



## CHILD SAFEGUARDING POLICY AND PROCEDURES

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## Key Acronyms and Definitions

- **Child:** Any person under 18
- **DSL:** Designated Safeguarding Lead
- **HoS:** Head of Services (DSL)
- **Safeguarding Champions** – Operational Service Managers
- **Team Member** – SARSAS Staff, Volunteers and Trustees
- **LADO** - Local Authority Designated Officer
- **SEND** - Special Educational Needs and Disabilities
- **FGM** – Female Genital Mutilation

## **Policy statement**

SARSAS is committed to safeguarding and promoting the welfare of all children at risk who use our services. We believe safeguarding is everyone's business. Safeguarding is a specific activity that is undertaken to protect specific children and adults at risk who are suffering, or are at risk of suffering, significant harm.

Additionally, SARSAS is committed to keeping our staff and volunteers protected in the workplace. This includes protection from abuse from both colleagues and clients.

Section 17 and 47 of the 1989 Act imposed a positive duty on all organisations to safeguard and promote the welfare of children (See Appendix 1).

This document sets out SARSAS's overall approach to protecting children at risk from abuse. It is supported by detailed procedures which describe how this policy is to be carried out by all team members to include staff, volunteers, and Trustees. This policy will be reviewed every two years.

Everyone who SARSAS works with will be informed of our policy statement as part of an explanation of the limits of confidentiality. A copy of this Policy and Procedure is made available as appropriate and is also available on SARSAS's website.

Confidentiality in this respect refers to the requirement not to share anything about a client without their consent to anyone outside of SARSAS. It is vital that information is shared with relevant individuals within the organisation so that the safest decisions are made.

## **What is safeguarding?**

Safeguarding is a specific activity that is undertaken to protect specific children and adults with care and support needs who are suffering, or are at risk of suffering, harm. All children have the right to protection and

## **What is abuse?**

Abuse and neglect of children includes

- **Physical abuse** - any form of assault, over-medication, restraint, poor moving and handling practice, Female Genital Mutilation (FGM)
- **Sexual abuse** - Forced sexual activity involving physical contact, including rape and sexual assault by penetration, non-penetrative acts and non-contact acts, that was not actively consented to or the person did not have the capacity to understand./
- **Psychological / emotional abuse** - threats, intimidation, coercion, harassment.
- **Neglect** - ignoring medical or physical needs, not providing access to appropriate care, the withholding of the necessities of life, such as medication, adequate food, water and heating.

- **Exploitation** – – coercion of a child into sexual activity in exchange for something and/or for the financial advantage or increased status of the perpetrator, which may involve physical contact, and/or occur using technology.
- **Modern slavery and trafficking** - recruiting and moving children from one part of the UK to another or into the UK from overseas. Children may be trafficked for child sexual exploitation, benefit fraud, forced marriage, forced labour including domestic labour and criminal exploitation.
- **Children as victims of domestic abuse** – a child or young person (under the age of 18) who sees, hears, or experiences the effects of abuse. (Reference Domestic Abuse Act 2021).

## **SARSAS actions**

SARSAS will:

1. Ensure that all Team Members have a Disclosure Barring Service (DBS) checks relevant to level of client work that they undertake and are precluded from involvement in the organisation as appropriate. The appropriate level of DBS check is made for all roles within SARSAS
2. Provide clear and detailed procedures on decision making, accountability and recording of child safeguarding situations.
3. Provide thorough and effective training to staff and volunteers on child protection policies and procedures.
4. Appoint a member of staff to be the Designated Safeguarding Lead (DSL) and Operational Managers to be Safeguarding Champions.
5. Provide regular and consistent supervision and support to staff and volunteers which focuses on the safety and welfare of clients.
6. Ensure that the organisation is a to learn from specific child protection situations and to review policy and procedures as a result if necessary.
7. Maintain and communicate current knowledge of child safeguarding procedures nationally and within the Somerset and Avon area.
8. Review this Policy (and related Practice Guidance) as necessary, always following a serious incident and at least once a year, in line with Charity Commission Guidance<sup>1</sup>.

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<sup>1</sup> <https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees#policies-procedures-and-practices-you-need-to-have>

**In addition;**

Team Members will seek to keep children and young people safe by:

- Valuing, listening to and respecting them.
- Adopting child protection practices through procedures.
- Developing and implementing an effective e-safety policy and related procedures.
- Providing effective management for staff and volunteers through supervision, support and training.
- Recruiting staff and volunteers safely, ensuring all necessary checks are made and kept up to date (see SARSAS Recruitment Policy)
- Sharing information about child protection and good practice with children, parents and carers, staff and volunteers.
- Sharing concerns with agencies who need to know and involving parents/carers and children appropriately.

SARSAS operates a confidential service but if it is assessed that a child is being harmed or likely to suffer harm, then confidentiality can be breached within procedural guidelines (See Confidentiality Policy). In this event, a volunteer/staff member is expected to discuss the action they propose to take with the client beforehand. If it is their trained assessment that discussing this with the client would place the child at greater risk, then this should be discussed with the DSL and/or the CEO.

If it is felt that a child is at risk of significant harm through abuse or neglect and the details of the child are known, the designated local agency within Somerset and Avon should be contacted following discussion and agreement of any actions with one of the Safeguarding Champions. The DSL will be contacted and informed at the earliest opportunity.

No referrals will be made to external agencies in respect of suspected abuse of a child without prior discussion and agreement manager of that team or the DSL. However, if it is an emergency situation the emergency services should be called immediately, and the appropriate Manager/Safeguarding Champion informed as soon as possible.

All internal and external discussions about specific safeguarding situations need to be recorded (on Oasis) by the Team Member, regardless of the eventual action taken.

## **Role description: Designated Safeguarding Lead (DSL): Head of Services**

### **Responsibilities include:**

- Being the main contact within SARSAS in relation to Child and Adult Safeguarding.
- Availability for SARSAS staff/volunteers, in absence of their line manager, to discuss Safeguarding concerns.
- Being named contact for Child and Adult Safeguarding Services.
- Ensuring that communication from Child and Adult Safeguarding through secure email is being monitored and disseminated internally as required.
- Ensuring Oasis notes are maintained and updated and tagged as Safeguarding cases.
- Discussing Safeguarding with safeguarding advisors from Safeguarding teams in local authorities.
- Ensuring that all team meetings have Safeguarding as standing agenda item at team meetings and conducting reviews of Safeguarding cases noted.
- Oversight of SARSAS's Safeguarding Training and induction programme.
- Ensuring that Policies and Procedures relating to Safeguarding are up-to-date and reflect best practice and current guidelines.
- Ensuring staff receive supervision on a monthly basis and Safeguarding is reviewed at each meeting.
- Ensuring that Senior Leadership Team and CEO are kept informed of formal safeguarding referrals.
- Reporting safeguarding referrals and serious safeguarding incidents to SARSAS Trustees, Funders and Consortium Partners as appropriate.
- Ensure that appropriate disciplinary procedures, in accordance with SARSAS Capability Policy, are followed when it is identified that a member of staff is not applying this policy to a satisfactory standard and that any related current risks are safeguarded accordingly.

### **Not responsible for:**

- Making all necessary Safeguarding referrals.

## **Role description: Safeguarding Champion: Operational Managers**

### **Duties/responsibilities include:**

- Being a main contact within SARSAS (and particularly for their direct reports) in relation to Child and Adult Safeguarding.
- Availability for SARSAS staff/volunteers, in absence of their line manager, to discuss Safeguarding concerns.
- Ensuring that the Oasis notes for their team are maintained and updated and tagged as Safeguarding cases.
- Ensuring that all team meetings have Safeguarding as standing agenda item at team meetings and conducting reviews of Safeguarding cases noted.
- Ensuring that all their team members have received relevant level of Safeguarding training.
- Ensuring staff receive supervision on a monthly basis and Safeguarding is reviewed at each meeting.
- Reporting safeguarding referrals and serious safeguarding incidents to DSL.

### **Not responsible for:**

- Making all necessary Safeguarding referrals.

### **Arrangements during absence:**

Planned absence: Team Members are informed as to which Manager/ Safeguarding Champion is the named DSL during the absence period.

Short-term unplanned absence: The role of Designated Safeguarding Lead is held by the CEO in the absence of the DSL.

### **Safeguarding procedures**

This document sets out what action will be taken if it is suspected that a child is at risk of harm, through abuse or neglect.

### **General procedure**

The DSL for SARSAS is the Head of Services (HoS)

No Team Member will be expected to make a decision regarding the protection of children alone. No volunteer should make a referral regarding a child who may be at risk or break confidentiality without the agreement of their Team Leader/Manager.

Confidentiality in this respect refers to the requirement not to share anything about a client without their consent to anyone outside of SARSAS. It is vital that information is shared within the organisation so that the safest decisions are made.

Maintaining the confidentiality of those who use SARSAS is a vital part of the ethos of the organisation and generally, this can be assured. However, if a Team Member has a reason to believe that a child may be at risk of harm, the responsibility to safeguard the child overrides the right of an adult client, child, or colleague to confidentiality. Team Members MUST break confidentiality if necessary, in these circumstances.

If confidentiality cannot be maintained, the information will only be shared with relevant people.

Generally, SARSAS works on the basis of consent and attempts to work with clients to seek external support themselves. In many situations consent to take action to safeguard a child can be sought from the client and will be given, but consent must not be sought if it may place the child or client at greater risk.

If a safeguarding concern is raised about a child, The DSL will be informed at the earliest opportunity.

Details of the initial safeguarding raised must be recorded on Oasis by the team member that identified the concern. All subsequent discussions and actions must be updated by the member of staff involved in that action.

Safeguarding cases will be reviewed at least weekly, even if there are no updates to report. They will be discussed in team meetings and further actions recorded until the safeguarding concern reaches a satisfactory conclusion.

In partnership work, monthly safeguarding updates on children and young people will be shared with the partner agency for reporting

### **Breaching confidentiality:**

Unless it is an emergency, confidentiality will only be breached by a member of staff when authorised by the DSL (or CEO in the absence of DSL) This decision will be made in conjunction with the DSL if possible, within the required timescale.

### **Consulting the LADO**

If SARSAS hear about a safeguarding concern that involves an adult who works with children or adults at risk, the designated Local Authority Designated Officer (LADO) will be consulted as soon as a practically possible.



## Referral procedure

Safeguarding referrals can only be made where SARSAS has sufficient information about the client (one or more of the following: name, address, contact details, date of birth, parent/carer's name). The following procedures should be adhered to:

- A Team Member may be given direct information about a child who is currently at risk of harm, or they may be given information which leads them to a professional judgement that a child is being harmed or is at risk of harm.
- The Team Member with immediate concerns about safeguarding should consult with their Line Manager immediately. If their Line Manager is unavailable, they should consult the DSL. If possible, a discussion with the child/person who made the disclosure will then take place. If the person making a disclosure is an adult they will be strongly encouraged to contact Children's Services themselves (with support from SARSAS). If this is not completed within the agreed timeframe SARSAS will contact Children's Services. All discussions and subsequent decisions will be recorded on Oasis at the earliest possible opportunity, and definitely within 24 hours. Where the child is not at immediate risk the Line Manager/DSL will be consulted at the earliest possible opportunity (not more than 24 hours) and the procedures will be followed as above.
- If a child/young person is assessed by SARSAS as being Fraser/Gillick<sup>2</sup> competent, involvement with a child's and young person's parents and carers should be subject to an agreement with the child/young person as the primary client of the organisation. A young person who is deemed Gillick competent has the right to have their views, wishes and decisions respected. However, when considering a referral SARSAS will balance the wishes of the child/young person with a duty to keep them safe from harm. Assessment of competence and consideration of referral where information may be deemed to be shared without consent will be discussed with the DSL.
- If there is consent from the primary client/parent/carer to make a referral then the local procedures should be followed immediately e.g., telephone referral by the Team Member or Manager and followed up in writing within 24 hours, or by completing an Early Help Assessment. Where a disclosure has been made to a Volunteer, the referral will be made by their manager. Contact details for the relevant services for each area are at the end of this document.

If gaining consent from a client may place a child at greater risk of harm then this route is not an option and referrals should be made directly by the SARSAS Team Member involved and the client will not be informed.

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<sup>2</sup> [Gillick competence and Fraser guidelines](#) | NSPCC Learning

- If there is no consent from the client to make a referral, the relevant Service Manager, HoS or DSL will make a decision about whether to break confidentiality and make a referral. The Team Member will either be present at the discussion meeting, or they will be informed of decisions within 24 hours. Details will be recorded in Oasis and a referral made as above.
- In cases where there are no identifying details, then no referral can be made by SARSAS. Where relevant and where doing so would not put a child at further risk, primary client/ parents and carers should be encouraged to share information on a need-to-know basis with other agencies and individuals who may be able to support them and help them to meet their children's needs.

## **Outcomes**

The DSL will inform the Team Member of the outcome of the referral, and this will be communicated to the primary client/parent/carer? if they are still in contact.

Situations where no referral is possible may still leave Team Members with uncomfortable feelings and these should ideally be discussed in person with the Team Manager or DSL and/or at Supervision Meetings.

## **Whistle blowing**

Whistleblowing is the reporting of suspected wrongdoing or dangers in relation to our activities. This includes bribery, fraud or other criminal activity, miscarriages of justice, health and safety risks, damage to the environment and any breach of legal or professional obligations to the people who use our service, employees, or the wider community.

SARSAS aims to encourage and enable our staff and volunteers to raise their concerns and to do so without fear of victimisation or discrimination and will respond to all such concerns in accordance with our Whistleblowing Policy. Where a raised concern specifically relates to the safety of an adult at risk. the terms of this safeguarding policy and procedures will be applied.

## **Allegations made against SARSAS Team Members**

If an allegation of abuse is made against a Team Member, the referral procedures above will be followed to safeguard the child.

If the information regarding risk to a child relates to abuse by a member of SARSAS the DSL should immediately be informed in the first instance, or if the allegation concerns the DSL the Team Member should speak directly to the CEO or Chair of the Board of Trustees. Team Members should not discuss the allegations with other members of staff or volunteers. The DSL will ensure that the person reporting the allegation has appropriate support in place.

The DSL will immediately consult the appropriate Local Authority Designated Officer (LADO) and follow actions as agreed.

The DSL and the Chair of the Board of Trustees will immediately inform the individual concerned that they are suspended from duties pending investigation. This is not an assumption of guilt but serves to allow the appropriate investigation to take place and protects the Team Member from further allegations.

## **Record keeping**

Details of the initial safeguarding raised must be recorded on Oasis by the team member that identified the concern. All subsequent discussions, actions and decisions must be updated by the member of staff involved in that particular action. All records will be recorded at the earliest opportunity, and within 24 hours. These will be kept on the client's file on Oasis. If the risk or allegation concerns someone who is not a client, this information will be recorded by the DSL on their protected HR file.

In line with SARSAS's Record Keeping Policy, all records must be:

### 1. Accurate to include

- The date/time of the disclosure.
- The date/time of the initial report.
- The name/contact details and role of the person to whom the concern was initially reported
- The names, and where relevant and legal, the contact details of all parties involved including witnesses.

### 2. Factual to include

- A clear factual report of the initial concern/disclosure. This will include what has been seen, heard or said. All reports must be recorded with the date and Team Member's name.
- A clear dated record of all further action taken.
- If relevant, the reasons why a concern was not referred to a statutory agency.

### 3. Separate opinion or judgement

- It is acceptable to have an informed opinion or judgement, but this must be clearly stated as opinion. Any interpretation or inference drawn from what was observed, said or alleged must be clearly recorded as such.
- Records must be written mindful that children, young people and/or their parents or carers may request access to any records kept about them.

## **Record retention periods**

All SARSAS records are kept in accordance with The General Data Protection Regulations 2018 (GDPR) as laid out in SARSAS Privacy and Data Protection Policy.

More specifically, and where necessary, decisions regarding case retention times for records relating to safeguarding concerns will be assessed appropriately (Appendix 3)

If files are to be retained for longer than the minimum period specified, these will to be clearly marked and the reasons for the extension period clearly recorded.

## **Staff support**

SARSAS recognises that the nature of working with trauma can impact staff vicariously and that this can be particularly relevant when working with safeguarding concerns. SARSAS will support staff who work both directly and indirectly with clients by

- Providing external and internal supervision in accordance with our supervision policy
- Providing regular debriefing and, where necessary and appropriate, offering additional external wellbeing support.
- Provide opportunities to share best practise and case review.

## **Crisis communications**

SARSAS has defined hours of service which are limited to daytime office hours and helpline operating times. Staff are not available for response outside of their contracted working hours. Clients entering the service are made aware of these limitations during their initial contacting.

Opening times will be clearly and accurately displayed on our website and social media pages. Where a social media platform offers a direct messaging service, an automated response will give details of our operating times, alternative emergency contact organisations /helplines and a reassurance that a response will be received during working hours.

## Appendix 1: Children Act 1989 and 2004

Section 17 and 47 of the 1989 Act imposed a positive duty to safeguard and promote the welfare of children.

<b>Section 17</b>	<b>Section 47</b>
<p>A child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. Children in need may also be: children with special educational needs and disabilities (SEND), young carers, children who have committed a crime or whose parents are in prison, or asylum-seeking children.</p> <p>Under Section 17 Social Care are obliged to identify needs for services and to make arrangement for services to be provided by others such as voluntary groups.</p> <p>Anyone who has concerns about a child's wellbeing or safety can contact Social Care. This can be anonymous if a member of the public is worried about giving their name.</p> <p>Professionals do not have anonymity rights as their duty of care overrides this.</p>	<p>Under Section 47 Social Care are obliged to make all necessary enquiries when there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm.</p> <p>This is the threshold that justifies compulsory intervention in family life in the best interests of children.</p> <p>Significant harm refers to physical and mental health and development. Impairment, ill treatment or abuse includes anything that prevents a child being safe and which interferes with their health or development in any sphere of life: physical, emotional, social, intellectual. So, it covers all the main types of abuse including, physical, sexual, psychological/emotional, neglect and exploitation</p> <p>Harm is 'significant' if the child is in actual danger or if the child's health or development is suffering when compared to that which could be reasonably expected of a similar child.</p> <p>E.g., a child under 13 is not legally capable of consenting to sexual activity – so knowledge that a sexual act had occurred would always lead to enquiries. Significant harm is easier to identify in physical or contact sexual abuse.</p>

## Appendix 2: Relevant contacts

South West Child Protection <https://www.proceduresonline.com/swcpp/> offer a clear guide and step by step approach to what to do if you are concerned about a child or young person under 18 in any of the Avon and Somerset localities.

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

<b>Referral pathways and contacts by area</b>
<b>Bristol</b>
<p>For a disclosure that requires a same day response: First Response on 0117 903 6444</p> <p>Professionals Online Referral : <a href="#">Make a First Response referral for professionals - bristol.gov.uk</a></p> <p>Advice (Social Care) 0117 903 6444.                      Emergency Duty Team 01454 615 165.</p> <p>Enquiries about EXISTING cases with an allocated social worker :<a href="https://www.bristol.gov.uk/social-care-health/social-work-contact-details-children-and-young-people">https://www.bristol.gov.uk/social-care-health/social-work-contact-details-children-and-young-people</a></p>
<b>South Gloucestershire</b>
<p>Professionals Online Referral : <a href="#">Initial Assessment Record (southglos.gov.uk)</a></p> <p>Advice (Social Care) 01454 866000</p> <p>Emergency Duty Team 01454 615165</p>
<b>North Somerset</b>
<p><a href="#">Children's Safeguarding Board   Children's Safeguarding Board (nsscp.co.uk)</a></p> <p>Single Point Referral for professionals 01275 888808</p> <p>Advice (Social Care) 01275 888808</p> <p>Emergency Duty Team 01454 615165</p>

## Somerset

The Early Help Advice Hub Email: EHACoordinator@somerset.gov.uk

Referral Early Help Assessment (EHA) and Supporting Documents – Professional Choices  
Advice (Social Care) 0300 123 2224

Emergency Duty Team 0300 123 23 27

## BAINES

Referral Concerned about a child or young person (bathnes.gov.uk)

If the child already has a social worker email ChildCare\_Duty@bathnes.gov.uk

Advice (Social Care) 01225 396111 or 01225 477929

Emergency Duty Out of Hours 01454 615165

### Further Useful Contacts:

- NSPCC 24 hour Helpline for adults concerned about a child, including if a child is involved in or at risk from gangs, or radicalisation: 0800 800 5000 or email [help@nspcc.org.uk](mailto:help@nspcc.org.uk).
- Childline 24 hours Helpline for children/young people: 0800 1111
- NSPCC FGM Helpline 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)
- NSPCC Helpline extension to report abuse related to the Church of England, the service offers advice and statutory referrals. Information will only be shared if the referrer gives express permission: 0800 80 20 20 or email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)
- NSPCC dedicated helpline details can be found here: <https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/>
- CEOP Child Exploitation and Online Protection provide information about online sexual abuse <https://www.ceop.police.uk/safety-centre/>

### Appendix 3 : SARSAS guidance on retention periods

Type of Record	Retention
<p><b>All child welfare concerns</b></p> <p>Including: concerns about physical, sexual, emotional abuse or neglect or exploitation of a child, disclosures from a child about being abused, or information from a third party which might suggest a child is being abused; concerns about a parent/carer or another adult that uses SARSAS, or a young person who has been abused by another young person.</p>	<p>The referral should be acknowledged in writing e.g., via secure email by Children’s social Care and added to the client file on OASIS.</p> <p><b>Records should be kept until the child reaches age 25</b> unless any of the exemptions apply (listed below*) or if SARSAS is required to comply with any other statutory requirements.</p>
<p><b>Concerns about people (paid and unpaid) who work with children and young people.</b></p> <p>Including: allegations, convictions, disciplinary action, inappropriate behaviour towards children and young people. For example, where an employee has breached the Code of Conduct, a record of the behaviour, the action taken, and outcome should be recorded.</p>	<p>Personnel files and training records (Including disciplinary records and timesheets) - retain for 7 years after employment or volunteering ceases. However, the records should be retained for a longer period if any of the following apply:</p> <ul style="list-style-type: none"> <li>• There were concerns about the behaviour of an adult who was working with children where they behaved in a way that has harmed, or may have harmed, a child;</li> <li>• The adult possibly committed a criminal offence against, or related to, a child;</li> <li>• The adult behaved towards a child in a way that indicates they are unsuitable to work with children</li> </ul> <p>In such circumstances, records should be</p>



	retained at least until the adult reaches normal retirement age, or for 10 years if that is longer.
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**\*Exceptions to the 7 year period will occur when records:**

- Need to be retained because the information in them is relevant to legal action that has been started
- Are required to be kept longer by law
- Are archived for historical purposes (e.g. where the organisation was party to legal proceedings or involved in proceedings brought by a local authority)
- Relate to legal proceedings. It is best to seek legal advice about the retention period of records
- Consist of a sample of records maintained for the purposes of research.
- Relate to individuals and providers of services who have, or whose staff, have been judged unsatisfactory are held in order to provide, for the subject, aspects of their personal history (e.g. where the child might seek access to the file at a later date and the information would not be available elsewhere).