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# **VOICES**

## **Child Safeguarding Policy and Procedure**

**Section 1 - Policy**

**Section 2 - Responsibilities**

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## **SECTION 1 - POLICY**

### **1. OVERVIEW**

1.1 This policy describes the Child Safeguarding policy and procedures at VOICES.

1.2 Application of this policy will be on the basis of equal opportunities regardless of race, colour, nationality, or ethnic origins, age, marital status, gender, sexual orientation, disability, religion or other personal circumstances or disadvantages.

1.3 This policy includes the recording and reporting procedures, the expectations of staff members with regard to safeguarding children, and the procedure for managing allegations of abuse against a staff member.

1.4 This policy applies to all VOICES management, staff, trustees, volunteers, service users, and visitors.

1.5 This policy is applicable both on and off premises during VOICES related activities.

1.6 This policy should be read and considered in conjunction with relevant VOICES policies and processes, including:

- Complaints Policy
- Confidentiality Policy
- Information Sharing & Data Protection Policy
- Raising Concerns (whistle blowing) Policy
- Disciplinary Policy & Procedure
- Safeguarding Vulnerable Adults Policy
- Services processes.

### **2. POLICY STATEMENT AND KEY PRINCIPLES**

2.1 VOICES recognises our responsibility to be aware, open and proactive in the field of safeguarding children. This policy has been written to ensure that the charity takes every reasonably practicable measure to safeguard children and young people. In the context of this policy, this relates to anyone under the age of 18.

2.2 The guiding principle is that VOICES believes that it is always unacceptable for a child to experience abuse of any kind. In particular, in line with Article 19 of the UNCRC, this policy states that all children have a right to protection: "...from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has the care of the child."

2.3 In matters relating to concerns about a child's well-being, VOICES holds that the welfare of the child is paramount and must always come first.

2.4 The organisation will work together with families, voluntary and statutory services to protect and promote the welfare of children. We are committed to identifying needs and risks and proactively addressing these.

2.5 Children will always be listened to, and their word will be taken seriously. We will report any concerns about any child(ren) under 18 years of age who are suffering or at risk of suffering harm to the appropriate authorities in line with agreed policies. We will seek to achieve this with the informed consent of the parent or caregiver who is our client, however fears of jeopardising the organisation's relationship with the parent or carer will not be allowed to influence judgment at the expense of the child's safety.

2.6 When acting on safeguarding concerns, we will utilise relationship-based approaches, transparency, and collaboration with parents recognising the distress and worry it can cause. This is in line with VOICES Trauma Informed Approach.

2.7 VOICES is committed to following appropriate personnel procedures to ensure safe recruitment of staff and to deal with allegations against staff promptly and fairly, while keeping the needs of the child paramount at all times.

2.8 All staff in VOICES will be subject to Disclosure and Barring Service (DBS) checks and all staff will receive training in safeguarding appropriate to their role.

2.9 VOICES will also consider the impact of working with risk and knowledge of harm to children on staff wellbeing and implement appropriate strategies to support staff in their roles and mitigate against the potential of vicarious trauma. Staff will be given training and resources to develop necessary skills for their role, clinical supervision and management support when responding to risk.

### **3. LEGISLATIVE FRAMEWORK AND GUIDANCE:**

3.1 The following legislative framework is relevant to this policy:

- The Children Act 1989
- UN Convention of the Rights of the Child (UNCRC) 1991
- The Human Rights Act 1998
- The Data Protection Act 1998
- Sexual Offences Act 2003
- The Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Domestic Abuse Bill 2021
- Children (Private Arrangement for Fostering) Regulations 2005

3.2 In addition, the following National Guidance should be considered in relation to child safeguarding:

- What to do if you are worried a Child is being abused: Advice for practitioners (2015) - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What\\_to\\_do\\_if\\_you\\_re\\_worried\\_a\\_child\\_is\\_being\\_abused.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
- Working Together to Safeguard Children (2018)
- Working together to safeguard children - GOV.UK ([www.gov.uk](http://www.gov.uk))
- Information Sharing: Advice for practitioners providing safeguarding services (2018) - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)
- Child exploitation: definition and guide for practitioners, Department for Education (2017) - <https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>
- Domestic Abuse Act 2021: [https://assets.publishing.service.gov.uk/media/62c6df068fa8f54e855dfe31/Domestic\\_Abuse\\_Act\\_2021\\_Statutory\\_Guidance.pdf](https://assets.publishing.service.gov.uk/media/62c6df068fa8f54e855dfe31/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf)

#### **4. LOCAL PROCEDURES AND CONTACTS**

4.1 Information on the local safeguarding protocol and threshold can be found here:

- [https://www.safeguarding-bathnes.org.uk/sites/default/files/threshold\\_for\\_assessment\\_.pdf](https://www.safeguarding-bathnes.org.uk/sites/default/files/threshold_for_assessment_.pdf)
- <https://www.bathnes.gov.uk/webforms/concerned-about-a-child-or-family/>
- <https://bcssp.bathnes.gov.uk/safeguarding-children>
- <https://bcssp.bathnes.gov.uk/policies-and-procedures>
- <https://beta.bathnes.gov.uk/get-early-help>

4.2 To make a referral, the VOICES team should email: [ChildCare\\_Duty@bathnes.gov.uk](mailto:ChildCare_Duty@bathnes.gov.uk) or use the online portal <https://www.bathnes.gov.uk/webforms/concerned-about-a-child-or-family/>

4.3 The out of hours BANES Emergency Duty Team can be contacted on: 01454 61 51 65.

4.4 The Local Area Designated Officer (LADO) can be contacted by emailing: [lado@bathnes.gov.uk](mailto:lado@bathnes.gov.uk)

#### **5. IMPLEMENTATION OF THIS POLICY**

##### **Training & Dissemination of Information:**

5.1 All employees and volunteers will be made aware at induction of the organisation's safeguarding children policy and procedures. Employees will evidence they have read and understood the policy through the Breathe HR system. For volunteers, they will sign to evidence they have seen and understood the policy and this will be maintained on the volunteer's HR file.

5.2 All staff are required to attend safeguarding children training. The level of training required will be appropriate to the role and job description.

5.3 Modifications and updates to child safeguarding policies and procedures will be brought to the attention of all staff and volunteers as soon as reasonably practicable.

5.4 Service users will be advised of our child safeguarding procedures at first contact with the service and informed more fully of their implications as part of their ongoing contact with VOICES.

5.5 Where the service is aware the child is subject to safeguarding concerns managed by the Local Authority under s.17 Child in Need or s.47 Child Protection of the Children Act 1989, consent will be sought from the parent supported by VOICES to contact the Local Authority to inform them of involvement by VOICES. If the client is unwilling to give consent the key worker must inform the DSL or DDSL who will determine if there is a safeguarding reason for overriding client consent.

### **Accountability**

5.6 Where there are any concerns about a child's safety or welfare, it is the responsibility of the worker who identifies them to act without delay. Clear and contemporaneous written notes should be made with a timeline detailing what led to the concern and including any advice received and decisions taken alongside the rationale for any actions taken. Notes should be saved on the client's file and they should be accessible to other VOICES staff if the person recording the notes is not available. The Safeguarding Lead should be notified of the concern as soon as practicably possible.

5.7 VOICES Designated Safeguarding Lead (DSL) is the Head of Services. The Deputy Designated Safeguarding Lead (DDSL) is the CEO.

5.8 The Designated Safeguarding Lead has overall oversight of safeguarding concerns raised within the service.

5.9 Whilst all Trustees hold responsibility for safeguarding, a Lead Safeguarding Trustee is appointed to ensure dedicated oversight.

5.10 The Lead Safeguarding Trustee and DSL will be members of the People Sub-Committee which meets quarterly and Safeguarding practice will be a regular item on the agenda for the subgroup to ensure appropriate oversight and Board awareness of risks.

### **Collaborative Working**

5.11 VOICES aims to facilitate good co-operation and communication between agencies, and recognise that safeguarding is everyone's responsibility and requires a multi-agency approach.

5.12 VOICES will additionally work to ensure the inclusion of Lived Experience perspective. In doing this we contribute to the safe management of risk and provide a responsive service to families which is sensitive to their particular needs and facilitates preventative and support work.

5.13 In situations where there is cause for concern for a child, it is important to work in partnership with relevant agencies and our clients to gather information about how parenting responsibilities and tasks are

being undertaken. These conversations are imperative to safeguard children, and we recognise the sensitivity when exploring risks; staff will strive to establish trust, practice openness about their concerns and make a concerted effort to mitigate risk of re-traumatisation through applying a trauma informed approach.

### **Awareness & Recognition**

5.14 All staff have a responsibility to keep themselves informed on general safeguarding and child protection issues, the signs and symptoms of neglect and abuse, extra-familial harm and the particular impacts on children as victims of Domestic Abuse.

5.15 Staff will attend relevant training as required by VOICES.

### **6. CATEGORIES OF ABUSE:**

6.1 The VOICES team will be aware of the definitions and categories of abuse as set out in the 'Working together to Safeguard Children' 2018 report:

*"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".*

6.2 In England and Wales there are four categories of abuse in general use:

- **Physical abuse:** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child including fabricating the symptoms of, or deliberately causing, ill health to a child whether or not an injury is visible.
- **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, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.
- **Emotional abuse:** persistent or emotional ill treatment of a child that adversely affects their development. May involve conveying to a child that they are worthless, unloved, and inadequate, there only to meet the needs of another; or where inappropriate expectations are imposed upon them. In addition, it includes children who are regularly frightened, exploited or corrupted.
- **Sexual abuse:** involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. This may also include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

6.3 VOICES will take appropriate safeguarding action in relation to any form of abuse or harm. Further information about child safeguarding can be found in the appendix.

## **7. DOMESTIC ABUSE AND CHILD SAFEGUARDING**

7.1 Owing to the nature of VOICES work, staff will be aware of and receive training in relation to the link between Domestic Abuse and child safeguarding.

7.2 The Domestic Abuse Bill 2021 has brought in a statutory definition of Domestic Abuse and recognises children as victims of Domestic Abuse in their own right, as opposed to as witnesses. Under the Bill, there are greater statutory duties to protect all victims of Domestic Abuse in relation to factors such as safe accommodation, and protection within family courts.

7.3 Where there is Domestic Abuse, the implications for the children in the household must be considered because significant harm may result from the adverse psychological effect on children of being aware of threats or actual violence between adults, as well as the extra risk of physical injury, either by accident in the midst of a violent incident or by design from an abusive adult. Research evidence also indicates a strong link between Domestic Abuse and all types of child abuse and neglect.

7.4 When working with clients, the workers should:

- Ascertain whether there are any children living in the household or if the victim is pregnant. Pregnancy is known as a risk factor for violence to escalate.
- Make enquiries about other children having regular (and in particular overnight) contact with the abuser.
- Make a preliminary determination of the degree of exposure of the children to the incidents of violence and its consequent impact.
- Make a preliminary assessment of any protective actions, factors or strategies.

7.5 Where abuse is current (even if the relationship has ended) or if deemed necessary the worker will carry out a Domestic Abuse, Stalking, and Harassment Identification Assessment and Referral (DASH-RIC) assessment and make referrals to the local IDVA service and the Multi Agency Risk Assessment Conference (MARAC) as appropriate. If this process has already been started by another agency or an IDVA is already assigned VOICES will work as part of a multi-agency response to safeguard children.

7.6 The VOICES' team will work with clients to explore risks and safety, including the risk to children and young people. In line with the trauma-informed approach, VOICES will encourage and empower clients to be actively involved and engaged in the safety-planning process.

7.7 If VOICES assess there to be an immediate and high risk to children's safety, emergency services will be called.

## **8. INVOLVING PARENTS / GUARDIANS AND YOUNG PEOPLE**

8.1 As part of their initial induction into VOICES services it is important we are transparent with families, and workers will clearly explain to parents/caregivers and young people (age appropriately) our confidentiality and safeguarding policies, regardless of whether a parent/caregiver's children also attend

the organisation. The parent/carer and young person's understanding should be checked and a note that the discussion has taken place should be recorded on the adult client's file.

8.2 Staff should understand the implications of the Human Rights Act 1998 and Article 8 of the European Convention on Human Rights (which forms part of UK Law) which recognise a right to respect for private and family life. The right is not absolute. Disclosing confidential information to protect the welfare of a child can be justified by Article 8(2) if it is necessary to prevent crime or to protect the health and welfare of a child.

8.3 Therefore, whenever possible and appropriate, concerns will be discussed with the parent/caregiver prior to taking any action, and their views sought. The parent/caregiver will be informed of any action taken before contact with another agency is made.

8.4 However, in exceptional circumstances where this may cause further risk to the child, (e.g. in the case of suspicion of sexual abuse or fabricated/induced illness, or the child could be punished for disclosing), action may be taken without consulting the parent / caregiver and the reasons for that decision must be clearly recorded and stated in the referral.

8.5 Whilst VOICES will seek consent to share information with other agencies, the refusal of that consent does not stop VOICES taking appropriate safeguarding action and this should be fully explained to clients when they begin services with us.

8.6 Working in collaboration with clients and empowering them is crucial to VOICES' ethos. We will therefore involve the parent/carer as much as possible in any decisions made concerning their child(ren). Clients will be given the opportunity to discuss any worries they may have and they will be encouraged to make contact with the appropriate authority themselves.

8.7 If this is agreed, workers must check with the appropriate authority that the parent/carer has taken such action themselves. The parent/carer's sharing of a professional's concerns should not replace the worker following up themselves and ensuring relevant information has been shared.

8.8 The requirement to pass information to other agencies needs to be explained clearly to the parent/carer and their views noted. These conversations may cause distress to parent/carer, invoking fear and worry. Staff should seek to support parents with these concerns and offer support through any ongoing safeguarding processes where appropriate.

8.9 Where staff are completing reports for child protection procedures, these should be shared with the parent/carer ahead of them being submitted. This allows for open dialogue, concerns to be addressed and mistakes corrected.

8.10 When a young person has disclosed or shown signs that they, or another young person, are at risk of significant harm, where appropriate and possible we will inform the young person of our concerns prior to taking any action. Staff members' concern and rationale for taking further action will be discussed with



the young person in an appropriate method. Support to the young person through any ongoing safeguarding processes should be identified. It is important that young people's views and concerns are listened to and these should be noted and included if sharing information.

## **9. SUPPORT TO CLIENTS**

9.1 We will continue to support the parent/caregiver and/or young person throughout any safeguarding and child protection processes and encourage them to work with VOICES and other agencies to limit harm and address any problems identified.

9.2 We recognise that professional involvement in family life has the potential to re-traumatise and can temporarily increase the risk of Domestic Abuse. Being trauma informed, transparent and working collaboratively with parents can help maintain trust and contribute to increasing safety.

9.3 The VOICES Team has a role in advocating for clients and young people when they come into contact with services for whom domestic abuse is not a specialism.

## **SECTION 2 - RESPONSIBILITIES**

### **1. THE BOARD OF TRUSTEES:**

- Has overall responsibility for safeguarding policies and procedures at VOICES, so far as is reasonably practical and to oversee the implementation of an annual safeguarding audit.
- There will be a nominated Trustee Safeguarding Lead on the Board of Trustees and a role description for this position.
- The Trustee Safeguarding Lead will attend the People Sub-Committee.
- The People Sub-Committee will have a standing agenda item relating to safeguarding.
- Will be aware of the risk to staff relating to vicarious trauma and the management of safeguarding concerns.
- Will take responsibility for reporting allegations if they relate to the CEO.

### **2. TRUSTEE SAFEGUARDING LEAD:**

- Be a member of the People sub-committee.
- Oversee an annual safeguarding audit on behalf of the Board of Trustees, reporting any concerns to both the CEO and the Board.
- Provide professional advice and support to the DSL.
- Ensure that VOICES' strategic direction reflects safeguarding legislation and best practice.
- Monitor the risk register for VOICES, ensuring any concerns about child protection and safeguarding are clearly recorded.
- Be aware of local and national reviews, developments and legislation that might impact VOICES in relation to safeguarding - and work with the DSL to ensure this learning is adopted into practice.
- Be a point of contact for members of the VOICES team if they wish to discuss or raise concerns about safeguarding and feel unable to speak to the DSL or DDSL.
- Champion safeguarding across the Board of Trustees and the work of VOICES.
- Support the Board to develop their understanding and knowledge of safeguarding.

### **3. THE CEO:**

- Undertake the role of Deputy Safeguarding Lead and appoint the Designated Safeguarding Lead.
- To act as Caldicott Guardian.
- To ensure that the Board are aware of high-risk situations and/or allegations that could have a significant impact on the reputation of the Charity.
- To oversee, in conjunction with the DSL, the annual review and renewal of policies and procedures aimed towards safeguarding children.
- To ensure that adequate resources are made available to enable child protection procedures to be implemented.
- To ensure that all job descriptions and role profiles make explicit reference to safeguarding responsibilities.
- To ensure that all staff are adequately trained and up to date with legislative changes and recommendations.

- To ensure that adequate resources are made available to train staff members and volunteers about child safeguarding issues and procedures where relevant.
- To promote a working environment and culture in which child protection and child safeguarding are of paramount importance and to create opportunities to discuss and reflect on good practice.
- To ensure that systems are in place that guarantee that all employees / volunteers / visitors are appropriately background checked before it is possible that they could be left alone with any potentially vulnerable person (including children and young people) at VOICES.
- To practice due diligence in relation to any joint work or commissioning of other agencies to ensure that they are working in accordance with both our Child Safeguarding Policy and the law in respect of Child Protection.
- To appropriately report and manage allegations of abuse against a staff member.
- To take the lead role in reviewing serious incidents and engaging with Domestic Homicide Reviews.

#### **4. THE DESIGNATED SAFEGUARDING LEAD:**

- To be committed to safeguarding by overseeing best safeguarding practice for VOICES and ensure that appropriate arrangements for safeguarding adults, children and young people are in place.
- Take a lead role in implementing and developing safeguarding and protection policies and procedures.
- Ensure all safeguarding issues concerning adults, children and young people are responded to appropriately - including keeping the CEO updated where appropriate.
- Ensure that staff understand the process of reporting a safeguarding incident.
- Ensure that VOICES approach to safeguarding responds to the varying needs of children and young people, ensuring safeguarding processes enhance safety and in process seek to prevent and mitigate further harm or re-traumatisation.
- Ensure staff are supported with responding to risk and mitigate risk of harm to staff through exposure to trauma and harm.
- Support staff to access additional clinical supervision where required, or support through line management.
- Ensure that staff understand the safeguarding policy and procedures.
- Oversee the storage and retention of safeguarding records, in accordance with legal requirements.
- Work closely with the People sub-group and ensure they are kept up to date with safeguarding issues and are fully informed of any concerns about organisational safeguarding and protection practice.
- To practice due diligence in relation to any joint work or commissioning of other agencies to ensure that they are working in accordance with both our Child Safeguarding Policy and the law in respect of Child Protection.
- Take the lead role in being abreast of issues relating to child protection and abuse, and keep up to date with new developments in this area.
- Attend regular training relevant to safeguarding and share knowledge and best practice from that training - including training for DSLs.

- To ensure staff have access to appropriate training around safeguarding in accordance with their roles.
- 5. SUPERVISORS:**
- Ensure that safeguarding is a standing item on case management supervision.
  - Consider safeguarding within staff inductions and Probationary Reviews.
  - Ensure all new staff have relevant references and DBS checks.
  - Support staff wellbeing and utilise strategies to prevent harm to staff through exposure to risk and safeguarding matters.
  - Ensure agreed actions have been taken.
- 6. STAFF MEMBERS:**
- To immediately report to the DSL (or DDSL in the absence of DSL) any child protection or child welfare concerns that they may have during work or work related activities. This may relate to a client, a non-client, another member of staff, or a volunteer.
  - To appropriately record concerns relating to any child's/young person's welfare and actions taken on the case file.
  - To share information relating to a child(ren)/young person's welfare with other agencies where appropriate.
  - To ensure that clients, whenever possible, are aware of the implications of child protection concerns arising in terms of confidentiality agreements.
  - To, whenever possible and appropriate, discuss any child welfare concerns that they may have with the person involved and seek informed consent before waiving the confidentiality agreement.
  - To attend appropriate training as required.
  - To behave appropriately towards children/young people at all times.
  - To maintain an awareness of and interest in child welfare at all times during work and work-related activities.
- 7. VOLUNTEERS:**
- To behave appropriately towards children/young people at all times.
  - To attend appropriate training as required.
  - To immediately report to a staff member any child protection or child welfare concerns that they may have.

## **SECTION 3 - PROCEDURES**

### **1. IDENTIFYING A CONCERN AND MAKING A REFERRAL**

1.1 If any of the VOICES team have a concern about a child's welfare, they should share these immediately with the DSL, or in their absence, the DDSL.

1.2 If there is immediate risk of serious harm to a child(ren), then emergency services should be contacted to protect the child.

1.3 If, after discussion with the DSL/DDSL, a safeguarding concern for child is identified, the following actions should be taken:

- a) This must clearly be recorded on the OASIS client database and using the safeguarding alert function.
- b) If the concern follows a new / first disclosure, in addition, the first disclosure template should be used.
- c) The logs should include any reports, observations or discussion with the client, child or young person.
- d) Where safe and appropriate, concerns should be discussed with the client, parent/carer, child or young person as appropriate. This will allow discussion of next steps.
- e) Consideration should be given to consulting with relevant professionals involved, in line with consent.
- f) Where it is determined the child is at risk of harm and thresholds for safeguarding referral have been met, the online referral form should be completed or an email sent to the Child Duty Team with the subject heading 'Child Safeguarding Referral.
- g) Telephone advice can be sought from the B&NES Children & Families Triage Team, Tel 01225 396312 or 01225 396313 or Out Of Hours Telephone Number: 0145 615165 if there is any doubt about whether or not to refer.
- h) All relevant details regarding the child and family must be readily available, together with accurate details of the observation or concern.
- i) Concerns will be discussed with the parents/carers of the child or the child themselves if appropriate to make them aware that a child safeguarding referral is being made. The exception to this is when it is considered that this would delay matters inappropriately or that such a discussion will place the child or a vulnerable adult at an increased risk of significant harm.
- j) The B&NES Children & Families Triage Team should acknowledge the written referral within 1 working day of receipt - if they have not contacted us within 3 working days, they should be re-contacted and asked to confirm its receipt and give feedback.

### **2. PROCEDURES RELATING TO CHILDREN ATTENDING THE CRECHE**

2.1 VOICES maintains responsibility for child safeguarding in relation to those using creche facilities, which support parents/carers to access our services.

2.2 Where any creche worker or volunteer is concerned about the welfare of a child using the creche facilities, or if an adult discloses information which causes concern about a child in the creche, the worker must notify an on-site VOICES staff member immediately.

2.3 If the risk to the child is considered to be immediate and high, the worker must notify VOICES staff before the family leave the premises - and emergency services should be contacted.

2.4 The VOICES staff member and creche worker must contact their respective DSLs (or DDSLs in their absence) who will agree next actions.

2.5 VOICES will take the lead in completing safeguarding referrals, as per our policy - with input from the creche staff and DSL.

2.6 Where there is a disagreement between the creche providers and VOICES regarding the level of risk, advice should be sought from the BANES Child Duty Team who can advise if a referral should be made.

### **3. SAFEGUARDING FOR CHILDREN AND YOUNG PEOPLE NOT KNOWN TO VOICES**

3.1 If information causing concern is disclosed about a child(ren)/young person who is not known to VOICES, the member of staff should, where appropriate, try to find out identifying information about the child/young person.

3.2 Staff members should discuss with the DSL or DDSL and consider if a referral to children's social care based on the information is required. The child(ren)/young person not being known to VOICES should not be a preventing factor in sharing the information about risk with relevant agencies.

3.3 If sharing information escalates risk for other children or vulnerable adults (e.g the person who disclosed will be obvious to a perpetrator) safety planning actions and parallel referrals may need to be made to safeguard others.

### **4. CONCERNS ABOUT THOSE IN A POSITION OF AUTHORITY**

4.1 Where there are concerns about an adult in a position of authority, who may pose a risk of harm to children, VOICES has a duty to contact the Local Authority Designated Officer (LADO).

4.2 The LADO is responsible for managing allegations against adults who work with children. This involves working with police, children's social care, employers and other involved professionals. The LADO does not conduct investigations directly, but rather oversees and directs them to ensure thoroughness, timeliness and fairness.

4.3 LADOs manage allegations against people who work with children who are paid, unpaid, volunteers, casual, agency or anyone self-employed.

4.4 The LADO must be contacted within one working day in respect of all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

## **5. MANAGING FIRST DISCLOSURES**

5.1 All VOICES staff will receive training in handling first disclosures.

5.2 First disclosures will be recorded on a first disclosure template, clearly outlining what was said, what questions were asked, the date of disclosure and any actions taken.

5.3 Clients should be given the option of reporting to the Police - with the support of VOICES staff where necessary / wanted.

## **6. RECORD KEEPING**

6.1 All safeguarding and child protection concerns must be fully recorded without delay.

6.2 A clear, robust account of the safeguarding concern should be recorded by the worker in the child or young person's file and a copy of this information will be put in the parent/carer's file if the parent/carer is or has also been a client at VOICES, regardless of whether the parent/carer is implicated in the abuse.

6.3 Records will include:

- Date and time of disclosure / observation
- A full, factual description of the signs or symptoms of abuse or concerns
- A full description of who was present and everything that was said, including worker responses
- Names of other staff / agencies informed
- Any action taken and details of such (including when the referral was made, copies of emails, details of who was spoken to if this was by phone and any response).
- The views of the parent/carer, or reasons why a decision was taken not to inform or consult with them
- Any initial measures that have taken to protect the child

## **7. DEATH OF A CLIENT OR SERIOUS INCIDENT.**

7.1 Any serious incident or death of a client should be reported to the CEO, who will engage with any Serious Incident Review or Domestic Homicide Review (DHR).

7.2 The CEO will also notify any regulatory body with whom we are obliged to share this information.

7.3 VOICES commits to be an open and transparent member of any such Panels and contribute to wider learning and development of best practice.

## **8. SHARING INFORMATION**

8.1 Children, young people and adults who work with VOICES should be informed at the outset what and how information will (or could) be shared and why. Their agreement on this should be sought.

8.2 Where possible, workers should respect the wishes of children, young people or adults who do not consent to the sharing of confidential information. However, with reference to child protection, where there is concern that a child may be suffering or is at risk of suffering significant harm, the child's welfare and safety must be the overriding consideration.

8.3 The decision to share information or not should then be recorded on the client's file with an explanation as to why this decision was made.

8.4 The following guidance should be followed when sharing information with other agencies or workers: *"Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely."*

8.5 In the instance that we need to share information with other agencies and the parent/ or if appropriate the young person, has refused to give consent for us to do so, we need to assure ourselves that we have a legal basis for the information to be shared.

8.6 Where a decision is made to share information without consent, a clear explanation of this should be recorded in the casefile, explaining that this has been done on the basis of risk and in order to safeguard a child and/or adult.

## **9. SUICIDE AND SELF-HARM**

9.1 Alongside responding directly to the child/young person and family with listening, compassion, and options to enhance safety, concerns relating to Suicide and Self-harm (both involving a child/young person or an adult with responsibility for a child) should be treated as a child protection issues and trigger a similar level of response to children at risk of harm from others, including where appropriate sharing information with the Local Authority.

## **10. PRE-BIRTH CHILD PROTECTION**

10.1 Although there is no UK legislation which protects the rights of an unborn baby, there are certain circumstances under which it is possible to anticipate that a prospective parent may need the support of children's services or the baby may be at risk of significant harm. In accordance with local protocol, a referral must therefore be made as early as possible, and no later than 18 weeks if possible.



10.2 Unless there are concerns that knowledge of a referral may place the welfare of the unborn child or parent at risk, concerns should be raised with the prospective parent and consent should be sought to refer to the Local Authority Children's services BANES.

10.3 The BANES protocol when there is a concern about an unborn child is found here: <https://bcssp.bathnes.gov.uk/sites/default/files/2023-08/JOINT%20WORKING%20PROTOCOL.pdf>

10.4 If a member of staff has concerns or questions regarding the welfare of an unborn child, they should discuss these with the DSL or the DDSL in their absence.

## **11. STAFF APPROPRIATE BEHAVIOUR AND MANAGING ALLEGATIONS AGAINST STAFF**

11.1 The VOICES team are expected to behave professionally and maintain appropriate boundaries in their roles. Consideration should be given to appropriate physical contact, use of language, communication, dress and appearance, physical / intimate care and behaviour management. The overarching principle here is that the welfare of a child should always be paramount and adults who work with children and young people *"should avoid any conduct which would lead a reasonable person to question their motivation and intentions"*.

11.2 If a worker is accused of abuse, the matter will be taken seriously. VOICES will follow its disciplinary procedure, which may include suspending the individual staff member. Suspension in this scenario is considered a neutral act to ensure the matter can be fully investigated.

11.3 In line with best practice and legal guidelines, any allegations must be reported to the CEO who will inform the Police and LADO. Following this, the CEO will additionally update the Chair of Trustees.

11.4 If the accusation involves the CEO, the matter should be reported to the Chair of Trustees who will contact the Police and LADO.

11.5 VOICES will take steps to ensure that workers (including volunteers) are not vulnerable to false allegations. These will include:

- A worker will never work with a child or young person unless another member of staff is in the building
- All one-to-one work with children or young people will take place in an appropriate venue.

11.6 For further information, please see:

<https://bcssp.bathnes.gov.uk/sites/default/files/2023-09/ManagingAllegationsProtocol2022.pdf>



## **SECTION 4 - APPENDIX - ADDITIONAL INFORMATION**

### **1. SIGNIFICANT HARM**

1.1 The concept of 'Significant Harm' (Children Act 1989) is the threshold that justifies compulsory intervention in family life in the best interests of children and young people:

- 'Harm' means ill-treatment or the impairment of health or development (including impairment suffered from seeing or hearing the ill treatment of another).
- Whether the harm suffered by a child is 'significant' is determined by comparison of the child's health and development with that which could reasonably be expected of a similar child.
- There are no absolute criteria in judging what constitutes significant harm. It may be the result of a single, traumatic event, or more often, of an accumulation of significant events, both acute and long standing.

1.2 Further information and guidance on assessment and thresholds for intervention are contained in the Children's services threshold document: [https://www.safeguarding-bathnes.org.uk/sites/default/files/threshold\\_for\\_assessment\\_.pdf](https://www.safeguarding-bathnes.org.uk/sites/default/files/threshold_for_assessment_.pdf)

### **2. CHILDREN WHO MAY BE ESPECIALLY VULNERABLE**

2.1 Particular children may be especially vulnerable, including:

- Where there is chaotic or life-threatening parental substance misuse
- Children living in areas of economic deprivation
- Unborn children / developing foetus
- Non-mobile babies, see <https://bcssp.bathnes.gov.uk/sites/default/files/2023-12/BSW%20policy%20on%20suspected%20bruising%20or%20injuries%20in%20children%20who%20are%20not%20independently%20mobile.pdf>
- Children under 5 years old
- Children with chronic illness
- Children with disabilities
- Children with special educational needs
- Children in a caring role - 'Young Carers'
- Where there is domestic violence and abuse
- Where there is a history of sexual abuse in one of the parents/carers
- Children who live alone with a single vulnerable adult (especially if there are pre school children)
- Children where older siblings have experienced significant harm.

### **3. CONTEXTUAL SAFEGUARDING**

3.1 Traditional definitions of child abuse can focus inside the family home and are often connected to caregivers, we now understand that children can also be risk of extra familial harm.

3.2 Extra familial harm is a term for risks experienced outside of the family system. The way in which we protect, and support is 'Contextual Safeguarding'. This is an approach which recognises that children and young people can be influenced or at risk of harm through various environments. This may include places such as school, online, in the local community and amongst peer groups. Contexts can be interrelated, meaning that children and young people may experience multiple risks. Examples of contextual safeguarding risks include County Lines Exploitation, Radicalisation, and image based sexual abuse .

3.3 Young people in adolescence may be at greater risk of extra-familial harm as it is a stage of life often linked with exploration, increasing independence and risk taking, and young people are potentially engaged or influenced by people and environments outside of the home.

3.4 Staff should ensure they explore and respond to all potential risks to a child/young person and consider wider aspects of children and young people's lives.

#### **4. CULTURAL HUMILITY**

4.1 Staff should have a basic level of cultural understanding and awareness when working with children and families across different ethnic groups, religions and cultural backgrounds and communities. It is crucial that staff work from culturally competent perspectives, particularly when identifying and responding to risk.

4.2 Cultural humility includes being respectful of and responsive to the beliefs, practices and cultural and linguistic needs of diverse communities. The diversity of and within cultures, faiths and other groups must be recognised. However, it is also important that factors such as culture and faith are not used as an excuse to abuse, and they must never take precedence over children's rights.

4.3 Professional curiosity, respectful uncertainty, listening to the family and understanding one's own unconscious biases, should be shown alongside person and family-centered assessments of risk and decision making.

#### **5. CUCKOOING**

5.1 Cuckooing is where people take over a person's home and use the property to facilitate exploitation. This can be to use the property to sell or take drugs, use the property to sex work, or take over the property as a place to live.

5.2 If a staff member is concerned that cuckooing has occurred in the property where child(ren)/young people may live, then a referral should be made to children's social care and contact made with the Police.

5.3 Consideration should also be given to safeguarding any other adults in the property, through following the Adult Safeguarding policy.

## **6. CHILD SAFEGUARDING IN THE ABSENCE OF THE DSL**

6.1 VOICES has a DSL and Deputy DSL in order to reduce the risk that a staff member does not have access to managerial support and safeguarding advice. However, if neither the DSL or DDSL is available, and a worker is concerned about immediate and significant harm to a child(ren), they must not delay a referral to Children's Social Care and/or the Police.

6.2 The VOICES Team are reminded that they can also call MASH or the Child Duty team and request a professional consultation in the absence of the DSL or DDSL.

## **7. CHALLENGING A DECISION**

7.1 It is not uncommon for professionals to make different assessments of risk, from or within different agencies or disciplines. The varied, specialist work we do at VOICES can contribute to thorough assessment of risks and identification of protective factors.

7.2 If we disagree with a decision made by children's social care regarding an initial assessment of risk and whether the referral meets the criteria, in the first instance please discuss this with the DSL, or in their absence, the DDSL.

7.3 If it is determined, that VOICES should challenge a professional decision, staff should follow Guidance on resolution of professional agreements for child safeguarding inquiries: [https://bcssp.bathnes.gov.uk/sites/default/files/2023-09/bcssp\\_escalation\\_policy.pdf](https://bcssp.bathnes.gov.uk/sites/default/files/2023-09/bcssp_escalation_policy.pdf)