



Safeguarding Policy and Procedure

Policy Summary

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This document contains:
Policy: Broad statements that MUST be followed
Procedure: Step by step instructions that MUST be followed
Guidance: Recommended practice that SHOULD be followed

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About this Document

This document sets out what employees, sessional staff and volunteers must do when there are concerns that a child or young person is at risk, or has been abused (section A), or when an adult presents safeguarding concerns (section B). The Bridge Foundation is required to act to safeguard children and young people from abuse and neglect and to ensure that vulnerable adults and adults at risk from immediate harm are safeguarded.

This document is in line with the legal framework set out in The Children Acts 1989 and 2004 and subsequent legislation, and all associated guidance, in particular Working Together to Safeguard Children 2015 and also the Bristol Safeguarding Adults Board procedures. These can be found on the Bristol Safeguarding Adults website. <https://bristolsafeguarding.org/adults/>

Roles and responsibilities

Safeguarding is everyone's responsibility and anyone connected with The Bridge Foundation, not simply those in direct contact with children and young people, must adhere to this Child Protection Policy. This includes following the appropriate processes if they have a child protection concern.

All employees, sessional staff, volunteers and Trustees working within The Bridge Foundation must:

- Understand the different categories of abuse and neglect, and how to recognise the signs.
- Recognise that some parents/carers may require additional support in raising their children, for example as a result of mental health issues, substance misuse or domestic abuse.
- Understand their responsibility to report any concerns that a child is being, or is at risk of being, abused or neglected. This includes reporting any concern they may have regarding another staff member's behaviour towards a child or children.
- Understand the line of accountability for reporting safeguarding concerns, and be fully aware of the organisation's safeguarding lead and their role within the organisation.
- If appropriate; liaise with other agencies, contribute to safeguarding assessments and attend child protection meetings / core groups / conferences.

Safeguarding Lead

The Safeguarding Lead for The Bridge Foundation is Georgina Taylor, Clinical Director for BPS.

If the Safeguarding Lead is not available, staff and volunteers should report to the Clinical Director for BiS, Matthew Jenkins or the Deputy Safeguarding Leads who are Hania Maclagan and Heather Mora.

If neither Matthew, Georgina, Hania or Heather are available then advice should be sought from Bristol City Council First Response Tel: 0117 9036444.

Outside of working hours advice can be sought from the Emergency Duty Team on Tel: 01454 615165

The Safeguarding Lead:

- provides a direct point of contact for any member of staff who has a child protection concern
- ensures all concerns are dealt with in a prompt and secure manner, and in line with the South West Child Protection Procedures www.proceduresonline.com/swcpp/
- Ensures that all child protection concerns are recorded and managed in an appropriate manner. This includes, where necessary, referring the concern to Children's Social Care or the Local Authority Designated Officer (in the case of allegations relating to staff or volunteers)
- Provides the Board of Trustees with an annual report on safeguarding that includes information about staff training and an anonymised update on reports of concerns and allegations against staff.
- The Safeguarding Lead will also feedback regularly to the Board of Trustees the number of children and Young People within the services' caseload currently on a Child in Need or Child Protection plan, as well as the number of referrals made.

If the Safeguarding Lead is unclear about whether or not to make a referral to Children's Social Care, they can call First Response for advice.

Recognising the signs of abuse

Children and Young People

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institution or community setting by those known to them or, more rarely, by others. Children can be abused by an adult, or adults, or another child or children.

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 or, or deliberately induces, illness in a child.

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 capacity, 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 (*including witnessing domestic abuse*). It may involve serious bullying (*including cyberbullying*), 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, although it may occur alone.

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.

Child Sexual Exploitation

This is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual

activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

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 misuse.

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); or
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Historical abuse

There may be times when an adult will disclose abuse which occurred in the past during their childhood. This information must be treated in exactly the same way as a disclosure or suspicion of current child abuse. The reason for this is that the suspected abuser may still present a risk to children now.

Adults

Recognising the signs of abuse

Recognising the signs of abuse poses challenges for most professionals, especially those who are not required to respond to safeguarding concerns on a day-to-day basis. Abuse can be understood under the categories of: physical, sexual, domestic, psychological, financial or material, modern slavery, neglect, institutional, discriminatory, and self-neglect.

Definitions of abuse

Abuse is a violation of person's human rights or dignity by someone else. There are many kinds of abuse, some of which are listed below:

Physical

Including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate physical sanctions.

Domestic

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. This includes psychological, physical, sexual, financial and emotional abuse or 'honour'-based violence.

Sexual

Including rape, indecent exposure, sexual harassment or assault, inappropriate looking or touching, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure or sexual acts to which the adult at risk has not consented or was pressured into consenting.

Psychological

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.

Financial or material

Including theft, fraud, internet scamming, pressure in connection with wills, property or inheritance or financial transactions, the misappropriation or misuse of property, possessions or benefits.

Modern Slavery

Including slavery, human trafficking, forced labour and domestic servitude, or traffickers and slave masters coercing, deceiving and forcing individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory

Including racist or sexist behaviour, slurs and harassment based on a person's ethnicity, race, culture, religion, gender, sexual orientation, age or disability.

Organisational abuse

Including neglect, poor care practice or ill-treatment within an institution or specific care setting such as a hospital or care home for example. This might be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect or acts of omission

Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health care, care and support or education services, or withholding necessities of life such as medication, adequate nutrition and heating.

Self-neglect

Neglecting to care for one's personal hygiene, health or surroundings. Self-neglect may not prompt a Section 42 inquiry, an assessment should be made on a case by case basis. Any of these forms of abuse can be deliberate, or be the result of ignorance or lack of training, knowledge or understanding. Often if a person is being abused in one way they are also being abused in other ways.

Safer Recruitment

By ensuring a high standard of safe practice from initial recruitment, The Bridge Foundation has an opportunity to identify and reject inappropriate candidates at interview stage, or in some cases deter potential abusers from even applying. These processes will help reduce the risk of abuse to children and young people by staff. The Bridge Foundation is

committed to following safer recruitment practices in line with Keeping Bristol Safe Partnership's 'Guidance for Safe Recruitment, Selection and Retention for Staff and Volunteers' set out in the BSCB Procedures Manual https://www.proceduresonline.com/swcpp/bristol/a_safe_rec.html

JLT will ensure that this guidance is embedded in The Bridge Foundation's policies and ensure that all lead recruiters are aware of the relevant guidance. This guidance will be checked at a minimum of annually as part of the policy revision.

Training

Adults

All staff will receive basic awareness training on safeguarding adults. This will usually be delivered as part of a whole staff safeguarding training that covers both child and adult safeguarding. This may be supplemented by additional information or training delivered by the lead for BPS adult provision.

Confidentiality and information sharing (adults)

The Bridge Foundation expects all staff to maintain confidentiality at all times and, in line with Data Protection law we do not share information if not required.

However information should be shared if an adult is deemed to be at risk of immediate harm. Sharing the right information at the right time, with the right people can make all the difference to preventing harm. For further guidance on information sharing and safeguarding see Bristol Safeguarding Adults Board 'Quick Guide to Information Sharing' at <https://bristolsafeguarding.org/media/1121/guide-to-info-sharing.pdf>

Children and Young People

The appropriate training levels for all staff and managers including the Safeguarding Lead are set out in the Keeping Bristol Safe Partnership (BSCB) training programme. <https://bristolsafeguarding.org/children-home/training/>

All staff will attend safeguarding training led by the Safeguarding Lead / Deputy Safeguarding Leads, or will attend KBSP trainings (level 3) in cases when this has been missed. The Child Protection Lead will update their safeguarding training with UKCP at least every two years. Other therapists will update their training at least every 3 years.

The Safeguarding Lead keeps a record of all staff safeguarding training.

Confidentiality and information sharing (children)

The Bridge Foundation expects all staff to maintain confidentiality at all times and, in line with Data Protection law we do not share information if not required.

However, information should be shared if a child or young person is deemed to be at risk of harm. Sharing the right information at the right time, with the right people can make all the difference to preventing harm. For further guidance on information sharing and safeguarding see Bristol Safeguarding Adults Board 'Quick Guide to Information Sharing' at <https://bristolsafeguarding.org/media/1121/guide-to-info-sharing.pdf>

Allegations or concerns regarding a member of staff or volunteer

Disclosures of abusive or inappropriate behaviour towards children may be made in relation to staff or volunteers working in the Bridge Foundation. Alternatively, staff members may have concerns regarding behaviour they have witnessed from another member of staff.

Any concern or allegation should be reported immediately to one of the safeguarding leads. If the allegation concerns one of the safeguarding lead then it should be reported to one of the deputy safeguarding leads.

The Director will respond in line with the Keeping Bristol Safe Partnership (BSCB) procedure 'Managing allegations against people who work with children' and where appropriate she must contact the Local Authority Designated Officer (LADO)

Tel: 0117 9037795

<https://bristolsafeguarding.org/media/1283/allegations-management-guidance-document.pdf>

Should an individual staff member be involved in child protection, other safeguarding procedures or police investigations in relation to abuse or neglect, they must inform their manager. In these circumstances, the Bridge Foundation will need to assess whether there is any potential for risk to transfer to the workplace and the individual's own work with children or young people.

Procedures

Safeguarding CYP

What to do if you are worried about a child

If a child or young person discloses to you that abuse or inappropriate behaviour has or is taking place, you should:

- Listen to the child. Allow them to tell you what has happened in their own way, and at their own pace.
- Remain calm. Be reassuring and supportive but try not to respond emotionally.
- Do not ask leading questions. Only ask questions if you are seeking clarification about something they have just said. Use TED; Tell, Explain, Describe.
- When you are able to make an accurate record of what you have been told, taking care to note any times, dates or locations mentioned. Use the child's own words where possible. Do not substitute anatomically correct names for body part used by the child.
- Reassure the child that they did the right thing in telling someone and you are glad they told you. Reassure the child that they have not done anything wrong.

Do not promise to keep their disclosure a secret, but reassure the child that you will only share the information with the right people who will be able to help them. Explain what you will do next.

At the earliest opportunity speak to the Safeguarding Lead. If they or the Deputy Safeguarding Leads are not available and the matter is urgent, ring First Response for advice.

If there is immediate risk of harm to a child DO NOT DELAY ring 999

Further information about what to do if you are worried about a child can be found on the Keeping Bristol Safe Partnership at <https://bristolsafeguarding.org/>

Tasks for Bridge employees, sessional staff and volunteers

If a member of staff is working with a child where there are child protection concerns they may need to be involved in the following tasks:

- Sharing information with the Police and Children's Services Department
- Attending strategy meetings and child protection case conferences as necessary in order to share information. Staff may have a major contribution to make in considering issues concerning the child, for example, development, mental health state, emotional vulnerability, family functioning and parental capacity.
- Preparing reports for child protection case conferences.
- Requests for court reports or Court directions for court reports should always be discussed with the clinical managers.

Working in School settings

This policy applies to Bridge Foundation staff working in schools. In addition, any member of staff who has concerns about a child they are working with in a school must inform the school's Safeguarding Lead (usually the Head Teacher) and must comply with the school's safeguarding policy and procedures.

Responding to Adult Safeguarding Concerns

Concerns about safeguarding adults at risk must always be discussed with the Safeguarding Lead as soon as possible.

The possibility of abuse can come to light in various ways, for example:

- An active disclosure of abuse by the adult;
- A passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse;
- A growing awareness that "something is not right";
- An allegation of abuse by a third party;
- A complaint or concern raised by an adult or a third party who doesn't recognise that it is abuse.

Hearing allegations of abuse and reporting your concerns is not always easy. Whatever the source of the information it must be treated seriously, checked, recorded and shared with your manager. All care agencies and professions share equally the responsibility for the identification of abuse, and for ensuring appropriate action is taken.

The adult themselves, any member of the public, a professional, or any organisation can refer an adult safeguarding concern.

It may be that the person you are seeking to protect asks you not to do anything at all, although they disclose that they are being abused. Whilst respecting this, it is important that you share what the person has said with your manager. Do reassure the person that you are listening to them but that you have a duty to inform your manager.

Who to report adult safeguarding concerns to

The Safeguarding Lead for The Bridge Foundation is Georgina Taylor. If they are not available then staff should discuss concerns with the Deputy Safeguarding Leads who are Matthew Jenkins, Hania Maclagan or Heather Mora.

If none of these people are available, please speak to one of the senior therapists ("Band 4s") about your concerns in the first instance. You can also seek information and advice from Care Direct by telephone on 0117 922 2700 (8.30am to 5pm Monday to Friday).

If children may be at risk; including unborn children, contact First Response on 0117 903 6444.

If out of hours, and the situation is an emergency, do consult the Emergency Duty Team on 01454 615165. Please note that EDT is for emergency situations only, for example where an adult at risk may need alternative accommodation or there is a child protection concern.

In any event all safeguarding concerns must be reported to the Safeguarding Lead as soon as possible.

The Safeguarding Lead / Deputy Safeguarding Lead will decide whether or not to make a referral to Care Direct. They will take into account:

The adult's wishes and preferred outcome

- Whether the adult has mental capacity to make an informed decision about their own and others' safety
- The safety and wellbeing of other children or other adults with care and support needs
- Whether there is a person in a position of trust involved
- Whether a crime has been committed

The Safeguarding Lead or their proxy should keep a record of the reason for referring the concern or the reason for not referring.

Dealing with disclosures

If an adult at risk discloses an allegation of abuse to you:

- Listen carefully and be sympathetic, you don't need to press the person for lots of detail, indeed taking a full written statement from the person at this point could be too stressful and jeopardise any future police investigation.
- Tell the person they have done the right thing in telling you, and that the abuse is not their fault
- Tell the person that you are treating what they said seriously and that you will be talking to your manager about it.
- Tell the person that you will do your best to support them.
- Clarify the nature of the abuse and establish if it needs an urgent response. If so keep the person as calm as possible until the police arrive.
- Make sure that the person is safe and well at that point.
- Do not attempt to contact or question the alleged perpetrator as you may be placing the adult at further risk of harm.
- Adhere to information sharing protocols, only share the persons' information with the people who need to know, and observe the confidentiality of all concerned at all times.
- Ask the person what they would like to happen next.

Useful guidance and information

Further guidance is available at www.bristolsafeguarding.org/adults

Unexpected client arrival at The Bridge (Children and Adults)

In the event of a client arriving at The Bridge Foundation without an appointment & in distressed state (including guidance for what to do out of The Bridge usual office hours)

i. In first instance if appropriate to do so:

- Explain that we are not an emergency service & explain usual procedures for contacting us / making an appointment
- Current clients:
 - If they are a current client let their therapist know that they called (either in person or if by email if this is outside of their therapist's working hours)
 - If the person's therapist is not available, check for any red flag info on OASIS and follow any plan in place (or ask another member of the team to do this)
 - Record on OASIS that person has presented at The Bridge without an appointment & any notes of your conversation
- If not a current client:
- Ask person to phone in (if out of hours then next day) & speak to relevant person who can help them, which might be Referrals Co-ordinator / Clinical Director / Finance and Office manager depending on the issue)

ii. **If the person needs more immediate help**, in the first instance:

- direct them to statutory services, e.g. GP during working hours, A&E if outside working hours / in a crisis.

If the person is under 18 years of age:

- Assess their ability to safely to get home.
- If you consider that they may not be safe to travel home alone then let them know that you will be contacting their parent or carer.
- Offer the young person a safe space to wait.

- Follow the steps below (iv, v and vi).
- If you consider that they might put themselves at risk if left alone then wait with the young person until the parent / carer arrives.

iv. If the person is not able to get access help for themselves or your judgment is that asking them to leave to do so might place them or a person in their care under increased risk of harm:

- If possible and if the person does not present a risk to you, ask them to wait in safe area (e.g. empty therapy room); otherwise stay with them outside the building.
- If possible, consult with the most senior clinician available or a member of the JLT
- Clinical staff / senior staff / therapist: if possible have a brief conversation with the person who has arrived in order to assess risk level in accordance with our risk policy
- Either direct to statutory services or in case of immediate high risk then follow the steps below

v. In the event that you assess that a person presents an immediate and serious risk to themselves and they are not able to take themselves to A&E:

- Call 999 and for an Ambulance; if the person has left the building then ask for the police

vi. In the event that you assess that a person presents an immediate risk to a person under the age of 18:

- Dial 999 and ask for the police

Appendix A: **Safeguarding concerns in the absence of a disclosure or cause to report**

Where you have safeguarding concerns that do not meet the criteria outlined in the safeguarding policy, i.e. insufficient evidence to make a safeguarding referral, this concern should

Be discussed with your supervisor at the earliest possible opportunity

You should record your concerns in your notes, monitor regularly and discuss regularly with your supervisor until it either escalates into the safeguarding policy or becomes evident that there is no longer a potential risk. Examples of this level of potential risk might include:

Sexualised behaviour or themes emerging in play that could potentially indicate a safeguarding concern but in the absence of any other evidence

Child is persistently highly reluctant to visit a particular relative but does not give any disclosure related to this when asked / during opportunities to explore