

Safeguarding Policy

Growing Hope is committed to safeguarding the well-being of all the children and young people with whom our staff, trustees and volunteers come into contact. We are committed to promoting the rights of the child to be protected, be listened to and have their own views taken into consideration.

This policy applies to all trustees, employees and volunteers who have contact with children and young people through their work on behalf of Growing Hope. These individuals will be trained, inducted, and asked to sign their compliance to this policy upon commencing their work with Growing Hope within their contract or volunteer agreement.

This policy draws upon law and guidance which seeks to protect children and young people, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special Educational Needs and Disabilities (SEND) code of practice 2014
- Information Sharing Advice for practitioners providing Safeguarding services to children, young people, parents and carers; HM government 2015
- Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children; HM government 2015

It is of high importance to ensure all employees/ volunteers have an ability to recognise abuse as it can be defined in many ways. Please see appendix 1 for Definitions of Abuse.

The **Lead Therapist and Clinic Manager** for each local Growing Hope clinic acts as the Designated Safeguarding Officer and a resource person to any staff member or volunteer who has child protection concerns. They are the first point of contact for any other clinicians (both employees and freelancers) who have a safeguarding concern. The **Lead Designated Safeguarding Officer (LDSO)** is a member of the Growing Hope (Umbrella) trustee board and should be contacted where there is a need to further discuss safeguarding concerns or raise an issue within the



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organisation. This individual is responsible for managing any allegations made against a clinician, volunteer or trustee involved with Growing Hope.

We recognise that:

- The welfare of the child is paramount, as enshrined in the Children Act 1989
- All children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, young people, their parents or carers and other agencies is essential in promoting young people's welfare.

We will seek to keep children and young people safe by:

- Valuing them, listening to and respecting them
- Appointing a Lead Therapist and Clinic Manager who is the Designated Safeguarding Officer for each local clinic, and a Lead Designated Safeguarding Officer (LDSO) for the umbrella charity
- Adopting child protection and safeguarding policies and procedures through this policy
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- Recruiting staff and volunteers safely and ensuring all necessary checks are made (e.g. DBS checks and two references). Growing Hope will not employ, contract or involve as a volunteer, any person to work with children or young adults who has a criminal conviction for violent crime, sexual crime, drugs related offences, or any other offences deemed inappropriate in relation to work with children.
- Recording and storing information securely (in line with Growing Hope's data protection policy)
- Sharing our safeguarding practice with children, families staff and volunteers via our website and through our work.
- Using our safeguarding concerns to share concerns and relevant information with agencies who need to know and involving children, young people, parents and carers appropriately.
- Using our procedures to manage allegations against staff, volunteers and trustees appropriately.
- Creating and maintaining an anti-bullying environment and ensuring that our procedure is followed.

- Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers by applying health and safety measures in accordance with the law and regulatory guidance.

Reporting procedure for dealing with disclosures, concerns or allegations of child abuse

1. The employee or volunteer who has received a disclosure of child abuse or who has concerns about a child should bring them to the attention of the lead therapist and clinic manager immediately following the session. These should be recorded by incident in the Safeguarding concerns folder of the clinic drive.
2. Under no circumstances should a child be left in a situation that exposes him or her to harm or of risk to harm. In the event of an emergency where you think a child is in immediate danger you should contact statutory or emergency services immediately. You should then inform the lead therapist and clinic manager.
3. Where a safeguarding concern or disclosure occurs whilst working in a school the Growing Hope employees should refer directly to the school's safeguarding policy and procedure. This usually means reporting via the school's safeguarding concern system.
4. Where a discussion between the individual and the Lead Therapist and Clinic Manager leads to agreement that there are reasonable grounds for concern according to the criteria below the individual should contact the local statutory services with the Lead Therapist and Clinic Manager's support.

Examples of reasonable grounds for concern are:

- Specific indication from the child that he/she was abused;
 - An account by the person who saw the child being abused;
 - Evidence, such as an injury or behaviour which is consistent with abuse and unlikely to be caused in another way;
 - An injury or behaviour which is consistent with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, sexualised behaviour.
 - Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
5. Where a Lead Therapist and Clinic Manager feels the situation is unclear he/she should contact the LDSO from the umbrella charity for advice relating to the allegation, concern or disclosure.

6. The Lead Therapist and Clinic Manager will ensure that the parents/ carers are informed that a report/ referral has been made to statutory services unless to do so would likely endanger the child. This report can either be made by the individual involved or the Lead Therapist and Clinic Manager- this should be agreed with the Lead Therapist and Clinic Manager at the time of discussing the concern.

7. If the concern does not warrant reporting to the statutory agencies it should still be recorded within the local growing hope clinic file of the Google Drive. Files should be saved under the child's name and DOB and this folder should be referred to with any subsequent concerns raised to the Lead Therapist and Clinic Manager.

8. Records of concern should include the name and DOB of the child involved, the names of who was present when the concern was raised, the name of the individual recording the concern. An account of what happened, exactly what was said where possible, a body map of any bruises or harm noted where relevant and the actions taken with regards to the concern. This must be signed and dated.

How to Handle a Report of Abuse by a Child / Young Person

In the event of a child / young person disclosing an incident of abuse it is essential that this is dealt with sensitively and professionally by the employee / volunteer involved. In such circumstances, the employee / volunteer should:

- React calmly;
- Listen carefully and attentively;
- take the young person seriously;
- Reassure the young person that they have taken the right action in talking to you;
- Do NOT promise to keep anything secret;
- Ask questions for clarification only. Do not ask leading questions, this is not an interview, but rather receiving a disclosure from a child;
- Check back with the child/young person that what you have heard is correct and understood;
- Do not express any opinions about the alleged abuser;
- Record the conversation as soon as possible, in as much detail as possible. Sign and date the record;
- Ensure that the child/young person understands the procedures which will follow;
- Pass the information to the Lead Therapist and Clinic Manager, do not attempt to deal with the problem alone.
- It is essential in reporting any case of alleged / suspected abuse that the principle of confidentiality applies. The information should only be shared on

a 'need to know' basis which means sharing information with persons who have a need to know in order to safeguard a child/young person and is not a breach of confidentiality and the number of people that need to be informed should be kept to a minimum.

- Under the Data Protection Act every person has a right to establish the existence of personal data, to have access to any such data relating to him and to have inaccurate data rectified or erased. The Growing Hope Data Controller will ensure that data that is collected fairly, is accurate and up-to-date, is kept for lawful purposes and is not used or disclosed in any manner incompatible with those purposes. All data in relation to child protection records collected must be stored in a safe and confidential manner in the electronic file system.

Retrospective Disclosures by Adults

Sometimes adults may disclose an abuse from their childhood. This must be recorded.

In these cases it is essential that consideration is given to the current risk to any child who may be in contact with an alleged abuser. If any risk is deemed to exist to any child who may be in contact with the alleged abuser, a report of the allegation should be made to statutory services in collaboration with Lead Therapist and Clinic Manager without delay.

Investigation of disclosures by adult victims of past abuse frequently uncover current incidents of abuse and are therefore an effective means of stopping the cycle of abuse.

Allegations against staff or volunteers

Upon receipt of an allegation, the Lead Therapist and Clinic Manager will notify the local chairperson and the LDSO for the umbrella charity. If the allegation relates to the chairperson then the Lead Therapist and Clinic Manager must inform the trustee board. If the allegation relates to the Lead Therapist and Clinic Manager then the chairperson must inform the LDSO.

If an allegation is made against an employee/ volunteer both the Lead Therapist and Clinic Manager and the LDSO should be involved.

- The Lead Therapist and Clinic Manager should prioritise the safety of the child and all necessary measures should be taken to ensure that the child and other children/ young people are safe.
- The Lead Therapist and Clinic Manager should inform the statutory services where there is a concern of the child's safety.

- The LDSO should work closely with the Lead Therapist and Clinic Manager and local chairperson.
 - Where a formal complaint is lodged the employee should be notified of the allegation and the nature of it. The employee/ volunteer has a right to respond to this and this response should be documented and retained. Furthermore Growing Hope will ensure the principle of 'natural justice' will apply whereby a person is considered innocent until proven otherwise.
 - The Chairperson will suspend the employee / volunteer with pay (where appropriate). In the case where the worker is not suspended the level of supervision of the worker will be increased.
 - The Chairperson, Lead Therapist and Clinic Manager and LDSO will liaise closely with statutory services to ensure that actions taken by Growing Hope will not undermine any investigations.
 - The protective measures which can be taken to ensure the safety of children and young people can include the following:
 - suspension of duties of the person accused,
 - re-assignment of duties where the accused will not have contact with children / young people,
 - working under increased supervision during the period of the investigation
 - or other measures as deemed appropriate.

Anti-bullying

Bullying in any form is unacceptable. Where this is raised between children or between a volunteer/ staff member and a child this should be fully investigated.

In the first instance the clinician/ volunteer who receives an informal complaint should ascertain both sides view points. It should be made clear that bullying is not acceptable and core to Growing Hope's values is that every individual is of intrinsic value and we should respect that. If the concern goes beyond the one instance the lead therapist and clinic manager should be informed.

Following discussion with the families/ volunteers/ clinicians if the issue remains unresolved the lead therapist and clinic manager should inform the LDSO.

Where a formal complaint is made this should be passed to the Lead Therapist and Clinic Manager. The Lead Therapist and Clinic Manager should have separate



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conversations with the individuals involved in order to ascertain the situation from both sides. These conversations should be documented.

Where an employee or volunteer is at fault an official warning should be given and disciplinary action should be taken if necessary. Where the bullying may cause harm to a child or young person the allegations procedure above should be followed.

Policy review

This policy will be reviewed on an annual basis and must be read alongside other Growing Hope policies.

Version: 3

Updated: June 2020

Lead Designated Safeguarding Officer

Growing Hope – Rebecca White, rebecca.white@growinghope.org.uk 07500927655

Lead Therapist and Clinic Managers (Designated Safeguarding officers)

Growing Hope Brockley – Shaaron Powell, shaaron.powell@growinghope.org.uk

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Appendix 1

Definition of Child Abuse

Child abuse is complicated and can take different forms, but usually consists of one or more of the following signs and symptoms:

- **Neglect** can be defined in terms of an omission where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and or medical care.

The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

- **Emotional abuse** is normally to be found in the relationship between a caregiver and a child rather than in a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security are not met. Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning e.g. 'anxious' attachment, non-organic failure to thrive, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour.

Examples may include:

- the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
- conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- emotional unavailability of the child's parent/carer;
- unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
- unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way;
- under- or over-protection of the child;

- failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development;
 - use of unreasonable or over-harsh disciplinary measures;
 - exposure to domestic violence;
 - exposure to inappropriate or abusive material through new technology.
- Linked with emotional abuse, **spiritual abuse** could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting an individual their right to choose for themselves. Some indicators of spiritual abuse might be a leader who is intimidating and imposes his/her will/belief on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval. The issue of the exploitation of vulnerable young people and adults by people in positions of power or authority within the church is covered in some detail in the report "Time for Action", produced by Churches Together in Britain and Ireland (CTBI).
 - **Physical abuse** of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of the parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Physical abuse can involve:

- severe physical punishment;
- beating, slapping, hitting or kicking;
- pushing, shaking or throwing;
- pinching, biting, choking or hair pulling
- terrorising with threats;
- observing violence;
- use of excessive force in handling;
- deliberate poisoning;
- suffocation;
- fabricated/induced illness;
- allowing or creating a substantial risk of significant harm to a child.



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- **Sexual abuse** of a child occurs when a child is used by another person for his or her gratification or sexual arousal or for that of others. Examples of child sexual abuse include:
 - Exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
 - intentional touching or molesting of the body of a child whether by a person or object for the purpose of the sexual arousal or gratification;
 - Masturbation in the presence of the child in an act of masturbation;
 - Sexual intercourse with the child, whether oral, vaginal or anal,
 - Sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;
 - Consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse. It should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 16 years for both boys and girls.