**The Southmead Project** 

**Child Safeguarding Policy and Procedures**

**Reviewed: September 2021**

**Review date: September 2022**

### *Policy Statement*

This policy applies to all staff, including senior managers and the Board of Trustees, paid staff, volunteers, sessional workers, agency staff, students or anyone working on behalf of the Southmead Project. It is available to clients to view at any time.

The purpose of this policy:

* To protect children and young people who receive the Southmead Project’s services. This includes the children of adults who use our services
* To provide staff and volunteers with the overarching principles that guide our approach to safeguarding and child protection

The Southmead Project believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practise in a way that protects them.

### *Legal framework*

This policy has been drawn up on the basis of law and guidance that seeks to protect children including:

* Working together to safeguarding children: statutory guidance on inter-agency working to safeguard and promote the welfare of children (HM Government 2018)

It should be considered in conjunction with the Bristol Safeguarding Children Partnership Procedures: <http://www.proceduresonline.com/swcpp/bristol/index.html>

This policy should be read alongside the other policies and procedures of the Southmead Project.

## Types of Abuse

Child abuse falls into one or more of four categories:

### Physical abuse

A form of abuse which 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.[[1]](#footnote-1)

### Emotional abuse

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 a 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 cyber bullying), 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.[[2]](#footnote-2)

### 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.[[3]](#footnote-3)

Neglect.

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:

* provide adequate food, clothing and shelter (including exclusion from home or abandonment)
* protect a child from physical and emotional harm or danger
* ensure adequate supervision (including the use of inadequate care-givers)
* ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.[[4]](#footnote-4)

## The Southmead Project Child Protection Statement

**We recognise that:**

* The welfare of the child is paramount, as enshrined in the Children Act 1989.
* All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal 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.
* Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people’s welfare.
* Confidentiality is important to our clients but we have an obligation to protect children and their welfare is always the paramount consideration.

**The Southmead Project will seek to keep children and young people safe by:**

* Valuing them, listening to and respecting them.
* Appointing a Designated Safeguarding Officer (DSO) for children and young people and a deputy.
* Adopting child protection and safeguarding practices through procedures and a code of conduct for staff and volunteers.
* Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures.
* Recruiting staff and volunteers safely, ensuring that all staff, volunteers and trustees have enhanced Disclosure Barring Service (DBS) checks.
* Provide thorough and effective training to staff and volunteers on child protection policies and procedures.
* Recording and storing information professionally and securely, and sharing information about safeguarding and good practice with staff and volunteers via resources and one-to-one discussions.
* Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers as appropriate.
* Using our procedures to manage allegations against staff and volunteers appropriately.
* Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise.
* Ensuring that we have effective complaints and whistleblowing measures in place and the DSO will report all concerns, complaints and allegations of abuse against or by staff to the appropriate Local Authority Designated Officer.
* 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.

## Procedure following disclosure

If a client discloses that they are aware of a child at risk of abuse the following procedure applies:

* Believe what the person is saying and take it seriously, and all allegations of abuse or potential abuse must be acted on.
* Reassure the person who has made the disclosure to you that they have done the right thing. Explain to the person that you will now pass this on to the DSO or Deputy DSO and the appropriate action will be taken.
* Take the allegations to the DSO or Deputy DSO to discuss what actions to take. The person disclosed to, with the support of the DSO or Deputy DSO, will pass on the relevant information to Children’s Services, or failing this the Police, and will liaise as necessary.
* Record exactly what you have been told as soon after the disclosure as possible.
* A safeguarding report form will be filled in to record any discussions or actions taken.
* If for any reason you cannot immediately contact the DSO or Deputy DSO, contact Children’s Services, the emergency duty Social Worker (if out of hours) or the Police directly to pass on all relevant information. Your actions must be communicated to the DSO or Deputy DSO as soon as possible.
* Under no circumstance should you confront the alleged abuser. Do not share suspicions or information with any other person other than the DSO or Deputy DSO for safeguarding, Children’s Services and the Police, or otherwise you will risk forewarning the alleged abuser and compromise any investigation or prosecution.
* The Southmead Project operates a confidential service, however, if a member of staff or volunteer has a strong suspicion that a child is at risk of harm, the responsibility to safeguard the child overrides that of a client or colleague. Staff or volunteers MUST break confidentiality if necessary in these circumstances. (See the Data Protection and Information Sharing policy). In this event, a staff member or volunteer is expected to discuss the action they propose to take with the client beforehand, unless it was felt doing so would place the child at greater risk.
* If someone discloses that they are involved in the abuse of a child, YOU MUST TAKE ACTION.

Emergency action: in common law, if you see a child in need of medical attention, you have a right and responsibility to seek medical attention by dialling 999 and asking for the ambulance service. You don’t require parental consent in an emergency.

## Referral Procedure

Referrals can only be made where the organisation has sufficient information about the client and child / young person involved (one or more of the following: name, address, contact details, date of birth, parent/carer’s name). The following procedures should be followed:

* A staff member or volunteer may be given direct information about a child who is currently at risk of harm or they may be given information which leads them to a professional judgement that a child is being harmed or is at risk of harm.
* The staff member or volunteer with immediate concerns about safeguarding should report the matter to the DSO or Deputy DSO as soon as possible and within 24 hours. This discussion and subsequent decisions will be recorded and dated on a safeguarding report form and log sheet.
* If there is consent from the client to make a referral regarding a child known to them or in their care, then this can be agreed and made immediately by telephone.
* If gaining consent from a client on behalf of a child known to them or in their care may place a child at greater risk of harm then this route is not an option and referrals should only be made by the Southmead Project.
* If there is no consent from the client to make a referral regarding a child known to them or in their care, the DSO or Deputy DSO will make a decision (this decision and the reasoning behind it must be clearly recorded and shared with First Response when the referral is made) about whether to break confidentiality and make a referral.
* If there are no identifying details, then no referral can be made by the Southmead Project but the client can be encouraged to make the referral themselves.
* If it is decided that a referral is necessary, the person disclosed to, with the support of the DSO or Deputy DSO, will pass on the relevant information to Children’s Services, or failing this the Police.
* First Response will advise the referrer of the outcome of the referral, which should be done in writing and placed on the file with the safeguarding report form.
* It is the responsibility of the DSO to ensure that the outcome of the referral is recorded and if feedback is not received from First Response the DSO should contact to seek confirmation regarding the outcome. The DSO will inform the staff member or volunteer of the outcome of the referral.
* Situations where no referral is possible (e.g. due to a lack of identifying information) may still leave staff members or volunteer with uncomfortable feelings and these should be discussed in person with the DSO.

## Training and Support for Staff

The Southmead Project commits resources for induction, training of staff (paid and unpaid), effective communications and support mechanisms in relation to safeguarding.

**Induction** will include:

* Discussion of the Safeguarding Policy (and confirmation of understanding)
* Discussion of other relevant policies
* Ensure familiarity with reporting processes, the roles of line manager, DSO and Deputy DSO (and who acts in their absence)
* Initial training on safeguarding including: safe working practices, safer recruitment, understanding child protection and adult safeguarding

**Training**

All staff who, through their role, are in contact with adults at risk will have access to safeguarding training at an appropriate level at least every 3 years. This includes trustees who are responsible for safeguarding.

The most recent training course that the Southmead Project whole staff team and trustees attended was:

* Child protection and safeguarding awareness (1 day course) with the Training Exchange on 17th June 2022

**Communications and discussion of safeguarding issues**

Commitment to the following communication methods will ensure effective communication of safeguarding issues and practice:

* Safeguarding as a regular agenda item across team meetings, Leadership Team meetings, Trustee meetings, one-to-one meetings (formal or informal) and clinical supervision.
* Participation in multi-agency safeguarding procedures and meetings in order to be involved in child/adult protection procedures.
* Provision of a clear and effective reporting procedure which encourages reporting of concerns.
* Encouraging open discussion (e.g. during supervision and team meetings) to identify and barriers to reporting so that they can be addressed.
* Inclusion of safeguarding as a discussion prompt during supervision meetings/appraisals to encourage reflection.

**Support**

We recognise that involvement in situations where there is risk of actual harm can be stressful for staff concerned. The mechanisms in place to support staff include:

* Debriefing support for paid and unpaid staff so that they can reflect on the issues they have dealt with
* Seeking further support as appropriate e.g. access to counselling.
* Staff who have initiated protection concerns will be contacted by line manager/DSM the same day or as soon as possible thereafter.
* Clinical supervision with an external supervisor, paid for by the Southmead Project.
* Regular line management meetings.

## Allegations Made against The Southmead Project Staff or Volunteers

If an allegation of abuse is made against a member of staff or volunteer, the referral procedures above will be followed.

If the information you have regarding risk to a child relates to abuse by a member of the Southmead Project you should immediately inform the DSO or Deputy DSO in the first instance, or if the allegation concerns the DSO or Deputy DSO you should speak directly to the Chair of the Board of Trustees.

The DSO/Deputy DSO and the Chair of the Board of Trustees will immediately inform the individual concerned that they are suspended from duties pending investigation. This is not an assumption of guilt, but serves to allow the appropriate investigation to take place and protects the member of staff or volunteer from further allegations.

The appropriate Local Authority Designated Officer (LADO) will be informed within 24 hours of the allegation coming to the attention of the DSO. The LADO will advise on the route to be followed.

Further information regarding managing allegations is available on the South West Child Protection procedures website, here: <http://www.proceduresonline.com/swcpp/bristol/p_alleg_against_staff.html>

## Record Keeping

Records must be made of discussions, decisions and actions taken at all stages of the procedure, clearly indicating who was present. These will be kept on safeguarding forms, which will be in an electronic password-protected file. Safeguarding concerns regarding a client or a disclosure made by them will also be kept in hard copy in the locked filing cabinet at the Southmead Project.

## Contact details

**Designated Safeguarding Officer (DSO)**

Name: Emma Bull (Head of Therapeutic Services)

Phone/email: 0117 9506 022 / emma.bull@southmeadproject.com

**Deputy DSO**

Name: Rachel Morse (Counselling Lead)

Phone/email: 0117 9506 022 / rachel.morse@southmeadproject.com

**Designated Safeguarding Trustee**

Name: Helen Gunson (safeguarding trustee)

Phone/email: 0117 9506 022 / hgunson@gmail.com

**Local Authority Designated Officer**

Name: Nicola Laird

Phone: 0117 9037795

## How to ask for help in Bristol

First Response is the place to call if you are concerned about a child or young person or think they need some help. This is the number for new referrals or requests for help: **0117 903 6444.**

Non-urgent referrals or requests for help by a professional can be made using a web form: https://www.bristol.gov.uk/social-care-health/first-response-for-professionals-working-with-children

For enquiries about existing cases with an allocated social worker, please check this site for up-to-date numbers: <https://www.bristol.gov.uk/social-care-health/social-work-contact-details-children-and-young-people> or call:

* North Bristol, Social Work Assessment team: **0117 903 8700**
* East/Central Bristol, Social Work Assessment team: **0117 903 6500**
* South Bristol (Hartcliffe), Social Work Assessment team: **0117 357 4700**

If you are concerned about the immediate safety of a child the Police should be contacted on 101 at any time (or in emergencies by dialling 999).

In addition, **CEOP** can be contacted on [www.ceop.police.uk](http://www.ceop.police.uk) and the **NSPCC Helpline** number is 0808 800 5000.

**Review**

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

This policy was last reviewed on: 06/09/2021

Signed: Imogen McCabe

1. <http://www.workingtogetheronline.co.uk/glossary/phys_abuse.html> [↑](#footnote-ref-1)
2. <http://www.workingtogetheronline.co.uk/glossary/emo_abuse.html> [↑](#footnote-ref-2)
3. <http://www.workingtogetheronline.co.uk/glossary/sex_abuse.html> [↑](#footnote-ref-3)
4. <http://www.workingtogetheronline.co.uk/glossary/neglect.html> [↑](#footnote-ref-4)