



Child Protection Policy

This Child Protection Policy has been adapted from the recommended Child Protection Policy published by Bath and North East Somerset Local Safeguarding Children's Board in 2014. (www.bathnes.gov.uk)

1. INTRODUCTION

We at the Trauma Recovery Centre are committed to a practice which safeguards and promotes the welfare of children.

Staff and volunteers in this organisation accept, recognise and take seriously our responsibilities to develop awareness of issues that cause children and young people harm.

We will safeguard children and young people by:

- Following carefully the procedures for safer recruitment in the selection of staff and volunteers.
- Adopting child protection guidelines through a code of behaviour for staff and volunteers, contained within our Employee and Volunteer Handbooks and Person Specifications for all roles.
- Sharing information about child protection and good practice with children, parents, carers staff and volunteers.
- Sharing information about concerns with agencies who need to know and involving parents, carers and children appropriately.
- Providing effective management oversight for staff and volunteers through supervision, support and training
- Reviewing our Child Protection Policy and procedures and good practice guidance on an annual basis, unless an incident or new legislation or guidance suggests the need for an earlier date of review.

This policy applies to all staff, volunteers, trustees, visitors, service users including children and young people at the Trauma Recovery Centre.

2. STATEMENT OF INTENT

It is the policy of the Trauma Recovery Centre to safeguard the welfare of all children and young people in our care by identifying and protecting them from all forms of harm and abuse including physical, emotional and sexual harm and to recognise when early help may be beneficial.

This organisation is committed to creating a safe environment in which children and young people can feel comfortable and secure while engaged in any of their therapeutic play sessions/ mentor sessions/ play therapy sessions/ art therapy sessions/ music therapy/ counselling sessions / activity group sessions / group therapy sessions or parenting groups.

3. DEFINITIONS

'Child and 'young person': In England, Northern Ireland, Wales and Guernsey, a child is anyone who has not yet reached their 18th birthday. Throughout this Policy, the terms 'child', 'children', 'young people', 'young person' are used to refer to all those under the age of 18. This includes young people aged 16 and 17 who are living independently; their status and entitlement to services and protection under the Children Act 1989 is not altered by



the fact that they are living independently.

'Adult':	defined as a person aged 18 years or over.
'Staff' and 'volunteers'	refers to all those working for or on behalf of the Trauma Recovery Centre, full time or part time, either in a paid or voluntary capacity.
'Parent' and 'carer':	refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers, special guardians and adoptive parents.
'Clients' and 'Service Users':	refers to anyone who is a beneficiary of the Trauma Recovery Centre
'Child Protection':	part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
'Contextual Safeguarding':	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. (Contextual Safeguarding Network 2019)

4. TYPES OF ABUSE

The following definitions of abuse have been extracted from Working Together to Safeguard Children 2018, guidance from the Department for Education as well as additional research and statutory guidance:

Abuse: "A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children." (Department for Education, 2018)

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:

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

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs." (Department for Education, 2018)

Physical abuse: "A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child" (Department for Education, 2018).

Sexual abuse: "Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children



in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. 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.” (Department for Education, 2018). Furthermore, there is no single agreed definition of Child Sexual Abuse (CSA) within the family environment (also known as Intra-familial Child Sexual Abuse), but in addition to abuse by a relative (such as a parent, sibling or uncle), it may also include abuse by someone close to the child in other ways (such as a step-parent, a close family friend or a babysitter) (BANES LSCB Procedures Manual, 2019). In addition, Harmful Sexualised Behaviour can be defined as 'sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult'. (Hackett 2014: Children and Young People with Harmful Sexual Behaviours). Staff and volunteers should also be aware of Technology Assisted Harmful Sexualised Behaviours.

Child Sexual Exploitation: “Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.” (Department for Education, 2018)

Emotional abuse: “The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.” (Department for Education, 2018).

Another identified category of abuse is **spiritual abuse** or **abuse linked to faith and belief** which can, but not always, involve physical, emotional and/or sexual abuse. Though there is no single agreed definition of spiritual abuse, research from Dr. Lisa Oakley in Oakley & Kinmond (2013) states that “spiritual abuse is coercion and control of one individual by another in a spiritual context. The target experiences spiritual abuse as a deeply emotional personal attack. This abuse may include: - manipulation and exploitation, enforced accountability, censorship of decision making, requirements for secrecy and silence, pressure to conform, misuse of scripture or the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a ‘divine’ position, isolation from others, especially those external to the abusive context.”

Furthermore, the Laming Inquiry, following the death of Victoria Climbié, included elements of ritual abuse and national guidance which has been subsequently released to help raise awareness of the issue of child abuse linked to faith or belief and encourages practical steps to be taken to prevent such abuse.

Child Victim of Trafficking or Modern Slavery: “Modern slavery includes human trafficking, slavery, servitude and forced or compulsory labour for the purpose of exploitation. The Modern Slavery Act 2015 (section 56(3)) defines a child as anyone under the age of 18. For the purposes of the National Referral Mechanism (NRM) the UK recognises that slavery, servitude and forced or compulsory labour have the same meaning as they do under Article 4 of the European Convention



on Human Rights (ECHR). Trafficking is defined within Article 4 of the Council of Europe Convention Against Trafficking in Human Beings. However, for the purposes of trafficking, in the case of a child there is no requirement to meet the 'means' component within that definition as a child is not able to give informed consent. Therefore, any child who is recruited, transported, transferred, harboured or received for the purposes of exploitation is considered to be a trafficking victim, whether or not they have been forced or deceived." (Department for Education, 2017). Furthermore, Bath and North East Somerset Council highlight that "where children and their families may have moved on more than one occasion in a short space of time, any assessment should consider whether the child is subject to trafficking or modern slavery" (BATHNES Children's Service Procedures Manual, 2018). Therefore, if a staff member or volunteer has concerns that a child is a possible victim of trafficking, then a referral must be made to the local authority, who should convene a strategy discussion as soon as possible and take any necessary immediate action to safeguard and promote the child's welfare.

Extremism: "Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist." (Department for Education, 2018).

Child Criminal Exploitation: "As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology." (Department for Education, 2018).

County Lines: "As set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons" (Department for Education, 2018)

Radicalisation: "'Radicalisation' refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups."

Female Genital Mutilation (FGM): "Female Genital Mutilation is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act"). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons." (Department for Education and Home Office, 2016)

Forced marriage (FM) and Honour Based Violence: "A FM is a marriage conducted without the valid consent of one or both parties and where duress is a factor. FM is a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014. There is no statutory definition of HBV. The Crown Prosecution Service and Home Office adopt the following definition of HBV: "Honour-based" violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community. Other forms of HBV include practices performed by perpetrators on victims for cultural or socio-conventional motives which have harmful consequences. Some of these practices include (this list should not, however, be considered as complete:- FGM; Breast Ironing; dowry abuse.) HBV and FM are usually perpetrated by the victims' families, extended families and members of their community in order to protect or defend the 'honour'



of the family or community. Instances of HBV can also lead to conspiracy between the families, extended families and communities of the perpetrator in order to protect them as opposed to the victim.” (Crown Prosecution Service, Legal Guidance, Revised 2018).

Other forms of harm that staff and volunteers should be aware of include bullying, self-harm and cyber-bullying.

As with all the definitions of abuse, it is possible that signs and symptoms of one type of abuse might (but not always) indicate that another type of abuse is also occurring. Therefore, it is crucial that all staff at the TRC working with vulnerable children and young people have an awareness that abuse is complex and can take many forms and therefore reporting the signs of abuse is crucial.

5. GUIDELINES FOR ALL TRAUMA RECOVERY CENTRE STAFF AND VOLUNTEERS

Staff and volunteers must at all times show respect and understanding for individual’s rights, safety and welfare, and conduct themselves in a way that reflects the ethos and principles of the Trauma Recovery Centre:-

5.1. Respect

Staff and volunteers are committed to

- Treating children and young people with respect and dignity
- Always listening to what a child or young person is saying
- Valuing each child and young person
- Recognising the unique contribution each individual can make
- Encouraging and praising each child or young person

5.2. By example

Staff and volunteers will

- Provide an example, which we would wish others to follow
- Use appropriate language with children and young people and challenge any inappropriate language used by a young person or child or an adult working with young people
- Respect a young person’s right to privacy

5.3. One to one contact

Staff and volunteers will

- The course of our work at the TRC involves working individually with children and young people, therefore in order to safeguard, we ensure that the doors are seldom closed, blinds are kept up, other members of staff are aware of meetings and children attend the Centre with their parents/carers’ consent. When meeting, every effort is made to keep this as open as possible. Random spot checks are carried out for therapy rooms whilst therapy is occurring.
- Staff and volunteers should try to always be visible to others in their contact with children or young people and if privacy is needed, ensure that other staff or appropriate volunteers are informed of the meeting and its whereabouts.

5.4. Physical contact

Staff and volunteers should never

- Engage in sexually provocative or rough physical games, including wrestling.
- Do things of a personal nature for a child or a young person that they can do for themselves. If such an incident arises, for example, where a child or young person has limited mobility,



Trauma Recovery Centre staff should seek a member of senior staff or first aider, and a child or young person's parent or carer when dealing with such an incident.

- Allow, or engage in, inappropriate touching of any kind.

5.5. General

Staff and volunteers should:

- Be aware that someone might misinterpret our actions no matter how well intentioned
- Never draw any conclusions about others without checking the facts
- Never allow ourselves to be drawn into inappropriate attention seeking situations such as tantrums or crushes
- Never exaggerate or trivialise child abuse or child protection issues or make suggestive remarks or gestures about, or to a child or young person, even in fun.

5.6. Relationships

Staff and volunteers who are involved in relationships with other members of staff or volunteers should ensure that their personal relationships do not affect their role within Trauma Recovery Centre or the work of Trauma Recovery Centre.

Staff and volunteers should consult the Client Conflict of Interest and Relationship Declaration Policy if they are aware of any possible conflicts of interest which they might have and how they can minimise their effects. This policy provides guidance on what interests and relationships need to be declared and the procedures to follow when a conflict of interest arises.

5.7. Sharing information

Good communication is essential in any organisation. In the Trauma Recovery Centre every effort will be made to assure that, should individuals have concerns, they will be listened to and taken seriously. It is the responsibility of the management to ensure that information is available to, and exchanged between, all those involved in this organisation and its activities. Some information is confidential and should only be shared on a strictly need-to-know basis. For more information about Information Sharing, refer to: 'Information Sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers. July 2018' available online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

Staff and volunteers should be aware of our Privacy Notice and adhere to our Data Protection Policy.

5.7.1 Children & Young People

Children and young people have a right to information, especially any information that could make life better and safer for them. The Trauma Recovery Centre will act to ensure they have information about how, and with whom, they can share their concerns, complaints and anxieties.

When sharing information, the Trauma Recovery Centre staff and volunteers will be sensitive to the level of understanding and maturity, as well as to the level of responsibility, of the people with whom they are sharing.

5.7.2 Parents and carers

Parents / persons with parental responsibility are ultimately responsible for their children's welfare at all times, and they should be assured that their children are involved with a credible organisation. We achieve this by

- Publicising relevant information on our leaflets and our website: www.trc-uk.org



- Publishing the named Designated Child Protection Person(s) and how to make a complaint on our Complaints forms held in Reception.
- Publishing a full copy of the Child Protection Policy also held in Reception.

5.7.3 Staff & Volunteers

As an organisation, which offers support and guidance to children and young people, it is imperative that each member of the Trauma Recovery Centre staff is aware of their responsibilities under the Child Protection Legislation and has a working knowledge of the Trauma Recovery Centre procedures. Each member of staff will receive updated training in Child Protection every three years.

5.7.4 Other Bodies

A copy of our Child Protection Policy will be made available to any other appropriate body upon their request.

6. PROCEDURES FOR REPORTING ALLEGATIONS OR SUSPICIONS OF ABUSE

All action is taken in line with the following legislation/guidance:

- South West Safeguarding and Child Protection Shared Procedures <https://www.proceduresonline.com/swcpp/>
- Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges 2018
- Working Together to Safeguard Children 2018
- What to do if you're worried a child is being abused: Advice for practitioners. March 2015
- Child Sexual Exploitation: Guide for Practitioners: February 2017
- Information Sharing. Advice for Practitioners providing safeguarding services to children, young people, parents and carers. July 2018
- Islands Safeguarding Children Partnership <http://www.icpc.gg/>

6.1. Responding to a disclosure – procedures for staff and volunteers

Staff and volunteers are always to be mindful that it can take a lot of courage for a child or young person to disclose that they have experienced harm or are being abused or neglected. They may have been told or believe that the abuse was their fault, they may have little trust in adults or those in positions of authority, or they may have been threatened as to what might happen if they were to tell someone of what happened / is happening to them.

If you're in a situation where a child discloses abuse to you, there are a number of steps you can take:

- Allow the child or young person to speak freely – allow the child to speak without interruption
- Listen carefully to the child: avoid expressing your own views on the matter.
- Remain calm and do not overreact – the child may stop if they feel that they are upsetting you
- Offer the child reassurance without making promises, and take what the child says seriously, for example saying “you are doing the right thing in talking to me”
- Never guarantee absolute confidentiality, as child protection will always have precedence over any other issues.
- Do not question them directly on the matter.
- Accept what is said – it is not your role to investigate or question – do not ask investigative questions such as “did your _____ do it? Or “what does the child’s parent think of this?”
- Only genuine non-directing, open questions can be asked. Staff and volunteers may ask ‘who? what? where? when? and how?’ If clarification is needed they need to use “... tell me more; explain....., describe ”
- Alleviate feelings of guilt and isolation, whilst passing no judgement



- Advise that you will try to offer support, but that you must pass the information on.
- Explain what you have to do and whom you have to tell in an age appropriate way.

After the conversation, in any case where a disclosure is made, or someone in the Trauma Recovery Centre has concerns, a record should be made by the staff member / volunteer. Record the discussion or actions taken on the TRC's Child Protection Reporting Form (SP2) as soon as possible after the disclosure, within 24 hours.

- Contact the DSO / DDSO in the TRC Therapy Centre in which the child attends for advice / guidance without delay.
- The DSO / DDSO may then discuss the concern / suspicion with the relevant organisation, and, if appropriate, make a direct referral to a Local Authority Safeguarding Team.
- If Designated Person is not available, or it is inappropriate to approach them, the volunteer / member of staff with the concern should make direct contact with their line manager. In the unlikely event that there is no member of staff available, the member of staff / volunteer with the concern should make a referral to relevant organisation (children's social care) themselves and should inform the DSO as soon as possible.
- Use the child's words or explanations – do not translate into your own words, in case you have misconstrued what the child was trying to say.

Details on the reporting form must include, as far as practicable:-

- Name of child or young person
- Age
- Home Address (if known)
- Date of Birth (if known)
- Name/s and Address of parent/s or person/s with parental responsibility
- Telephone numbers if available
- Is the person making the report expressing their own concerns, or passing on those of somebody else? If so, record their name and role and the following details;
 - What has prompted the concerns?
 - Include dates and times of any specific incidents
 - Has the child or young person been spoken to? If so, what was said?
 - Has anybody been alleged to be the abuser? If so, record details
 - Who has this been passed on to, in order that appropriate action is taken? E.g. school, designated officer, children's social care
 - Has anyone else been consulted?
 - Are there any physical signs of abuse or harm? Please use the body map to record observations, even if they seem inconclusive.

There may be occasions when you suspect that a child may be at serious risk of harm, but you have no evidence or conclusive signs. You may have noticed this due to a variety of factors but in these circumstances, you should try to give the child the opportunity to talk. You can use the Child Protection Reporting Form to record any early concerns.

6.2. Designated child protection persons

The following members of staff are the Designated Safeguarding Officer (DSO) and Deputy Designated Safeguarding Officer (DDSO) for TRC Therapy Centres:

- **Bath Centre:** DSO Jess Nash (jess.nash@trc-uk.org), DDSO Esther Green (esther.green@trc-uk.org)
- **Guernsey Centre:** DSO Rosy Corbin (rosy.corbin@trc-uk.org)
- **Oxford Centre:** DSO Jess Nash (jess.nash@trc-uk.org)



Upon receipt of a disclosure from a member of staff or visitor the DSO or DDSO will decide whether to make a referral to the relevant local authorities' children's social care team. The DSO (or DDSO in their absence) will make a referral to children's social care if it is believed that a child is suffering or is at risk of suffering significant harm. The child (subject to their age and understanding) and the parents / carers will be informed that a referral is being made, unless to do so would increase the risk to the child.

If a child discloses physical or sexual abuse, or where the alleged perpetrator is either a family member or someone resident within the household, the DSO/DDSO must consult with a Duty Social Worker before informing the parents/carers, unless the child or young person is subject to a Child Protection Plan, in which case the DSO/DDSO must contact the allocated Social Worker. The Social Worker should advise who should be contacted in relation to the concern, who should make that contact and when the contact should be made.

As the Trauma Recovery Centre expands to various locations it is important to note that the Designated Safeguarding Officer (DSO) and the Deputy Designated Safeguarding Officer (DDSO) for the expanded centre should refer to local safeguarding procedures relevant to the area in which the child or adult who attends the Trauma Recovery Centre lives. Both the DSO and DDSO should familiarise themselves with these procedures and contact the client's local Safeguarding Team for advice or to make a referral.

The following departments should be contacted in the event of a child making a disclosure of significant harm, or if the DSO or DDSO believes that the child is at risk of or has suffered harm:

If the child resides in Bath and North East Somerset:

- The DSO / DDSO will immediately inform the BANES Children & Families Assessment Intervention Team (CAFAIT) by telephone. **Telephone number: 01225 396312/313 or out of hours' telephone number: 01454 615165**
- If it is an emergency, you must call the police on 999.
- The telephone referral to CAFAIT will be confirmed in writing using the form marked C2, within a maximum of 48 hours, ideally 24 hours, with a copy to the Designated Safeguarding Officer for Child Protection Jess Nash (jess.nash@trc-uk.org). Essential information will include client's name, address, date of birth, family composition, and reason for referral, name of person receiving the referral and any advice given. This written confirmation must be signed and dated by the referrer.
- Confidentiality must be maintained and information relating to individual children and young people/families shared with staff on a strictly need to know basis.
- Please refer to Appendix A for more information of safeguarding contacts for BANES.

If the child resides in Guernsey or Alderney:

- The DSO / DDSO will immediately inform the Guernsey and Alderney MASH Team by telephone. **Telephone number: 01481 723182 or the Emergency Duty Team telephone number on: 01481 222222 or 220000.**
- If it is an emergency, you must call the police on 999.
- A telephone referral to the Guernsey and Alderney MASH Team will be confirmed in writing using the online form https://eforms.gov.gg/showForm.asp?nc=F11V&fm_fid=75 within a maximum of 48 hours, ideally 24 hours, with a copy to the designated person for child protection. Essential information will include Client's name, address, date of birth, family composition, and reason for referral, name of person receiving the referral and any advice given. This written confirmation must be signed and dated by the referrer.
- Confidentiality must be maintained and information relating to individual children and young people/families shared with staff on a strictly need to know basis.
- Please refer to Appendix B for more information on safeguarding contacts for Guernsey or Alderney.



If the child resides in Oxford:

- The DSO will immediately inform the Oxford Multi-Agency Safeguarding Hub (MASH). **Telephone number: 0345 050 7666 or the Emergency Duty Team telephone number: 0800 833 408.**
- If it is an emergency, you must call the police on 999.
- Essential information will include Client's name, address, date of birth, family composition, and reason for referral, name of person receiving the referral and any advice given. This written confirmation must be signed and dated by the referrer.
- Confidentiality must be maintained and information relating to individual children and young people/families shared with staff on a strictly need to know basis.
- Please refer to Appendix C for more information of safeguarding contacts for Oxford.

If the child resides in any other local authority not named above:

- The DSO / DDSO of the TRC Centre in which the child attends will immediately inform the Safeguarding Team within the local authority in which the child lives.
- If it is an emergency, you must call 999.
- Essential information will include Client's name, address, date of birth, family composition, and reason for referral, name of person receiving the referral and any advice given. This written confirmation must be signed and dated by the referrer.
- Confidentiality must be maintained and information relating to individual children and young people/families shared with staff on a strictly need to know basis.

6.3. ALLEGED ABUSE BY STAFF, MANAGERS, VOLUNTEERS OR TRUSTEES

- When an allegation is made against a member of staff or volunteer, then the allegation must be passed to your DSO / DDSO or, if the allegation concerns them both, direct to the Local Authority Designated Officer (LADO). Your designated person for child protection should contact one of the Local Authority designated officers for consultation:
 - **In Bath and North East Somerset:**
 - Local Authority Designated Officer (LADO) on 01225396810/ or if unavailable Head of Safeguarding and Quality Assurance, Lesley Hutchinson on 01225396974 or Lesley.Hutchinson@bathnes.gov.uk within 1 working day.
 - If the LADO in BANES cannot be contacted, then the Local Authority Children's Services should be contacted on 01225 396312 / 01225 396313.
 - **In Guernsey:**
 - The MASH Team on 01481 723182.
 - Out of hours, contact the Emergency Duty Team on 01481 725241.
 - **In Oxford:**
 - Local Authority Designated Officer (LADO) Jo Lloyd on 01865 810603 or lado.safeguardingchildren@oxfordshire.gov.uk within 1 working day.
 - If the LADO in Oxford cannot be contacted, then contact MASH on 0345 050 7666 or the Emergency Duty Team on 0800 833 408.
- The designated officer contacted will record a note of the consultation and will advise on the appropriate action that needs to be taken.

6.4. TRAINING

- The designated person and his/her deputy must receive training every 2 years in Child Protection. Training is available from the relevant Local Safeguarding Children Board and the Islands Safeguarding Children Partnership (ISCP) for Guernsey).
- All staff and volunteers shall have access to appropriate training on a regular basis, at least every 3 years.



6.5. RECORD-KEEPING

- All records, information and confidential notes will be kept in separate files in a locked drawer or filing cabinet. Only the designated Persons will have access to these files.

6.6. FURTHER INFORMATION

- For further information about what to do if you are worried a child is being abused, see the B&NES LSCB website: <https://www.safeguarding-bathnes.org.uk/children>
- Leaflets available from B&NES LSCB also include “The DfES summary booklet ‘What to do if you are worried a child is being abused’”. Also available via: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
- Bath and North East Somerset Children’s Services Procedures Manual: <http://bathnes.proceduresonline.com/index.htm>
- Working Together to Safeguard Children 2018, Appendix B: Further Sources of Information: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722305/Working_Together_to_Safeguard_Children_-_Guide.pdf

The South West Safeguarding and Child Protection Shared Procedures can be accessed at: <https://www.proceduresonline.com/swcpp/>

Policy re-reviewed: June 2024 Date of next review: July 2024



Useful Local Authority Safeguarding Contacts for children and adults living in Bath and North East Somerset

Regarding Children and Young People:

If you have concerns that a child is being harmed as a result of abuse or neglect, you must not keep these concerns to yourself. Keeping children safe is everyone's responsibility.

You need to ensure you speak to the appropriate organisations who can listen to and record your concern, and then take appropriate action.

EMERGENCY: If you have reason to believe that a child is at immediate risk of harm, contact the police on 999

OUT OF HOURS: Children's Social Care Emergency Duty Team: 01454 615165. The EDT covers all Social Care emergencies within Bath and North East Somerset, Bristol, North Somerset and South Gloucestershire. They provide emergency assessment and crisis intervention outside of office hours that cannot wait until the next working day and can also be contacted for urgent advice.

TO REFER, FOR ADVICE AND GENERAL ENQUIRIES: call Children's Social Care Duty Team on 01225 396312/313 to refer children in need of protection or at risk of significant harm, including child protection concerns. This number can also be used for existing/current cases. You can also contact ChildCare_Duty@bathnes.gov.uk.

DISABLED / ADDITIONAL NEEDS CHILDREN'S TEAM: to speak to someone about a child with a disability or additional needs, the Disabled / Additional Needs Children's Team is available on 01225 396967 (8.30-5.00 Monday to Thursday, and until 4.30 on Friday) or email DCT_Duty@bathnes.gov.uk.

Regarding Adults:

TO REPORT AND FOR ADVICE: you can contact the BANES Care and Support on 01225 394200 (9.30-5.00 Monday to Thursday and until 4.30 on Friday). Outside of these hours, the Emergency Duty Team is available on 01454 615165.

DOMESTIC ABUSE: If someone is in immediate danger, contact 999 and ask for the Police. If they are not in immediate danger, you can contact Southside on 01225 331243 and request their Independent Domestic Violence Service (IDVA).

AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP, BANES INTENSIVE TEAM: a 24 hour /7 day a week number you can contact on 01225 362814. They provide a rapid assessment and treatment for people experiencing a mental health crisis.



Appendix B:

Useful Local Authority Safeguarding Contacts for children and adults living in Guernsey

If you have concerns that a child is being harmed as a result of abuse or neglect, you must not keep these concerns to yourself. Keeping children safe is everyone's responsibility.

You need to ensure you speak to the appropriate organisations who can listen to and record your concern, and then take appropriate action.

EMERGENCY: If you have reason to believe that a child is at immediate risk of harm, contact the police on 999.

OUT OF HOURS: call the Multi Agency Safeguarding Hub (MASH Out of Hours Team) on 01481 725241.

TO REFER, FOR ADVICE INCLUDING GENERAL ENQUIRIES: call the Multi-Agency Safeguarding Hub (MASH) on 01481 723182 to refer children in need of protection or at risk of significant harm, including child protection concerns.

Regarding Adults:

If someone you know finds themselves in a mental health crisis you must contact your/their GP or the Emergency Department (also known as Accident and Emergency). If you need to call the out of hours service please just dial the normal number for their GP surgery and the call will transfer automatically to the Primary Care Centre.

FOR ADVICE AND TO REPORT: The Adult Mental Health Service, based at the Oberlands Centre, provides an assessment, intervention, treatment and support service to people with mental health problems within the Bailiwick of Guernsey. The service addresses the mental health needs of adults, aged 18-65 with moderate to severe mental health problems. Young adults between the ages of 16-18 years may be referred if they are not in full-time education. The Oberlands Centre can be contacted on 01481 725241.

TO REPORT: The Duty and Intervention Team is responsible for emergency (within 24hour) and urgent (working week) assessments, for new referrals to services. Referrals come immediately from the GP, prison or hospital. A generic worker will carry out an initial assessment, as well as the risk assessment.

HOSPITAL SWITCHBOARD: 01481 725241.

GUERNSEY MIND: 01481 722959 or email info@guernseymind.org.gg

SAMARITANS: 116 123 or email jo@samaritans.org

RELATE: 01481 730303 or email info@relate.org.gg



Appendix C:

Useful Local Authority Safeguarding Contacts for Children and Adults living in Oxford:

If you have concerns that a child is being harmed as a result of abuse or neglect, you must not keep these concerns to yourself. Keeping children safe is everyone's responsibility.

You need to ensure you speak to the appropriate organisations who can listen to and record your concern, and then take appropriate action.

EMERGENCY: If you have reason to believe that a child is at immediate risk of harm, contact the police on 999.

OUT OF HOURS: Children's Social Care Emergency Duty Team – 0800 833 408.

TO REPORT A CONCERN: To report a concern of abuse or neglect, please contact the Multi-Agency Safeguarding Hub (MASH) on **0345 0507666** (8.30-5.00 Monday to Thursday, and until 4.00 on Friday).

If you want to speak to someone about an already open case, contact the relevant Children's Social Care Assessment Team;

- Oxford City – **01865 328563**
- North Oxfordshire (including Banbury, Witney, Bicester, Carterton and Woodstock) – **01865 323039**
- South Oxfordshire (including Faringdon, Wantage, Thame, Abingdon, Didcot and Henley) – **01865 323041**
- Emergency Duty Team – **0800 833 408**
- John Radcliffe Hospital Assessment Team – **01865 221236** (for antenatal safeguarding concerns and issues concerning children in the hospital)

EARLY HELP: You can contact the Locality and Community Support Service (LCSS) for a conversation to discuss Strengths and Needs and Team Around the Family Meetings, and to get information on other support available. These conversations are named conversations, so the name of the child will need to be shared, and should only take place with the family's knowledge.

- LCSS Central: 0345 241 2705 (8.30-5.00 Monday to Thursday, and until 4.00 on Fridays) and LCSS@oxfordshire.gov.uk.
- LCSS North (including Banbury, Witney, Bicester, Carterton and Woodstock): 0345 241 2703
- LCSS South (including Abingdon, Faringdon, Wantage, Thame, Didcot and Henley): 0345 241 2608

CHILDREN'S DISABILITY TEAMS: If you would like to speak to us about a child with a disability, the Children's Disability Teams are available to provide advice and support to families based in Oxford: North Team (Banbury): 01865 816668; City Team (Oxford): 01865 323080; South Team (Abingdon): 01865 897982.

Regarding Adults:

FOR ADVICE: you can contact the Oxford Safeguarding Adults Consultation Line on 01865

328232 and select option 1 (10.00-3.00, Monday to Friday), but this cannot be on a 'no names' basis, so you must have spoken to the adult at risk before making the referral, and ideally obtained their consent.

TO REPORT: contact the Social and Health Care team on 01865 328 993, or complete the Professional Safeguarding Concern Form:

<https://service.oxfordshire.gov.uk/raisingconcernprofessional>.

If you are concerned that someone is not receiving care when you think they should, you should request a Care Needs Assessment:

<https://service.oxfordshire.gov.uk/needsassessmentpro>.

IF THERE IS AN ADULT MENTAL HEALTH CRISIS: There's a variety of interventions and services available for adults in crisis within Oxfordshire.

Oxford Adult Mental Health Team: for adults aged between 18 and 65, they can be contacted 7 days a week from 7am until 9pm:

- o Oxford City and North East Oxon: 01865 902 200
- o North West Oxon: 01865 902563
- o South Oxon: 01865 904191

Oxford and Banbury Safe Haven: offering short term one to one support in crisis, face to face and on the phone. They are open in the evenings over the weekend and can be contacted via 01865 903 037. Banbury Safe Haven crisis support over the weekend is contactable via 01295 270004.

The Oxford and Buckinghamshire Mental Health helpline: contactable via 01865 904997.

The Warnford Hospital: If an adult is experiencing a mental health crisis after 9 pm, which cannot wait for contact with their usual care team, The Warnford Hospital can be contacted via 01865 901000.

Additional information about other available support can be found on the following website, with contact details based upon the adult's locality: <https://www.oxfordhealth.nhs.uk/support-advice/what-to-do-in-an-emergency/>