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NECP  
North East Child Psychiatry

**NECP policy 003 – Safeguarding children policy**  
**PRIVATE AND CONFIDENTIAL**

# North East Child Psychiatry Ltd

## Safeguarding children policy

Children have the right to be protected from harm.

North East Child Psychiatry Ltd (NECP) works with children and young people so we have this clear set of guidelines about how we will:

- keep children safe
- respond to child protection concerns.

These form an important part of protecting children and young people. They are supported by good governance, health and safety, financial management, staff supervision and management.

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This policy should be read alongside our organisational policies, procedures, guidance and other related documents including:

- Information Governance policy / Privacy notice
- Consent policy and procedure
- Complaints policy and procedure
- Health, safety and risk policy

## **1. Context**

NECP was established in 2020 in order to provide high-quality, compassionate mental health care focussed on children, young people and their families and carers. We are committed to providing expert assistance and support. We see patients face to face as well as providing telephone and video consultations. We are based in North Tyneside and accept referrals from across north-east England.

Dr Zoë Gilder is a consultant child and adolescent psychiatrist as well as serving as Medical Director for NECP. Paul Gilder is Practice and Administration Manager at NECP.

NECP is wholly committed to the wellbeing of children and young people, we see the safety and protection of children as paramount.

## **2. The purpose and scope of this policy**

The purpose of this policy is:

- to protect children and young people who receive NECP's services from harm. This includes the children of adults who use our services
- to provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection.

This policy applies to anyone working on behalf of NECP including senior managers and the board of directors, paid staff, volunteers, sessional workers, agency staff and students. This applies to those working directly for NECP as well as other professionals providing freelance independent work on behalf of NECP. NECP have an expectation that anyone involved with children and young people work to the same high standards.

This policy will guide staff to know what to do when they have concerns about a child's welfare or safety.

For the purposes of this policy a child is under the age of 18 and includes unborn babies.

This policy ensures we adhere to local and national policy and guidance.

## **3. Policy statement**

NECP believes everyone has a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.

NECP will give equal priority to keeping all children and young people safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation.

NECP recognises that some children are additionally vulnerable because of the impact of discrimination, previous experiences, their level of dependency, communication needs or other issues.

NECP will meet our commitment to keeping children safe by:

- listening to children and respecting them
- appointing a nominated child protection lead who will take the lead responsibility for safeguarding at the highest level in the organisation
- writing detailed safeguarding and child protection procedures

- making sure all staff and volunteers understand and follow the safeguarding and child protection procedures
- ensuring children, young people and their families know about the NECP's safeguarding and child protection policies and what to do if they have a concern
- building a safeguarding culture where staff, volunteers and children know how they are expected to behave and feel comfortable about sharing concerns.

**We believe that:**

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

**We recognise that:**

- the welfare of children 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 issues
- extra safeguards may be needed to keep children who are additionally vulnerable safe from abuse.

**We will seek to keep children and young people safe by:**

- valuing, listening to and respecting them
- appointing a nominated child protection lead for children and young people
- adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures and behaviour codes confidently and competently
- selecting staff and volunteers safely, ensuring all necessary checks are made
- recording and storing and using information professionally and securely, in line with data protection legislation and guidance
- sharing information about safeguarding and good practice with children and their families via one-to-one discussions and information on our website
- making sure that children, young people and their families know where to go for help if they have a concern
- using our 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 carers appropriately
- using our procedures to manage any allegations against staff and volunteers appropriately
- creating and maintaining an anti-bullying environment and ensuring that we have a procedure to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing measures in place

- ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- building a safeguarding culture where staff and volunteers, children, young people and their families, treat each other with respect and are comfortable about sharing concerns.

#### **4. Recognising Abuse**

There are different types of abuse and NECP staff need to be aware of potential warning signs and take action where required.

Child abuse can take many forms, this may include the following:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Actual or possible Fabricated and Induced Illness (FII)
- Domestic abuse
- Radicalisation
- Child exploitation (Criminal and Sexual)
- Exploitation
- Modern slavery (e.g. county lines, servitude)
- Culture, Religion and Harmful Practices (including Female Genital Mutilation, honour-based abuse, forced marriage)
- Human trafficking
- Hate crime

All NECP staff will attend safeguarding training to be able to identify abuse.

#### **5. Think Family**

Think Family is an approach to help staff consider the parent (carer), the child and the family as a whole when assessing the needs of and planning care of a service user. It is essential that when we are working with parents/carers of children we are considering the impact of parental mental health on the children but also the impact of the parental role on our service users. This supports better outcomes for the child, adult and family.

Family members do not always reside together, and it is important to consider wider family members or significant others who may impact on the family.

Considering support for the whole family is important, referrals to other services should be made, with consent, where it can help a family situation.

Staff must document that the whole family have been considered, including the impact of parental mental health on the child(ren), within the electronic clinical record.

Staff need to try to understand what life is like for the child/ren.

Caring for children with a range of needs can be a challenge for anyone and especially someone who may be struggling with their mental health so it is important to consider this.

## **6. The child's voice**

'The child's voice' not only refers to what children say directly, but to how they behave and how this could be an expression of their feelings. We need to consider what their behaviour could tell us. This means listening to them, observing them and seeing their experiences from the child's point of view.

Children should have a say when decisions are made which may affect them, staff need to understand the lived experience of the child. When staff are working with an adult who is a parent or has caring responsibilities for a child, staff must capture the voice of the child as part of their assessment and keep the lived experience of the child at the fore of their work.

Staff must evidence in the electronic care record that the voice of the child and their lived experience has been considered and subsequent action taken as a result of this. Wherever possible staff should ensure they are sharing the voice and lived experience of the child with other agencies, as appropriate

## **7. Information gathering**

Staff need to 'think family' when working with service users, to know who is in the family and what roles they take on.

Details must be recorded in Cliniko, including:

- Names, DOB, parental responsibility, school
- Who else lives in the house
- Any risks associated with others in the household
- Daily life for the family
- Who meets the needs of the child/ren

Family members do not always live together. It is important to consider wider family members/ care givers or significant others who may impact on the family.

Identification of Parental Responsibility is mandatory for all children identified. Staff must check that the adults who present with children have parental responsibility.

## **8. Information sharing**

Good information sharing practice is at the heart of good safeguarding practice. Serious case reviews have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.

Staff should use this policy in conjunction with the NECP Privacy Notice.

Staff should consider sharing information on adults outside of the family who may cause harm, with relevant agencies.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern.

Where staff need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows staff to share information. This includes allowing staff to

share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that staff gain consent, or if to gain consent would place a child at risk. Examples of special category data includes race or ethnic origin, political opinions, religious beliefs, genetic data, data concerning health.

The reasons for sharing information without consent must be clearly documented within the electronic care record.

## **9. Mental Capacity Act**

The Mental Capacity Act 2005, provides a framework to safeguard and empower people over 16 years of age who are unable to make all or some decision themselves. The Act includes a range of powers and services which must be considered as part of a safeguarding plan where a person lacks capacity.

## **10. Looked after children**

A Looked After Child often referred to as LAC, is a child in the care of the local authority or who is given accommodation by them for more than 24 hours. This can be on court orders or an adoption pathway, children who are voluntarily looked after including short-term placements, respite placements or those on remand.

Looked after Children experience the same health concerns as their peers, sometimes at a greater degree. All Looked after Children need to have a full health review including emotional and mental wellbeing.

## **11. Contextual safeguarding**

Contextual Safeguarding highlights 'children may be vulnerable to abuse or exploitation from outside their families' (Working Together 2018). This may occur at school and other educational establishments, from within peer groups, within the wider community and/or on-line. It is sometimes referred to as extra-familial harms.

The threats can include: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influence of extremism leading to radicalisation.

It is important for staff to recognise places, groups and people who may be involved in causing harm to children. It is essential this is recorded within the electronic care record and shared within the multiagency as stated in local safeguarding information sharing procedures.

All local Safeguarding Children Partnerships have guidance that staff must follow. Please see the local partnership websites for further information.

## **12. Responding to abuse**

Staff must make a referral to Children's Social Care if there are signs that a child under the age of eighteen or an unborn baby:

- Is experiencing or may have already experienced abuse or neglect
- Is likely to suffer significant harm in the future.



Anyone who is worried about a child's / unborn baby's welfare must make a local authority referral, the Internet can be used to direct to the local authorities within the relevant geographical area, to find threshold tools and referral processes. Local safeguarding children partnerships have multi agency guidance and support available through their websites and must be used alongside this policy.

Staff must gain consent from those with parental responsibility to make the referral unless this will increase the risks to the child. The referral must clearly indicate why consent has not been sought.

When a referral is made verbally it must be confirmed in writing within 48 hours. The Local Authority should confirm receipt of a referral within 1 working day. If the referrer has not received this within 3 working days they must contact the Local Authority to confirm it has been received, regardless of whether the person has been discharged or remains open.

Where a crime is suspected to have been committed then the police are to be notified immediately and evidence should be preserved wherever possible. Staff must follow the Criminal Incident Reporting Procedure. Police may require confidential information, the confidentiality and Sharing Information policy must be followed.

A child or adult may make a disclosure of abuse to staff, staff must explain the limitations of confidentiality. Staff must seek the child's view on a referral to the Local Authority where possible, however there should be clear professional responsibility to take required action to keep the child safe.

### **13. Recording concerns**

All safeguarding children concerns must be recorded in the electronic patient record (Cliniko), as soon as the concern is raised. All records must be accurate and factual as they may well be relied upon at a later date in court and all dates and times must be recorded in sequence and the entry (digitally) signed.

NECP does not hold any paper records.

NECP has set up Cliniko to require 2-factor authentication so information stored within is safe and secure.

### **14. Child Protection processes**

NECP will attend child protection meetings including strategy meetings as far as possible, these should take precedence over other work

NECP will provide reports, as requested, for Initial and Review Conferences. The report should be shared with families ahead of conferences unless there are good reasons why not, such as the potential to cause harm to the child.

Minutes from the conferences must be uploaded to the patient's record on Cliniko.

If a child or young person has been made subject to a Child Protection Plan, this should be documented on the 'front page' of the patient record as a 'Medical alert'.

A report to be submitted to an Initial Child Protection Conference (ICPC) should include the following information:

- Name and position of professional completing the report
- Date, time and location of ICPC
- Name, DOB and address for child / young person

- Details of mother, father and siblings plus other important people in the household
- Brief summary of concerns that led to ICPC
- Chronology of NECP's involvement and events of concern leading up to ICPC
- Any past history of child / young person being subject to Child in Need or Child Protection Plan
- Date last seen by NECP
- Child / young person's views
- Current risks and how to mitigate them
- Professional's recommendation regarding Child Protection Plan

### **15. Behaviour within NECP premises**

NECP operates from the ground floor of a building with front door access which is not shared by other businesses or residents; the door is secured with a digital access system. Under 16 year olds would be expected to be accompanied by a parent or carer, over 16 year olds who are deemed to have sufficient independent living skills and are Gillick competent to travel to appointments by themselves can be unaccompanied.

To access NECP, people need to enter from street level using a digital access code which is sent by NECP admin prior to the appointment, the code is regularly changed and only shared with people who need to know it. There is a dedicated waiting room with a variety of items for entertaining young people including toys, books and colouring materials. It is possible that a child will share the waiting room with another family but family/carers supervision is expected.

The ground floor windows are frosted to promote privacy and confidentiality.

### **16. Anti-bullying**

No incidents of bullying will be tolerated by NECP, either witnessed in NECP premises or that NECP staff are aware of from other settings. If this is witnessed appropriate action will be taken to halt the bullying, check on the wellbeing of the victim and pursue follow up if necessary e.g. liaison with school.

### **17. Photography and sharing images guidance**

No photography or videoing of children or young people should be carried out by NECP without explicit consent from whoever holds parental responsibility (PR) and the child / young person if they have competence, it would not be normal practice for NECP to take images for clinical purposes. If parents / carers share images of a child / young person with NECP, for example to illustrate behaviours or physical presentations, then these are generally discouraged and rarely stored in the patient record.

### **18. Online safety**

Children and young people do not have access to the wi-fi code in NECP premises. Appropriate parental / carer supervision should be in place to prevent unsafe online behaviours when in NECP premises.

NECP has a number of social media platforms including X, Instagram and Facebook. These are publicly and freely available. They are not specifically targeted at young people, they are not used as channels of direct communication with young people. Parents are responsible for making sure children and young people do not have access to age-inappropriate forums / apps.

## **19. Recruitment of staff**

Dr Gilder is the only clinician employed by NECP. Paul Gilder is Practice and Administration Manager and is employed by NECP. All other professionals who work with children and young people in collaboration with NECP are themselves either self-employed or employed by organisations. Whilst NECP has an expectation around how they behave and respond to safeguarding concerns NECP is not directly responsible for staff employment or induction. NECP will have checked professional standing before recommending involvement e.g. qualifications, experience and DBS status.

## **20. Health and safety**

NECP operates from premises which have been inspected for fire safety, smoke/heat detectors, and fire extinguishers are available and there are two clear, signposted fire exits. NECP has also ensured electrical safety with an inspection by a qualified electrician and annual PAT testing.

NECP has a well-stocked and up to date first aid supply box. Dr Gilder, as a qualified medical doctor, is able to provide first aid for minor injuries and make recommendations or action onward referrals if additional care is needed.

NECP has a small amount of food / drink-making facilities available – the waiting room has a kettle, coffee machine and fridge. All tea and coffee is contained in air-tight containers, as much as possible in single-portion packaging. Biscuits and small snacks are available in sealed packaging (from multi-packs). All cups and glasses are regularly washed after use and kept clean.

There are no hazardous substances available within NECP premises, any cleaning chemicals are kept in locked cupboards in the kitchen (a room children and parents/carers do not have access to). Alcohol-based rinse-free handwash is available in the waiting room where children should be supervised.

## **21. Allegations of abuse by professionals**

Where the professional works outside NECP, staff must gather as much information as possible about the person and their place of work. Consideration should be given to making a referral under the LADO process. The employer for the staff member must be notified.

## **22. Allegations of historical abuse**

Some adults have experienced abuse in childhood which has impacted on their mental health. Adults may disclose they or others in their family were abused in childhood. Response to allegations by an adult of abuse experienced as a child, must be of as high a standard as a response to current abuse, because of the likelihood that the perpetrator has continued to abuse children and may be doing so now. Criminal prosecution may be possible.

NECP should ascertain whether this is the first time the adult has disclosed the abuse. Information should be carefully gathered and documented. The adult must be informed of the professional duty to safeguard children. This includes trying to establish whether the past abuser is in contact with children who could currently be at risk of harm, which may need to be referred to children's social care or police. This is dependent on the amount of information the adult shares. If they do not agree to share information regarding the alleged perpetrator of abuse, professionals should discuss with a colleague and consider seeking

further advice from the Local Authority or police. The adult who has disclosed should be asked whether they want a police investigation and offered support to report the abuse. Where a crime is suspected of being committed then the Police are to be notified immediately.

### **23. Young carers**

Working Together to Safeguard children (2018) defines a young carer as a child (person under the age of 18) who assumes important caring responsibilities for parents and/or siblings who are disabled, have physical or mental ill health problems or drug and alcohol misuse. It is important to remember they may be caring for an adult who is not their parent, including a grandparent.

Young carers and families are experts on their own lives. It is the multi-agency responsibility to include them in personalising the care to meet their needs. This applies whether care needs arise as a result of mental or physical illness or disability, substance misuse and whether a parent, a sibling or a family member is the focus of support.

A whole family approach means making sure the assessment considers and evaluates how the needs of the person being cared for impacts on the needs of the child who is a young carer. Any support offered to the service user needs to try to minimise the role the young carer needs to take.

Where there are concerns about the wellbeing and safety of children, including young carers a full assessment should be requested from the Local Authority.

### **24. Mandatory reporting – FGM and forced marriage**

Female Genital Mutilation (FGM) has no health benefits and harms girls and women in many ways. It is a violation of human rights. Mandatory reporting (Serious Crime Act 2015) is required where disclosure of FGM for themselves or relative under the age of 18 is made. For under 18's this must be reported to the police via 101. This is an immediate referral to the local authority.

The Anti-social behaviour, Crime and Policing Act (2014) made it a criminal offence to force someone to marry, including taking someone overseas to force them to marry, marrying someone who lacks mental capacity to consent and where the person is under duress. Concerns regarding forced marriage must be reported to the Local Authority and additional advice can be sought from the Forced Marriage Protection Unit 020 7008 0151.

### **25. Advice and support**

Dr Gilder has established peer networks which can be used for advice and support around issues of children's safeguarding. Peer clinical supervision and peer network groups can all be approached. Dr Gilder can directly approach Local Authority Children's safeguarding teams for anonymous advice as well as making named referrals where concerns are present.

### **26. Clinical (safeguarding) supervision**

Effective safeguarding supervision helps to provide a clear focus on a child's well-being and supports professionals to reflect on the impact of their decisions on the child and their family. It should provide emotional support for professionals. Dr Gilder has regular (every 2 months)

clinical supervision with two consultant psychiatrist peers. If a child or young person is subject to a child protection plan they should be discussed as part of the session.

### **27. Safeguarding training**

Dr Gilder will attend at least a half-day (3 hours) of safeguarding children training every year. This will be evidenced via her Continuous Professional Development (CPD) log held at the Royal College of Psychiatrists and reflected on within her annual appraisal.

### **28. Child Safeguarding Practice reviews**

As part of Dr Gilder's annual appraisal she will endeavour to review any relevant, local safeguarding practice review reports.

### **29. Legal framework**

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation and guidance is available from [nspcc.org.uk/child protection](https://nspcc.org.uk/child-protection).

### **30. Local safeguarding contact details**

North Tyneside Safeguarding Children's Partnership (info from their website):

Front Door Service - The Front Door Service provides access to all services for children and families in North Tyneside. It is the first point of contact for everyone.

Tel: 0345 2000 109 (weekdays 8:30am to 5pm & 4:30pm on Friday)

If the issue cannot wait until the next working day, call the Emergency Duty Team.

Tel: 0330 333 7475 (evenings and weekends).

If ever concerned that a child is in immediate danger, call the police on 999.

The Multi Agency Safeguarding Hub (MASH) offers a dedicated telephone advice line to safeguarding professionals.

Tel: **0191 643 5555** (Monday to Thursday 8:30am - 5.00pm & Friday 8:30am - 4:30pm).

### **31. How this policy will be shared**

NECP is committed to transparency, as such this policy will be published on the public website.

### **32. Managing complaints**

NECP have a complaints policy which can be referred to. In the first instance Dr Gilder is keen that any issues are raised directly to support an informal resolution if possible. If an apology is indicated it will be given. Should this not produce a satisfactory outcome then a more formal process will need to be followed, as per policy.

### 33. Contact details

Nominated safeguarding and child protection lead

Name: Dr Zoë Gilder

Phone/email: 07493 676264 / [contact@northeastchildpsychiatry.co.uk](mailto:contact@northeastchildpsychiatry.co.uk)

We are committed to reviewing our policy and good practice annually.

NECP uses the NSPCC Learning's self-assessment tool to help audit current safeguarding and child protection arrangements and identify areas for development.

This policy was last reviewed: 2<sup>nd</sup> January 2026

Signed:  Paul Gilder

Date: 02/01/2026

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