

Trauma Recovery UK Child Protection Policy

1. INTRODUCTION

We at Trauma Recovery UK are committed to a practice which safeguards and promotes the welfare of children. We will give equal priority to keeping all children and young people safe regardless of their age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Trauma Recovery UK recognises that some children may be additionally vulnerable as a result of discrimination, previous experiences, their level of dependency, communication needs or other issues.

Staff and volunteers in this organisation accept, recognise and take seriously our responsibilities to develop awareness of issues that cause children and young people harm.

We will safeguard children and young people by:

- Following carefully the procedures for safer recruitment in the selection of staff and volunteers.
- Appointing Designated Safeguarding Officers.
- Adopting child protection guidelines through a code of behaviour for staff and volunteers, contained within our Employee and Volunteer Handbooks and Person Specifications for all roles.
- Sharing information about child protection and good practice with children, parents, carers staff and volunteers.
- Sharing information about concerns with agencies who need to know and involving parents, carers and children appropriately.
- Providing effective management oversight for staff and volunteers through supervision, support and training
- Reviewing our Child Protection Policy and procedures and good practice guidance on an annual basis, unless an incident or new legislation or guidance suggests the need for an earlier date of review.

This policy applies to all staff, volunteers, trustees, visitors, service users including children and young people at Trauma Recovery UK.

2. STATEMENT OF INTENT

It is the policy of Trauma Recovery UK to safeguard the welfare of all children and young people in our care by identifying and protecting them from all forms of harm and abuse including physical, emotional and sexual harm and to recognise when early help may be beneficial.

This organisation is committed to creating a safe environment in which children and young people can feel comfortable and secure while engaged in any of their therapeutic play sessions/ mentor sessions/ play therapy sessions/ art therapy sessions/ music therapy/ counselling sessions / activity group sessions / group therapy sessions or parenting groups.

3. DEFINITIONS

'Child and 'young person': In England, Northern Ireland, Wales and Guernsey, a child is anyone who has not yet reached their 18th birthday. Throughout this Policy, the terms 'child', 'children', 'young people', 'young person' are used to refer to all those under the age of 18. This includes young people aged 16 and 17 who are living independently; their status and entitlement to services and protection under the Children Act 1989 is not altered by the fact that they are living independently.

'Adult': defined as a person aged 18 years or over.

'Staff' and 'volunteers' refers to all those working for or on behalf of the Trauma Recovery Centre, full time or part time, either in a paid or voluntary capacity.

'Parent' and 'carer': refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers, special guardians and adoptive parents.

'Clients' and 'Service Users': refers to anyone who is a beneficiary of Trauma Recovery UK

'Child Protection': part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

‘Contextual Safeguarding’: Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. (Contextual Safeguarding Network 2019).

4. TYPES OF ABUSE

The following definitions of abuse have been extracted from Working Together to Safeguard Children 2023, guidance from the Department for Education as well as additional research and statutory guidance:

Abuse: “A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.” (Department for Education, 2023).

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 abuse. Once a child is born, neglect may involve a parent or 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.” (Department for Education, 2023).

Signs that babies and very young children may be experiencing neglect include:

“Interacting with their caregiver in a passive, withdrawn, angry or avoidant way; not seeking comfort from their caregivers; becoming angry when performing problem-solving tasks; having poor working memory abilities; having frequent and untreated nappy rash; failing to thrive (not reaching developmental milestones or not growing at an appropriate rate for their age)”

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Potential signs in older children: “has poor language, communication or social skills; withdraws suddenly or seems depressed; appears anxious; wants to be constantly close to their caregiver or trusted adult; is aggressive; displays obsessive behaviour; shows signs of self-harm; is particularly tired; has changes in eating habits; finds it hard to concentrate or participate in activities; misses school; starts using drugs or alcohol.”
([Protecting children from neglect | NSPCC Learning, 2024](#))

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. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child” (Department for Education, 2023).

Potential signs of physical abuse: Bruises (on the head/ear/neck or soft areas, defensive wounds, clusters of bruises, bruised scalp and swollen eyes, bruises in the shape of a hand/object, bruises on non-mobile babies, bruises with dots of blood under the skin); Burns or scalds; Bite marks, Fractures or broken bones; Behavioural changes (fear of specific individuals, flinching when approached or touched, reluctance to get changed in front of other or wearing long sleeves or trousers in hot weather, depression or withdrawn behaviour).

Potential signs of non-accidental head injuries through deliberate shaking/impact in babies and young children: swelling, bruises or fractures; unusual behaviour (irritable, lethargic, unresponsive or not wanting to feed); seizures; vomiting; respiratory problems; being comatose). (Adapted from [Protecting children from physical abuse | NSPCC Learning, 2024](#))

Sexual abuse: “Involves forcing or enticing a child or young person 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. They may also include 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. 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.” (Department for Education, 2023).

Furthermore, there is no single agreed definition of Child Sexual Abuse (CSA) within the family environment (also known as Intra-familial Child Sexual Abuse), but in addition to abuse by a relative (such as a parent, sibling or uncle), it may also include abuse by someone close to the child in other ways (such as a step-parent, a close family friend or a

babysitter) (BANES LSCB Procedures Manual, 2019).

Potential physical indicators of sexual abuse include: 'bruising, bleeding, discharge, pain or soreness in the genital or anal area, wetting or soiling unrelated to toilet training, sexually transmitted infections' and pregnancy.

Emotional and behavioural indicators of sexual abuse include: displaying sexualised behaviour or having sexual knowledge that is inappropriate/problematic for their stage of development; being afraid of or avoiding a particular person; changes in sleep – difficulties sleeping/nightmares; being withdrawn; alluding to 'secrets'; self-harming; running away from home; developing eating problems; misusing drugs or alcohol. (Adapted from Protecting children from sexual abuse | NSPCC Learning, 2025)

In addition, Harmful Sexualised Behaviour can be defined as 'sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult'. (Hackett 2014: Children and Young People with Harmful Sexual Behaviours). Staff and volunteers should also be aware of Technology Assisted Harmful Sexualised Behaviours. It is important that both children who have displayed problematic or harmful sexual behaviour and those who have been impacted by it are appropriately supported and protected.

Child Sexual Exploitation: "Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the 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." (Department for Education, 2023).

Emotional abuse: "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 a child that they are worthless or 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 or 'making fun' of what they say or how they communicate. 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 the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. 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.” (Department for Education, 2023).

Potential signs and indicators in an infant or young child include: passive/withdrawn behaviour when interacting with caregiver; not seeming upset when separated from caregiver; angry or disinterested when playing and showing little creativity; developmental delay; caregiver not responding to child’s need/being sensitive to their feelings; caregiver describing child as irritating or demanding; developmental delay.

Signs and indicators in older children: lack confidence/low self esteem; withdrawn and very quiet; mental health issues; language delay; struggle to focus/concentrate on tasks; struggle to make/maintain relationships; aggressive/hostile behaviour; isolation from parents/carers/peers; lack of social skills/few if any friends. (Adapted from [Preventing emotional abuse | NSPCC Learning](#))

Domestic Abuse: Under Section 3 of the Domestic Violence Act 2021, ‘children who see, hear or experience the effects of domestic abuse are victims in their own right.’ (Working Together to Safeguard Children 2023)

Domestic abuse is defined as “any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can also happen between adults who are related to one another.” It can include coercive control; physical abuse; emotional abuse; sexual abuse and rape; stalking and harassment; economic and financial abuse; technology-facilitated abuse. ([Protecting children from domestic abuse | NSPCC Learning, 2024](#))

Spiritual abuse or abuse linked to faith and belief: This can, but not always, involve physical, emotional and/or sexual abuse. Though there is no single agreed definition of spiritual abuse, research from Dr. Lisa Oakley in Oakley & Kinmond (2013) states that “spiritual abuse is coercion and control of one individual by another in a spiritual context. The target experiences spiritual abuse as a deeply emotional personal attack. This abuse may include: - manipulation and exploitation, enforced accountability, censorship of decision making, requirements for secrecy and silence, pressure to conform, misuse of scripture or the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a ‘divine’ position, isolation from others, especially those external to the abusive context.”

Furthermore, the Laming Inquiry, following the death of Victoria Climbié, included elements of ritual abuse and national guidance which has been subsequently released to help raise awareness of the issue of child abuse linked to faith or belief and encourages practical steps to be taken to prevent such abuse.

Child Victim of Trafficking or Modern Slavery: “Modern slavery includes human trafficking, slavery, servitude and forced or compulsory labour for the purpose of exploitation. The Modern Slavery Act 2015 (section 56(3)) defines a child as anyone under the age of 18. For the purposes of the National Referral Mechanism (NRM) the UK recognises that slavery, servitude and forced or compulsory labour have the same meaning as they do under Article 4 of the European Convention on Human Rights (ECHR). Trafficking is defined within Article 4 of the Council of Europe Convention Against Trafficking in Human Beings. However, for the purposes of trafficking, in the case of a child there is no requirement to meet the ‘means’ component within that definition as a child is not able to give informed consent.

Therefore, any child who is recruited, transported, transferred, harboured or received for the purposes of exploitation is considered to be a trafficking victim, whether or not they have been forced or deceived.” (Department for Education, 2017). Furthermore, Bath and North East Somerset Council highlight that “where children and their families may have moved on more than one occasion in a short space of time, any assessment should consider whether the child is subject to trafficking or modern slavery” (BATHNES Children’s Service Procedures Manual, 2018). Therefore, if a staff member or volunteer has concerns that a child is a possible victim of trafficking, then a referral must be made to the local authority, who should convene a strategy discussion as soon as possible and take any necessary immediate action to safeguard and promote the child’s welfare.

Radicalisation: “Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It is in itself a form of harm.” ([Radicalisation and child protection | NSPCC Learning, 2024](#))

Extremism: “Extremism is the promotion or advancement of an ideology based on violence, hatred or intolerance, that aims to:

1. negate or destroy the fundamental rights and freedoms of others; or
2. undermine, overturn or replace the UK’s system of liberal parliamentary democracy and democratic rights; or
3. intentionally create a permissive environment for others to achieve the results in (1) or (2).

Potential indicators of radicalisation include: spending increasing amounts of time talking to people with extreme views; changes of style/dress/personal appearance; loss of interest in friends/activities not associated with the extremist ideology, group or cause; possession of material/symbols associated with an extreme cause; trying to recruit others to join the cause. (Adapted from [Radicalisation and child protection | NSPCC Learning, 2024](#))

The ACT Early Support Line provides confidential advice for members of the public who are concerned that an individual is at risk of radicalisation: 0800 011 3764.

Child Criminal Exploitation: “As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. 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.” (Department for Education, 2023).

County Lines: “As set out in the Serious Violence Strategy, published by the Home Office, 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. This activity can happen locally as well as across the UK; no specified distance of travel is required. For further information see ‘Criminal exploitation of children and vulnerable adults: county lines’” (Department for Education, 2023).

Female Genital Mutilation (FGM): “Female Genital Mutilation (FGM) is a criminal offence. It is a form of violence against women and girls, and in the latter case it is child abuse. FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems or difficulties in childbirth, causing danger to the child and mother and/or death. The age at which FGM is carried out varies enormously and may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy. The victim could therefore be a child or an adult. It may be referred to by different terms which require a linguistic, cultural and/or religious understanding of the significance of the term used.” (Crown Prosecution Service, updated July 2024)

Forced marriage (FM) and So-Called Honour Based Violence (SCHBA):

“Any person may be forced into marriage – this includes people of all ages, genders, ethnicities and religions. A forced marriage is where one or both people do not or cannot consent to the marriage and pressure or abuse is used to force them into the marriage. It is also when anything is done to make someone marry before they turn 18, even if there is

no pressure or abuse. Forced marriage is illegal in the UK. It is a form of domestic abuse and a serious abuse of human rights. The pressure put on a person to marry can take different forms:

- physical pressure might take the form of threats or violence (including sexual violence)
- emotional or psychological pressure might take the form of making someone feel they are bringing shame on their family, making them believe that those close to them may become vulnerable to illness if they don't marry, or denying them freedom or money unless they agree to the marriage.

But when the person who is to get married is aged under 18, doing anything to make them marry is a crime – it doesn't have to be pressure. In some cases people may be taken abroad without knowing that they are to be married. When they arrive in that country, their passport(s)/travel documents may be taken to try to stop them from returning to the UK." (UK Foreign and Commonwealth Office, March 2023)

The Crown Prosecution Service refer to So-Called Honour Based Violence (SCHBV) as follows, in their Legal Guidance dated March 2023 (revised January 2024):

"There is no specific offence of SCHBA. It is an umbrella term used to encompass various offences that are covered by existing legislation, such as physical abuse (kicking and beating); psychological pressure (strict monitoring, humiliation, threats); forced marriage; abandonment (leaving someone in their country of origin or sending them back there); forced suicide; "honour" killing (murder). This list is not exhaustive.

SCHBA can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or "honour". Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their code of "honour".

One form of SCHBA is FM. This is a marriage conducted without the true consent of one or both parties, either because violence, threats or coercion is a factor, or because the victim cannot consent to be married, or because they are not of legal age to be married, or they have been deceived.

Other forms of SCHBA include practices performed by perpetrators on victims for cultural or socio-conventional motives which have harmful consequences. Some of these practices include (this list should not, however, be considered as exhaustive): FGM; Breast flattening; and dowry abuse."

Other forms of harm that staff and volunteers should be aware of include bullying, self-

harm and cyber-bullying.

As with all the definitions of abuse, it is possible that signs and symptoms of one type of abuse might (but not always) indicate that another type of abuse is also occurring. Therefore, it is crucial that all staff at the TRC working with vulnerable children and young people have an awareness that abuse is complex and can take many forms and therefore reporting the signs of abuse is crucial.

5. GUIDELINES FOR ALL TRAUMA RECOVERY UK STAFF AND VOLUNTEERS

Staff and volunteers must at all times show respect and understanding for individual's rights, safety and welfare, and conduct themselves in a way that reflects the ethos and principles of Trauma Recovery UK whilst managing risks associated with safeguarding:

5.1. Respect

Staff and volunteers are committed to

- Treating children and young people with respect and dignity
- Always listening to what a child or young person is saying
- Valuing each child and young person
- Recognising the unique contribution each individual can make
- Encouraging and praising each child or young person

5.2. By example

Staff and volunteers will

- Provide an example, which we would wish others to follow
- Use appropriate language with children and young people and challenge any inappropriate language used by a young person or child or an adult working with young people
- Respect a young person's right to privacy

5.3. One to one contact

Staff and volunteers will:

- The course of our work at Trauma Recovery UK involves working individually with children and young people, therefore in order to safeguard, we ensure that the doors are seldom closed, blinds are kept up, other members of staff are aware of meetings and children attend the Centre with their parents/carers' consent. When

meeting, every effort is made to keep this as open as possible. Random spot checks are carried out for therapy rooms whilst therapy is occurring.

- Staff and volunteers should try to always be visible to others in their contact with children or young people and if privacy is needed, ensure that other staff or appropriate volunteers are informed of the meeting and its whereabouts.

5.4. Physical contact

Staff and volunteers should never

- Engage in sexually provocative or rough physical games, including wrestling.
- Do things of a personal nature for a child or a young person that they can do for themselves. If such an incident arises, for example, where a child or young person has limited mobility, Trauma Recovery UK staff should seek a member of senior staff or first aider, and a child or young person's parent or carer when dealing with such an incident.
- Allow, or engage in, inappropriate touching of any kind.

5.5. General

Staff and volunteers should:

- Be aware of professional boundaries
- Be aware that someone might misinterpret our actions no matter how well intentioned
- Never draw any conclusions about others without checking the facts
- Never allow ourselves to be drawn into inappropriate attention seeking situations such as tantrums or crushes
- Never exaggerate or trivialise child abuse or child protection issues or make suggestive remarks or gestures about, or to a child or young person, even in fun.

5.6. Relationships

Staff and volunteers who are involved in relationships with other members of staff or volunteers should ensure that their personal relationships do not affect their role within Trauma Recovery UK or the work of Trauma Recovery UK.

Staff and volunteers should consult the Client Conflict of Interest and Relationship Declaration Policy if they are aware of any possible conflicts of interest which they might have and how they can minimise their effects. This policy provides guidance on what interests and relationships need to be declared and the procedures to follow when a conflict of interest arises.

5.7. Sharing information

Good communication is essential in any organisation. In Trauma Recovery UK every effort will be made to assure that, should individuals have concerns, they will be listened to and taken seriously. It is the responsibility of the management to ensure that information is available to, and exchanged between, all those involved in this organisation and its activities. Some information is confidential and should only be shared on a strictly need-to-know basis.

For more information about Information Sharing, refer to: 'Information Sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers.' May 2024 – available online:

https://assets.publishing.service.gov.uk/media/66320b06c084007696fca731/Info_sharing_advice_content_May_2024.pdf

Staff and volunteers should be aware of our Privacy Notice and adhere to our Data Protection Policy.

5.7.1 Children & Young People

Children and young people have a right to information, especially any information that could make life better and safer for them. Trauma Recovery UK will act to ensure they have information about how, and with whom, they can share their concerns, complaints and anxieties.

When sharing information, Trauma Recovery UK staff and volunteers will be sensitive to the level of understanding and maturity, as well as to the level of responsibility, of the people with whom they are sharing.

5.7.2 Parents and carers

Parents / persons with parental responsibility are ultimately responsible for their children's welfare at all times, and they should be assured that their children are involved with a credible organisation. We achieve this by

- Publicising relevant information on our leaflets and our website: www.trc-uk.org
- Publishing the named Designated Child Protection Person(s) and how to make a complaint on our Complaints forms held in Reception.
- Publishing a full copy of the Child Protection Policy also held in Reception.

5.7.3 Staff & Volunteers

As an organisation, which offers support and guidance to children and young people, it is imperative that each member of Trauma Recovery UK staff is aware of their responsibilities under the Child Protection Legislation and has a working knowledge of the Trauma Recovery UK procedures. Each member of staff will receive updated training in Child Protection at least every three years and have appropriate Disclosure and Barring Service checks and reference checks relevant to their role. This includes all client facing staff and volunteers having an Enhanced DBS check.

Our policy relating to recruitment of staff and volunteers can be made available upon request.

5.7.4 Other Bodies

A copy of our Child Protection Policy will be made available to any other appropriate body upon their request.

6. PROCEDURES FOR REPORTING ALLEGATIONS OR SUSPICIONS OF ABUSE

All action is taken in line with the following non-exhaustive list of relevant legislation and guidance:

- South West Safeguarding and Child Protection Shared Procedures <https://swcpp.trixonline.co.uk/>
- Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges on safeguarding children and safer recruitment 2025
- Children Act 1989 (revised 2004)
- Working Together to Safeguard Children (2023, last updated May 2025)
- What to do if you're worried a child is being abused: Advice for practitioners. March 2015
- Child Sexual Exploitation: Guide for Practitioners: February 2017
- Information Sharing. Advice for Practitioners providing safeguarding services to children, young people, parents and carers. May 2024
- Islands Safeguarding Children Partnership <http://www.icpc.gg/>
- The Safeguarding Vulnerable Groups Act 2006

Please see our policy on Adult Safeguarding for relevant information and a non-exhaustive list of relevant legislation and guidance appropriate to that policy.

6.1. Responding to a disclosure/concerns – procedures for staff and volunteers

Staff and volunteers are always to be mindful that it can take a lot of courage for a child or young person to disclose that they have experienced harm or are being abused or neglected. They may have been told or believe that the abuse was their fault, they may have little trust in adults or those in positions of authority, or they may have been threatened as to what might happen if they were to tell someone of what happened / is happening to them.

If you're in a situation where a child discloses abuse to you, there are a number of steps you can take:

- Allow the child or young person to speak freely – allow the child to speak without interruption
- Listen carefully to the child: avoid expressing your own views on the matter.
- Remain calm and do not overreact – the child may stop if they feel that they are upsetting you
- Offer the child reassurance without making promises, and take what the child says seriously, for example saying “you are doing the right thing in talking to me”
- Never guarantee absolute confidentiality, as child protection will always have

precedence over any other issues.

- Do not question them directly on the matter.
- Accept what is said – it is not your role to investigate or question – do not ask investigative questions such as “did your _____ do it? Or “what does the child’s parent think of this?”
- Only genuine non-directing, open questions can be asked. Staff and volunteers may ask ‘who? what? where? when? and how?’ If clarification is needed they need to use “... tell me more; explain....., describe ”
- Alleviate feelings of guilt and isolation, whilst passing no judgement
- Advise that you will try to offer support, but that you must pass the information on.
- Explain what you have to do and whom you have to tell in an age appropriate way.

After the conversation, in any case where a disclosure is made, or someone in Trauma Recovery UK has concerns, a record should be made by the staff member / volunteer. Record the discussion or actions taken on Trauma Recovery UK’s Child Protection Reporting Form (SP2) as soon as possible after the disclosure, within 24 hours.

- Contact the DSO / DDSO in the Trauma Recovery UK Therapy Centre in which the child attends for advice / guidance without delay.
- The DSO / DDSO may then discuss the concern / suspicion with the relevant organisation, and, if appropriate, make a direct referral to a Local Authority Safeguarding Team.
- If Designated Person is not available, or it is inappropriate to approach them, the volunteer / member of staff with the concern should make direct contact with their line manager. In the unlikely event that there is no member of staff available, the member of staff / volunteer with the concern should make a referral to relevant organisation (children’s social care) themselves and should inform the DSO as soon as possible.
- Use the child’s words or explanations – do not translate into your own words, in case you have misconstrued what the child was trying to say.

Details on the reporting form must include, as far as practicable:

- Name of child or young person
- Age
- Home Address (if known)
- Date of Birth (if known)
- Name/s and Address of parent/s or person/s with parental responsibility
- Telephone numbers if available

- Is the person making the report expressing their own concerns, or passing on those of somebody else? If so, record their name and role and the following details;
 - What has prompted the concerns?
 - Include dates and times of any specific incidents
 - Has the child or young person been spoken to? If so, what was said?
 - Has anybody been alleged to be the abuser? If so, record details
 - Who has this been passed on to, in order that appropriate action is taken? E.g. school, designated officer, children's social care
 - Has anyone else been consulted?
 - Are there any physical signs of abuse or harm? Please use the body map to record observations, even if they seem inconclusive.

There may be occasions when you suspect that a child may be at serious risk of harm, but you have no evidence or conclusive signs. This may include suspicions that a child is at risk of radicalisation or is displaying problematic or harmful sexual behaviours. You may have noticed this due to a variety of factors but in these circumstances, you should try to give the child the opportunity to talk. If you have any concerns, you can use the Child Protection Reporting Form to record early concerns.

6.2. Designated child protection persons

The following members of staff are the Designated Safeguarding Officer (DSO) and Deputy Designated Safeguarding Officer (DDSO) for Trauma Recovery UK Therapy Centres:

- Bath Centre: DSO Jess Nash (jess.nash@trc-uk.org)
- Guernsey Centre: DSO Rosy Corbin (rosy.corbin@trc-uk.org)
- Oxford Centre: DSO Jess Nash (jess.nash@trc-uk.org)

Upon receipt of a disclosure from a member of staff or visitor the DSO or DDSO will decide whether to make a referral to the relevant local authorities' children's social care team. The DSO (or DDSO in their absence) will make a referral to children's social care if it is believed that a child is suffering or is at risk of suffering significant harm. The child (subject to their age and understanding) and the parents / carers will be informed that a referral is being made, unless to do so would increase the risk to the child.

If a child discloses physical or sexual abuse, or where the alleged perpetrator is either a family member or someone resident within the household, the DSO/DDSO must consult with a Duty Social Worker before informing the parents/carers, unless the child or young person is subject to a Child Protection Plan, in which case the DSO/DDSO must contact the

allocated Social Worker. The Social Worker should advise who should be contacted in relation to the concern, who should make that contact and when the contact should be made.

As Trauma Recovery UK expands to various locations it is important to note that the Designated Safeguarding Officer (DSO) and the Deputy Designated Safeguarding Officer (DDSO) for the expanded centre should refer to local safeguarding procedures relevant to the area in which the child or adult who attends Trauma Recovery UK lives. Both the DSO and DDSO should familiarise themselves with these procedures and contact the client's local Safeguarding Team for advice or to make a referral.

The following departments should be contacted in the event of a child making a disclosure of significant harm, or if the DSO or DDSO believes that the child is at risk of or has suffered harm:

If the child resides in Bath and North East Somerset:

- The DSO / DDSO will immediately inform BANES Children's Social Work Services am (CAFAIT) by telephone. Telephone number: 01225 39 61 11 or 01225 47 79 29 or out of hours' telephone number: 01454 615165
- If it is an emergency, you must call the police on 999.
- The telephone referral to BANES Social Work Services will be confirmed in writing using the online reporting form, within a maximum of 48 hours, ideally 24 hours, with a copy to the Designated Safeguarding Officer for Child Protection or their Deputy. Essential information will include client's name, address, date of birth, family composition, and reason for referral, name of person receiving the referral and any advice given. This written confirmation must be signed and dated by the referrer.
- Confidentiality must be maintained and information relating to individual children and young people/families shared with staff on a strictly need to know basis.
- Please refer to Appendix A for more information of safeguarding contacts for BANES.

If the child resides in Guernsey or Alderney:

- The DSO / DDSO will immediately inform the Guernsey and Alderney MASH Team by telephone. Telephone number: 01481 223182 or the Emergency Duty Team telephone number on: 01481 222222 or 220000.
- If it is an emergency, you must call the police on 999.
- A telephone referral to the Guernsey and Alderney MASH Team will be confirmed in writing using the online form <https://gov.gg/childprotection> within a maximum

of 48 hours, ideally 24 hours, with a copy to the designated person for child protection. Essential information will include Client's name, address, date of birth, family composition, and reason for referral, name of person receiving the referral and any advice given. This written confirmation must be signed and dated by the referrer.

- Confidentiality must be maintained and information relating to individual children and young people/families shared with staff on a strictly need to know basis.
- Please refer to Appendix B for more information on safeguarding contacts for Guernsey or Alderney.

If the child resides in Oxford:

- The DSO will immediately inform the Oxford Multi-Agency Safeguarding Hub (MASH). Telephone number: For the public; 0345 050 7666, for professionals; 01865 519 800. The Emergency Duty Team telephone number: 0800 833 408.
- If it is an emergency, you must call the police on 999.
- Essential information will include Client's name, address, date of birth, family composition, and reason for referral, name of person receiving the referral and any advice given. This written confirmation must be signed and dated by the referrer.
- Confidentiality must be maintained and information relating to individual children and young people/families shared with staff on a strictly need to know basis.
- Please refer to Appendix C for more information of safeguarding contacts for Oxford.

If the child resides in any other local authority not named above:

- The DSO / DDSO of the Trauma Recovery UK Centre in which the child attends will immediately inform the Safeguarding Team within the local authority in which the child lives.
- If it is an emergency, you must call 999.
- Essential information will include Client's name, address, date of birth, family composition, and reason for referral, name of person receiving the referral and any advice given. This written confirmation must be signed and dated by the referrer.
- Confidentiality must be maintained and information relating to individual children and young people/families shared with staff on a strictly need to know basis.

6.3. Alleged abuse by staff, managers, volunteers or Trustees

When an allegation is made against a member of staff or volunteer, then the allegation must be passed to your DSO / DDSO or, if the allegation concerns them both, direct to the

Chair of Trustees who will direct to the Local Authority Designated Officer (LADO) as appropriate. The designated person for child protection should contact one of the Local Authority designated officers for consultation, as appropriate:

- In Bath and North East Somerset:
 - Local Authority Designated Officer (LADO) via email LADO@bathnes.gov.uk or on 01225396810 within 1 working day.
 - If the LADO in BANES cannot be contacted, then the Local Authority Children's Services should be contacted on 01225 396111 / 01225 477929.

- In Guernsey:
 - The MASH Team on 01481 723182.
 - Out of hours, contact the Emergency Duty Team on 01481 725241.

- In Oxford:
 - Local Authority Designated Officer (LADO) Jo Lloyd on 01865 810603 or lado.safeguardingchildren@oxfordshire.gov.uk within 1 working day.
 - If the LADO in Oxford cannot be contacted, then contact MASH on 0345 050 7666 or the Emergency Duty Team on 0800 833 408.

The designated officer contacted will record a note of the consultation and will advise on the appropriate action that needs to be taken.

Please see our Whistleblowing Policy for more information, as well as relevant HR policies regarding misconduct.

6.4. Training

The designated person and his/her deputy must receive training every 2 years in Child Protection. Training is available from the relevant Local Safeguarding Children Board and the Islands Safeguarding Children Partnership (ISCP) for Guernsey).

All staff and volunteers shall have access to appropriate training on a regular basis, at least every 3 years.

6.5. Record-Keeping

All records, information and confidential notes will be kept in separate files in a locked drawer or filing cabinet or our secure database. Only the designated Persons will have

access to these files.

6.6. Further Information

- For further information about what to do if you are worried a child is being abused, see the B&NES LSCB website: <https://www.safeguarding-bathnes.org.uk/children>
- Leaflets available from B&NES LSCB also include "The DfES summary booklet 'What to do if you are worried a child is being abused'". Also available via: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
- Bath and North East Somerset Children's Services Procedures Manual: <https://bathnes.trixonline.co.uk/>
- Working Together to Safeguard Children 2023: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

The South West Safeguarding and Child Protection Shared Procedures can be accessed at: <https://swcpp.trixonline.co.uk/>

Policy re-reviewed: January 2026

Date of next review: January 20

APPENDIX A: Useful Local Authority Safeguarding Contacts for children and adults living in Bath and North East Somerset

Regarding Children and Young People:

If you have concerns that a child is being harmed as a result of abuse or neglect, you must not keep these concerns to yourself. Keeping children safe is everyone's responsibility.

You need to ensure you speak to the appropriate organisations who can listen to and record your concern, and then take appropriate action.

EMERGENCY: If you have reason to believe that a child is at immediate risk of harm, contact the police on 999

OUT OF HOURS: Children's Social Care Emergency Duty Team: 01454 615165. The EDT covers all Social Care emergencies within Bath and North East Somerset, Bristol, North Somerset and South Gloucestershire. They provide emergency assessment and crisis intervention outside of office hours that cannot wait until the next working day and can also be contacted for urgent advice.

TO REFER, FOR ADVICE AND GENERAL ENQUIRIES: call Children's Social Care Duty Team on 01225 396111 or 01225 477929 to refer children in need of protection or at risk of significant harm, including child protection concerns. This number can also be used for existing/current cases. You can also contact ChildCare_Duty@bathnes.gov.uk.

DISABLED / ADDITIONAL NEEDS CHILDREN'S TEAM: to speak to someone about a child with a disability or additional needs, the Disabled / Additional Needs Children's Team is available on 01225 396967 (8.30–5.00 Monday to Thursday, and until 4.30 on Friday) or email DCT_Duty@bathnes.gov.uk.

PREVENT CONCERNS: The ACT Early Support Line provides confidential advice for members of the public who are concerned that an individual is at risk of radicalisation: 0800 011 3764.

Regarding Adults:

TO REPORT AND FOR ADVICE: you can contact the BANES Care and Support on 01225 394200 (9.30–5.00 Monday to Thursday and until 4.30 on Friday). Outside of these hours, the Emergency Duty Team is available on 01454 615165.

DOMESTIC ABUSE: If someone is in immediate danger, contact 999 and ask for the Police. If

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they are not in immediate danger, you can contact Southside on 01225 331243 and request their Independent Domestic Violence Service (IDVA).

MENTAL HEALTH SUPPORT:

- If you need urgent help with your mental health dial 111 and select the mental health option (option 2). 111 will tell you the right place to get help. You may be able to speak to a trained mental health professional over the phone.
- If you're deaf or have hearing loss, please use the following links to be connected to local crisis service:
 - NHS 111 Text relay - Call 18001 111 using the Relay UK app or a textphone. [Find out how to use the Relay UK app or a textphone on the Relay UK website](#)
 - NHS 111 BSL Video Relay - signvideo.co.uk/nhs111
- If you aren't able to make the call yourself, then anyone can call on your behalf – for example a friend, carer, loved one or even your GP. You can also access NHS 111 online via 111.nhs.uk.
- If you live in Bath and North East Somerset, Swindon and Wiltshire you can also call our 24-hour helpline on [0800 953 1919](tel:08009531919).

APPENDIX B: Useful Local Authority Safeguarding Contacts for children and adults living in Guernsey

Regarding Children and Young People:

If you have concerns that a child is being harmed as a result of abuse or neglect, you must not keep these concerns to yourself. Keeping children safe is everyone's responsibility.

You need to ensure you speak to the appropriate organisations who can listen to and record your concern, and then take appropriate action.

EMERGENCY: If you have reason to believe that a child is at immediate risk of harm, contact the police on 999.

OUT OF HOURS: call the Multi Agency Safeguarding Hub (MASH Out of Hours Team) on 01481 220000.

TO REFER, FOR ADVICE INCLUDING GENERAL ENQUIRIES: call the Multi-Agency Safeguarding Hub (MASH) on 01481 223182 to refer children in need of protection or at risk of significant harm, including child protection concerns.

PREVENT CONCERNS: The ACT Early Support Line provides confidential advice for members of the public who are concerned that an individual is at risk of radicalisation: 0800 011 3764.

Regarding Adults:

If someone you know finds themselves in a mental health crisis you must contact your/their GP or the Emergency Department (also known as Accident and Emergency). If you need to call the out of hours service please just dial the normal number for their GP surgery and the call will transfer automatically to the Primary Care Centre.

FOR ADVICE AND TO REPORT: The Adult Mental Health Service, based at the Oberlands Centre, provides an assessment, intervention, treatment and support service to people with mental health problems within the Bailiwick of Guernsey. The service addresses the mental health needs of adults, aged 18-65 with moderate to severe mental health problems. Young adults between the ages of 16-18 years may be referred if they are not in full-time education. The Oberlands Centre can be contacted on 01481 220000.

TO REPORT: The Duty and Intervention Team is responsible for emergency (within 24hour) and urgent (working week) assessments, for new referrals to services. Referrals come

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immediately from the GP, prison or hospital. A generic worker will carry out an initial assessment, as well as the risk assessment.

If you are concerned you might harm yourself or someone else, contact A&E on 01481 220000 or the emergency services on 999.

DUTY AND INTERVENTION CONTACT DETAILS: <https://gov.gg/dutyandintervention>

GUERNSEY MIND: 01481 722959 or email info@guernseymind.org.gg

SAMARITANS: 116 123 or email jo@samaritans.org

RELATE: 01481 730303 or email info@relate.org.gg

APPENDIX C: Useful Local Authority Safeguarding Contacts for Children and Adults living in Oxford

Regarding Children and Young People:

If you have concerns that a child is being harmed as a result of abuse or neglect, you must not keep these concerns to yourself. Keeping children safe is everyone's responsibility.

You need to ensure you speak to the appropriate organisations who can listen to and record your concern, and then take appropriate action.

EMERGENCY: If you have reason to believe that a child is at immediate risk of harm, contact the police on 999.

OUT OF HOURS: Children's Social Care Emergency Duty Team – 0800 833 408.

TO REPORT A CONCERN: To report a concern of abuse or neglect, please contact the Multi-Agency Safeguarding Hub (MASH) on 0345 0507666 (8.30-5.00 Monday to Thursday, and until 4.00 on Friday).

EARLY HELP: You can contact the Locality and Community Support Service (LCSS) for a conversation to discuss Strengths and Needs and Team Around the Family Meetings, and to get information on other support available. These conversations are named conversations, so the name of the child will need to be shared, and should only take place with the family's knowledge.

- Phone: 0345 2412705
- Email: LCSS@oxfordshire.gov.uk
- Opening Hours: 8.30am – 5pm (Mon – Thurs) 8.30am – 4pm (Fri)

PREVENT CONCERNS: The ACT Early Support Line provides confidential advice for members of the public who are concerned that an individual is at risk of radicalisation: 0800 011 3764.

Regarding Adults:

TO REPORT: contact the Social and Health Care team on 0345 050 7666, or complete the Professional Safeguarding Concern Form:

<https://www.oxfordshire.gov.uk/residents/social-and-health-care/social-and-health-care-information-professionals/raising-safeguarding-concern-0>

If you are concerned that someone is not receiving care when you think they should, you should request a Care Needs Assessment:

<https://service.oxfordshire.gov.uk/needsassessmentpro>.

IF THERE IS AN ADULT MENTAL HEALTH CRISIS: There's a variety of interventions and services available for adults in crisis within Oxfordshire.

Oxford Adult Community Mental Health Team: for adults aged between 18 and 65, they can be contacted per locality via:

https://www.oxfordhealth.nhs.uk/service_description/adult-community-mental-health-teams/

Oxford and Banbury Safe Haven: Oxfordshire Safe Haven is a non-clinical service open every day offering listening support for people who are experiencing mental health crisis. They offer one to one support on the phone and face to face, and small groups face to face in Oxford and Banbury. Their referral line is open 365 days a year from 11.30am to 9.30pm. You must call first to book an appointment for the same day via: 01865 903 037.

The Oxford and Buckinghamshire Mental Health helpline: contactable via 111

The Warnford Hospital: Overnight, from 9pm until 7am, the Night Team based at the Warnford Hospital can be contacted on 01865 901000 in the event of a mental health crisis that cannot wait for contact with an individual's usual care team.