Children and Young People's Safeguarding Policy

1. INTRODUCTION

Solace provides psychotherapy, counselling, complementary therapies and advocacy support to the survivors of persecution and exile.

The majority of our work currently is with adult clients, however we also offer family therapy which involved children attending appointments either on their own or as part of a family group. We also deliver therapy to children and young people, some of whom are unaccompanied minors in the asylum system.

Solace is committed to the welfare of children and young people, whether they are our clients or not. All our activities will put the safety and welfare of children first.

We will ensure that all our staff and volunteers are clear on what to do if they are concerned about a child and that everyone who comes into contact with children and young people takes appropriate responsibility for protecting them from abuse. As an organisation we are committed to supporting our team to do this confidently and effectively.

In writing this policy we have taken into account relevant legislation and the local and regional safeguarding boards' guidance.

- ***The Children Act 1989,***
- ***The Children Act 2004***
- ***The Children and Social Work Act 2017***
- *Working together to safeguard children* ***(DfE, 2023)***
- *What to do if you're worried a child is being abused (PDF)* ***(DfE, 2015) (NSPCC)***

2. A NAMED PERSON(S) FOR SAFEGUARDING

Name of Safeguarding Lead: Anne Burghgraef 07483320405

Name of Deputy Safeguarding lead: Kathryn Ashworth 07484023733

Solace Telephone number: 0113 8246796

If you have a concern for the immediate safety of anyone, phone the police on 999

3. RECOGNISING THE SIGNS AND SYMPTOMS OF ABUSE for further information see https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/

PHYSICAL ABUSE: 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/carer fabricates the symptoms of, or deliberately induces illness in a child.

EMOTIONAL ABUSE: Is 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 children that they are worthless or unloved, inadequate, or valued only in so far 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 the 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.

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 include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or 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.

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

Possible signs of abuse include:

- Unexplained or suspicious injuries such as bruising cuts or burns, particularly if situated on a part of the body not normally prone to such injuries or the explanation of the cause of the injury is does not seem right.
- The child discloses abuse, or describes what appears to be an abusive act.
- Someone else (child or adult) expresses concern about the welfare of another child.
- Unexplained change in behaviour such as withdrawal or sudden outbursts of temper.

- Inappropriate sexual awareness or sexually explicit behaviour.
- Distrust of adults, particularly those with whom a close relationship would normally be expected.
- Difficulty in making friends.
- Eating disorders, depression, self harm or suicide attempts.

Modern Slavery: Modern slavery is defined as the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation

Female Genital Mutilation: Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but there's no medical reason for this to be done. It's also known as female circumcision or cutting, and by other terms, such as sunna, gudniin, halalays, tahur, megrez and khitan, among others. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It's illegal in the UK and is child abuse. It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

Child Criminal Exploitation:

Child Criminal Exploitation occurs where an individual or group takes advantage of a person under the age of 18 and may coerce, manipulate or deceive a child or young person under that age into any criminal activity

1. In exchange for something the victim needs or wants, and/or
2. For the financial advantage or increased status of the perpetrator or facilitator and/or
3. Through violence or the threat of violence. The victim may be exploited even if the activity appears consensual (for example moving drugs or the proceeds of drugs from one place to another).

Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. (Home Office 2018)

Child Sexual Exploitation

Child Sexual Exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity

a. In exchange for something the victim needs or wants, and/or
b. For the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child Sexual Exploitation does not always involve physical contact; it can also occur through the use of technology. (Home Office 2017)

Child sexual exploitation online

When sexual exploitation happens online, young people may be persuaded or forced to:

- have sexual conversations by text or online
- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or smartphone (Hamilton-Giachritsis et al, 2017).

Abusers sometimes use the threat of sharing images, videos or copies of conversations to make young people do things they don't want to do. This might include forcing a young person to pay them money or take part in further sexual activity. This is sometimes referred to as sexually coerced extortion or 'sextortion' (Internet Watch Foundation, n.d.).

Images or videos may continue to be shared long after the sexual abuse has stopped.

Whatever form child sexual exploitation takes, it can have a significant impact on children and young people. It's vital that everyone who works and volunteers with children can identify the signs of child sexual exploitation, and know how to act to keep children safe.

Cyberbullying: this is bullying that takes place online. Unlike bullying offline, online bullying can follow the child wherever they go, via social networks, gaming and mobile phone. A person can be

bullied online and offline at the same time. No single sign will indicate for certain that your child's being bullied, but watch out for:

- belongings getting 'lost' or damaged
- physical injuries, such as unexplained bruises
- being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
- a change in how they are doing at school, including a dip in grades or not handing homework in
- asking for, or stealing, money (to give to whoever's bullying them)
- a change in behaviour, including being nervous, losing confidence, or becoming distressed and withdrawn
- a change in eating or sleeping habits
- bullying others.

Online abuse: is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets and mobile phones. And it can happen anywhere online, including:

- social media
- text messages and messaging apps
- emails
- online chats
- online gaming
- live-streaming sites.

Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online.

A child or young person experiencing abuse online might:

- spend a lot more or a lot less time than usual online, texting, gaming or using social media
- seem distant, upset or angry after using the internet or texting

- be secretive about who they're talking to and what they're doing online or on their mobile phone
- have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.

Radicalisation: is the process through which a person comes to support or be involved in extremist ideologies. It is in itself a form of harm. The process of radicalisation may involve:

- being **groomed** online or in person
- exploitation, including **sexual exploitation**
- psychological manipulation
- exposure to violent material and other inappropriate information
- the risk of physical harm or death through extremist acts.

It happens gradually so children and young people who are affected may not realise what it is that they are being drawn into.

If a child or young person is being radicalised their day-to-day behaviour may become increasingly centred around an extremist ideology, group or cause. For example, they may:

- spend increasing amounts of time talking to people with extreme views (this includes online and offline communication)
- change their style of dress or personal appearance
- lose interest in friends and activities that are not associated with the extremist ideology, group or cause
- have material or symbols associated with an extreme cause
- try to recruit others to join the cause

4. BECOMING AWARE OF A SAFEGUARDING ISSUE

There are several ways that our staff and volunteers may become concerned about a child. For example:

- A child or adult tells us about abuse, or a situation which has taken place when they felt unsafe. This disclosure may refer to abuse or situations which have happened recently or many years ago.
- A third party may tell us about their concern for a child, or about the behaviour of someone towards a child, for example, an abusive partner.
- A child's behaviour, appearance, drawings etc may raise suspicion of abuse or neglect as we work with them or their parents
- We may receive an allegation of serious misconduct of a volunteer or staff member towards a child
- A client, whether an adult or a child may seek help because they, or someone known to them is the victim or perpetrator of abuse towards a child.
- Children may display inappropriate sexualised behaviour for their age
- They may appear fearful of certain people and/or situations
- being increasingly secretive
- having money or new things (such as clothes or a mobile phone) that they can't explain
- spending time with older individuals or groups
- being involved with gangs and/or gang fights
- calling an older person their 'boyfriend' or 'girlfriend'
- missing school and/or falling behind with schoolwork
- persistently returning home late
- returning home under the influence of drugs/alcohol
- going missing from home or care
- being involved in petty crime such as shoplifting
- spending a lot of time at hotels or places of concern, such as known brothels
- not knowing where they are, because they have been trafficked around the country (Department for Education, 2017).

5. WHAT TO DO IF YOU ARE CONCERNED ABOUT A CHILD

It is important that you treat any allegations extremely seriously. Never think that someone else may be dealing with it. If you receive information that a child may be at risk of, or experiencing harm make sure you know how to respond appropriately.

Stage 1

- Initially talk to a child/young person about what you are observing. It is okay to ask questions, *for example: "I've noticed that you don't appear yourself today, is everything okay?* But never use leading questions
- Listen carefully to what the young person has to say and take it seriously. Act at all times towards the child as if you believe what they are saying.
- It is not the responsibility of groups to investigate incidences of suspected child abuse but to gather information and refer only.
- Always explain to children and young people that any information they have given will have to be shared with others, if this indicates they and or other children are at risk of harm;
- Notify the Named Person for safeguarding (above) or their deputy if they are unavailable.
- Record what was said as soon as possible after any disclosure; the person who receives the allegation or has the concern, should complete the safeguarding tab on civi on the client record. If this is not immediately possible, then complete the proforma at the end of this policy to keep your notes, and add them to civi later. (then shred any notes you have made)
- You should always follow the safeguarding processes of the local area in which you are working. Some of Solace's partnership agreements specifically set out what needs to be done in case of safeguarding concerns and these processes should be followed in addition to this policy. However these local arrangements do not replace the need to report and record concerns within

Solace's record keeping guidance, and the Solace Safeguarding Lead must be informed immediately about any concerns

- If you are unable to contact either the Safeguarding Officer or their deputy and you have an immediate concern for the safety of a child you should contact the police or social services straight away. Keep a record of this on the safeguarding tab on civi and let the safeguarding officer know as soon as possible.
- In all cases note down any follow up actions on the tab, and the date by which they will be have been taken. At the point that no further action is needed then add the date of closure. Details of consultations with the Named Person or other advice received should be noted on the tab and updated as further actions are taken.

Stage 2

- The Named person(s) should take immediate action if there is a suspicion that a child has been abused or likely to be abused. In this sit**u**ation the Named Person should contact the police and/or the Duty and Advice Team in the area where the child lives. If a referral is made direct to the Duty and Advice team this should be followed up in writing within 24 hrs by the Safeguarding Lead.

NB Parents / carers will need to be informed about any referral to Children & Young people's Social Care unless to do so would place the child at an increased risk of harm.

6. SAFE RECRUITMENT

Solace appreciates that there are people who work, or seek to work with children and young people who may pose a risk to children and who may harm them. In order to reduce the risk of harm we have a clear process for recruiting staff and volunteers, including those people we know well.

The process is set out in our Recruitment Policy, but is summarised here:

- Candidates apply for advertised roles on a standard application form which provides sufficient information to assess their suitability for the role.
- Our recruitment information makes it clear that we have a commitment to safeguarding and protecting children, and we expect successful applicants to work within our policies and procedures.
- We always have a face-to-face interview with pre-planned and clear questions.
- As part of the application we ask candidates if they have any criminal convictions, cautions, other legal restrictions or pending cases that might affect their suitability to work with children and we inform them we require an appropriate DBS check before they can start work with us.

- We check identity by asking candidates to bring photographic ID, and we check their qualifications by asking for their certificates or other appropriate confirmation.
- We take up two references for all candidates and we ask them specifically about an individual's suitability to work with children.
- For candidates who have lived outside the UK for more than 3 months in the last 5 years we either obtain a criminal conviction report from that country, or if that isn't possible, undertake a risk assessment for their suitability to work with children.
- For anyone who is not a British or Irish Citizen we also check their right to work in the UK and any visa restrictions.

7. MANAGEMENT AND SUPERVISION OF STAFF/VOLUNTEERS

It is important that all staff have an opportunity to discuss with their line manager any safeguarding matter giving them concern. We are committed to providing support for our volunteers and staff so they feel confident in their ability to work appropriately to promote the welfare of children. All staff and volunteers will receive one to one or group supervision in line with our Supervision Policy.

8. ALLEGATIONS AGAINST STAFF

Solace will ensure that any allegations made against one or more members of staff or volunteers will be dealt with swiftly and in accordance with these procedures: (the word staff will be used to include volunteers throughout)

- The member of staff against whom the allegation is made will have no further contact with the child or children in question during the investigation.
- The Clinical Director will be informed immediately of any allegation and if she is unavailable, the deputy. If the allegation involves the Clinical Director, then the deputy will be informed. The Clinical Director will inform the Local Authority Designated Officer (LADO) for advice on how to proceed.
- The individual who first received / witnessed the concern should make a full written record of what was seen, heard and / or told as soon as possible after observing the incident / receiving the report.
- Regardless of whether a police and/ or Social Care investigation follows, Solace will ensure that an internal investigation takes place and consideration is given to the disciplinary procedure. This may involve immediate suspension and / or ultimate dismissal dependent on the nature of the incident and the outcome of the investigation.

- In all cases, the Trustee who is the lead for safeguarding will be informed.

9. RECORDING AND MANAGING CONFIDENTIAL INFORMATION

All safeguarding information is regarded as personal and sensitive information about clients. Details should be recorded on the safeguarding tab on the client record on civi which can be updated as the issue progresses so that all the information about safeguarding is in one place and can be easily accessed.

Solace is committed to ensuring that client information is stored securely in line with our data protection and confidentiality policy. Information will be stored on our secure database, and occasionally on our server which is also secure. If hard copies of documents are made, they will be kept locked in the office at all times in locked cabinets.

Personal and sensitive information will not be shared via email unless there is an exceptional reason to do so in which case documents will be password protected and sent as an attachment.

In line with our confidentiality policy, all our clients, including children are assured that we will not discuss anything they tell us with anyone else without their consent, unless we believe there is a risk of serious harm to themselves or someone else.

10. DISTRIBUTING/ REVIEWING POLICIES AND PROCEDURES

In order to keep this policy up to date, and to ensure that any learning throughout the year is included and shared, the policy will be reviewed on an annual basis by the Clinical Group. (A sub group of the Board of Trustees) As part of the review process they will seek the views of the Management Group and will refer to any safeguarding incidents that have occurred during the year so any learning can be incorporated into the review.

Our commitment and approach to safeguarding will be discussed at Team Meetings throughout the year so everyone at Solace feels confident in their approach, and is able to learn from others and share their experiences. This discussion will feed into the annual review of the policy to ensure it reflects current and developing practice.

Our commitment to safeguarding will be displayed on our website with a link to our policy so that anyone can access it.

The policy forms part of the induction process for new staff and volunteers in any role at Solace, and copies of the policy are distributed annually.

11. RESPONSIBILITIES OF MANAGEMENT COMMITTEES

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As part of their commitment to protecting children and staff / volunteers the Board of Trustees will ensure that Solace has an effective safeguarding policy, and everyone knows what is expected of them if they are concerned about a child. A trustee will be appointed as the lead trustee for safeguarding and this person will ensure they have a good working knowledge of safeguarding practices and the legal obligations placed upon Trustees. They will advise the Board of Trustees when necessary, and will provide the strategic overview which ensures safeguarding is embedded in all our activities. They are not expected to be a safeguarding expert, but will ensure the Board takes their responsibilities seriously, and our policies and procedures are up to date and appropriate.

A good practice guide is attached which outlines expectations of behaviour towards clients, especially children, and all staff and volunteers are expected to work within these guidelines. The guidelines will be reviewed annually, and will form part of the Acceptable Conduct and Disciplinary policies. Among other things this highlights that physical punishment or threat of it, or verbal humiliation is unacceptable.

All staff and volunteers attend the LSCB training at least every three years at least at level one and this is recorded in their personnel file. Attendance is monitored by their line manager

All staff and volunteers who have direct or unsupervised access to clients will undertake a DBS check at least every three years. Responsibility for monitoring this lies with the Director.

Appendix one: Good practice guidelines.

All staff and volunteers should be encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations. The following are examples of setting a positive culture and climate.

1 Always work in an open environment, avoiding private situations except during therapy sessions, and encourage open communication.
2 Treat all young people, adults and colleagues with respect and dignity.
3 Put the welfare of young people first.
4 Build balanced relationships, based on mutual trust and empower children to share in decision making at every opportunity.
5 Ensure that if any form of physical support is needed, it should be provided openly and young people should always be consulted and their agreement gained.
6 Keep up to date with skills qualifications and insurance.
7 Staff and volunteers should never smoke or drink alcohol on our premises, and if they take a break to smoke outside, they should do so away from the entrance so as not to get in the way of clients or colleagues accessing the building.
8 Constructive feedback should normally be given, rather than negative criticism.
9 Keep a written record of any injury which occurs during a project activity along with written details of any treatment given.
10 Secure parental/carer agreement in writing if young people are transported in project staff cars. Check that all cars are appropriately insured.

Practices to be avoided

The following should be avoided except in emergencies. If a situation arises where these situations cannot be avoided, action taken should be with the consent of the leader of the project activity at the time.

In general avoid

1 Spending time alone with children outside of therapy sessions
2 Contacting a child outside appointment times other than to make practical arrangements for appointments. Document all contact on civi

Always avoid

1 Engaging in rough physical or sexually provocative games.
2 Allowing or engaging in any form of inappropriate touching.
3 Allowing children to use inappropriate or abusive language unchallenged.
4 Making sexually suggestive comments to children even in fun.
5 Allowing allegations made by a child to go unchallenged, unrecorded or not acted upon.
6 Do things of a personal nature for a child which they can do for themselves.
7 Invite or allow children to come to your home
8 Transport children in your car.
9 Shouting at or verbally humiliating children, even if intended as a joke.
10 Any form of physical punishment, including smacking.

Incidents which must be reported

If any of the following occur, you should report this immediately to another colleague and report the incident. You should also ensure that the parent/carer is informed.

- If you accidentally hurt a child.
- If a child seems distressed in any way.
- If a child behaves in an inappropriately sexual way.
- If a child misunderstands or misinterprets something you have done.

Appendix two: SOLACE Proforma for recording all safeguarding concerns

Name of person filling out this form: **Date:**
Name of the person you are concerned about: **Client reference number (if a Solace client):**
Details of your concern: (please be factual, do not include opinions; provide quotes where possible. Include dates of meetings, conversations etc which gave rise to the concern)
Actions taken: (include the date of consultation with the Safeguarding Lead (Anne) or other person(s) deputising for her.
Outcomes: **Was this reported to any other organisation?** (if so, record what was done, by whom, the date and what else needs to happen here)
Next steps: (Will this concern be taken any further? If not, why not? If further actions are to be taken, what are they and who will take them?)

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This form contains personal and sensitive information and should always be stored and shared securely. Upload the form to the client record on CIVI and contact the Safeguarding Lead with the client reference number. Do not email this form and do not use client names in emails unless there is no other way to share this form. In this situation send it as a password protected attachment. Send the password to the Safeguarding Lead either over the phone or in a separate email.