL) to be allocated to a school, but the Clinical Governance Board and HoS agree that each clinic should also have its own DSL:

The DSL for AnDY is the clinic director r.s.percy@reading.ac.uk

The DSL for SLT is clinic director Afshan O’Sullivan a.j.osullivan@reading.ac.uk

The DSL for CfA is clinic director Fiona f.j.knott@reading.ac.uk

Clinic Directors may be required to act as DSL for other clinics in the absence of their own DSL. These roles need to link clearly to the UoR safeguarding policy so that roles and responsibilities are clear. The Safeguarding co-ordinator for PCLS is **Rachel Pye** or SDTL, but this does not fit succinctly to clinics. SDTL attends SPCLS Clinical Governance Board which meets monthly so this links effectively, but in the day to day running of the clinics the safeguarding co-ordinator would not have an operational role or responsibility with the clinics. **Ignazio Puzzo**, Clinical Governance Lead, will therefore be 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 recommendation-

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 and the rest of this document is split into actions that were highlighted in the audit process as requiring improvement. This audit will be repeated annually in February and this policy updated to show these practices are now fully embedded across clinics.

NSPCC Standard 1.1 Recruitment, induction and supervision

This section needs to be considered alongside the [University Recruitment and Selection Procedure:](#)

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And the [DBS Policy](#):

All clinical staff will continue to have DBS check before commencing employment. Through discussion with Head of School (HoS) it has been agreed that all administrative staff who have contact with CYP or AaR through record keeping or reception work (even if this is just cover) will also require DBS checks. It has been additionally agreed that cleaning staff will not clean during 9-5pm when clinics are open to CYP/AaR.

DBS checks are to be repeated on a 3 yearly basis in line with industry standard (i.e. NHS). This should be the responsibility of HR.

A Safer recruitment statement will be placed in all our adverts for clinical student 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/students to have a local induction which familiarises them with various policies including the PCLS safeguarding procedure including what to do if there are any concerns about staff/students and the [reporting procedure](#) for this.

Reporting procedure: Student safeguarding issues only to 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 to be copied (**redacted**) to Barbara Evetts who will summarize and report them to the Health and Safety Committee.

All other Incidents to be reported on the University incident form.

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

It has been agreed with HoS that clinics will be made accessible to relevant staff/students only by swipe card/key code, as soon as possible. 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 websites and in poster format around our clinics, about raising concerns about safeguarding.

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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 SLT Clinic: We have termly group supervision which includes safeguarding as part of the agenda.

In the Centre for Autism: (Fiona to add) once CfA nearing reopening.

NSPCC Standard 4 Running safer activities and events

All routine and extra ordinary activities including those taking place in the context of research, are risk assessed and 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, and there is no record keeping policy for clinics. IAPTUS records for risk and safeguarding could be pulled out into a separate document if required e.g. for a safeguarding referral.

The NSPCC audit suggests we have a Safeguarding Statement:

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

We make sure that everyone feels comfortable about raising concerns by raising this issue routinely in clinic supervision and by mentioning this on our clinic webpages and by placing posters in our clinic reception areas. All staff students and volunteers will 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, 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 (will be) 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 receptions.