



## SAFEGUARDING CHILDREN AND ADULTS POLICY

### Document information

Title	Safeguarding Children and Adults Policy	
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Reviewed by	Anne Kent-Taylor Charity Director 	Carrie-Ann Black Lead Trustee for Safeguarding 
Approved by	Board of Trustees (pending)	
Date of next review	July 2024	

### Definitions

Charity	Blue Smile Registered address: 47-51 Norfolk Street, Cambridge CB1 2LD Registered charity number: 1139279 Registered company number: 7411348
Staff	Means salaried employees, contractors and volunteers
Related policies	Online Safety Policy Safer Recruitment Policy Blue Smile Practice Standards Blue Smile Employee Handbook Equal Opportunities Policy Note-taking and Record Keeping Policy Confidentiality Policy Data Protection Policy Allegations Against Staff Procedure Domestic Abuse Policy Code of Conduct (as relevant to role)

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## Policy statement

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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.

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. Blue Smile's Clinical & Ethics Group and the Board of Trustees regularly review safeguarding across the charity.

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.

## Aim of the policy

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

This document sets out the safeguarding arrangements to protect children, young people and vulnerable adults who access Blue Smile services or come into contact with the charity in other ways, as well as everyone at Blue Smile – whatever their role. The policy provides everyone at Blue Smile with the overarching principles that guide our approach to child protection and safeguarding of adults where needed.

The aims of this policy are:

- to help everyone at Blue Smile to protect and safeguard children and adults at risk of abuse or neglect
- to help everyone at Blue Smile recognise that safeguarding is everyone's responsibility
- to advise on what to do if there is a safeguarding concern
- to describe structures and responsibilities of the organisation
- to clarify roles and responsibilities in relation to safeguarding

## Legal framework

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This policy has been drawn up on the basis of law and guidance that seeks to protect children, young people and adults with safeguarding needs, namely:

- Keeping Children Safe in Education (2023)
- Children Act 1989 (Welfare of the child) and 2004 Interagency working together
- Childcare Act 2006
- Care Standards Act 2000
- Mental Capacity Act 2005

- Protections of Freedom Act 2012 (Disclosure and Barring and Vetting and Barring)
- Safeguarding Vulnerable Groups Act 2006
- United Nations Convention of the Rights of the Child 1991
- The Department of Health's "No Secrets" guidelines (2000)
- Working together to safeguard children (Latest revision March 2018)
- Human Rights Act 1998
- Equality Act 2010

The terms "abuse" and "neglect" are not defined in the legislation because no type of abuse should be excluded when we are safeguarding people. This means that emerging areas of concern, such as forced marriage, trafficking, FGM and the overuse of medication, can be included. However, as is indicated in this policy (Appendix 1) there is guidance about what constitutes abuse and harm.

## Who this policy applies to

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This policy applies to everyone at Blue Smile, and by this we mean senior managers, staff, self-employed therapists and volunteers, including trustees, as well as anyone working on behalf of, delivering a service for or representing Blue Smile.

Trustees have overall responsibility for safeguarding at Blue Smile; this is a key governance priority. Trustees must lead on proactively safeguarding and promoting the well-being and welfare of all our beneficiaries, everyone at Blue Smile and anyone who comes into contact with the charity.

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)

Everyone at Blue Smile must ensure they:

- Fully understand their role and responsibilities with regard to safeguarding
- Access appropriate training
- Work closely with managers to assess the risks arising from the obligations in this policy
- Take responsibility and act swiftly within the policy parameters to highlight any issues or concern
- Respect and protect an individual's human rights when they make individual decisions about them
- Do not discriminate against anyone because of their protected characteristics
- Follow the Blue Smile Safeguarding procedures

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.

## What does safeguarding mean?

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Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. This is fundamental to high-quality health and social care. Safeguarding is everybody's business, and everybody shares the responsibility at Blue Smile. Everyone at Blue Smile has an equal responsibility to act on any suspicion or disclosure that may suggest a child or vulnerable adult is at risk of harm or has already suffered harm.

The Charity Commission's guidance on safeguarding notes that 'safeguarding goes beyond preventing physical abuse, and includes protecting people from harm generally, including neglect, emotional abuse, exploitation, radicalisation, and the consequences of the misuse of personal data'.

Safeguarding also extends to being alert to the possibility of actual or potential signs of modern slavery or human trafficking.

The policy covers all children, young people and adults as follows:

- Children and young people under 18 years old
- Someone who is over 18 years old (from hereon in called 'an adult') who:
  - is, or may be, in need of community care (long term care provided in the community and/or in the home) by reasons of mental health or other disability, age or illness
  - is, or may be, unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Definitions of different types of abuse and harm are provided in Appendix 1.

## Online safety

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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. The policy and procedure that guides our approach to online safety is outlined in our Online Safety Policy (BS247).

## Safer recruitment

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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. This policy and procedure are covered in our Safer Recruitment Policy (BS248).

## Induction and training

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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

Trustees are required to undertake safeguarding training within six months of appointment.

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 relevant safeguarding training as soon after induction as possible and prior to working with children in 'Blue Smile' schools. All clinical staff access child protection training. In addition, School Clinical Leads undertake training in safeguarding vulnerable adults.

Blue Smile provides in house safeguarding updates annually. All clinical staff complete externally provided refresher training every two years, other than School Clinical Leads who receive higher level refresher training every three years. Clinical staff are also expected to undertake the free online government training for PREVENT/Channel and FGM every two years.

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. Safeguarding is a standing agenda item during management supervision for all those with clinical responsibilities.

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

Blue Smile keeps a record of attendance at trainings to ensure staff keep up to date with our training requirements including ongoing refresher training.

## Handling and reporting concerns

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A safeguarding concern may come from anyone at Blue Smile observing something out of the ordinary in an adult or a child's physical appearance, behaviour, language and/or general manner. It is important to understand that children may not feel ready or know how to tell someone they are being abused.

Blue Smile's Cause for Concern Procedure (BS313) outlines the procedure that must be followed when handling and reporting concerns, including considerations of confidentiality, information sharing and record keeping.

## Allegations against staff

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An allegation about anyone at Blue Smile, whether a staff member, self-employed therapist, or volunteer, including trustees, will be managed under the Allegations Against Staff Procedure (BS312). This includes both allegations against staff that may meet the harm threshold, and low-level concerns. Blue Smile reserves the right to share information about allegations made with the Local Area Designated Officer (LADO).

## Monitoring

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Safeguarding is monitored at a strategic level by the Clinical & Ethics Group and the Board of Trustees.

The Clinical & Ethics Group will receive termly reporting on the reporting of concerns, along with trends over time. The Board of Trustees will receive an annual report which reviews safeguarding across the charity.

As appropriate, Blue Smile will commission external reviews of its safeguarding practices.

## Key internal contacts

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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.

### **Designated Safeguarding Lead: Anne Kent-Taylor**

Contact details: Email: [anne.kent-taylor@bluesmile.org.uk](mailto:anne.kent-taylor@bluesmile.org.uk) Phone: 01223 314725/07341 237249

### **Deputy Designated Safeguarding Lead: Anita Gatt**

Contact details: Email: [anita.gatt@bluesmile.org.uk](mailto:anita.gatt@bluesmile.org.uk) Phone: 01223 314725/07341 237356

### **Lead trustee for Safeguarding: Carrie-Ann Black**

Contact details: Email: [carrie-ann.black@bluesmile.org.uk](mailto:carrie-ann.black@bluesmile.org.uk)

Their roles are to oversee and ensure that our Safeguarding Children and Adults Policy (including the Online Safety Policy) 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 Leads within each school.

## Key external contacts

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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.

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

### **Cambridgeshire and Peterborough Safeguarding Partnership Board**

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

Email: [safeguardingboards@cambridgeshire.gov.uk](mailto:safeguardingboards@cambridgeshire.gov.uk)

### **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

**Local Authority Designated Officer (LADO)**

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

**Cambridgeshire**

Telephone: 01223 727967

Emergency Duty Team (Out of hours): 0345 0455203

Email: LADO@cambridgeshire.gov.uk

**Peterborough**

Telephone: 01733 864038

Emergency Duty Team (Out of hours):01733 864180

Email: LADO@peterborough.gov.uk

**Prevent Duty Guidance**

<https://www.gov.uk/government/publications/prevent-duty-guidance>



## Appendix 1: Recognising Abuse in Children and Adults at Risk

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### 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 so called "honour" based violence) which can impact on children through seeing, hearing or experiencing the effects
- 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.

### Types of Abuse and Neglect

- Physical abuse
- Domestic violence or abuse, which can be psychological, physical, sexual, financial, or emotional
- 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 the School Clinical Lead or the Clinical Services Manager, 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 Safeguarding Lead 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)