



BYCC
Your Community Centre

Bridport Youth and Community Centre Child Protection and Safeguarding policy

Charity Details:

Name: Bridport Youth and Community Centre.

Address: Grundy Lane,
Bridport,
DT6 3RL

Email Address: bridportyc@gmail.com

Tel No: 01308 422009

Website: www.bridportyc.com

Charity No: 1168464

Insurance: RKL23413/08/732 Public Liability Insurance

Bridport Youth and Community Centre: hereafter 'BYCC'

Trustees, Staff, volunteers, freelancers, and consultants: hereafter are seen for the purposes of this policy as 'workers' unless said otherwise.

Facility hirers, Community users, any person using the building: hereafter are seen for the purposes of this policy as 'users' unless said otherwise.

Youth Clubs members / young persons: hereafter are seen for the purposes of this policy as 'members' unless said otherwise.

Safeguarding Office (hereafter "SO") Child Protection Lead (hereafter "CPL")

Purpose: BYCC trust manages BYCC as a multi-use, multi-generational community facility that is used by the community of Bridport and the outreach villages.

BYCC hires out the space and facilities to a range of organisations the majority being community led, these can be with or without charges or cost.

BYCC has Youth Clubs that are controlled by the BYCC trust.

These Youth Club and other 'user' groups, offer provision to children, young people & vulnerable adults; we recognise our responsibility to ensure that these 'users' uphold an adequate safeguarding policy and have a named person for safeguarding.

Safeguarding is everyone's responsibility:- The purpose of this document is to specify The Bridport Youth and community Centre Trust , Safeguarding policy and procedures for the protection of children, young people and adults at risk as defined under the 2006 act
A **child** is defined as up to the age of 18.

A **vulnerable adult** is defined as a person who, for any reason, may be unable to take care of themselves or protect themselves against significant harm or exploitation. Safeguarding vulnerable adults involves reducing or preventing the risk of significant harm from neglect or abuse, while also supporting people to maintain control of their own lives. This does not only refer

to adults who lack capacity. Adults with full capacity can still be considered vulnerable if they are unable to take care of themselves or protect themselves from significant harm.

Safeguarding Principles:

The 5 R's of safeguarding

Recognise.

Respond.

Report.

Record.

Refer.

This policy also recognises the Six Principles of adult Safeguarding

The Care Act sets out the following principles that should underpin the safeguarding of adults:

Empowerment:

People are supported and encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process, and this directly inform what happens."

Prevention:

It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help."

Proportionality:

The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest and they will only get involved as much as is necessary."

Protection:

Support and representation for those in greatest need.

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership:

Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability:

Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they."

Safeguarding Statement:

1. BYCC is committed to safeguarding children, young people and vulnerable adults.

2. BYCC takes safeguarding seriously, & ensures that all 'users' using the BYCC are similarly committed to:

Safeguarding children, young people, and vulnerable adults. BYCC will make certain that each 'user' that uses the Centre uphold their own robust safeguarding policy by insisting that:

- They give the Centre's Manager a copy of **their own Safeguarding Policy** which must meet the BYCC safeguarding standards.
- Provide the Centre's Manager with the **name of their designated safeguarding person**
- They sign a facility hire agreement which makes clear that they are responsible for safeguarding children, young people & vulnerable adults in any group or activity which they provide.
- All safeguarding concerns must be reported to the 'BYCC SO/PCL'

3. BYCC is committed to:

- Valuing, listening to and respecting children, young people and vulnerable adults, as well as promoting their welfare and protection;
- the safe recruitment, supervision and training of all 'workers'
- implementing a procedure for dealing with concerns regarding safeguarding;
- signposting, referring to and maintaining effective partnerships with statutory childcare authorities and other safeguarding organisations.

Safeguarding Policy

The BYCC recognises the need to provide a safe and caring environment for children, young people and adults. BYCC acknowledges that children, young people and adults can be the victims of physical, sexual and emotional abuse, and neglect. We accept that everyone is entitled to "all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status".

We also concur with the Convention on the Rights of the Child which states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. They have a right to be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child."

The BYCC have therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance. We are committed to build constructive links with statutory and voluntary agencies involved in safeguarding.

The policy is based on the ten Safe and Secure safeguarding standards published by the Child Protection Advisory Service (CPAS).

The BYCC undertakes to:

- endorse and follow all national and local safeguarding legislation and procedures.
- provide on-going safeguarding training for all its workers and Trustee with safeguarding responsibility and will regularly review the operational guidelines attached.
- ensure that the premises meet the requirements of the Equality Act 2010 and all other relevant legislation, and that it is welcoming and inclusive.

- support the Safeguarding Officer in their work and in any action they may need to take to protect children and vulnerable adults.

Recognising and Responding Appropriately to an Allegation or Suspicion of Abuse:

Defining child abuse or abuse against an adult is a difficult and complex issue. A person may abuse by inflicting harm, or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult.

Detailed definitions, and signs and symptoms of abuse, as well as how to respond to a disclosure of abuse, are included here in the policy.

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| • Definitions of abuse: | Appendix A |
| • Signs and symptoms of abuse: | Appendix B |
| • How to respond to a child wishing to disclose abuse: | Appendix C |
| • Restraint, self harm, suicide | Appendix D |

The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to:

Gemma Collis the BYCC Trust, Safeguarding Officer and Child Protection Lead (hereafter the "CPL") or deputy Helen Farmer (Trustee).

Tel: 01308 422 009

Email: bridport.youth@gmail.com

Who is nominated by the BYCC trust to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities. The role of the SO/CPL is to collate and clarify the precise details of the allegation or suspicion and pass this information on to statutory agencies which have a legal duty to investigate.

Never discuss any safeguarding issue or concern with any other 'worker', all concerns must be handed over the SO for their advice. All staff are trained to use MyConcern online tool for recording all concerns, these will be monitored by the CPL.

It is, of course, the right of any individual as a citizen to make a direct referral to the safeguarding agencies.

If the concern relates to or is an allegation against the SO, this must be passed to the BYCC chairperson without delay.

IF YOU FEEL THIS IS AN EMERGENCY A CHILD or VULNERABLE ADULT IS AT RISK IMMEDIATE HARM contact the police on 111

Note: DO NOT ENTER INTO ANY DISCUSSION UNLESS YOU FEEL CONFIDENT AND SAFE TO DO SO

Consider your own feelings! Always ask for support from the 'SO'

Contact Numbers:

BYCC Child Protection & Safeguarding Officer

Gemma Collis Tel: 01308 422009

Email: bridport.youth@gmail.com

Trustee(Deputy BYCC Child Protection & Safeguarding Officer)

Helen Farmer

Tel: 01308 422009

Email: bridport.youth@gmail.com

Pan Dorset Updated page www.pdscp.co.uk

BCP Safeguarding Children Partnership www.bcpscp.co.uk

Dorset Safeguarding Children Partnership www.dorsetscp.co.uk

Children's Social Care in Dorset

(ChAD) professionals' number 01305 228558

Dorset families and members of the public 01202228866

Dorset out of hours emergency number 01305228558

MASH 01202735046

Dorset Adult Social Services 01305 221016

Email: DSAB@dorsetcouncil.gov.uk

Dorset Police Child Abuse Investigation Team (CAIT) call 111

Dorset LADO (Local Authority Designated Officer) 01305 221122

or LADO@dorsetcouncil.gov.uk

All Pan-Dorset Safeguarding Children training courses are available on www.dorsetnexus.org.uk

For training updates, please visit Safeguarding Children website and sign up to our Dorset Safeguarding Children Partnership newsletter

Practice Guidelines:

BYCC manages a venue which hires out facilities to users working with children, young people and vulnerable adults. We wish to operate and promote good working practice. This will enable 'workers' to run activities safely, develop good relationships and minimise the risk of false or unfounded accusations. As well as a general code of conduct for workers we also have specific good practice guidelines for every activity that takes place at our venue:

- The diversity of 'users' means there can be great variation in practice when it comes to safeguarding children, young people and adults. This can be because of cultural tradition, belief and religious practice or understanding, for example, of what constitutes abuse. We therefore have clear guidelines in regards to our expectations of all 'users' that use our 'facilities.
- BYCC will always strive to uphold and promote good practices in the protection of children and vulnerable people.
- It is BYCC's policy that no activities will involve unsupervised access to children or vulnerable people by any 'worker'.
- We will at all times have a nominated CPL / SO and provide information to 'users' about this.
- We will insist that all 'users' which use our facilities will use safer recruitment for their 'workers' and will DBS check all 'workers' who work with children and vulnerable people, a copy of the DBS numbers will be logged with the centre's manager for the attention of the SO and a record kept following GDPR guidelines.
- We will recommend that all organisations offer parents and carers the opportunity to complete an induction / registration form which outlines permissions for involvement in

activities, information regarding data protection regulations and the need for consent to be included in photographs or film.

(Appendix A)

DEFINITIONS OF ABUSE:

Definitions of abuse (England and Wales)

The following definitions of child abuse are recommended as criteria throughout England and Wales by the Department of Health, Department for Education and Skills and the Home Office in their joint document, Working Together to Safeguard Children (1999)

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger.

PHYSICAL ABUSE

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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This is commonly described using terms such as 'factitious illness by proxy' or 'Munchausen Syndrome by proxy'

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and continuous adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

FGM

Female genital mutilation, involves procedures that include the partial or total removal of the external female genital organs for non-medical reasons. The practice is extremely painful and has serious health consequences both at the time when the mutilation is carried out and in later life.

NEGLECT

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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Further definitions of abuse

MUNCHAUSEN'S SYNDROME BY PROXY

The Oxford Textbook of Psychiatry defines Munchausen's Syndrome by proxy as: "A form of child abuse in which the parents, or carers, give false accounts of symptoms in their children and may fake signs of illness (to draw attention to themselves). They seek repeated medical investigations and needless treatment for their children." The government issued guidance for professionals working in situations where Munchausen's is suspected in 'Safeguarding Children in whom Illness is Fabricated or Induced' (2002).

SIGNIFICANT HARM

This relates to the degree of harm that triggers statutory action to protect a child. It is based on the individual child's health or development compared to that which could reasonably be expected of a similar child. e.g., severity of ill treatment, degree and extent of physical harm, duration and frequency of abuse and neglect, premeditation. Department of Health guidance suggests that 'significant' means 'considerable, noteworthy or important.'

SPIRITUAL ABUSE

Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying, or doing things without respecting an individual's right to choose for themselves. Some indicators of spiritual abuse might be a leader who is intimidating and imposes his/her will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval.

DOMESTIC VIOLENCE

The Home Office definition of domestic violence is "Any violence between current or former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical, sexual, emotional or financial abuse." (Home Office Research Studies. Domestic Violence: Findings from a new British Crime Survey self-completion questionnaire.1999)

ORGANISED ABUSE

'Organised or multiple abuse may be defined as abuse involving one or more abuser and a number of related or non-related children and young people. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse'. (Government Guidelines- 'Working Together to Safeguard Children'1999).

CHILD PROSTITUTION

Children involved in prostitution and other forms of commercial sexual exploitation should be treated primarily as the victims of abuse and their needs require careful assessment. (Government Guidelines- 'Working Together to Safeguard Children' 1999. See also 'Safeguarding Children Involved in Prostitution - Supplementary Guidance to Working Together to Safeguard Children').

(Appendix B)

RECOGNISING SIGNS & SYMPTOMS OF ABUSE

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

PHYSICAL SIGNS OF ABUSE:

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls, rough games etc.
- Injuries which have not received medical attention
- Neglect - under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care, etc
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises, bites, burns, fractures etc which do not have an accidental explanation*
- Cuts/scratches/substance abuse*

INDICATORS OF POSSIBLE SEXUAL ABUSE:

- Any allegations made by a child concerning sexual abuse
- Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play
- Sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia*

EMOTIONAL SIGNS OF ABUSE:

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also depression/aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

RACE, CULTURE & RELIGION:

Crucial to any assessment is a knowledge and sensitivity to racial, cultural and religious aspects. Remember also that differences exist not only between ethnic groups but also within the same ethnic group and between different neighbourhoods and social classes. While different practices must be taken into account, it is also important to remember that all children have basic human rights. Differences in child-rearing do not justify child abuse.

These signs may indicate the possibility that a child or young person is self-harming, mostly by cutting, burning, self-poisoning. *Approximately 20,000 are treated in accident and emergency departments in the UK each year.*

(Appendix C)

HOW TO RESPOND TO A CHILD WISHING TO DISCLOSE ABUSE:

Note: DO NOT ENTER INTO ANY DISCUSSION UNLESS YOU FEEL CONFIDENT AND SAFE TO DO SO

GENERAL POINTS:

- Above everything else listen, listen, listen
- Show acceptance of what the child says (however unlikely the story may sound)
- Keep calm
- Look at the child directly
- Be honest
- Do not give leading questions it is your role to just listen
- Tell the child you will need to let another professional know - don't promise confidentiality
- Even when a child has broken a rule, they are not to blame for the abuse
- Be aware that the child may have been threatened or bribed not to tell
- Never push for information. If the child decides not to tell you after all, then accept that and let them know that you are always ready to listen.
- Write down what has been said do not write opinions, if this cannot be completed at time write it soon as possible with what has been shared

HELPFUL RESPONSES:

- You have done the right thing in telling
- That must have been really hard
- I am glad you have told me
- It's not your fault
- I will help you

DON'T SAY:

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where?
- Never make false promises
- Never make statements such as "I am shocked, don't tell anyone else"

CONCLUDING:

Again reassure the YP that they were right to tell you and show acceptance

Let the YP know what you are going to do next and that you will let them know what happens (you might have to consider referring to Social Services or the Police to prevent a YP returning home if you consider them to be seriously at risk of further abuse)

Contact the 'SO' with any YP protection concerns if 'SO' cannot be contacted please contact Pan-Dorset or go directly to Social Services

IF YOU FEEL THIS IS AN EMERGENCY OR A YP IS AT RISK OF HARM, contact the police on 111

Consider your own feelings! Always ask for support from the 'SO'

PLEASE NOTE: FOLLOW THE SAME GUIDELINES WITH ANY VULNERABLE ADULT

MAKING NOTES:

Make notes as soon as possible, preferably within one hour of the child talking to you. Write down exactly what the child said and when s/he said it, what you said in reply and what was happening immediately beforehand (e.g., a description of the activity). Record dates and times of these events and when you made the record. Keep all hand-written notes, even if subsequently typed. Such records should be given without delay to the 'SO'.

Appendix D

Support for youth workers dealing with YP at risk of self harm etc.

Use of reasonable force

There may be occasions when staff are required to use reasonable force to safeguard children. Before the use of any force, all other intervention strategies should be considered. We will not use any more force than is proportionate and necessary. The term 'reasonable force' covers the broad range of actions that involve a degree of physical contact with pupils. Force is usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a student needs to be restrained to prevent violence or injury. Control means either passive physical contact, such as standing between young people or blocking a path, or active physical contact such as leading a young person by the arm away. Restraint means to hold back physically or to bring a YP under control. It is typically used in more extreme circumstances, for example when two YP are fighting and refuse to separate without physical intervention. Staff should always try to avoid acting in a way that might cause injury. Following any such incident the member of staff concerned should inform the DSL of the events. Provide a statement as soon as possible afterwards. It should include the following information:

- The name(s) of the those involved and when and where the incident took place
- The name(s) of any other staff or YP who witnessed the incident
- The reason that force was necessary
- Briefly outline how the incident began and progressed, including details of the YP's behaviour, what was said by each of the parties, the steps taken to defuse or calm the situation, the degree of force used, how that was applied, and for how long
- The YP's response and the outcome of the incident
- Details of any obvious or apparent injury suffered by any person, and of any damage to property
- Where reasonable force has been used on a YP, parents are to be informed by the appropriate Senior Member of Staff. Please note that parental consent is not needed to use force on a student in the appropriate circumstances.

Self-harm is used to cover acts of self-poisoning or self-injury which may or may not be deliberate or include a wish to die. Most young people who self-harm do not intend to risk their lives and most self-harming behaviour is unlikely to lead to death. However, it is also important to note that some young people do die. The term 'young people' is used to include 'children and young people' up to the age of 18 years.

A supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability will find it more difficult to express their thoughts.

Practitioners should talk to the child or young person and establish:

- If they have taken any substances or injured themselves, if so, the severity of this and whether medical treatment is needed;
- Find out if there is an immediate concern for the child or young person's safety;
- Find out what is troubling them;
- Explore how imminent or likely self-harm might be;
- Find out what help or support the child or young person would wish to have;
- Find out who else may be aware of their feelings.
- And explore the following in a private environment, not in the presence of other pupils or patients depending on the setting:
 - How long have they felt like this?
 - Are they at risk of harm from others?
 - Are they worried about something?

- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- What other risk taking behaviour have they been involved in?
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better

Do Not Panic or try quick solutions

- Dismiss what the child or young person says;
- Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future;
- Disempower the child or young person;
- Ignore or dismiss the feelings or behaviour;
- See it as attention seeking or manipulative;
- Trust appearances, as many children and young people learn to cover up their distress.

Referral to local authority Children's Social Care

The child or young person may be a Child in Need of services (s17 of the Children Act 1989), which could take the form of an early help assessment or a support service or they may be likely to suffer significant harm, which requires child protection services under s47 of the Children Act 1989.

The referral should include information about the background history and family circumstances, the community context and the specific concerns about the current circumstances, if available.

Children and young people need to be made aware that it may not be possible for their support workers to offer complete confidentiality. If a child or young person is at serious risk of harming themselves or others, it would not be appropriate to maintain complete confidentiality. This should be explained at the beginning of any conversation with a young person. Informed consent to share information should be sought if the child or young person is competent, unless the situation is urgent and delaying in order to seek consent may result in serious harm to the young person; or if seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.

If consent to information sharing is refused, or cannot/should not be sought, information should still be shared if there is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else, or is likely to prejudice the prevention or detection of serious crime; or the risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing.

Professionals should keep parents informed and involve them in the information sharing decision, even if a child is competent or over 16. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply.

Where a child is not competent, a person with parental responsibility should give consent unless the circumstances for sharing without consent apply.

The links relate to publications about self-harm and suicide with sections about children and young people as in the latest national strategy:

- **Self-harm in young people: information for parents, carers and anyone who works with young people Royal College of Psychiatrists;**
- **The truth about self-harm – The Mental Health Foundation;**
- **Suicide prevention: resources and guidance GOV.UK;**
- **Suicide by Children and Young People 2017 (HQIP);**
- **Self-harm: Assessment, Management and Preventing Recurrence NICE Guidance.**
- **Websites:**
 - **The Mix – essential support for under 25s;**
 - **Mind;**
 - **www.firstsigns.org.uk;**
 - **www.nshn.co.uk;**
 - **www.papyrus-uk.org;**
 - **www.getconnected.org.uk**