SAFEGUARDING POLICY

This policy applies to all members, including volunteers and students or anyone working on behalf of The Bungalow Partnership.

PURPOSE

The purpose of this policy is to:

- protect children and young people who receive The Bungalow Partnership's services, this includes the children of adults who use our services;
- provide staff, volunteers and students with the overarching principles that guide our approach to safeguarding and child protection;

SAFEGUARDING STATEMENT

The Bungalow Partnership is committed to promoting the welfare, safety and protection of children and vulnerable adults and is committed to working in line with *Keeping Children Safe in Education 2016 and Working Together to Safeguard Children 2015. A*ll children and young people will have the same protection regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity.

RECRUITMENT

The Partnership recognises that, in order to achieve these aims, it is of fundamental importance to appoint and retain members of the highest calibre who share this commitment. All applicants, student and volunteers will undergo a rigorous application procedure and their suitability checked. Successful candidates must provide satisfactory references, qualifications and a valid Enhanced DBS and will follow a comprehensive supervised induction programme – see Appendix A of Recruitment & Selection Policy.

ROLE OF THE DESIGNATED SAFEGUARDING LEAD (Marie Blythe, Director)

The designated safeguarding lead (DSL) will take **lead responsibility** for safeguarding and child protection. This person will carry out the duties of the DSL supporting and advising other members on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or to support other staff to do so – and to contribute to the assessment of children. The DSL will ensure that an appropriately trained person is available at all time to receive any concerns.

DEPUTY DESIGNATED SAFEGUARDING LEAD (Sarah Atkinson, Deputy Director & Placement/Volunteer Co-ordinator)

The Deputy DSL will be trained to the same standard as the DSL. Whilst the activities of the DSL can be delegated to the appropriately trained deputy, the ultimate **lead responsibility** for child protection, as set out above, remains with the DSL; this **lead responsibility** should not be delegated.

CONCERNS ABOUT A CHILD

Every Partnership member who comes into contact with children and their families and carers has a role to play in safeguarding the welfare of children. This includes identifying concerns or emerging problems, liaising with the Designated Safeguarding Lead (DSL), sharing information with other professionals to support early identification and assessment. In some cases, acting as the lead professional in undertaking an early help assessment considering what is in the **best interests** of the child at all times.

Knowing what to look for is vital to the early identification of abuse and neglect. If Partnership members are unsure, they should always speak to the DSL. Other options could include referral to specialist or early help services and should be made in accordance with the referral threshold set by the Local Safeguarding Children Board.

MALTREATMENT

Protecting children from maltreatment includes; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

Types of Maltreatment

Abuse	A form of maltreatment of a child.
Physical abuse	May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.
Emotional abuse	Persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development, i.e. conveying they are worthless, unloved, inadequate, this may also involve bullying, cyber-bullying.
Sexual abuse	Forcing a young person to take part in sexual activities, whether or not the child is aware of what is happening.
Neglect	Persistent failure to meet a child's basic physical and/or psychological needs.
Female Genital Mutilation (FGM)	Comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs.
Forced Marriage	Forced marriage is one entered into without the full and free consent of both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Forced marriage is a crime in England and Wales.
Honour Based Violence (HBV)	(HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including FGM, forced marriage, and practices such as breast ironing.

RAISING CONCERNS

If Partnership members have any **concerns** about a child they will need to decide what action to take. Where possible, there should be a conversation with the DSL **sooner rather than later** to agree a course of action, although any Partnership member can make a referral to children's social care. Please see flow chart in Appendix A.

If anyone other than the (DSL) makes the referral, they should inform the (DSL) **as soon as possible.** The local authority should make a decision within one working day of a referral being made about what course of action they are taking and should let the referrer know the outcome. Partnership members should follow up on a referral should that information not be forthcoming.

If a child is in immediate danger or is at risk of harm, a referral should be made to children's social care and/or the police immediately.

RAISING CONCERNS REGARDING FGM

Members **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out, unless they have a good reason not to. They should also discuss any such case with The Bungalow Partnership's DSL and involve children's social care as appropriate.

The duty does not apply in relation to 'at risk' or 'suspected' cases (i.e. where the member does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 years or over. In these cases, members should follow the organisation's safeguarding procedures.

EARLY HELP
Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. If early help is appropriate, the DSL will support the Partnership member in liaising with other agencies and setting up an inter-agency assessment as appropriate. The case should be kept under constant review and consideration given to a referral to children's social care if the child's situation does not appear to be improving.

INFORMATION ON A CHILD MISSING FROM EDUCATION
All children, regardless of their circumstances, are entitled to a full time education, which is suitable to their age, ability, aptitude and any special educational needs they may have.

A child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. Schools should follow their procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation.

Members of The Bungalow Partnership will work with schools and be alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, female genital mutilation and forced marriage. **Any concerns MUST be reported to the child's school immediately and raised with The Bungalow Partnership DSL.**

PREVENT DUTY
The Partnership is aware of the increased risk of radicalisation and extremism and members will be alert to changes in children's/adults behaviour which may indicate possible risk. If a child/adult is identified as being vulnerable and/or at risk the Partnership member may make a referral to *Channel* if deemed necessary in line with *The Prevent Duty June 2015.* The Single Point of Contact (SPOC) is Marie Blythe, Director.

CHILD PROTECTION
A 'child' is defined as a person under the age of eighteen. The Children Act 2004, in conjunction with Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges, May 2015 and September 2016, places a statutory duty on health, education and other services to co-operate with local authorities in child protection. There is a statutory duty to work together, including information sharing, in conducting initial investigations of children who may be in need or subject to abuse. Further information at http://www.everychildmatters.gov.

Therapists working with children and young people will need to have valid consent to enter into the therapeutic contract. 'Parental responsibility' is the legal basis for making decisions about a child, including consent for medical or therapeutic treatment.

If therapists are given information first hand by a young person or child that they have been or are being abused, the safeguarding procedure will be implemented. A young person aged 16 years or over, or a child under 16 years of age who has the capacity to understand and make their own decisions, may give consent to a disclosure. Where a child under 16 does not have the capacity to give consent or where consent is refused, consent should not be sought from parents and parents should not be informed of an allegation of abuse, in view of the unforeseen circumstances which can result from such action.

Any Bungalow Partnership therapist who is made aware that:
- an individual is an abuser or has been an abuser, or is being abused
- suspects that an individual is an abuser ,or is being abused
- is informed that a young person is self-harming or is at risk of self- harming or suicide

Will ensure that they make a factual record of the statement given, the accusation made or their suspicions. Therapists must then report this information to **<u>Children's Social Care immediately</u>** and advise their DSL accordingly.

CONFIDENTIALITY

All members of The Bungalow Partnership will undertake to maintain strict confidentiality within the client/therapist relationship, always provided that such confidentiality is neither inconsistent with the therapist's own safety or the safety of the client, the client's family members or other members of the public, nor in contravention of any legal action (i.e. criminal, coroner or civil court cases where a court order is made demanding disclosure) or legal requirement (e.g. Children's Acts) as given in Appendix B.

Partnership members must not reveal confidential information except to those colleagues who have a professional role in the child's education or the Bungalow DSL if there are concerns about the safety and welfare of a child. Members should never promise a child/young that they will not act on information given by a child.

Situations such as bullying or unacceptable conduct by an adult, must remain confidential. They should not be discussed outside of the Partnership and should be reported in the appropriate manner.

It is advisable to take all issues of potential breach of confidentiality seriously and whenever possible discuss them fully and openly with the supervisor and/or DSL.

RECORD KEEPING

All client records are kept secure in accordance with our legal obligations and in-line the GDPR Regulations, either in locked cabinets (manual records) or password protected (electronic records). When travelling between appointments client case notes are kept in locked portable files.

During sessions all concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements, members should discuss with the DSL.

SAFEGUARDING & CHILD PROTECTION TRAINING

All Partnership members of will undergo safeguarding refresher training annually and the Director is responsible for ensuring that safeguarding training for all members is kept up to date.

ONLINE SAFETY

The use of technology often provides the platform that facilitates many safeguarding issues i.e. child sexual exploitation; radicalisation; sexual predation. Schools should adopt an effective approach to online safety to protect and educate the whole school community in their use of technology and establish mechanisms to identify, intervene in and escalate any incident where appropriate.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- content: being exposed to illegal, inappropriate or harmful material;
- contact: being subjected to harmful online interaction with other users; and
- conduct: personal online behaviour that increases the likelihood of, or causes, harm.

Filters and monitoring

Schools should be doing all that they reasonably can to limit children's exposure to the above risks from the school's IT system using appropriate filters and monitoring systems.

CONCERNS ABOUT SAFEGUARDING PRACTICES WITHIN THE ORGANISATION

All Partnership members should feel able to raise concerns about poor or unsafe practice and potential failures in the organisation's safeguarding regime and know that such concerns will be taken seriously by the Director and/or Trustees. Where a Partnership member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them: The **NSPCC whistleblowing helpline** is available for members who do not feel able to raise concerns regarding child protection failures internally. Members can call 0800 028 0285 – line is available from 8:00am to 8:00pm, Monday to Friday and email: **help@nspcc.org.uk**

If Partnership members have concerns about another member, then this should be referred to the Director. Where there are concerns about the Director, this should be referred to the Chair of Trustees. In the event of allegations of abuse being made against the Director, allegations should be reported directly to the designated officer(s) at the local authority. Partnership members may consider discussing any concerns with the organisation's DSL and make any referral via them.

CONDUCT RELATING TO PUPILS

Partnership members may be found guilty of unacceptable professional conduct where they:

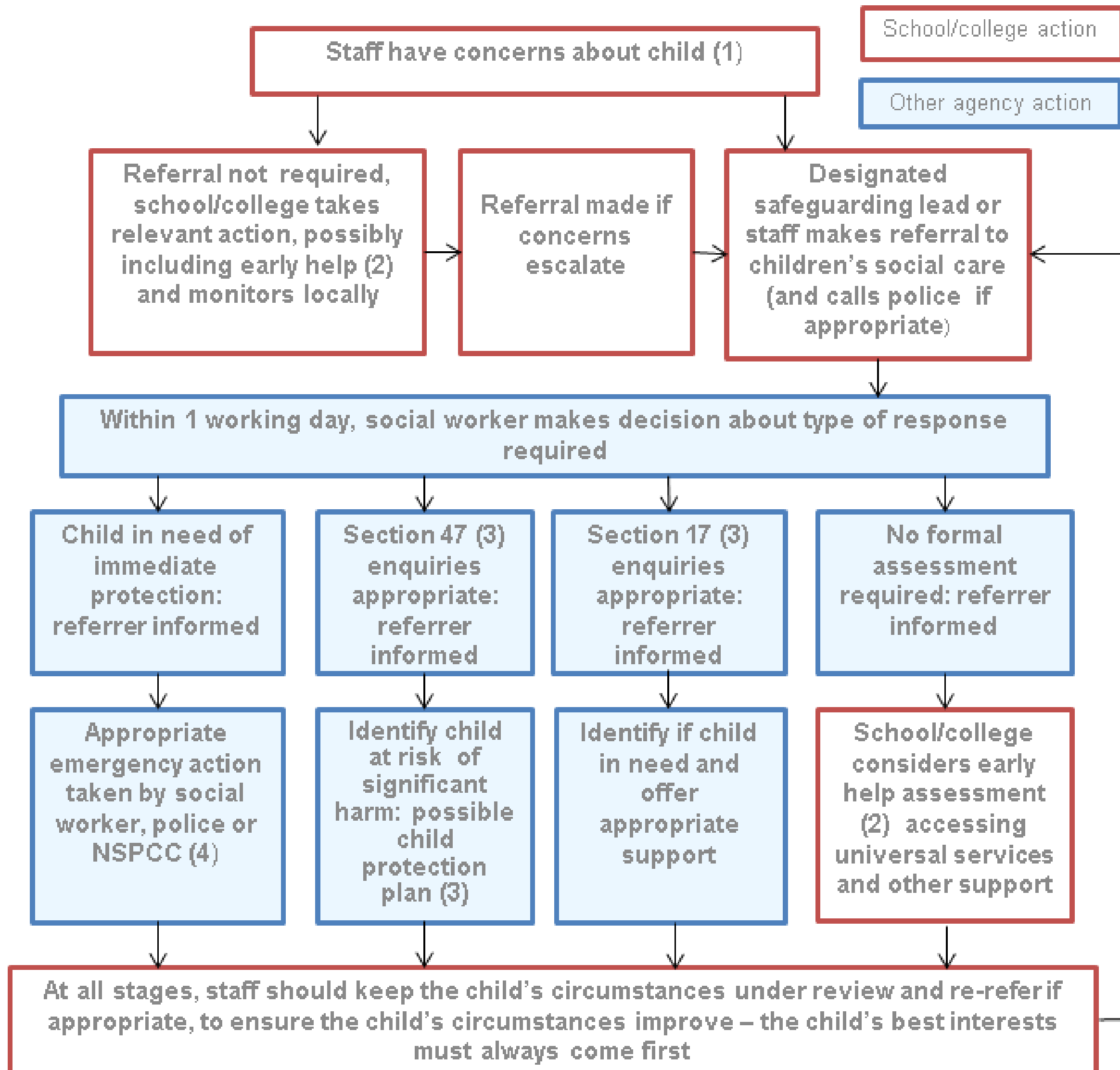
1. Seriously demean or undermine children, their parents, carers or colleagues or act towards them in a manner which is discriminatory in relation to gender, religion, belief, colour, race, ethnicity, class, sexual orientation or disability.
   Where they fail to:
2. Take reasonable care of children, young people and vulnerable adults, under their supervision with the aim of ensuring their safety and welfare.
3. Comply with relevant statutory provisions which support the well-being and development of children, young people and vulnerable adults.

GUIDLINES FOR CONDUCT OUTSIDE OF WORK

Partnership members must not engage in conduct outside work which could seriously damage the reputation and standing of the Partnership or the member. In particular, criminal offences that involve violence or possession or use of illegal drugs, or sexual misconduct, are likely to be regarded as unacceptable. Members must exercise caution when using information technology and be aware of risks to themselves and others.

All members need to recognise that failure to meet these standards of behaviour and conduct may result in dismissal.

APPENDIX A



APPENDIX B

The National Counselling Society Code of Ethics gives the following guidance to all registrants about client confidentiality:

The Law

Legal rights to confidentiality are enforceable by legal orders e.g. injunctions or actions for breach of contract, damages, orders for compensation.

Common law (decisions made by the courts) which imposes a duty of confidentiality where information is disclosed in confidence or in circumstances where a reasonable person ought to know that the information ought to be confidential.

Statutory provisions e.g. General data Protection Regulation (GDPR), Data Protection Act 1998, Human Rights Act 1998 Article 8 – right to private life Contracts i.e. between: therapist and client and/or therapist and agency.

These rights are enforceable by a complaints procedure and investigation process, disciplinary proceedings, and in the case of actions by public bodies, possibly legal action for judicial review of administrative or other actions challenged.

For someone with a complaint about an issue relating to confidentiality, these procedures often involve less financial risk than court proceedings and sometimes the outcomes from a disciplinary hearing are more likely to prevent a repetition by the therapist.

Basic rights of the client

At the outset of support it is the responsibility of the therapist to explain to the client (and ensure they understand) about confidentiality:

- To know the extent and limitations of the confidentiality
- To be told the circumstances in which the therapist may wish to breach confidentiality
- To have a clear therapeutic contract with terms which they fully understand, accept and support
- To know who will make, keep and have access to their notes and records, how they will be kept, for how long they will be retained and for what purposes they may be retained/destroyed/disclosed.
- To be informed of circumstances when the therapist may have to or is about to breach their confidentiality (unless there are defensible reasons why this cannot be the case, in cases of certain child protection or mental incapacity)
- To know how, why and to whom information will be given by the therapist
- To know the importance of and/or see what is being said about the client if that client so wishes

The duties of the therapist – exceptions to confidentiality

Crime

A Therapist cannot be legally bound to confidentiality about a crime. Courts have concluded that it is defensible to breach confidence, in good faith, in order to assist the prevention or detection of a crime. However, there is no general duty to report crime except in specific circumstances.

There is also no general obligation to answer police questions about a client. A polite refusal on the grounds of confidentiality is sufficient if this is considered appropriate, but deliberately giving misleading information is likely to constitute an offence. (There is specific home office guidance for therapists working with addicts or offenders).

Prevention of serious harm to the client or to others

The Department of Health offers the following guidance on what counts as serious crime. 'Murder, manslaughter, rape, treason, kidnapping, child abuse or other cases where individuals have suffered serious harm may all warrant breaching confidentiality. Serious harm to the security of the state or to public order and crimes that involve substantial financial gain and loss will generally fall within this category.

Statutory obligations to disclose

The Terrorism Act 2000 makes it a criminal offence for a person to fail to disclose, without reasonable excuse, any information which he either knows or believes might help prevent another person carrying out an act of terrorism or might help in bringing a terrorist to justice in the UK. All Therapist for The Bungalow Partnership will undergo Prevent Duty Training and certificates to be provided as evidence.

Court orders

A court may order disclosure, or order the therapist to attend court and to bring notes and records with them. Refusal to answer the questions of the court may constitute contempt of the court. Therapists may be asked to produce a report for court relating to work with a client. Consent should be obtained direct from the client wherever possible and in writing. Clients may ask to see the reports written about them, and in accordance with the legislation on Human Rights, Data Protection, Freedom of Information clients should have access to their reports in the same way as records, unless there is a cogent reason in their interest or that of the public not to do so.

Requirements to produce therapy and counselling records

Family courts dealing with child protection cases have different rules of evidence from other civil and criminal courts. They may order the production of documents including personal medical reports which would otherwise have been protected from disclosure.

The police acting on behalf of the Crown Prosecution Service and usually with the written consent of the client, may seek access to therapy and counselling notes. This is most likely to happen if they contain reports of allegations of rape or sexual abuse.

Supervision

Therapists working with children and young people should have supervision with a person suitably qualified and experienced in child protection matters. If there is a concern that a child may be at risk of serious harm and the Therapist does not have consent from the child or from a person with parental responsibility for the child to make a referral to **Children's Social Care**, the Therapist will liaise with the DSL of The Bungalow Partnership who will make a decision regarding referral. It may constitute a breach of confidence when Therapists discuss cases in support supervision, training and research.

Clients at risk of suicide or serious self-harm

Responding appropriately to suicidal clients creates one of the most challenging situations encountered by Therapists. As there is no general duty to rescue in British law, Therapists need to be explicit about reserving the power to breach confidentiality for a suicidal adult client. To do so without explicit agreement may constitute an actionable breach of confidence.

A Therapist who knows that a client is likely to harm him/herself or others but who will not/cannot give consent for referral must carefully consider the ethics of going against the client's known wishes and also the possible consequences for their client of either referral or non-referral.

Discuss with the client if appropriate, and ideally also discuss in supervision these issues:

- What has the client given me permission to do?
- Does that permission include referral?
- If I refer, what is likely to happen?
- If I do not refer, what is likely to happen?
- Do the likely consequences of non-referral include serious harm to the client or others?
- Are the likely consequences preventable?
- Is there anything I (or anyone else) can do to prevent serious harm?
- What steps would need to be taken?
- How could the client be helped to accept the proposed action?
- Does my client have the mental capacity to give explicit informed consent at this moment in time?
- If the client does not have mental capacity, then what are my professional responsibilities to the client and in the public interest?
- If the client has mental capacity, but does no consent to my proposed action (e.g. referral to a GP), what is my legal situation if I go ahead and do it anyway?

Therapist's professional responsibility requires that they must act within the area of their personal expertise, and should consider their own limitations. The implication of this is that when they reach the limits of their expertise, consideration should be given to referral on with the client's consent. If the client does not/cannot consent to referral on and if the client or others may be at risk of harm, the therapist should address the issues listed above in supervision and with their professional organisation and/or other professional advice.

If a client consents to referral on or to a change in the confidentiality agreed with them at the outset of the work with their therapist, then there is little likelihood of any ground for legal or other action against the therapist if the actions then taken are with the full knowledge and consent of the client. If possible, obtain the client's explicit consent. Implicit or implied consent may be relied upon by the therapist, but it can be nebulous and is rather more difficult to prove. In the event of a complaint or legal action, both therapist and client are best protected by a therapeutic contract with terms including explicit consent, which are evidenced in writing.

If you require specific legal advice then you should contact the Director/Trustees of The Bungalow Partnership who will have access to qualified legal advisors.