



BORDERLANDS CHILD PROTECTION POLICY & PROCEDURE

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Staff Designated Person(s) for Child Protection at Borderlands

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1 POLICY STATEMENT

- 1.1 This Child Protection Policy and Procedure forms part of our safeguarding children and young people arrangements. Its purpose is to ensure the protection of all children and young people related to Borderlands.
- 1.2 This Policy should be considered alongside the Safeguarding Adults Policy.
- 1.3 For the purpose of this policy, it is important to highlight that Borderlands work primarily with adults but in our drop-in space and through the mentoring project, our staff and volunteers may become involved in supporting families with children and unaccompanied minors in foster care.

2 GENERAL PRINCIPLES

2.1 We consider that the welfare of the child is paramount and it is the duty of members, staff and volunteers under HM Government's 'Working Together to Safeguard Children 2018' to implement this policy, and to ensure that it has in place appropriate procedures to safeguard the well-being of children and young people and protect them from abuse. We recognise that in some cases, a child may be at risk of harm as a result of abuse or potential abuse that is happening to their parent/carer(s). Within our responsibility for safeguarding a child we may implement our Safeguarding Adults Policy to ensure the safety and wellbeing of children and their parent/carer(s).

2.2 Every opportunity to ensure the safety and wellbeing of children and parents/carers will be taken by staff and volunteers at Borderlands.

2.3 THINK FAMILY APPROACH

Bristol Safeguarding Board encourages a "Think Family Approach" through their Multi-Agency Guidance. The guidance seeks to embed good practice so that the child's needs are not overlooked by adults' services where the focus may be on the adult in front of them and likewise for children's services to not overlook the adults' needs. Borderlands adopts the 3 principles of good practice and will seek to follow the Think Family principles in our approach to adult and child safeguarding. For more information see appendices C and D.

3 DEFINITIONS

Safeguarding is defined as:

- protecting children from maltreatment;
- preventing impairment of children's mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- and taking action to enable all children to have the best outcomes;

Child Protection is defined in the Children Act 1989 (s.47) as when a child is suffering, or is likely to suffer significant harm. Under statutory guidance and legislation action must be taken to safeguard and promote the child's welfare.

Detailed guidance on the different types of abuse is contained within Appendix A.

4 ROLES AND RESPONSIBILITIES

- a. All Borderlands staff have a safeguarding duty, and should be vigilant when there are children or young people on the premises. The team with specific child safeguarding responsibilities is outlined below.
- b. The Welcome Centre and Operations Lead and Learning Project Manager are

the Safeguarding Leads responsible for child protection and should be the initial point of contact with all Child Protection queries. Their role is to take day to day responsibility for safeguarding children within Borderlands and liaising with statutory children's services as appropriate.

- c. The Chair of Trustees at Borderlands is the Deputy DSL and should be contacted if the other Safeguarding Leads are not available. The DSL, and Deputy, must attend an inter-agency child protection training course, to be updated at least every three years (in Bristol this is run by the Keeping Bristol Safe Partnership – KBSP).
- d. The Trustee Board is responsible for child protection. The deputy Safeguarding Lead will be responsible for child protection issues relating to members of staff and should work with the DSL where there are child protection issues to agree the appropriate course of action. The Board of Trustees has lead responsibility for safeguarding children within Borderlands.
- e. All staff and volunteers should be aware of how to support children to understand and recognise risk.
- f. The Relevant Agency is First Response.
- g. Names and details of how these people can be contacted are in Appendix B attached.

5 RELEVANT LEGISLATION AND POLICIES

h. This Policy complements, and should be considered along with other Borderlands Policies:

- Adult Safeguarding Policy
- Equality and Diversity Policy
- Whistleblowing Policy
- Staff Induction Handbook
- Volunteering at Borderlands Handbook
- Mentoring Handbook
- Boundaries Guideline
- Home Visit Guideline
- Code of conduct for Trustees
- Lone Working Policy

i. This Policy is informed by the following legislative requirements:

- 1989 Children Act

- HM Government's 'Working Together to Safeguard Children' 2018
- General Data Protection Regulation (GDPR) and Data Protection Act 2018

6 SCOPE

- a. This Child Protection Policy and Procedure forms part of our safeguarding children's arrangements. This Policy and Procedures should be used by any staff member or volunteer who suspects that any child is at risk of abuse (or significant harm) in any setting or in their home life, whether or not they or their parents/carers use the services of Borderlands.
- b. Borderlands has a separate policy relating to protecting adults at risk and reporting any abuse, but many of the issues and procedures are similar, and the policies should be considered as complementary.
- c. Child Protection law applies to all those children and young people under the age of 18 years. It is important not to assume consent if the young person is over 16 years.
- d. The policy applies to all staff, volunteers and Trustees. National guidance stresses that safeguarding is everyone's responsibility and all staff and volunteers should be made aware of their role in keeping children safe.

7 THE PROCEDURE - PROTECTING CHILDREN AND YOUNG PEOPLE

7.1 What to do in an emergency

- 7.1.1 If you think a child is in immediate danger of abuse you should telephone the police on 999 and contact the DSL, Deputy DSL as appropriate. In all other circumstances you need to follow the procedures for referral as set out below.
- 7.1.2 In a medical emergency your first action may need to be one of the following:
 - Telephone for an ambulance, or,
 - Ask the parent/carer to take the child to the hospital at once, or,
 - Only as a last resort, and only if another adult is able to accompany you, take the child yourself
- 7.1.3 The child or young person is the legal responsibility of the parent/carer and they must be involved as soon as practical, unless to do so would put the child at immediate risk of harm.
- 7.1.4 Where emergency action has been taken, First Response should still be contacted as soon as possible, following the reporting procedure as set out below. If it is out

of hours, the Emergency Duty Team should be contacted.

7.2 Recognising Abuse

- 7.2.1 Refer to KBSP Bristol Multi Agency Threshold Guidance, to help identify the response needed.
- 7.2.2 Recognising abuse is one of the first steps in protecting children and young people. There could be signs or behaviour that make you feel concerned. All staff should be alert to the following types of behaviour in children and young people:
- Becoming excessively aggressive, withdrawn or clingy.
 - Seeming to be keeping a secret.
 - Significant changes in their behaviour.
 - Deterioration in their well-being
 - Unexplained bruising, marks or signs of possible abuse or neglect.
 - Any bruising or marks on a non-mobile baby
 - Unreasonable fear of certain people or places.
 - Acting out in an inappropriate way perhaps with adults, other children or young people, toys or objects.
 - Children and young people's comments which give cause for concern, e.g. inconsistent explanations of bruising, injuries or burns.
 - Sexually explicit language or actions.
 - Self-harm
 - Are upset, withdrawn or angry after using the internet or texting
 - Children and young people demonstrating that their mental health is suffering
 - Children and young people who go missing, particularly on repeat occasions when they have been expected or have an appointment at Borderlands.
- 7.2.3 Staff should be equally vigilant regarding signs relating to disabled children and young people and not automatically assume that any of the above relates to their impairment. There may be particular barriers preventing them from disclosing abuse e.g. if professionals do not understand their chosen form of communication e.g. British Sign Language Users, or dependence on the abuser for their support etc. Disabled children may have lack of access to strategies to keep themselves safe and there is an increased risk that they may be socially isolated. The risk to disabled children or young people may be increased by their need for practical assistance and physical dependency, including intimate care, which may be delivered by a number of different carers.
- 7.2.4 Borderlands recognises that children and young people are capable of abusing their peers and other children.
- 7.2.5 Not all concerns about children or young people relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what you know about the child or young person and their circumstances.

7.2.6 If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and take appropriate action.

7.2.7 Anyone (staff member, volunteer, trustee etc) who recognises the signs of abuse should report this immediately to the DSL or in their absence, their deputy.

7.3 What to do if Abuse is Suspected

7.3.1 If any signs or symptoms lead you to feel concerned that a child may be being abused or neglected, it is important that this is recorded (what, when and where) and shared with the DSL.

7.3.2 With the DSL decide on a plan of action:

- Ongoing observation of the child noting any further concerns
- Discussion with other staff to gain further information they may have.
- Discussion with Parents/carers to establish if there might be reasons for the child's behaviour/actions.
- Keep an open mind and avoid assumptions about the source of the harm.
- Work with the child and parents/carers to reduce risk, this may be by offering a service through Borderlands or by referring to additional support externally.

7.3.3 If you or the DSL are uncertain about whether the concern is reportable, the DSL should call the Families in Focus Team for advice (or may delegate this to another staff member as appropriate)

7.3.4 Any member of staff or volunteer can contact the relevant agency (as listed in Appendix B); to discuss any concerns they have and seek guidance before actually reporting any child protection issues but should also inform and seek advice from the DSL or in her absence the Deputy DSL.

If you are still concerned about the welfare of the child / young person, this information must be passed on to First Response. Parents/carers should be informed unless you think this could put the child or yourself at risk

7.4 What to do if Abuse is Disclosed

7.4.1 Borderlands is committed to ensuring that it meets its responsibilities in respect of child protection by treating any allegation seriously and sensitively.

7.4.2 Responding to the child/young person:

- Stay calm.
- Listen to what the child/young person is actually saying.
- Reassure them that they have done the right thing by telling you.

- As soon as possible, inform the DSL and if appropriate, they will take over from this point. If the disclosure involves a member of staff, follow the staff allegation section.
- Ask open questions e.g. Can you tell me why you are upset? Can you tell me why you don't want to go home today? Can you tell me what is frightening you? Open questions enable you to gain information and clarification.
- **Do not ask leading questions.** Ensure that any questions asked are open or for clarification, not leading/closed questions. For example, a closed question is: Are you afraid to go home because your Mum will hit you?
- Do not ask the child/young person to repeat what they have told you, for another worker or Trustee member; if the matter is to be investigated further it will be done so by trained professionals.
- Do not promise the child that this can be kept secret, as subsequent disclosure could then lead to the child feeling betrayed. If appropriate, explain to the child who you are going to tell and why. If the child asks what might happen next, it is ok to say that you don't know, but that you can be there to support them if they want.
- Reassure the child that the people who will be informed will be sensitive to their needs and will be looking to help protect them. Inform them that it is not in their interests to keep the disclosure confidential and it will have to be passed on to the appropriate agencies.
- Make a note of any conversations with the child or young person, trying to make these as detailed as possible, including when and where the conversations took place. Draw a diagram, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour.
- Record as soon as possible and use the **actual words** used by the child or young person.
- Keep all records factual. Be aware of not making assumptions or interpretations of what the child/young person is telling you. Store all records securely. All records to be retained for 3 years.

7.5 Reporting

Reporting will usually be done by the DSLs or their Deputy, but in appropriate circumstances may be done by someone else:

- If the matter is urgent and the DSL and Deputy are not available, reporting should not be delayed until they become available. If it is urgent and out of hours, the Out of Hours Duty team may be contacted. It may be more appropriate for other members of staff to deal with the matter whilst keeping the DSL/Deputy DSL informed. This should happen by agreement between the DSL/Deputy DSL (whoever is on duty).
- If appropriate, inform parents/carers that you are going to report your suspicions/concerns. This might not always be possible and should not put the child or yourself at risk. When you report an incident, the duty officer will ask you if the parent/carer has been informed. If they haven't, they will want to know the reasons why. **Please Note: in the case of disclosure by a child, the parent/carer should not**

be informed that Social Services are involved, as this may potentially put the child at further risk.

- Reports of disclosure or suspected abuse must be made to the appropriate agency. In most cases this will be First Response (see Appendix B for contact details), who will triage the call, or may ask you to complete the online First Response Referral Form.
- First Response may pass you onto an appropriate agency following your referral. This will be Social Care (level 3 Statutory Response) if it is a Child Protection issue or Families in Focus (Level 2 Escalating, Targeted Support, Escalating Needs) if the concern is at a lower level but a multiagency response is needed. First Response may also signpost to other services or even ask you to plan to support the child) Level 1 Plus Additional Support Universal Services).
- Liaising with relevant staff within Borderlands may be crucial to working in line with the Think Family Approach. Different teams within the organisation may be working with different members of the same family. A shared approach and clear understanding of all known underlying issues for a family will need to be considered when liaising with agencies and professionals. This must not overlook the child's needs in any way.
- Once the disclosure has been made and if appropriate, you can tell the child what is going to happen and what to expect.
- The person to whom the disclosure was made should ensure that the child or young person who has disclosed, or if appropriate the parent or carer is informed about what will happen next, so they can be reassured about what to expect.

7.6 Specific procedures regarding the Prevent duty

7.6.1 It is essential that staff members are able to identify children who may be vulnerable to radicalisation and to know what to do when they are identified. Staff will be trained to recognise possible signs.

7.6.2 There is no single way of identifying an individual who is likely to be susceptible to a radicalisation. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection.

7.6.3 Any concerns about a child will be referred through First Response or the police. The concern may then be dealt with through usual safeguarding procedures, or referred to the Channel process. For information regarding the Channel process, an e mail address is in the appendix, along with other contacts.

7.6.4 It should be discussed with the individual/their parents/carers before a referral is made and clearly explained to them that it is a multi-agency initiative involving the police. Referrals may only be made with the consent of the individual/their parent/carers, unless doing so would place the child/young person at risk.

7.6.5 In addition if a child is at risk of extremism we must contact the Counter Extremism Group at email: counter.extremism@education.gsi.gov.uk or Tel: 020 7340 7264

8 CONFIDENTIALITY AND APPROPRIATE DISCLOSURE OF INFORMATION

- a) Confidentiality is crucial to all our relationships, but the welfare of the child or young person is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the welfare of a child or young person.
- b) All information that has been collected on any child or young person will be kept locked and secure, and access will be limited to the appropriate staff, management, and relevant agencies.
- c) In the event of an investigation, it is essential that no information on child protection concerns relating to a child or young person are disclosed inappropriately. Any such leaks could have serious consequences for both the child or young person concerned and any investigation.
- d) If uncertain about what information may be shared, take advice, or refer to HM Government's Information Sharing, Advice for practitioners (Please see Further Information section for a link).
- e) Whilst parents/carers have the right to see any records kept on their child, this might not always be appropriate and should not put the child/young person or a staff member at risk.
- f) It is very important that only those who need to know particular safeguarding information, actually know, to avoid rumour and gossip that could affect the child/young person, parent/carer and the group.
- g) Risk assessment forms completed by Borderlands staff will be stored in the Secure site on Borderlands 365 Library.

9 WORKING WITH CHILDREN AND YOUNG PEOPLE

9.1 Recognising inappropriate behaviour in staff, volunteers and other adults.

- 9.1.1** There is no guaranteed way to identify a person who will harm children. However, there are possible warning signs. These may include:
- Paying an excessive amount of attention to a child or young person or to groups of children, providing presents, money or having favourites
 - Seeking out vulnerable children, e.g. disabled children
 - Trying to spend time alone with a particular child or young person or group of

children on a regular basis

- Making inappropriate sexual comments
- Sharing inappropriate images
- Being vague about where they have worked or when they have been employed
- Encouraging secretiveness
- People other than the parent/carer carrying children out of the building they are in, either the Assisi Centre or outside.

9.1.2 There may be other sources of concern; this is not a complete list. If you are concerned about another staff member, volunteer, member or visitor's behaviour you need to pass this on to the DSL

9.2 If a Staff Allegation is made, or you Suspect a Member of Staff or Volunteer of Abuse or Inappropriate Behaviour:

The LADO MUST be involved and consulted on ALL staff allegation incidents before an investigation of any type occurs.

9.2.1 If it appears that a staff member, volunteer (including Trustees), member or visitor has:

- behaved in a way that has harmed a child, or may have harmed a child, or,
- possibly committed a criminal offence against or related to a child, or,
- behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children,
- or if you have any other related suspicion about their behaviour

Then these procedures **MUST** be followed:

- Record your concerns and report them to the DSL.
- The DSL (with assistance from the Child Protection Officer if necessary) should take steps to ensure that during the remainder of the working day that particular member of staff is not left in sole charge of the children or any child.
- At the earliest opportunity, contact Borderlands Child Protection Officer - see list in Appendix A.
- It may be clear in some cases that an immediate referral must be made to First Response or to the police for investigation. In addition:

Either the Designated Person or the Deputy safeguarding Lead must then contact the Local Authority Designated Officer (LADO) within 1 WORKING DAY of receiving the report of an allegation. **Local Authority Designated Officer (LADO)**

Telephone: 0117 903 7795 or Work Mobile: 07795 091020

- Once you have notified the Local Authority Designated Officer (LADO) of any allegation against a person who works with children, please complete the following form and return to the relevant email address.

LADO Notification form:

<https://bristolsafeguarding.org/media/mxwbobv0/kbsp-lado-notification-form.pdf>

- The setting should then follow the LADO's advice on how to deal with allegations against staff or volunteers. **Note: Do not start any investigation into the allegation until the LADO has been contacted.**
- The setting should take advice from the LADO on how and when to inform the parents/carers of the child.
- If the concern is regarding the DSL, the above procedure will be followed but the report will be made to the Director or the Deputy DSL.

9.3 Support to Staff and Volunteers

The Board of Trustees will fully support all members of staff in following this procedure. Following an allegation or investigation:

- Staff and volunteers who work with issues of child protection may themselves need support in dealing with the emotional distress this can cause. They can talk to the setting's Child Protection Officer and any of the appropriate agencies listed in Appendix B.
- Staff, volunteers or Trustees may also be subject to allegations of abusing children in relation to their work for the setting. While support will be offered to these individuals by the setting, we will ensure that the agency dealing with the matter is given all assistance in pursuing any investigation and the Bristol LADO will be informed. The disciplinary procedure may be implemented.

9.4 Recruitment of Staff and Volunteers

Borderlands will regularly review its Recruitment and Selection, DBS Checking and other relevant procedures and practices to try to prevent any unsuitable adults gaining volunteering or paid work with the organisation.

9.4.1 We acknowledge that paedophiles and those that pose a threat to children may be attracted to employment that allows them access to children and young people. As part of this policy we will ensure that people working with the children are safe to do so.

9.4.2 All staff and Trustees will be checked through the Disclosure and Barring Service on joining Borderlands, to be renewed every 3 years. Volunteers will be required to receive a DBS check or where not possible (e.g. in the case of a member volunteer), an individual risk assessment will be carried out as part of recruitment procedures.

Appendix A – DETAILED GUIDANCE ON TYPES OF ABUSE

Definitions of Abuse:

Child abuse is any action by another person – adult or child – that causes significant harm to a child.

The 1989 Children Act recognises four categories of abuse:

Physical Abuse - a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child or failure to prevent physical injury. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child or young person. Any injury to a pre-mobile baby should be reported to the Designated Person and or First Response immediately for further consideration.

Sexual Abuse - actual or likely sexual exploitation of a child or young person, 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 the outside of clothing. Sexual abuse also includes non-contact activities, such as involving children and young people 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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. . Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (see Peer on peer abuse).

Emotional Abuse - severe or persistent emotional maltreatment of a child, as to cause severe and persistent effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or “making fun” of what they say or how they communicate. It may involve seeing or hearing the ill-treatment of another. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing a child participating in normal social interaction. It may involve 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.

Neglect - 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 misuse. Once a child is born neglect may involve a parent/carer failing to:

- a. Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. Protect a child from physical and emotional harm or danger
- c. Ensure adequate supervision (including the use of inadequate care-givers)
- d. Ensure access to appropriate medical care or treatment.

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

Safeguarding Issues:

Historical Abuse

There may be occasions when a child, young person or adult will disclose abuse (either sexual, physical, emotional or neglect) which occurred in the past. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

Domestic Violence and Abuse

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been intimate family partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to: psychological; physical; sexual; financial and emotional. If the victim of the DVA gives consent, report disclosures of DVA to First Response. Bristol based DVA charities may be able to support the victim. Exposure to domestic abuse and/or violence can have a serious, long-lasting impact on children. Children experiencing this may demonstrate many of the symptoms listed in the Recognising Abuse section. Staff will need to treat them sensitively, record their concerns and consider informing First Response.

Female Genital Mutilation (FGM)

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent residents to take their child abroad to have female genital mutilation (Female Genital Mutilation Act 2003). Anyone found guilty of the offence faces a maximum penalty of 14 years in prison. Section 73 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act to include FGM protection orders (FGMPOs). An FGM protection order is a civil measure which can be applied for through a family court. The FGM protection order offers the means of protecting actual or potential victims from FGM under civil law.

It is helpful to have conversations at the earliest opportunity with parents and carers and provide information in leaflets and posters about FGM from the BAVA website <http://www.bava.org.uk/types-of-abuse/female-genital-mutilation/>

All agencies have a statutory responsibility to safeguard children in terms of preventing girls from FGM and identifying children who have already survived the procedure. It is important that staff are aware of what FGM is and the signs to look out for girls at risk of the practise. Further information can be found at KBSP FGM Safeguarding Guidance:

<https://bristolsafeguarding.org/children-ome/professionals/policies/#FGM>

Being able to identify girls who are at risk needs a sensitive approach.

The Keeping Bristol Safe Partnership has created an FGM referral risk assessment for professionals to consider risks of girls from FGM.

<https://bristolsafeguarding.org/media/27269/fgm-referral-risk-assessment-2018.pdf>

If used, a record of the outcome must be kept.

Consider whether any other indicators exist that suggest FGM may take place or has already taken place, for example:

- The child has changed in behaviour after a prolonged absence from the setting;
- The child has health problems, particularly bladder or menstrual problems;
- The child has difficulty walking, sitting or standing and may appear to be uncomfortable.

If a girl is at immediate risk of FGM taking place it is a significant child protection issue and must be reported to the police and/or First Response.

We have a statutory duty to report if a girl under 18 informs us they have had FGM or if we see it. If FGM has taken place it is a significant child protection issue and must be documented and reported to First Response and/or the police.

When FGM has taken place, the Children's social care team will liaise with the health services so that a statutory safeguarding assessment takes place and to look at how the girl and family will be supported to access appropriate health care if needed. Legal action may be considered.

At any time you may seek advice from Bristol Association for [Neighbourhood Daycare Ltd](#) (BAND), Families in Focus or First Response.

For more information on this topic, see the online South West Child Protection Procedures. NSPCC or locally BAVA. Contact details in the Appendix.

In addition, safeguarding action may be needed to protect children against:

- Bullying, including online bullying (cyber bullying) and prejudice-based bullying
- Racist, disability and homophobic or trans phobic abuse
- Gender-based violence/violence against women and girls
- Peer on Peer Abuse (bullying, physical abuse, sexual violence, sexual harassment, up skirting, sexting and initiation/hazing)
- Child sexual exploitation and trafficking
- Modern slavery/trafficking/children from abroad
- Child Criminal Exploitation and County Lines (Serious violence)
- Gang activity or youth violence
- Risks linked to using technology and social media, including online bullying; the

risks of being groomed online for exploitation or radicalisation; and risks of accessing and generating inappropriate content, e.g.; “sexting” and accessing pornography

- Teenage relationship abuse
- Substance abuse
- Parental neglect
- Forced marriage
- Homelessness
- So-called “Honour-based” abuse (HBA): this includes Forced Marriage, FGM and Breast Ironing

Information on these topics can be found at:

<https://bristolsafeguarding.org/children-home/professionals/policies>

<https://www.proceduresonline.com/swcpp/Bristol/contents.html>

8.1.1 **Financial or material abuse**- involves the theft or misuse of a child or young person’s money (including benefits), fraud or extortion.

8.1.2 **Discrimination or harassment** – is based on someone’s protected characteristics (race, ethnicity, gender, sexual orientation, disability etc.) and can, in some situations become a form of abuse.

Institutional abuse - is where a service providing institution has policies and practices that deny the children or young people their dignity, or assert power and create a climate where the forms of abuse listed above are allowed to continue.

Spirit possession or witchcraft

Spirit possession is when parents, families and the child believe that an evil force has entered a child and is controlling them; the belief includes the child being able to use the force to harm others.

A child may suffer emotional, physical and sexual abuse and neglect if they are labelled and treated as being possessed with an evil spirit. Significant harm may occur when an attempt is made to ‘exorcise’ or ‘deliver’ the evil spirit from the child. Dismissing the belief may be harmful to the child. Staff and volunteers should consult with the Designated Person and a referral to First Response should be made.

Appendix B – USEFUL CONTACTS

1. Staff Designated Safeguarding Leads for Child Protection

Name: Husnaa NG 07754854212 and Doug Statt 07563029027

2. Deputy Designated Safeguarding Lead responsible for Child Protection

Name: Patrick McAlees 07947351106

3. Referral Agencies:

- **First Response – 0117 903 6444** (all Bristol)
- From 23 July 2025 all professionals must complete safeguarding and child protection referrals by calling First Response on 0117 903 6444.

Calls to First Response may result in direct referral to a Social Work Team, to Early Help, Families in Focus and/or advice and guidance being given about services to help families.

- **Families in Focus:** North 0117 352 1499; East / Central 0117 357 6460 South 0117 903 7770
- **Disabled Children Team – 0117 903 8250** (all Bristol)
- **Out of Office Hours – 01454 615 165 (Emergency Duty Team)**
- Email – childprotection@bristol.gov.uk (all Bristol)
- Police – non-emergency 101; emergency 999
- **On-Call Consultant Paediatrician (via BRI Switchboard) 0117 923 0000 – non-mobile babies**

4. For Staff Allegations contact:

- Local Area Designated Officer, Nicola Laird – Tel: 0117 903 7795; Mobile: 07795 091 020;

5. Support and Advice

- KBSP Multi-Agency Threshold Guidance

<https://bristolsafeguarding.org/media/27271/bscb-multi-agency-threshold-guidance.pdf>

Think Family Approach:

<https://bristolsafeguarding.org/media/32078/final-think-family-approach-to-supporting-and-or-safeguarding-children-whose-parents-have-support-needs.pdf>

- Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children, July 2018
- South West Child Protection Procedures (online guidance)
www.swcpp.org.uk
- Childline – 0800 1111 (open 24 hours)
- National Association for the Prevention of Cruelty to Children (NSPCC) – 0808 800 5000; Text: 88858; Email: help@nspcc.org.uk; Online: nspcc.org.uk/report-concern
- **NSPCC Whistleblowing hotline – 0800 0280 285**
- NSPCC FGM helpline: 0800 028 3550; email: fgmhelp@nspcc.org.uk

- **Bristol Against Violence and Abuse (BAVA)** email bava@bristol.gov.uk or www.bava.org.uk
- Keeping Bristol Safe Partnership (training and resources) – 0117 9224626
- **Channel info:** channelsw@avonandsomerset.pnn.police.uk
- Police Prevent Team: 01278 647466
- BAND Development and Support Worker – Julie Bassett – 0117 954 2128

6. Ready Homes:

Safeguarding referrals should be emailed to both:

safeguarding.referrals@ready-homes.com

wsw.safeguarding@ready-homes.com

Direct Ready Homes/Home Office contacts (which may also be used initially in 25 making a referral if it is an emergency) include:

Nia Dowd – Regional Safeguarding Officer - South West and Wales for Ready Homes – 07825581614, email: niadowd@ready-homes.com

Steph Miller – Regional Safeguarding Manager - South West and Wales for Ready Homes
Stephenmiller@ready-homes.com

7. Home Office:

If an individual member is considered to be highly vulnerable, we should request that the Home Office plan an alert on their system that the individual should not receive bad news alone (this will ensure that refusals etc are shared only via a third party such as their solicitor). There are 6 hub teams geographically aligned to each of the UKVI regions. Each hub is tasked with safeguarding activity for asylum seekers that reside in their region. There are 4 teams for identifying and tackling vulnerability within specific areas of work. They use a shared email:

Wales and South West: ashsw@homeoffice.gov.uk and

AsylumSafeguarding@homeoffice.gov.uk - Sian Kirk, Wendy Parry (02920 924 425, 02920 924 630, Mob 07341867401)

Section 4 & 95 support: AsylumSafeguarding@homeoffice.gov.uk - Annette Maudsley (0113 341 2109)

National asylum intake: AsylumSafeguarding@homeoffice.gov.uk - Cassandra Mead (01304 210 888)

Asylum Operations: AsylumSafeguarding@homeoffice.gov.uk - Nichola Henwood (0151 944 3225)

Fresh Claims: RCMSafeguarding@homeoffice.gov.uk

Appendix C – FURTHER INFORMATION

South West Child Protection Procedures – provide detailed online information on all aspects of child protection, and these should be followed at all times –

<https://www.proceduresonline.com/swcpp/>

Working Together to Safeguard Children March 2018

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Guidance for safer working practice for those working with children and young people in education settings

<https://www.saferrecruitmentconsortium.org/GSWP%20Sept%202019.pdf>

Sharing information on children. A guide for people working with children, young people and their families (2007)

<https://www.bristol.gov.uk/documents/20182/33900/Sharing+information+on+children+guide.pdf>

[Multi Agency Guidance for injuries in non-mobile babies](#)

<https://bristolsafeguarding.org/media/42486/non-mobile-baby-injury-policy-update-march-2019-bristol-approved.pdf>

[Bristol 'Think Family Approach':](#)

<https://www.bristol.gov.uk/policies-plans-strategies/the-troubled-families-scheme>

Appendix D - THINK FAMILY APPROACH

Bristol Safeguarding Board encourages a “Think Family Approach” through their Multi-Agency Guidance. The guidance seeks to embed good practice so that the child’s needs are not overlooked by adults’ services where the focus may be on the adult in front of them and likewise for children’s services to not overlook the adults’ needs. Borderlands adopts the 3 principles of good practice and will seek to follow the Think Family principles in our approach to adult and child safeguarding.

The Think Family Approach 3 principles of good practice are:

1. Think Family, Parent and Child

Inappropriate tasks and responsibilities undertaken by a child or young person which adversely impact their emotional, physical, educational or social development should be prevented by providing adequate and appropriate support to the parent(s) and their family.

This means thinking about the child, the parent and the family, with adult and children's services working together to consider the needs of the individual in the context of their relationships and their environment whilst also recognising diversity and personal preferences. This will avoid services having to respond to each problem, or person, separately.

- There should be no ‘wrong door’ to services. Any contact a family member has with a service is an opportunity to guide them into other services that they need. To transform life chances and break the cycle of disadvantage, services must go further;
- Practitioners should actively think of the needs of the family as well as, and in relation to, the needs of the service user;
- The focus should be on families’ strengths and should aim to develop the family’s capacity to look after their own needs;
- Support given to families should be relative to their need; the greater the need, the greater the support.

Work with the wider family should always be viewed in relation to ‘how will these actions improve outcomes for the child’. This will be achieved by building on strengths as well as identifying difficulties using the Signs of Safety model as well as hearing the child’s voice and that of their parent and carer. Children’s needs are usually best met by supporting their parents to look after them. Participation of parents and carers ensures that they are able to contribute to assessments and plans in relation to them and their families and can identify and build on strengths and skills to make lasting changes. Services must provide a non-stigmatising service that encourages social inclusion for all users

2. Getting the Right Help at the Right Time for the Right Duration

Professionals must focus on intervening at the earliest opportunity. Preventative and early help responses are critical to avoid issues from escalating and families experiencing further

harm. Support needs should be addressed by enabling parents to access universal and community services wherever possible, as appropriate. The services provided at this level will provide the consistency needed by the child and family. Additional support needs should be met by using this support to prevent the child and family needing to access higher tier services. This could be through a single or multi agency response with timely provision.

When there is an escalating need(s) a multiagency approach is required. Targeted support, specialist assessment and service provision will be used to identify what is in the best interests of both parents/carers and children. Regular monitoring and reviews of interventions and support to families to ensure a co-ordinated approach to long term multi-disciplinary work will ensure that child(ren) are protected and parents are supported to parent effectively.

Statutory involvement is required when the child(ren) require intensive support and protection as a result of their parents complex needs. To ensure children's safety and welfare, many of these families will require support from both children's and adults' services. These children will require protection under s.17 and s.47 Children Act 1989. This is the threshold for child in need, child protection, and looked after children. At this level of need, social workers, in partnership with families and other agencies, will assess what services, from which agencies, are called for. A collaborative approach would ensure that parents are recognised as having needs in their own right, but the impact of those needs on their children becomes part of a multi-agency response.

3. Culture of Responsibility, Challenge and Escalation

Each individual is accountable and responsible for the child and adult. If a need is identified that can be met then the requirement to take action with the confidence to intervene and challenge positively when appropriate must be taken. Embedding appropriate challenge within an organisation is pivotal to ensuring good working practice and positive outcomes for children and their families.

Systems should be in place to ensure that:

- managers working with adults can monitor those cases which involve dependent children;
- there is regular, formal and recorded consideration of such cases with Children's Services (social care) staff;
- if adult and children's services are providing services to a family, staff communicate and agree interventions;
- appropriate staff are invited to relevant planning meetings;
- staff participate in the relevant planning meetings.