WELLSPRING SETTLEMENT
Safeguarding and Child Protection Policy

Name of Policy	Safeguarding and Child Protection Policy
Policy Lead	Elaine Martin
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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 and young people at Wellspring Settlement.

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Out of hours – see manager on call list saved in SharePoint

Date of last review: September 2025

CONTENTS

SAFEGUARDING LEADS and BOARD OF TRUSTEES RESPONSIBLE PERSON 1
CHild Protection Policy and procedure 3
Aims 3
Implementation and Monitoring 3
Designated Safeguarding Team 4
Definitions of Abuse: 4
Safeguarding issues: 5
The Prevent Duty/Radicalisation 7
Think Family Approach – information for professionals. 7
Non-Mobile Babies 8
Child-on-child abuse 8
Child/young people Sexual Abuse in the Family Environment 9
ACES and Trauma-Informed Practice 9
Safer Options and Contextual Safeguarding 10
Confidentiality and Appropriate Disclosure of Information. 10
Information keeping 10
Transfer of a Child Protection Safeguarding File from one education setting to another 10
Protecting Children and Young People 11
Recognising Abuse 11
Vulnerability 12
What to do if Abuse is Disclosed 12
What to do if Abuse is Suspected 14
What to do if it is an Emergency 15
Working with Children and Young People 15
Recognising Inappropriate Behaviour in Staff, Volunteers and Other Adults. 15
Definitions of harm 15
Low-level concerns 16
Support to Staff and Volunteers 16
Recruitment and Employment of Staff and Volunteers – Suitability of new recruits 17
Use of Mobile Phones, Cameras, and Online Safety 17
Staff Behaviour 18
Whistleblowing 18
Training Plan – How safeguarding training is delivered and how staff are supported to put this into practice: 20

CHILD PROTECTION POLICY AND PROCEDURE

This Child Protection 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 trustees, 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 from their number. The Safeguarding Officer will receive appropriate safeguarding and child protection training to equip them with the knowledge to provide effective support.
- 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 and young people within the setting and 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).
- The DSL will provide advice and support to other staff on child welfare, safeguarding and child protection matters.
- The DSL is responsible for liaison with local statutory children's service agencies, and with the LSP (Local Safeguarding Partners)
- This Safeguarding Officer will receive regular reports from the DSL of any occasions when there are concerns or issues of Child Protection relating to staff or volunteers and of any themes which appear regularly.
- All staff and volunteers working in regulated activities are to undertake child protection training, which must be updated every 2 years. There will also be an annual in-house update for all staff.
- The Safeguarding and Child Protection procedure must be part of the induction for all staff and volunteers.
- All staff and volunteers are aware of how to support children and young people 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 for support and advice.
- Staff and volunteers working with children and young people must maintain an attitude of 'it could happen here'.

DESIGNATED SAFEGUARDING TEAM

All staff and volunteers have a safeguarding duty. However, the management and executive team with specific safeguarding responsibilities are.

Deputy Designated Safeguarding Lead (DSL)	Designated Safeguarding Lead (DSL)
Beth Wilson	**Elaine Martin**

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/young person 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 child on child abuse).

Emotional Abuse – the persistent emotional maltreatment of a child/young person 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/young person 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 / young person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing a child/young person 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/young people. Some level of emotional abuse is involved in all types of maltreatment of a child/young person, though it may occur alone.

Neglect - the persistent failure to meet a child's/young person's basic physical and/or psychological needs, likely to result in the serious impairment of the child's/young person'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/young person from physical and emotional harm or danger.
Ensure adequate supervision (including the use of inadequate caregivers)
Ensure access to appropriate medical care or treatment
It may also include neglect of, or unresponsiveness to a child's/young person's basic emotional needs.

Safeguarding issues:

Historical Abuse
There may be occasions when a child/young person 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/ young people 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. Children and young people can be victims of domestic abuse, and exposure to domestic abuse and/or violence can have a serious, long-lasting impact on children. Children and young

people 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 KBSP website, Communities page:
Welcome to the Keeping Bristol Safe Partnership website. (bristolsafeguarding.org)

All agencies have a statutory responsibility to safeguard children and young people in terms of preventing girls from experiencing FGM and identifying children/young people 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/young person has changed in behaviour after a prolonged absence from the setting.

- The child/young person has health problems, particularly bladder or menstrual problems.
- The child/young person 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.

You 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, you may seek advice from BAND, Families in Focus or First Response.

The Prevent Duty/Radicalisation

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

Wellspring Settlement can also build children and young people's 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 and young people 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 should be alert to changes in children's and young people's behaviour which could indicate that they may need help or protection. It is important to act 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 schools and 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

Think Family Approach – information for professionals.

Introduction to the Think Family Approach -
The Think Family multiagency guidance has been written for professionals working with parents whose complex needs impact their ability to care for the children around them. For example, parents and carers who have mental health issues, disabilities, have drug

and alcohol problems, effected by domestic abuse and/or have involvement with the Criminal Justice System. In many of the cases in which there are concerns about a child's welfare, parents will be facing at least one of these issues.

Follow the link for more information:
Think Family - Bristol (bristolsafeguarding.org)

Non-Mobile Babies

Injuries in non-mobile babies are rare and must be further investigated, even if an explanation seems plausible. The mark/injury must be recorded along with the explanation given. All non-mobile babies with an injury will be discussed with Social Care, a hospital, or Community Paediatrician, or the Children's Emergency Department, who will decide on whether the baby needs to be examined by a medical professional.
Early Years Settings and Childminders working with non-mobile babies need to follow the Keeping Bristol Safe Partnership, "Multi Agency Protocol for Injuries in Non-Mobile babies".
If settings 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. The referrer will request the check under the **non-mobile baby protocol**. 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 safeguarding referral, and parents should be reassured that this is the case, but it is important that they check to see if the baby/family is already known to Social Care/Police.

The setting will support the parent/carers in planning to attend a medical examination appointment and will check with the hospital/medical examiners that the baby attended the appointment.
If a parent/carer informs the setting that the baby has previously been medically examined for this injury/mark, then details need to be requested, and this information double-checked.

If a baby presents with a serious injury, then seek medical attention immediately, usually by calling 999

If an injury is serious or suggests abuse, we will make an urgent **safeguarding referral** to Social Care/First Response, even if the child is a non-mobile baby.

Child-on-child abuse

Children and young people can abuse other children and young people. This is generally referred to as child-on-child 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 2023, part five, provides information and guidance on managing cases of child-on-child sexual violence and sexual harassment. Other areas of

child-on-child 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 and young people 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/young person 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)

Child/young people Sexual Abuse in the Family Environment

Intra-familial child sexual abuse refers to child sexual abuse that occurs within a family environment. Around two-thirds of all children/young people's sexual abuse reported to the police is perpetrated by a family member or someone close to the child/young person. Sexual abuse which takes place within family environments often remains hidden and is the most secretive and difficult type of abuse for children and young people to disclose. Therefore, professionals must be able to spot the signs of possible sexual abuse and take the appropriate action. The Centre of Expertise on child sexual abuse have produced resources to support professionals, including the 'signs and indicators' template for identifying and responding to concerns of child sexual abuse (https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/supporting-practice-in-tackling-child-sexual-abuse/).

ACES and Trauma-Informed Practice

Trauma-informed practice is an approach which is grounded in the understanding that trauma exposure can impact a child's neurological, biological, psychological, and social development (KBSP).

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.

More information: Adverse Childhood Experiences and Trauma-Informed Practice in Bristol

Safer Options and Contextual Safeguarding

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.

More information: Safer Options, Contextual Safeguarding and Extrafamilial Harm

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 is 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 the 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/young person will have a separate safeguarding profile. 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.
- The setting should ensure that confidentiality is maintained, and the transfer process is as safe as possible.
- When a new child starts 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 setting 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/young person 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 – Effective Support for Children and Families in Bristol Version 2 (updated Feb 2025), 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 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/ young people'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 and young people who go missing, particularly on repeat occasions.

Vulnerability

Vulnerability considerations raised by the Equality Act 2010 and Keeping Children Safe in Education 2023
In relation to safeguarding and promoting the welfare of children, our setting will consider how we are supporting children regarding protected characteristics - including disability, sex, sexual orientation, gender reassignment and race.

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

- Disabled children/young people. 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/young people with behaviour issues.
- Looked after children/young people and children/young people in care.
- Homelessness
- Children/young people with allocated social worker or family support worker
- Young carers
- Parents/carers in prison
- Mental Health
- Children/young people isolated and unsupported for a range of reasons.

This list is not exhaustive, and vulnerability is a changing situation which.
can affect any child/young person. Where there is a concern identified that child will have a named Key Worker and when needed they will work together with the DSL or Inclusion Lead 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 <u>is not</u> your responsibility to investigate and decide if it is abuse. It <u>is</u> your responsibility to act on your concerns and do something about it.

What to do if Abuse is Disclosed

The setting 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 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/young person 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/young person that this information can be kept secret**, as subsequent disclosure could then lead to the child/young person feeling betrayed.
- If appropriate, explain to the child/young person who you are going to tell and why. If the child/young person 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/young person, 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/young person.
- **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 the DSL**. If the disclosure involves a member of staff, follow the Staff Allegation section.
- **If appropriate, inform parents / carers** that you are going to report your suspicions / concerns. This might not always be possible and should not put the child, young person or yourself at risk. When you report an incident, the First Response/duty officer will ask you if the parent / carer has been informed. If you haven't, they will want to know the reasons why.
- The DSL must report the disclosure to the appropriate agency. In cases where a child/young person is suffering significant harm or is likely to suffer significant harm, or where a child/young person has multiple complex needs, 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 level, by using the online form (see First Response link in 'further information');
- First Response will assess the call/webform contact and pass you onto an appropriate agency. This will be Social Care (Level 4 Specialist, Statutory Response) if it is a Child Protection issue, or the child/young person needs another specialist service or Families in Focus (Level 3 Intensive support) where the children/young people and families have multiple complex needs requiring intensive and co-ordinated support.
- First Response may also decide that support could be offered at Level 2 (Additional needs), from community-based services. An identified lead agency will be expected to continue providing or start providing support, according to this advice (this may be our provision). First Response may also make a "No Further Action" decision.

- In all cases the referrer/DSL will be contacted using the contact details provided. Referrers/DSL must feedback the outcome of the referral to the child/family.
- Where a child has an existing social worker or Families in Focus worker, information on disclosures should be shared directly with the lead professional. First Response manages new referral and requests only.

What to do if Abuse is Suspected

- If any signs or symptoms lead you to feel concerned that a child/young person may be being abused or neglected, it is important that you record these using the setting's Concerns Form (recording what, when & where) and share these concerns with the DSL.
- With the DSL, decide on a plan of action:
    - Ongoing observation of the child/young person, 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/young person's behaviour /actions.
    - Work with the child/young person and parents/carers to reduce risk, this may be by offering a service through your setting or by referring to additional support externally.

- If you or the DSL are uncertain about whether the concern is reportable, call the Families in Focus Team for advice.

❖ If you are still concerned about the welfare of the child / young person, this information must be passed on to First Response by the DSL. Parents/carers should be informed unless you think this could put the child or yourself at risk.

- First Response will assess the call/webform contact and pass you onto an appropriate agency. This will be Social Care (Level 4 Specialist, Statutory Response) if it is a Child Protection issue, or the child/young person is in need of another specialist service or Families in Focus (Level 3 Intensive support) where the children and families have multiple complex needs requiring intensive and co-ordinated support.
- First Response may also decide that support could be offered at Level 2 (Additional needs), from community-based services. An identified lead agency will be expected to continue providing or start providing support, according to this advice (this may be our provision). First Response may also make a "No Further Action" decision.
- In all cases the referrer/DSL will be contacted using the contact details provided. Referrers/DSL must feedback the outcome of the referral to the child/family.
- Where a child/young person has an existing social worker or Families in Focus worker, information on disclosures should be shared directly with the lead professional. First Response manages new referral and requests only.

All staff should be aware that children/young person may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. It is important to maintain professional curiosity and to speak to the DSL if you have concerns about a child/young person.

What to do if it is an Emergency

If you think a child/young person 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 to First Response and follow the procedure described in the section 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/young person to the hospital at once, or;
- Take the child/young person yourself with a colleague.

The child/young person 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/young person at immediate risk of harm. Having taken the necessary emergency action, you must make immediate contact with First Response. If it is outside of office hours, contact the Emergency Duty Team.

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/young people. However, there are possible warning signs. These may include:

- Paying an excessive amount of attention to a child or groups of children/young people, providing presents, money or having favourites.
- Seeking out vulnerable children, e.g. disabled children/young people.
- Trying to spend time alone with a particular child/young person or group of children/young people regularly.
- 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 the DSL.

If a Staff 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 allegation incidents that may meet the harm threshold before an investigation of any type occurs.

Definitions of harm

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

- behaved in a way that has harmed a child/young person, or may have harmed a child/young person, or;
- possibly committed a criminal offence against or related to a child/young person, or;

- behaved towards a child/young person or children/young people in a way that indicates he or she may pose a risk of harm to children/young people.
- behaved or may have behaved in a way that indicates they may not be suitable to work with children/young people.

then these procedures **MUST** be followed:

- Record the concerns and report them to the DSL.
- The DSL should take steps to ensure that during the remainder of the working day, that particular member of staff is not left in sole charge of any child/young person or children/young people.
- At the earliest opportunity, the DSL must contact the setting's Safeguarding Officer.
- It may be clear in some cases, where a child/young person has been injured and/or there is clear evidence of significant harm or risk of significant harm, an immediate referral must be made 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 one working day of receiving the report of an allegation, using the online LADO referral form.
1-lado-referral-form-kbsp-oct22.doc (live.com)

Local Authority Designated Officer (LADO)

Telephone: 0117 903 7795

- The setting must follow the LADO's advice on how to deal with allegations against staff. **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 setting should take advice from the LADO on how and when to inform them.
- The setting 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/Child Protection Officer.

Low-level concerns

A low-level concern is a concern, no matter how small, that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work. Where a concern does not meet the harm threshold, it will be dealt with under our low-level concerns policy and procedure. If a setting is uncertain, if a concern is at a low level or staff allegation level, a professional discussion with the LADO should be sought.

Support to Staff and Volunteers

The Management Committee/Registered Person will fully support all members of staff 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.
- Staff, volunteers, or management members may also be subject to allegations of abusing children/young people 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 LADO will be informed. The disciplinary procedure may be implemented.
- Staff and volunteers may also experience abuse outside of the work setting. They can talk to the setting's DSL or line manager to seek support. E.g. Domestic Abuse

Recruitment and Employment of Staff and Volunteers – Suitability of new recruits

We acknowledge that paedophiles and those who pose a threat to children/young people 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/young people are safe to do so.

- The selection and interview procedure of the setting will be adhered to. This must include a full employment history, qualifications, interview, and identity checks.
- Applicants will be informed of any online searches as part of the recruitment process. This would normally be carried out on short-listed candidates only.

- Two references will be taken up before appointment for new staff and volunteers, and a medical reference may also be required.
- All staff working in regulated activities (including the setting's Manager/Leader) and volunteers will be checked by the Disclosure and Barring Service on joining the setting, to be renewed every 3 years.
- All people connected with the setting must declare all convictions/cautions incurred since DBS disclosure, which may affect their suitability to work with children/young people.
- All people connected with the setting must declare their disqualification status.
- 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.

  See the Recruitment policy saved in SharePoint

Use of Mobile Phones, Cameras, and Online Safety

We 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, we will ensure that all internet-compatible devices used in the setting will have appropriate filters and controls. The implementation of filters and controls will be overseen by the DSL.

Staff Behaviour

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

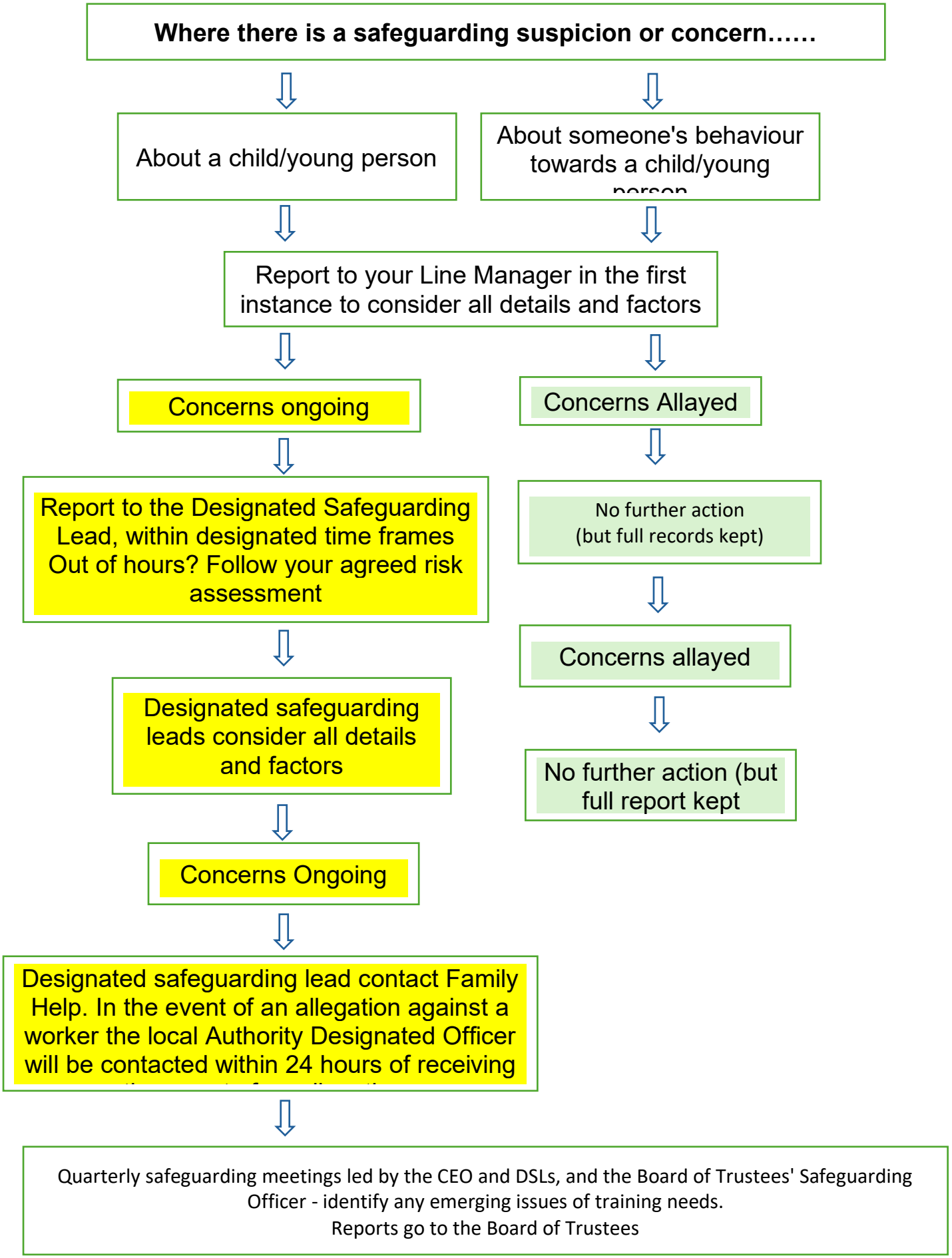
In addition, we will use "Guidance for safer working practice for those working with children and young people in education settings" as a tool to develop setting-specific guidance on behaviour or a Code of Conduct for staff and volunteers.

Whistleblowing

We have 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. Staff are inducted into this policy.

See the Whistleblowing policy stored in SharePoint

Flow chart reporting concerns:



Training Plan – How safeguarding training is delivered and how staff are supported to put this into practice:

Competency Stage	*Staff training level*	*Multi-agency training (MAT)*	*Single agency training (SAT)*	*Individual training (IT)*
Stage 1	Competencies expected of **all s**taff/ 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. Staff will be supported to access the relevant training and updates required. Staff will reflect on this training during supervision meetings and team meetings.

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 and young people.*

- 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 or young person 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, young people, and/or families on a regular basis, and 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 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.

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 and young people's 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 or young person is being abused.

Stage 3: You *have contact with children, young people, and/or families on a regular basis. You work intensively with children, young people/families where there are safeguarding concerns and/or you have a specific responsibility for safeguarding within your setting.*