**Safeguarding Children and Adults Policy**

## Document information

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| Title | Safeguarding Children and Adults Policy |
| Reviewed by | Name: Jess Manley (Charity Director & Designated Lead for Safeguarding)Date: 30/10/2020 Signature: Name: Carrie-Ann Black (Lead Trustee for Safeguarding)Date: 04/12/20 Signature: |
| Approved by | Board of trusteesDate: 18.01.2021 |
| Date of next review | October 2021 |

## Definitions

|  |  |
| --- | --- |
| Charity | Blue Smile Registered address: 47-51 Norfolk Street, Cambridge CB1 2LDRegistered charity number: 1139279Registered company number: 7411348 |
| Children | There is no single law that defines the age of a child across the UK but a child is generally defined as anyone who has not yet reached their 18th birthday (16th in Scotland).  |
| Adult at risk | There is no single law that defines an adult at risk across the UK. In general terms, an adult at risk is a person over the age of 18 years (England) and:* has needs for care and support, and;
* is experiencing, or is at risk of, abuse and neglect and;
* as a result of those care needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
 |
| Staff | Means salaried employees, contractors and volunteers |

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# Policy Statement

Blue Smile is a charity dedicated to transforming the mental health and life chances of children across Cambridgeshire. We recognise that the welfare of all children, young people and adults at risk, is paramount and that *all* have equal rights of protection. We have a duty of care when they are in our charge and we will do everything we can to provide a safe and caring environment whilst they attend our activities.

When there are concerns about the welfare of any, child, young person or adult at risk, all responsible adults in our organisation are expected to share those concerns, in the first instance, without delay with the Designated Safeguarding Lead within the school relevant to the concern and then with Blue Smile’s Lead for Safeguarding or their Deputy. If the concern is not relevant to a particular school it should be shared with Blue Smile’s Designated Safeguarding Lead or their Deputy. If the concern is regarding Blue Smile’s Safeguarding Lead, it should be shared with the Chair of the Board of Trustees. Blue Smile’s Clinical Ethics and Safeguarding Advisory Group and the Board of Trustees regularly review safeguarding across the charity.

Our policy is approved by our board of trustees and will be reviewed and updated annually. We will publish and promote this policy to all staff, paid or unpaid, through induction, training and supervision. We endeavour to disseminate, as appropriate, this policy to all who come into contact with Blue Smile, e.g. children, young people, their parents/carers, adults at risk, and others such as partners and fundraisers. This is not a standalone policy and should be read in conjunction with Blue Smile’s other policies, particularly those referenced in this document.

Blue Smile’s clinical workers (including volunteers) should also use our Practice Standards as a regular reference guide and familiarise themselves with Cambridgeshire and Peterborough Safeguarding Children Partnership Board’s procedures.

Blue Smile holds current Public Liability Insurance which covers all our activities.

# Equal Opportunities Statement

We recognise that anyone can become subject to discrimination, harassment or victimisation because of:

* age
* race/colour
* culture
* disability
* gender
* sexual orientation
* gender reassignment
* marriage and civil partnerships
* religion or belief

Comments and actions that contribute to discrimination, harassment or victimisation are not acceptable and will be challenged. Such incidents will be recorded and shared with parents and carers, and the relevant agencies when necessary and appropriate.

We will:

* treat everyone with respect and celebrate their achievements
* carefully recruit and select all staff whether paid or unpaid
* respond to concerns and allegations appropriately

**(Please see our Equal Opportunities Policy BS49)**

# Lead and Deputy for Safeguarding

The responsibility of managing the safeguarding of children and adults at risk can be both demanding and challenging, and therefore must be appointed at managerial level to personnel who are available whenever operational, which includes cover for sickness and holidays.

**Blue Smile’s Lead for Safeguarding is: Jess Manley**

Contact details: Email: jess.manley@bluesmile.org.uk Phone: 01223 314725 OR 07887383934

**Our Deputy is: Anita Gatt**

Contact details: Email: anita.gatt@bluesmile.org.uk Phone: 01223 314725 OR 07810301212

**Our Lead trustee for safeguarding is: Carrie-Ann Black**

Contact details: Email: carrie-ann.black@bluesmileproject.org

Their role is to oversee and ensure that our safeguarding policy (including online safety/eSafety) is fully implemented. Each receive ongoing training relevant to their safeguarding responsibilities.

As our work is school based we ensure that we also have access to the Designated Safeguarding Lead/s within in each school.

# Why do we need a Safeguarding Policy?

All organisations that work or come into contact with children and/or adults at risk need to have safeguarding policies and procedures in place.

Government guidance is clear that all organisations working with children, young people, adults at risk, families, parents and carers have responsibilities for safeguarding. It is important to remember that children, young people and adults at risk can also abuse and that such incidents fall into the remit of this policy.

To undertake these responsibilities we:

* have senior managers and trustees committed to safeguarding
* are clear about people’s responsibilities and accountability
* have a culture of listening to children and adults at risk
* undertake safer recruitment practices for all staff and volunteers working with children
* have procedures for safeguarding children and adults at risk
* have procedures for dealing with allegations against, and concerns about any staff
* make sure staff, paid and unpaid, have mandatory inductions and further safeguarding training, supervision, reviews and support
* have agreements about working with other organisations and agencies
* ensure quick and appropriate action is taken where there is concern about the welfare of a child, young person or adult
* abide by ethical codes of conduct (Blue Smile is an organisational member of the British Association of Counselling and Psychotherapy – BACP)

Blue Smile will ensure that parents/carers are informed of the responsibility placed on Blue Smile staff and volunteers in relation to child protection and safeguarding by setting out safeguarding procedures on the website and informing carers/parents via consent forms and during initial meetings.

# Online/eSafety

## Why do we need to include Online Safety?

Recent advances of the internet, mobile phones and other electronic technology has made access to information and communication increasingly easy for everyone. This is especially so for those who cannot always go out to socialise and rely on websites for social networking, watching films, downloading music, buying lottery tickets, shopping etc. Government guidance is clear, that all organisations working with children, young people adults at risk, families, parents and carers have responsibilities. It is also important to remember, children, young people and adults at risk can also abuse and such incidents fall into the remit of this policy.

**(Please see our Online Safety Policy BS247)**

# Data Protection

We will treat any personal information by which an individual can be identified (i.e. name, address, email etc.) in accordance with the provisions of Data Protection Act 2018 (DPA 2018), and the General Data Protection Regulation (GDPR) and will not share information with any third party, except where required by law.

(**Please see our Data Protection Policy BS55 and our Cyber Security Policy BS266)**

# Confidentiality, Information Sharing and Record Keeping

We fully endorse the principal that the welfare of children, young people and adults at risk, override any obligations of confidence we may hold to others. No one working, or involved, with our organisation can promise absolute confidentiality. Individual cases will only be shared or discussed on a “need to know” basis. This policy is in line with government guidance about confidentiality.

The Data Protection Act 2018 and GDPR do not prohibit the collection or sharing of personal information, but rather provide a framework to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances the rights of the information subject (the individual whom the information is about) and the possible need to share information about them.

At all times when required, and especially where there is a safeguarding concern, we are committed to keeping records which are:

* recorded on a safeguarding concern form
* of sufficient details of child, young person or adult at risk to identify individual who is subject of concern and any significant others
* accurate and factual/based on fact, as a true record of:
	+ what has been monitored/observed
	+ what has been said and by whom
	+ what has given cause for concern
	+ what action has and/or will be taken including the reason for those actions
	+ the reason stated for no action being taken and by whom
* non judgmental
* timely within 24 hours
* signed and dated by the writer and co- signed by the Lead or Deputy for safeguarding
* stored safely and securely

Blue Smile co-operates with key agencies; providing written reports or attending meetings such as child protection conferences.

Occasionally Blue Smile receives a data access request and the decision to share the relevant written information, and with whom, will be undertaken by the Designated Lead for Safeguarding or their Deputy with approval from the Board of Trustees. Blue Smile workers/volunteers are made aware of our Subject/Data Access Request Guidelines.

**(Please see our Note-taking and Record Keeping Policy BS40 & our Confidentiality Policy BS42)**

# Safer Recruitment

Blue Smile is committed to safeguarding children and adults from harm from those in positions of trust through safer recruitment practices in line with the relevant legislation and guidance from government and regulatory authorities for recruiting all staff and volunteers.

**(Please see our Safer Recruitment Policy BS248)**

# Induction and Training

We have a clear induction and training strategy with clear job descriptions and responsibilities and all relevant procedures. All new staff, volunteers and trustees will receive induction training as soon as possible and sign/confirm in writing to record they have:

* received, read and understood Blue Smile’s Safeguarding Children and Adults Policy
* been given any relevant resources
* understood the commitment to safeguarding training

Clinical staff (including volunteers) will also confirm that they have received and understood Blue Smile’s Practice Standards and will abide by those standards. This is monitored and logged by Blue Smile.

All clinical staff must complete safeguarding training as soon after induction as possible and prior to working with children in ‘Blue Smile’ schools.

All trustees are also required to undertake regular safeguarding training. Blue Smile keeps a record of attendance at trainings to ensure staff keep up to date with our training requirements including ongoing refresher training.

When needed, staff will receive further safeguarding training, at the appropriate level, as soon as possible. We also agree probationary periods with clear goals and then provide regular supervision, reviews, appraisals or support.

Blue Smile provides in house safeguarding training annually as well updated safeguarding training from external providers every 2-3 years. Clinical staff are also expected to undertake the free online government training for [PREVENT/Channel](http://course.ncalt.com/Channel_General_Awareness/01/index.html) and [FGM](https://fgmelearning.co.uk/).

Where staff supervise others, their responsibilities are clearly set out in their role descriptions and they receive regular guidance to do this.

# Working Practices

## Consent

When consent is required for any, activity or intervention we will, unless it is an emergency, obtain consent from the individual if of sufficient age and or understanding. As we support children between the ages of 3 and 13 consent is always obtained from a parent/carer (and from Social services in the case of looked after children) before we start work with a child.

Where relevant, we will ensure we fulfil our obligations under Child Care Law in terms of parental responsibility and Mental Capacity Legislation on supporting were possible the individual's right to make their own decisions. Any decisions made should be the least restrictive and recorded.

## Lone and One to One Working

Blue Smile recognises that we have a duty of care to all staff and volunteers working for our organisation. Much of our work is one to one with children and we will ensure, so far as is reasonably practicable, that procedures are in place to protect both individuals from risks to their health and safety.

A risk assessment will always be undertaken to ensure:

* the activity provided is suitable for lone/one to one working,
* the worker has been recruited, trained and receives supervision to undertake this particular role
* the worker has full knowledge of any potential hazards and risks to which they might be exposed and knows what to do if something goes wrong
* that health and safety issues have been identified and recommendations followed
* safeguards are in place to promote safe working practice
* safeguards are in place in relation to strategies for emergency situations
* accurate and relevant written recording is maintained following any one to one activity, signed and dated

**Health & Safety and Risk Assessments**

Health and safety checklists and safeguarding risk assessments will be carried out at all building and venues used by our organisation or by the host's venue management, such as schools and specific management of risk assessments will be undertaken for individual children where required.

## Codes of Conduct

We aim to provide a safe environment free from discrimination, upholding and promoting equality, diversity and inclusion. We undertake to:

* treat all children and young people and adults at risk with respect and dignity
* ensure that their welfare and safety is paramount at all times
* maintain professional boundaries both face to face and when using technology
* only use physical contact/touch if absolutely necessary, within relevant guidelines, in a safe and appropriate manner **(Please see our Touch Policy BS41)**
* always listen to individuals and take account of their wishes and feelings
* always act in a professional way and not accept bullying, swearing or other disruptive behaviour **(Please see our Anti-Bullying and Harassment Policy BS246)**
* liaise openly with parents and carers
* listen to, and act upon, any disclosures allegations, or concerns of abuse
* participate in approved safeguarding training at appropriate levels
* ensure that restraint is only used as an emergency action to protect from harm. All use of restraint will be reported and recorded by the member of staff concerned to the Designated Safeguarding Lead within the relevant school and to Blue Smile’s Lead or Deputy Lead for safeguarding
* follow our safeguarding policy at all times
* make activities fun and enjoyable

**Blue Smile’s clinical workers must also confirm in writing that they have read, understood and will abide by Blue Smile’s clinical Practice Standards.**

# Recognising Abuse in Children and Adults at Risk

## Child Abuse

There are four main categories of child abuse:

• physical

• sexual

• emotional

• neglect

**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 or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Sexual abuse** involves someone forcing or enticing a child to take part in sexual activities. This may not necessarily involve a high level of violence and the child may or may not be aware of what is happening.

The activities may involve:

* physical contact, including assault by penetration or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
* non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including online).

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

**Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s health and emotional development.

Emotional abuse may involve:

* conveying to a child they are worthless or unloved, inadequate, or valued only because they meet the needs of another person
* not giving the child the opportunities to express their views, deliberately silencing them or ridiculing what they say or how they communicate
* age or developmentally inappropriate expectations being imposed on the child
* rejecting or ignoring a child completely
* using degrading language or behaviours towards them
* preventing the child from participating in normal social interaction or imposed interactions that are beyond a child’s developmental capacity
* overprotection and limitation of exploration and learning
* seeing or hearing the ill treatment or serious bullying (including cyberbullying) of another
* causing children to feel frequently frightened or in danger
* the exploitation or corruption of children.

Emotional abuse also includes radicalising a child or young person who may be subsequently drawn into terrorist-related activity. Young people may also experience emotional abuse through their peers. Peer-on- peer abuse can be face-to-face or online, by an individual or by a group.

**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. Once a child is born, neglect may involve a parent or carer failing to:

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

Although there are 4 main categories of abuse, many forms of abuse are recognised.

The following list is for guidance only.

* Alcohol and substance misuse
* County Lines
* Concealed pregnancy
* Discriminatory
* Domestic violence, including "honour" based violence
* Emotional
* Exploitive use of technology
* Female Genital Mutilation (FGM)
* Financial or material abuse
* Gambling
* Hate and "mate" crime
* Misuse of technology
* Modern slavery
* Neglect and acts of omission
* Organisational or institutional
* Psychological
* Physical
* Radicalisation
* Self-neglect
* Sexual
* Sexual Exploitation
* Spiritual abuse
* Trafficking

Child abuse can and does happen to children from any background, culture, class, ethnicity or faith. It is important that people working with children know how to spot abuse (physical and behavioural) and know what to do if they have concerns.

## Adult Abuse

In the course of our work in schools, Blue Smile staff may encounter adults who might seem vulnerable or at risk. It is important that we recognise our ethical duty to safeguard those adults and we should be alert to suspicion of harm and abuse and alert to the signs and symptoms, which may include concerns or allegations of abuse or suspicions of ill treatment**.** Any safeguarding concerns should be acted upon in line with Blue Smile’s procedures (please see the Action Pathways set out later in this policy).

**Types of Abuse and Neglect**

* Physical abuse
* Domestic violence or abuse
* Sexual abuse
* Psychological or emotional abuse
* Financial or material abuse
* Modern Slavery
* Neglect or acts of omission
* Discriminatory abuse
* Organisational or Institutional abuse
* Self-neglect or self-abuse

**Adult safeguarding concerns could also include**

* Suicidal ideation or high-risk self-harm
* Depression or severe post-natal depression
* Serious mental illness such as psychosis
* Adults who disclose that they have harmed or are at risk of harming another person (child or adult)
* Honour-based violence or forced marriage
* High-risk substance misuse

Any concerns about radicalisation and extremist views or behaviours must also be reported as a safeguarding concern.

Where an adult seems vulnerable or at risk, there is also a need to consider the safety and welfare of any child for whom they have responsibility. If an adult discloses that they were abused as a child and a Blue Smile member of staff suspects that the perpetrator may continue to present a risk to children, this must be raised as a safeguarding concern.

Blue Smile staff must ensure that adults are made aware, from the outset of the work with them or their child, that information-sharing may need to take place between individuals and agencies in order to protect an adult at risk or others, or to investigate an alleged or suspected criminal offence.

If a Blue Smile member of staff becomes concerned about their own safety whilst working with an adult, they must inform their Team Leader or Clinical Operations Manager/Outreach Coordinator and the school’s Designated Safeguarding Lead of these concerns.

## Mental capacity

Blue Smile’s decisions around safeguarding of adults will be made in accordance with principles for

determining individual capacity and ability to consent as set out in the Mental Capacity Act 2005.

In thinking about reporting an adult potentially at risk of abuse or exploitation, the worker or volunteer should consider the ‘capacity’ of the adult concerned. Wherever possible, the Blue Smile member of staff should explain to the adult that they are concerned, and seek to empower the adult to take action themselves. There should be a discussion regarding the sharing of information and the reasons for this, and consent should be obtained if possible. The adult has a right to decide on actions concerning them, unless it is determined that they lack ‘capacity’.

When a person is deemed unable to make a decision because of an impairment or a disturbance of functioning of the mind or brain, every reasonable and practicable effort must still be made to encourage them to participate in decisions. If this is not possible, Blue Smile staff should consult with the school’s Designated Person for Safeguarding to ensure that actions are taken in that person’s best interests.

If an adult is deemed to have ‘capacity’, every effort must be made to work alongside them to consider the concern, and how and whether to report it. If they have capacity, but decline assistance, this limits reporting and any actions to address concerns, but they should be offered appropriate support.

An adult’s wish for continuing confidentiality should be respected, except when:

1. it is necessary for the prevention or detection of crime, to protect the public safety or to protect the rights and freedoms of others
2. actions need to be taken to protect self or others who could be at risk of significant harm
3. the adult lacks the capacity to make a decision or to give consent (according to the Principles set out in the Mental Capacity Act 2005)

# Handling Disclosures and Reporting Concerns

A safeguarding concern may come from a Blue Smile worker observing something out of the ordinary in an adult or a child’s physical appearance, behaviour, language and/or general manner.

A disclosure may come from someone telling you:

* they have or are being abused
* they have concerns about someone else
* they are themselves abusing or likely to abuse someone else
* they may be at risk of committing an offence or being injured

**When a disclosure is made by a child or adult at risk it is important to remember to:**

* LISTEN, without asking leading questions and take what you are being told seriously
* do not investigate
* stay calm and reassure them that they were right to tell someone, but make no other comments on what they have said or acted out
* remind them that you may have to share information with some other people and explain who you will need to speak to (e.g. Designated Safeguarding Lead within the school) in order to start putting appropriate help in place
* Blue Smile is committed to honouring autonomy and confidentiality and as such consent to share a disclosure should always be sought from the person themselves. However, where the level of risk calls for immediate action to protect from significant harm, Blue Smile staff may act in the best interest of the child and/or adult without their consent.
* cease audio recording immediately (if are you are recording sessions for your training)
* make a careful written record of anything you are told or observe: the account should be recorded and reported as soon as possible, on the same day of the concern. It should be factual, accurate and recorded, without personal opinion, on a Blue Smile Cause for Concern form, detailing the child or adult’s words or actions and their sequence. Where words are being paraphrased, this needs to be indicated. You should date and sign the cause for concern form (C4C) or the Safeguarding Adults Recording Form (SARF).
* do not delay in informing/seeking advice from the relevant person (e.g. Team leader and/or Designated Safeguarding Lead)

# Responding to Concerns

We ensure and emphasise that everyone in our organisation understand and know how to share any concerns immediately with the relevant Lead (or Deputy) for Safeguarding.

**If you are concerned that a child or adult at risk has been abused or is at risk of harm because:**

* you have seen something
* someone says they have been abused
* somebody else has told you they are concerned
* there has been an allegation against a colleague
* there has been an anonymous allegation
* an adult has disclosed that they were abused as a child
* a child, young person or adult say they are abusing someone else

**You must report your concern in line with the steps set out below:**

**Action pathway for Partner Schools:
What to do if there is a cause for concern – adult or child**

**Concerns about an adult’s wellbeing:**

**BS worker** gauges adult’s capacity according to the Mental Capacity Act 2005 in considering whether consent is needed to share a concern. If adult has capacity and does not give consent, confidentiality is respected and appropriate support given. If adult has capacity and gives consent, or if the adult lacks capacity and is deemed at risk, or if confidentiality is overridden because of risk of harm or crime, the BS Practitioner should support the adult through information sharing

**Blue Smile worker/volunteer** immediately reports the concern to **Team Leader (TL)**. Cause for concern (C4C or SARF) form is drafted with help from **Team Leader.** If (TL) is unavailable report to the **Deputy Team Leader (DTL).**

**Action pathway for Outreach Schools:
What to do if there is a cause for concern – adult or child**

**Disagreement with school over action required:**

Team Leader discusses with Charity Director/Clinical Operations Manager and Lead Trustee for Safeguarding.

**If the agreement remains unresolved and concerns persist:**

Local Safeguarding Board escalation procedure initiated by Charity Director and Safeguarding Trustee in consultation with Team Leader. This may require referral to the LADO (Local Authority Designated Officer for Child Protection)

Any art work or audio recording relevant to the concern should be stored in the safeguarding/child protection file in school also

Provide the Clinical Admin Assistant with the following so the C4C/SARF can be logged on Blue Smile’s central recording system:

Initials of child or adult at risk, initials of the Blue Smile practitioner who has raised the concern, date of concern, main theme of concern and whether any further follow up is required by Blue Smile

When concrete action has been taken and no further action is required, the TL finalises completion of the second page of the C4C/SARF and stores it in the secure Blue Smile Safeguarding/Child Protection file in school. Safeguarding and Child Protection documents should be returned to Blue Smile head office with the client file on completion of work

**Concerns that require further follow up by Blue Smile**: the **TL** monitors and records progress made by the school (and any external agencies) on the second page of the C4C/SARF form. While it is the responsibility of the school to respond to safeguarding concerns reported by Blue Smile, if **the Team Leader is concerned about progress in response to the C4C/SARF they must contact the Charity Director/Clinical Operations Manager immediately**

**TL** stores the Blue Smile C4C/SARF in the secure Blue Smile safeguarding/child protection file in school

**TL** informs the Charity Director and Clinical Admin Assistant of the C4C/SARF on the same day that it is recorded in school

It is the school’s responsibility to respond to safeguarding concerns reported by Blue Smile, taking action where required. The school’s safeguarding procedures should be followed alongside those of Blue Smile

**TL** (or DTL in their absence) immediately reports to the school’s **Designated Safeguarding Lead.** Together they decide on the course of action required.

**Concerns about an adult’s wellbeing:**

**BS worker** gauges adult’s capacity according to the Mental Capacity Act 2005 in considering whether consent is needed to share a concern. If adult has capacity and does not give consent, confidentiality is respected and appropriate support given. If adult has capacity and gives consent, or if the adult lacks capacity and is deemed at risk, or if confidentiality is overridden because of risk of harm or crime, the BS Practitioner should support adult through information sharing

**Blue Smile Outreach Worker** completes a Blue Smile cause for concern (C4C) or, if required, a Safeguarding Adults at Risk (SARF) form.

**Disagreements or Concerns**

When concrete action has been taken and no further action is required, the Team Leader finalises completion of the second page of the C4C/SARF and stores it in the secure Blue Smile safeguarding/child protection file in school. Safeguarding and Child Protection documents should be returned to Blue Smile head office with the client file on completion of work

**Concerns that require further follow up by Blue Smile:** the Outreach workermonitors and records progress made by the school (and any external agencies) on the second page of the C4C/SARF form. If the Outreach worker is concerned about progress in response to the C4C/SARF they must contact the Clinical Operations Manager/Outreach Coordinator immediately

Any art work relevant to the concern should be stored in the safeguarding/child protection file in school also

Provide the Clinical Admin Assistant with the following so the C4C/SARF can be logged on Blue Smile’s central recording system:

Initials of child or adult at risk, initials of the Blue Smile practitioner who has raised the concern, date of concern, main theme of concern and whether any further follow up is required by Blue Smile

**Outreach worker** stores the Blue Smile C4C/SARF in the secure Blue Smile safeguarding/child protection file in school

The Blue Smile Outreach worker informs the Clinical Operations Manager/Outreach coordinator and the Clinical Admin Assistant of the C4C/SARF on the same day that it is recorded in school.

It is the school’s responsibility to respond to safeguarding concerns reported by Blue Smile, taking action where required. The school’s safeguarding procedures should be followed alongside those of Blue Smile

The school’s safeguarding procedures are followed

**Disagreement with school over action required:**

Team Leader discusses with Charity Director/Clinical Operations Manager and Lead Trustee for Safeguarding.

**If the agreement remains unresolved and concerns persist:**

Local Safeguarding Board escalation procedure initiated by Charity Director and Safeguarding Trustee in consultation with Team Leader. This may require referral to the LADO (Local Authority Designated Officer for Child Protection)

Outreach worker immediately reports to school’s **Designated Safeguarding Lead (DSL). Together they decide on the course of action required.**

In an emergency, for example when a child or young person is at imminent risk of significant harm and a Team Leader or Designated Safeguarding Lead is not immediately contactable, then another member of the school’s senior leadership team should be contacted, such as the head-teacher or deputy as well as Blue Smile’s Designated Safeguarding Lead, Deputy or Lead Trustee for Safeguarding. If they are not available then the local child safeguarding services or the Multi Agency Safeguarding Hub (MASH) should be contacted (details below).

If an adult seems to be at risk of imminent danger and it is not possible to contact an appropriate person in the school in which you are working or within Blue Smile, then adult safeguarding services and/or the police should be contacted (details below).

The Team Leader, and relevant Designated Person(s) should be informed of the action taken at the earliest opportunity.

While Team Leaders and Outreach Therapists consult with schools’ Designated Safeguarding leads to ensure concerns are handled in the child’s best interests, occasionally additional Blue Smile input may be required. If, at any stage, there is a disagreement or concern about a safeguarding case, the Team Leader/Outreach Therapist must consult the Charity Director or Clinical Operations Manager immediately.

Blue Smile reserves the right to make a referral to statutory agencies if the school is reluctant to do this, and if this is considered to be in the child or adult’s best interests. In such circumstances, there must be a discussion involving the Charity Director, Clinical Operations Manager and Lead Trustee for Safeguarding. Under government guidance, local areas now have multi-agency escalation/dispute resolution protocols. Blue Smile is required to use these protocols, if they are unable to resolve a disagreement with another agency with regards to safeguarding.

# Whistleblowing, Dealing with Complaints/Disciplinary & Grievance procedures

Blue Smile is committed to ensuring the highest standards of care, openness and accountability within the organisation and the welfare of all service users, workers, volunteers and trustees is of paramount importance.

Anyone has the right to report concerns about another worker, volunteer, trustee or committee member in confidence and Blue Smile will ensure that all workers and volunteers feel able to report what they feel is poor or unsafe practice and know that such concerns will be addressed sensitively and effectively in accordance with Blue Smile’s Whistleblowing Policy.

Whistleblowing is when someone raises a concern about a person or practice within the organisation, which will affect others in an illegal and or harmful way.

Our organisation promotes the sharing of any concerns regarding the safeguarding of children and adults at risk as soon as possible with the Lead or Deputy for Safeguarding.

If individuals reporting their concerns within our organisation do not feel they have been acted upon then we support their right to report these concerns to the Board of Trustees, social care services, the police, and/or the relevant Regulatory Authority.

Our policies around allegations, complaints, disciplinary and grievance procedures are in line with statutory guidance and are available to everyone.

Media enquiries will be handled by the Charity Director.

**(Please see our Whistleblowing and Raising Concerns Policy BS50, our Disciplinary and Grievance Policy BS51 & our Publicity and Media Policy BS53)**

##

# Safeguarding services – Contact Details

If a worker is unable to follow Blue Smile’s Safeguarding procedures because the relevant people cannot be contacted, it is essential to seek advice from relevant safeguarding agencies.

**Cambridgeshire and Peterborough Safeguarding Partnership Board:**

## **Telephone contacts:**

## ****CAMBRIDGESHIRE****

Children’s Services: **0345 045 5203**

Adult Services: **0345 045 5202**

Emergency Duty Team (Out of Hours) **01733 234724**

## ****PETERBOROUGH****

Children’s Services: **01733 864180**

Adult Services: **01733 747474**

Emergency Duty Team (Out of Hours) **01733 234724**

Website: <https://www.safeguardingcambspeterborough.org.uk/concerned/>

Email: safeguardingboards@cambridgeshire.gov.uk

If the person is in immediate danger or needs medical treatment contact the police and/or call an ambulance on 999.

**Other sources of advice**

**LADO** (Local Authority Designated Officer) Unit - In cases of allegations against adults who work or volunteer with children:

**Telephone contacts:**

Cambridgeshire - 01223 727967

Peterborough - 01733 864038

Out of Hours Emergency Duty Team: Cambridge - 0345 0455203, Peterborough - 01733 864180

Website: https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/lado/

**Email:** LADO@cambridgeshire.gov.uk

 LADO@peterborough.gov.uk

**Prevent Duty Guidance:** https://www.gov.uk/government/publications/prevent-duty-guidance

**Safeguarding is central to all Blue Smile activities and our safeguarding policy and procedures need to be understood and followed by everyone working within Blue Smile. A copy of the policy and procedures should be kept for reference and each person working for Blue Smile is expected to confirm in writing (this can be via email) that** **they** **have read, understood and will abide by Blue Smile’s Safeguarding Children and adults policy and procedures.**