SAFEGUARDING ADULTS POLICY

1. POLICY STATEMENT

1.1 OTR is committed to ensuring that adults are protected from abuse and exploitation and that working practices minimise the risks of such abuse, intentional or otherwise. Although the general principles and Code of Practice relating to Child Safeguarding and Protection are relevant to all OTR service users, it is not intended for those legally classified as adults (18- 25). The Safeguarding Adults Policy is for these service users.

1.2 If abuse is reported, or a member of staff or volunteer feels concerned about a situation of potential abuse, the following policy and procedure should be implemented.

1.3 All OTR staff and volunteers will be aware of and guard against possible discrimination because of assumptions about class, gender, sexual orientation, ethnicity and 'race', disability, religion and age. Importantly, anyone suffering mental ill-health could now be determined as coming under Safeguarding Adult duties if they have care and support needs and are experiencing abuse and/or neglect.

2. RESPONSIBILITIES

2.1 As with all OTR governance, ultimate responsibility for the organisation's policies and their implementation rests with the Trustees.

2.2 Operationally, for the purposes of this policy, OTR's staff and volunteers include not only all paid staff and volunteers but also Trustees and others conducting any work on behalf of the organisation.

2.3 The Chief Executive is the Safeguarding Lead for OTR and is responsible for ensuring best practice, ongoing training, audit, criminal records checks, and a culture of safeguarding are developed across the organisation.

2.4 It is the responsibility of the Chief Executive and Management Team to ensure all staff and volunteers are clear in their responsibilities and legal duties, and have read and understand the policy and how and when to use the procedures in place.

2.5 Staff and volunteers are not responsible for diagnosing abuse, but do have a responsibility to be aware that it might be a current risk for a client, either as a victim or perpetrator, and to respond accordingly. This means that if they learn of abuse that occurred in the past, they must also respond to this information in accordance with these procedures as the abuser may still represent a risk to others.

2.6 All staff and volunteers who have contact with OTR clients have a responsibility to:

- Recognise and accept their responsibilities and follow best practice and all relevant procedures.
- Develop awareness of the issues which can cause children and adults harm;
- Report concerns following the procedure contained in this policy.

2.7 Clinical Team Managers are day-to-day Designated Safeguarding Leads and responsible for ensuring all staff and volunteers are working to the guidance and procedures in this policy. They are also responsible for supervising proactively in relation to safeguarding with practitioners.

3. DEFINITION

3.1 Under the Care Act 2014, Safeguarding duties apply to any adult who:

- Has needs for care and support (whether or not the Local Authority if meeting any of these needs)
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

3.2 Although there is no longer an overarching definition of adult abuse, adult protection does still concern the violation of an individual's human and civil rights by any other person or persons.

3.3 Additionally there is now a category of self-neglect. Abuse may be something that is done to the person or something not done when it should have been. It does not necessarily have to be intentional; if the

person with care and support needs experiences it as abusive it is considered abuse.

3.4 Abuse now includes: physical, domestic violence, sexual, psychological, financial or material, modern slavery, discriminatory, organisational, neglect and acts of omission, and self-neglect. Abuse can take place in any setting, public and private, and can be perpetrated by anybody including the adult with care and support needs themselves.

4. LEGAL CONTEXT

4.1 This guidance reflects the principles contained within the Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998 and most recently the Care Act 2014.

4.2 The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

4.3 The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

4.4 The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

4.5 The Care Act 2014 came into force on 1st April 2015. Under Section 42 of the Act, the local authority has a duty to protect adults with care and support needs from abuse and neglect. The local authority must make or cause to be made 'enquiries' to decide what action should be taken and by whom. Other key duties relating to Safeguarding Adult work are around Independent Advocacy and partnership working.

5. DEFINING ABUSE

5.1 There is no overarching definition of abuse under the Care Act 2014. However we can still think of abuse as being about a violation of an individual's human and civil rights by any other person or persons.

5.2 Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological; it may be an act of neglect or an omission to act, or it may occur when a person with care and support needs is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

5.3 Abuse can occur in any relationship and it may result in significant harm to the persons 'wellbeing', or exploitation of, the person subjected to it.

5.4 The following are the recommended categories of abuse as set out in the Care Act Guidance of 2015:

- **Physical abuse**: including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence**: including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse**: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse**: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse**: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with Wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern Slavery**: encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse**: including forms of harassment, slurs or similar treatment; because of race, gender and and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse**: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care

provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- **Neglect and acts of omission**: including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect**: this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

6. RESPONDING

6.1 In the case of an adult with care and support needs the client will, if appropriate, be offered support in order that he or she might feel able to take action to report the abuse to the appropriate authority. If the client is unwilling to report the abuse, OTR will explore with the client the help he or she is seeking.

6.2 If the client is still unwilling to report the abuse, OTR will undertake to do so on his or her behalf. Staff and volunteers must respond to any suspicions they have, or allegations they hear. OTR will respect the person's wishes, but in certain situations where the risk of harm is imminent and/or significant, the designated safeguarding lead will report concerns without their agreement.

7. SAFEGUARDING LEADS

7.1 OTR has appointed Designated Safeguarding Leads, who are responsible for dealing with any concerns relating to the protection of children and young people. These are currently:

Karen Black (overall responsibility for safeguarding)
Rosie Backhouse
Henry Poultney
Laura Brain
Laura Hutton
Jo Moulton
Shanade Hamilton

7.2 The role of the designated leads is to:

- Provide the first point of safeguarding consultation, referral and leadership to all OTR staff and volunteers.
- Know which outside agency to contact in the event of a concern.
- Provide information and advice on safeguarding adults within OTR.
- Ensure that appropriate information is available at the time of referral and that the referral is confirmed in writing under confidential cover.
- Liaise with local social services and other agencies, as appropriate.
- Keep relevant people within OTR informed about any action taken and any further action required; for example, disciplinary action against a member of staff.
- To ensure that a proper record is kept of any referral and action taken, and that this is kept safely and in confidence.
- In any given disclosure, only one designated person should lead on behalf of OTR. Consultation with other designates is encouraged, but only one must take up the role described above for each disclosure.

7.3 The overall lead for safeguarding within OTR is the Chief Executive, who is responsible for:

- Overseeing OTR's safeguarding adults governance and training needs.
- Ensuring Designated Safeguarding Leads receive robust supervision and support in carrying out their safeguarding duties.
- Ensure a regular safeguarding audit.
- Keeping OTR up-to-date with local and national evidence and procedural updates.

7.4 The Chief Executive's agent in executing these responsibilities operationally given to all service related Team Managers.

8. SAFEGUARDING PROCEDURE

8.1 This must be followed if it becomes apparent during a conversation that the client falls into the definition described in section five:

- At the outset of engagement with a client, the OTR worker must explain the parameters of confidentiality offered. (See OTR Confidentiality Policy). This should be revisited if it seems that a disclosure of abuse may be made, so that the adult with care and support needs is fully aware of the likely outcome of any disclosure.
- Following a disclosure, the worker should inform the adult with care and support needs that the information must be passed on to the appropriate

agencies, with their agreement if possible. The worker should explain the right of the client to refuse to take matters further but must not discourage the client from doing so.

- Subsequent support and advice should be offered and the details agreed with a Designated Safeguarding Lead.
- In the event of disclosure, the OTR worker must pass on the details to one of the Designated Safeguarding Leads within 24 hours. The client must be informed of this.
- If the client disclosing abuse asks you to do nothing, you should inform them that while respecting this you have a duty to share the information. Do not make promises of confidentiality. The client should feel listened to and assured that the worker will inform the designated lead that they want nothing more to happen.
- A full record shall be made as soon as possible of the nature of the allegation and any other relevant information. This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.
- Do not carry out an investigation yourself. This must be left to the relevant agencies. If physical and or sexual abuse/assault is disclosed, the client should be encouraged to report it to the police and supported to do so.
- The designated person will report and discuss the information with the appropriate agency and the incident will be logged and filed securely.
- If a Supervisor has been informed or is concerned about an issue disclosed in supervision, they must report the disclosure to a designated person within 24 hours.

9. RESPONDING APPROPRIATELY

9.1 DO:

- Make sure the individual is safe.
- Assess whether emergency services are required and if needed call them.
- Listen.
- Offer support and reassurance.
- Ascertain and establish the basic facts.
- Make careful notes and obtain agreement on them.
- Ensure notation of dates, times and persons present are correct and agreed.
- Take all necessary precautions to preserve any forensic evidence.
- Follow correct procedure.
- Explain areas of confidentiality; immediately speak to a designated person for support and guidance.
- Explain the procedure to the individual making the allegation.
- Remember the need for ongoing support.

9.2 DON'T:

- Confront the alleged abuser.
- Be judgmental or voice your own opinion.
- Be dismissive of the concern.
- Investigate or interview beyond that which is necessary to establish the basic facts.
- Disturb or destroy possible forensic evidence.
- Consult with persons not directly involved with the situation.
- Ask leading questions.
- Assume Information.
- Make promises.
- Ignore the allegation.
- Elaborate in your notes.
- Panic.

9.3 It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated safeguarding lead.

10. SAFE WORKING

10.1 The following guidelines are intended to be a common sense approach that both reduce opportunities for the abuse of young people and adults with care and support needs and help to protect staff, students and volunteers from any false allegation.

10.2 YOU SHOULD:

- Treat all clients with respect and respect their right to personal privacy.

- Ensure that, whenever possible, there is more than one adult present during activities or that you are within sight or hearing of others.
- Exercise caution when discussing sensitive issues with children or adults with care and support needs.
- Exercise caution in initiating any physical contact with a young person or vulnerable adult.
- Challenge all unacceptable behaviour and report all allegations or suspicions of abuse.

10.3 YOU SHOULD NOT:

- Take clients alone in a car journey, however short.
- Take clients to your home.
- Engage in any physical or sexually provocative games.
- Allow or engage in any inappropriate touching of any form.
- Make over-familiar or sexually suggestive comments or approaches to a client, even as a 'joke'.
- Let allegations, over familiar or sexually suggestive comments or approaches made by a client go unchallenged or unrecorded.
- Do things of a personal nature that a client can do for themselves.
- Take photographs, videos or other images without the express permission of the client or volunteer.

11. CONFIDENTIALITY & RECORD KEEPING

11.1 Safeguarding adult protection raises issues of confidentiality which should be clearly understood by all. Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of adults with care and support needs with other professionals, particularly investigative agencies and adult social services.

- Clear boundaries of confidentiality will be communicated to all.
- All personal information regarding an adult with care and support needs will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines.
- If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.
- Within that context, the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.
- Where possible, consent should be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the adult with care and support needs and others who may be at risk is the priority.
- Where a disclosure has been made, staff should let the adult know the position regarding their role and what action they will have to take as a result.
- Staff should assure the adult that they will keep them informed of any action to be taken and why. The clients involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account.

11.2 This policy needs to be read in conjunction with other OTR policies and guidance including:

- Conduct, Capability & Disciplinary Policy
- Grievance Policy
- Data Protection & Confidentiality Policy
- Freedom to Speak Up Policy
- Online Safety Policy
- Child Protection & Safeguarding Policy (particularly Section 15 regarding referral to the DBS)
- Engaging With Risk and Creating Safety Policy
- Managing Client Records Guidance

12. STAFF & VOLUNTEERS

12.1 Where a member of staff or volunteer has a concern around the behaviour or actions of another staff member or volunteer, this should be raised in confidence with the Chief Executive or another senior manager as per OTR's Freedom to Speak Up Policy, and the procedure therein should be followed.

13. LOCAL NUMBERS

- Bristol Tel: 0117 922 2700
- South Glos Tel week day: 01454 868007
- Weekends & out of hours: 01454 615165
- If it isn't an emergency but you need help fast: 101
- If emergency help is required: 999

SAFEGUARDING CHILDREN & CHILD PROTECTION POLICY

1. POLICY STATEMENT

1.1 The aim of this policy is to ensure practice at OTR contributes to the protection of children and young people under 18 from significant harm of abuse, or risk of such harm. This may take the form of emotional, physical or sexual abuse, as well as neglect. It can include practices such as female genital mutilation (FGM), forced marriage, bullying, racist, disablist and homophobic abuse.

1.2 OTR recognises that good child protection policies and procedures are of benefit to everyone involved with OTR's work, including staff and volunteers, as they can help protect them from erroneous or malicious allegations.

1.3 This policy is consistent with the general principles underpinning work at OTR, the legal recognition that the welfare of the child is paramount, and the public duty to safeguard young people. This policy and its code of practice are framed by and in accordance with the South West Safeguarding and Child Protection Group Procedures. (www.swcpp.org.uk).

2. RESPONSIBILITIES

2.1 As with all OTR governance, ultimate responsibility for the organisation's policies and their implementation rests with the Trustees. Operationally, for the purposes of this policy, OTR's staff and volunteers include not only all paid staff and volunteers but also Trustees and others conducting any work on behalf of the organisation.

2.2 The Chief Executive is the Safeguarding Lead for OTR and is responsible for ensuring best practice, ongoing training, audit, criminal records checks, and a culture of safeguarding are developed across the organisation.

2.3 It is the responsibility of the Chief Executive to ensure all staff and volunteers are clear in their responsibilities and legal duties, and have read and understand the policy and how and when to use the procedures in place.

2.4 Staff and volunteers are not responsible for diagnosing abuse, but do have a responsibility to be aware that it might be a current risk for a child or young person, either as a victim or perpetrator, and to respond accordingly. This means that if they learn of abuse that occurred in the past, they must also respond to this information in accordance with these procedures as the abuser may still represent a risk to children.

2.5 All staff and volunteers who have contact with children are required to:

- Recognise and accept their responsibilities and follow the Code of Practice;
- Develop awareness of the issues which can cause children harm;
- Report concerns following the procedure contained in this policy.

2.6 As a third sector organisation working with children and young people, OTR has a responsibility to alert statutory agencies where there exists, or is a risk of, a child suffering significant harm. (See Appendix A for the statutory definition of 'significant harm').

2.7 Team Managers are day-to-day Designated Safeguarding Leads and responsible for ensuring all staff and volunteers are working to the guidance and procedures in this policy. They are also responsible for supervising proactively in relation to safeguarding with practitioners.

3. POLICY

3.1 All staff and volunteers working on behalf of OTR accept responsibility for the welfare of children who come into contact with OTR, and they will report any concerns about a young person or somebody else's behaviour using the Code of Practice and procedures laid down, including, where necessary, OTR's Freedom to Speak Up Policy.

3.2 There are named Designated Safeguarding Leads within OTR who will take action following any expression of concern, and the lines of responsibility in respect of child protection are clear.

3.3 Designated Safeguarding Leads know how to make appropriate referrals to child protection agencies.

3.4 The Children Act 1987 states that the 'welfare of the child is paramount'. This means that considerations of confidentiality which might apply to other situations should not be allowed to override the right of children and young people to be protected from harm. However, every effort should be made to ensure that confidentiality is maintained for all concerned when a disclosure has been made and is being investigated.

3.5 A culture of mutual respect between children and young people and those who represent OTR in all its activities will be encouraged, with adults modelling good practice in this context.

3.6 It is part of OTR's duty of care towards children and young people that anybody who encounters child protection concerns in the context of their work on behalf of OTR will be supported when they report their concerns in good faith.

4. CODE OF PRACTICE

4.1 OTR expects that all staff and volunteers carrying out paid or unpaid work for and on behalf of OTR will be aware of this Code of Practice, and will adhere to its principles in their approach to and work with children and young people.

4.2 It is important that a child or young person accessing OTR is clear and informed about the limits of confidentiality. Child friendly summaries of OTR's Confidentiality Policy will be visible in all OTR counselling rooms, on OTR's website and across appropriate literature and settings. This will be verbally reinforced by practitioners engaged in any direct work with children and young people.

4.3 Information relating to any allegation or disclosure will be clearly recorded as soon as possible using the OTR Safeguarding Log (see appendices) on IAPTus. Clients subject to a concern must be 'flagged' on IAPTus as 'at-risk' for the purposes of audit.

4.4 Physical contact with children and young people should be avoided.

4.5 It is not good practice to take children and young people alone in a car on journeys, however short.

4.6 Do not make suggestive or inappropriate remarks to or about a child or young person, even in fun, as this could be misinterpreted.

4.7 It is important not to deter children and young people from making a disclosure of abuse through fear of not being believed, and to listen to what they have to say. If this gives rise to a child protection concern it is important to follow OTR's procedure for reporting such concerns, and not to attempt to investigate the concern yourself.

4.8 Remember that those who abuse children and young people can be of any age (even other children and young people), gender, ethnic background or class; it is important not to allow personal preconceptions prevent appropriate action taking place.

4.9 Certain forms of self-harm and suicidal ideation are considered a safeguarding concern under the definition of 'harm' and remit of this policy but the specific response of OTR to 'harm to self' is laid out in OTR's Embracing Risk and Creating Safety Policy.

4.10 Good practice includes valuing and respecting children as individuals, and the adult modelling of appropriate conduct – which will always exclude bullying, shouting, racism, sectarianism, homophobia and heterosexism or sexism.

5. DESIGNATED LEADS

5.1 OTR has appointed Designated Safeguarding Leads, who are responsible for dealing with any concerns relating to the protection of children and young people. These are currently:

- Karen Black (overall responsibility for safeguarding)
- Rosie Backhouse
- Henry Poultney
- Laura Brain
- Laura Hutton
- Jo Moulton
- Shanade Hamilton

5.2 The role of the designated leads is to:

- Provide the first point of safeguarding consultation, referral and leadership to all OTR staff and volunteers.
- Know which outside child protection agency to contact in the event of a concern.

- Provide information and advice on child protection within OTR.
- Ensure that appropriate information is available at the time of referral and that the referral is confirmed in writing under confidential cover.
- Liaise with local social services and other agencies, as appropriate.
- Keep relevant people within OTR informed about any action taken and any further action required; for example, disciplinary action against a member of staff.
- To ensure that a proper record is kept of any referral and action taken, and that this is kept safely and in confidence.
- In any given disclosure, only one designated person should lead on behalf of OTR. Consultation with other designates is encouraged, but only one must take up the role described above for each disclosure.

5.3 The overall lead for safeguarding within OTR is the Chief Executive, who is responsible for:

- Overseeing OTR's child protection governance and training needs.
- Ensuring Designated Safeguarding Leads receive robust supervision and support in carrying out their safeguarding duties.
- Ensure a regular safeguarding audit.
- Keeping OTR up-to-date with local and national evidence and procedural updates via the South West Safeguarding and Child Protection Group (www.swcpp.org.uk) as this relates to current best practice.

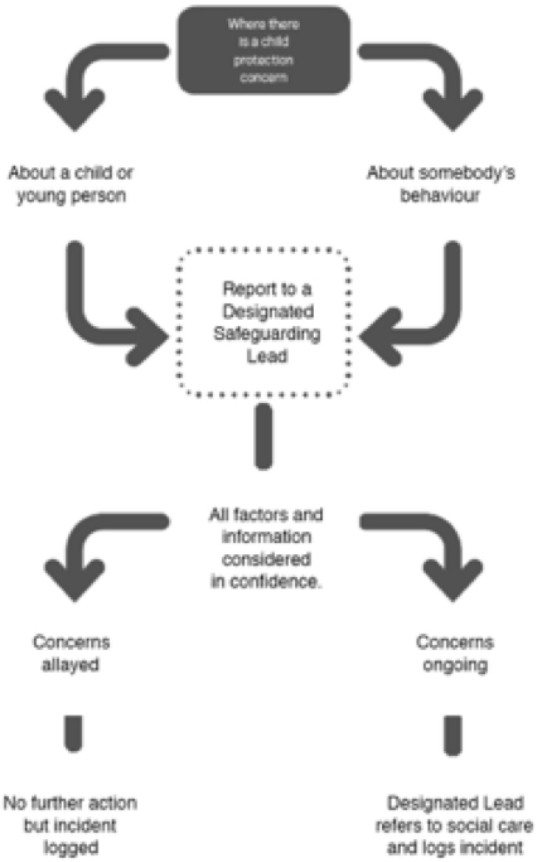
5.4 The Chief Executive's agent in executing these responsibilities operationally to all service related Team Managers.

6. REPORTING PROCEDURE

6.1 OTR staff and volunteers may have a concern raised in a number of ways. Most commonly this will be through a child or young person disclosing abuse, but it may also relate to the conduct of an adult, including OTR staff and volunteers.

- At the outset of engagement with a young person, the OTR worker must explain the parameters of confidentiality offered. (See Confidentiality Policy).
- Following a disclosure, the worker should inform the young person that the information must be passed on to a Designated Safeguarding Lead, and possibly to other agencies. The young person's consent is not necessary, but their agreement is helpful.
- Record carefully the information given, where possible using the young persons own words. Try and get details such as names of key people and addresses.
- Inform one of the Designated Safeguarding Leads as soon as possible, and within 24 hours. This should be the lead overseeing the project or service in which the concern has arisen, but any lead is better than none.
- If the worker is concerned for the immediate safety of the young person and cannot reach any of the Designated Safeguarding Leads, the worker should contact the Police Child Protection Team on 0117 945 4320. In an emergency 999 should be called. The worker should then alert a Designated Safeguarding Lead retrospectively within 24 hours of such action.
- Subsequent support and advice should be offered as agreed with the Designated Safeguarding Lead.

7. REPORTING PROCEDURE



8. RESPONDING APPROPRIATELY

- Stay calm. Listen carefully to what is said.
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others – do not promise to keep secrets.
- Tell the child or young person that the matter will only be disclosed to those who need to know about it.
- Allow the child or young person to continue at her/his own pace. Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer.
- Reassure the child or young person that they have done the right thing in telling you. Ensure the child or young person is informed of their rights, including their right to not give any more information or make further statements, but do not discourage them from reporting.
- Tell them what you will do next, and with whom the information will be shared.
- Record in writing what was said, using the child's own words as soon as possible – note the date, time, and any names mentioned.
- It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. That is a task for the professional child protection agencies, following a referral from the Designated Safeguarding Lead within OTR.
- It is possible, especially in the context of therapy, that a disclosure implicating a young person as either perpetrator or victim will be made 'by accident'. In both scenarios, the above procedure remains valid, even where the likelihood of that young person disengaging from OTR is enhanced.
- OTR's Designated Safeguarding Leads will always look to empower young people and structure referrals in a way that protects and enables a full and high quality disclosure, but exceptions to this will always be likely where young people do not want to disclose but present information that necessitates onward referral.

9. YP AS PERPETRATORS

9.1 It's important to keep in mind that young people may be perpetrators of abuse as well as victims. Moreover, a safeguarding concern would also arise where a client at OTR was, for example, a parent or carer, and where the state of their mental health was such that their capacity to look after a child was significantly compromised. This is true even where a child is unborn. The effect of parental mental health more generally should be considered in any formulation of a safeguarding risk.

10. SUICIDE

10.1 Young people aged under 18 who present a suicide risk, either by their words or past actions, fall within the safeguarding terms of this policy. Information or disclosures of this nature must be discussed with a Designated Safeguarding Lead following the guidance set out in OTR's Embracing Risk and Creating Safety Policy. Judgments about when or if to break confidentiality in these instances are situational and will depend on individual risk assessments and safety planning. In the event of a grave concern arising for a young person in OTR's care, the Designated Safeguarding Lead should contact an appropriate agency (social care, police) or family member, if known.

11. CROSS BORDER DISCLOSURES

11.1 It can happen that a disclosure is made by a young person resident in another local authority, although this can usually only occur via the anonymous phone line or confidential email. While these mediums may mean extra exploratory work is necessary to ascertain enough information to refer on in the event of disclosure, a young person's geography does not change the responsibilities incumbent on OTR in this policy.

11.2 In these circumstances, it is the responsibility of the Designated Safeguarding Lead to research and contact the appropriate social care department, wherever they are in the country, if this is known.

11.3 Where a young person is known to be accessing a particular organisation or service in another authority, the Designated Safeguarding Lead should share (appropriately) the information pertaining to the disclosure with this agency. This action does not absolve the Designated Safeguarding Lead of their responsibility to report the disclosure, even where a course of action is agreed with another agency.

12. RECORD KEEPING

12.1 OTR will internally log and flag all incidents pertaining to child protection concerns on IAPTus. This will include details of:

- Any allegations made.
- Details of how allegations were followed up and resolved.
- Any action taken/not taken.

- Decisions reached.

12.2 Where these relate to a member of staff, volunteer or trustee, they will be kept in a confidential personnel file and a copy given to the individual concerned. Such information will be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age, or for 10 years if that is longer.

12.3 It is important to note that a 'client record' refers to any information held by OTR or those working on OTR's behalf pertaining to a client. In the absence of good, contemporaneous clinical notes, this can include personal process notes related to the therapeutic process – which are admissible in court. In other words there is no distinction between 'client notes' taken on behalf of OTR and those 'personal notes' a therapist may take in formulating their work. (See OTR guidance on Managing Client Records for more information on this).

13. LOCAL NUMBERS

13.1 In Bristol, the service that deals with all safeguarding enquiries and referrals is called First Response. There is only one number to call citywide for any safeguarding concerns, which is 0117 903 6444.

13.2 In South Gloucestershire, the service that deals with all safeguarding enquiries and referrals is called the Access and Response Team (ART). The number for this team Monday to Friday (9am-5pm) is 01454 866000.

13.3 Outside office hours the contact number for the Emergency Duty Team covering both Bristol and South Gloucestershire is 01454 615165.

13.4 In an emergency - when the child is at immediate risk - call the Police on 999.

13.5 Other useful numbers include the NSPCC 24 Hour Helpline: 0800 800 5000.

14. ALLEGATIONS AGAINST STAFF

14.1 OTR is committed to robustly and fairly dealing with any allegations made against staff and volunteers. Allied to this, all staff and volunteers should familiarise themselves with OTR's Freedom to Speak Up Policy.

14.2 This policy should come into effect if it appears that the person (staff or volunteer) has:

- Behaved in a way that has harmed a child, or may have harmed a child, or;
- Possibly committed a criminal offence against or related to a child, or;
- Behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children.
- This procedure and policy extends to allegations made against a staff or volunteer in the personal life.

14.3 When a report is made to a Designated Safeguarding Lead, it will be clear in some cases that an immediate referral must be made to social care or the police for investigation. This would be if a child or young person appears to have been harmed, is at risk of significant harm, or a criminal act appears to have been committed. However, in many cases it may be difficult to judge on the basis of the information provided; it may be more about unprofessional behaviour or blurred boundaries between a member of staff or volunteer, and a child or young person.

There may also be no foundation in the allegation at all. However, OTR will take all allegations seriously and objectively, and deal with them in a timely manner.

14.4 Staff or volunteers subject to an allegation will be suspended (on full pay where appropriate) from front-line work with young people until the matter can be fully investigated.

14.5 Any staff member or volunteer who has a concern should use the following procedure, which is laid out in more detail in OTR's Freedom to Speak Up Policy:

- Report it to a Designated Safeguarding Lead either in person or by telephone as soon as possible, however trivial it may seem.
- Maintain confidentiality and guard against any publicity while the allegation is being considered or investigated.

YOU SHOULD NOT

- Attempt to deal with the situation yourself.
- Make assumptions, offer alternative explanations, or diminish the seriousness of the behaviour or alleged incidents.
- Keep the information to yourself or promise confidentiality.

- Take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing the alleged perpetrator or parents or carers.

14.6 In response to an allegation against an OTR member of staff or volunteer, the Designated Safeguarding Lead should:

- Get written details of the allegation or concern, signed and dated by the person reporting it. Countersign and date this record. (If it is difficult to get a written report make your own written record of the conversation you have had with the referrer and sign and date it).
- Collate and record information you have and personal details about (i) the child/ren, parents/ carers, siblings; (ii) the person against whom the allegation has been made; and (iii) details of any known or possible witnesses. It is important to keep alert for patterns which might suggest the abuse goes further afield and involves other children and adults.
- Inform the Chief Executive, who, as the Safeguarding Lead for OTR, will contact the Local Authority Designated Officer (LADO) within 24 hours of receiving the report of an allegation. In Bristol this is Nicola Laird (0117 903 7795). The LADO will advise on what to do next, including what information to share with the person subject to the allegation.
- Inform the person reporting the allegation or concern what action you will take, in accordance with local procedures and with regard to local information sharing protocols and the need to maintain confidentiality.
- Ensure that the alleged perpetrator is informed of the allegation or concern as soon as possible after consulting with the LADO, and in accordance with any restrictions on information sharing that may be imposed by the police or social care. This includes how enquiries will be conducted and possible outcomes (e.g. disciplinary action, dismissal, referral to regulatory body; all should all be explained together with sources of support and advice, e.g. from a professional organisation or trade union).

YOU SHOULD NOT

- Take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing or interviewing the alleged perpetrator, prior to contacting the LADO, (or without the go-ahead from police or social care if a direct referral has been made). The LADO will liaise with the police and/or social care as necessary, as they may want to place restrictions on the information that can be shared.
- Automatically suspend or dismiss the member of staff without seeking further advice.
- Inform the parents/carers of the child/ren until advised to do so by the LADO or a strategy meeting, other than in emergency situation, such as when a child has been injured and needs medical attention.
- The LADO will advise on how and by whom parents/carers should be informed and will liaise with police or social care where they are or may need to be involved.

14.7 If the initial evaluation establishes that the allegation does not involve a possible criminal offence, it is dealt with by OTR. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be taken within 3 working days.

14.8 If a disciplinary hearing is required and no further investigation is necessary, the hearing should be held within 15 working days.

14.9 Where further investigation is required to inform consideration of disciplinary action, the Chief Executive should discuss who will undertake that with the LADO.

14.10 On receipt of the report of any disciplinary investigation, the employer should decide whether a disciplinary hearing is needed within 2 working days, and if a hearing is needed it should be held within 15 working days.

14.11 If children's social care services have made enquiries to determine whether the child or children are in need of protection, the employer should take account of any relevant information obtained from these enquiries when considering disciplinary action.

14.12 The fact that a member of staff, volunteer or trustee tenders his or her resignation, or ceases to provide their services, must not prevent an allegation being followed up in accordance with these procedures.

14.13 Every effort will be made to reach a conclusion in all cases of allegations bearing on the safety or welfare of children, including any in which the person concerned refuses to co-operate with the process.

15. REFERRAL TO DBS/ISA

15.1 If an allegation about a member of staff or volunteer is substantiated and the person is dismissed, or OTR ceases to use the person's services, or the person resigns or otherwise ceases to provide his or her services to OTR, a referral may be made to the Disclosure & Barring Service (DBS) OR ISA for consideration of inclusion on the barred lists, and/or a regulatory body e.g. the British Psychological Society, General Teaching Council or General Medical Council, to consider professional misconduct.

15.2 There is a legal requirement for employers to make a referral to the DBS AND ISA where they think that an individual has:

- Engaged in conduct e.g. inappropriate sexual conduct, that harmed, or is likely to harm, a child.

Or;

- The individual is considered to pose a risk of harm to a child.

15.3 This duty arises where an employer has removed the individual from relevant work with children e.g. dismissed the individual, or the person has chosen to cease relevant work in circumstances where they would have been removed had they not done so.

15.4 Referrals should be made as soon as possible after the resignation or removal of the member of staff involved and within one month of ceasing to use the person's services. Consideration will then be given as to whether the person should be barred from working with children, or have conditions imposed in respect of their work.

APPENDIX A: SIGNIFICANT HARM

The Children Act 1989 introduced the concept of significant harm as:

"The threshold that justifies compulsory intervention in family life in the best interests of the child."

There are no absolute criteria for establishing significant harm. Whether the harm or likely harm suffered by the child is significant is determined by comparing the child's health or development with that which could reasonably be expected of a similar child. Professionals must also take account of the child's reactions, and his/her perceptions and wishes and feelings, according to their age and understanding.

It is therefore only through assessment that it is possible to establish whether a child has suffered, or is likely to suffer, significant harm.

Professional judgements about significant harm are made following the completion of an assessment when the information collated is analysed and conclusions drawn. The analysis is
informed by:

- Research evidence
- Practice guidance
- Legislation and regulations
- Practice experience
- Training

It is impossible to be prescriptive about the professional judgements that should be formed in different situations because of the interplay of a number of variable factors. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage a child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. Others may suffer significant harm from seeing or hearing the ill-treatment of another, for example in cases of domestic abuse. In all cases, to decide whether the child is suffering or is at risk of suffering significant harm, an assessment must examine all relevant factors in the family.

- The degree and extent of physical harm or neglect
- The duration and frequency of abuse and neglect – one off incident or continuing
- The extent of premeditation
- The presence or degree of threat, force, sadism and bizarre/unusual elements
- Contributing factors to incidents
- The past history of the perpetrator or family
- The risk factors in the family
- The wider and environmental family context
- The child's development within the context of their family and wider social environment
- Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family
- The age of the child and their resilience
- The impact on the child's health and development
- The capacity of the parental carer to adequately meet the child's needs

- The acknowledgement by the parent/carer of the problem
- The co-operation of the parents/carers
- The likelihood of and capacity for change and improvements in parenting and care of the child
- Whether there is an identified protector
- The family's strengths and support networks
- The child's views of how safe they are and what is in their best interests

The child's reactions, perceptions, wishes and feelings should be ascertained and taken into account according to the child's age and understanding. This depends on communicating effectively with children and young people, including those who find this difficult because of their age, an impairment, or their particular psychological or social situation.

It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible. Accuracy is key, for without it effective decisions cannot be made, and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.

The Children Act 1989 and the Adoption and Children Act 2002 define 'harm' as ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another; 'development' means physical, intellectual, emotional, social or behavioural development; 'health' means physical or mental health; and 'ill-treatment which are not physical.

APPENDIX B: DEFINING ABUSE

There are four types of child abuse. They are defined in the UK Government guidance Working Together to Safeguard Children (2015) as follows:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

Bullying is not defined as a form of abuse in Working Together, but there is clear evidence that it is abusive and will include at least one, if not two, three or all four of the defined categories of abuse. For this reason it has been included in this appendix.

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. (Working Together 2015). Signs that may suggest physical abuse include:

- any bruising to an immobile child;
- multiple bruising to different parts of the body;
- bruising of different colours indicating repeated injuries;
- fingertip bruising to the face, chest, back, arms or legs;
- burns or scalds with clear outlines e.g. a gloves and socks effect or burns of uniform depth over a large area. Also, splash marks above the main scald area – associated with throwing;
- retinal or pin point haemorrhaging – associated with shaking;
- rib fractures in very young children;
- adult bite marks;
- an injury for which there is no adequate explanation.

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. Signs that may suggest emotional abuse:

- excessive bedwetting/soiling, eating, rocking, head
- banging, aggression;
- self harm;
- attempted suicide;
- high levels of anxiety, unhappiness or withdrawal;
- seek out or avoid affection;
- sleeplessness/night terrors;
- food refusal;
- attention seeking.

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 (including via the internet).
Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Signs that may suggest sexual abuse:

- injuries, infections, or abnormal discharge, in the genital/anal/oral area;
- pregnancy, and identity of father is a secret or vague;
- shows worrying sexualised behaviour in their play or with other children or adults;
- seems to have inappropriate sexual knowledge for their age;
- a confusion of ordinary affectionate contact with abuse.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

APPENDIX C: COMPETENCY

Fraser Guidelines

Can you give contraceptive and sexual health advice and information to under 16 year olds without parental consent? Are you satisfied that:

• The young person can understand the advice and has sufficient maturity to understand what is involved in terms of the moral, social and emotional implications.

- You cannot persuade the young person to inform their parents, nor allow you to inform their parents that contraceptive advice is being sought.
- The young person would be very likely to begin or to continue having sexual intercourse with or without contraceptive treatment.
- Without contraceptive treatment the young persons physical or mental health or both would be likely to suffer.
- The young persons best interest requires the professional to give advice without parental consent.

Bichard Checklist

Should you tell the police and social services? Do any of the following apply:

- Age or power imbalances
- Overt aggression
- Coercion or bribery
- The misuse of substances as a dis-inhibitor
- Does the child's own behaviour, because of the misuse of substances, place him/her at risk so that he/she is unable to make an informed choice about any activity?
- Has any attempt to secure secrecy been made by the sexual partner, beyond what would be considered usual in a teenage relationship?
- Is the sexual partner known by one of the agencies (e.g. the police)?
- Does the child deny, minimise or accept concerns?
- Are the methods used consistent with grooming?

Appendix D: Recruitment

OTR has adopted appropriate safer recruitment procedures for staff and volunteers in the context of child protection and safeguarding. These are laid out in OTR's Recruitment Policy, but include the following:

- A clear definition of any role so that the most suitable appointee can be identified.
- Identification of key selection criteria.
- Confirmation of the identity of the applicant including personal details obtained either through using an application form where appropriate, or through other means such as enhanced DBS checking.
- A clear guarantee that disclosed information will be treated in confidence and not used against applicants unfairly, including adherence to the DBS codes of practice.
- Documentary evidence of qualifications where appropriate.
- Use of several selection techniques to maximise the chance of safe recruitment, e.g. interview, references, checks.
- A formal induction, including to safeguarding protocols and this policy for all successful candidates.