

## CL5 - Safeguarding Children Policy

### 1. Policy Statement on Safeguarding

- a. Wellspring Therapy & Training provides counselling and training services to children and adults (including adults at risk). We recognise and believe that every child has a right to protection from abuse and have implemented these procedures to ensure the welfare and protection of any young person who accesses services provided. Safeguarding and protection for adults is dealt with in a separate Safeguarding Adults policy.
- b. Wellspring Therapy & Training recognises that many children and young people today are the victims of neglect, and physical, sexual and emotional abuse. Accordingly, Wellspring has adopted the policy contained in this document (hereafter 'the policy'). The policy sets out agreed guidelines relating to responding to allegations of abuse, including those made against staff and volunteers.
- c. Wellspring recognises the need to build constructive links with the child-care agencies. These guidelines have been prepared in accordance with the North Yorkshire Safeguarding Children Partnership Procedures. They will be kept under review and be supported by appropriate training.
- d. The policy applies to all staff and volunteers who act on behalf of the organisation and who come directly into contact with children. Every individual has a responsibility to inform the Safeguarding Lead or their deputy of concerns relating to safeguarding children.
- e. The Safeguarding Lead must decide if the concerns should be communicated to Children's Social Care or the police.
- f. Wellspring recognises that all people have a right to protection from abuse and takes seriously its responsibility to safeguard the welfare of all workers and people connected to the charity.
- g. The risks involved in lone working, which is inevitable in a therapeutic service, are addressed separately in Wellspring's Lone Working Policy.

### 2. Policy Principles

Wellspring's policy and procedures are based on the following principles:

- a. The welfare of children is everyone's responsibility, particularly when it comes to protecting them from abuse.
- b. The welfare of children is paramount and the primary concern
- c. All allegations of abuse, misconduct or neglect will be taken seriously by Wellspring and responded to swiftly and appropriately (within 1 working day)
- d. All personal data will be processed in accordance with the requirements of the Data Protection Act 1998.
- e. Confidentiality will be maintained within the limits of the contract Wellspring makes with clients. All safeguarding issues supersede normal confidentiality policy and procedures.
- f. No form of abuse is acceptable

### 3. Responsibilities

#### 3.1 Wellspring will:

- a. Promote the health and welfare of all clients by providing counselling in accordance with the ethical framework of the British Association of Counselling and Psychotherapy (BACP) and the Association of Christian Counsellors (ACC)
- b. Respect and promote the rights, wishes and feelings of all peoples in so far as is possible.
- c. Promote and implement appropriate procedures as set out in this policy to seek to safeguard the well-being of all people and protect them from abuse.

- d. Recruit, train, support and supervise its staff and volunteers to adopt best practice for the safeguarding and protection of children from abuse and to minimise risk to themselves.
- e. Respond to any allegations of misconduct or abuse of children in line with the Safeguarding policy and procedures outlined in this document as well as implementing, where appropriate, Wellspring's relevant internal disciplinary and appeals procedures as set out in Wellspring's Disciplinary Policy.
- f. Ensure staff and volunteers are aware of Wellspring's Safeguarding policy through induction and ongoing training opportunities

### 3.2 Responsibilities of employees and volunteers include:

- a. To be familiar with the Safeguarding policy and procedures
- b. To take appropriate action in line with Wellspring policies
- c. To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, resulting in dismissal

## 4. Additional Policies

There are a series of organisational policies, which in conjunction with this one, enforce the commitment of the organisation in the protection of CYP, these include:

- a. HR13 -Equality, Diversity and Inclusivity Policy
- b. WS3 - Risk Management Policy
- c. WS1 - Complaints Policy
- d. WS14- Whistle Blowing Policy
- e. CL4 – Confidentiality Policy
- f. HR14 – Grievance Policy
- g. HR8 - Lone Working Policy
- h. WS13 - Data Protection Policy
- i. HR1 - Recruitment and Selection Policy
- j. CL2 – CYP Client at risk of harm to self
- k. CL3 – Adult Client at risk of harm to self
- l. CL6 - Safeguarding Adults

## 5. Recruitment

Wellspring is committed to safe recruitment policies and practices for paid staff and volunteers. This includes:

- a. Appropriate DBS disclosures for staff and counselling volunteers, renewed every 3 years or annual checks with the update service,
- b. ensuring references are taken up,
- c. adequate training on Safeguarding children is provided for staff and volunteers.

## 6. Training

We ensure that staff are fully trained, appropriately supervised and monitored against good practice standards. Free Safeguarding training is available on-line and staff must access this and refresh it every year. Other training opportunities should be provided in response to any safeguarding trends or concerns highlighted.

## 7. Discipline

The organisation works within the current legal framework for reporting staff responsible for hurting or harming people in their care. Disciplinary procedures are closely followed. Staff must ensure they report any concerns immediately to the Designated Safeguarding Lead or deputies.

## 8. Multi Agency Working

Wellspring will work closely with other agencies to support the person at risk. This may also include working with relatives and advocates to achieve positive outcomes.

## 9. Definitions:

“Abuse is a violation of an individual’s human and civil rights by any other person or persons”

No Secrets: Department of Health, March 2000

### 9.1 Child/Young Person

Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

### 9.2 Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a person. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to the person in their care.

### 9.3 Emotional Abuse

- a. Emotional abuse is the persistent emotional ill treatment of a person such as to cause severe and persistent adverse effects on their emotional development.
- b. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- c. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another.
- d. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
- e. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### 9.4 Sexual Abuse

- a. Sexual abuse involves forcing or enticing a person to take part in sexual activities, whether or not they are aware of what is happening.
- b. The activities may involve physical contact, including penetrative (oral, anal or vaginal rape) or non-penetrative acts. They may include non-contact activities such as involving a person in looking at, or in

the production of, pornographic material or watching sexual activities, or encouraging them to behave in sexually inappropriate ways.

- c. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## 9.5 Ritual Abuse

- a. Ritual abuse refers to practices and patterns of harming behaviours through which persons or groups seek to exert power over others.
- b. It can involve extreme forms of physical, sexual, emotional, mental and spiritual abuse and is sometimes ceremonial.

## 9.6 Neglect

- a. Neglect is the persistent failure to meet a physical and/or psychological need, likely to result in the serious impairment of their health or development.
- b. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure appropriate medical care or treatment.
- c. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## 9.7 Domestic Abuse

- a. Domestic abuse describes a continuum of behaviour ranging from verbal abuse, through to threats and intimidation, manipulative behaviour, physical and sexual assault, to rape and even homicide.
- b. There is a frequent inter-relationship between domestic abuse and the abuse and neglect of children.
- c. Prolonged and/or regular exposure to domestic violence can have a serious impact on a child's development and emotional wellbeing, despite the best efforts of the victim parent to protect the child.
- d. Domestic Abuse can impact in the following ways:
  - i. It can pose a threat to an unborn child because assaults on pregnant women frequently involve punches or kicks to the abdomen.
  - ii. There is an adverse pregnancy outcome.
  - iii. Older children may also suffer physically during episodes of violence.
  - iv. Children may be greatly distressed and suffer significant emotional and mental harm by witnessing or hearing the suffering of another person.
  - v. The abuse suffered by adult victims can have a negative impact on their ability to look after their children.
  - vi. Small babies and children being held by the parent at the time of the assault can be injured or dropped.
  - vii. The negative impact is exacerbated when combined with alcohol/drug misuse. 80% of domestic violence involves alcohol and/or substance misuse.
  - viii. Children are drawn into the violence.
  - ix. Children are pressurised into concealing the assaults.
  - x. Exposure to parental conflict can lead to serious anxiety and distress in children.

## 9.8 Financial or Material Abuse

This may include theft, fraud or exploitation, exerting pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

## 9.9 Discrimination

This may include racist, sexist comments or behaviour, or negative or aggressive comments or behaviour based on a person's disability.

## 9.10 Modern slavery

Human trafficking and forced labour.

## 9.11 Organisational abuse

This is when there are inflexible systems and routines in place that stop people making their own choices about their lifestyle; not considering a person's dietary requirements; inappropriate ways of addressing people.

## 9.12 Self-neglect

This is also a form of abuse. This is when someone chooses not to look after themselves. It might include not eating, or refusing help for their health or care needs and this has a significant effect on their wellbeing.

## 9.13 Conclusion

Multiple forms of abuse may occur in an on-going relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, of negligence or of ignorance.

The list above is not an exhaustive list, but they are examples. Staff and volunteers are made aware that:

- a. It is important to remember that the presence of one or more indicators may not necessarily confirm abuse or neglect. A cluster of several signs and indicators may indicate a potential for abuse or neglect and identifies the need for further assessment of the situation.
- b. Abuse may be carried out deliberately or unknowingly.
- c. Abuse may be a single act or repeated acts.
- d. People who behave abusively may come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.

## 10. Named Person(s) for Safeguarding Children

- a. Wellspring's Designated Safeguarding Person/Lead. (Therapeutic Lead).
- b. The Deputy Safeguarding Persons.

All the above can help with any Safeguarding questions or concerns. Refer to Appendix 2 for contact details.

### 10.1 The roles and responsibilities of the named person(s) are:

- a. To ensure that all staff are aware of what they should do and who they should go to if they have concerns that someone they know or are working with may be experiencing, or has experienced, abuse or neglect.
- b. To ensure that concerns are acted on, clearly recorded and referred to the LA Children's Social Care team where appropriate.
- c. To follow up any referrals and ensure the issues have been addressed.
- d. To reinforce the need for confidentiality, data protection and to ensure that staff and volunteers are adhering to good practice regarding to confidentiality and security.
- e. To ensure that staff and volunteers working directly with clients who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision.
- f. To offer staff and volunteers information on local partnership working processes and appropriate contacts.

## 11. What you should do if you suspect abuse

### 11.1 Witnessing abuse or where abuse has just taken place.

The priorities will be:

- a. Call an ambulance if required.
- b. Call the police if a crime has been committed.
- c. Preserve evidence.
- d. Keep yourself, staff and clients safe.
- e. Inform the Designated Safeguarding Lead or Deputy as soon as possible.
- f. Record what happened immediately.

### 11.2 If you suspect a child is subject to, or witnessing abuse or if an adult discloses that they have abused a child:

- a. You must report concerns as soon as possible to the Designated Safeguarding Lead (or Deputy) and record the facts on a Concerns Notification Form (Appendix 3) or if appropriate create a Safeguarding record on Lamplight.
- b. If it is an emergency, and the designated persons cannot be contacted, then Children's Social Care or the police should be contacted at the numbers given below.
- c. If the suspicions or disclosure relate to any of the designated persons, then another designated person and Chair of Trustees or Children's Social Care should be contacted.
- d. Suspicions and disclosures should be kept confidential and discussed only with those directly involved in each case. Counsellors should discuss suspicions of abuse with their supervisor.
- e. If you feel that the designated persons have not responded appropriately to your concerns, you may contact Wellspring's Chair of Trustees. You must communicate your decision to do so to the designated person and record it on the Feedback and Further Action section on the Disclosure/Incident/Child and Vulnerable Adult Concerns Notification form.

N.B. Decision making in circumstances of domestic violence is very complex and Wellspring's response may be different depending on the specific circumstances. Normally one serious incident or several lesser incidents would indicate that Social Care should be contacted by the designated person.

### 11.3 If allegations of abuse are made by a child.

- a. The Staff Member<sup>1</sup> will:
  - i. Treat any allegations extremely seriously and act at all times towards the child as if you believe what they are saying.
  - ii. Assure the child that they are right to tell you.
  - iii. Reassure them that they are not to blame.
  - iv. Be honest about your own position, who you must tell and why.
  - v. Make a note immediately on the Concern Notification Form of what the child has said.
  - vi. Write down exact words, when they said it and what was happening immediately beforehand.
  - vii. Write down what was said in reply.
  - viii. Record dates and times of the events and when the record was made.
  - ix. Keep all notes secure. Counsellors' coded client notes will be stored as normal in a secure database/locked filing cabinet.
  - x. Report your discussion and concerns in writing or verbally as soon as possible to the Designated Safeguarding Person.
  - xi. Report your concerns to your supervisor.
- a. The Designated Safeguarding Person will:

- i. Decide on course of action required, in communication with partner agencies (see flow chart, Appendix 1), and the person receiving the disclosure.
- ii. Where necessary the Designated Safeguarding Person will refer the disclosure to Children's Social Care.
- iii. Contact the young person's Parents/carers (only if they are not implicated)
- iv. If it is thought there has been no deliberate harm inflicted by the parents, they should be advised to seek immediate medical attention for any injury to the child.
- v. Inform the child's GP, if known, of any suspicion of abuse.
- vi. Consider if it is safe for a child to return home to a potentially abusive situation. On a rare occasion it might be necessary to take immediate action to contact Children's Social Care and/or the police to discuss putting into effect safety measures for the child so that they do not return home.

Under no circumstances should the designated person, or any other member of Wellspring, attempt to carry out any investigation into the allegations or suspicions of sexual abuse. The role of the designated person is to collect the exact details of the allegations or suspicion and to provide this information to the child protection agencies.

#### 11.4 If allegations are made by an adult regarding the abuse of a child.

- a. The staff member will:
  - i. Complete a Concerns Notification Form making a note of what the client has said writing down exact words.
  - ii. Record when they said it and what was happening immediately beforehand.
  - iii. Write down what was said in reply.
  - iv. Record dates and times of the events and when the record was made.
  - v. Discuss the allegation as soon as possible with the designated person, considering the staff member or volunteer's assessment of the mental state of the person making the disclosure and any circumstances that might help Wellspring decide the level of concern.
  - vi. Complete coded client notes as normal, noting that a disclosure form has been submitted, and store as normal in a secure database/locked filing cabinet.
  - vii. Counsellors should discuss the allegation with their supervisor.
  
- a. The Designated Safeguarding Lead will:
  - i. If the level of concern is believed to be low, continue to monitor the situation by receiving verbal updates from the counsellor after each contact, recording them in the Feedback and Further Action section of the Disclosure/Incident/Child and Vulnerable Adult Concerns Notification form.
  - ii. If the level of concern is believed to be high, contact Children's Social Care to seek advice and direction.

#### 11.5 Wellspring Response

- a. Wellspring recognises that it has a duty to act on reports, or suspicions of abuse or neglect. All reports of abuse will be responded to as immediately as possible but within one working day:
- b. Life threatening reports will be responded to immediately.
- c. All other disclosures will be responded to within 24 hours.

#### 11.6 Summary - Responding to a disclosure.

- a. Reassure the person concerned.
- b. Listen to what they are saying.
- c. Record what you have been told/witnessed as soon as possible.

- d. Remain calm and do not show shock or disbelief.
- e. Tell them that the information will be treated seriously and explain the procedure.
- f. Don't promise to keep it a secret - an individual's wish cannot undermine the organisations legal duty to act.

## 12. Allegations Against Staff, Volunteers or Trustees

- a. Wellspring will ensure that any allegations made against members of staff, volunteers and trustees will be dealt with swiftly.
- b. Where a member of Wellspring is thought to have committed a criminal offence the police will be informed.
- c. If a crime has been witnessed the police should be contacted immediately.
- d. The safety of the individual(s) concerned is paramount and it should be ensured that they are safe and away from the person(s) who are the alleged perpetrators.
- e. The Safeguarding Person will liaise with the Children's Social Care team to discuss the best course of action and to ensure that the organisations Disciplinary Procedures are coordinated with any other enquiries taking place as part of the ongoing management of the allegation.
- f. Staff/Volunteers are encouraged to report any incidents of abuse taking place through the organisations' Whistle Blowing Policy.
- g. Staff who have concerns about any working practises making them more vulnerable to claims of abuse should raise this with their manager during supervision, ensuring their concerns are recorded and responded to.

## 13. Recording and Managing Confidential Information

Wellspring is committed to maintaining confidentiality wherever possible and information around Safeguarding Children and issues should be shared only with those who need to know. There may be occasions when confidentiality cannot be guaranteed. For further information, see Wellspring's Confidentiality Policy.

- a. All allegations/disclosures/concerns should be recorded in detail on the appropriate form (Appendix 3) or if appropriate on a Safeguarding work record in Lamplight database.
- b. The information should be factual and not based on opinions.
- c. Recording should clearly identify:
  - i. what the person tells you,
  - ii. what you have seen
  - iii. what any witnesses have seen,
  - iv. contact details of all witnesses accurately recorded.

The information that is recorded will be kept secure and will comply with data protection requirements.

## 14. Informing parents

- a. It is good practice to be open and honest at the outset with the parents/carers about concerns, and the need for a referral. All reasonable efforts should be made to inform parents/carers prior to discussing concerns with Children's Social Care; however, this should not be delayed if concerns cannot be discussed with the parents.
- b. Where the child expresses a wish for his or her parents not to be informed, their views should be taken seriously and a judgement made based on the child's age and understanding, as to whether the child's wishes should be followed (see [Gillick competence and Fraser guidelines | NSPCC Learning](#)).
- c. Although it is good practice to be as open and honest as possible with parents/carers about any concerns you must not discuss your concerns with parents/carers in the following circumstances:
  - i. delay in sharing relevant information with an appropriate person or authority would increase the risk of harm to the child or young person



- ii. asking for consent may increase the risk of harm to the child, young person, you or anyone else.

## 15. Consultation with Children's Social Care

- a. Where concerns have been highlighted to the Safeguarding Lead, they will contact the Customer Resolution Centre to discuss the concerns with Children's Social Care. Please see below for contact information.
- b. Wellspring staff and volunteers may also wish to consult with Children's Social Care in the following circumstances:
  - i. They have been unable to contact the Safeguarding Lead or their deputy and believe the child is at risk of harm
  - ii. When they remain unsure after internal consultation as to whether safeguarding concerns exist
  - iii. When there is disagreement as to whether safeguarding concerns exist, or
  - iv. When the concerns relate to Wellspring Management or staff.

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Social Services or the Police should progress.

## 16. Making a Referral to Children's Social Care

- a. To make a referral for assessment for support, Children's Social Care should be contacted in the first instance. This will usually be by the Designated Safeguarding Person or their deputy. The Customer Resolution Centre can be contacted through North Yorkshire Safeguarding Children Partnership by the following methods:

Information and online referral form: [NYSCP \(safeguardingchildren.co.uk\)](https://www.nyscp.org.uk/safeguardingchildren.co.uk)

By Phone: 0300 1312131

By email: [Children&families@northyorks.gov.uk](mailto:Children&families@northyorks.gov.uk) or  
[Children&families@northyorks.gcsx.gov.uk](mailto:Children&families@northyorks.gcsx.gov.uk)

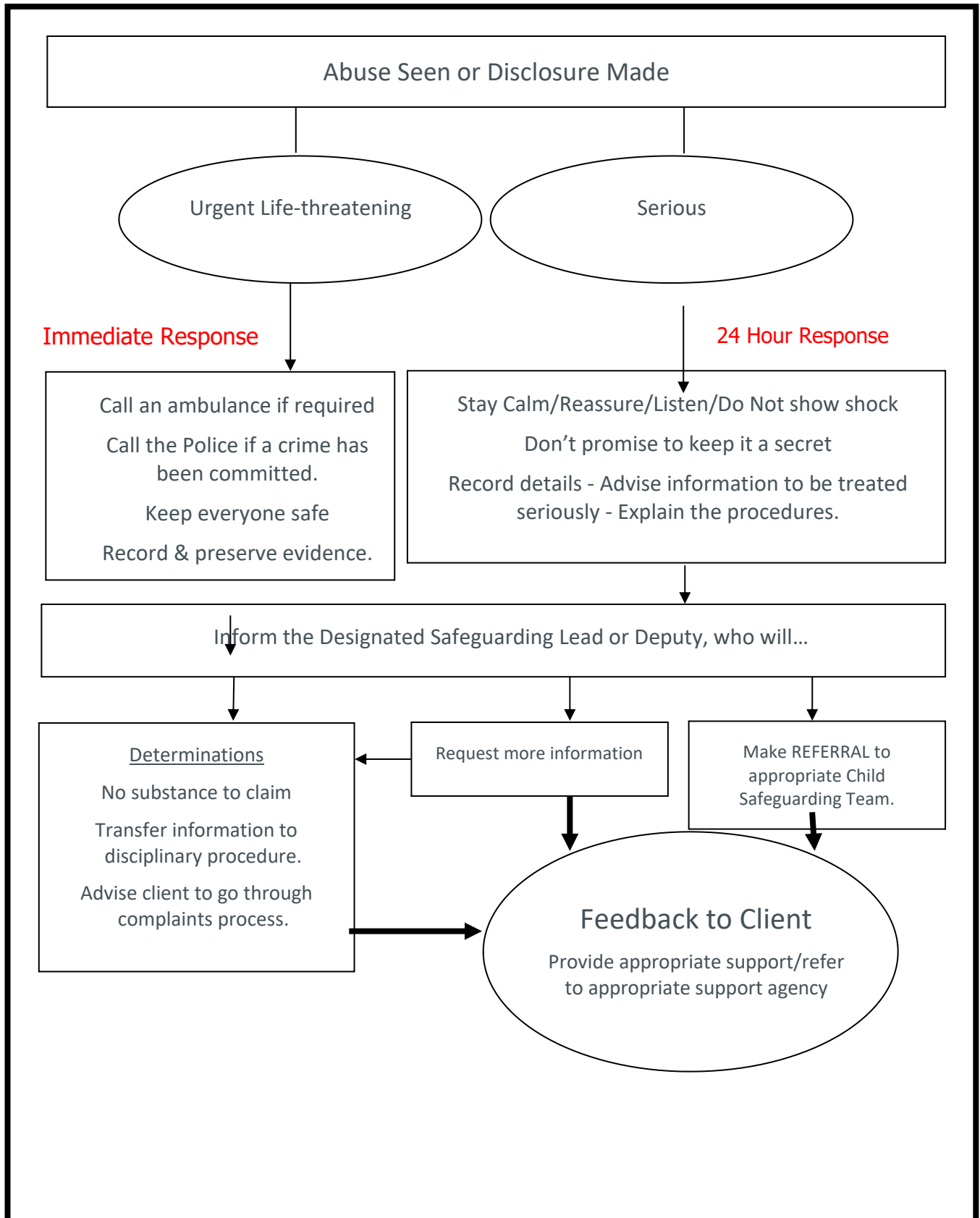
- b. Confirmation of Referral. A written confirmation of the referral must be completed and submitted within 24 hours. This will normally be completed by the Safeguarding Lead. Where possible use the "Universal Referral Form" to ensure that all relevant information is provided to ensure that the referral can be progressed as effectively as possible.
- c. When contacting Social Care staff should:
  - i. Clearly identify themselves, their agency/relationship with the child(ren) and family,
  - ii. Give details of where they can be contacted.
  - iii. Provide as much relevant family information as possible and, clearly stating the name of the child, the parents/carers and any other children known to be in the household, the dates of birth and addresses and any previous addresses known
  - iv. Provide details of any special needs or communication needs of either the child or any family member
  - v. State why they feel the child is suffering, or is likely to suffer, significant harm.
  - vi. Share their knowledge and involvement of the child(ren) and family
  - vii. Share their knowledge of any other agency involved
  - viii. Indicate the child's, parent's/carers knowledge of the referral and their expectations
  - ix. Ensure they record within Wellspring files the concerns and action taken

## 17. Policy Review and Dissemination

Wellspring regularly reviews its practice and policies. This policy will be reviewed regularly by Trustees in line with any changes in legislation or best practice.

Document Control & History – For internal use only.

## Appendix 1





Level of concern – Low/ Moderate / High (please circle)

Name of Designated Safeguarding Person notified

Date D.S.P. notified

For recording the disclosure of, or concerns regarding, any incident affecting a child or vulnerable adult

Detail of decision / action by person notified:

Reason(s) for this decision or action by person notified

Reviews between DSL and the person who raised this protection concern.

1. *Date:*

2. *Date:*

3. *Date:*