



POLICY DOCUMENT

Policy title: **SAFEGUARDING and CHILD PROTECTION POLICY**

Last reviewed: September 2022

Last amended: September 2022

SAFEGUARDING LEADS and BOARD OF TRUSTEES RESPONSIBLE PERSON

Designated Safeguarding Leads have been appointed as responsible for dealing with any concerns about the protection of children at Wellspring Settlement.

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Version	14
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Checked by:	Board Oct 22
HR : Sally Jobling	Jan 22
Staff consultation needed: yes/no	no
Next review of this document:	September 2023

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This policy and procedure forms part of our safeguarding children's arrangements.

Aims

Wellspring Settlement considers that the welfare of the child is paramount, and it is the duty of members, staff and volunteers under HM Government's Working Together to Safeguard children 2018 to implement this policy, and to ensure that it has in place appropriate procedures to safeguard the well-being of children and young people and protect them from abuse

Implementation and Monitoring

- The Board of Trustees will appoint a Safeguarding Officer;
- One role of the Safeguarding Officer will be to identify or ensure there is a member of staff to take the lead responsibility for safeguarding children within the setting liaising with local statutory children's services as appropriate. This person will be the **Designated Safeguarding Lead (DSL)** The DSL must attend an advanced inter-agency child protection training course, which must be updated at least every 2 years (in Bristol this is run by the Keeping Bristol Safe Partnership – KBSP);
- This Safeguarding Officer will receive reports from the DSL of any occasions when there are concerns or issues of Child Protection.
- All staff and volunteers are to undertake child protection training, which must be updated every 3 years. There will also be an annual in-house update for all staff;
- The Child Protection policy must be part of the induction for all staff and volunteers;
- All staff and volunteers are aware of how to support children to understand and recognise risk;
- The setting will review this policy annually, to ensure it is up to date and is being implemented correctly;
- If the DSL is uncertain about concerns about a child, they should contact Families in Focus.

Definitions of Abuse:

Child abuse is any action by another person – adult or child – that causes significant harm to a child.

The 1989 Children Act recognises four categories of abuse:

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, or failure to prevent physical injury. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

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 the 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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (see Peer on peer abuse).

Emotional Abuse – the persistent emotional maltreatment of a child 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 in so far 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 a 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.

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.

Safeguarding issues:

Historical Abuse

There may be occasions when a child will disclose abuse (sexual, physical, emotional or neglect) which occurred in the past. This information needs to be treated in the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate family partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to psychological; physical; sexual; financial and emotional.

Exposure to domestic abuse and/or violence can have a serious, long-lasting impact on children. Children experiencing this may demonstrate many of the symptoms listed in the Recognising Abuse section. Staff will need to treat them sensitively, record their concerns and consider informing First Response.

Female Genital Mutilation (FGM)

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent residents to take their child abroad to have female genital mutilation (Female Genital Mutilation Act 2003). Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

Section 73 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act to include FGM protection orders (FGMPOs). An FGM protection order is a civil measure which can be applied for through a family court. The FGM protection order offers the means of protecting actual or potential victims from FGM under civil law.

It is helpful if you can have conversations at the earliest opportunity with parents and carers and provide information in leaflets and posters about FGM from the BAVA website

FGM from the BAVA website

<http://www.bava.org.uk/types-of-abuse/female-genital-mutilation/>

All agencies have a statutory responsibility to safeguard children in terms of preventing girls from FGM and identifying children who have already survived the procedure. It is important that staff are aware of what FGM is and the signs to look out for in girls at risk of the practice. For more information please go to the Keeping Bristol Safe Partnership FGM Safeguarding Guidance, in the Honour Based Violence section:

<https://bristolsafeguarding.org/policies-and-guidance/honour-based-violence/>

Being able to identify girls who are at risk needs a sensitive approach.

The Keeping Bristol Safe Partnership has an FGM referral risk assessment for professionals to consider the risks of girls from FGM.

<https://bristolsafeguarding.org/media/27269/fgm-referral-risk-assessment-2018.pdf>

If used, a record of the outcome must be kept.

Consider whether any other indicators exist that suggest FGM may take place or has already taken place, for example:

- The child has changed in behaviour after a prolonged absence from the setting;
- The child has health problems, particularly bladder or menstrual problems;
- The child has difficulty walking, sitting or standing and may appear to be uncomfortable.

If a girl is at immediate risk of FGM taking place, it is a significant child protection issue and must be reported to the police and/or First Response.

Staff/Volunteers have a statutory duty to report if a girl under 18 informs you they have had FGM or if you see it. If FGM has taken place it is a significant child protection issue and must be documented and reported to First Response and/or the police.

When FGM has taken place, the Children's Social Care team will liaise with the health services so that a statutory safeguarding assessment takes place and to look at how the girl and family will be supported to access appropriate health care if needed. Legal action may be considered.

At any time DSL's may seek advice from BAND, Families in Focus or First Response

For more information on this topic, see the online South West Child Protection Procedures, NSPCC or, locally, BAVA. Contact details are in the appendix.

The Prevent Duty/Radicalisation

Identified staff/volunteers will be trained to recognise possible signs. In line with our Online Safety Policy, appropriate controls for digital content will be in place.

Staff/volunteers can also build service users' resilience to radicalisation by promoting fundamental British values of: democracy; the rule of law; individual liberty; mutual respect for and tolerance of those with different faiths and beliefs and for those without faith or by discussing human rights so enabling children to challenge extremist views.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist or extremist ideology. As with managing other safeguarding risks, staff/volunteers should be alert to

changes in children’s behaviour which could indicate that they may be in need of help or protection. It is important to take action if staff observe behaviour of concern. The Police Prevent Team can give advice, contact 01278 647466 or ring 101 and ask for the Prevent team, explaining you are calling about extremism or radicalisation.

Any concerns about a child will be referred through First Response or the police. The concern may then be dealt with through usual safeguarding procedures or referred to the Channel process. For information regarding the Channel process, an email address is in the appendix, along with other contacts.

Another source of advice around preventing extremism in children's services nationally is the Counter Extremism Group.

If concerned about extremism in a school or organisation that works with children, or if you think a child might be at risk of extremism, contact the helpline.

Telephone 020 7340 7264 or

Email counter.extremism@education.gov.uk

Non-Mobile Babies

Injuries in non-mobile babies are rare and must be further investigated by a paediatrician, even if an explanation seems plausible. All non-mobile babies with an injury should be discussed with a Hospital or Community Paediatrician or the Children’s Emergency Department. Early Years Settings and Childminders working with non-mobile babies need to follow the Keeping Bristol Safe Partnership, “Multi Agency Guidance for Injuries in Non – Mobile babies”.

Working with the DSL if staff need to use the procedure, it is important that as well as discussing this with and/or arranging for the baby to be examined by the Community Paediatrician, settings contact Social Care / First Response to request checks are made on the family. This information will be made available to the Community Paediatrician to help in any risk assessment of the injury. This is not the same as making a referral and parents should be reassured that this is the case, but it is important that they check to see if the baby is already known to Social Care.

Missing Child / Unauthorised Absence

Children going missing from WS (through not attending when expected), particularly if this is repeated, or if a child is unexpectedly removed from WS, can act as a vital sign for a range of safeguarding possibilities. This may include abuse and neglect, sexual abuse or exploitation and criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, risk of forced marriage, family crisis or other issues that could affect the health and well-being of a child.

Although the children are not in compulsory education, we believe that we have a responsibility to follow up on unauthorised absences to ensure that the child and family are safe and well, which

forms part of our safeguarding commitment. Particular care will be taken where there are known vulnerabilities and also when the family might otherwise be isolated (e.g.: summer holidays).

Peer on peer/ child on child abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to): abuse within intimate partner relationships; bullying (including cyberbullying); sexual violence and sexual harassment; harmful sexual behaviour, physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sharing nudes or semi nudes and initiation/hazing type violence and rituals. It is important that all victims are taken seriously and offered appropriate support.

Keeping Children Safe in Education 2021, Part five, provides information and guidance on managing cases of child on child sexual violence and sexual harassment. Other areas of peer on peer abuse will be dealt with in line with existing policies e.g. Anti-bullying or Behaviour management

In addition, safeguarding action may be needed to protect children against:

(Please note that some of these terms are used to describe the same/similar harms and there are often overlaps: e.g. a child might get groomed or coerced into a gang where there is the risk of being a victim of serious violence and that gang might be involved in county lines drug selling.)

- Bullying, including online bullying (cyberbullying) and prejudice-based bullying
- Racist, disability and homophobic or transphobic abuse
- Gender-based violence/violence against women and girls
- Child Sexual Exploitation and trafficking
- Modern slavery/trafficking/children from abroad
- Child Criminal Exploitation and County Lines (Serious violence)
- Gang activity or youth violence
- Risks linked to using technology and social media, including online bullying; the risks of being groomed online for exploitation or radicalisation; and risks of accessing and generating inappropriate content, e.g.: sharing nudes or semi nudes and accessing pornography
- Teenage relationship abuse
- Substance abuse
- Poor parenting
- Homelessness
- Forced marriage
- So-called “honour-based” abuse (this includes Forced Marriage, FGM and Breast Ironing)

There are a range of approaches to safeguarding these include:

- ACES – Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child or affect the environment in which they live. Recognising and understanding the impact of trauma informs an approach to building resilience

- Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.

Information on these topics can be found at:

<https://bristolsafeguarding.org/children/i-am-a-professional/>

<http://www.proceduresonline.com/swcpp/bristol/contents.html>

Confidentiality and Appropriate Disclosure of Information

Confidentiality is crucial to all our relationships, but the welfare of the child is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the welfare of the child.

All information that has been collected on any child will be kept locked and secure and access will be limited to the appropriate staff, management and relevant agencies.

In the event of an investigation, it is essential that no information on child protection concerns relating to a child are disclosed inappropriately. Any such disclosures could have serious consequences for both the child concerned and any investigation.

If uncertain about what information may be shared, take advice or refer to HM Government's Information Sharing, Advice for practitioners. (Please see Further Information section for a link.)

- Whilst parents / carers have the right to see any records kept on their child, this might not always be appropriate and should not put the child or yourself at risk;
- It is very important that only those who need to know, actually know, to avoid any rumour and gossip that could affect the child, parent / carer and the group.

Information keeping

Information on child protection/safeguarding concerns should be kept confidential and stored securely. Each child will have a separate child protection file.

Records should include:

- A clear and comprehensive summary of the concern;
- Details of how the concern was followed up and resolved;
- A note of any action taken, decisions reached and the outcome;

Where there are a number of concerns;

- An overview timeline linked to the concern reports.

Transfer of a Child Protection Safeguarding File from one education setting to another (e.g. from an early years setting to another early years setting or to a school)

- The DSL must inform the receiving setting that the child has a child protection file and that this is going to be transferred to them;
- The DSL should pass the original of the child protection/ safeguarding file to the receiving setting. A copy of the file should be retained by the setting. This should be delivered separately from the child's main file and be delivered either by hand or by recorded delivery. The parents/carers of the child must never be used to transfer the child protection file. The transfer must happen within five school days from notification and the setting should record that the transfer has been made;
- WS will ensure that confidentiality is maintained and the transfer process is as safe as possible;
- When a new child starts WS that has previously been attending another setting, the previous setting will be asked if the child has a Child Protection/ Safeguarding File;
- If so, once the transfer of the file has been made, the WS should record that the file has been received (receipt) and keep this record for 6 years.
- Settings transferring the file, should keep a copy of the transferred file themselves. This should be until the child reaches their 25th birthday. A recommendation is to mark the envelope with the date of the child's 25th birthday as the 'Date for Destruction'.

Please refer to the KBSP document **“Guidance on the Transfer of a Child Protection Safeguarding File to Another Education Setting”**, for full details of what should be in a file, how to transfer it and what records should be retained.

Parents/carers will be made aware when registering their child with us, that we have a duty to share/pass on child protection/safeguarding information to the next education provider.

Protecting Children and Young People

Please refer to the KBSP Bristol Multi Agency Threshold Guidance, to help you identify the response needed.

Recognising Abuse

Recognising abuse is one of the first steps in protecting children and young people and there could be signs or behaviour that make you feel concerned. All staff/volunteers should be alert to the following situations and types of behaviour in children:

- Becoming excessively aggressive, withdrawn or clingy;
- Seeming to be keeping a secret;
- Significant changes in children's behaviour;
- Deterioration in children's well-being;
- Unexplained bruising, marks or signs of possible abuse or neglect;
- Any bruising or marks on a non-mobile baby;
- Unreasonable fear of certain people or places;
- Acting out in an inappropriate way, perhaps with adults, other children, toys or objects;
- Children's comments which give cause for concern, e.g.: inconsistent explanations of bruising, injuries or burns;
- Self-harm;
- Sexually explicit language or actions;
- Being upset, withdrawn or angry after using the internet or texting;
- Children who go missing, particularly on repeat occasions.

Vulnerability

Some children may be more vulnerable to abuse for a range of reasons, so staff/volunteers need to be alert to these.

- Disabled children. Staff should be vigilant regarding possible signs of abuse relating to disabled children and not automatically assume that signs relate to their impairment.
- SEND/children with behaviour issues
- Looked after children/children in care
- Homelessness
- Children with allocated social worker or family support worker
- Young carers
- Parents/carers in prison
- Mental Health
- Children isolated and unsupported for a range of reasons

This list is not exhaustive and vulnerability is a changing situation which can affect any child. Every child will have a named Key Worker and when needed they will work together with the DSL or Lead Family Practitioner to ensure the child is supported. If needed, a written support plan will be put in place.

Not all concerns about children or young people relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what you know about the child and their circumstances.

If you are worried, it **is not** your responsibility to investigate and decide if it is abuse. It **is** your responsibility to act on your concerns and do something about it.

What to do if Abuse is disclosed

WS is committed to ensuring that it meets its responsibilities in respect of child protection by treating any allegation seriously and sensitively.

- **Stay calm;**
- **Listen** to what the child / young person is actually saying;
- **Reassure** them that they have done the right thing by telling you;
- **Ask Open questions**, e.g. Can you tell me why you are upset? Can you tell me what is frightening you? Can you tell me why you don't want to go home today? Open questions enable you to gain information and clarification;
- **Don't ask leading questions.** This could lead a child to say something or agree with you wrongly. A closed question is: Are you afraid to go home because your Mum will hit you?;
- **Do not ask the child / young person to repeat** what they have told you, for another worker or committee member. If the matter is to be investigated further, this will be done by trained professionals;
- **Do not promise the child that this information can be kept secret**, as subsequent disclosure could then lead to the child feeling betrayed;
- If appropriate, explain to the child who you are going to tell and why. If the child asks what might happen next, it is ok to say that you don't know, but that you can be there to support them if they want;
- Make a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversations took place. Use a body map or draw a diagram, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour;
- **Record** this as soon as possible on the setting's Disclosure Form and use the **actual words** used by the child;
- **Keep all records factual.** Be aware of not making assumptions or interpretations of what the child / young person is telling you. Store all records securely;
- **Discuss your concerns with your Line manager in the first instance** including concerns and disclosure that involves a member of staff.
- **If concerns are ongoing your line manager will seek advice from the DLS. If appropriate, the parents / carers** will be informed that the DSL is going to report your suspicions / concerns. This might not always be possible and should not put the child or yourself at risk. When a DSL reports an incident, the First Response/duty officer will ask whether the parent / carer has been informed. If they haven't, FR will want to know the reasons why;
- The DSL must report the disclosure to the appropriate agency. In most cases this will be First Response, who will triage the call (see Appendix A). You can contact First Response by phone or

if it is at the Families in Focus (previously called Early Help) level, by using the online form (see First Response link in ‘further information’);

- First Response will assess the call and pass you onto an appropriate agency. This will be Social Care (Level 3 Statutory Response) if it is a Child Protection issue or Families in Focus (Level 2 Escalating, Targeted support/Escalating Needs) if the concern is at a lower level but a multiagency response is needed. First Response may also signpost to other services or even ask you to plan to support the child. (Level 1 Plus Additional Support Universal Services);
- Once the referral has been made and if appropriate, you can tell the child what is going to happen and what to expect.

What to do if Abuse is Suspected

- If any signs or symptoms lead you to feel concerned that a child may be being abused or neglected,) share these concerns with your Line manager;
- With the Line manager, decide on a plan of action:
- Ongoing observation of the child, noting any further concerns;
- Discussion with other staff to gain any further information they may have;
- Discussion with parents/carers to establish if there might be reasons for the child’s behaviour /actions. An assessment will be made around whether the parent’s explanation is “adequate” or “inadequate”.
- An assessment of risk to the child will be made using the KBSP threshold guidance see link below:
<https://bristolsafeguarding.org/media/uldadhj/threshold-guidance-kbsp-edit.pdf>
- Work with the child and parents/carers to reduce risk, this may be by offering a service through your setting or by referring to additional support externally.
- If the Line manager is uncertain about whether the concern is reportable, they will contact the DSL for advice;
- If concerns continue about the welfare of the child / young person, this information must be passed on to the Families in Focus team by the DSL only for and to agree whether a First Response referral should be made. Parents / carers should be informed unless you think this could put the child or yourself at risk;
- If a First Response referral is made FR will assess the call and pass onto an appropriate agency. This will be Social Care (Level 3 Statutory Response) if it is a Child Protection issue or Families in Focus (Level 2 Escalating, Targeted support/Escalating Needs) if the concern is at a lower level but a multiagency response is needed. First Response may also signpost to other services or even ask WS to plan to support the child. (Level 1 Plus Additional support Universal Services);
- If First Response has been contacted and they pass you to Children’s’ Social Care, they should let the DSL know that they are responding to what the DSL has told them. If the DSL has not heard from the Social Care team, it may be appropriate for the DSL to contact them to ensure that the details the DSL gave them have been taken into consideration and acted upon;

What to do if it is an Emergency

If you think a child is in immediate danger or a criminal act has taken place you should telephone the police on 999. In all other circumstances, you need to refer the matter in the first instance to your Line manager who will discuss this with the DSL who will contact First Response and follow the procedure described in section 1 above;

In a medical emergency, your first action may need to be one of the following:

- Telephone for an ambulance, or;
- Ask the parent to take the child to the hospital at once, or;
- Take the child yourself.

The child is the legal responsibility of the parent/carer and they must be involved as soon as practical, unless to do so would put the child at immediate risk of harm. Having taken the necessary emergency action it is important that the DSL make immediate contact with First Response. If it is out of office hours, the Emergency duty team will be contacted.

Working with Children and Young People

Recognising Inappropriate Behaviour in Staff, Volunteers and Other Adults.

There is no guaranteed way to identify a person who will harm children. However, there are possible warning signs. These may include:

- Paying an excessive amount of attention to a child or groups of children, providing presents, money or having favourites;
- Seeking out vulnerable children, e.g. disabled children;
- Trying to spend time alone with a particular child or group of children on a regular basis;
- Making inappropriate sexual comments;
- Sharing inappropriate images;
- Being vague about where they have worked or when they have been employed;
- Encouraging secretiveness.

There may be other sources of concern; this is not a conclusive list. If you are concerned about another staff member or volunteer's behaviour you need to pass this on to your Line Manager.

Staff Allegation - if an allegation is Made, or you Suspect a Member of Staff or Volunteer of Abuse or Inappropriate Behaviour:

The LADO MUST be involved and consulted on ALL staff/volunteer allegation incidents before an investigation of any type occurs.

If it appears or has been reported (e.g.: by a parent/carer or another child) that a staff member or volunteer has:

- * behaved in a way that has harmed a child, or may have harmed a child, or;
- * possibly committed a criminal offence against or related to a child, or;
- * behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children;
- * behaved or may have behaved in a way that indicates they may not be suitable to work with children.

then these procedures **MUST** be followed:

- Record the concerns and report them to your Line manager;
- The Line manager should take steps to ensure that during the remainder of the working day that particular member of staff/volunteer is not left in sole charge of any child or children;
- At the earliest opportunity, the Line manager must contact the DSL who will inform the setting's Safeguarding Officer - see list in Appendix A;
- It may be clear in some cases, where a child has been injured and/or there is clear evidence of significant harm or risk of significant harm, an immediate referral must be made by the DSL to the police, First Response or emergency services. In addition:

Either the DSL or the Safeguarding Officer must then contact the Local Authority Designated Officer (LADO) WITHIN 1 WORKING DAY of receiving the report of an allegation.

Local Authority Designated Officer (LADO)

Telephone: 0117 903 7795 or Work Mobile: 07795 091020

- Once the DSL has notified the Local Authority Designated Officer (LADO) of any allegation against a person who works with children, please complete the following form and return to the relevant email address.

LADO Notification form:

<https://bristolsafeguarding.org/media/mxwbobv0/kbsp-lado-notification-form.pdf>

WELLSPRING SETTLEMENT – SAFEGUARDING & CHILD PROTECTION POLICY

- The WS will follow the LADO's advice on how to deal with allegations against staff/volunteers.
Note: Do not start any investigation into the allegation until the LADO has been contacted;
- If the allegation hasn't been made by the parent/carer, the WS will take advice from the LADO on how and when to inform them;
- The WS is required to inform OFSTED of any allegations of abuse against a member of staff, student or volunteer, or any abuse that is alleged to have taken place on the premises or during a visit or outing within 14 days. (See Appendix A);
- If the concern is regarding the DSL, the above procedure will be followed but the report will be made to the Deputy DSL/Board of Trustees Safeguarding Officer.

Support to Staff and Volunteers

The DSL/Safeguarding Officer will fully support all members of staff/volunteers in following this procedure. Following an allegation or investigation:

- Staff and volunteers who work with issues of child protection may themselves need support in dealing with the emotional distress this can cause. They can talk to the setting's DSL or Safeguarding Officer and any of the appropriate agencies listed in Appendix A;
- Staff, volunteers or management members may also be subject to allegations of abusing children in relation to their work for the setting. While support will be offered to these individuals by the setting, we will ensure that the agency dealing with the matter is given all assistance in pursuing any investigation and the Bristol LADO will be informed. The disciplinary procedure may be implemented.

Recruitment and Employment of Staff and Volunteers

We acknowledge that paedophiles and those that pose a threat to children may be attracted to employment that allows them access to children and young people. As part of this policy we will ensure that people working with the children are safe to do so.

- All staff working in regulated activities (including the setting's Manager/Leader) and volunteers will be checked by the Disclosure and Barring Service using the DBS Update Service.
- All people connected with WS must declare all convictions/cautions incurred since DBS disclosure which may affect their suitability to work with children;
- All people connected with WS must declare their disqualification status;
- Two references will be taken up prior to appointment for new staff and volunteers and a medical reference may also be required;
- The selection and interview procedure of the WS will be adhered to. This must include a full employment history, qualifications, interview and identity checks;

- Providers must also meet their responsibilities under the Safeguarding Vulnerable Groups Act 2006 which includes a duty to make a referral to the Disclosure and Barring Service where a member of staff is dismissed (or would have been had the person not left the setting first) because they have harmed a child or put a child at risk of harm;

Use of Mobile Phones, Cameras and Online safety

WS are aware of the risks associated with the use of mobile phones and cameras in the setting. To manage this appropriately we have separate policies regarding the use of these devices and online safety. In addition WS will ensure that all internet compatible devices used in the WS will have appropriate filters and controls.

Staff Behaviour

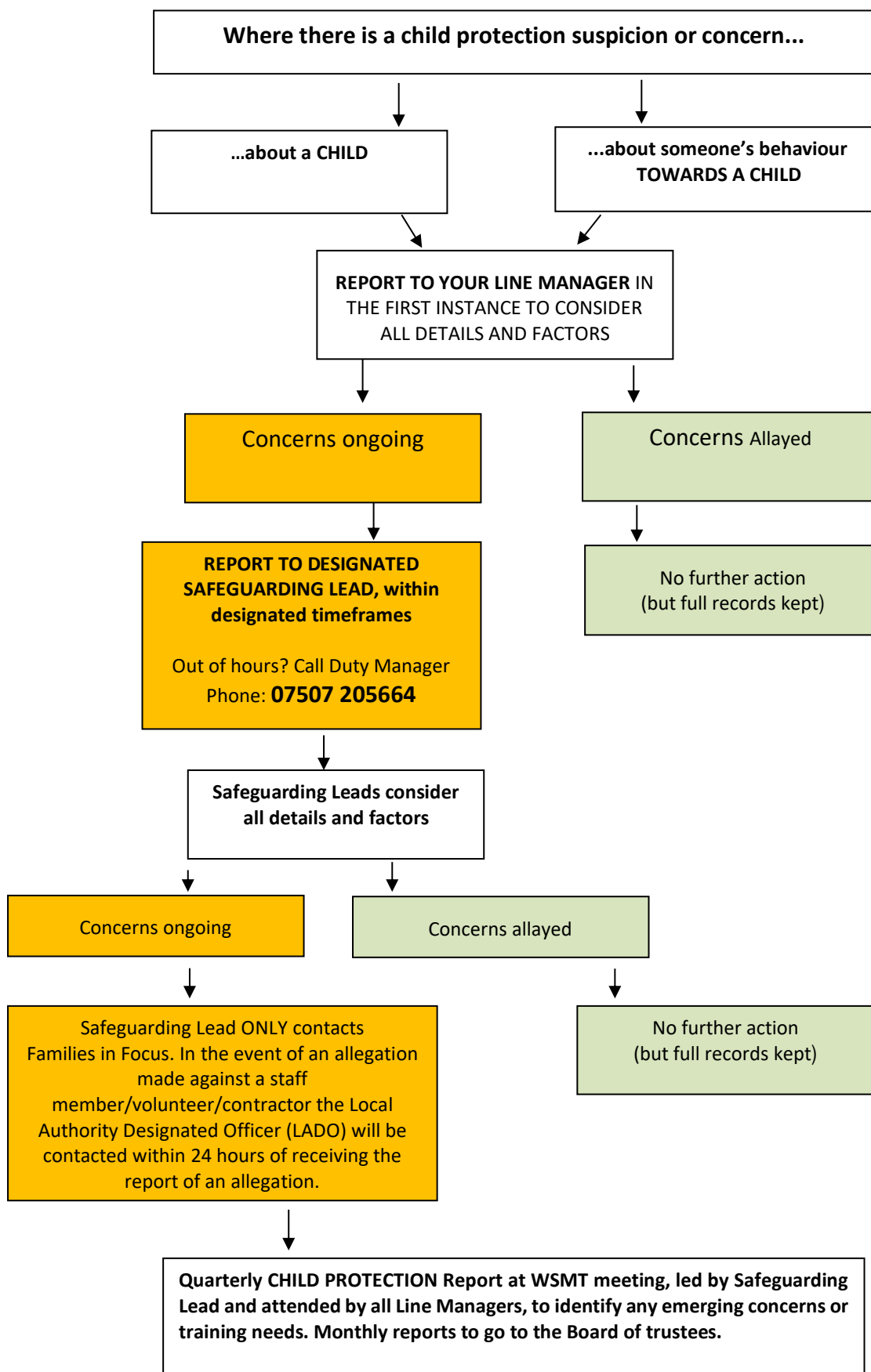
All staff, volunteers and management members within the WS recognise that they need to conduct themselves in an appropriate, open and transparent way to ensure a safer environment for all.

In addition we will use “Guidance for safer working practice for those working with children and young people in education settings,” as a tool to develop setting specific guidance on behaviour or Code of conduct for staff and volunteers.

Whistleblowing

WS has a separate Whistleblowing Procedure so serious and or systemic concerns about senior staff or management may be reported to more senior staff/management or to an appropriate external organisation if necessary. Allegations about specific staff members should be dealt with in line with the Staff Allegation section earlier in this document.

Process Flowchart for Reporting Concerns



Training Plan

<i>Competency Stage</i>	<i>Staff training level</i>	<i>Multi-agency training (MAT)</i>	<i>Single agency training (SAT)</i>	<i>Individual training (IT)</i>
Stage 1	Competency expected of all staff/ volunteers/ trustees working at the Wellspring Settlement	Not required	Not required	Awareness training delivered by DSL at induction. Knowledge/practice reviewed and recorded in supervision notes Annual update required.
Stage 2	Competency expected of staff/volunteers working in a regulated activity.	Not required	Once every 2 years	Update knowledge and skills at regular intervals and at least annually
Stage 3:	Competency expected of Safeguarding leads and Board of Trustees Safeguarding Officer	Once every 2 years	Once every 2 years	Attend 1 piece of training annually

Details of Competency Stages - Here are the three Competency Stages of training, with details of the knowledge and skills that underpin each stage:

Stage 1 - *You have some, infrequent contact with children and/or families but do not work directly with children as part of your job, however you do have a responsibility to contribute to the safeguarding of children*

- Understand what constitutes child abuse.
- Know the range of physical, emotional, and sexual abuse, and neglect.
- Know what to do when concerned that a child is being abused.
- Understand the importance of sharing information, how it will help, and the dangers of *not* sharing information.
- Know what to do when encountering barriers to referring a child/family.
- Be able to recognise signs of abuse as this relates to their role.
- Be able to seek advice and report concerns, ensuring that they are listened to.
- Be aware of own (and others') professional roles and boundaries.

Stage 2 - *You have contact with children and/or families on a regular basis, the majority of them do not have social care involvement. You need to recognise safeguarding and Child Protection concerns and act on them appropriately. You might attend family meetings in relation to concerns, contribute to assessments and plans and work with other agencies and organisations to help keep children safe. You will do this with the support of your Line manager.*

As Stage 1, plus:

- Be able to recognise child abuse.
- Be able to document their concerns.
- Understand the next steps in the child protection process.
- Understand which groups of children are at risk of harm.
- Know who to inform, seek advice from and how to contact them.
- Know how to share information - writing, by telephone, electronically or in person.
- Know who to share information with and when.
- Know what to record, how long to keep it, how to dispose of records correctly, and when to feed back/review.
- Be aware of own (and others') professional roles and boundaries.
- Be able to document child protection concerns, differentiating between fact and opinion.
- Where further support is needed, know when to act and when to refer to managers, supervisors or other relevant professionals.

Stage 3 *You have contact with children and/or families on a regular basis. You work intensively with children/families where there are safeguarding concerns and/or you have specific responsibility in relation to safeguarding within your setting.*

As Stage 1 and 2, plus:

- Understand the assessment of risk and harm.
- Know the implications of key national documents and reports.
- Be able to present child protection concerns in a child protection conference.

- Demonstrate the ability to work with families where there are child protection concerns.
- Put into practice knowledge of how to improve child resilience and reduce risks of harm.
- Be able to advise other agencies regarding the health management of child protection concerns.
- Be able to contribute to serious case reviews.
- Be aware of implications of recent legislation/national documents.
- Understand multi-agency frameworks and child protection assessment processes.
- Understand child protection investigation and the basics of forensic procedures.
- Be aware of Local Safeguarding Children's Board and its remit.
- Be aware of resources that may be available within health and other agencies to support families in need.
- Be aware of own beliefs, experience and attitudes.
- Know what to do if there is an insufficient response from other organisations or agencies.
- Be able to demonstrate an assessment of risk.
- Be able to work as part of a multi-disciplinary team.
- Be able to present concerns verbally and in writing to case conferences, as part of court proceedings etc.
- Be able to identify and outline the management of children in need.
- Be able to instigate measures to reduce the risk of child abuse occurring.
- Be able to make considered decisions on whether concerns can be addressed by providing or signposting to sources of information or advice.
- Be able to make considered judgements about how to act to safeguard and promote a child or young person's welfare.
- Know what to do when concerned that a child is being abused.

Further Information

South West Child Protection Procedures – provide detailed online information on all aspects of child protection, e.g : Staff allegations

<https://www.proceduresonline.com/swcpp/>

Multi Agency Guidance for injuries in non-mobile babies

<https://bristolsafeguarding.org/media/f1nn0dos/non-mobile-baby-injury-kbsp-policy-reviewed-may-2020.pdf>

Working Together to Safeguard Children 2018

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2#history>

Making a referral to **First Response** online advice and link to practitioner booklet

<https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response>

Guidance for safer working practice for those working with children and young people in education settings

<https://saferrecruitmentconsortium.org/>

<https://c-cluster-110.uploads.documents.cimpress.io/v1/uploads/13ecce28-e8f2-49e9-83c6-c29337cd8071~110/original?tenant=vbu-digital>

Information sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers, 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

KBSP “Guidance on the transfer of a child protection safeguarding file to another educational setting”

<https://bristolsafeguarding.org/media/myopzmfj/transfer-of-cp-and-safeguarding-file-reviewed-may-2020.pdf>

Prevent Duty Guidance for England and Wales

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

KBSP Threshold Guidance-2018

<https://bristolsafeguarding.org/media/42802/threshold-guidance-ksb-edit.pdf>

EYFS Safeguarding and Welfare Requirements – Child Protection March 2021 Start Sept 2021

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

Inspecting safeguarding in early years, education and skills 2019

<https://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills/inspecting-safeguarding-in-early-years-education-and-skills>

Keeping children safe in education 2021

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1007260/Keeping_children_safe_in_education_2021.pdf

KBSP Protocol: Children who Display Harmful Sexual Behaviour

<https://bristolsafeguarding.org/media/slvjkgfj/final-hsb-protocol.pdf>

Safeguarding children and protection professionals in early years settings online safety considerations

<https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations>

Appendix A – Useful contacts

1. Trustee Member responsible for Child Protection (Safeguarding Officer) Name: Anne Joslin
2. Designated Safeguarding Lead - Elaine Martin – email: elaine.martin@wsb.org.uk
Deputy Designated Safeguarding Lead – Beth Wilson – email: beth.wilson@wsb.org.uk
3. Referral Agencies

First Response Tel: 0117 9036444 (all Bristol)

The place to call if you are concerned about a child or young person or think they need some help. Calls to First Response may result in direct referral to a Social Work Team or to Early Help and/or advice and guidance being given about services to help families.

Families in Focus: North 0117 352 1499; **East / Central** 0117 3576460; **South** 0117 903 7770

- Disabled Children Team (all Bristol) - Tel: 0117 9038250
- Emergency Duty Team /Out of Office Hours T: 01454 615 165
- Police: Non-emergency – Tel: 101 Emergency – Tel: 999
- On-Call Consultant Paediatrician (via BRI Switchboard) T: 0117 923 0000 – non-mobile babies

4. For Staff Allegations Contact:

- Local Area Designated Officer – T: 0117 903 7795, Work mobile: 07795 091020
- Registered providers must inform Ofsted of any allegations of serious harm or abuse as soon as reasonably practicable, but at the latest within 14 days of the allegations being made.
- Ofsted Compliance and Investigation Team (For reporting any Child Protection concerns) T: 0300 123 4666 or [email:cie@ofsted.gov.uk](mailto:cie@ofsted.gov.uk)

5. Support and advice

- South West Child Protection Procedures (online guidance) <https://www.proceduresonline.com/swcpp/>
- Childline -T: 0800 1111 (open 24 hours)
- National Association for the Prevention of Cruelty to Children (NSPCC) -T: 0808 800 5000
- NSPCC Whistleblowing hotline: T: 0800 028 0285 or email help@nspcc.org.uk
- NSPCC FGM helpline: T: 0800 028 3550 or email fgmhelp@nspcc.org.uk.
- Bristol Against Violence and Abuse (BAVA) email bava@bristol.gov.uk or www.bava.org.uk
- Keeping Bristol Safe Partnership: email kbsp.training@bristol.gov.uk
- Police Prevent Team: T: 01278 647466

WELLSPRING SETTLEMENT – SAFEGUARDING & CHILD PROTECTION POLICY

- Channel info: channelsw@avonandsomerset.pnn.police.uk
- Refuge National Domestic Abuse Helpline: T: 0808 2000 247
- Next Link (domestic abuse Bristol): T: 0800 470 0280/0117 925 0680
- Employers initiative on domestic abuse <https://www.eida.org.uk/>
- BAND Development and Support Worker - Tel: 0117 9542128



Bristol Safeguarding Contacts
If you have concerns about a child...



<p>If a child is at immediate risk call the POLICE</p>	<p>POLICE 999</p>
<p>To make an URGENT referral, i.e. a child is likely to suffer or is suffering significant harm, call First Response</p>	<p>FIRST RESPONSE 0117 903 6444 (Out of hours Emergency Duty Team 01454 615 165)</p>
<p>To make a NON-URGENT referral, contact FIRST RESPONSE using the online form (must have parental / carer consent).</p>	<p>FIRST RESPONSE Online form https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response</p>
<p>To raise a concern about extremism or possible radicalisation (also contact first response).</p>	<p>PREVENT DUTY Call the Police 01278 647466 PreventSW@avonandsomerset.police.uk</p>
<p>For advice and guidance about <u>whether to make a referral.</u></p>	<p>Families in Focus Team North 0117 352 1499 East & Central 0117 3576460 South 0117 9037770</p>

If you have concerns about a professional working with a child...

<p>To raise concerns, report or for advice and guidance in relation to the conduct of someone who works with children.</p>	<p>Local Authority Designated Officer (LADO) Nicola Laird LADO 0117 903 7795</p>
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Support and guidance for Childcare provision

<p>For information, support and guidance.</p>	<p>BAND 0117 954 2128 admin@bandltd.org.uk</p>
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