

WOMANKIND, Bristol Women's Therapy Centre

CHILD SAFEGUARDING POLICY & PROCEDURES

Womankind, Bristol Women's Therapy Centre aims to provide high quality services and is committed to safeguarding and to promoting the welfare of children, young people and adults.

Womankind recognises that the welfare of all children is paramount and that safeguarding is everyone's business. All children have the right to protection regardless of age, gender, identity, ethnicity, disability, sexuality or beliefs.

The aim of the policy is to ensure the protection of all children from actual or potential harm and to ensure that criminal or harmful behaviour by those who have care of, contact with or responsibility for children can be identified and properly dealt with.

This document sets out Womankind's approach to protecting children from abuse and is supported by procedures detailing how this policy is to be implemented by all trustees, paid staff, sessional staff, volunteers or anyone else working on behalf of Womankind.

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- General Data PR 2018
- Sexual Offences Act 2003
- Children Act 2004
- Children and Families Act 2014
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding children (e.g. Working Together to Safeguard Children 2015)
- Thresholds Guidance, Bristol Safeguarding Children's Board, 2018.

Womankind will:

- Ensure that all staff have appropriate level DBS checks prior to engaging in any work with the organisation and are precluded from involvement in the organisation as appropriate.
- Ensure that all service users are informed of our policy statement and that a copy of the policy and procedures is made available as appropriate.
- Provide clear and detailed procedures on decision making, accountability and recording of child safeguarding concerns
- Provide an induction programme and comprehensive and effective training on safeguarding policies and procedures, updated every two years, to all staff and volunteers.
- Appoint a member of staff to be the Designated Safeguarding Officer and other key members of staff as Safeguarding Advisors.
- Provide regular and consistent supervision and support to staff and volunteers who have responsibility for the safety and welfare of clients.
- Ensure that the organisation is able to learn from specific child protection concerns and to review policy, procedures and omit good practice as a result.

- Maintain current knowledge of the Local Safeguarding Children's Board procedures and of child safeguarding procedures nationally.
- Regard any breaches of this policy as serious and investigate them through Womankind's disciplinary and grievance procedures.

2. Categories of child abuse:-

Abuse and neglect of children includes:

- **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. This may include ignoring medical or physical needs, not providing access to appropriate care, the withholding of the necessities of life, such as medication, adequate food, clothing and heating. Neglect may occur during pregnancy, eg as a result of maternal substance abuse.
- **Physical abuse** is violence causing injury. It may be a single incident or regular occurrences throughout childhood. It may involve hitting, shaking, throwing, burning or scalding, drowning, suffocating, giving a child poison, alcohol, inappropriate drugs or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill-health to, a child of whom they have care.
- **Sexual abuse** occurs when someone uses power or control to involve a child or young person in sexual activity to gratify the abuser's own sexual, emotional, or financial needs or desires. It may include forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, inappropriate discussions about sexual matters or encouraging children to behave in sexually inappropriate ways.
- **Psychological/emotional abuse** is the persistent (more than one episode) emotional maltreatment of a child so 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 insofar as they meet the needs of another person. 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 others. It may involve serious 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.
- **Institutional abuse** is repeated instances of poor care, ill treatment, and unsatisfactory professional practice. This is often an indicator of more serious problems within establishments charged with the care of children.

- **Exploitation**, which may include grooming, using a child for the purpose of sexual gratification, forced labour, drug running.
- **Female Genital Mutilation**, which is an offence under the Female Genital Mutilation Act (2003).
- **Fabricated Illness**
- **Forced marriage.**

Abuse can take place in any setting including;

- At home or in the home of a family friend or family member
- In a public place
- In a care or educational setting such as a hospital, children's home or school

There are a number of indicators of possible abuse, for example:

- Frequent minor injuries or bruising
- Bed wetting
- Behavioural problems
- Truancy
- Depression and anxiety
- Neglected appearance/poor hygiene
- Self injury
- Change in eating pattern/loss of appetite
- Hyper vigilance/withdrawn behaviour

(This is not an exhaustive list.)

3. Circumstances in which safeguarding issues may arise

Whilst a client is receiving a service at Womankind, safeguarding and child protection issues may emerge regarding children known to the client. These may be child protection issues directly concerning a child or adult client which have not been fully disclosed or dealt with by the appropriate authorities.

Historic abuse - there may be occasions when an adult will disclose abuse (either sexual or physical) which occurred in the past, during their childhood. This information needs to be treated in exactly the same way as a disclosure or suspicion of current or recent child abuse if it is believed that the abuser may still present an immediate risk to children.

4. Reporting procedures

As a trustee, paid staff member, sessional worker or volunteer you are not responsible for diagnosing abuse and you are not expected to make any decision regarding child protection alone. However, we all have a responsibility to be aware and alert to the signs that all is not well with a child or young person and to understand the relevant procedure.

If it is thought that a child is at risk of significant harm through abuse or neglect and the details of the child (eg. name and whereabouts) are known, the designated local agency should be contacted

following discussion with the Designated Safeguarding Lead of Womankind, with whom appropriate actions will be agreed.

- ***No referrals will be made to external agencies in respect of suspected abuse of a child without prior discussion and agreement with the Womankind Designated Safeguarding Lead.***
- ***All discussions about specific safeguarding situations need to be recorded by the staff member and the Designated Safeguarding Lead, regardless of the eventual action taken.***
- ***The staff member or volunteer with immediate concerns about safeguarding should report the matter to the Safeguarding Lead within 24 hours. This discussion and subsequent decisions will be recorded, signed and dated.***
- ***Womankind will inform all parties involved of the outcome of the referral and this will be communicated to the service user if they are still in contact.***

Role Description: Safeguarding Lead: Chief Executive Officer of Womankind

Responsible for:

- Being the main and named contact within Womankind in relation to Adult and Child Safeguarding and responding to all enquiries from external parties including Children and Young People's Service and Adult Safeguarding Service.
- Being available for Womankind staff in absence of their line manager to discuss safeguarding concerns.
- Reading and counter-signing Womankind's safety log sheets completed by staff reporting concern to statutory agencies
- Completing Advanced Safeguarding training which will be updated every 2 years.
- Monitoring communication from C&YPS and adult safeguarding through secure email and disseminating internally as required.
- Overseeing, maintaining and updating Womankind's Safeguarding activity log sheets of current cases with a safeguarding dimension.
- Discussing safeguarding concerns with Trustees that need to be escalated with the named safeguarding advisors; (Terry Jones, Safeguarding Advisor, Sarah Bartlett, CEO supervisor).
- Co-ordinating use of bi-weekly Womankind Team meeting for review of cases where Safeguarding issues indicated.
- Co-ordination of Womankind's in-house Safeguarding Training and Induction Programme.
- Ensuring that Policies and Procedures relating to Safeguarding are up-to-date and reflect best practice and current guidelines.
- Ensuring that all staff members are appropriately trained in child protection and that training is updated regularly.

Not responsible for:

Making all necessary safeguarding referrals.

Arrangements during absence:

Staff and volunteers are informed that the Clinical Manager for clinical issues and the Volunteer Service Coordinators for volunteer support services are the named members of the Womankind Team during the absence period of the Womankind CEO.

Sharing information

Staff should use their judgement when making decisions on what information to share and when and should follow the established procedure. The most important consideration is whether sharing information is likely to safeguard and protect a child. Abiding by the following principles will help this process:

Necessary and proportionate

When taking decisions about what information to share, you should consider how much information you need to release. General Data Protection Regulations, 2018 requires you to consider the impact of disclosing information on the information subject and any third parties. Any information shared must be proportionate to the need and level of risk.

Relevant

Only information that is relevant to the purpose should be shared with those who need it. This allows others to do their job effectively and make sound decisions.

Adequate

Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

Accurate

Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely

Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm to a child. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

4.1 Timescales

There are no specific timescales for reporting child protection concerns, but the following guidelines should be followed:

- Immediately if you believe that a child is suffering or is at risk of serious physical harm, or a serious criminal act has taken place and evidence needs to be made safe.
- Within 24 hours if it relates to a specific incident which is, or may still be going on, or may happen again.
- Within 7 days if it is a more general concern, where immediate harm is not indicated.

Womankind offers core services in which the issues of confidentiality and child protection must be addressed. (See Confidentiality Policy). These include the telephone helpline, the befriending service, the webchat and the clinical services which include individual therapy and counselling and psychotherapy groups.

The following procedures set out guidelines for the different services, intended to inform the working practices of staff, therapists, counsellors and volunteers.

4.2 Telephone helpline and webchat

Womankind supports women and young women on the helpline from 16 years upwards. If we receive helpline calls from children (when they tell us their age) we will still support them and encourage them to engage with Childline (0800 1111).

In the case of a woman disclosing abuse on the helpline, the caller will, if appropriate, be offered sensitive support in order that she might feel able to take action to report the abuse to the appropriate authorities herself. If she is unwilling to do this but has given information which identifies the alleged perpetrator, then Womankind will explore with the caller possible courses of action that may be taken.

If she wishes to take more formal action, ie. passing the information on to the Police or Children's Services, Womankind will support her in doing so. If she is unwilling to take further action herself, Womankind will undertake to do so on her behalf. In all cases, any action will only be taken after consultation with the line manager/supervisor and having explained fully to the caller what to expect, and all the options available to her.

N.B. This policy in no way encourages behaviour by staff and volunteers that is punitive or abusive. The caller's autonomy and rights to confidentiality are of great importance at all times.

4.3 Clinical services

Under normal circumstances, what a client tells a therapist in a session is strictly confidential. However, there are limits to confidentiality as outlined above. It is important that the client is aware of these limits from the outset. The limits must be outlined in the initial assessment interviews, so that the client is clear about what to expect. The client will also be given a copy of Womankind's confidentiality policy information for clients which they will sign and return to Womankind. Clients will also be made aware of Womankind's Complaints Procedure where they can voice any concerns concerning unacceptable/or abusive behaviour towards children.

What to do

Counsellors and therapists will follow the 'Risk Management Flow Chart' (see Appendix 1) which will be made available as part of their induction.

If a client discloses information to a therapist which causes the therapist to have concerns about a child, she should in the first instance consult with her line manager and, if possible, clinical

supervisor and the Womankind CEO. The line manager may need to consult with children's services to help make a decision about the course of action to be taken.

If the situation is considered to require urgent attention then this should be done as an emergency.

At the time it should be decided:

- (a) Whether there is on-going abuse that needs action.
- (b) If immediate action is needed, whether in the interests of the therapeutic alliance, there is time to work with the client in a supportive way to allow her to deal with the abuse herself.

The latter approach is the one that is recommended, as it is compatible with the issues and values of Womankind. It is respectful and empowering to the individual, and at the same time recognises the paramount importance of the protection of vulnerable children.

In addition, it recognises the value and importance of the therapeutic alliance and the difficulties implicit in the therapist taking on another role, which could undermine her capacity to work with the client.

If urgent action is thought necessary:

At the earliest opportunity, preferably in the same session, the therapist should explain to the client that the information she has disclosed indicates danger or hurt to another and therefore it is not possible for the therapist to keep this information to herself. She should remind the client of the limits to confidentiality and then discuss with the client the best course of action, which will be mindful of the safety of the child. The therapist may involve another Womankind worker, and possible others outside of the organisation, such as Social Services. If the client refuses to participate in, or agree to this action, she should be told that this procedure might have to be initiated anyway.

Therapists and counsellors should make every effort to consult and work in co-operation with the client at all times. She should be offered all appropriate support, which may include contact between sessions.

In some cases, possibly because of her level of disturbance or because she cannot be contacted, it may be necessary to proceed without consulting her.

If the above action is necessary, she should be contacted and informed as soon as possible.

The line manager will ensure that the therapist is kept informed about what will happen, so they can be reassured about what to expect.

4.4 Befriending service

The service presents particular issues relating to confidentiality as the volunteer befriender goes to the home of the client. However, all of the core values outlined above still apply. It is crucial that any concerns that a volunteer may have are handled quickly and sensitively.

Volunteers receive training that enables them to support vulnerable women in the community. They receive specific training on the Child Safeguarding Policy, and how to deal with related issues appropriate to their needs. The client will generally have key worker support from a statutory care worker such as a support worker or Social Worker, who will usually be aware of any issues within the home and whose role is to address any concerns and to assess risk where this may be applicable. The limits must be outlined by the Co-ordinator, so that the client is clear about what to expect. The client will also be given a copy of Womankind's Befriending Guidelines and confidentiality policy information for clients which they will sign and return to Womankind. Clients will also be made aware of Womankind's Complaints Procedure where they can voice any concerns concerning unacceptable/or abusive behaviour towards children.

What to do

If a woman discloses abuse to a volunteer, or if a volunteer observes indications of abuse, and the volunteer feels able to offer support, the client will be encouraged to take appropriate action herself. The volunteer will consult with her line manager (Volunteer Co-ordinator) at all times, and pass on any information or concerns she may have as soon as possible. If necessary, the line manager will involve the key worker. The Volunteer Co-ordinator will inform the client of this action.

5. Referrals to Children's Services

Guidance notes for staff making a referral

If there is an immediate risk of harm or you or your supervisee is working with a child who has disclosed abuse, you should telephone your local Children's Services immediately, involving the police if necessary.

If you have ongoing concerns that you consider require an assessment by Children's Services, you should telephone your local Children's Services to request this.

It is important that you make your referral as soon as Womankind has decided that this is the best course of action.

You will need to provide as much factual information as possible, including: name, address, contact details, date of birth, parent/carer's name.

When completing your telephone referral, consider:

- why you think the time is right to discuss the matter with children's social care
- what information you can give about the situation
- what you know about the child/ren involved
- what you understand about the relevant adult's parenting capacity
- social and environmental factors, if known
- whether your client knows that you are making this referral
- whether your client agreed to you making this referral
- if you are able to help introduce a social worker to the family

All referrals should be made to First Response in the area of the child's locality which will normally be in Bristol or South Gloucestershire (contact numbers below).

It is important that a careful record is made of the name and contact details of the child at risk including any specific disclosures and any other supporting details. Womankind will provide Children's Social Care Services or the Police with the name of an alleged abuser if it is disclosed and any other information which may help to protect a child at risk. If you need to contact someone about a child who has a social worker please contact the social worker at their area social work office.

Contact telephone numbers:

- **First Response Bristol 0117 9036444**
- **First Response Bristol Emergency Duty Team (out of hours) 01454 615 165**
- **First Response South Gloucestershire 01454 866000. Out-of-hours this number transfers to the Emergency Duty Team**
- **If the child is at immediate risk call the Police on 999/112**
- **Police: Non emergency number: 101**

Other numbers that you can call are:

- **Police Child Abuse Investigation Team (CAIT): 0117 945 4320**
- **NSPCC 24 hour Helpline: 0800 800 5000 (free from a landline)**
- **NSPCC Asian Languages Helpline: 0808 800 5000 (free from a landline)**
- **NSPCC Text helpline: 85888 (service is free and anonymous)**
- **Childline Helpline: 0800 1111**

What happens next

At the end of any discussion about a child, you must be clear about what the proposed actions are, who will undertake them and what the timescale is; or alternatively that no further action will be taken. This decision should be recorded by both the person making the referral and the worker in Children's Services. Your referral should be acknowledged in writing. If you have not heard anything within 48 hours you should contact Children's Services.

Once a referral has been made to Children's Social Care it will be reviewed and a decision made about whether the referral will be accepted.

Sometimes Children's Services may decide not to get involved. This could be because the situation is not serious enough, or because there isn't yet enough information. In this case, you should continue to bear in mind your concerns, working with your client and collecting further information as appropriate. Do not stop until you are sure that the child's needs are being met or that there is no need to be concerned.

Working Together 2013 states (p.26):

Once the referral has been accepted by local authority children's social care the lead professional role falls to a social worker.

The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen.

Within **one working day** of a referral being received by a local authority, a social worker should **make a decision** about the type of response that is required. This will include determining whether:

- the child requires immediate protection and urgent action is required;
- the child is in need, and should be assessed under section 17 of the Children Act 1989;
- there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquiries must be made and the child assessed under section 47 of the Children Act 1989;
- any services are required by the child and family and what type of services; and
- any further specialist assessment is required in order to help the local authority to decide what further action to take.

Action to be taken:

The child and family must be informed of the action to be taken.

Local authority children's social care should see the child as soon as possible if the decision is taken that the referral requires further assessment.

- Where requested to do so by local authority children's social care, professionals from other parts of the local authority such as housing and those in health organisations have a duty to cooperate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions.

6. Documentation

Womankind staff will be responsible for ensuring that accurate and up-to-date records are kept relating to child protection concerns. These will be recorded on the Safeguarding Report Form and Safeguarding Activity Sheets (see Appendix 2 & 3). In accordance with Womankind's confidentiality policy, any records relating to child protection matters or accidents to children will be stored securely and safely and kept in the safeguarding file, in a locked filing cabinet in Womankind's central office. This will include any reported incidents, consultations and communications with other professionals, telephone calls, written correspondence, action taken and decisions reached.

7. Record keeping

Remember the purpose of recording is to evidence how we are protecting children, the action we are taking and to record exactly what we've been told, or what we have seen. Recording should include:

- **Date, time, location** – include this information so that if necessary it can be cross referenced with other recording. It may also help us to build a picture over time of concerns.
- **Factual** – List what has happened, with a clear order to the events. This may include what you have seen, heard or been told.
- **Separate opinion and judgement** – It is understandable that you may have formed an opinion about the situation. However, you need to be very clear when you are stating your opinion, and how it is you have arrived at it.
- **Actioned** – It is very important for all those involved and for good practice to show what action Womankind has taken and will be taking. A record can be a live document and actions can be added to as new information or responses arise.

8. Retention of records: guidance on retention periods

Type of Record	Retention
Child welfare concerns that your organisation refers on to children's social care or the police. Eg. concerns about physical, sexual, emotional or neglect of a child; disclosures from a child about being abused or information from a third party which might suggest a child is being abused; concerns about a parent or another adult that uses your organisation, or a young person who has been abused by another young person.	The referral should be acknowledged in writing by children's social care and Womankind keeps this on file. Records should be kept for 6 years after the last contact with the service user unless any of the exemptions apply (listed below*) or if Womankind is required to comply with any other statutory requirements.
Child welfare concerns that your organisation decide, after consultation, do not necessitate a referral to children's social care or the police. In such circumstances the organisation should make a record of the concern and the outcome. For example, where a child has been bullied, overly pushy parents or a very distressed child where the distress is unrelated to child abuse.	Destroy the record a year after the child/adult concerned ceases to use the service unless the child or adult are continuing to use Womankind.
Concerns about people (paid and unpaid) who work with children and young people, for example, allegations, convictions, disciplinary action, inappropriate behaviour towards children and young people. For example, where an employee has breached the code of conduct, a record of the	Personnel files and training records (including disciplinary records and working time records) - retain for 6 years after employment ceases. However, the records should be retained for a longer period if any of the following apply: • There were concerns about the behaviour of an adult who was

behaviour, the action taken and outcome should be recorded.	<p>working with children where s/he behaved in a way that has harmed, or may have harmed, a child;</p> <ul style="list-style-type: none"> • The adult possibly committed a criminal offence against, or related to, a child; • The adult behaved towards a child in a way that indicates s/he is unsuitable to work with children <p>In such circumstances records should be retained at least until the adult reaches normal retirement age, or for 10 years if that is longer.</p>
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***Exceptions to the 6 year period will occur when records:**

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

When records are being kept for more than the 6-year period, files need to be clearly marked and the reasons for the extension period clearly identified.

Reference:

Guidance on records retention and storage (England and Wales) NSPCC 2007

9. Support for staff and volunteers

As a result of reporting your concerns, you may find that the person who gave you the information is upset or angry. Womankind will support staff through regular support and supervision in accordance with professional standards. If Children's Services need further information from you, your line manager will talk with you and them about how this will happen.

10. Allegations of abuse made against staff, volunteers or trustees

Should a worker or a volunteer with Womankind, be the subject of allegations of any form of child abuse, the referral procedures above will be followed. Womankind will ensure that the appropriate authorities are given all assistance in pursuing an investigation, and the disciplinary procedure may be implemented.

If it appears that a staff member 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 towards a child or children in a way that indicates they may pose a risk of harm to children, then the procedures outlined in this policy must be followed:
- If the information you have regarding risk to a child relates to abuse by a member of Womankind you should immediately inform the Director in the first instance, or if the allegation concerns the Director you should speak directly to the Chair of the Board of Trustees.
- The Director and the Chair of the Board of Trustees will immediately inform the individual concerned that they are suspended from duties pending investigation. This is not an assumption of guilt, but serves to allow the appropriate investigation to take place and protects the member of staff or volunteer from further allegations.

When a report has been made, 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 appears to have been harmed or 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 staff member and a child or there may be no foundation in the allegation at all. However, all allegations will be taken seriously and considered objectively and dealt with in a timely manner.

Additionally, these procedures may be used:

- where an allegation might indicate a person would pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity,
- if there are concerns about the person's behaviour towards their own children, or
- there are safeguarding concerns connected to the individual about children unrelated to their employment or voluntary work, and there has been a recommendation from a strategy discussion that consideration should be given to the risk posed to children they work with, or,
- when an allegation is made about abuse that took place some time ago and the accused person may still be working with or having contact with children.

Every local authority has an identified Local Authority Designated Officer (LADO) who has responsibility for:

- managing and overseeing individual allegations from across the children's workforce,
- providing advice and guidance to senior managers and employers etc.,
- liaising with social care, police, Crown Prosecution Service and other relevant agencies,
- monitoring progress of all cases to ensure they are dealt with in accordance with recommended timescales, as set out in these procedures,
- co-ordinating and collating reports to provide information to the LSCB and DfE.

The LADO should be informed of all allegations **immediately**. They will provide expert advice and guidance in the management of the above issues.

When an allegation is made it should be a clear priority to resolve the matter as quickly as possible for the benefit of all concerned.

11. Recruitment of staff and volunteers

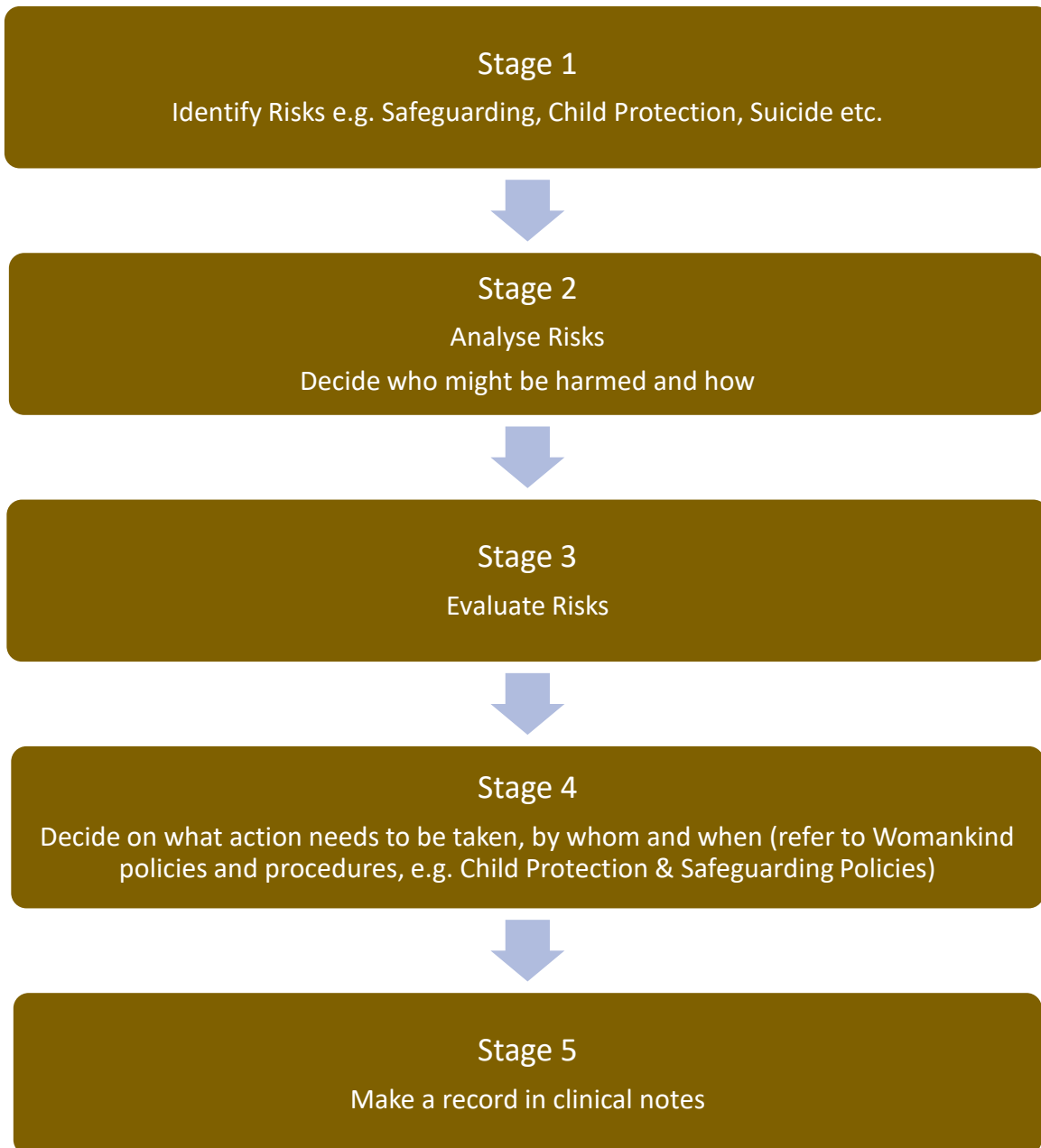
Womankind will ensure a safe recruitment process and that all staff, volunteers and Trustees with direct contact (face to face) with clients will have enhanced Disclosure Barring Service (DBS) checks and are precluded from involvement in the organisation as appropriate (see separate DBS Policy).

Approved by Management Committee: 12.07.2021

Due for review: July 2023

Appendix 1

Womankind Risk Management Flow Chart



Appendix 2

Womankind Safeguarding Report Form – to be filled out by the person disclosed to.

Date of disclosure	
Location of disclosure	
Name of volunteer/worker who disclosure was made to	
Details of disclosure/ concern. (please see guidance below)	
Date of discussion with the line manager	
Action taken, including explanation of how decision was reached	
Name, address and date of birth of service user involved	
Time and date of this report	
Name, role and signature of person who filled in the report	

Appendix 3

Womankind Safeguarding Activity Log Sheet

Date	
Name & role of worker/volunteer involved in the safeguarding concern	
Name, address and date of birth of service user involved	
Details. This will include any reported incidents, consultations and communications with other professionals, telephone calls and written correspondence.	
Action taken, including explanation of how decision was reached and who was involved in the decision making	
Any recommendations for further action	
Review date (if needed)	
Name, role and signature of person who filled in the activity log	

WOMANKIND, Bristol Women's Therapy Centre

SAFEGUARDING ADULTS POLICY

1. Womankind, Bristol Women's Therapy Centre is committed to ensuring that adults who use our service are not exploited or abused and that working practices minimise the risk of abuse /protect service users from existing or further abuse.

Safeguarding is a specific activity that is undertaken to protect adults at risk and to keep them safe. We are committed to practice in a way that protects them and recognises that all adults, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse.

This policy sets out:

- To prevent harm and reduce the risk of abuse and neglect to adults who have support needs (whether or not those needs are currently being met).
- To safeguard individuals who receive Womankind's services in a way that supports them to make choices and have control over how they live their lives.
- To provide staff and volunteers with the overarching principles that guide our approach to adults at risk.

An adult at risk is an individual aged 18 and over who:

- Has needs for care and support, and
- Is experiencing, or is at risk of, abuse or neglect and
- As a result of those care and support needs, is unable to protect themselves .

Staff and volunteers should be able to recognise abuse and, through the use of this policy, know the appropriate steps that should be taken if abuse is suspected or known about. Training will be made available to support staff and volunteers. The term "abuse" is defined in section 2.

If abuse is reported to a worker or if staff suspect abuse, Womankind will take steps to ensure that no service user remains in an unsafe or unsupported situation.

The policy potentially refers to any Womankind service user, as it applies to any adult who has needs for care and support (whether or not the local authority is/statutory services are meeting any of those needs), and is experiencing, or is 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.

There is a separate *Safeguarding Children Policy* dealing with issues of child abuse.

Womankind also has a separate *Whistleblowing Reporting Policy* which can be used where a member of staff or volunteer suspects that abuse is being perpetrated by another member of staff or volunteer, and they need to report this in confidence.

The operation of the Safeguarding Adults policy will be monitored and will be reviewed on a bi-annual basis by the Womankind Board of Trustees.

2. Types and patterns of abuse

This is not intended to be an exhaustive list, but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern. What constitutes abuse or neglect can take many forms and the circumstances of the individual case should always be considered.

PHYSICAL ABUSE– including hitting, slapping, burning, pushing, restraining, misuse of medication or inappropriate physical sanctions.

DOMESTIC ABUSE – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. In 2013 the Home office defined domestic abuse as: ‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial; emotional. Family members are defined as: mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.’

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, sexual exploitation and 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 – 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.

FEMALE GENITAL MUTILATION - which is an offence under the Female Genital Mutilation Act (2003).

FABRICATED ILLNESS

FORCED MARRIAGE - is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an *arranged* marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process. In this case action will be co-ordinated with the police and other relevant organisations.

The police must always be contacted in such cases as urgent action may need to be taken.

DISCRIMINATORY ABUSE – including forms of harassment, slurs or similar treatment; because of race, gender 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, for example, or in relation to care provided in one’s own home.

This may range from one off incidents to on-going 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 including behaviour such as hoarding). Self-neglect does not come under the safeguarding adults process. However, action should still be taken as part of our support role to help a service user address any issues of self neglect, involving statutory services where appropriate.

Patterns of abuse

- Serial abuse – seeking out and 'grooming' individuals
- Long term abuse – in the context of ongoing family relationships, e.g. domestic abuse or persistent psychological abuse
- Opportunistic
- Reaction to provocation or perceived provocation

Contributory factors may include :

- Carers or staff being overworked, stressed or attempting to cope with limited resources
- Poor training, management or supervision

Abuse can take place in any setting including;

- At home or in the home of a family friend or family member
- In a public place
- In a care setting such as a hospital, residential/nursing home or day service

Abuse is more likely to take place and continue in settings where people are isolated.

There are a number of possible indicators of abuse for example;

- Frequent minor injuries or bruising
- Depression
- Neglected appearance/poor hygiene
- Weight loss
- Change in eating pattern/loss of appetite
- Excessive passivity
- Fearfulness

(this is not an exhaustive list)

Womankind will:

1. Ensure that all staff and volunteers working directly (one to one) with service users have enhanced Disclosure Barring Service checks (DBS) prior to engaging in any work with the organisation and are precluded from involvement in the organisation as appropriate.
2. Provide clear and detailed procedures on decision making, accountability and recording of adult at risk safeguarding situations.
3. Provide thorough and effective training to staff on adult at risk policies and procedures.
4. Appoint a member of staff as Designated Safeguarding Lead and other key members of staff as Safeguarding Advisors.

5. Provide regular and consistent supervision and support to all staff and volunteers who are responsible for the safety and welfare of clients, and will ensure that all supervision offered within the organisation will enable staff to maintain extreme vigilance for indications of abuse.
6. Ensure that all staff are supported through any necessary safeguarding procedures.
7. Ensure that the organisation is able to learn from specific adult at risk situations and review policy and procedures as a result as necessary.
8. Maintain current knowledge of adult at risk safeguarding procedures.
9. Ensure that all staff attend appropriate training as required by the organisation.
10. Recruiting staff safely, ensuring all necessary checks are made.

Staff and volunteers will seek to keep adults at risk safe by:

- Valuing, listening to and respecting them.
- Adopting adult at risk safeguarding practices through procedures and a code of conduct for staff.
- Providing effective management for staff through support and supervision.
- Ensuring all staff receive training which is updated every 2 years.
- Sharing information about adult at risk safeguarding and good practice with staff, volunteers, trustees and other professionals who work with the organisation.
- Sharing concerns and relevant information as necessary with agencies that need to know.
- Attending all appropriate training as required by the organisation.

Role Description: Safeguarding Lead: CEO of Womankind

Responsible for:

Being the main contact within Womankind in relation to Adult and Child Safeguarding and responding to all enquiries from external parties including Children and Young People's Service and Adult Safeguarding Service.

- Available for Womankind staff in absence of their line manager to discuss safeguarding concerns.
- Monitoring communication from C&YPS and adult safeguarding through secure email and disseminating internally as required.
- Overseeing, maintaining and updating Womankind's Safeguarding activity log sheets of current cases with a safeguarding dimension.
- Discussing safeguarding with safeguarding advisors; Terry Jones (Womankind Trustee) and the designated Bristol or South Gloucestershire Council Safeguarding Lead.
- Co-ordinating use of bi-weekly Womankind Team meeting for review of cases where Safeguarding issues indicated.
- Co-ordination Womankind's in-house Safeguarding Training and Induction Programme.
- Ensuring that Policies and Procedures relating to Safeguarding are up-to-date and reflect best practice and current guidelines.
- Ensuring that safeguarding policy is reviewed annually.

Not responsible for:

- Making all necessary safeguarding referrals.

Arrangements during absence:

- Staff and volunteers are informed that the Clinical Manager and the Volunteer Service Co-ordinators are the named members of the Womankind Team during the absence period of the Womankind CEO.

Womankind offers core services in which issues of confidentiality and adult safeguarding must be addressed. (See Information Sharing and Confidentiality Policy and Procedures). These include the

telephone helpline, the befriending service and the clinical services which include individual therapy and counselling and psychotherapy groups.

3. PROCEDURES

General Procedure

The Designated Adult at Risk Safeguarding Lead for Womankind is the CEO.

No individual staff member will be expected to make a decision regarding the safeguarding of Adults at risk alone. No staff member should make a referral regarding an adult who may be at risk, or break confidentiality without the agreement of the line manager or the Safeguarding Lead.

Confidentiality in this respect refers to the requirement not to share anything about a service user without their consent to anyone outside of Womankind. It is vital that information is shared within the organisation so that the safest decisions are made. It is vital that the actions and thoughts of those involved are recorded to show due process was adhered to.

Maintaining the confidentiality of those who use Womankind is a vital part of the ethos of the organisation and generally, this can be assured. Vulnerable adults can be reassured that no information can be disclosed without their consent, unless related to a significant risk to their life, the lives of others or the welfare of a child.

Consent must be “informed” – the person giving consent needs to understand:

why information needs to be shared;

who will see their information;

the purpose to which it will be put ;

and the implications of sharing that information.

An assessment of an adult at risk’s capacity to understand why information needs to be shared may say that they do not have the “capacity” to understand or make decisions about information sharing. They cannot therefore give “informed” consent.

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

The line manager will always inform the Safeguarding Lead within 24 hours of the discussions which have taken place.

A Safeguarding log sheet will be filled in to record any discussions or actions taken.

Referral Procedure

The following procedures should be followed:

If a staff member or volunteer suspects that an adult at risk is being abused or at risk of being abused, they must report the matter to their line manager or the Safeguarding Lead within 24 hours in order that a discussion can take place.

The line manager or Safeguarding Lead will, if possible, ensure a discussion with the client takes place to explain what the Safeguarding process will be.

All concerns should be written up comprehensively, in a timely manner, and in as much detail as possible – using factual information only, providing a clear list of events and using the person’s own words where possible. Be clear when stating your own opinion e.g. “in my opinion Helen looked...”

All notes should be dated and signed by the person completing them and stored safely in the client’s case file.

If there is no consent from the service user to make a referral, the line manager in consultation with the Safeguarding Lead will make a decision about whether confidentiality will need to be broken and a referral made.

If it is decided that a formal referral is necessary, the staff member will contact the designated Helpdesk/safeguarding team (see **Appendix 1**) and pass on the information which is relevant and necessary to the Safeguarding concern. The local authority does not have a duty to investigate allegations of adult abuse, as it does for child abuse. However it will have clear procedures for assessing and following up cases reported to.

Reassurance will be provided to the client through all stages of the process where possible, ensuring their wellbeing and informing them about the process.

The referral will be logged using a Safeguarding Log Sheet and completed by the staff member who made the referral.

The member of staff who made the referral will remain in contact with the agency they passed information to, to find out about the outcome of the referral.

The Safeguarding Lead will be informed of the outcome of the referral made and this will be communicated to the service user if they are still in contact.

Situations where no referral is possible may leave staff members and volunteers with uncomfortable feelings and these should be discussed in person with their line manager / the Safeguarding Lead and/or their Supervisor.

Allegations made against a member of staff or volunteer

If an allegation of abuse is made against a member of staff, the referral procedures above will be followed.

If the information you have regarding risk to an adult relates to abuse by a member of Womankind, you should immediately inform the Safeguarding Lead (CEO) in the first instance, or if the allegation concerns the CEO, you should speak directly to the Chair of the Board of Trustees.

The CEO and the Chair of the Board of Trustees will immediately inform the individual concerned that they are suspended from duties pending investigation. This is not an assumption of guilt, but serves to allow the appropriate investigation to take place and protects the member of staff from further allegations. Where there is shown to be a basis to the allegations, appropriate action will be taken in line with Womankind's Disciplinary and Grievance Procedures.

The appropriate Local Authority Designated Officer (LADO) will be informed on the outcome of the investigation.

Record Keeping

Records must be made of discussions, decisions and actions taken at all stages of the procedure, clearly indicating who was present. These will be kept on safeguarding activity log sheets, kept in a file in the locked filing cabinet in Womankind offices.

Approved by Management Committee: 12th July 2021

Due for review: July 2023

APPENDICES

- Appendix 1: Safeguarding Adults Contact Details and Information
- Appendix 2: Womankind Risk Management Flow Chart
- Appendix 3: Womankind Safeguarding Log Form

APPENDIX 1 Safeguarding Adults - Contact Details and Information

Bristol

Adult Duty Desk (Bristol Care Direct)

Telephone 0117 922 2700; Fax: 0117 9036688; Minicom; 0117 9036689

On-line referral form or printable copy of referral form:

<http://www.bristol.gov.uk/page/adult-care-and-health/report-suspected-abuse>

In an emergency outside office hours Emergency Duty Team: 01454 615 165.

The above webpage also includes:

Alerters and Reporters Guide (2010)

Safeguarding Flowchart

No secrets in Bristol – Policy and Procedure for Safeguarding Adults at Risk (2014)

Safeguarding Adults Information Sharing Protocol

Safeguarding Adults in Bristol: an easy read guide.

South Gloucestershire

Customer Service Desk - 01454 868007

Out of hours: Emergency Duty Team – 01454 615165

Safeguarding Adults Alert Form:

http://www.southglos.gov.uk/_Resources/Publications/CCH/07/0200/CCH-07-0065

Safeguarding Adults Alerter Guide (2011):

http://www.southglos.gov.uk/_Resources/Publications/CCH/09/0200/CCH-09-0046

North Somerset

Care Connect	01934 8888 01
Police - Safeguarding Coordination Unit	01823 363 666
Care Quality Commission (CQC)	03000 616 161

If you need to report the matter in the evening or at weekends call the North Somerset Emergency Duty Team on 01454 615165

Somerset

Sirona Health Care	01225 396000
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Bath and North East Somerset

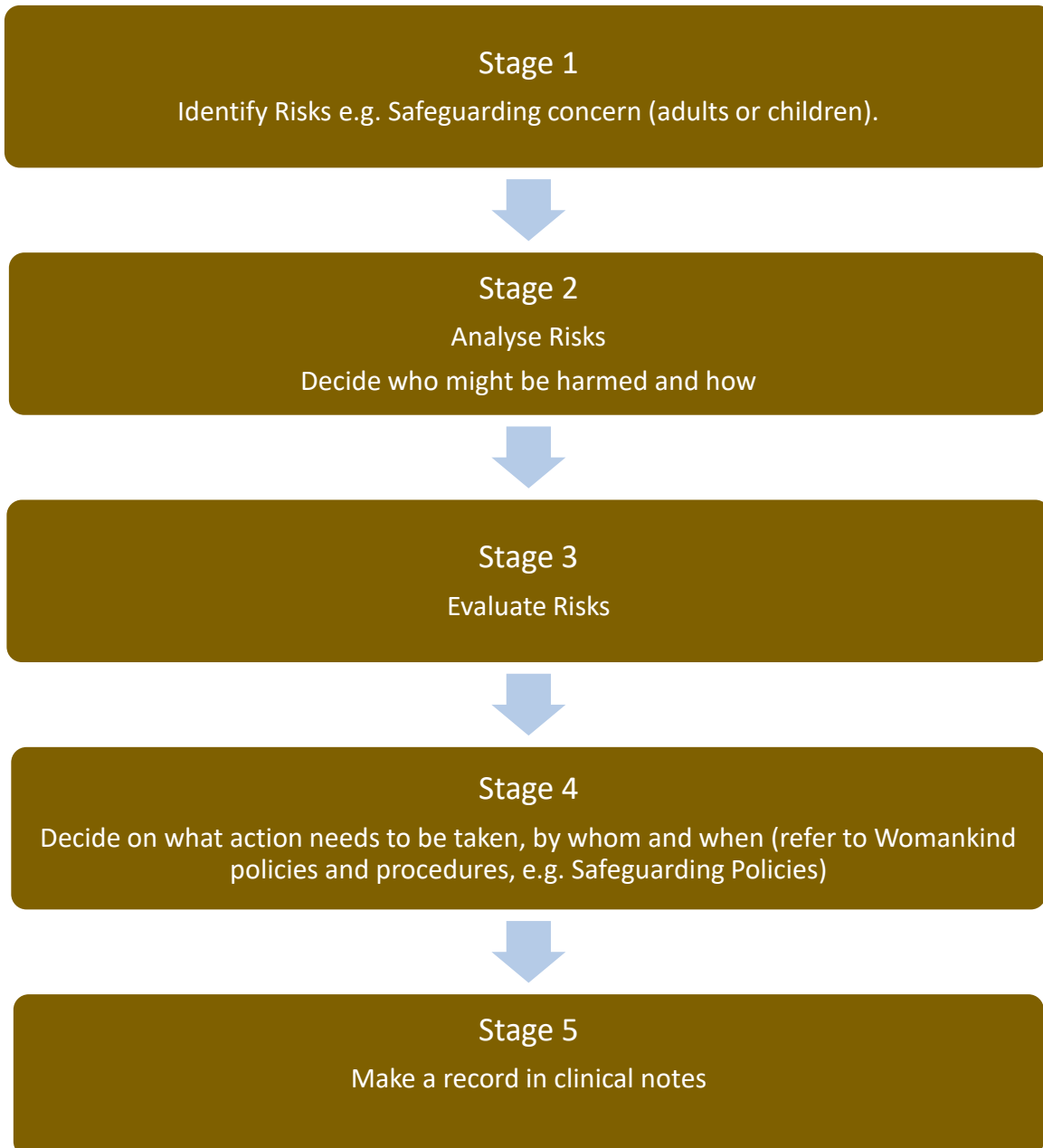
Virgin Care on **01225 396000** or out of hours: Emergency Duty Team – 01454 615165

Police

0345 456 7000 (in an emergency dial 999 or contact your local Police Station)

APPENDIX 2

Womankind Risk Management Flow Chart



APPENDIX 3

WOMANKIND Safeguarding Log Form

Reporting Concerns about an Adult at Risk

To be filled in by the person making the Adult at Risk Referral

Details of Adult at Risk

Name of Adult at Risk:	D.O.B:
Gender:	Age:
Ethnicity:	Language:
Additional Needs:	Physical disabilities / learning disabilities – please give details:
Name(s) and age(s) of any children that you are aware are living in the household:	Address:
Telephone number:	

Staff Member Details

Your name:	Your position:
Date and time of incident / disclosure & location (if applicable):	Date and time of discussion with Safeguarding Advisor / Safeguarding Lead:

Referral Information

Please provide details of the incident / disclosure / concerns you have, including dates, times and description of any injuries, whether information is first hand or the accounts of others, including any other relevant details:
The adult at risk's account / perspective:

Have you received consent from the adult at risk to make this referral? If not, please provide an explanation of how that decision was reached:
Details of action taken:

Follow-up

What has happened since referring to statutory services? Include the date and nature of the feedback from the referral, outcome and any relevant dates:
Are you happy with the outcome? Why or why not?
Details of any further steps taken to provide support to the adult at risk and any other agencies involved, please provide names and contact numbers for professionals:
Is any further action(s) required?

Name and position of staff member	Date and time	Signature

Name of Safeguarding Advisor / Safeguarding Lead	Date and time	Signature