Beacon House

Therapeutic Services and Trauma Team

Safeguarding Framework for Children and Adults at Risk

Document Details

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Authorised By	Jayne Hemming, Service Manager

Beacon House

Therapeutic Services and Trauma Team

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ALL DSLS ROTATE ON OUR DUTY RESPONSIBILITY

Beacon House
Therapeutic Services and Trauma Team

CHILD SAFEGUARDING REFERRAL CONTACT DETAILS

Local Authority: West Sussex Children's Services: Integrated Front Door	**Telephone:** 01403 229 900 **Opening Hours:** Mon-Fri 9am-5pm **Out of Hours:** 0330 222 6664 **E-mail:** WSChildrenservices@westsussex.gov.uk **Referrals made via:** www.westsussexscp.org.uk **Address:** Integrated Front Door for Families, 1st Floor, County Hall North (Parkside), Chart Way, Horsham, West Sussex, RH12 1XH
WSCC LADO consultation line:	**Telephone:** 0330 222 6450
Local Authority: Brighton and Hove Children's services: Front Door for Families (previously MASH)	**Telephone:** 01273 290 400 **Opening Hours:** Mon-Thurs 9am-5pm; Fri 9am-4.30pm **Out of Hours:** 01273 335905 (Emergency Duty Team) **E-mail:** FrontDoorForFamilies@brighton-hove.gov.uk ; complete online referral form **Address:** Front Door for Families, c/o Whitehawk Community Hub and library, 179a Whitehawk Road, Brighton. BN2 5FL
Brighton & Hove LADO contact details:	**Telephone:** 01273295643 **Mobile:** 07795335879 **E-mail:** darrel.clews@brighton-hove.gcsx.gov.uk
Local Authority: East Sussex Children's Services: Single Point of Advice (SPoA)	**Telephone:** 01323 464 222 **Opening Hours:** Mon-Thurs 8.30am-5pm; Fri 8.30am-4.30pm **Out of Hours:** 01273 335905/6 (Emergency Duty Team) **E-mail:** 0-19.SPOA@eastsussex.gov.uk ; complete online referral form

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CHILD SAFEGUARDING REFERRAL CONTACT DETAILS

East Sussex LADO contact details:	**Complete an online referral form:** https://www.eastsussex.gov.uk/childrenandfamilies/professional-resources/lado/referrals/form-lado-referral/
Local Authority: Hampshire County Council Children's Services: Multi-Agency Safeguarding Hub (MASH)	**Telephone:** 0300 555 1384 **Opening Hours:** Mon-Thurs 8.30am-5pm; Fri 8.30am-4.30pm **Out of Hours:** 0300 555 1373 **E-mail:** childrens.services@hants.gov.uk ; complete online Inter Agency Referral Form (IARF)
Hampshire LADO contact details:	**Telephone:** 01962 876364 **E-mail:** child.protection@hants.gcsx.gov.uk
Local Authority: Surrey County Council Children's Services Single Point of Access (SPA)	**Telephone:** 0300 470 9100 **Opening Hours:** Mon-Fri 9am-5pm **Out of Hours:** 01483 517898 (Emergency Duty Team) **Email:** csmash@surreycc.gov.uk (dealt with during office hours)
Surrey LADO contact details:	**Telephone:** 0300 470 9100 **E-mail:** LADO@surreycc.gov.uk
Radicalisation concerns	**To make a Channel Police referral (for radicalisation concerns) contact the Sussex Police Prevent Team -** **Telephone** 101/ ext. 531355 **Email:** prevent@sussex.pnn.police.uk

Please see Appendix Six for details of our registration authority for Beacon House adoption support services

Beacon House
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ADULT SAFEGUARDING REFERRAL CONTACTS

West Sussex County Council	**Telephone:** 01243 642121 **Out of hours:** 033 022 27007 To make a referral fill out an online form: https://www.westsussex.gov.uk/social-care-and-health/
Brighton & Hove County Council	**Telephone:** 01273 295 555 **Out of hours:** 01273 295 555 To make a referral fill out an online form: https://new.brighton-hove.gov.uk/adult-social-care
East Sussex County Council	**Telephone:** 0345 60 80 191 **Mobile:** 07797 878 111 To make a referral fill out an online form: https://www.eastsussex.gov.uk/socialcare/worried/report/
Hampshire County Council	**Telephone:** 0300 555 1386 **Email:** adult.services@hants.gov.uk To make a referral call the above telephone number
Surrey County Council	**Telephone:** 0300 470 9100 **Email:** ascmash@surreycc.gov.uk To make a referral call the above telephone number

Other useful contacts can be found in Appendix One

Beacon House
Therapeutic Services and Trauma Team

SECTION ONE:
OUR SAFEGUARDING COMMITMENT

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SECTION ONE: THE SERVICE

Mission statement

Beacon House offers a high quality, innovative, attachment and trauma informed mental health and occupational therapy service. Our specialist multi-disciplinary team of therapists provide assessment and therapy to children, families and adults experiencing a wide range of emotional, relational and sensory difficulties. We are highly committed to safeguarding the children and adults we work with, and strive to offer a safe and effective service to individuals of all ages.

We aim to contribute to an international culture shift where the impact of loss, disruption and trauma is understood and repaired - through creating freely available resources and delivering training. We aspire to move information about trauma and adversity into the hands of those who need it.

The services we provide

Beacon House provides the following services:

1. Clinical services to children, adolescents and families – this service is sometimes provided within the child's school or home.

2. Clinical services to adults – this includes, but is not restricted to, adults who have experienced early trauma and adversity.

3. Training services – with a special focus on teaching about the impact of complex trauma and its repair. Training may be delivered by internal or external trainers, and delegates include professionals and members of the public.

4. Organisational consultation to external agencies – to promote teams and organisations to become trauma-informed.

5. Case consultations and clinical supervision – to enable individual practitioners and professional networks external to Beacon House to become more effective and trauma-informed.

6. Educational Psychology interventions with schools and families – to enable vulnerable children to reach their potential within their learning environment.

SECTION ONE: **THE SERVICE *(CONT)***

Additional vulnerabilities

Beacon House provides services to children and adults across the lifespan who present with additional vulnerabilities. Those with additional vulnerabilities include:

- Children who are Looked After
- Children who are adopted
- Children who are cared for under a Special Guardianship Order
- Children who have child protection plans
- Children who have special educational needs
- Children who are young carers
- Children who are at risk of modern slavery, trafficking or exploitation
- Children who show signs of being drawn into anti-social or criminal behaviour
- Adults who were abused or neglected as children
- Individuals of all ages who have complex mental health difficulties
- Individuals of all ages who have learning difficulties or learning disabilities
- Individuals of all ages who have physical disabilities
- Individuals of all ages who are exposed to domestic abuse

Our safeguarding framework therefore recognises that our client group is particularly vulnerable to safeguarding risks such as grooming, modern slavery, trafficking, radicalisation, substance misuse, sexual exploitation, criminal exploitation and abusive relationships in adulthood.

Signs and indicators of abuse, neglect and other safeguarding concerns for children can be found in Appendix Three, and indicators of concerns for adults can be found in Appendix Four.

SECTION ONE: **PURPOSE AND AIMS**

All staff working for and on behalf of Beacon House, and those listed under 'The services provided' recognise a moral and statutory responsibility to safeguard and promote the welfare of all children and adults at risk. We endeavour to provide a safe and welcoming environment where children and adults are respected and valued. We believe that a child or adult should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and adults at risk, and we are committed to practise in a way that protects them.

The purpose of this policy is to:

- Safeguard children and adults at risk who receive services from Beacon House. This includes children of adults who use our services and children of staff members.
- Provide employed staff and self-employed associate therapists with an overarching framework that guides our approach to safeguarding; and enable them to meet their statutory responsibilities to safeguard the well-being of children and adults at risk.
- This policy should be used in conjunction with local guidance and protocols.

Beacon House policies and procedures which contribute to safeguarding are listed below, and should be followed in conjunction with this document:

Policy Title	Version Dates
Safer Recruitment	2022
Whistle Blowing	2022
Health and Safety	2022
Supervision and Management	2022
Complaints, Concerns and Complaints	2022
Disciplinary	2022
Statement of Purpose	2022
Equality, Diversity and Inclusion Policy	2022
GDPR Privacy Standard	2022
Quality Assurance Policy	2022

SECTION ONE: **SCOPE OF POLICY**

It is the responsibility of all staff to act if there is a cause for concern about a child or adult at risk, or the behaviour of an adult towards a child or adult at risk.

However, it is not their responsibility to determine if abuse has occurred or what action is required to protect the individual at risk.

Responsibility for deciding whether to escalate a concern to the appropriate authority lies with the Beacon House Designated Safeguarding Lead (DSL). Please refer to **Appendix Four** for safeguarding roles and responsibilities for the Beacon House DSL's.

SECTION ONE: **POLICY BREACHES**

Employed staff and self-employed associate therapists are obliged to comply with this policy as specified and agreed within their contractual arrangement with Beacon House.

Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in disciplinary action for employees, and dismissal/exclusion from the organisation for associate therapists. If appropriate, a referral to the police and other relevant authorities will also be made.

SECTION ONE: THIRD PARTY CONTRACTORS

Third party contractors for Beacon House who access our building during working hours include:

- Cleaners
- Building maintenance staff
- Building contractors
- Health and safety contractors

Third party contractors who can access our secure client data system are:

- Our IT provider
- Our website designer

Third party contractors do not have unsupervised contact with children or adults at risk who attend Beacon House.

All third party contractors are asked to sign and adhere to a contractual agreement which outlines expectations relating to Beacon House's safeguarding arrangements.

In the event that a contractor reports a safeguarding concern regarding a child or adult at risk, the relevant procedures in Section Three will be followed.

In the event that a safeguarding concern is raised about the conduct of a third party contractor, our procedures in Section Four will be followed.

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SECTION TWO:
OUR SAFEGUARDING FRAMEWORK

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SECTION TWO: **LEGAL FRAMEWORKS RELEVANT TO THIS GUIDANCE**

This policy has been drawn up on the basis of law and guidance that seeks to protect children and adults at risk, namely:

- UN Convention on the Rights of the Child 1991
- Data Protection Act 1998
- Children Act 1989 and 2004
- Sexual Offences Act 2003
- Working Together to Safeguard Children and HM Government 2018
- What to do if you are Worried a Child may be being Abused HM Government 2018
- Mental Capacity Act 2005
- Human Rights Act 1998
- Children and Families Act 2014 (for young adults 18-25)
- Care Act 2014
- Protection of Freedoms Act 2012
- Counter Terrorism and Security Act 2015
- Serious Crime Act 2015
- Keeping Children Safe in Education (KCSIE) 2018
- NICE Guidelines – when to suspect child maltreatment (2009)
- Intercollegiate Document 2014
- Information Sharing Advice for Safeguarding Guidance (2018)
- Positive environments where children can flourish A guide for inspectors about physical intervention and restrictions of liberty, Ofsted, March 2019

SECTION TWO: **EQUALITY, DIVERSITY AND INCLUSION STATEMENT**

As per the protected characteristics outlined in the Equality Act 2010, all children and adults regardless of age, sex, disability, gender reassignment, race, language, sexual orientation, religion or belief, sexual orientation, marriage and civil partnership, pregnancy and maternity have equal rights to protection.

Please refer to our Equality, Diversity and Inclusion Policy for more information about how Beacon House embraces principles of equal opportunities.

SECTION TWO: **DEFINITIONS**

Child: Anyone who has not yet reached their 18th birthday. In this document 'children' is taken to include young people up to 18, as defined in the Children Act 1989 and 2004.

Adults at risk: Any person who is aged 18 years or over and who is at risk of abuse, neglect, exploitation or grooming because of their unmet needs and mental health difficulties. Some organisations use the term "vulnerable adults", however Beacon House will use the terminology 'adults at risk' as this focuses attention on the risks that people face rather than any inherent vulnerability. This is also in line with the terminology used in the Care Act 2014.

Safeguarding and promoting the welfare of children and adults at risk refers to the process of protecting children and adults from abuse or neglect, and the impairment of their health or development. It also refers to a process that ensures that children grow up in safe, effective and nurturing care, in which they can reach their unique potential.

Child protection refers to the processes undertaken to meet statutory obligations laid out in the Children Act 1989 and associated guidance (see Working Together to Safeguard Children, An Interagency Guide to Safeguard and Promote the Welfare of Children) in respect of those children who have been identified as suffering, or being at risk of, suffering harm.

Staff refers to all those working for or on behalf of Beacon House - full time or part time, employees, self-employed therapists or third-party contractors.

SECTION TWO: **DEFINITIONS**

Associates refers to all those practitioners who are self-employed and work for Beacon House to deliver clinical assessments, interventions, consultations and training.

Therapists refers to therapists at Beacon House who work directly with children and adults,which includes both employees and self-employed associates.

Employees refers to all individuals, regardless of role, who are directly employed by Beacon House.

Third Party Contractors refers to individuals or companies external to Beacon House commissioned to provide a maintenance or infrastructure service, such as cleaning or information technology.

Parent/carer refers to birth parents, adoptive parents, foster carers, special guardians and other adults who are in a parenting role.

Clinical Record refers to the place on our secure client database where Beacon House staff record all contact with each client, and all actions in relation to them. Each clinical record is accessible on a need to know basis within the team.

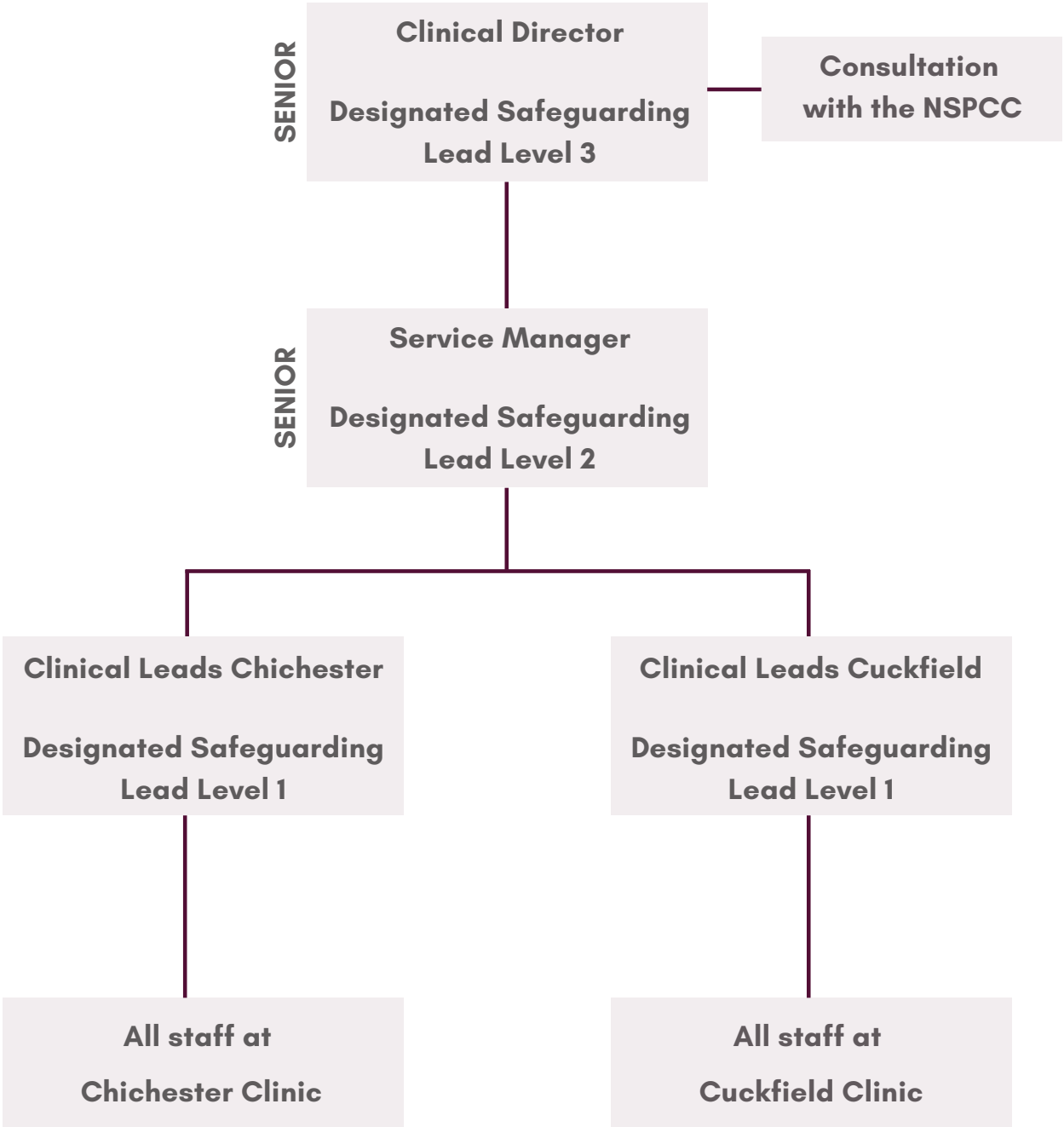
Central Safeguarding Log refers to a list, accessible only to the DSL's, where all safeguarding referrals to statutory services are recorded.

SECTION TWO: **SAFEGUARDING ROLES AND RESPONSIBILITIES**

Whilst all Beacon House staff have a responsibility to identify and share safeguarding concerns, some staff hold additional responsibilities for safeguarding at a strategic and operational level.

Structure

The following structure chart illustrates the levels of safeguarding reporting:



SECTION TWO: **SAFEGUARDING ROLES AND RESPONSIBILITIES *(CONT)***

This section provides an overview of the roles and responsibilities, however, please refer to **Appendix Five** for a full description.

Job Title	Designated Safeguarding Lead Level	Roles and responsibilities summary
Clinical Director	Three (DSL3)	The DSL3 is responsible for the oversight and scrutiny of strategic and operational safeguarding matters across the service. The Clinical Director will support the Service Manager who is a Senior Designated Safeguarding Lead (Level Two) in making decisions regarding serious incidents related to risk management for children, adults at risk and staff conduct.
Service Manager	Two (DSL2)	The DSL2 is a nominated person who will be accountable for the strategic and operational responsibilities across Beacon House, reporting to the Clinical Director and supporting the Designated Safeguarding Leads Level One in their role.
Clinical Lead	One (DSL1)	DSL1s are responsible for safeguarding issues at an operational level, supporting staff and reporting to the DSL2.
Beacon House Staff	Not applicable	All staff must: 1. Be familiar with Beacon House's safeguarding policy and procedures. 2. Identify, respond, report (to the Duty DSL) and record all safeguarding concerns within the same working day. 3. If staff are confident that a child or adult is at risk of immediate and severe harm and no DSL can be contacted, the staff member should contact emergency services without delay and without DSL consultation.

Purpose

This section outlines the expectations and behaviour required of all Beacon House staff. It will also help everyone to maintain appropriate standards of behaviour and reduce the possibility of allegations of abuse being made against them.

Staff should also be mindful that their behaviour should reflect the spirit of the safeguarding code of conduct in their personal life as well and should not behave in a way that would undermine the reputation of Beacon House, be it in a professional or personal capacity.

Staff must:

- Treat all children and adults at risk equally, respectfully, with warmth and empathy; and listen to their wishes and feelings.
- Encourage a non-discriminatory environment.
- Behave in a calm, positive, supportive and encouraging way with children and adults at risk.
- Report on any suspicions, concerns, allegations or disclosures made by a child or adult at risk, including poor practice and grooming behaviour.
- Ensure the relationship with a child or adult at risk (including their family) remains professional at all times. The relationship should not develop into a friendship or intimate relationship.
- Respect a child's and adult at risk's right to personal privacy but never agree to keep any information relating to the harm of a child or adult at risk confidential.
- Ensure that dangerous or otherwise unacceptable behaviour, including bullying by children or adults at risk, are challenged and addressed.
- Be aware that children and adults at risk can develop infatuations (crushes) towards adults. If this is happening, staff should tell their clinical lead and then respond to the situation in a way that maintains the dignity of all concerned.
- If a child or adult at risk needs physical comfort, this is done in a way that is both age appropriate and respectful of their personal space, with their permission and preferably in the presence of someone else.

SECTION TWO: **SAFEGUARDING CODE OF CONDUCT *(CONT)***

Staff must not

- Conduct a sexual relationship with a child or indulge in any form of sexual contact with a child regardless of the age of consent. This would constitute a breach of a position of trust, for those in regulated settings under the Sexual Offences Act 2003.
- Conduct a sexual relationship with an adult at risk.
- Make sarcastic, insensitive, derogatory or sexually suggestive comments or gestures to or in front of children or adults at risk.
- Engage in or allow any sexually provocative games involving or observed by children or adults at risk, whether based on talking or touching.
- Show favouritism or gossip about children or adults at risk.
- Rely on their reputation, position or Beacon House to protect them.
- Let any allegations of abuse or poor practice go unchallenged or unreported.
- Maintain confidentiality about sensitive information to safeguard a child or adult at risk.
- Work under the influence of alcohol or drugs.
- Smoke, vape or drink alcohol in front of children.
- Discuss their own personal or sexual relationships in front of children or adults at risk.
- Give or receive gifts and/or substances such as drugs, alcohol, cigarettes, and e-cigarettes from or to a child, adult at risk or their family.
- Do things of a personal nature that the child or adults at risk can do for themselves.
- Steal, or condone someone else's stealing, regardless of the value of the stolen item.
- Photograph or film children where no prior consent has been sought
- Administer First Aid involving the removal of children's clothing unless in the presence of their parents/carers or others.
- Show any audio and/or visual material (CDs, DVDs, videos, photos, films, computer or games etc.) that has inappropriate content for children.
- Arrange to meet a child or adult at risk outside of their work context where the purpose is one of friendship or an intimate relationship.
- Permit a child or adult at risk to use language that aims to radicalise by supporting terrorism and forms of extremism leading to terrorism.
- Contact a child through any form of social media.
- Investigate any allegation of abuse themselves.

Safeguarding code of conduct within the Beacon House buildings

- All clients and visitors are asked to sign in and sign out of the building.
- Children must be supervised at all times, by either a parent/carer, member of staff or a responsible adult.
- Children must be accompanied to the toilets by an adult at our Cuckfield Clinic, as the toilets are accessible by visitors from the general public.

Electronic communication includes using mobile phones, computers and other devices for email, text, instant messaging, chat rooms, blogs, and social networking.

Beacon House associate therapists provide their own devices (e.g. lap top, mobile phone) in order to carry out their work. Beacon House employees are provided with electronic devices by the Service.

Our GDPR policy sets out our comprehensive policies and procedures related to data protection and data security for all staff.

Beacon House recognises that:

- Technology can be used creatively and innovatively to enhance our communication with children and adults at risk, particularly those who are hard to engage in traditional talking therapy.
- Digital communication and social media are often a very important aspect of our clients' lives.
- We have a responsibility to take all reasonable measures to identify risks of harm to children and adults at risk through digital platforms, and where harm is recognised, to address it appropriately by following the relevant procedures in Section Three.
- We have a responsibility to protect our staff from inappropriate conduct from children and adults at risk in their personal lives, and from situations that may make staff vulnerable to allegations of wrongful conduct.
- Staff have a responsibility to ensure that they act appropriately and safely at all times in relation to their electronic communication with children and adults at risk.
- Staff have a responsibility to ensure they behave in appropriate and law-abiding ways in relation to their own personal use of their electronic equipment.

Staff code of conduct related to E-Safety

Staff must not:

- Have private, non-work related, electronic communication with children and adults at risk, either during their work with the individual or after the work has ended.
- Give their mobile number to a child or adult at risk, unless the mobile is specifically used for work purposes by the staff member.
- Give their personal email address to a child or adult at risk.
- Share their personal social networking or instant messaging account with a child or adult at risk.
- Communicate with children or adults at risk via any social media platforms, including Facebook, Twitter, Instagram and Snapchat.
- Respond to a child or adult at risk who has sought them out on social media.
- Access inappropriate or illegal images on any personal electronic device at any time.
- Show children or adults at risk any inappropriate or illegal material on any electronic device at any time.

Staff must:

- Ensure that the content of their personal social networking accounts are appropriate and safe, given the possibility of children and adults at risk seeking out their personal accounts.
- Ensure they have adequate privacy settings on their social networking accounts to prevent their clients accessing their personal information.
- Copy all texts, emails and other messaging forms onto the child or adult's clinical record.
- Identify and report any concerns related to risks posed to children and adults at risk via electronic communication.

SECTION TWO: DATA PROTECTION FOR SAFEGUARDING INFORMATION (NOT RELATED TO ALLEGATIONS AGAINST STAFF)

All concerns and actions must be recorded on the child or adult at risk's clinical record, under the category of 'Safeguarding'.

It is the responsibility of the member of staff to record all concerns and actions they have taken without consultation with the DSL; and it is the responsibility of the DSL to record all discussions and actions taken that they have participated in.

All safeguarding data is stored and retained in line with our GDPR Privacy Standard.

Specifically:

- Data is stored in a secure location; with access restricted on a need to know basis.
- For children, the records will be stored until they are 26 years old.
- For adults, the records will be stored for seven years after the closure of their case with Beacon House.

Our Privacy Standard states that data will not be deleted within the above timescales if:

- Due to safeguarding or reasons pertaining to alleged or actual criminal offences, it is imperative that the personal information is retained
- For reasons of public interest or national defence
- For the establishment, exercise, or defence of legal claims
- The prevention, investigation, detection and prosecution of breaches of ethics for regulated professions

It is the responsibility of the DSL2, in consultation with the DSL3, to regularly review client records that are due for deletion and take into account features of safeguarding which may indicate retention is required.

SECTION TWO: INFORMATION SHARING WHEN THERE ARE SAFEGUARDING CONCERNS OR ALLEGATIONS (NOT RELATED TO ALLEGATIONS AGAINST STAFF)

This section is informed by the document 'Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers' (2018) and also 'Safeguarding adults, sharing information' (2018).

Information sharing is essential for effective safeguarding and promoting the welfare of children and adults at risk. It is a key factor identified in many serious case reviews where poor information sharing has resulted in missed opportunities to take action that keeps vulnerable individuals safe.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and adults at risk safe.

The seven golden rules about information sharing are as follows:

1. **GDPR, the Data Protection Act 2018 and human rights law** are not barriers to justified information sharing, but provide a framework to ensure that personal information about individuals is shared appropriately.
2. **Be open and honest with the individual (and/or their family where appropriate)** from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice from the Beacon House Data Protection Officer (the Clinical Director)** if you are in any doubt about sharing the information concerned.
4. **Where possible, share information with consent,** and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018, you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. **Consider safety and well-being:** base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, adequate, accurate, timely and secure:** ensure that the information you share is necessary for the purpose for which you are sharing it; is shared only with those individuals who need to have it; is accurate and up to-date; is shared in a timely fashion; and is shared securely.
7. **Keep a record of your decision and the reasons for it** on the clinical record – whether it is to share information or not. If you decide to share, then record what you have shared on the clinical record under the category 'GDPR', with whom and for what purpose.

Consent in the case of child protection

It is best practice to get consent to share information if possible, and as long as it will not increase the risk of harm to the child.

In most instances, parents/carers and the child (depending on their age) should be informed that a safeguarding referral to Children's Social Care is being made, unless to do so might put a child in further danger, or where it is suspected that the parents/carers may be directly harming the child; or where it might put yourself in danger.

Consent in the case of adult protection

In cases of adult protection, the principles above in relation to children also apply to adults. The information sharing arrangements for those over 18 are governed by the Care Act 2014. This act stipulates that safeguarding duties apply to an adult who:

- Has care and support needs and
- Is experiencing, or at risk of experiencing, abuse or neglect and
- As a result of those care and support needs, is unable to protect themselves

There is a set of national principles that reflect the approach to information sharing including consent, capacity and confidentiality, these are:

1. **Empowerment** – supporting the adult to make their own decisions and give informed consent
2. **Protection** – support and representation for those in greatest need
3. **Prevention** – it is better to take action before harm occurs
4. **Proportionality** – proportionate and least intrusive response appropriate to the risk presented
5. **Partnership** – local solutions through services working with their communities
6. **Accountability** – accountability and transparency in delivering safeguarding

Where an adult who is capable of giving consent to information being passed on to a statutory safeguarding authority refuses to do so, we will consider whether their 'vital interests' are at stake under the terms of the Data Protection Act.

In such situations, the DSL1 should consult with the Clinical Director in her role as Data Protection Officer who will carry out a GDPR risk assessment. A referral to the statutory services without consent is the likely outcome, if the adult is at imminent risk of serious danger or another person is at imminent risk of danger.

Consent in the case of adult protection *(cont)*

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves. The principles of the act state that an adult at risk has the right to make their own decisions and be assumed to have capacity unless it can be proved otherwise.

They also:

- Must receive all appropriate help and support to make decisions
- Have the right to make eccentric or unwise decisions (in the opinion of others)

In addition, decisions are time and decision-specific. This means that a person may be able to make certain decisions, but not others, at a point in time. Decision making ability may fluctuate over time.

Therefore, Beacon House will also pass on information where it appears that the adult at risk may lack mental capacity to consent to this decision, or may be being coerced to withhold consent. The local authority will then consider who can obtain a 'best interests' decision and how it can be made.

Any decision made on behalf of an adult at risk should weigh up and balance both the Mental Health Act and the Human Rights Act, to protect their best interests whilst respecting their rights.

SECTION TWO: **BARRIERS TO SEEKING HELP**

Many children and adults are reluctant to seek help because they feel that they do not have anyone that they can turn to for support. They may have sought help in the past and had a negative experience, which makes them unlikely to do so again. In an NSPCC study of child maltreatment (2000), only a quarter of the people that had experienced sexual abuse as a child had told anyone at the time. Being unable to tell someone that you are being abused can be very stressful and may leave a vulnerable child or adult at risk of continuing or further abuse. LGBT children and adults at risk may face additional barriers because they fear 'outing' themselves; have experienced discrimination or bullying because of their sexual identity and do not trust others to be supportive.

SECTION TWO: **BARRIERS TO SEEKING HELP *(CONT)***

Children and adults may not seek help because they

- Fear not being believed.
- Feel too embarrassed to talk about a private or personal problem.
- Worry that their concern will not be taken seriously.
- Worry about confidentiality and lack trust in both the people around them (including parents/carers) and in the services provided to help them.
- Fear the consequences of asking for help.
- Fear the situation could become worse.

How Beacon House encourages children and adults at risk to seek safeguarding support

- There are multiple safeguarding notices on the walls of both clinics, letting children and adults know who they can contact within the service if they are worried about harm to themselves or others.

- Every child and every adult referred to Beacon House is sent a Service Guide before coming to their first appointment. In this guide, they are told about our strong commitment to safeguarding and who our DSLs are. They are also provided with independent help lines, such as Childline and the Samaritans.

- Our full safeguarding policy and an abbreviated summary are both available on our website, with a statement of our clear commitment to the safeguarding of all children and adults at risk who come into contact with us.

- Our ethos is to treat all children and adults at risk with respect, compassion and dignity, and in doing so we always strive to validate their emotions and views. We actively encourage the sharing of experiences of safety and risk.

SECTION TWO: **SAFEGUARDING TRAINING REQUIREMENTS**

At Beacon House we are highly committed to ensuring all staff are well trained and up to date in their knowledge about signs and indicators of abuse and how to raise concerns. Staff are required to adhere to the following minimum training standards. If there is a change in legislation, updating training will be required sooner than the timescales stated below:

Designated Safeguarding Leads

- Specialist DSL training once every three years in both child safeguarding and adult safeguarding, with a refresher at least yearly for child, and every 2 years for adult safeguarding.
- Specialist safer recruitment training once every three years (this is covered in more detail within our Safer Recruitment policy).
- Beacon House is committed to commissioning annual training from local safeguarding experts who can update us on the local context and procedures around safeguarding.
- The DSLs at Beacon House are committed to attending additional local safeguarding forums where possible.
- The DSLs are all registered with the NSPCC CASPAR monthly safeguarding email update, which enables them to keep abreast of changes and developments in the protection of children.

All staff working directly with children and adults at risk

- Level two safeguarding training, with a refresher once every three years

All administrative staff who do not work directly with children or adults at risk

- Level one safeguarding training, with a refresher once every three years

How staff will be kept updated

Every two months the Clinical Director produces a 'Governance Newsletter', which includes a section on safeguarding updates, both on a local and national level. If there are changes in laws and frameworks, it is the responsibility of the Clinical Director to inform the staff team.

SECTION TWO: MONITORING AND REVIEW OF SAFEGUARDING PRACTICES WITHIN BEACON HOUSE

It is the ultimate responsibility of the Clinical Director to formally monitor and review safeguarding practice across the whole service. The full details of our quality assurance procedures are set out in our Quality Assurance and Improvement Policy.

In summary:

1. Every new member of staff is asked to read and sign this policy during their induction, and each year if the policy is updated.
2. Safeguarding principles and procedures are covered in our robust induction process, delivered and recorded by our Service Manager, verified by our Clinical Director and signed by the staff member.
3. Each therapist has a clinical oversight meeting with their clinical lead every 4 – 12 weeks (dependant on the number of days worked per week). A rolling item on the meeting agenda is 'safeguarding', where the therapist is accountable for demonstrating that safeguarding processes are being followed and highlighting where there are unresolved safeguarding concerns.
4. Every six weeks, the Clinical Director, Service Manager and clinical leads hold a leadership meeting. A rolling agenda item for the leadership team is 'safeguarding practice', where lessons learnt are reviewed. Outcomes from this discussion are minuted with clear timescales and accountability for actions agreed.
5. The Clinical Director oversees the monitoring of staff safeguarding training and DBS certificates, and alerts staff when their training needs to be renewed.

Beacon House
Therapeutic Services and Trauma Team

SECTION THREE:
PRINCIPLES AND PROCEDURES – WHEN A CHILD OR ADULT IS AT RISK OF HARM

CONTENTS

SECTION THREE: **PRINCIPLES**

There are '5Rs' which underpin reporting procedure;

- **Recognise concerns** that a child or adult at risk is being harmed or might be at risk of harm.
- **Respond appropriately** to a child or adult at risk who is telling you what is happening to them, and inform the Beacon House Duty DSL without delay.
- **Refer the concerns,** if appropriate, to children's or adults social care or the police.
- **Record** the concerns on the individual's clinical record and any subsequent action taken; ensure there is no delay in passing on concerns.
- **Review and Escalation** – If an unsatisfactory response has been received from the Authorities, the Beacon House DSL will follow this up.

Concerns may arise as a result of:

- A child or adult at risk making a disclosure to someone at Beacon House.
- An adult reporting a concern.
- Signs and indicators of abuse being recognised or identified.
- Someone reports a concern face to face or by means of other communication.
- The behaviour of an adult towards a child or adult at risk gives cause for concern.
- A disclosure of historical abuse is made directly to someone at Beacon House.

Sometimes a child or adult at risk will make a direct disclosure about their experience of abuse. The following guidelines should be followed when responding to this situation:

DO:

- Be accessible and receptive
- Listen carefully
- Take it seriously
- Reassure him/her that he/she was right to tell
- Explain what will happen next

DO NOT:

- React strongly – for instance saying, "that's terrible"
- Jump to conclusions especially about the abuser
- Tell him/her you will keep this a secret
- Ask leading questions
- Make promises you cannot keep
- Stop him/her from speaking freely
- Tell him/her to stop talking so that you can locate the DSL1

SECTION THREE: **RESPONDING TO A CHILD OR ADULT AT RISK IN A SAFEGUARDING EMERGENCY**

In an emergency where a child or adult at risk has been seriously hurt or is in imminent danger of being harmed, staff must:

Ring 999 and ask for the appropriate emergency service

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Inform the Duty DSL immediately and agree next steps together (e.g. a referral to statutory services)

↓

If an injury or near miss has occurred, record this in the accident book and alert the Health & Safety co-ordinator

↓

On the same day, record the incident and all actions taken on the clinical record under the category 'safeguarding'

SECTION THREE: **RESPONDING TO A CHILD OR ADULT AT RISK IN A NON-EMERGENCY SAFEGUARDING SITUATION**

If you identify a safeguarding concern which is not immediately life-threatening or does not pose a risk of imminent serious harm, you must follow the steps below:

STEP ONE

Consult immediately with the Duty DSL, and always by the end of the same working day; (The Duty DSL and their mobile is listed on our sharepoint homepage).

STEP TWO

The Duty DSL will determine what action is needed (e.g. no action, a referral to social care, sharing of intelligence in the case of County Lines or making a report to the police).

The DSL is responsible for recording decisions and actions on the client's clinical record under the category of 'Safeguarding'.

The Duty DSL must consider if parents/carers should be notified before they share their concern with statutory agencies. If the client is an adult, the DSL needs to consider obtaining consent from the adult at risk (see Section Two for information on sharing and confidentiality which provides a guide for who to share what with).

The DSL may consult with the DSL2/3, one of the statutory services or the NSPCC Helpline if they are unsure how to proceed with the concern or any aspects of information sharing.

STEP THREE

Any referrals to statutory services will be made by the DSL, unless they do not have the quality of information necessary to do so, in which case, the therapist who has the safeguarding concern will make the referral to statutory services on the same working day, instead of the DSL.

SECTION THREE: **RESPONDING TO A CHILD OR ADULT AT RISK IN A NON-EMERGENCY SAFEGUARDING SITUATION *(CONT)***

STEP FOUR

Any referrals to statutory services must be followed up in writing by the Duty DSL within 48 hours using that specific Local Authority's referral form process, unless the original referral was made online. Feedback must be received/sought by the Duty DSL within 3 working days of having made the referral to check what action is being taken. It is the responsibility of the DSL to follow up the referral, and record this on the client's clinical record, and in addition on the central safeguarding log.

STEP FIVE

Escalation if, after reporting a concern, it is evident that the local authority has not taken appropriate next steps in relation to the safeguarding concern, then the Duty DSL must discuss this with the DSL2/3 and determine if the matter needs escalating with the local authority. A record of any decisions and outcomes must be recorded on the client's clinical record and summarised on the central safeguarding log.

SECTION THREE: **RESPONDING TO A CHILD OR ADULT AT RISK IN A NON-EMERGENCY SAFEGUARDING SITUATION *(CONT)***

Flow chart for how to respond to a non-emergency safeguarding concern

Identify a concern.

↓

Consult with the Duty DSL and record all concerns and actions on the same working day.

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The Duty DSL will decide on next steps, which s/he will record on the clinical record.

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The outcome of any referral to statutory services is followed up by the Duty DSL within 3 days.

↓

The Duty DSL will escalate unresolved concerns within the local authority.

SECTION THREE: WHAT TO DO IF YOU SUSPECT A CHILD OR ADULT AT RISK IS INVOLVED IN A COUNTY LINES OPERATION

If you suspect that a child or adult at risk might be at risk of sexual or criminal exploitation as part of a County Lines operation and there is risk of immediate and serious harm, staff must follow our emergency safeguarding procedure.

If no immediate harm is present, staff must report it to the Duty DSL on the same working day. The DSL will follow the non-emergency safeguarding procedure, and should take into consideration these additional steps:

- The need to establish whether the child or adult at risk is already known to statutory services. If so, the exact information shared by the child or the parent/carer should be disclosed to the lead statutory agency, in writing, with a request that the intelligence is shared via a Partnership Intelligence Form.

- If the child or adult at risk is not known to statutory services, the DSL should establish whether the information is sufficient and relevant to warrant sharing directly via a Partnership Intelligence Form.

SECTION THREE:
WHAT TO DO IF THERE IS CHILD TO PARENT VIOLENCE

Child to parent violence is prevalent within vulnerable families. The violence might include patterns of coercive, controlling or threatening behaviours and/or physical violence and aggression from the child towards a parent/carer. In some situations, the parent/carer is an adult at risk in their own right.

There is currently no legal definition of child to parent violence. However, it is increasingly recognised as a form of domestic violence and, according to Home Office information guide (2017) - depending on the age of the child it may fall under the government's official definition of domestic violence and abuse.

If a therapist becomes aware of child to parent violence (or indeed child to child violence) and the child or adult is in immediate risk of serious danger, the emergency safeguarding procedure should be followed.

If there is no immediate danger, the therapist should report the risk to the Duty DSL who will follow the non-emergency safeguarding procedure.

In doing so, the DSL should specifically consider:

1. Child to parent violence is a complex problem and the boundaries between 'victim' and 'perpetrator' can be unclear. The violence is often (although not always) contextualised within existing family problems and many 'perpetrators' of violence towards their parents/carers are, or have been, victims of trauma themselves. It is often difficult to observe or assign labels of 'perpetrator' and 'victim' and there are numerous concerns about criminalising an adolescent for their behaviour, and the negative impact that this may have on their future life chances.
2. The impact of siblings who might witness child to parent violence, and may also be subject to direct violence from their sibling.
3. The possibility that there might additionally be domestic violence between the parents/carers.
4. Parent/carers report feelings of isolation, guilt and shame surrounding their child's violence towards them, and fear that their parenting skills may be questioned and that they will be blamed or disbelieved by those to whom they disclose the violence. This often leads to under-reporting of the violence.
5. Child to parent violence should receive a safeguarding response, and the therapist and DSL should also consider what necessary safety planning is appropriate.
6. Reduction in child to parent violence comes from targeted therapeutic intervention, and this should be considered in the formulation and treatment planning for a family.

SECTION THREE: **WHAT TO DO IF YOU SUSPECT A CHILD OR ADULT IS AT RISK OF HARM, BUT THERE IS NO DISCLOSURE**

If a child or adult at risk presents in a way that makes you concerned they are at risk of harm, but there is no disclosure from them to this effect, take your observations to the Duty DSL who will agree next steps with you. The discussion and next steps should be recorded on the client's clinical record by the DSL.

SECTION THREE: **WHAT TO DO IF A DISCLOSURE OF HISTORICAL ABUSE IS MADE BY AN ADULT**

There is a growing recognition that a disclosure of non-recent abuse may reveal current risks to others from an alleged perpetrator. Staff at Beacon House have a duty of care to their clients, and in the safeguarding of others. This may place staff in complex positions when trying to negotiate and balance their duties and responsibilities.

The NSPCC defines non-recent abuse (also known as historical abuse) as an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old.

If the individual disclosing historic abuse is a child, follow the procedures above for either an emergency or non-emergency safeguarding concern. If the individual is an adult, the following procedures must be adhered to.

Organisational responses to allegations of historical abuse must be of a high standard because:

- There is a significant likelihood that a person who abused a child(ren) in the past will have continued and may still be doing so.
- Criminal prosecution remains a possibility if sufficient evidence can be carefully collated.

SECTION THREE: **WHAT TO DO IF A DISCLOSURE OF HISTORICAL ABUSE IS MADE BY AN ADULT *(CONT)***

When an adult client discloses historical abuse, the likely scenarios are:

1. The client discloses abuse and is prepared to make a formal statement to the police (i.e. to report a crime).
2. The client discloses abuse and gives consent to their therapist making an informal/ anonymous report to the police or social services on their behalf.
3. The client discloses abuse and is not well enough to make their own report to other agencies but the therapist has sufficient information and believes the risk is substantial enough to require reporting.
4. The client discloses abuse but does not wish it to be reported to other agencies (police and/or children's services).
5. The client discloses abuse but does not have sufficient memory about who, when and where to be able to report it to the police and/or children's services.

If an adult discloses historical abuse, all staff should follow these steps:

STEP ONE

If the adult disclosing the abuse feels willing and able to provide information about the abuse, staff should try to establish the following:

- If the individual is aware of the alleged perpetrator's recent or current whereabouts and contact with children.
- Name of the alleged abuser, date of birth or approximate current age and current address/whereabouts and occupation.
- Location/address where the abuse occurred.
- The year the abuse occurred and duration of the period over which the abuse occurred.
- Whether it is known if there are any child(ren) that may currently be at risk from the alleged abuser, or any contact the alleged abuser has with children.

All of the above information should be recorded by the staff member on the clinical record, under the category 'Safeguarding'.

SECTION THREE: **WHAT TO DO IF A DISCLOSURE OF HISTORICAL ABUSE IS MADE BY AN ADULT *(CONT)***

STEP TWO

The staff member must inform the Duty DSL the same working day of the disclosure. The steps outlined above for non-emergency safeguarding procedures will then be followed, but with specific considerations to the following options for next steps:

1. **No immediate action:** For example, if the client cannot provide identifying information or the client would be at significant risk of harm should action be taken.
2. **Anonymous action:** For example, if the client would like to take action but fears retribution which is assessed as a realistic risk, or if the Duty DSL is unsure about next steps then anonymous advice can be sought from:
    a. Crimestoppers (0800 555 111) – who provide a route for anonymous allegations to be logged against named individuals.
    b. The NSPCC (0800 800 5000 or help@nspcc.org.uk) – who have a helpline that can be contacted for anonymous advice.
    c. The relevant MASH team who can offer advice about next steps.
3. **Referral to MASH:** For example, if the client has identifying information and there is evidence that the perpetrator has access to children or is in a position of power and authority.
4. **Report to the police:** For example, if the client has identifying information and is willing to make a report to the police, and it is assessed that doing so does not place the client at increased risk of harm to self, or by others.
5. If the adult discloses information consistent with a county lines operation, consider the guidance on intelligence sharing found on page 36.

STEP THREE

All discussions and decisions should be recorded by the Duty DSL on the client's clinical record, and added to the central safeguarding log if a referral has been made to social care or the police. The Duty DSL must then pass to the Adult Services Lead who has overall responsibilities for overseeing our safeguarding practice in respect of historical disclosures.

Flow chart for how to respond to a disclosure of historical abuse

Adult makes a disclosure of historic abuse

↓

Therapist asks for more information (see page 38) and records details on clinical record

↓

Therapist reports the disclosure to a Duty DSL on the same day

↓

DSL considers factors on pg 39 and decides on next steps. The DSL records decisions on the clinical record

↓

Any referrals to statutory services are recorded also on the central log by the DSL, and followed up within 3 days

↓

The Duty DSL passes to the Adult Clinical Lead for oversight, who will follow up or escalate any unsatisfactory responses from statutory services

SECTION THREE: WHAT TO DO IF A CHILD OR ADULT AT RISK GOES MISSING WHILST ON SITE

All children (and some adults at risk when indicated) should have a responsible adult (e.g. parent/carer, social worker or education staff) either on site, or very near site during appointments at Beacon House.

Adults at high risk of leaving site in highly distressed and vulnerable states should also be accompanied by a 'safe adult' who can assist if required. It is the responsibility of the therapist to ensure that this is requested and is in place.

If a child or adult at risk goes missing during an appointment at Beacon House, the following steps must be followed:

STEP ONE

The therapist must inform the responsible/safe adult who has accompanied the child or adult at risk (if applicable)

STEP TWO

The therapist must get a message to the Duty DSL (via our receptionist) that a child/adult at risk has gone missing

STEP THREE

The therapist must tell the administrative team that the child/adult at risk has gone missing, who can alert the therapist should the child/adult at risk return or call.

STEP FOUR

The therapist, responsible/safe adult and the Duty DSL should look in the local vicinity for the missing person; and make all efforts to contact them by telephone.

SECTION THREE: **WHAT TO DO IF A CHILD OR ADULT AT RISK GOES MISSING WHILST ON SITE *(CONT)***

STEP FIVE

If the missing person has not returned and cannot be contacted; and if the missing person is vulnerable and at risk, the therapist should report the matter to Sussex Police by calling 101. The timescale to reporting the missing person to the police is at the therapist's discretion, but should be no longer than 30 minutes.

In contacting the police, the following information should be provided:

a. What is the specific concern regarding the circumstances? I.e. are there specific risk factors associated with the missing person?
b. What action has been taken to resolve the situation prior to contacting the Police?
c. Is there a means of contacting the missing person (e.g. phone), and has this been attempted?
d. Is the missing person suspected to be at a known location? Can this be verified by phoning or visiting the location?
e. If appropriate has the missing person's social worker, key worker or out of hours team been contacted for assistance with the situation.

STEP SIX

All the above actions should be recorded by the staff member within 24 hours on the clinical record, under the category 'Safeguarding'. There should be a discussion with the DSL about whether the incident should be referred to Social Care.

STEP SEVEN

It is the responsibility of the Duty DSL to follow up with the staff member decisions regarding the safety of future appointments at Beacon House for the client who went missing, so that risk can be managed adequately in the future.

SECTION THREE: **WHAT TO DO IF A CHILD OR ADULT AT RISK GOES MISSING WHILST ON SITE *(CONT)***

Flow chart for how to respond if a client goes missing whilst on site

The therapist must inform the responsible/safe adult if applicable.

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The therapist must inform the Duty DSL immediately.

↓

The therapist must tell the administrative team that the child/adult at risk has gone missing in case they return.

↓

The therapist, responsible/safe adult and the Duty DSL should make all efforts to find and contact the missing person.

↓

The therapist should report the matter to Sussex Police, within 30 minutes of the person going missing.

↓

All the above actions should be recorded by the staff member within 24 hours on the clinical record, under the category 'Safeguarding'. There should be a discussion with the Duty DSL about whether the incident should be referred to Social Care.

↓

It is the responsibility of the Duty DSL to safety plan with the therapist for future appointments.

SECTION THREE: **WHAT TO DO IF THERE IS A VIOLENT INCIDENT ON SITE**

What to do if there is a violent incident on site

Beacon House works with dysregulated children and adults, and it is important to anticipate that some individuals may be triggered into physical aggression by attending Beacon House.

If there is an incident of violence (by a child or by an adult) within a therapy appointment, the staff member must:

STEP ONE:

If possible, and if it does not place the staff member at risk of harm, efforts should be made to de-escalate the situation.

STEP TWO

If the violence has not stopped, the staff member should call the police and/or ambulance to assist and also call assistance from any DSL available (contacted via our Receptionist).

STEP THREE

The staff member should record the incident on the client's clinical record and also record the incident in the accident book (if an injury was sustained or there was a near miss).

The therapist should report it to the Duty DSL the same working day, who will take responsibility for planning the safety of future appointments with the therapist in respect of the client.

SECTION THREE: **WHAT TO DO IF A CHILD OR ADULT AT RISK SELF-HARMS WHILST ON SITE**

Beacon House regularly works with individuals who self-harm, and it is important to understand that therapeutic work may trigger the impulse to self-harm. Our response to children or adults who self-harm on site must prioritise their safety and must demonstrate compassion and a non-judgmental stance.

STEP ONE

If possible, and if it does not place the staff member at risk of harm, verbal efforts should first be made to stop the individual from self-harming.

STEP TWO

If this is not effective, or if the self-harm presents an immediate danger to the client, the therapist should use reasonable force or restraint to protect the client from harm. 'Reasonable' force or restraint here is a clinical judgement, and entails using no more force or restraint than is required to establish safety for the client. If at all possible any DSL available on site should be called on to support the situation.

STEP THREE

If the self-harm has not stopped, or if the self-harm has caused physical injury that needs medical attention, then the staff member should call the police and/or ambulance to assist, ensuring where possible that the client is not left unsupervised.

STEP FOUR

The staff member should record the incident on the client's clinical record and also record the incident in the accident book (if an injury was sustained or near miss took place). The therapist should report it to the Duty DSL the same working day, who will take responsibility for planning the safety of future appointments with the therapist in respect of the client.

SECTION THREE: **WHAT TO DO IF A CHILD AT RISK DOES NOT ARRIVE FOR AN APPOINTMENT**

If a child does not attend an appointment, and the staff member is aware that:

1. The child is on a child protection plan
2. The child is at risk of CSE or another vulnerability
3. The child is at significant risk of harm to self

Then the staff member should:

1. Contact the relevant professionals in the network.
2. Consider contacting the parent/carer, unless there are sound reasons not to.
3. Inform the Duty DSL who will agree with the therapist best next steps.

SECTION THREE: **WHAT TO DO IF AN ADULT AT RISK DOES NOT ARRIVE FOR AN APPOINTMENT**

If an adult at risk does not attend for an appointment, and the staff member is aware that:

1. The adult is at significant risk of harm to self (e.g. suicidality, self-harming or other self-destructive behaviours).
2. The adult is vulnerable to harm from others (e.g. domestic abuse, child to parent violence).

Then the staff member should:

1. Contact the relevant professionals in the network, unless to do so would jeopardise the client's rights and freedoms and does not outweigh the risk they present to self or others.
2. Inform the Duty DSL who will agree with the therapist best next steps.

SECTION THREE: **WHAT TO DO IF A CHILD IS PRESENTING WITH HARMFUL SEXUAL BEHAVIOUR**

It is recognised that some children who have experienced trauma and adversity engage in harmful sexual behaviour towards other children. There are many possible reasons and causes for this behaviour. The behaviour of this small but significant group of children can cause significant harm and distress to others, often involving other children as victims.

If a therapist becomes aware of a child who is engaging in harmful sexual behaviour, they should consult a DSL on the same day. The procedures for a non-urgent safeguarding concern should then be followed.

The DSL and therapist should specifically take into consideration the following principles:

1. The link between on-line behaviour and harmful sexual behaviour is a cause for concern and should be enquired about. Technology-assisted harmful sexual behaviour can range from developmentally inappropriate use of pornography (and exposing other children to this), through grooming and sexual harassment.

2. Children who harm others may pose a risk to children other than their present victim, and the safety of their victim and other children is of paramount importance. However, children who behave in this way are likely to have considerable levels of unmet need themselves and should be seen as individuals who also need safeguarding and protection.

3. Children who harm others should be held responsible for their harmful behaviour, while being identified and responded to in a way which meets their needs.

4. Early and effective intervention with children who sexually harm others may play an important part in protecting children, by preventing the continuation or escalation of abusive behaviour.

5. Children who sexually harm others have a right to be consulted and involved in all matters and decisions that affect their lives. Their parents/carers have a right to information, respect and participation in matters that affect their family.

6. The complex nature of the problem requires a co-ordinated, multi-disciplinary approach, which addresses both child protection and criminal justice issues.

Beacon House
Therapeutic Services and Trauma Team

SECTION FOUR:

PRINCIPLES AND PROCEDURES – WHEN A CONCERN OR ALLEGATION IS RAISED ABOUT A MEMBER OF STAFF

CONTENTS

SECTION FOUR: HOW TO RESPOND TO ALLEGATIONS OR CONCERNS ABOUT STAFF AT BEACON HOUSE

Beacon House recognises that children and adults at risk cannot be expected to raise concerns in an environment where staff fail to do so. The Service aims, therefore, to ensure that there is a culture of safety and raising concerns; and an attitude of 'it could happen here'. No one who reports a genuine concern, in good faith, needs to fear retribution.

The aims of these procedures are to ensure that:

- Children, adults at risk and staff are protected and supported following an allegation that they may have been abused by an adult working for, or on behalf of, Beacon House.
- There is a fair, consistent and robust response to any safeguarding allegation made, including those that are historical.
- An appropriate level of investigation into concerns or allegations, whether they are said to have taken place recently, at any time the person in question has been employed or contracted by Beacon House, or prior to the person's involvement with Beacon House.
- Beacon House continues to fulfil its responsibilities towards the member of staff who may be subject to such investigations.

SECTION FOUR: DEFINITION OF A SAFEGUARDING ALLEGATION AGAINST A STAFF MEMBER

This is where a person is alleged to have:

a) Behaved in a way that has harmed a child or adult at risk, or might lead to a child or adult at risk being harmed.
b) Possibly committed or be planning to commit a criminal offence against a child or adult at risk.
c) Behaved towards a child or adult at risk in a way that indicates s/he is, or would be, unsuitable to work with children or adults at risk.

The allegation may:

- Involve a child(ren), or adults(s) or both.
- Not directly have a 'known child' victim. For example, if a member of staff is accessing abusive images of children online or using the internet to groom children with the intent to harm in future.
- Be about any type of abuse.
- Concern a breach of the Beacon House safeguarding code of conduct.
- Relate to a staff member who has left Beacon House (known as a 'historical non-recent allegation').
- Concern a son or daughter of a staff member.

A safeguarding allegation may arise when:

- A child, adult at risk, or parent/carer makes a direct allegation against a member of staff.
- There is a direct observation of behaviour that is cause for concern.
- Beacon House receives a safeguarding allegation from any individual during another internal procedure, for example a disciplinary or complaint.
- Beacon House is informed by the police or local authority that an individual is the subject of a child or adult protection and/or criminal investigation.
- Information emerging from the renewal of a DBS check that a staff member may have committed an offence or been involved in an activity that could compromise the safety of a child/ren or adults at risk.
- A member of staff informs Beacon House that they have been the subject of allegations, have harmed a child or committed an offence against or related to a child or adult at risk.
- A training delegate may share information which gives rise to a concern.

A member of the public may contact us with an enquiry and reveal information which raises concern. The procedures must be followed consistently in all instances, regardless of how the safeguarding allegation arises or from whom; or whether it is shared with Beacon House by email, face-to-face contact, social networking, telephone or letter.

SECTION FOUR: **DEFINITION OF A SAFEGUARDING ALLEGATION AGAINST A STAFF MEMBER *(CONT)***

If a member of staff is concerned about the behaviour of another member of staff then they should not be held back by a concern regarding the confidentiality of this information. Even if it turns out to be mistaken, it is better to discuss it and enable a proper investigation and assessment to happen than not report it at all.

Staff should not:

- Ignore concerns
- Confront the person
- Discuss the matter with others apart from those identified in this procedure

SECTION FOUR: **WHO TO TELL IF A SAFEGUARDING ALLEGATION NEEDS TO BE RAISED AGAINST A STAFF MEMBER**

The person should inform the DSL2 (Service Manager). This should be done within the same working day of the allegation coming to light. If the concern is about the DSL2, then inform the DSL3 (Clinical Director).

If the allegation is against the DSL3 (the Clinical Director) the report should be made directly to the DSL2 (Service Manager), who will act in consultation with the relevant LADO.

Where a staff member feels unable to raise an issue with the Clinical Director, or feels that their genuine concerns are not being addressed, they are able to contact the NSPCC Whistleblowing Advice Line Call 0800 028 0285.

SECTION FOUR: **HOW THE INITIAL CONCERN IS RECORDED**

The DSL who receives the safeguarding allegation information should, together with the person making the allegation complete the 'Safeguarding Concern Form' (found in Appendix Six and saved in the Safeguarding folder on Sharepoint) to include the:

- Name of the individual who the allegation is about and any other identifying information, including location
- Name of any child or adult at risk involved
- Date and time of the allegation arising
- Name and contact details of the person making the allegation
- Key information about the nature of the safeguarding allegation.

SECTION FOUR: **INITIAL CONSIDERATIONS ABOUT MANAGING A SAFEGUARDING ALLEGATION**

If it is considered that a child or adult at risk is subject to life threatening concerns or risk of immediate harm, or needs emergency medical attention, then the emergency services must be contacted straightaway and the parents/carers of the child or adult at risk told that immediate steps are being taken to get help.

Beyond an immediate emergency, there may be up to four strands that the DSL2 and DSL3 need to consider:

Strand 1 Enquiries and assessment by social care about whether a child or adult at risk needs protection and/or services.

Strand 2 A police investigation if a criminal offence may have been committed.

Strand 3 Consideration by an employer of disciplinary action in respect of the individual.

Strand 4 Referral for 'consideration to bar' a person from working with children (i.e. referral to the Disclosure and Barring Service) and/or referral to a professional registration body for professional misconduct.

The DSL2 will oversee the management of all allegations, together with the DSL3, and hold accountability for them.

SECTION FOUR: ARRANGEMENTS FOR DEALING WITH ALLEGATIONS OF HARM AGAINST STAFF

The DSL2 and DSL3 are responsible for agreeing an initial plan of how to proceed with managing the allegation. They need to agree that the information before them is a safeguarding allegation. The safeguarding allegation may be in respect of the person's employment or behaviour towards any other children or adults at risk including their own children or family members.

If, after the initial consideration, the DSL2 and DSL3 do not consider the matter constitutes a safeguarding allegation, then they must decide if an internal investigation is required to determine if the behaviour/incident is related to poor practice or misconduct. The disciplinary process must then be followed if deemed appropriate. All decisions and the reasons for them, including there being no need to take safeguarding action, must be recorded and kept on the individual staff member's file.

If confirmed as a safeguarding allegation, the DSL2 must agree an initial plan within one working day of consulting with the DSL3.

They should consider:

STEP 1

The immediate safety of any relevant child/ren or adults involved, for example those that are the subject of the safeguarding allegation or other children that the individual has contact with through work or family.

STEP 2

What information to share with the individual who is the subject of the safeguarding allegation and with any other known employer of the individual, and when to do so.

STEP 3

Whether any immediate decision has to be taken about the suspension of the individual subject to the allegation, pending further enquiries and/or investigation.

SECTION FOUR: **ARRANGEMENTS FOR DEALING WITH ALLEGATIONS OF HARM AGAINST STAFF *(CONT)***

STEP 4

If any records need to be secured or 'locked down', or any equipment removed from the individual who is the subject of the concern.

STEP 5

Whether the criteria is met for a referral to the local authority and/or the police.

STEP 6

What further information may be required for clarification.

STEP 7

Identifying who else is aware of the safeguarding allegation and who has been spoken to.

STEP 8

Whether any advice should be sought from the local authority or NSPCC helpline.

STEP 9

Arrangements to support the person who is the subject of the safeguarding allegation, the person who raised the allegation and the alleged victim. In addition, there may need to be a plan around the management of information including:

STEP 10

Who needs to know and what information can be shared.

STEP 11

How to manage speculation, information, leaks and gossip.

STEP 12

What, if any, information can reasonably be given to reduce speculation.

SECTION FOUR: **ARRANGEMENTS FOR DEALING WITH ALLEGATIONS OF HARM AGAINST STAFF *(CONT)***

STEP 13

How to manage press interest if, and when, it might arise.

If it is agreed that the concern is a safeguarding allegation then the DSL2 must make a referral within one working day to:

- The Local Authority Designated Officer (LADO) (normally for the LA where the child of concern lives) if the allegation is about behaviour towards a specific child or adult at risk.
- The LADO (or equivalent) where the staff lives if the allegation is about behaviour but with no identifiable victim.

The LADO will:

- Discuss the allegation and obtain further details of the allegation and the circumstances in which it was made.
- Discuss whether there is evidence/information that establishes that the allegation is false or unfounded.

Some safeguarding allegations are clearly so serious that they require immediate referral to the local authority and the police. Other allegations that appear to meet the criteria may seem less serious; however, it is important that they are followed up and examined objectively by the external authorities who may hold other relevant information about the individual that is unknown to Beacon House.

If the allegation is considered to meet the criteria for referral, then the safety and welfare of any child/ren or adults at risk is of the utmost importance, and any child or adult protection investigation and/or police investigation must take priority over any internal Beacon House procedures.

The act of suspension does not indicate a person's guilt. An individual must not be suspended automatically when there has been an allegation or without careful thought.

SECTION FOUR: **ARRANGEMENTS FOR DEALING WITH ALLEGATIONS OF HARM AGAINST STAFF *(CONT)***

Suspension should be considered in any case where:

- There is cause to suspect a child is at risk of significant harm.
- The allegation warrants investigation by the police; or
- It so serious that it might be grounds for dismissal; or
- There are concerns that the person about whom the allegations are made, may put pressure on or interfere with potential witnesses

The power to suspend the accused member of staff or dispense with the services of the associate therapist sits with the DSL3 only. However, in making these decisions the DSL2 in consultation with the DSL3 will need to take into consideration the views of the police and the local authority.

The DSL2 and DSL3 will be responsible for deciding how and when to feed back to the person who made or received the allegation, and what information to give to others who may know the accused individual concerned.

SECTION FOUR: **ARRANGEMENTS FOR DEALING WITH ALLEGATIONS OF HARM AGAINST STAFF *(CONT)***

Flow chart for how to manage safeguarding allegations against staff members

Child or adult makes an allegation against a member of staff or others listed in this document, or has concerns about their behaviour

Inform a DSL2 on the same working day and complete the **Safeguarding Concern Form**

DSL2 consults with DSL3 immediately

DSL2 and DSL3 determine how to manage the concern, in consultation with the LADO

Issue of poor practice?

Address through disciplinary procedures and/or training

Record decision making and actions on the staff members' confidential record and central safeguarding log

Concern meets threshold for referral?

DSL refers to Local Authority Designated Officer (LADO) and Police if relating to a child

Await advice and guidance as to next steps

Record actions, decisions and outcomes on actions on the staff members' confidential record and central safeguarding log

Uncertain about how to proceed?

DSL2 seeks advice from LADO, Children Social Care and/or Police

Record decision/advice on staff members' confidential record and central safeguarding log

Duty to Refer to DBS by DSL2

Consider referral to appropriate professional bodies

SECTION FOUR: **ACTIONS FOLLOWING THE CONCLUSION OF THE INVESTIGATIVE PROCESS**

After any external investigations, the DSL2 and DSL3 in conjunction with the LADO will formally review the outcome and determine any further action required. The range of options open will depend on the circumstances of the case and will need to consider the result of any police investigation or trial, any investigations in respect of the safety of the child or adult at risk, as well as the different standard of proof required in disciplinary and criminal proceedings. Options include:

1. Reintegration of staff
2. Invoking the disciplinary process
3. Alerting other known employers of the individual concerned (advice may need to be sought from either the LADO, police or the NSPCC helpline)
4. Referral to the Disclosure and Barring Service (DBS) for consideration to bar the person from working with children. The DBS address for referrals is P.O. Box 181, Darlington, DL1 9FA. Telephone: 01325 953795.
5. Referral to professional body

The following definitions should be used when recording the outcome of allegation:

- **Substantiated:** there is sufficient evidence to prove the allegation.
- **False**: there is sufficient evidence to disprove the allegation.
- **Malicious:** there is sufficient evidence to disprove the allegation and that there has been a deliberate act to deceive.
- **Unsubstantiated**: there is insufficient evidence to either prove or disprove the allegation.

Every effort should be made to reach a conclusion in all cases even if:

- The individual refuses to cooperate, although s/he should be given a full opportunity to answer the allegation and make representations.
- It is difficult to reach a conclusion.
- The member of staff has resigned or the associate therapist/third party contractor withdraws his/her services.
- The person is deceased.

SECTION FOUR: **ACTIONS FOLLOWING THE CONCLUSION OF THE INVESTIGATIVE PROCESS**

Beacon House will never agree to the use of a 'settlement agreement' with a member of staff. This is where the member of staff subject to the allegation agrees to resign, the employer agrees not to pursue disciplinary action, and both parties agree a form of words to be used in future references. Nor can it be used to override Beacon House's duty to make a referral to the DBS where they meet the criteria for consideration to bar them from working with children or adults at risk.

If an allegation is determined to be false or malicious, the DSL2 with the DSL3 must consider if any further action is required which includes:

- If the safeguarding allegation was made by a child or adult at risk then there is a need to consider if a referral to children's or adult's social care is required to determine whether that child or adult needs services, or may have been abused by someone else; and/or
- If the safeguarding allegation was deliberately invented or malicious by another adult then this should be discussed with the police and advice sought.
- Whether disciplinary action is required using disciplinary or relevant procedures.
- The support needs of the person who was the subject of the safeguarding allegation.
- The support needs of an adult survivor of historical abuse.

At the end of the process of managing an allegation and its conclusions, the DSL2 and DSL3 are responsible for the identification of any lessons learned from the operation of this procedure, the actions taken, and the support offered. This learning should feed into policy and procedural revisions and any plans for safeguarding training.

The DSL2 must provide in writing feedback to the person who has been subject to the investigation, clarifying the final outcome and any implications for their employment or role within Beacon House. This must be provided within five working days of the conclusion of the investigation.

SECTION FOUR: **SUPPORT**

In the case of an allegation against a staff member, Beacon House is committed to offering appropriate support to:

1. The individual who made the allegation
2. The individual who is the alleged victim
3. The individual who is the alleged perpetrator (who will be supported by a named person, who is not also investigating the allegation)

SECTION FOUR: **POOR PRACTICE CONCERNS**

It is recognised that concerns of poor practice may arise in relation to Beacon House staff. This may come about through an allegation made by an individual against a staff member, or it may come about within the supervision and management processes within Beacon House.

Safeguarding poor practice is likely to involve a staff member not following the code of conduct outlined in this policy or is likely to involve a safeguarding concern not being responded to in accordance with this policy.

In situations of poor practice, the concern should be escalated to the DSL2, who will consider the following options:

1. Use of the disciplinary procedure for employees.
2. If the individual is within a probationary period of employment, consider the extension of this period with clear targets for improved conduct.
3. Use of the appropriate management or clinical oversight meeting to set out clearly:
    a. What behaviour is not acceptable
    b. What improvements need to be seen
    c. What indicators there would be of improvement
    d. How change will be monitored
    e. What the ramifications will be should improvement not be seen

SECTION FOUR: DATA PROTECTION FOR A SAFEGUARDING CONCERN RELATED TO ALLEGATIONS AGAINST STAFF

It is essential that Beacon House keeps clear and comprehensive records of any concern or allegation including details of how they were followed up and resolved, and details of the decisions reached and any action taken.

The purpose of the record is to:

- Enable accurate information to be given in response to any future request for a reference.
- Provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction.
- Prevent unnecessary re-investigation should an allegation resurface after time
- Provide evidence and information if a decision is made to refer the person for consideration to be barred from working with children.
- Enable Beacon House to review and improve policies, procedures and practice based on learning and feedback.

Records of safeguarding allegations against staff

All concerns raised or allegations made against staff are dealt with according to the procedures set out above. Either the DSL3 or the DSL2 (whoever is overseeing the allegation) is responsible for creating and maintaining the record during the management of a safeguarding concern or allegation.

The information related to the allegation and actions/decisions (including all emails, hard copy documents etc) taken will be kept confidential from other staff at Beacon House.

Record retention of safeguarding allegations against staff

Records of safeguarding allegations and any subsequent processes against members of staff must be retained by Beacon House, including for people who leave the organisation, at least until the person reaches 75 years, or for 10 years if that is longer.

The records will be stored electronically in a confidential and secure form, with restricted access by the Clinical Director and Service Manager. Details of allegations that are found to be malicious should be removed from personnel records.

APPENDIX ONE: **USEFUL NATIONAL NUMBERS**

NAME AND JOB TITLE	SAFEGUARDING ROLE	CONTACT DETAILS
NSPCC Helpline	24-hour helpline for advice on child protection matters for professionals and adults	0808 800 50000
ChildLine	24-hour helpline for children and young people	800 1111
Whistle blowing advice line (external)	Advice can be sought from NSPCC if using Beacon House whistleblowing procedure has not resolved the concern	0800 028 0285
The UK Safer Internet Centre	Provides advice for professionals and responds to reports about sexual abuse images of children online	0844 381 4772
Child Exploitation and Online Protection Centre (CEOP)	Investigates inappropriate online behavior such as grooming online or sexual exploitation	0870 000 3344
Disclosure and Barring Service (DBS)	Advice line for criminal records checks	03000 200 190
Local authority Children's Social Care (England)	Use the following website to find out the details:https://www.gov.uk/report-child-abuse-to-local-council	See website
Local authority Adult's Social Care (England)	Use the following website to find out the details https://www.gov.uk/report-abuse-of-older-person	See website

APPENDIX TWO: RECOGNIZING SIGNS AND INDICATORS OF HARM IN CHILDREN

There are four categories of harm, although often children may suffer more than one type of harm.

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional abuse 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 and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include:

- Not giving the child opportunities to express their views.
- Deliberately silencing them, 'making fun' of what they say or how they communicate.
- 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.
- Seeing or hearing the ill-treatment of another.
- Serious bullying (including cyber 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.

APPENDIX TWO: **RECOGNIZING SIGNS AND INDICATORS OF HARM IN CHILDREN *(CONT)***

Sexual abuse and exploitation involves forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:

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

Sexual abuse is not solely perpetrated by any one group within society. People of any gender can commit acts of sexual abuse, as can other children.

Child sexual exploitation is a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

APPENDIX TWO: **RECOGNIZING SIGNS AND INDICATORS OF HARM IN CHILDREN *(CONT)***

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born neglect may involve a parent or carer failing to:

- Provide adequate food, clothing, and shelter (including exclusion from home or abandonment).
- Protect a child from physical harm or danger.
- Ensure adequate supervision (including the use of inadequate care-givers).
- Ensure access to appropriate medical care or treatment.
- Neglect can also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed.
- Children with clothes which are ill-fitting and/or dirty or with consistently poor hygiene.
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason.
- Children who talk about being left home alone, with inappropriate carers or with strangers.
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason.
- Children who are regularly missing from school or education or who are reluctant to go home after school.
- Parents who are dismissive and non-responsive to professionals' concerns.
- Parents who collect their children from activities when inebriated, or under the influence of drugs.
- Children who drink alcohol regularly from an early age.
- Children who are concerned for younger siblings without explaining why.
- Children who talk about running away.
- Children who shy away from being touched or flinch at sudden movements.

APPENDIX TWO: **RECOGNIZING SIGNS AND INDICATORS OF HARM IN CHILDREN *(CONT)***

Physical abuse

Physical abuse can happen in any family, but children may be more at risk if their parents/carers have problems with drugs, alcohol and mental health; or if they live in a home where domestic abuse occurs. Babies and children with disabilities also have a higher risk of suffering physical abuse. Physical abuse can also occur outside of the family environment.

Possible indicators are:

- Children with frequent injuries.
- Children with unexplained or unusual fractures or broken bones.
- Children with unexplained bruises, cuts, burns, scalds, bite marks.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

Possible indicators are:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong.
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'.
- Parents/carers blaming their problems on their child.
- Parents/carers who humiliate their child, for example, by name-calling or making negative comparisons.

APPENDIX TWO: **RECOGNIZING SIGNS AND INDICATORS OF HARM IN CHILDREN *(CONT)***

Sexual Abuse and Exploitation

Sexual abuse is any sexual activity with a child. Often children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong, rather believe that they are in a relationship with someone.

Possible indicators of sexual abuse are:

- Children who display knowledge or interest in sexual acts inappropriate to their age.
- Children who use sexual language or have sexual knowledge beyond their years.
- Children who ask others to behave sexually or play sexual games.
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

Possible indicators of sexual exploitation are:

- Children who appear with unexplained gifts or new possessions.
- Children who associate with other young people involved in exploitation.
- Children who have older boyfriends or girlfriends.
- Children who suffer from sexually transmitted infections or become pregnant.
- Children who suffer from changes in emotional well-being.
- Children who misuse drugs and alcohol.
- Children who go missing for periods of time or regularly come home late.
- Children who regularly miss school or education or don't take part in education.

APPENDIX TWO: **RECOGNIZING SIGNS AND INDICATORS OF HARM IN CHILDREN *(CONT)***

Neglect

Neglect is a pattern of failing to provide for a child's basic needs, whether it is adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Possible indicators are:

- Children who are living in a home that is persistently dirty or unsafe.
- Children who are left hungry or dirty.
- Children who are left without adequate clothing for the weather conditions.
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence.
- Children who are often angry, aggressive or who self-harm.
- Children who fail to receive basic health care.·
- Parents who fail to seek medical treatment when their children are ill or are injured.
- Children left in the care of unsuitable adults.

APPENDIX TWO: **RECOGNIZING SIGNS AND INDICATORS OF HARM IN CHILDREN *(CONT)***

Criminal exploitation – county lines

The UK Government defines county lines as "County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

County lines activity and the associated violence, drug dealing and exploitation has a devastating impact on children, adults at risk and local communities. The term child criminal exploitation is increasingly used to describe this type of exploitation where children are involved, and is defined as where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Sussex has the 4th highest number of children and YP linked to County Lines operations for UK counties, and Brighton has the 2nd highest number for towns.

Indicators of county lines involvement

A young person's involvement in county lines activity often leaves signs. A person might exhibit some of these signs, either as a member or as an associate of a gang dealing drugs. Any sudden changes in a person's lifestyle should be discussed with them. Some potential indicators of county lines involvement and exploitation are listed below, with those at the top of particular concern:

- Persistently going missing from school or home and / or being found out-of-area
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts / phone calls and/or having multiple handsets
- Relationships with controlling / older individuals or groups
- Leaving home / care without explanation
- Suspicion of physical assault / unexplained injuries
- Parental concerns
- Carrying weapon
- Significant decline in school results / performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being
- Extreme anxiety around missing calls / not having access to phone
- Decrease in personal hygiene - Some young people return from the counties unwashed and unkempt following time spent in trap houses

APPENDIX TWO: **RECOGNIZING SIGNS AND INDICATORS OF HARM IN CHILDREN *(CONT)***

Signs of grooming for children

Signs that an individual may be grooming a child or young person include:

- Being dressed inappropriately around the child or young person.
- Spends most of his/her spare time with children and has little interest in spending time with someone of his/her own age.
- Giving special attention to a particular child or young person.
- Isolating a child or young person from other people.
- Hugging, touching, kissing, tickling, wrestling with or holding a child or young person.
- Giving gifts (including cigarettes/alcohol/drugs) or money for no apparent reason.
- Treating a child as an equal/peer or like a spouse.
- Finding ways to be alone with a child or young person when other adults are not likely to interrupt, e.g. taking the child for a car ride, arranging a special trip, etc
- Not respecting the privacy of a child or young person.
- Discussing their own sex life or asking a child or young person to discuss sexual experiences or feelings.
- Viewing abusive images of children.
- Abusing alcohol or drugs and/or encouraging children or young people to use them. The use of such substances reduces inhibitions.
- Allowing children or young people to consistently 'get away' with inappropriate behaviors.
- Encouraging silence or secrets.
- Makes fun of a child's body parts – uses sexualised names for the child or young person
- Not adhering to the rules, authority or code of conduct in the particular setting, organisation or within an activity.

APPENDIX THREE: RECOGNIZING SIGNS OF HARM IN ADULTS AT RISK

Adult abuse and neglect can take many forms and the circumstances of the individual case should always be considered.

Physical abuse can include:

- Assault
- Hitting
- Slapping
- Pushing
- Misuse of medication
- Restraint
- Inappropriate physical sanctions

Domestic violence can include:

- Psychological
- Physical
- Sexual
- Financial
- Emotional abuse
- So called 'honour' based violence
- Coercive and controlling behaviour

Sexual abuse can include:

- Rape
- Indecent exposure
- Sexual harassment
- Inappropriate looking or touching
- Sexual teasing or innuendo
- Sexual photography
- Subjection to pornography or witnessing sexual acts
- Indecent exposure
- Sexual assault
- Sexual acts to which the adults has not consented or was pressured into consenting

APPENDIX THREE: **RECOGNIZING SIGNS OF HARM IN ADULTS AT RISK *(CONT)***

Psychological abuse can include:

- Emotional abuse
- Threats of harm or abandonment or deprivation of contact
- Humiliation
- Blaming
- Controlling
- Intimidation
- Coercion
- Harassment
- Verbal abuse
- Cyber bullying
- Isolation
- Unreasonable and unjustified withdrawal of services or supportive networks

Financial or material abuse can include:

- Theft
- Fraud
- Internet scamming
- Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- The misuse or misappropriation of property, possessions or benefits

Modern Slavery can include:

- Slavery
- Human trafficking
- Forced labour and domestic servitude
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

APPENDIX THREE: **RECOGNIZING SIGNS OF HARM IN ADULTS AT RISK *(CONT)***

Discriminatory abuse can include:

- Harassment
- Slurs or similar treatment because of a person's race, gender and gender identity, age, disability, sexual orientation, religion

Organisational abuse

This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or the care provided in one's own home. It involves one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect can include:

- Ignoring medical, emotional or physical care needs
- Failure to provide access to appropriate health, care and support or educational services
- The withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect

This covers a wide range of behaviours such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt an enquiry by adults' social care. An assessment should be made on a case by case basis.

A decision on whether a response is required under safeguarding will depend on the adults' ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. Incidents of abuse may be one-off or multiple, and affect one person or more. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

APPENDIX FOUR: **SAFEGUARDING ROLES AND RESPONSIBILITIES**

The Clinical Director

Senior Designated Safeguarding Lead Level 3 - is responsible for:

- The strategic and operational implementation of the Beacon House Safeguarding, Safer Recruitment and Whistle Blowing policies and procedures.
- The scrutiny of, and support for, the DSL2 in assessing and managing safeguarding risks where identified.
- Monitoring the compliance of safeguarding training requirements across the whole service.
- Keeping abreast of her own safeguarding training.
- Ensuring communication of lessons learned throughout Beacon House with the objective of preventing reoccurrence of any safeguarding incidents.
- Ensuring that there is ongoing monitoring, review and evaluation and that safeguards are being implemented with effective controls in place.
- Promoting a culture and environment whereby all staff are enabled to raise concerns and understand their safeguarding responsibilities.
- Communicating to staff any changes in policy and procedures.
- Ensuring that Beacon House meets the requirements of its insurers regarding its safeguarding responsibilities.
- Making decisions about appointing someone who has a criminal record.
- Management of concerns or allegations made against Beacon House staff.
- Developing a safeguarding action plan and reporting against it on an annual basis.
- Updating the organisation's policy and procedures on safeguarding.
- Collating monitoring data on safeguarding activities.

APPENDIX FOUR: **SAFEGUARDING ROLES AND RESPONSIBILITIES *(CONT)***

The Service Manager

Designated Safeguarding Lead Level 2 is responsible for:

- Ensuring that safeguarding is integrated into all contractual arrangements between Beacon House and others.
- Quality assurance and monitoring to ensure that all staff comply with safeguarding best practice.
- Providing the third level of escalation regarding formal complaints raised about Beacon House service delivery.
- Keeping the Clinical Director informed about any incidents, risk or deficits, action taken and any further action required in safeguarding arrangements or practices.
- Ensuring safeguarding policies and procedures are in place, regularly reviewed, up to date and signed off by the Clinical Director.
- Being the point of contact for the Designated Safeguarding Leads (DSL1's) about the safety and welfare of a child or adult at risk.
- The provision of appropriate support for staff during their induction relevant to their role and responsibility for safeguarding.
- Dealing with the aftermath of an incident in Beacon House.
- Considering the safeguarding implications of all existing and proposed new activities, services or developments in Beacon House.
- Together with the Clinical Director, ensuring that safer recruitment practices, including DBS vetting checks, are in place and in operation for appointment of staff engaged in regulated activity.
- Alerting the DBS in cases where a person is dismissed or has left Beacon House due to the harm or risk of harm they present to children or adults at risk.
- Assisting in the management of safeguarding allegations against staff.
- Liaising with the DSL/Director as appropriate, about any action taken and any further response required where there have been allegations about staff.
- Maintaining links with the relevant LSCB and LSAB to ensure local procedures are adopted, keep up to date and to become more effective in safeguarding children and adults at risk at strategic level.

APPENDIX FOUR: **SAFEGUARDING ROLES AND RESPONSIBILITIES *(CONT)***

The Clinical Leads

Designated Safeguarding Leads (DSL1) are responsible for:

- Being the first point of contact for staff who are concerned about the safety and welfare of a child or adult at risk.
- Following up a referral to statutory services within three days of the referral, and escalating within the statutory service if there is an unsatisfactory response.
- Providing information and advice on safeguarding within Beacon House.
- Being aware of government guidance on safeguarding.
- Making a referral to the relevant authorities following safeguarding incidents and discussion with the DSL2.
- Ensuring that a clinical record is maintained of the concern, action taken, liaison with other agencies and the outcome.
- Ensuring appropriate information is available when making a referral and that the referral is made within one working day and confirmed in writing within two working days to Children's or Adult's Social Care (if the referral was not made online).
- Informing the DSL2 whenever consultation is required regarding concerns arise about a child or adult at risk so that a decision can be made as to what action to take.
- Ensuring that all staff and visitors are aware of Beacon House safeguarding policy and procedures.
- Maintaining links with the LSCB and LSAB to ensure local procedures are adopted, to keep up to date and to become more effective in safeguarding children at an operational level.

All staff are responsible for:

- Being familiar with and following the safeguarding policy and procedures

APPENDIX FIVE: **RAISING A CONCERN ABOUT A STAFF MEMBER FORM**

Beacon House
Therapeutic Services and Trauma Team
Ground Floor, The Old Hospital, Chapelfields, Ardingly Road, Cuckfield, RH17 5JR ◄ Tel: 01444 413 939
Email: admin@beaconhouse.org.uk ◄ www.beaconhouse.org.uk

Allegation Against a Staff Member or Third-Party Form

Complete as much detail as you are able. Don't delay making a referral if there is information missing.

Part 1 | Details of the Child or Adult at risk – if relevant					
Name of Child or Adult at risk:					
Gender:		Age:		Date of Birth:	
Any additional needs (e.g. disability, language spoken, interpreter required):					
Parent's/Carer's name(s):					
Home address of child or adult at risk					
Legal status of child if known (Subject to child protection plan, on a child protection register, a care order or child in need plan)					

Part 2 | Details of a safeguarding allegation against staff and all others named in this document
The name and role of the persons you are reporting concerns about:
Their telephone number, email address, home address (if known)

Part 3 | Your Details			
Your name:		Your position:	
Your contact details:			

APPENDIX FIVE: **RAISING A CONCERN ABOUT A STAFF MEMBER FORM**

Part 4 | Report	
Are you reporting your own concerns or responding to concerns raised by someone else? Please state yes in the correct box:	
Responding to my own concerns:	Responding to concerns raised by someone else:
If responding to concerns raised by someone else, please provide their name, role and contact details (if known):	
Please provide details of the concerns including times, dates or other relevant information. Please make it clear whether you are giving a fact, expressing an opinion or an opinion of someone else.	
If you are reporting on concerns about a safeguarding allegation against a member of staff or third party, please provide full details here:	
The child or adult at risks account of what happened (e.g. of any incident, injury, disclosure, behaviour)	
Please provide details of the person alleged to have caused the incident/injury if known (e.g. names(s)/address incident address/relationship to child or adult at risk)	
Please provide details (name, role, contact details if known) of any witnesses to the incident/concerns:	

APPENDIX FIVE: **RAISING A CONCERN ABOUT A STAFF MEMBER FORM**

Part 5 | Actions Taken
State any risk of immediate danger:
Identify any action taken already e.g. contact with police, manager, children or adults social care services etc.
Is the child/adult at risk or family/carer or accused person aware that a report has been made:
Any known previous history of concerns or abuse or allegations:
Any further information or comments:

Date and time of report being submitted:

Part 6 | Immediate action and decisions by DSO

APPENDIX SIX: **DETAILS OF OUR REGISTRATION AUTHORITY FOR OUR ADOPTION SUPPORT SERVICES**

Address:

Ofsted,

Piccadilly Gate,

Store Street,

Manchester,

M1 2WD

Email: enquiries@ofsted.gov.uk

Tel: 0300 123 1231

APPENDIX SEVEN: **SAFEGUARDING WHEN WORKING REMOTELY WITH CHILDREN AND ADULTS AT RISK**

This guidance focusses on particular safeguarding considerations that may arise when home-working on an online platform with children or adults who are at risk. In March 2020 the Covid 19 pandemic triggered the UK into the first of several national lockdowns. Offering remote therapy from home became a common way of continuing our service provision for children of all ages, their parents/carers and adults at risk.

Our full safeguarding framework applies in equal measure to remote working as it does to face to face therapy. This Appendix sets out ***additional*** factors which all staff at Beacon House should comply with when offering remote therapy from home or from the clinic.

Informing children and parents/carers about how to take part safely in remote therapy

Beacon House provides an information sheet to all parents/carers and also to all children before they embark on online therapy. Parents/carers are informed that we will follow our usual safeguarding and GDPR procedures during online working. In addition, in the information sheet we specifically ask that parents/carers:

- Share with their child our child-friendly information sheet and ensure that they are happy to work with us online before proceeding.

- Provide their child with a suitable device and ensure that all appropriate parental locks are in place. They are also asked to ensure that there are no other apps or programmes open.

- If they are not joining the session, the parent/carer is asked to be present for the first few minutes and last few minutes so that the therapist can safely hand the child back into the parent/carer's care and supervision.

- Provide their child with a safe, comfortable, confidential space where they have access to resources such as blankets, cuddly toys, pens and paper and other materials that will create safety and regulation for the child if needed.

- Provide their child with complete privacy by shutting the door, if appropriate and agreed with the child and the therapist.

APPENDIX SEVEN: SAFEGUARDING WHEN WORKING REMOTELY WITH CHILDREN AND ADULTS AT RISK

Our children and young people information sheet explains that:

- Their therapist will be ready to meet them at the start time of the appointment.
- Their therapist will ensure they are meeting in private, and that nobody else can hear them.
- Their therapist will keep them safe, and if they are worried about the child they will tell the child's parents/carers.
- The child needs to be fully dressed and ready to start the meeting on time.
- The child can have things near them that make them feel safe, comfortable and cosy.
- The child is welcome to take a toilet break or stop the session at any point.
- The child is not allowed to take photos of the screen.
- The child is not allowed to record the session, and nor is the therapist allowed without the child's permission.
- If the child has distressing feelings after the session, then their therapist will make a plan with the parents/carers about what will help at home following online therapy.
- Therapists should discuss directly with children and their parents/carers that they have fully understood these requests and requirements and offer the family an opportunity to ask and explore any questions related to online working.

Information about safe online therapy shared with adults at risk

Adults who are offered online therapy are similarly asked to ensure they are in a safe, confidential space where they feel they have what they need around them. They are informed that recording or photographing the session is not allowed by either party; and they are asked to attend on time, fully clothed as they would for a face to face appointment. A safety plan to help the adult remain regulated before, during and after online therapy should be put in place if needed.

APPENDIX SEVEN: **SAFEGUARDING WHEN WORKING REMOTELY WITH CHILDREN AND ADULTS AT RISK**

All therapists working remotely are required to:

- Always be fully clothed and dressed, as they would be for face to face work.
- Conduct the session in a safe space, for example, not in their bedroom or bathroom which are personal spaces. If this is not possible, then the therapist's background must be changed to protect their privacy.
- Conduct sessions where there are no members of the public or the therapist's friends/family able to hear the session.
- Never carry out therapy sessions in any public place or on public transport.
- Be seated appropriately at all times, with appropriate and safe body language as they would in a face to face session.
- Ensure that images of their own family members are not viewable on camera.
- Record the content of the session in line with our usual GDPR policy.

Therapists should be alert to the following potential safeguarding themes when working online:

- It is always possible that someone else is in the room or listening, and the child or adult does not have privacy. The child or adult may therefore not be able to answer questions honestly and openly.
- If the child or adult is choosing to have their camera switched off, the therapist may not be fully aware of their levels of emotional and physical safety.
- It is possible that while the child or adult client may not make a disclosure or show anything that raises concern, the therapist may see something in their background which raises concern and should therefore be acted on, in line with this policy.

APPENDIX SEVEN: **SAFEGUARDING WHEN WORKING REMOTELY WITH CHILDREN AND ADULTS AT RISK**

Managing distress during online therapy

- Therapists should do an initial assessment of whether online therapy is safe enough for the child or adult client.
- Therapists should encourage the client to have their camera turned on, so that the therapist can see their body language and do a physical check that they are keeping themselves safe during the session.
- If the client is dissociative during a session, the therapist should offer a range of grounding techniques to bring the client back to the 'here and now'; and they should ascertain whether it is safe to continue with the session or not. A safety plan for after the session should be considered.
- The therapist should acknowledge the client's distress and ascertain what regulation opportunities are available to them, both within the session and immediately afterwards. For children, this may include inviting a parent or carer into the online session and for an adult at risk, this may involve inviting a safe partner or other adult into the session.
- If the client is declining the therapist's request to bring in help to keep them safe, the therapist has a duty of care to take the appropriate action in order to re-instate safety.
- Any online safeguarding concerns should be taken to the relevant DSL and recorded in line with this policy.

Security hack on the platform before, during or after the session

- In 2020 reports were made of therapy sessions being hacked and the content being streamed on the internet, causing extreme distress to the children involved.
- Therapists are required to only use the Microsoft Teams or Zoom for online work, as these platforms have been verified by the Service's IT provider as secure and stable platforms.
- In the event of a session hack, the session must end immediately and 999 must be called, followed by the relevant DSL being informed.
- The relevant client and parents/carers must also be notified immediately to reduce the impact of the event.
- Data breach protocols set out within our GDPR policy should be followed without delay.

APPENDIX EIGHT: **SAFEGUARDING CHILDREN AGAINST COVID-19 AT BEACON HOUSE**

Covid-19 is a safeguarding issue for those clients who are attending our clinic for face to face therapy. Beacon House has a legal and ethical responsibility to protect its clients and staff as far as is reasonably possible, whilst also balancing protective actions with the need to provide essential mental health services to vulnerable individuals of all ages.

Our full and comprehensive Covid-19 risk assessment primarily falls within our Health and Safety framework and can be found in full there. The findings of our risk assessment are also pertinent within this Safeguarding framework and therefore are summarised here.

National lockdowns

During national lockdowns, Beacon House will contribute to the local reduction of Covid-19 transmission by primarily offering a remote service to our clients. We will consider face to face therapy for clients who fit one or more of the following criteria:

1. The client is highly dissociative and online therapy is not safe.
2. The client is highly vulnerable to risk and does not feel able to engage in online therapy.
3. The service being offered is Occupational Therapy
4. The client does not have a device or access to the internet.
5. The client is a family who is at high risk of a family breakdown.
6. The client is a child where there are safeguarding concerns which meet the child protection threshold.
7. The client has a physical impairment which makes online therapy not viable.

Safety measures for face to face therapy

A range of safety measures are in place to protect everyone at Beacon House as far as possible. An information sheet is sent to the client (including child-friendly versions) explaining our safety protocols which must be adhered to strictly:

- All visitors to the building have their temperature taken on arrival. Anyone found to have a high temperature will be asked to leave the building.
- Clients are asked to wait in separate areas of the building on arrival to avoid congestion.
- All visitors to the building are asked to hand sanitise on arrival and on departure.
- All visitors are asked not to enter the building if they have had Covid-19 symptoms in the last 10 days, or if they are living with someone who has had symptoms or a positive Covid-19 test in the last 14 days.
- Parents/carers are asked to wait in their car rather than the waiting room.
- Social distancing must be followed where possible.

APPENDIX EIGHT: **SAFEGUARDING CHILDREN AGAINST COVID-19 AT BEACON HOUSE**

Organisational safety measures are additionally strictly in place as follows:

- Many toys, soft furnishing and objects have been removed from therapy rooms and the waiting room.
- Every room is cleaned down by the therapist between appointments.
- No refreshments are offered to any visitors.
- Staff are provided with Perspex screens in shared desk areas, or individual rooms to work in to reduce contact.
- Staff are not permitted to meet face to face with colleagues.
- All professional meetings must take place remotely.
- All administrators work from home.
- All staff are offered the option of a Covid-19 vaccination as a frontline essential worker.

Our Covid-19 safety measures are continually reviewed and updated depending on new government guidelines, changes in the law, local and national levels of Covid-19.