



## **Safeguarding and child protection policy and procedure**

### **Introduction**

Welcome to the Symphysis Safeguarding Policy. At our practice, we prioritise the well-being and safety of every child and young person under our care. This commitment is deeply rooted in our approach to working with children.

Our policy is a clear declaration of our dedication to providing a secure and nurturing environment, allowing children to engage in therapeutic play while safeguarding them from any potential harm. We adhere to the highest standards of safeguarding to ensure the emotional and physical safety of every child throughout their therapeutic journey with us.

This policy forms the cornerstone of our practice, underlining our unwavering commitment to promoting the welfare of children and young people in every aspect of our work.

For the purposes of this policy, a child is legally defined as an individual under the age of 18 years.

### **Definitions:**

#### **What is Safeguarding:**

Safeguarding children is defined in [Working together to safeguard children](#) as:

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

#### **What is physical abuse?**

Physical abuse towards children constitutes the intentional use of force or physical actions resulting in harm, injury, pain, or suffering. It's characterised by actions meant to control, intimidate, or harm the child. These abuses can take various forms, including hitting, slapping, kicking, punching, biting, hair-pulling, pushing, choking, burning, and the use of weapons.

Such acts inflict both physical and emotional consequences on the child, affecting their well-being profoundly. It is crucial to emphasise that physical abuse of children is illegal and represents a grave violation of their rights and dignity.

#### **What is emotional abuse?**

Emotional abuse in children, often termed psychological maltreatment, encompasses harmful behaviours that inflict emotional distress without visible harm. It profoundly impacts self-esteem and emotional well-being.

Examples include insults, manipulation, isolation, threats, humiliation, neglect. Emotional abuse can occur families, institutions, and schools, which can leave lasting mental health and self-esteem scars. Recognising and addressing it is vital for children's emotional and psychological well-being, requiring protection and support.

### **What is sexual abuse?**

Sexual abuse of a child, also known as child sexual abuse, is a form of maltreatment in which an adult or older person engages in sexual activities or behaviours with a child, who is typically under the legal age of consent. Child sexual abuse is a grave violation of a child's rights and well-being and is illegal in all jurisdictions. It involves various non-consensual sexual acts that are harmful and exploitative in nature.

Child sexual abuse can take many forms, including:

**Physical sexual contact:** Inappropriate touching or fondling of a child's private body parts for sexual pleasure or gratification or forcing a child to engage in sexual acts such as intercourse, oral sex, or anal sex.

**Exposing a Child to Sexual Material:** Showing explicit sexual content, pornography, engaging in sexually explicit conversations with a child or engaging the child to take or send explicit images of themselves.

**Grooming:** Building a relationship of trust and emotional dependency with a child for the purpose of sexual exploitation or sexual contact.

**Online Sexual Abuse:** Engaging in sexual conversations or activities with a child through digital platforms or social media.

### **What is CSE (Child Sex Exploitation)?**

Child sexual exploitation (CSE) refers to a form of child abuse and victimisation in which children or young people are manipulated, coerced, or deceived into engaging in sexual activities for the benefit of others. CSE typically involves the exploitation of a power imbalance, where individuals with more control or authority exploit the vulnerability and dependence of the child or young person.

Key characteristics of child sexual exploitation include:

Grooming: Perpetrators often build trust and emotional connections with the child or young person over time, gradually manipulating them into sexual activities.

Coercion: The victim may be coerced through threats, intimidation, blackmail, or promises of affection, material goods, or protection.

Deception: Perpetrators may use deceit to trick the child or young person into participating in sexual activities, often concealing their true intentions.

Online Exploitation: In the digital age, CSE can occur online, where children and young people are targeted through social media, chat rooms, or other digital platforms.

### **What is domestic abuse?**

In the context of UK law, domestic abuse against children refers to any pattern of behaviour or actions within a family or household setting that cause harm, distress, or significant risk of harm to a child under the age of 18. This can include physical, emotional, or sexual abuse, as well as neglect. Domestic abuse against children can occur within various relationships, such as between parents or caregivers and the child, and it may involve threats, intimidation, coercion, or control. The UK law recognizes the serious nature of domestic abuse against children and provides legal protection, intervention, and support to safeguard the well-being and rights of children who are victims of such abuse.

### **What is neglect?**

In UK law, neglect against children refers to a failure on the part of a parent or caregiver to provide adequate care, supervision, or basic needs for a child under the age of 18, to an extent that it causes or is likely to cause the child's physical, emotional, or developmental harm. Neglect can take various forms, including:

Physical Neglect: Failing to provide food, clothing, shelter, or essential medical care.

Emotional Neglect: Ignoring a child's emotional needs, not providing love and affection, or exposing the child to chronic emotional cruelty.

Medical Neglect: Refusing or failing to seek necessary medical treatment or care for a child's illness or injury.

Educational Neglect: Not ensuring a child's regular school attendance or failing to provide appropriate educational support.

Supervisory Neglect: Leaving a child unsupervised or in the care of an inappropriate caregiver, exposing them to situations where they may be at risk of harm.

UK law recognizes neglect as a form of child abuse, and there are legal provisions and social services in place to intervene when neglect is suspected or reported.

### **What is peer on peer sexual abuse?**

In UK law, peer-on-peer sexual abuse against children refers to situations where a child or young person engages in sexually harmful behaviour or abusive conduct towards another child or young person. This form of abuse occurs between individuals who are roughly of the same age or developmental stage and can involve a range of inappropriate sexual behaviours, including but not limited to sexual harassment, sexual assault, exposure to sexual content or explicit material, or any other sexually harmful conduct.

The law recognises the serious nature of peer-on-peer sexual abuse against children, and it is considered a form of child sexual abuse. The focus in such cases is on the safeguarding and protection of the child who has been victimized, as well as addressing the behaviour of the perpetrator. Appropriate legal and safeguarding measures are in place to investigate, intervene, and provide support to both the victim and the perpetrator, with the goal of preventing further harm and ensuring the well-being of all children involved.

Sexual Harassment: This can include unwelcome sexual comments, advances, or requests for sexual favours made by one child to another, creating a hostile or intimidating environment.

Sexual Assault: This involves non-consensual sexual acts, such as touching, groping, or forced sexual activity, perpetrated by one child against another.

**Sexting:** Sharing sexually explicit text messages, images, or videos without consent, including sending or forwarding explicit content.

**Cyberbullying:** Engaging in online harassment with sexual content, which can involve sending explicit messages, sharing intimate photos without permission, or spreading rumours of a sexual nature.

**Exposure to Explicit Material:** Forcing or coercing a peer to view sexually explicit material, such as pornography, against their will.

**Up-skirting:** Up-skirting refers to the invasive act of taking photographs or videos under a person's clothing without their consent, typically with the intent to capture images of their intimate body parts. This abusive behaviour can occur in school settings or other peer interactions.

These examples illustrate the range of sexually harmful behaviours that can occur among children and young people. It's essential to address and prevent such behaviours through education, awareness, and appropriate legal and safeguarding measures to protect the rights and well-being of all children involved.

### **What is Cyber bullying:**

Cyberbullying against Children in the UK refers to the use of digital technologies, such as smartphones, social media platforms, messaging apps, or online forums, to harass, intimidate, threaten, or otherwise harm a child or young person. It involves the repeated and deliberate targeting of a child through various online means, leading to emotional, psychological, or social distress. Cyberbullying can take various forms, and examples include:

**Harassment:** Sending a child mean, hurtful, or threatening messages or comments through social media or messaging apps, often over an extended period.

**Trolling:** Posting offensive or inflammatory comments or messages with the intent to provoke and upset the child, often anonymously.

**Doxing:** Publishing a child's private and personal information online, such as their address, phone number, or school, with malicious intent.

**Impersonation:** Creating fake profiles or accounts in the child's name to impersonate or mock them, sometimes posting harmful content or spreading false information.

**Exclusion:** Deliberately excluding a child from online groups, chats, or social circles, causing feelings of isolation and exclusion.

**Outing and Shaming:** Publicly sharing embarrassing or intimate information, images, or videos of the child without their consent, often leading to humiliation.

**Cyberstalking:** Repeatedly following, monitoring, or threatening a child online, causing significant distress and fear.

**Flaming:** Engaging in heated, aggressive, and offensive arguments or debates with the child online, often resorting to personal attacks.

**Blackmail:** Threatening to reveal sensitive information about the child unless they comply with certain demands or engage in harmful behavior.

**Hate Speech:** Using online platforms to express discriminatory or prejudiced views directed at the child's race, ethnicity, gender, sexuality, or other characteristics.

### **What is Female Genital Mutilation?**

FGM, also known as female genital cutting or female circumcision, refers to the practice of partially or entirely removing the external genitalia of females for non-medical reasons. This procedure is typically performed on girls before puberty and can have serious physical and psychological health consequences. FGM is widely recognized as a violation of human rights and is considered a harmful practice that is often driven by cultural, traditional, or social factors in certain communities. Many countries, including the United Kingdom, have implemented laws and initiatives to prevent and combat FGM and protect girls and women from this harmful practice.

### **Risk assessing:**

Symphysis uses risk assessing in the context of safeguarding to ensure that staff and children/young people who access services provided by Symphysis to understand, contextualise and identify the risk of harm with the aim of reducing or eliminating the risk. A risk assessment may be used to identify, assess a risk of harm to children accessing the service, other adults who access the service such as parents or carers, practitioners who are employed or subcontracted or working on behalf of Symphysis and/or the reputation of Symphysis as an organisation.

When a risk of harm is identified Symphysis will use a standard risk assessment format to identify, assess and identify controls measures to reduce or eliminate the risk of harm to all parties. All risk assessments will be shared with all relevant professionals working with the child.

## **Reporting a safeguarding concern**

### **Recognising Concerns**

When a member of staff recognizes that they are concerned about the physical or psychological well-being of a child, the practitioner should follow the procedure outlined below.

All practitioners are required to report all concerns about the well-being of children regardless of how insignificant the concern may be.

### **Record the concern.**

Record any concerns that you have identified as soon as practically possible. The practitioner should document the details of the concern, and when feasible, use the child's own words to provide a concise and factual account, avoiding the use of abbreviations or jargon unless they are reflective of the child's own language. While professional opinions can be valuable, practitioners should clearly distinguish between areas of the report that are based on facts and those based on opinions.

When appropriate and safe, engage in sensitive discussions with the child. Respect their age and level of understanding and encourage them to share their experiences and feelings. However, if the opportunity to discuss the concern with the child has not yet arisen, this should not delay the reporting process.

Practitioners are expected to be professionally curious, especially when there are concerns of the welfare of the child, this may include speaking to the child's parents or caregivers about concerns, unless doing so would place the child at further risk.

Practitioners are expected to report all concerns for the welfare of a child within **TWO** hours of receipt of the concerning information.

### **Report the concern.**

At the earliest opportunity, practitioners should report their concerns to the designated safeguarding lead for the organization, Lee Smith, via phone. If you have been unable to contact the safeguarding lead, please send a message stating "SAFEGUARDING," and he will call you back as soon as possible.

However, if the practitioner believes there is an immediate concern for the welfare of the child, they should call emergency services.

In the event that there are concerns regarding the safeguarding lead, all employees are encouraged to contact the local authority themselves directly on: 02084617315.

### **Reporting by safeguarding lead**

Upon the receipt of information identified as safeguarding concerns the designated safeguarding lead will contact the relevant local authority in which the practice resides, currently the Borough of Bromley. All reports of a safeguarding nature will be reported to the relevant authorities by the DSL (Designated Safeguarding Lead) within 12 hours of the report being made.

If the safeguarding concern involves a member of staff who works with children, the concern will also be reported to LADO (Local Authority Designated Officer) in line with local and national policies.

The report guidelines for the LADO can be found on the Borough of Bromley safeguarding children partnership website: <https://www.bromleysafeguarding.org/articles.php?id=604>

### **Cooperating with Investigations**

Symphysis will fully cooperate with investigations or inquiries conducted by Children social care, law enforcement, or other relevant authorities by providing information, records, and testimony as needed.

### **Continuing Support for the Child**

Throughout and after the investigation, Symphysis will prioritize the child's emotional and psychological well-being. Ensuring access to appropriate therapeutic care and resources.

### **Self-Care and Reflection**

Symphysis encourages practitioners to engage in self-care activities and seek support when dealing with challenging and emotionally demanding safeguarding and child protection cases.

Symphysis is dedicated to providing a safe and supportive environment for all children. This guide underscores our commitment to child safeguarding and protection and serves as a valuable resource for our organization.

### **Allegations against staff or Practitioners:**

Symphysis recognises that due to the nature of the service they provide, staff maybe subject to allegations of abuse from disclosures made by children, parents or carers, or other professionals.

In the instance that concerns are raised for a member of staff, practitioners must follow the same safeguarding policy procedures detailed above, under section "Reporting a safeguarding concern".

Upon reporting of a concern, Symphysis will follow the advice and guidance provided by the Local authority on the next steps which may include removing the member staff from duty therefore the member of staff not having any contact with children or asking the practitioner to engage in 'light duties' until the matter is fully investigated. These steps taken by Symphysis are designed to not only safeguard the child/children from further harm but to ensure that the member staff to ensure that no further allegations are made whilst the matter is investigated.

### **Recruitment**

Symphysis is committed to recruiting individuals who are safe, competent, and suitable for their roles, particularly when working with vulnerable populations.

#### **Key Principles:**

- Training for recruitment personnel on safeguarding responsibilities.
- Thorough background checks, including enhanced DBS check.
- Verification of qualifications and credentials.
- Structured interviews to assess suitability.
- Reference checks from previous employers (last 5 years of employment).
- Upholding equal opportunity and non-discrimination principles.

#### **Procedures:**

- Clear job descriptions and person specifications.
- Candidate application forms.
- Enhanced DBS check registered on the DBS update service.
- Structured interviews.
- Reference checks with involvement of the safeguarding lead when working with vulnerable populations.

### **Training:**

Symphysis will engage a recognised and reputable provider to deliver the most suitable safeguarding training for all practitioners, aligning with their roles and responsibilities in safeguarding within the organisation. It is a mandatory requirement for all staff working with Symphysis that they receive training before commencing any direct work with children/clients.

All practitioners are trained to a level three standard in safeguarding which includes: recognising abuse, record concerns and appropriate reporting of safeguards concerns. In addition, the DSL for the organisation will have attended appropriate training in the role as a DSL.

Training will undergo periodic reviews to ensure its ongoing relevance and effectiveness to the service as well as the needs of the practitioners who are employed or working on behalf of Symphysis.

## **Roles and responsibilities**

### **DSL:**

Within the organisation, Lee Smith is the designated safeguarding lead and is responsible for the organisations overall approach to safeguarding and child protection. Including the writing, reviewing, and implementing the safeguarding policies and procedures.

### **Other staff employed, subcontracted or working on behalf of Symphysis:**

All employees employed, subcontracted, or working on behalf of Symphysis are explicitly responsible for the reporting any concerns they have about children who are accessing the service, whether **or not** it raises concerns around a member of staff or a third-party individual.

### **Local authority:**

The local authority is responsible for providing support and guidance when safeguarding concerns are raised by the organisation. They are also responsible for investigating any concerns that have been brought their attention.

## **Confidentially and safeguarding**

We prioritize the safety of the child above all else, even though we highly value confidentiality. When required, we may breach confidentiality to safeguard the child, always with the child's best interests as our foremost concern. Disclosure of confidential information will occur only on a 'need-to-know' basis as determined by the safeguarding lead.

## **Review**

The safeguarding and child protection policy undergoes regular review to reflect its effectiveness and relevance to the service as well to ensure that it reflects best practice in safeguarding and protecting children.