



**Child Protection and Safeguarding Policy**

**November 2017**

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## **Child Protection and Safeguarding Policy**

### **Introduction**

Off The Record's (OTR) Confidentiality and Child Protection and Safeguarding Policies and Procedures reflect our commitment to provide a safe and confidential counselling service for vulnerable and 'at risk' clients, in accordance with professional counselling guidelines.

The counselling code of practice places a strong emphasis on offering respect, integrity and valuing of the client's autonomy. Counselling ethics demand that a counselling service offers sufficient confidentiality to enable a professional relationship based on trust to be established. Professional counselling ethics also recognize that there are circumstances in which confidentiality does need to be broken, and places a high value on procedures which clarify when and how confidentiality may be broken.

This policy has taken into serious consideration, and incorporates many aspects of, current legislation, government statutory guidance, and the BACP/British Association for Counselling and Psychotherapy's guidelines.

### **Our source materials include:**

Ethical Framework for Good Practice in Counselling and Psychotherapy July 2016 - BACP

Confidentiality, Counselling and the Law - BACP

Coram Children's Legal Centre

London Child Protection Procedures - London Child Protection Committee – October 2017

Working Together To Safeguard Children – March 2015

The Children Act 2004

NSPCC safeguarding standards and guidance (England) - Safeguarding children, young people and adults aged 0-25 in the voluntary and community sector

Common Law Duty of Confidentiality

### **In all of our policy-making OTR adheres to the following beliefs and principles:**

- The need and welfare of the young person is paramount and should underpin all decisions and resolve any conflict of interests.
- All young people deserve the opportunity to achieve their full potential.
- Statements about or allegations of abuse or neglect made by young people should always be taken seriously.
- The wishes and feelings of young people are vital elements in assessing risk and formulating protection plans, and will always be sought and given weight according to their level of understanding.
- The consent of a person under the age of 18 is as significant as that of an adult, provided s/he has sufficient understanding to provide it.

This policy applies to all staff, the Board of Trustees, volunteers, sessional workers and anyone working on behalf of OTR.

## Aim of Policy

The aim of OTR's policy is to set out appropriate procedures to be followed by staff where a young person under 18 years using our services is being abused, or who is at risk of serious harm.

This policy is to:

- protect young people who receive OTR's services
- provide staff and volunteers with overarching principles that guide our approach to child protection
- ensure that procedures are clear, consistent and in line with our Confidentiality Policy
- ensure that OTR conforms with competent and professional standards of counselling practice, in line with BACP's recommendations
- indicate what must or may be done in specified circumstances and define the limits of professional discretion
- enable counsellors to work competently and confidently with young people at risk
- empower service users by providing information that will enable them to make informed choices. A version of this policy in child-appropriate language is also available
- ensure equality of opportunity and outcome for all service users

This policy should be read alongside OTR's following policies and procedures:

- Confidentiality Statement (Appendix B)
- Confidentiality Policy and Procedure, including OTR's Breaking Confidentiality List of Examples (Appendix C)
- Protocol for Working with Suicidal Clients (Appendix D)
- Code of conduct for staff and volunteers (Appendix G)
- Dealing with allegations made against an employee/volunteer (Appendix H)
- Whistleblowing (Appendix I)

## Confidentiality Policy

We will at all times operate within OTR's Confidentiality Policy which states; **The only occasion when we would consider breaking confidentiality is if we had reason to believe that serious harm might or has occurred to you or to someone else.**

## Definitions of Abuse

*London Child Protection Procedures* describes child abuse and neglect as 'a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.' They add that children may be abused or neglected through infliction of harm, as well as failure to act to prevent harm.

*The Children Act 2004* defines a child as a person under the age of 18.

*Working Together to Safeguard Children* sets out definitions of the four broad categories of abuse. An abused child frequently suffers more than one of the following types of abuse:

- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse

## **Commitment to effective service provision and interagency work**

*Working Together to Safeguard Children* emphasises the shared responsibility of us all to safeguard children in our communities, and the importance of interagency working when child protection issues arise.

OTR recognises the value of different agencies working with different professional boundaries, and having different roles and responsibilities in the area of child protection. We are committed to the practice of sharing information between agencies or working collaboratively with early help services whenever this is in the client's best interest. We will also discuss questions of policy with, and where appropriate contribute to, the work of the Local Safeguarding Board.

## **Designated persons**

Responsibility for maintaining OTR's policy for child protection will be led by the designated person. This post is held by the Manager of Off The Record. In his/her absence the responsibility will be held by the Chair of Trustees as Deputy Designated Safeguarding Lead.

## **Implementation of the Safeguarding and Child Protection Policy**

Responsibility for implementing OTR's Safeguarding and Child protection Policy lies with the Manager, Designated Safeguarding Lead. It is also the responsibility of the Manager to ensure that there are processes in place to for the implementation of this policy with all staff (paid and unpaid) and trustees, including job specifications, inductions, training, ongoing CPD and important updates and that these processes are put into effect. In his/her absence the responsibility will be held by the Chair of Trustees as Deputy Designated Safeguarding Lead.

## **Supporting Professional Practice**

All counsellors undergo a rigorous professional counselling training which qualifies them to both recognise and work sensitively and appropriately with vulnerable people, including those suffering from abuse. Because of the demanding nature of this work there are numerous procedures which support ongoing professional standards of counselling practice. At OTR these include:

- a selection process for new counsellors including preferential recruitment of counsellors on BACP-accredited training courses
- initial training in young peoples' issues, including specific training in the implementation of this policy and issues concerning safeguarding and child protection
- a six-month probationary period for new counsellors, involving ongoing monitoring by supervisors and manager
- DBS Enhanced Disclosures (police checks) required for all counselling staff, including Trustees
- provision of 1 hour a month of external clinical supervision, and regular line-management with OTR's co-ordinator (plus regular team meetings) for all counsellors
- provision of professionally trained office staff on-site and available for support during counselling hours
- organisational BACP membership for OTR, with contractual requirements that counsellors work within BACP's ethical framework
- provision of professional indemnity insurance for all counselling work undertaken within OTR
- an expectation that counsellors will undergo continuing professional development, both independently and through ongoing training at OTR
- an explicit requirement that individual staff are responsible for familiarising themselves and working in line with all OTR's policies and procedures, and for seeking advice if they are unclear about any aspect of the policy's implementation.

Off The Record requires:

- Management staff to attend the following training hosted by LB Richmond upon Thames, as relevant to the position of responsibility; LSCB Safeguarding Children: Child Protection Process Level 3, Early Help Assessments (EHAs), Diversity and any other training relating to child protection and safeguarding as deemed necessary by the line manager
- Designated Safeguarding lead and Deputy Designated safeguarding Lead to be trained up to LSCB Safeguarding Children: Child Protection Process Level 3
- Volunteer counsellors to attend in-house trainings in Safeguarding and Child Protection, and Diversity
- Volunteers and Trustees to be trained up to LSCB Safeguarding Children: Child Protection Process Level 21
- Staff, trustees and volunteers attend update training where necessary and hold a current enhanced DBS certificate (to be updated every three years).

### **Procedure**

Where any member of staff (paid or unpaid) believes that a young person (under 18) may be being physically or sexually abused, or who is at risk of serious harm, the following steps will be taken:

- 1 Duty counsellor covering that drop-in session will be informed.
- 2 If no. 1 is not the Manager, then the Duty Counsellor and/or the young person's counsellor will inform the Manager.
- 3 The Manager will inform the Chair of Trustees, who will be kept informed of developments.
- 4 Should the need arise, other opinion will be sought either within or outside the project, initially, if appropriate, without revealing the young person's identity.
- 5 If the risk of serious harm is clear and immediate, confidentiality will be broken immediately to the appropriate source, whether police, hospital, SPA or other. This is with or without the young person's consent, though consent will be sought as a preference.
- 6 If the young person is not already a counselling client, they will be offered counselling support, either from the Manager or an experienced counsellor.
- 7 Any counsellor seeing a young person in these circumstances will be given extra supervisory support from the Manager, and extra formal supervision with their supervisor) as necessary.
- 8 When a young person discloses abuse to OTR, the support given to them will also involve providing clear information and explanations about statutory child protection procedures, and what disclosure may actually mean in practice.
- 9 Where a young person discloses abuse to OTR any siblings are also considered and noted in referrals, and the same process as for young people attending OTR would be followed.
- 10 When the young person wants us to, we will refer them to the Single Point of Access (SPA) or other appropriate agency. If the person wishes, we will continue to support them if possible, by providing ongoing counselling or the opportunity to drop in or phone as necessary.
- 11 When a young person discloses ongoing abuse, but does not wish to contact the SPA a decision as to whether, how and when confidentiality ought to be broken must be taken in accordance with our Confidentiality Policy.
- 12 Where it is decided not to break confidentiality immediately we will continue to support the young person while preparing them for disclosure to the appropriate authority.
- 13 All that takes place must be well-documented, and kept confidential in the usual manner. Each action taken, or decision made, should be recorded, including what was said to whom and why, whether consent was given, and what the outcome was.

Where the step of breaking confidentiality against the wishes of the young person is being contemplated, the following principles apply:

- 1 The decision will be based on what OTR believes to be the best interests of the young person given all the circumstances of the case. This will include OTR's judgement, based on the Fraser guidelines, as to whether the young person is sufficiently Gillick-competent to make their own decisions at this time.
- 2 At this stage advice from outside the Agency may be sought without revealing the young person's identity.
- 3 Where there is an urgent need to break confidentiality at short notice, this decision *must* still be taken by at least 2 people – if at all possible the Manager, otherwise a supervisor, Chair of the Trustees or an experienced counsellor, as well as the young person's counsellor.
- 4 As a rule the people involved in a decision about whether to breach confidentiality should include someone with extensive counselling experience, such as the Manager, as well as the Chair of the Trustees and the young person's counsellor. It may also include a supervisor, or other members of the Trustees. If Trustees or non-counselling staff are unhappy with the decision made they may seek a second professional opinion.
- 5 The decision to break confidentiality should always conform to OTR's *Confidentiality Policy*.
- 6 The young person should always be informed of the decision to break confidentiality with or without their consent, and should be kept informed of the possible outcome as well as the actual outcome.
- 7 The information disclosed should be kept to what is relevant to the concern and not any other areas of the client's life that are not relevant to the current situation.
- 8 The responsibility for breaking confidentiality always remains with OTR management and not with the individual counsellor.

All staff are contractually required to work in accordance with this policy and procedure and supported to do so, which defines our current approach. Any inability or failure to comply with them should be accompanied by an explanation, and may be investigated according to our Disciplinary Procedure.

### **Reporting concerns to agencies outside the OTR environment**

When a concern regarding any adult, whether a staff member at Off The Record, someone from another agency, or someone within the young person's own family or friendship circle, is deemed serious enough to be reported outside Off The Record, it should first be taken to the manager of OTR. The manager will then contact SPA, social services or the police as soon as possible, certainly within 24 hours after the concern has been raised. This includes allegations which would go from the SPA to LADO.

If the manager is not available, the person being told of or discovering the abuse should contact the SPA, social services or the police immediately and then inform the manager/director as soon as possible.

SPA, social services and the manager will decide how to involve the parents/carers.

The manager should also report the incident to the Chair of Trustees. The Chair of Trustees should ascertain whether or not the person/s involved in the incident plays a role and act accordingly.

Maintain confidentiality on a **need to know** basis only.

### **Providing information to police or social services/SPA**

Information about suspected abuse must be accurate and a detailed record should always be made at the time of the disclosure/concern. It should include the following:

- The child's name, age and date of birth
- The child's home address and telephone number

- Whether or not the person making the report is expressing their own concerns or those of someone else
- The nature of the allegation. Include dates, times, any special factors and other relevant information
- Make a clear distinction between what is fact, opinion or hearsay
- A description of any visible bruising or other injuries. Also any indirect signs, such as behavioural changes
- Details of witnesses to the incident
- The child's account, if it can be given, of what has happened and how any bruising or other injuries occurred
- Have the parents been contacted?
- If so, what has been said?
- Has anyone else been consulted? If so record details
- If the child was not the person who reported the incident, has the child been spoken to? If so what was said?
- Has anyone been alleged to be the abuser? Record details
- Where possible referral to the police or social services should be confirmed in writing within 24 hours and the name of the contact who took the referral should be recorded.

(See Appendix B for child protection report form)

### **How to respond to suspicions of abuse or safeguarding issues and contact details in office hours and out of office hours**

See Appendices E & F for flowcharts on how to respond to any child protection or safeguarding issues for sessional staff, full time workers and project co-ordinators.

Ensure a child protection/safeguarding report is completed each time a concern/issue/allegation is raised. (Appendix B)

### **Contact details**

#### *Out of hours*

Service Manager	Deborah Kerpner	07803 168207
OTR Chair of Trustees	Sophie Adam	07392 002669
SPA (Single Point of Access)	/	020 8547 5008
Police	/	999
Childline		0800 1111
NSPCC	If you have a concern about a child	0808 800 5000

#### *During office hours*

Off the Record	Deborah Kerpner	020 8744 1644
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## Appendix A: Definition of Safeguarding and Child Abuse

### Safeguarding

The meaning of safeguarding is wider than child protection as it suggests measures that have been taken in advance to prevent young people from harm. It involves positive practical action aimed at minimising risk by focusing on prevention. Examples of safeguarding practice could be:

- A health and safety risk assessment of a venue prior to holding an event
- Anti-bullying policy
- Protection of children online
- Photography

### Child Abuse

**Child abuse is any form of physical, emotional or sexual mistreatment or lack of care that leads to injury or harm.**

Abuse can happen to a child regardless of their age, gender, race or ability. Abusers can be adults (male or female) and other young people; they are usually known to and trusted by the child and family.

There are four main types of child abuse: **physical abuse, sexual abuse, emotional abuse and neglect**. The abuser may be a family member, or they may be someone the child encounters in a residential setting or in the community, including during leisure activities. An individual may abuse or neglect a child directly, or may be responsible for abuse because they fail to prevent another person from harming that child.

### Physical Abuse

This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or 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

Sexual abuse involves 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 production of sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways. It also includes sexting, which involves sending information of a sexual nature by phone.

### Emotional Abuse

This is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued in so far 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 another. Emotional abuse may also 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.

Examples of emotional abuse in a work setting include subjecting children to constant criticism, name-calling, sarcasm or bullying.

### **Neglect**

Neglect is defined as a 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 in pregnancy due to maternal substance abuse. Once a child is born, neglect may involve a parent / 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

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

### **Child Sexual Exploitation (CSE)**

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people receive 'something' (e.g. gifts, money) as a result of them performing, and/or another performing on them, sexual activities. Child Sexual Exploitation can occur through the use of technology without the child's immediate recognition; e.g. being persuaded to post sexual images on the internet/mobile phone without payment or gain. It can include organised crime and trafficking. In all cases those exploiting the young person have power over them by virtue of age, gender, intellect, physical strength or other resources. Violence, coercion and intimidation are common, including unwanted peer pressure; involvement in exploitative relationships being mainly characterised by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

### **Female Genital Mutilation (FGM)**

FGM is a serious form of child abuse and violence against women and girls, and a violation of human rights. FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. There is no cultural or religious justification for FGM. If it is performed on a British citizen in the UK or overseas it is a crime.

### **Abuse of children and young people with a disability**

Some children and young people with a disability are mentally or physically more vulnerable than others, which could make it easier for abusers to exploit them. They may also find it more difficult to recognise and report abuse, and to be believed. For example, if their disability means that they:

- Have limited life experiences and so have not developed the social skills needed to work out what the behaviour and attitudes of others mean. This could make them less able to understand what appropriate and inappropriate behaviour is
- Have been encouraged to comply with other people's wishes and not to question authority figures

- Are afraid to challenge potentially abusive situations because of fear of the consequences. It is often easier to be compliant and pleasing rather than risk angering an authority figure and getting into trouble
- May not be able to report abuse either because there is no-one they can report it to or because they do not have the appropriate language to use
- May not be able to recognise that abuse has taken place
- Feel powerless because they have to depend on others for personal support
- May not be able to physically remove themselves from abusive situations
- May not have anybody they can trust and confide in
- May feel guilt or shame about the abuse which prevents them from reporting it
- May not have a sense of ownership of their own bodies because they are so used to being examined physically by others as part of their medical and physical care
- Have low self-esteem and a poor self-image.

In addition to the four main types of abuse shown above, children with a disability in residential homes or other institutions might experience:

- **Institutional abuse** - when staff in a home or other institution sacrifices the needs, wishes and lifestyle of a disabled child in favour of the institution's regime. For example, by showing lack of respect for a child's dignity or privacy, or denying them opportunity to make day-to-day choices or decisions about their life. An example in work would be if staff followed their projects usual procedures where these conflicted with the rights and needs of a disabled child.
- **Financial abuse** - deliberate misuse and exploitation of a disabled child's money or possessions. For example, if the child is not allowed to spend their money as they wish, or if someone takes it from them to spend on themselves.

### **Racism**

Children from black and minority ethnic groups (and their parents) are likely to have experienced harassment, racial discrimination and institutional racism.

All organisations working with children, including those operating where black and minority ethnic communities are numerically small, should address institutional racism, defined in the MacPherson Inquiry Report on Stephen Lawrence as '*the collective failure by an organisation to provide appropriate and professional service to people on account of their race, culture and/or religion*'.

It is important that staff are sensitive to differing family patterns and lifestyles and to child-rearing patterns that vary across different racial, ethnic and cultural groups. **At the same time they must be clear that child abuse cannot be condoned for religious or cultural reasons.**

Staff should also be aware of the broader social factors that serve to discriminate against black and minority ethnic people. Working in a multi-racial and multicultural society requires professionals and organisations to be committed to equality in meeting the needs of all children and families, and to understand the effects of racial harassment, racial discrimination and institutional racism, as well as cultural misunderstanding or misinterpretation.

Staff should guard against myths and stereotypes - both positive and negative - of black and minority ethnic families. Anxiety about being accused of racist practice should not prevent the necessary action being taken to safeguard and promote a child's welfare.

All children, whatever their religious or cultural background, must receive the same care and safeguards with regard to abuse and neglect.

## **Bullying**

Bullying, racism and other types of discrimination are forms of child abuse, even though those responsible are often young people. It is important to recognise the impact and extent of bullying and discrimination in the lives of young people. OTR has a duty of care to safeguard children from harm, including disabled children and others who may be particularly vulnerable. For further information see the Anti-Bullying policy.

### **What is bullying?**

Bullying can be psychological, verbal, or physical in nature. It involves an imbalance of power in which the powerful attack the powerless, and occurs over time rather than being a single act. It includes cyber bullying where harassment is online or by phone. Examples of bullying behaviour include:

- being called names, insulted or verbally abused
- being deliberately embarrassed and humiliated by other children or a member of staff
- being made to feel different or like an outsider
- being lied about
- being physically assaulted or threatened with violence
- being ignored.

### **The Prevent Duty**

The Prevent duty is the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism. Statutory guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. To fulfil the Prevent duty, it is essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Prevent training will be accessed by all relevant Off The Record staff to this purpose and disseminated across the service.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/439598/prevent-duty-departmental-advice-v6.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf)

Some of the above definitions are adapted from NSPCC's Child Protection fact sheet:

<http://www.ncl.ac.uk/studentambassadors/assets/documents/NSPCCDefinitionsandsignsofchildabuse.pdf>Updated

Off The Record Twickenham gives a confidential service, where possible, to all young people, in line with the ethical requirements of a counselling service. This means that you can come and talk and everything you say stays private between you and us. However there are some things we can't keep confidential. We want to make it clear to you what those things are so that you are fully informed before making your choice to talk to us about something or not. We want you to be able to tell us anything you want, but for you to be clear about what we might have to pass on. You can also ask us to talk to someone else for you, and we can talk with you to decide who it would be helpful to tell.

**The only time when we have to tell somebody else is if you tell us that you or someone else is in great danger or we are concerned about your welfare.** What this means is we have to try and protect you if something really awful is happening. Below is a list of the kind of things we mean by really awful. You can have a look at the list and ask us to explain it to you, if you want.

These are the times we can think of when this might happen:

1. If you come to see us and you are very badly injured, or if you are taken seriously ill at an Off The Record project, and need to go to hospital, we will sort out getting you there. This may mean calling an ambulance, doctor or your parents, whichever is the most appropriate.
2. If you tell us that you are going to kill yourself right now, or that you have taken an overdose, we will believe you. We will try to help you by calling a doctor, an ambulance, your parents, social services or the police, depending on which you want, and what seems best for you.
3. If you are under the age of 18 and you tell us that an adult is doing sexual things with you that you don't want them to, we will help you to get help. This might mean telling your parents, the police, your school, a doctor or a social worker
4. If you tell us that you are being injured severely by someone and we see the injuries, we will tell your parents, the police, a social worker or a doctor, whichever is the most appropriate
5. If you tell us that a child you know is being severely injured by someone or being forced to have sex with an adult, we may tell a social worker or the police
6. If a judge in a law court forces us, through law, to tell him things that help him to protect you we will
7. If you have to go to court for possibly doing a crime and the judge in court forces us to, by law, we have to tell him anything we know that might help them know the truth
8. If you are physically violent towards anyone at an OTR project and we cannot stop you, or if you say you are definitely going to hurt someone at an OTR project very badly, we will call the police
9. If you leave home and you are too young to take care of yourself, and have nowhere safe to stay, we will help you. We may tell the police, social services or your parents, whichever is the most appropriate.
10. **The law demands** that we tell the police if you are going to commit a crime against the government, or if you tell us that you are selling illegal drugs.

### Causes for concern

There may be times that you wish to speak to us about issues that don't require immediate action but give us cause for concern about your development, health, security, safety and other such concerns. In these instances we will let you know that we may have to take it further or at the very least look into ways of supporting you in that situation.

### The Need and Context

Confidentiality is an essential part of our counselling service for young people. It reflects our valuing of young people's rights and integrity and recognises their emerging autonomy, thus supporting their ability to take control and make their own life choices and decisions. However we recognise that absolute confidentiality can never be offered.

Our Confidentiality Policy and Procedure, along with our Child Protection Policy and Procedure aim to provide counsellors, clients, and other agencies with a clear understanding of:

- the issues around confidentiality
- the circumstances under which a counsellor may need to break it
- the procedure for doing so.

### Maintaining Confidentiality

- 1 Confidentiality must be respected at all times, and the Confidentiality Policy should be displayed in OTR's promotional literature and on the premises. There is also a list offering examples of situations where confidentiality may be broken. This list cannot be definitive as decisions will generally depend upon the individual circumstances of each case.
- 2 Clients are to be made aware of the Confidentiality Policy. All staff involved are responsible for ensuring that young people are clear from the start about the level of confidentiality that the service is able to offer. It is not enough to say simply that a service is "confidential", as this may lead to an expectation of confidentiality which cannot in reality be guaranteed. Clarity is essential both in terms of forming professional boundaries, and in giving young people a choice in what they do or communicate to an agency. It is useful to give clients a chance to question the policy and formalise this process. It is also recognised that contract making is an ongoing and changing process but which has certain agreed circumstances in which confidentiality will be broken.
- 3 Clients are to be made aware that there is a supervision system and that outside supervisors are also bound by this policy.

### Record-Keeping

- 1 Off The Record will not give information about clients to other professionals or agencies unless consent is given by the client, or extreme circumstances necessitate it
- 2 All information about a client must remain within Off The Record. Files should not be removed from the building unless consent is given by the Manager. The only exception to this is that files may be taken off the premises for purposes of supervision. Due care must be taken to safeguard them when they are off the premises, and they must be returned to OTR within a week.
- 3 Messages on the answering machine are exclusively for staff and should not be played when clients might hear them. Phone conversations regarding clients are also to be taken in private.
- 4 All referral letters or reports must be seen by the client prior to submission to the relevant body
- 5 Clients are entitled to see all written records pertaining to them and this should be kept in mind when counsellors are writing their notes.
- 6 Written information about clients (e.g. letters, referral sheets, or files) must not be displayed where people other than Off The Record staff are present. When the project is unoccupied all information will be stored in locked filing cabinets or drawers.
- 7 Client records will continue to be held in confidence after the counselling relationship has ended, or in the event of a client's death. Records will be retained for six years before being shredded

## **Use of Information for Research, Funding and Publicity**

- 1 Any information used by the agency will be presented in statistical format, thus ensuring confidentiality of clients.
- 2 If information about, or comments by, specific clients is used in any appropriate publication, it will only be with their prior permission and with their anonymity preserved.

## **Staff Training**

The effectiveness of any policy depends on the general understanding and acceptance of all parties concerned with its implementation. As legal responsibility lies with Board of Directors, it is vital that those in this role, as well as the counselling team, are fully aware and understand background content and implications of the organisation's policies. OTR undertakes to:

- 1 offer training to counselling staff in order that they are able to understand the implications of the policy and work within its practice guidelines. It may be useful for members of the Board of Directors to join some trainings, as appropriate, to gain insight into and appreciation of the dilemmas faced by staff.
- 2 In addition to this, counsellors are responsible for familiarising themselves with the policies and procedures, and for seeking advice if they are unclear about any aspect of the policy's implementation.
- 3 Any unauthorised breach of confidentiality, or any failure of counselling staff to discuss issues causing serious concern, will be followed up by senior management.

## **Breaking Confidentiality**

**The only occasion when we would consider breaking confidentiality is if we had reason to believe that serious harm might occur to the client or someone else.**

At OTR the confidential contact is between the client and the agency, and not with the individual counsellor. This means that any decision as to whether to break confidentiality lies with OTR, not the counsellor. Therefore any situation where issues of confidentiality arise must be reported to the Co-ordinator and supervisor as soon as possible, and immediately if deemed necessary. The decision to break confidentiality lies with the Co-ordinator in collaboration with the Trustees, who will preferably make their decision in consultation with the counsellor, the counsellor's supervisor, and the Co-ordinator's supervisor, as the specific situation allows.

In all cases workers are professionally and ethically obliged to explain to the client in detail the possible consequences of involvement by other people and agencies, and to give the client a truthful description of the likely outcome of disclosure. They must then also seek the client's views. Every effort must be made to get the young person's informed consent to break confidentiality. If a decision is made to break confidentiality (with or without consent), the information disclosed should be kept to a minimum, and should be concerned only with the issues at hand, and not extend to other areas of the client's present or past life that are not relevant to the current situation.

**Introduction:**

This protocol aims first of all to get some measure of how serious the crisis is; then sets out the steps to be considered, including breaking confidentiality if needed. The intention is for the counsellor to gather information so that they can, in conjunction with the young person and their line manager, assess the level of risk and plan a way for the young person to get through the crisis.

This is not intended to replace the usual function of the counsellor to be a supportive and understanding listener for the client, but only to add other functions, which may be necessary in emergency situations.

**Aims:**

1. To ensure we respond in the most helpful way to suicidal young people.
2. To set out a procedure which covers what we believe to be a best response, in line with our safeguarding procedure.
3. To ensure that counsellors and other staff are clear about what to do.

**Principles and Procedure:**

1. **'Steer into the skid'**. If you suspect a client may be feeling suicidal, or may be contemplating suicide, or has recently attempted suicide; ask them directly whether this is the case.
2. **Work with the part of them that wants to live**. Remember that if they have disclosed this wish to you, there is at least a part of them which wants to live.
3. **Assess the risk**. Where a client discloses suicidal feelings, you must be able at the end of the session to answer the following questions (the answers may come naturally from the session unfolding, but failing that you may need to ask these questions)
  - i If they are feeling suicidal, have they planned a method of carrying this out?
  - ii If they have planned a method, have they got access to that method?
 It is also helpful to complete a Risk Assessment sheet showing current risk and supportive factors.
4. **If you are worried the client may try to kill her or himself, proceed with steps 5 – 12.**
5. **Tell the client that you are concerned about them**, and make explicit that what will happen next is that the two of you will work together to help the client survive the suicidal crisis.
6. **What can the two of you do together today?** If appropriate, go through the steps of the Crisis Intervention plan below. This sets out a way for you and your client to explore what is going on at this time, what coping skills and support they have, and then to formulate together a plan to help them get through the crisis.
7. **Crisis intervention plan:**
  - i The Crisis:
    - (a) Why has the young person sought help at this particular time?
    - (b) What does the client think led to the crisis?
  - ii The Young Person's Coping Skills and Support:
    - (a) What steps has the client taken to try to resolve the immediate crisis?
    - (b) If the client has had similar experiences in the past, how were they handled?
    - (c) Which elements of these previous strategies proved to be effective, and which ineffective:
    - (d) What support has the client got?
  - iii Context

- (a) What was the young person's level of functioning before this crisis?
  - (b) Was it different from the current level?
  - (c) Is the situation long-term or acute?
- iv Formulating a Strategy
- (a) What problem does the client think needs to be solved first?
  - (b) What does the counsellor view at the most urgent and important issues?
  - (c) Discuss differences between (a) and (b) above.
  - (d) Together devise strategies to help the young person through the crisis. If necessary, give advice as to what you feel would help, based on all the above.

**8. Who else knows? Is there anyone else who ought to be involved?**

- i Discuss with the client that it may be helpful for them to tell their parents.
- ii If the client appears depressed; discuss with them whether they might want to consider seeing their doctor for anti-depressants.

If the young person does not want to involve anyone else, but you think this might be a case in which a breach of confidentiality is warranted, consider whether you ought to tell the young person in the session that this is the case. The rule of thumb is that we tell a young person when we may breach confidentiality **unless** doing so would further endanger the young person.

**9. The week ahead.** Together with the client, plan the support which they will get between now, and their next session. The main focus will be on using people or strategies other than OTR, which have been identified, as helpful during the crisis intervention work. Emphasise that these are exceptional circumstances, and that it is appropriate to ask for help at this time; that friends/family would rather help than not if they knew about the crisis.

**10. Discuss with duty staff that day (Manager/Asst manager)** If you feel it is necessary, this might be before client leaves, and the manager can intervene, otherwise discuss this immediately after client session. At each stage of sharing information the aim is to formulate a strategy for helping the client. A further aim is to protect and support the client, counsellor and project by ensuring that counsellor is not left alone with the weight of the burden.

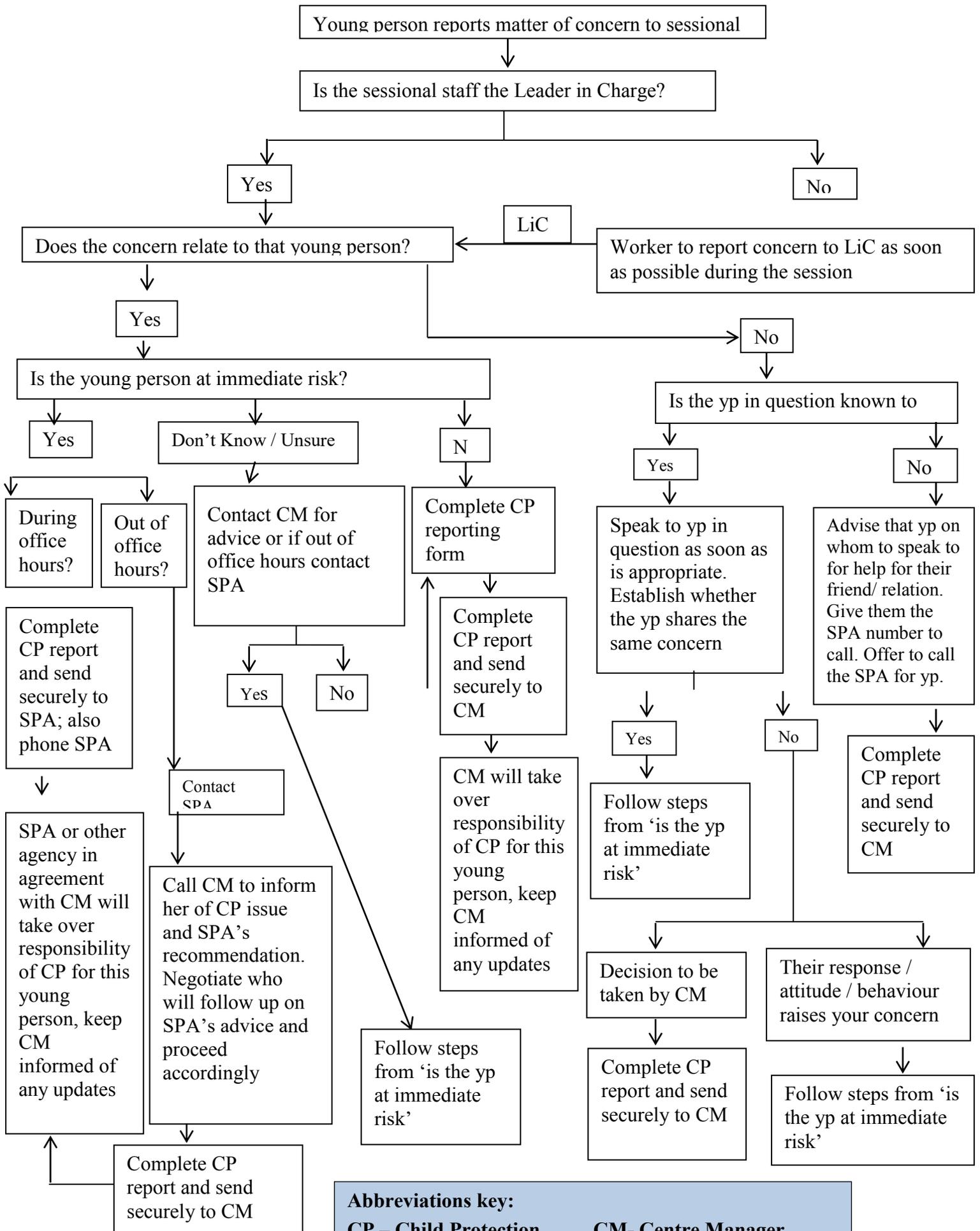
**11. Asst. Manager informs Manager**

**12. Manager informs Chair of Trustees (Deputy Designated Safeguarding Lead)**

**13. Additional consultation,** if needed, is sought within the project or outside it, without disclosing identity of the client, unless a breach of confidentiality is required.

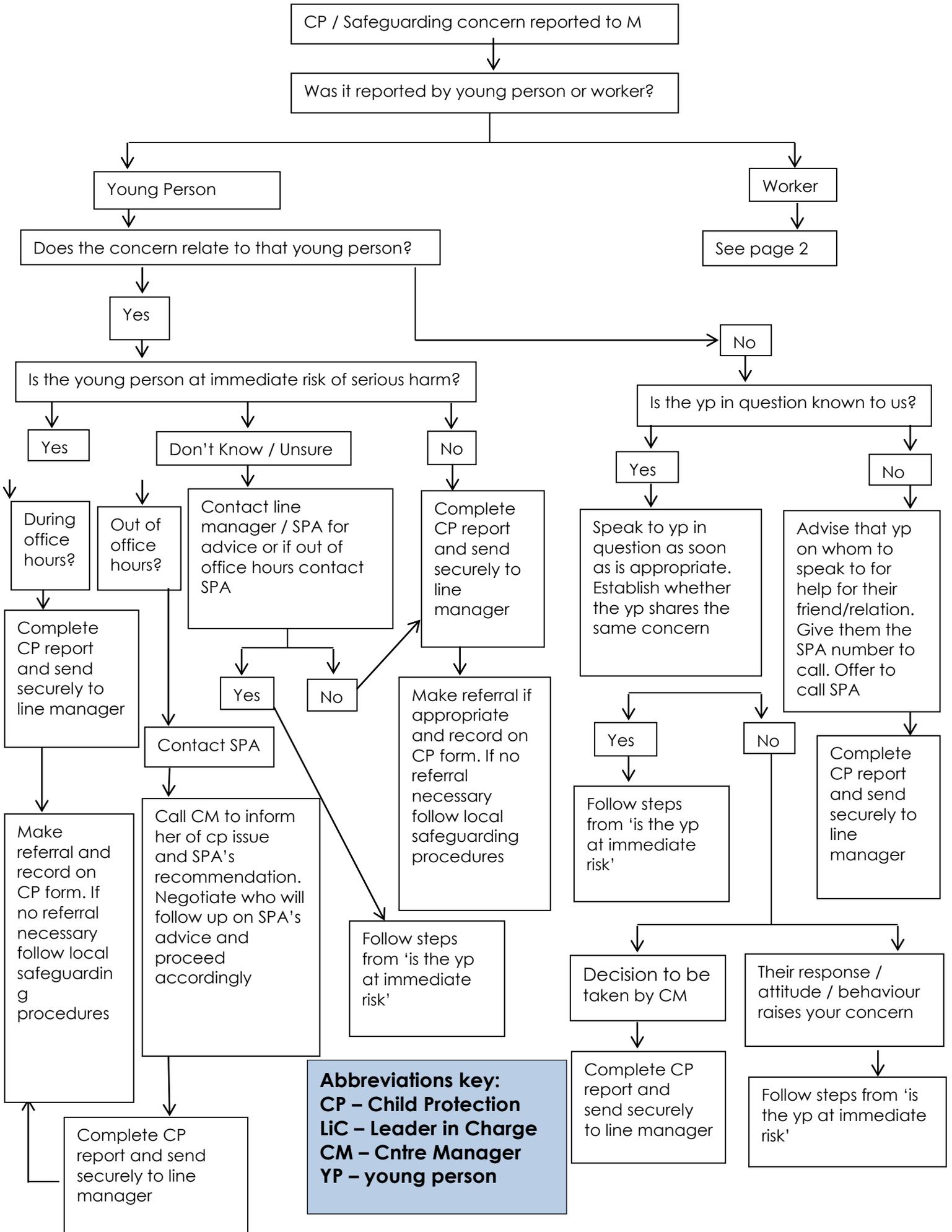
**14. Keep detailed records** of what has been said in the therapy room, what has been shared with whom, and what decisions have been made and why.

**Appendix E– OTR Flowchart for Sessional Counsellor**



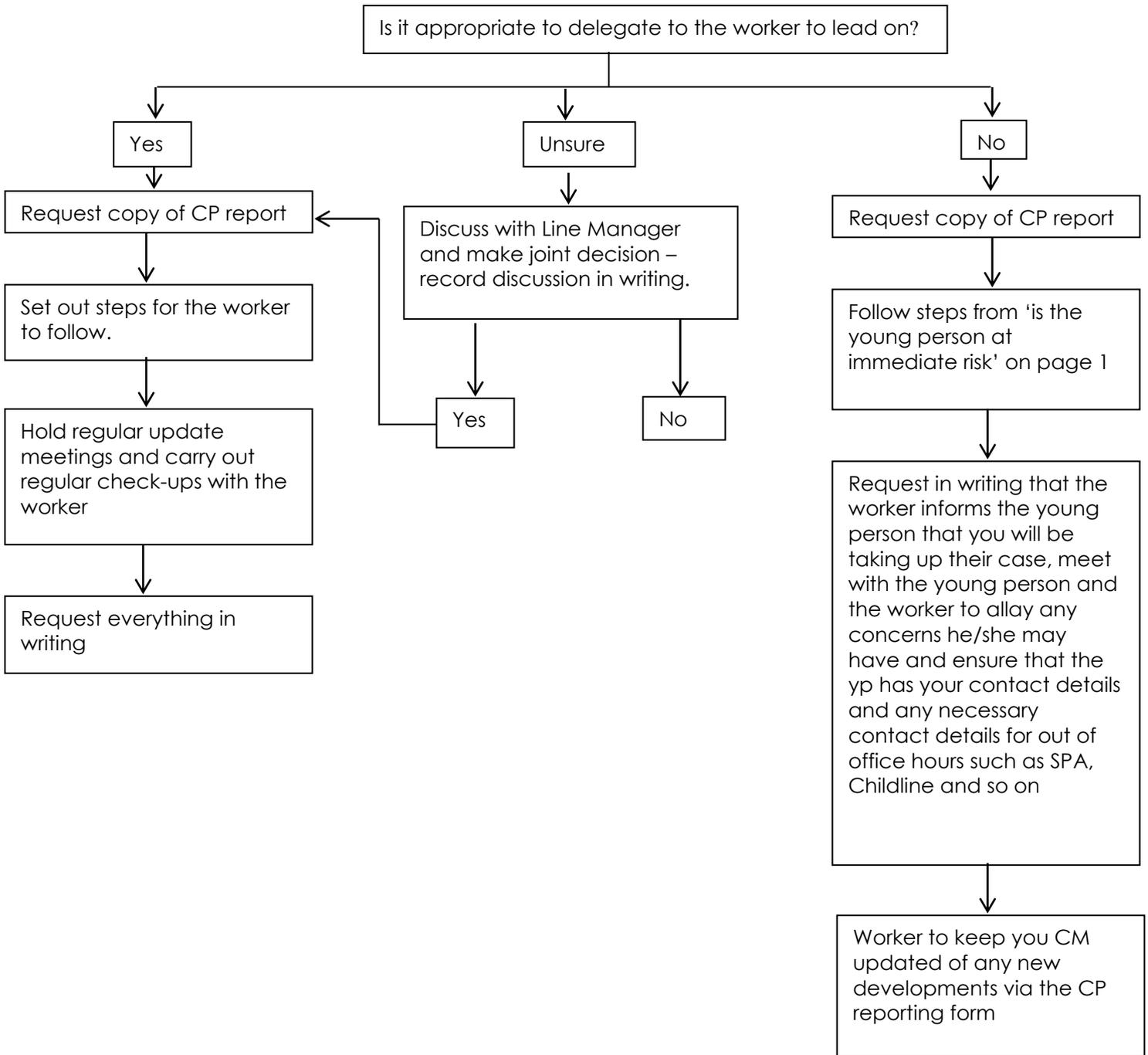
**Abbreviations key:**  
 CP – Child Protection      CM- Centre Manager  
 LiC – Leader in Charge      YP – young person  
 SPA – Single Point of Access

**Appendix F – OTR Flowchart for project Manager**



**Abbreviations key:**  
**CP – Child Protection**  
**LiC – Leader in Charge**  
**CM – Centre Manager**  
**YP – young person**

**Appendix F contd. – Continued from Flowchart for Project Manager**



**Appendix G**

**RISK ASSESSMENT**

**Off The Record Twickenham - RISK to RESILIENCE ASSESSMENT**

<b>Client no.:</b>	<b>Counsellor:</b>	<b>At OTR/School:</b>	<b>Date:</b>
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**Describe the potential risk or outcome/danger causing concern (e.g. self harm, violence, suicide attempt etc):**

<b>Risk Factors</b> (history and personal factors)	<b>Situational Hazards</b> (external factors e.g. home circumstances)	<b>Risky behaviours</b> (of client)		<b>Protective Factors</b> (client's strengths and current support)	<b>Resilience Indicators</b> (proofs/ examples of resilience in life)

**Actions (what actions taken/not taken, why, who involved in decision?):**

**Follow up outcome (following few weeks):**

**Confidential**

Report written by: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date and time: \_\_\_\_\_ Project: \_\_\_\_\_

---

Is the person writing the report the member of staff the incident/allegation was reported to/witnessed by? **Yes / No**

If no, please give details of the member of staff who witnessed/received the allegation/reported incident below:

**Name of staff** \_\_\_\_\_ **Job title** \_\_\_\_\_

Full name of young person involved: \_\_\_\_\_

*Please complete a separate sheet for each young person involved*

Age of young person: \_\_\_\_\_ Date of birth of young person: \_\_\_\_\_

Young person's home address:

\_\_\_\_\_

Young person's telephone number: \_\_\_\_\_

If address / phone number is different to parent/legal guardian's please list theirs below:

Parent / guardian's address:

\_\_\_\_\_

Parent / guardian's telephone number: \_\_\_\_\_

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Is the information in this report the worker's concerns or someone else's?

Yes, it is my concern as a professional worker \_\_\_\_\_ No, it is someone else's \_\_\_\_\_

If no, state the name of the person whose concern it is: \_\_\_\_\_

Contact details of that person:

Address:

\_\_\_\_\_

Telephone number: \_\_\_\_\_ Date reported to worker: \_\_\_\_\_

**The details of the concern/incident / allegation**

**Please make sure you clearly state in your report what is fact, opinion or hearsay.**

Date(s) and time(s) of incident(s) or allegation(s) \_\_\_\_\_

Any special factors to consider? \_\_\_\_\_

\_\_\_\_\_

Who was present at the time of the incident / allegation? (list full names and relation to young person in question) \_\_\_\_\_

\_\_\_\_\_

Please give contact details of those present if appropriate:

\_\_\_\_\_

Please provide a detailed account of the report / allegation as witnessed by you or reported to you, stating whose account it is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide a description of any visible bruising or other injuries or any indirect signs of abuse, such as behavioural changes, care taken over appearance etc.

\_\_\_\_\_

\_\_\_\_\_

If the report / allegation was not made by the young person. has the young person's account been obtained? **Yes / No**

If yes, please provide their account of what has happened and how any bruising or other injuries / behaviour change etc. has occurred. If no, please state why not:

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Have the parents been contacted? **Yes / No**

If yes, what has been said or if no, why not?

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Has anyone else been consulted? If so what was said?

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Has anyone been alleged to be the abuser? Record details: \_\_\_\_\_

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Please include any other details that may be relevant: \_\_\_\_\_

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I believe this to be a true and accurate account as reported to me / witnessed by me

Print name: \_\_\_\_\_ Sign name: \_\_\_\_\_

Date: \_\_\_\_\_

---

**Follow up information**

Referral to the police or social services should be confirmed in writing within 24 hours and name of contact who took the referral written below:

Name of referral agency: \_\_\_\_\_

Name, job title and contact details of person who took the referral:

\_\_\_\_\_  
\_\_\_\_\_

Date referred: \_\_\_\_\_ Date confirmation of referral received: \_\_\_\_\_

Please list below any relevant contact details of referral agents who have refused to provide assistance with their reasons why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Appendix I – Behaviour code for adults working with children**

This behaviour code outlines the conduct expected of staff and volunteers from OTR, and staff from other organisations who engage with children and young people through OTR and self-employed people subcontracted to undertake specific duties.

### **Purpose**

Following this code will help to protect young people from abuse and inappropriate behaviour from adults. It will also help staff and volunteers to maintain the standard of behaviour expected of them and will reduce the possibility of unfounded allegations of abuse against them.

### **Upholding this code of behaviour**

All members of staff and volunteers are expected to report any breaches of this code to OTR Manager under the whistle-blowing procedure or, if necessary, under child protection/safeguarding procedures.

Staff and volunteers who breach this code of behaviour may be subject to OTR's disciplinary procedures. Any breach of the code involving a volunteer or member of staff from another agency may result in them being asked to leave (name of group/organisation).

Serious breaches may also result in a referral being made to a statutory agency such as the police, the local authority children's social care department and/or the Independent Safeguarding Authority.

### **Promoting Good Practice**

Child abuse, particularly sexual abuse, can arouse strong emotions in those facing such a situation. It is important to understand these feelings and not allow them to interfere with your judgement about the appropriate action to take.

Abuse can occur within many situations including the home, school and the work environment. Some individuals will actively seek employment or voluntary work with young people in order to harm them. A counsellor, manager, official or volunteer will have regular contact with young people and be an important link in identifying cases where they need protection. All suspicious cases of poor practice should be reported following the guidelines in this document.

When a child enters into any activity with the organisation having been subjected to child abuse outside OTR, our activities can play a crucial role in improving the child's self-esteem. In such instances the project manager must work with the appropriate agencies to ensure the child receives the required support.

### **Good Practice Guidelines**

All staff (paid/unpaid) should be encouraged to demonstrate exemplary behaviour in order to promote children's welfare and reduce the likelihood of allegations being made. The following are common sense examples of how to create a positive culture and climate.

#### **Good practice means:**

- Always working in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets), except when counselling
- Treating all young people/disabled adults equally, and with respect and dignity
- Always putting the welfare of each young person first

- Maintaining a safe and appropriate distance with young people (e.g. it is not appropriate for staff or volunteers to have an intimate relationship with a child)
- Building balanced relationships based on mutual trust which empowers children to share in the decision-making process
- Ensuring that if any form of manual/physical support is required, it should be provided openly and in a public setting. Care is needed, as it is difficult to maintain hand positions when the child is constantly moving. Young people and their parents should always be consulted and their agreement gained.
- Keeping up to date with qualifications, new policies, legislations and good practice recommendations in relevant areas, such as counselling and drug and alcohol
- Involving parents/carers wherever possible and appropriate
- Being an excellent role model - this includes not smoking or drinking alcohol in the company of young people
- Giving enthusiastic and constructive feedback rather than negative criticism
- Recognising the developmental needs and capacity of young people and disabled adults
- Securing parental consent in writing to act *in loco parentis*, if the need arises to administer emergency first aid and/or other medical treatment
- Keeping a written record of any injury that occurs, along with details of any treatment given.

### **Practices to be avoided**

The following should be **avoided** except in emergencies. If cases arise where these situations are unavoidable it should be with the full knowledge and consent of the line-manager/supervisor or the child's parents. For example, a child sustains an injury and needs to go to hospital, or a parent fails to arrive to pick a child up at the end of a session:

- avoid spending time alone with children away from others
- avoid taking or dropping off a child to an event or activity

### **Practices never to be sanctioned**

The following should **never** be sanctioned. You should never:

- engage in rough, physical or sexually provocative games, including horseplay
- allow or engage in any form of inappropriate touching
- allow children to use inappropriate language unchallenged
- make sexually suggestive comments to a child, even in fun
- reduce a child to tears as a form of control
- fail to act upon and record any allegations made by a child
- do things of a personal nature for children or disabled adults, that they can do for themselves
- invite or allow children to stay with you at your home unsupervised
- give young people your personal phone number or email address to contact you outside working hours. Always provide young people with an emergency number such as Childline if they feel they need to speak to someone when you are not in work.
- Answer your work mobile phone or make calls on work mobile to young people outside of work hours, other than to arrange appointments, when not 'on call' as this can leave staff open to accusations.

**N.B.** It may sometimes be necessary for staff or volunteers to do things of a personal nature for children, particularly if they are young or are disabled. These tasks should only be carried out with the full understanding and consent of parents and the young people involved. There is a need to be responsive to a person's reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are

involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained.

### **Incidents that must be reported/recorded**

If any of the following occur you should report this immediately to the appropriate officer and record the incident. You should also ensure the parents of the child are informed:

- if you accidentally hurt a young person
- if he/she seems distressed in the session so that you are seriously concerned about his/her wellbeing
- if a young person appears to be sexually aroused by your actions
- if a young person misunderstands or misinterprets something you have done.

*The Child Protection Incident reporting form is in Appendix H*

### **Use of photographic/filming equipment**

#### **Photographing participants**

There are concerns about the risks posed directly and indirectly to children and young people through the use of photographs on websites and other publications. Some individuals will visit events to take inappropriate photographs or video footage of young people. All staff should be vigilant about this possibility. Any concerns during an event should be reported to a line-manager or other responsible person. When we commission a professional photographer or invite the press to an event, it is important that they understand our expectations of them in relation to child protection.

Staff should:

- provide a clear brief about what is considered appropriate in terms of their behaviour and the content of the photography
- issue them with identification which they must display at all times, ensure that the identification is handed back at the end of the event
- inform children, young people and parents that a photographer will be present at the event and ensure they consent to filming and/or photography and to its publication
- do not allow photographers unsupervised access to children or young people during the event
- all staff need to ensure the young person's parent/carer has completed the photographic and video consent form before capturing any images of that young person (*See appendix c for copy of consent form*)

If holding a community event it is sufficient to have posters spread around the event area stating that official photographs/filming is happening and if the subject does not want to be photographed/filmed then they need to let the photographer/videographer know. The posters should also state the name of the official photographer and the company they work for.

## **Appendix J – Dealing with allegations made against an employee/volunteer**

This procedure outlines what you should do if a child protection allegation is made against an adult working for or involved in OTR.

The procedure should provide a clear direction to staff and trustees who are called upon to deal with such allegations and to manage investigations that may result from them.

The aims of the procedure are:

- to ensure that young people who attend OTR and any other young people who may come to our attention, are protected and supported following an allegation that they may have been abused by an adult from within OTR
- to ensure that there is fair, consistent and robust response to any allegations made, so that the risk posed to other young people by an abusive individual is managed effectively
- to facilitate an appropriate level of investigation into allegations, whether they are said to have taken place recently, at any time the person in question has been employed by/volunteered with OTR, or prior to the person's involvement with OTR
- to ensure that OTR continues to fulfil its responsibilities towards members of staff, volunteers or trustees who may be subject to such investigations
- to ensure that individuals are able to continue in their role if they have been at the centre of allegations that are unfounded or deemed to be malicious in origin

This procedure applies to:

- any member of staff, volunteer or trustee to whom an allegation of abuse has been made, that involves another member of staff, volunteer or trustee
- anyone in a managerial position (including the designated safeguarding officer for children, line-managers, supervisors and trustees) who may be required to deal with such allegations and manage investigations that result from them.

### **Different types of abuse**

#### **Child Abuse**

**Child abuse is any form of physical, emotional or sexual mistreatment or lack of care that leads to injury or harm.**

Abuse can happen to a child regardless of their age, gender, race or ability. Abusers can be adults (male or female) and other young people; they are usually known to and trusted by the child and family.

There are four main types of child abuse: **physical abuse, sexual abuse, emotional abuse and neglect**. The abuser may be a family member, or they may be someone the child encounters in a residential setting or in the community, including during leisure activities. An individual may abuse or neglect a child directly, or may be responsible for abuse because they fail to prevent another person from harming that child.

#### **Physical Abuse**

This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or 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**

Sexual abuse involves 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 production of sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

## **Emotional Abuse**

This is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued in so far 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 another. Emotional abuse may also 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.

Examples of emotional abuse in a work setting include subjecting children to constant criticism, name-calling, sarcasm or bullying.

## **Neglect**

Neglect is defined as a 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 in pregnancy due to maternal substance abuse. Once a child is born, neglect may involve a parent / 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

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

Examples of neglect in work could be failure to do an adequate risk assessment, or failure to ensure the venue is fit for purpose, exposing them to undue heat or cold, not ensuring children are safe.

There are also emerging types and methods of child abuse, including:

- Sexual exploitation
- Female genital mutilation (FGM)
- Trafficking of children in order to exploit them sexually, financially, via domestic servitude or via the involvement in activity such as production and sale of illegal drugs
- Abuse via online methods, such as cyber-bullying, online grooming, and sexting
- Radicalization
- Domestic violence

## **Responding to allegations or suspicions**

It is not the responsibility of anyone working at Off The Record, in a paid or unpaid, capacity to decide whether or not child abuse has taken place. However there is a responsibility to act on any concerns by reporting these to the appropriate officer or the appropriate authorities.

Off The Record will assure all staff/volunteers that it will fully support and protect anyone, who in good faith reports his or her concern that a colleague is, or may be, abusing a child.

Where there is a complaint against a member of staff there may be three types of investigation:

- A criminal investigation
- A child protection investigation
- A disciplinary/misconduct investigation

The results of the police and child protection investigation may well influence and inform the disciplinary investigation, but all available information will be used to reach a decision.

## **Reporting concerns about poor practice**

If, following consideration, the allegation is clearly about poor practice the designated manager will deal with it as a misconduct issue.

If the allegation is about poor practice by the organisations designated manager, or if the matter has been handled inadequately and concerns remain it should be reported to the Head of Trustees who will decide how to deal with the allegation and whether or not to initiate disciplinary proceedings.

## **Reporting concerns about suspected abuse**

Any suspicion that a child has been abused by a member of staff or a volunteer should be reported to the relevant senior member of staff such as Manager or Chair of Trustees, who will take such steps as is considered necessary to ensure the safety of the child in question and any other child who may be at risk.

The Manager will refer the allegation to the LADO via the SPA, who may involve the police.

The parents or carers of the child will be contacted as soon as possible following advice from the social services department.

The Manager should also notify the Chair of Trustees who will deal with any media enquiries.

If the Manager is the subject of suspicion/allegation, the report must be made to the Chair of Trustees who will refer the allegation to LADO via the SPA.

## **Enquiries and further action**

### **Internal Enquiries and possible suspension**

The child protection officer will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and the Local Authority Designated Officer (LADO) inquiries. Referrals to will be made via the Single Point of Access (SPA)

Irrespective of the findings of the LADO or police inquiries the organisation's disciplinary committee will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled.

This may be a difficult decision; particularly where there is insufficient evidence to uphold any action by the police. In such cases, the disciplinary committee must reach a decision based upon the available information which could suggest that on a balance of probability it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout.

### **Support to deal with the aftermath of abuse**

Consideration should be given to the kind of support that children, parents and members of staff may need. Use of helplines, support groups and open meetings will maintain an open culture and help the healing process.

Consideration should be given to what kind of support may be appropriate for the alleged perpetrator.

### **Allegations of previous abuse**

Allegations of abuse may be made sometime after the event (e.g. by an adult who was abused as a child or by a member of staff who is still currently working with children).

Where such an allegation is made, the service should follow the procedures as detailed above and report the matter to the LADO via the SPA or the police. This is because other children may be at risk from this person. Anyone who has a previous criminal conviction for offences related to abuse is automatically excluded from working with children. This is reinforced by the details of the Children Act 1999.

## **Appendix K – Whistleblowing Policy**

### **Introduction**

This policy applies to all employees and officers of the Charity. Other individuals working closely with the charity, such as agency workers and contractors, are also encouraged to use it.

It is important to the business that any fraud, misconduct or wrongdoing by workers or officers of the charity is reported and properly dealt with. The charity therefore encourages all individuals to raise any concerns that they may have about the conduct of others in the business or the way in which the business is run. This policy sets out the way in which individuals may raise any concerns that they have and how those concerns will be dealt with.

### **Background**

The law provides protection for workers who raise legitimate concerns about specified matters. These are called "qualifying disclosures". A qualifying disclosure is one made in the public interest by a worker who has a reasonable belief that:

- a criminal offence
- a miscarriage of justice
- an act creating risk to health and safety
- an act causing damage to the environment
- a breach of any other legal obligation, or
- concealment of any of the above

is being, has been, or is likely to be, committed. It is not necessary for the worker to have proof of this - a reasonable belief is sufficient. The worker has no responsibility for investigating the matter - it is the charity's responsibility to ensure that an investigation takes place.

A worker who makes such a protected disclosure has the right not to be dismissed, subjected to any other detriment, or victimised, because he/she has made a disclosure.

The charity encourages workers to raise their concerns under this procedure in the first instance. If a worker is not sure whether or not to raise a concern, he/she should discuss the issue with his/her line-manager or a nominated HR Trustee.

### **Principles**

- Everyone should be aware of the importance of preventing and eliminating wrongdoing at work. Workers should be watchful for illegal or unethical conduct and report anything of that nature that they become aware of.
- Any matter raised under this procedure will be investigated thoroughly, promptly and confidentially, and the outcome of the investigation reported back to the worker who raised the issue.
- No worker will be victimised for raising a matter under this procedure. This means that the continued employment and opportunities for future promotion or training of the worker will not be prejudiced because he/she has raised a legitimate concern.
- Victimisation of a worker for raising a qualified disclosure will be a disciplinary offence.
- If misconduct is discovered as a result of any investigation the charity's disciplinary

procedure will be used, in addition to any appropriate external measures.

- Maliciously making a false allegation may lead to a disciplinary offence.
- An instruction to cover up wrongdoing is itself a disciplinary offence. If told not to raise or pursue any concern by a person in authority such as a manager, workers should not agree to remain silent. They should report the matter to a Trustee.

This procedure is for disclosures about matters other than a breach of an employee's own contract of employment. If an employee is concerned that his/her own contract has been, or is likely to be, broken, he/she should use the charity's grievance procedure.

### **Procedure**

- (1) In the first instance any concerns should be raised with the worker's line-manager/Trustee. If he/she believes the line-manager to be involved, or for any reason does not wish to approach the line-manager, then the worker should proceed straight to stage 3.
- (2) The line-manager will arrange an investigation into the matter (either by investigating the matter him/herself or immediately passing the issue to someone in a more senior position). The investigation may involve the worker and other individuals involved giving a written statement. Any investigation will be carried out in accordance with the principles set out above. The worker's statement will be taken into account, and he/she will be asked to comment on any additional evidence obtained. The line-manager (or person who carried out the investigation) will then report to the Board, which will take any necessary action, including reporting the matter to any appropriate government department or regulatory agency. If disciplinary action is required, the line-manager (or person who carried out the investigation) will report the matter to the nominated HR Trustee and start the disciplinary procedure. On conclusion of any investigation, the worker will be told the outcome of the investigation and what the board has done, or proposes to do, about it. If no action is to be taken, the reason for this will be explained.
- (3) If the worker is concerned that his/her line-manager is involved in the wrongdoing, has failed to make a proper investigation or has failed to report the outcome of the investigations to the board, he/she should inform a Trustee of the organisation, who will arrange for another manager to review the investigation carried out, make any necessary enquiries and make his/her own report to the board as in stage 2 above. Any approach to the Trustee will be treated with the strictest confidence and the worker's identity will not be disclosed without his/her prior consent.
- (4) If on conclusion of stages 1, 2 and 3 the worker reasonably believes that the appropriate action has not been taken, he/she should report the matter to the proper authority. The legislation sets out a number of bodies to which qualifying disclosures may be made.

These include:

- HM Revenue & Customs;
- the Financial Conduct Authority (formerly the Financial Services Authority);
- the Competition and Markets Authority;
- the Health and Safety Executive;
- the Environment Agency;
- the Independent Police Complaints Commission; and
- the Serious Fraud Office.