



THE MAZI PROJECT

MAZI Safeguarding Children & Young People - Policy and Procedure

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This document is in two parts - Policy and Procedure.

PART ONE: POLICY

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PART 1: POLICY (Safeguarding)

1. STATEMENT OF PURPOSE

“Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children”. [Working Together to Safeguard Children, 2023](#)

1.1 Purpose of this Policy:

The overriding purpose of this policy is to meet our statutory duties to

- Safeguard and promote the welfare of children (S.11, [Children Act 2004](#));
- Work within the statutory framework of [Working Together to Safeguard Children, 2018](#) childcare legislation, regulations and guidance.

1.2 Scope – who this policy and procedure applies to

This Policy applies to the entire organisation: Board members, all colleagues (paid, temporary and permanent), volunteers, those on work experience and student placements, and young people.

This policy refers to all young people within The MAZI Project's services under 18 years. If the person staff are concerned about is aged over 18 years, they must refer to The MAZI Project's ***Safeguarding Adults Policy and Procedure***.

1.3 Definitions

- For the purposes of this document the terms “**children**”, “**service user**” and “**young people**” are interchangeable.

A child is anyone who has not yet reached their 18th birthday (Children Acts 1989 and 2004). That a child has reached 16 years and is living independently does not change their status or entitlement to services or protection under these Acts.

- For the purposes of this document the term “**colleagues**” applies to anyone engaged by the organisation to work with children and young people, whether on a paid or voluntary basis, including Board members.

Safeguarding and promoting the welfare of children is usually proactive and preventative and is defined ([Working Together to Safeguard Children, 2018](#)) as:

- Protecting children from maltreatment;
 - Preventing impairment of children’s 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 part of safeguarding and promoting welfare is defined as the activity taken to respond to an incident or variety of issues where there are concerns or allegations of abuse to protect specific children and young people who are suffering or are likely to suffer significant harm.
 - Online abuse is any type of abuse that happens on the internet, facilitated through technology like computers, tablets, mobile phones and other internet-enabled devices (Department for Education, 2018).

2 STATEMENT OF COMMITMENT

The MAZI Project commits to;

- The welfare of the child as paramount (Children Act 1989).
- Ensuring The MAZI Project take a child-centred approach.
- That all children whatever their age, culture, disability, gender, language, racial origin, religious beliefs, gender identity and/or sexual identity have the right to be protected from harm and no child should receive an inferior response to safeguarding concerns on the basis of any these characteristics due to misunderstandings (for example cultural or religious factors leading to a permissiveness of abuse). This Policy and Procedure must be read alongside The MAZI Project’s ***Equity and Diversity policy***.

In all our work The MAZI Project will take into consideration the sensitive issues that may arise when working with people of differing ‘characteristics’.

- All children having a right to protection from abuse of all types and to expecting that adults in positions of responsibility will do everything in their power to foster these rights.
- Recognising that there are likely to be particular safeguarding considerations in relation to disabled children who, may be especially vulnerable to exploitation, abuse and harm. We will ensure that this awareness is promoted through all colleague learning in relation to safeguarding.

- Keeping children and young people safe online and on other virtual platforms, promoting an understanding of the potential risks and encouraging safe and responsible use of the internet. Please refer to The MAZI Project's **Online Safety Policy** and [Appendix 6](#).
- Working proactively at every level of the organisation to safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced ensuring there are clear lines of accountability.
- Ensuring that all colleagues are comprehensively trained to understand and be alert to the signs of abuse and neglect and know how to act on concerns about the welfare of a child or young person.
- Ensuring all colleagues have appropriate reflective supervision and support so they are aware of and competent to carry out their responsibilities for safeguarding and promoting the welfare of children.
- Protecting children and young people from abuse, and where abuse is identified, ensuring that that action is taken swiftly in line with our Child Protection procedures ([Part 2](#) of this document) and the [South West Child Protection Procedures](#).
- Ensuring that all suspicions and allegations of abuse are taken seriously, responded to swiftly and appropriately and understood from the viewpoint of the victim.
- Cooperating with local authorities, the police, other involved agencies and families to promote the wellbeing of children, ensuring cooperation is effective at all levels of the organisation, from strategic level through to operational delivery.
- Ensuring we give every assistance to local authority children and young peoples' departments in carrying out their statutory child protection duties.
- Participating in all local authority Section 11 Safeguarding Audits (Children's Act 2004) and acting on all agreed action plans.
 - Ensuring colleagues work alongside other professionals, on a multidisciplinary basis, to promote good practice and effectively safeguard and promote the welfare of children.
- Maintaining partnerships to help keep children and young people safe online and working with our young people and IPA to ensure that the organisation and young people are adequately equipped to understand, identify and mitigate the risks of new technology and the safe use of the internet and social media.
- Ensuring that children and young people receiving The MAZI Project services are aware of our commitment to safeguarding and our responsibilities, know how to share concerns and have clear access to trusted individuals independent of the organisation.
- Ensuring that all computers owned by The MAZI Project provided to colleagues and provided within our premises for young people have desktop icons which provide direct access to the [South West Child Protection Procedures](#).

That all staff and volunteers:

- Are aware of their responsibilities for safeguarding and promoting the welfare of children and of their responsibility to report concerns to the relevant manager.
- Are conversant with this Policy and Procedure and the [South West Child Protection Procedures](#) and that they understand the mandatory nature of the above procedures.

- Are aware of the broader related policy framework relevant to safeguarding, including;
 - *Safeguarding Adults*
 - *Code of Conduct*
 - *Complaints*
 - *Concerns at Work (whistleblowing)*
 - *Disclosure Checks*
 - *Data Protection and Confidentiality*
 - *Domestic Violence (Young People)*
 - *Equity and Diversity*
 - *Safe Recruitment practices (Recruitment Policy)*
 - *Racial Harassment and Hate Crime*
- Have access to clear guidance about how The MAZI Project will handle incidents of actual or suspected child abuse.
- Consult with and refer to relevant local authority departments where concerns about possible significant harm to children arise.
- Have access to advice and support from line managers through supervision and outside of supervision, as required, in safeguarding cases.
- Take all suspicions and allegations of abuse seriously, respond swiftly and understand the viewpoint of the victim.
 - Are clear on when they should consult colleagues, line managers, designated leads and statutory authorities about any concerns they may have about a child or young person,
 - Are aware that no single professional can have a full picture of a child's needs and circumstances and that, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

It is also incumbent upon our colleagues to not only have regard to their duties in relation to the children and young people they come into contact with through their work, but to also be vigilant about identifying and responding to child safeguarding issues in all areas of their lives.

2.1 Duty re Radicalisation and terrorism

This policy reflects HM Government updated guidance '[Contest: The United Kingdom's Strategy for Countering Terrorism](#)' June 2018.

The MAZI Project recognise our responsibility under the [Counter-Terrorism and Security Act 2015](#) to incorporate the Government's strategy into our policies and procedures, in order to:

- Undertake our duties in preventing radicalisation and the process of drawing people into terrorism and terrorism related activities;
- Ensure that they are given appropriate advice and support, and to work with and/or report to 'specified authorities' where people may be at risk of radicalisation.

This is the 'Prevent' statutory duty in the Act referenced above and referenced in the Contest Strategy.

Vulnerable people, such as the young people we work with, can be a target for radicalisation and colleagues need to understand the risks involved and be trained to:

- Understand the Contest Strategy and their role in it;
- Be able to use professional judgment to recognise the vulnerable individuals who may need support to be diverted from what could be considered to be linked to terrorist activity, with reference to any local context;
- Be aware of the local safeguarding and referral mechanisms, agencies and/or people to contact for further specialist help, support and advice.

The MAZI Project commit to

- Have designated 'Prevent' lead manager(s) to act as points of contact within the organisation, who are trained to deliver WRAP Workshops to frontline colleagues;
- Raising awareness of 'Prevent' within the organisation, to ensure all colleagues understand the local risk of vulnerable children and young people being drawn into terrorism and know how to refer individuals of concern for specialist support and help.

3 DEFINITIONS OF HARM

(Definitions unless otherwise stated from Appendix A of [Working Together to Safeguard Children, 2023](#))

3.1 Abuse and neglect

Abuse and neglect are forms of maltreatment of a child and can happen 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 a stranger, for example, via the internet. They may be abused by an adult or adults, or another child or children.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. It may:

- involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person;
- include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate;
- feature age or developmentally inappropriate expectations being imposed - these may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- involve seeing or hearing the ill-treatment of another;
- involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care givers); or ensure access to appropriate medical care or treatment;
- meet or respond to a child's basic emotional needs.

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

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

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

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 also commit acts of sexual abuse, as can other children.

3.2 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 in exchange for something the victim needs or wants and/or 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.

The MAZI Project works with vulnerable children and young people (CYP) and must be alert to potential sexual exploitation. CYP at risk of homelessness, who are care experienced and in supported housing are often the focus of perpetrators of sexual abuse. Some CYP are particularly vulnerable, for example, children in care and leaving care, migrant children, unaccompanied asylum-seeking children (UASC), children with special needs and those involved in gangs or victims of forced marriage.

CYP can be exploited by men and women of all ages and all ethnic backgrounds. Exploitation

can also happen from people they are close to / already in a relationship with.

Due to the nature of the grooming methods used, it is very common for CYP who are sexually exploited not to recognise that they are being abused.

Our colleagues must carefully consider issues around consent and refer to relevant guidance and resources to understand consent and what other factors might influence the ability of a person to give consent. Children under the age of 16 cannot legally consent to sexual activity. A child under 18 cannot consent to their own abuse through exploitation.

3.3 Female Genital Mutilation (FGM)

(definition from Multi Agency Statutory Guidance on [FGM] Home Office July 2020)

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 very traumatic and violent act for the victim and can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother, and/or death.

FGM is a criminal offence – it is child abuse and a form of violence against women and girls and is illegal in England and Wales under the [Female Genital Mutilation Act 2003](#). As amended by the [Serious Crime Act 2015](#),

If any of the abuse noted in the sections above are perpetrated by someone who is or has been an intimate partner or family member of the child or young person, the abuse can also be considered to be Domestic Abuse. In such cases, colleagues should also refer to Independent People's separate ***Domestic Violence Policy (Young People)***.

3.4 Forced marriage

(definition from <https://www.gov.uk/guidance/forced-marriage>)

A forced marriage is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so. It is recognised in the UK as a form of domestic or child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will may be:

- physical: for example, threats, physical violence or sexual violence
- emotional and psychological: for example, making someone feel like they are bringing 'shame' on their family.

It differs from an *arranged* marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

A child who is forced into marriage is likely to suffer significant harm through physical, sexual or emotional abuse. Forced marriage can have a negative impact on a child's health and development and can also result in sexual violence, including rape. If a child is forced to marry,

he or she may be taken abroad for an extended period of time which could amount to child abduction.

Practitioners should always consider the need for immediate protection, as disclosure of the forced marriage may be the direct consequence of the impending event. Children's Social Care services will liaise with the police to ensure the safety of the victim and any other family members.

3.5 County lines

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

3.6 Child criminal exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive CYP under the age of 18 into any criminal activity:

- in exchange for something the victim needs or wants, and/or
- for the financial or other advantage of the perpetrator or facilitator and/or • through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can occur through the use of technology.

3.7 Domestic abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents.

Domestic abuse is not limited to physical acts of violence or threatening behaviour, and can include emotional, psychological, controlling or coercive behaviour, sexual and/or economic abuse.

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and adolescent to parent violence.

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

Domestic abuse continues to be a prevalent risk factor identified through children social care assessments for children in need. Domestic abuse has a significant impact on children and young people. Children may experience domestic abuse directly, as victims in their own right, or indirectly due to the impact the abuse has on others such as the non-abusive parent.

In such cases, colleagues should also refer to The MAZI Project's separate ***Domestic***

Violence Policy (Young People).

3.8 Controlling or coercive behaviour

Also known as coercive control, the use of control and coercion in relationships is a form of domestic abuse and, since December 2015, a criminal offence.

- Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour; and

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim Coercive control is a form of abuse that involves multiple behaviours and tactics which reinforce each other and are used to isolate, manipulate and regulate the victim.

This pattern of abuse creates high levels of anxiety and fear. This has a significant impact on children and young people, both directly, as victims in their own right, and indirectly due to the impact the abuse has on the non-abusive parent. Children may also be forced to participate in controlling or coercive behaviour towards the parent who is being abused.

3.9 Hate crime

Hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, transgender identity. It can take many forms including:

- physical attacks such as physical assault, property damage, offensive graffiti and arson; • threat of attack including offensive letters, e-mails, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints;
- verbal abuse, insults or harassment, taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace;
- the use of electronic media to abuse, insult, taunt or harass.

(Sections 28-32, Crime and Disorder Act 1998 & sections 145 and 146, Criminal Justice Act 2003)

In such cases, colleagues should also refer to The MAZI Project's ***Racial Harassment and Hate Crime Policy***. Hate Crime can be the source of significant harm.

3.10 Radicalisation and extremism

Defined through the Governments 'Prevent Duty' Guidance (see [section 2.1](#) for references) as

- **Radicalisation** is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.
- **Extremism** is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our

armed forces, whether in this country or overseas.

Keeping children and young people safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks.

3.11 Significant harm

[Section 47 of the Children Act 1989](#) places the local authority under a duty to make enquiries or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. There are no absolute criteria for establishing significant harm.

Sometimes, a single traumatic event may constitute significant harm, e.g., a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage a child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. Others may suffer significant harm from seeing or hearing the ill-treatment of another, for example in cases of domestic abuse.

In all cases, to decide whether the child is suffering or is at risk of suffering significant harm, an assessment must examine all relevant factors in the family.

For further information see [Appendix 3](#).

4 NAMED LEADS FOR SAFEGUARDING

Named Designated Managers for safeguarding within The MAZI Project have been assigned based on their experience and authority to promote and oversee safeguarding practice and to challenge practice where necessary.

All colleagues will be made aware through induction, supervision and training of how to contact the named leads.

The named Designated Manager is responsible for:

- Supporting managers and workers to recognise the needs of children, including rescue from possible abuse or neglect;
- Ensuring policies address the need for accurate, confidential recording, storing and sharing of information;
- Working with statutory and voluntary agencies to promote good practice in the area of child protection and ensuring that effective partnerships are in place, e.g., in relation to child sexual exploitation and domestic abuse;
- Developing a formal link between the local authority partnership boards and our services to promote a clear understanding of accountability and procedures;
- Implementing quality assurance processes to ensure the Safeguarding Policy and Procedures are understood and followed by all colleagues, including audit of:

- Operational delivery - ensuring delivery is in line with this Policy and Procedure
- Safeguarding logs and client files
- Safeguarding induction and training plans
- Frequency and quality of supervision, team meetings and group Reflective Practice
- Learning from above informs the decisions and actions made in practice.

The Designated Safeguarding Board member has leadership responsibility for the organisation's safeguarding arrangements, including:

- Ensuring that The MAZI Project has the systems policies and procedures to safeguard children and young people, colleagues and the organisation;
- Championing safeguarding across The MAZI Project's Board;
- Responding to any allegations against senior colleagues.

Deputy Designated Leads

Deputies are in place for each Designated Lead, at Senior Management Team and Board level, should the lead not be available.

Senior Operations Managers and the Operations Director are responsible

for; • Ensuring cases are being managed, addressed and reviewed.

Names and contact details of the Designated Managers and Board members are provided in [Appendix 1](#).

5 INFORMATION SHARING AND CONFIDENTIALITY

We will record and store information on secure (confidential) internal systems, to which only nominated colleagues have access. We will only share information with those who have a right to access it and we will only share information via approved secure means.

Effective sharing and, where possible, early sharing) of information between professionals and local agencies is essential for effective identification, assessment and service delivery and prevention. Child Protection Practice Reviews (CPPRs) (formerly Serious Case Reviews) have shown how poor information sharing has contributed to the deaths or serious injuries of children.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

Where a concern raises questions about the immediate safety of a child, consultation with the relevant manager or directly with Children's Social Care (if a manager is unavailable) must be immediate.

All colleagues should work by the **7 Principles** contained in [Information Sharing – Advice to Practitioners providing safeguarding services, HM Govt, 2018](#) (see [Appendix 2](#)).

Colleagues should use their judgement when making decisions on what information to share and consult with their manager or Designated Manager if in doubt (see Part 2). **The most important**

consideration is whether sharing information is likely to safeguard and protect a child. It is better to share a concern that may prove groundless than to wait for certainty, which may result in irreparable damage to the child.

6 SUPPORT FOR YOUNG PEOPLE AND COLLEAGUES

The MAZI Project will ensure a planned approach to supporting victims of abuse and ensure that they are supported at the time of crisis and on an ongoing basis. The MAZI Project will also ensure that young people who are parents also receive adequate and proactive support.

Where we are unable to provide this support ourselves we will endeavour to refer to appropriate support agencies, including counselling and legal advice.

We will ensure all our young people have access to awareness-raising work, discussion and support to understand safeguarding and its relationship to them - this includes educating young people who may be perpetrators or have potential to perpetrate abuse.

Where appropriate and in addition to our duty to keep people safe and report safeguarding concerns, we will proactively work with any young people who perpetrate abuse or may be at risk of doing so - to undertake risk assessments and risk management plans - and bring in other involved professionals, continuing to provide support whilst they remain in our service, recognising that they may also be vulnerable.

The MAZI Project acknowledges that child abuse and child protection can be traumatic and emotionally draining. Support is available for all colleagues on an ad hoc basis, as needed and through supervisions, reflective practice and team meetings. Where needed additional external support (including counselling) can be accessed either through The MAZI Project's employee's assistance scheme or through other agreed bespoke support, including where necessary 'whole team' support.

7 CONDUCT OF WORKERS

All workers must abide at all times by The MAZI Project's "**Safeguarding Code of Conduct**" ([Appendix 5](#)) and full **Code of Conduct**.

If colleagues are found to be in breach of either, the police and/or local authority may be involved, in addition to The MAZI Project taking disciplinary action under our **Disciplinary Procedure** for action that may be considered as gross misconduct.

8 ALLEGATIONS AGAINST COLLEAGUES

All workers should be alert to any signs that a colleague within The MAZI Project or of other organisations, is behaving inappropriately in relation to a child and take appropriate action quickly.

Colleagues must report any concerns that a colleague may have behaved inappropriately or where we receive information that may constitute an allegation, to the Designated Manager as soon as possible or within 1 working day, however trivial the allegation may seem.

All allegations or suspicions of abuse by a colleague will be taken seriously and treated carefully

and fairly in accordance with the relevant local authority's procedures (see [South West Child Protection Procedures](#)).

Colleagues subject to allegations of abuse will be offered as much support as is possible without compromising the investigation or its outcome.

See [Part 2, Section 11](#) for detailed procedure.

9 SAFEGUARDING TRAINING

Practitioners and managers must be able to work effectively both with internal and external colleagues, and for this reason all colleagues who have regular contact with children and young people will attend the local partnership's approved inter-agency training.

All colleagues can expect to receive training that equips them with the knowledge, confidence and skills they need to effectively safeguard and promote the welfare of children. This includes being able to recognise when a child may require protection and knowing what to do in response to concerns or allegations of significant harm.

Attendance at Child Protection training is mandatory for all colleagues involved in services for children and young people.

The MAZI Project will assess all individuals for their training requirements based on their role, guided by the relevant local authority partnership standards and requirements.

[Appendix 4 - Colleague training plan](#) describes the training expectations for colleagues, how this will be managed, resourced and monitored and supervised.

10 LEGAL FRAMEWORK

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England.

- The Department for Education (DfE) is responsible for child protection in England. It sets out policy, legislation and statutory guidance on how the child protection system should work.
- Local partners are responsible for child protection policy, procedure and guidance at a local level. The local safeguarding arrangements are led by three statutory safeguarding partners: the local authority, the clinical commissioning group and the police. They must co-ordinate and ensure the effectiveness of work to protect and promote the welfare of children, including making arrangements to identify and support children at risk of harm. [Child Sexual Exploitation: Definition and Guide for Practitioners, 2023](#)
- **Section 11 of the [Children Act 2004](#)** places a duty on The MAZI Project to protect children. All The MAZI Project workers have a responsibility to take all reasonable and practical steps to protect children from abuse. The duty to protect children is part of a wider duty to safeguard and promote the welfare of children, and The MAZI Project is required to cooperate with local authorities to promote the well-being of children.
- [Working Together to Safeguard Children \(2018\)](#) describes the legal requirements and

expectations on individual services to safeguard and promote the welfare of children and provides the framework for local partnership boards to monitor the effectiveness of local services.

- The MAZI Project has a duty to ensure that children in their care are properly supervised and protected from accidental harm. All workers must follow health and safety procedures at all times - see The MAZI Project's ***Health and Safety Policy***.

11 YOUNG PEOPLE OVER 16 YEARS OF AGE

Young people aged 16 & 17 years old are entitled to receive protection under safeguarding children legislation. Whilst acknowledging this, The MAZI Project will take into account the young person's maturity and ability to participate in the process of their own protection. The MAZI Project upholds a young person's right to a response appropriate to their age and self-determination, however, this will always be considered within the framework of protecting them from harm.

Although sexual activity in itself is not an offence over the age of 16, young people under the age of 18 are still entitled to protection if they are at risk through the relationship. Workers must be alert to the risk of sexual exploitation.

Young people over the age of 16 and under the age of 18 are not deemed able to give consent if the sexual activity is with an adult in a position of trust or a family member, as defined by Section 27 of the Sexual Offences Act 2003.

Workers must also consider other factors which might influence the ability of the person to give consent, e.g., learning disability / mental ill health. A child under 18 cannot consent to their own abuse through exploitation.

Where it is believed that a young person is suffering or at risk of significant harm a referral must always be made to Children's Social Care Teams and/or the police as relevant.

12 SAFE RECRUITMENT PRACTICE

The MAZI Project acknowledges that recruitment plays a key role in successful child protection, and all recruitment must follow the procedures in our ***Recruitment Policy***.

Recruitment and employment procedures fully take account of the need to safeguard and promote the welfare of children and young people, including DBS checks for all colleagues, checking employment gaps and references and testing at interview.

All Job Descriptions and Volunteer Role Descriptions reference safeguarding responsibilities.

13 WORKING WITH TRANSLATION AND INTERPRETING SERVICES

Translation and interpreting services will be provided where required. This is to ensure we communicate effectively with children, young people and their families effectively where, for example English is not their first language, or people are reliant on British Sign Language to communicate or where written documentation needs to be understood using Braille.

Family, friends or involved professionals should not be used to translate or interpret, but professionals can be used to arrange appointments and establish communication needs. Children should never be used as interpreters.

Where necessary, we will work in partnership with the police and Children's Social Care Teams to ensure arrangements are in place for all relevant documents and information to be translated into an accessible format, which the child and their family can clearly understand.

14 MAKING OUR POLICY AVAILABLE

This Policy will be made available to all colleagues (on The MAZI Project's server) during their induction, as will resources referenced in this document and in [Appendix 6](#).

Young People will be made aware of this policy, our commitment to safeguarding, the meaning of abuse and how to report any concerns through the **Young People's Handbook (or subsequent iterations)** provided at the point of accessing services.

The Policy will be also made available to young people's kinship and support networks and other practitioners through our website and provided upon request.

15 POLICY ASSURANCE, DEVELOPMENT AND REVIEW

The MAZI Project is committed to ensuring that we deliver the best practice we can, to safeguard children and young people.

We ensure that all of our policies and procedures are both live working and developing documents. This Policy and Procedure will be reviewed and updated as necessary, always following a serious incident and at least once a year. The policy will be ratified at Board level.

The MAZI Project will

- undertake an annual audit of safeguarding to ensure compliance and identify learning and development needs (reported to Board)
- Evaluate our safeguarding arrangements to ensure they are compliant with the [NSPCC safeguarding standards and guidance and self-assessment toolkit \(2019\)](#), making the required adjustments to this document and our practice as required;
- Use the learning from s11 and internal audit, NSPCC audit and wider organisational learning to make relevant changes to policy and procedure

PART 2: PROCEDURE (Child Protection)

1 LINK TO THE SOUTH WEST CHILD PROTECTION PROCEDURES

These Child Protection procedures reflect the [South West Child Protection Procedures](#).

The MAZI Project colleagues should consult the SWCPP web-based resources alongside The MAZI Project's procedures, as the website is regularly updated with useful guidance and procedures in relation to specific situations specific to each local authority in the region.

See also [Appendix 1](#) and [Appendix 6](#) for links to other relevant organisations and services.

2 KEY PRINCIPLES FOR COLLEAGUES

- Nothing is more important than children's welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified;
- Children have a right to be safe and be protected from all forms of abuse and neglect; • Safeguarding children is everyone's responsibility;
- It is better to help children as early as possible, before issues escalate and become more damaging; and
- Children and families are best supported and protected when there is a coordinated response from all relevant agencies.

You should not let other considerations, such as the fear of damaging relationships with involved adults, get in the way of protecting children from abuse and neglect. If you think that referral to a local authority children's team is necessary, you should view it as the beginning of a process of inquiry, not as an accusation.

You should never assume that someone else will pass on information. If you have concerns about a child's welfare and believe they are or are likely to suffer harm, then we must share the information with Children's Social Care Teams.

It is our role to observe and record incidents and not to investigate. Colleagues must be aware that a disclosure may have involved criminal activity and if poorly handled could increase the risk for the child and could undermine a potential prosecution. Our role, where we have possible evidence of child abuse, is to pass the information on to Children's Social Care Teams or the police to enable them to carry out their investigative duties.

Colleagues must ensure they are alert to the signs of abuse and neglect, that they question the behaviour of children and parents/carers and do not necessarily take what they are told at face value.

During an assessment by Children's Social Care Teams and any subsequent enquiries into suspicions of significant harm investigation, it is colleagues' role to support the process by providing accurate information.

3 DISCLOSURES and CONFIDENTIALITY

Colleagues should never give a guarantee of confidentiality to a child or young person wishing to disclose abuse. Colleagues who receive such information should handle the situation sensitively and explain it is necessary to involve other agencies to protect the child. Although best avoided, the situation may arise where information has to be passed on without the child's agreement.

All children and young people receiving services from The MAZI Project will be informed of The MAZI Project's **Data Protection in Operation Procedure** and the exceptions we will make when we believe a child's safety is at risk.

The child's welfare must be paramount. For further information see [Appendix 2](#).

4 RESPONDING TO AN INCIDENT OR SUSPICION OF CHILD ABUSE

Each local authority has 'thresholds' guidance which describes levels of concern and sets out relevant actions and approaches to keep children and young people safe. The following section provides an overview.

4.1 A child under immediate threat

Where there is a risk to the life of a child or likelihood of serious immediate harm an agency with statutory child protection powers must be contacted immediately:

- **Children's Social Care Teams**
- **Police**
- **NSPCC**

Where a child needs immediate medical assistance, this overrides all other considerations and must be sought immediately. Parental consent is not required in these instances. The worker involved must tell the doctor or medical staff if they believe the child has been abused.

See [Appendix 1](#) for links to all relevant agencies.

4.2 A child for whom there is concern

All colleagues have a responsibility to consult with their line manager or **Designated Manager** when they have concerns about the safety of a child, if:

- You believe that you have seen possible evidence of child abuse;
- You have concerns that a child may be at risk of significant harm; or
- You receive an allegation of abuse or possible abuse.

It is better to share a concern that may prove groundless than to wait for certainty, which may result in irreparable damage to the child.

Where the concern raises questions about the immediate safety of the child, consultation with the relevant manager, or directly with Social Care Teams if a manager is unavailable should be immediate (see 4.1 above).

Preserving evidence: Be aware that in certain situations medical or other evidence will be needed.

You may need to lock rooms or ensure that equipment and documents are secured appropriately, so that evidence cannot be tampered with. If there has been physical or sexual assault you should not clear up, move things, wash people or their possessions, e.g., bedding or clothing, before you report the incident and have taken the advice of the police.

4.3 Responding to a disclosure

Remember to (as appropriate):

- Stay calm and try not to show if you are shocked;
- Listen carefully and be sympathetic, you do not need to press the child for lots of detail, as taking a full written statement from the child at this point could be too stressful and jeopardise any future police investigation;
- Tell the child they have done the right thing in telling you and that the abuse is not their fault; • Tell the child that you are treating what they said seriously and that you will be talking to someone responsible about it;
- Tell them that you will do your best to support them;
- Clarify with them the nature of the abuse and establish if it needs an urgent response; • Make sure that everything you do keeps the person safe for now;
- Consult with your line manager, another appropriate manager or if they are not available. the Designated Manager. as quickly as possible and, as a maximum, **within 24 hours of a concern or allegation coming to light**;
- If this is not possible then you should consult directly with Children's Social Care Teams (see [Appendix 1](#)). Any steps taken should be reported to your line manager as soon as possible; • Record all details of the incident and what action has been taken (see [Part 2, Section 10](#)).

4.4 Discussion with your line manager

The following questions will help you and your manager decide what to do next:

- What is your concern?
- How long have you been concerned?
- Who else has concerns?
- What do you think could be happening to the child?

Consider a range of possible things that could be happening, rather than jumping to one conclusion:

- How could you find out whether each of these possibilities is true?
- What information do you have already?
- What have you already done to address your concerns?
- Have you discussed your concerns with the parents and the child or young person?
 - If yes - what did they say?
 - If no - why not?
- What would be the possible impact on the child?

Possible evidence of abuse should be considered in relation to the situation in which it occurred and the child's history. You should check our own records for additional information which might help show whether the concern is likely to indicate abuse or the risk of abuse. This could include information about what interventions have been previously offered to the child or the parents, and their outcomes.

Following consultation with your line manager a decision will be reached on how to proceed. This will include deciding whether, when and how any concerns will be discussed with the child or parent and whether a referral to Social Care Teams is necessary.

If concerns remain following the discussion you (or your manager) could contact someone in

another agency and discuss the situation (without mentioning the child's name). You or your manager may also seek advice from Children's Social Care Teams prior to a decision on how to proceed.

4.5 No longer has concerns

If you and your manager decide that there is no reason to be concerned or that the child's needs can be met by The MAZI Project alone, you should continue to provide services as before, or additional services from The MAZI Project and partner agencies as required.

Decisions made should be clearly recorded on case records, giving a clear explanation why a referral to the relevant Children's Social Care Team was not made.

All colleagues should consider seriously whether using the local procedures for a **single/common assessment** of the child or family's support needs could help meet the child's and family's needs. This option should always be discussed with the line manager.

5 REFERRAL TO CHILDREN'S SOCIAL CARE TEAMS

5.1 Introduction

Anyone who has concerns about a child's welfare can make a referral to Children's social care. Referrals to Children's social care services usually fall in to three categories:

- Requests for information from Children's social care;
- Provision of information such as notifications about a child;
- Requests for services for a child, which will be in the form of a referral.

Children's social care has the responsibility to clarify with the referrer the nature of the concerns and how and why they have arisen.

The local Threshold Protocol provides guidance about the criteria for making and receiving referrals (see [Appendix 6](#)).

The child must be seen by a qualified social worker as soon as possible following a referral and the child's needs and safety remain paramount at all times.

5.2. The Duty to refer

All professionals have a responsibility to refer a child to Children's social care under section 11 of the Children Act 2004 if they believe or suspect that the child:

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a child in need whose development would be likely to be impaired without provision of services.

When professionals make a referral to Children's social care, they should include any pre-existing assessments such as an Early Help Assessment in respect of the child. Any information they have about the child's developmental needs and the capacity of their parents and carers to meet these within the context of their wider family and environment should be provided as a part of the referral information.

The referrer must always have the opportunity to discuss their concerns with a qualified social worker.

5.3. Making a referral

For all referrals to Children's social care, the child should be regarded as potentially a child in need, and the referral should be evaluated on the same day that it was received. A decision must be made by a qualified social worker supported by line manager within one working day about the type of response that is required.

New referrals and referrals on closed cases should be made to the Children's social care duty social worker. Referrals on open cases should be made to the allocated social worker for the case (or in their absence their manager or the duty social worker).

The referrer should provide information about their concerns and any information they may have gathered in an assessment that may have taken place prior to making the referral. The referrer will be asked for information about some of the following:

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household;
- Family address and (where relevant) school / nursery attended;
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents;
- Names and date of birth of all household members, if available;
- Where available, the child's NHS number and education UPN number;
- Ethnicity, first language and religion of children and parents;
- Any special needs of children or parents;
- Any significant/important recent or historical events/incidents in child or family's life; • Cause for concern including details of any allegations, their sources, timing and location; • Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of alleged perpetrator, if relevant;
- Referrer's relationship and knowledge of child and parents;
- Known involvement of other agencies / professionals (e.g., GP);
- Information regarding parental knowledge of, and agreement to, the referral;
- The child's views and wishes, if known.

Other information may be relevant, and some information may not be available at the time of making the referral. However, there should not be a delay in order to collect information if the delay may place the child at risk of significant harm.

The parents' permission should be sought before discussing a referral about them with other agencies unless permission-seeking may itself place a child at risk of significant harm. Where a professional decides not to seek parental permission before making a referral to Children's social care, the decision must be recorded in the child's file with reasons, dated and signed and confirmed

in the referral to Children's social care.

All referrals from professionals should be confirmed in writing, by the referrer, within 48 hours. If the referrer has not received an acknowledgement within three working days, they should contact Children's social care again.

5.4. Receiving a referral

The social worker will discuss the concerns with the referrer and consider any previous records in relation to the child and family in their agency. The social worker will establish:

- The nature of the concerns;
- How and why they have arisen;
- The child's views, if known;
- What the child's and the family's needs appear to be;
- Whether the family are aware of the referral and whether they are in agreement with it or not;
- Whether the concern involves abuse or neglect; and
- Whether there is any need for any urgent action to protect the child or any other children in the household or community.

A decision to discuss the referral with other agencies without parental knowledge or permission should be authorised by a Children's social care manager, and the reasons recorded.

This checking and information gathering stage must involve an immediate assessment of any concerns about either the child's health and development, or actual and/or potential harm, which justify further enquiries, assessments and / or interventions.

Interviews with the child, if appropriate, should take place in a safe environment. All interviews with the child and family members should be undertaken in their preferred language and, where appropriate, for some people by using non-verbal communication methods.

The Children's social care manager should be informed by a social worker of any referrals where there is reasonable cause to consider Section 47 Enquiries and authorise the decision to initiate action. If the child and / or family are known to professional agencies or the facts clearly indicate that a Section 47 enquiry is required, the Children's social care should initiate a strategy meeting/discussion immediately, and together with other agencies determine how to proceed.

The police must be informed at the earliest opportunity if a crime may have been committed.

The police should assist other agencies to carry out their responsibilities where there are concerns about the child's welfare, whether or not a crime has been committed.

During assessment and any enquiries into suspicions of significant harm investigation, Independent People's workers must be aware that it is their role to support Children's Social Care Teams in this process, by providing accurate information. It is our role to observe and record incidents and not to investigate.

The MAZI Project's role in case management following a strategy meeting or child protection conference should be within the boundaries of our service specification. A worker should never assume the role of "key worker" for child protection purposes, as this is a statutory role.

5.5. Concluding a referral

At the end of the referral discussion, the referrer and Children's social care should be clear about the proposed action, who will be taking it, timescales or whether no further action will be taken.

Referral outcomes about a child, where there may be concerns, typically fall in to four categories and pathways:

- No further action, which may include information to signpost to other agencies;
- Early help - referrals for intervention and prevention services within an Early Help Assessment and Early Help services range of provision;
- Child in need services - assessment to be undertaken by Children's Social Care (Section 17 Children's Act 1989);
- Child Protection services - assessment and child protection enquiries to be undertaken by Children's Social Care (Section 47 Children's Act 1989) with active involvement of other agencies such as the police.

Whatever the outcome of a referral, it should have been assessed by a qualified social worker and a decision should have been made by the relevant line manager within the time scale of one working day about what should happen next. The Children's social care manager must approve the outcome of the referral and ensure that a record has been commenced and/or updated.

The social worker should inform, in writing, all the relevant agencies and the child, if appropriate, and family of their decisions and, if the child is a child in need, of the plan for providing support.

If the referrer disagrees with the decisions made by Children's social care about the outcome of the referral, they may consider making a complaint under the local Complaint procedure or raise the matter under the local Professional Disagreement protocol (see [Part 2, section 8](#)).

When Children's Social Care services decide that the threshold is not met and do not get involved, you should, in consultation with your manager continue to follow up concerns, working with the child / family and collecting and recording further information. Do not stop until you are sure that the child's needs are being met or that there is no need to be concerned

6 REQUESTS FOR INFORMATION UNDER SECTION 47, THE CHILDREN ACT

Where The MAZI Project receive a request from Children's Social Care services for information, as part of Child Protection Enquiries under Section 47 of the Children Act, The MAZI Project will:

- If contacted by phone - the worker, where necessary, check the Social Worker's identity;
- Relevant information should be shared within the context that the welfare of the child is paramount and overrides issues of confidentiality;
- The worker should however clarify with the Social Worker whether consent of the parents/young person has been given for the enquiry and, if not, agreement should be reached on whether it is appropriate to seek consent prior to sharing information;
- Information shared will be recorded. The records should indicate whether the young person's or parent's consent was obtained to share this information, and if not the reason for this should be recorded.

7 DISCUSSING CONCERNS WITH YOUNG PEOPLE AND PARENTS

In general, The MAZI Project will seek to discuss and clarify any concerns with the young person/parents before a referral is made, and for their agreement to be sought for such a referral. Sharing information appropriately is key to putting in place the right support.

Whilst The MAZI Project will, in general, seek to discuss any concerns with the young person / family and, where possible, seek their agreement to making referrals to Children's Social Care Teams, this should only be done where this will not place a child at increased risk of significant harm.

Colleagues should be aware that raising concerns with parents about the welfare of their children is likely to cause distress to the parents and must be treated very sensitively - it must be based on evidence.

A worker or manager may consult with Children's Social Care Services where advice is needed on whether it is in the child's best interests to approach the young person or parents directly.

If at any time a colleague is unsure where to report with or without disclosure, they should consult with their line manager or in their absence the Designated Manager

8 PROFESSIONAL DISAGREEMENTS

If, following a safeguarding referral, the relevant worker and their line manager are dissatisfied with the local authority's proposed action or decision not to investigate, in the first instance, this should try to be resolved between the relevant professionals through discussion.

If agreement is not reached and becomes 'stuck', the worker and their manager should notify the Designated Manager, who will consult the relevant Local Authority's escalation and agree next steps. See [Appendix 6](#).

Professional challenge is good and should be encouraged as learning from Serious Case Reviews consistently highlights that good professional challenge could have led to better outcomes for children and families. Professional disagreement is only dysfunctional if not resolved in a constructive and timely fashion.

9 KEEPING PEOPLE INFORMED AND CLOSING CASES

Where a young person has disclosed information about abuse or the risk of abuse, the relevant The MAZI Project manager/worker should ensure, as far as they are able to, that the "discloser" is kept informed about what will happen next. This will help to re-assure them about what to expect.

All workers who continue to have a role in a safeguarding case should keep themselves and other professionals involved and informed throughout, to the point that the case is concluded and/or handed over to other professionals or the police.

Once a case has been fully investigated, prescribed actions have been undertaken and the safeguarding issue has been resolved, open safeguarding logs will be authorised for closure by the relevant team manager.

A decision will be made about what information is shared with the individual adult, the alleged/proven perpetrator (if they are one of our young people) and involved professionals in regard to the resolution of the case - and who will share it. This includes any information that needs to be shared with others (who need to know) if any individual or group of individuals continue to pose a threat to other people.

The relevant manager will, where there is learning from a case that has wider team or organisational relevance, complete a brief case summary and lessons learned and share with the relevant team, internal managers and senior managers and external professionals - to enable suitable practice, policy or other changes to be made.

10 RECORD KEEPING

Good record keeping is critical to ensure The MAZI Project's colleagues are accountable to young people, statutory authorities and the organisation in relation to safeguarding. They help to provide continuity through case management as well as staffing changes or absences. Good records provide an essential source of evidence for investigations and enquiries where children may be at risk.

Where a child is subject to a child protection investigation, a care order, or child protection plan, or is otherwise deemed to be at risk of abuse and all cases of suspected or actual abuse must be recorded through The MAZI Project's In-Form Safeguarding Log.

Your records should always cover key facts and information:

- **What you saw:** when and where
- **What you said:** when, where and who to
- **What was said or shown to you:** when, where and who by
- **What you thought** and why you thought it
- **What you did.**

Safeguarding Logs must be regularly reviewed by the team manager.

Records must be kept up-to-date, accurate and factual. Records relating to suspected, possible or actual child abuse must record the name of the worker making the entry and the date of the entry.

Records should be clear, accessible and comprehensive and any decisions and interventions clearly recorded.

Where a The MAZI Project worker has concerns about possible significant harm to a child, the concerns must be clearly recorded and discussed with the worker's line manager and/or Designated Manager (or the Designated Manager's deputy).

Where there is suspicion of non-accidental injury, expert advice is required. Colleagues must not try to diagnose, but simply and factually describe what they see. Where there are concerns that an injury to a child may be the result of abuse, workers must record in detail any known history of the injury, in order that any physical findings can be assessed in relation to the explanation given.

Where a worker has concerns about the welfare of a child, records should include both positive

and negative developments, e.g., they should record concerns, but also factors that alleviate previous concerns.

Records may show patterns that are of concern or provide corroborative evidence when abuse is suspected.

11 ALLEGATIONS AGAINST COLLEAGUES AND VOLUNTEERS

An allegation may relate to any person who works with children in their role, who has:

- Behaved in a way that has harmed a child, or may have harmed a child; and/or
- Possibly committed a criminal offence against or related to a child; and/or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Such allegations are distinct from a general concern about the quality of care or practice or a complaint.

If a professional receives an allegation or has a concern about the behaviour of a colleague working or volunteering with children as detailed above, you must **report this** as soon as possible and no later than within 1 working day, however trivial it may seem;

- Reports should be to the **Designated Manager unless**
 - The concern relates to a Director, in which the report should be to the **CEO**; or
 - The concern relates to the CEO, in which case, the report should be to the **Designated Safeguarding Board Lead** see [Appendix 1](#)
- If for any reason the Designated Managers are not available, then then this must be reported to the CEO or the Designated Safeguarding Board Lead.

You should complete a written record of the nature and circumstances surrounding the concern, including any previous concerns and where the concern came from. This should include brief details only and be dated (and signed if not an electronic document).

You must maintain confidentiality and guard against publicity whilst an allegation is being considered or investigated and follow local information sharing protocols.

The allocated person with responsibility for ongoing management of any concerns raised will ensure that appropriate neutrality is maintained in relation to the individuals involved.

You should not:

- Attempt to deal with the situation yourself;
- Make assumptions, offer alternative explanations or diminish the seriousness of the behaviour or alleged incidents;
- Keep the information to yourself or promise confidentiality;
- Take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses or informing the alleged

perpetrator or parents or carers.

The Designated Manager will contact the Local Authority Designated Officer (LADO) within 1 working day of receiving the report of an allegation.

Referral to the LADO should not be delayed in order to gather further information, nor should any action be taken that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing or interviewing the alleged perpetrator, prior to contacting the LADO.

The LADO will provide advice and guidance and be involved in the management and oversight of all allegations and liaise with all relevant parties and monitor the progress of all cases. In all cases of an accusation against a member of Senior Leadership the LADO should advise who best to investigate,

See [Appendix 1](#) for contact details for and more information about the LADO in each Local Authority area or visit [South West Child Protection Procedures](#).

The 4 possible outcomes of referral are:

1. Does not meet the threshold
2. LADO strategy meeting
3. Police investigation
4. Employer action

Support for colleagues subject to allegations

- The police and other relevant agencies should always be consulted before informing a person who is the subject of allegations, as the colleague's action may require a criminal investigation.
- The MAZI Project will ensure that local authority Social Care Teams and/or the police are given all assistance in pursuing any investigation in accordance with relevant law and Child Protection procedures.
- Colleagues subject to allegations of abuse will be offered as much support as is possible without compromising the investigation or its outcome. Colleagues will be provided with support throughout the investigation process and will be helped to understand the concerns expressed and the processes being operated. They will be clearly informed of the outcome of any investigation and the implications for disciplinary or related processes.
- If the person is suspended, The MAZI Project will make arrangements to keep the individual informed about developments. If the person is a member of a union or professional association, they will be advised to contact that body at the outset.

More information for people who are subject to an allegation can be found here <https://bristolsafeguarding.org/media/y4uf2hgb/those-subject-to-an-allegation-lado-leaflet.pdf>

Appendix 1: Safeguarding Contacts (internal and external)

1 Internal

The MAZI Project Designated Senior Manager:

- **Chair:** Melanie Vaxevanakis
The MAZI Project, 9 Mogg Street, Bristol, BS2 9TZ
Work mobile: 07913 669426
melanie@themaziproject.com
- **Or in their absence** - Director: Jamie Bustin
Address as above
Work mobile: 07837 739326
james@themaziproject.com

The MAZI Project Designated Board member for safeguarding

- **Chair:** Melanie Vaxevanakis
The MAZI Project, 9 Mogg Street, Bristol, BS2 9TZ
Work mobile: 07913 669426
melanie@themaziproject.com
- **Or in their absence** - Director: Jamie Bustin
Address as above
Work mobile: 07837 739326
james@themaziproject.com

The MAZI Project PREVENT leadership:

- **Director:** Jamie Bustin
Address as above
Work mobile: 07837 739326
james@themaziproject.com

External Useful Contacts

- **Childline:**
0800 1111 <https://www.childline.org.uk/>
Free confidential advice and support for Under 18's
- **NSPCC HELPLINE:**
0808 800 5000 help@nspcc.org.uk
Professional counsellors 24/7 for help, advice and support about safeguarding

- **NSPCC FGM Helpline:**
0800 028 3550
Email fgm.help@nspcc.org.uk

CHILDREN'S SOCIAL CARE CONTACTS FOR REPORTING CONCERNS (External):

Bristol

- Report a concern: **0117 903 6444** (office hours)
- Concerns can also be reported using the [First Response Online Form](#) •
- **Local Authority Designated Officer (LADO):** 0117 903 7795

South Gloucestershire

- Report a concern; **01454 866 000** (office hours)
- Or use the [online Interagency Referral Form](#)
- **Local Authority Designated Officer (LADO):** 01454 868508 (or if unavailable, call 01454 866000)

Bath and North East Somerset (BANES)

- Report a concern; **01225 396 312 or 01225 396 313** (office hours)
- Or use the [online referral form](#).
- **Local Authority Designated Officer (LADO):** 01225 396 810

North Somerset

- Report a concern; **01275 888 808** (office hours)
- Online information
https://www.proceduresonline.com/swcpp/northsomerset/p_report_concerns.html
- **Designated Officer for Allegations (DOFA, formerly LADO):** 01275 888 211

Out of Hours – Emergency Duty Team

- In all areas (Bristol, BANES, South Gloucestershire and North Somerset), call the **Emergency Duty Team** on **01454 615 165**.
- If a child or young person is in **immediate danger dial 999** and ask for the police.

POLICE CONTACT DETAILS

Call 999 when it is an emergency.

Call 101 to report crime and other concerns that do not require an emergency response.

HEALTH

- Call **999** if it is an emergency.
- Call 111 if you need medical help fast but it's not a 999 emergency.

A&E departments

- **Southmead Emergency Department and Minor Injuries Unit**
Brunel building, Southmead Hospital, Southmead Road, Bristol, BS10 5NB.
Emergency Department Main Reception Gate 35
Telephone: 0117 414 5100 or 0117 414 5101.

Open 24 hours, 7 days a week including bank holidays.

- **Bristol Royal Infirmary A&E Department**

Upper Maudlin Street, Bristol BS2 8HW

Telephone: 0117 923 0000

Open 24 hours, 7 days a week including bank holidays.

- **Bristol Royal Hospital for Children A&E Department**

For children up to 16 years of age

Paul O'Gorman Building, Upper Maudlin Street, Bristol BS2 8BJ

Telephone: 0117 923 0000

Open 24 hours, 7 days a week including bank holidays.

- **Bristol Eye Hospital A&E Department**

Lower Maudling Street Bristol BS1 2LX

Telephone 0117 342 4613

830 – 430, 7 days a week

Appendix 2: Seven Principles of information sharing

All colleagues should work by the **7 Principles** contained in [Information Sharing – Advice to Practitioners providing safeguarding services, HM Govt, 2018](#). These are:

Necessary and proportionate; When taking decisions about what information to share, you should consider how much information you need to release. Not sharing more data than is necessary to be of use is a key element of the GDPR and Data Protection Act 2018, and you should consider the impact of disclosing information on the information subject and any third parties. Information must be proportionate to the need and level of risk.

Relevant; Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make sound decisions.

Adequate; Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

Accurate; Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely; Information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection to a child. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore place a child or young person at increased risk of harm. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

Secure; Wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation's policy on security for handling personal information.

Record; Information sharing decisions should be recorded whether or not the decision is taken to

share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures.

If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with the organisation's retention policy, the information should not be kept any longer than is necessary. In some circumstances this may be indefinitely, but if this is the case there should be a review process scheduled at regular intervals to ensure data is not retained where it is unnecessary to do so.

And remember, do not keep concerns about the welfare of a child or young person to yourself.

Appendix 3: What is significant harm?

Significant Harm is any physical, sexual or emotional abuse, neglect, accident or injury that is sufficiently serious to adversely affect progress and enjoyment of life.

Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002, so that it may include, *"for example, impairment suffered from seeing or hearing the ill treatment of another"*.

Child protection uses the concept of significant harm in order to determine whether a child is in need of additional levels of support and monitoring. The Children Act 1989 introduced the concept of significant harm as:

"The threshold that justifies compulsory intervention in family life in the best interests of the child".

Section 47 of the Children Act 1989 places the local authority under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

There are no absolute criteria for establishing significant harm. Whether the harm or likely harm suffered by the child is significant is determined by comparing the child's health or development with that which could reasonably be expected of a similar child.

Professionals must also take account of the child's reactions, and his/her perceptions and wishes and feelings, according to their age and understanding.

It is therefore only through assessment that it is possible to establish whether a child has suffered, or is likely to suffer, significant harm.

Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning.

More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage a child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. Others may suffer significant harm from seeing or hearing the ill-treatment of another, for example in cases of domestic abuse.

Professional judgements about significant harm are made following the completion of an assessment when the information collated is analysed and conclusions drawn. The analysis is informed by:

- Research evidence
- Practice guidance
- Legislation and regulations
- Practice experience
- Training

In all cases, to decide whether the child is suffering or is at risk of suffering significant harm, an assessment must examine all relevant factors in the family:

- The degree and extent of physical harm or neglect
- The duration and frequency of abuse and neglect – one off incident or continuing •
- The extent of premeditation
- The presence or degree of threat, force, sadism and bizarre/unusual elements •
- Contributing factors to incidents
- The past history of the perpetrator or family
- The risk factors in the family
- The wider and environmental family context
- The child's development within the context of their family and wider social environment •
- Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family
- The age of the child and their resilience
- The impact on the child's health and development
- The capacity of the parental carer to adequately meet the child's needs •
- The acknowledgement by the parent/carers of the problem
- The co-operation of the parents/carers
- The likelihood of and capacity for change and improvements in parenting and care of the child
- Whether there is an identified protector
- The family's strengths and support networks
- The child's views of how safe they are and what is in their best interests

Appendix 4: Safeguarding and child protection training plan

All colleagues are required to attend:

- Safeguarding training identified by their line manager as being required based on their job

- role and relevant local authority partnership guidance;
- Refresher training - in line with LSCB guidance.

1. Induction and further training (safeguarding and child protection):

Induction is designed to ensure that all colleagues are familiar with safeguarding child protection responsibilities. During the first 4 weeks of employment all those in contact or working with children and young people will receive mandatory induction into child protection awareness, which includes:

- The child protection responsibilities of all colleagues;
- What is child abuse and neglect;
- Basic signs & symptoms of abuse and neglect;
- What to do in response to concerns;
- Familiarisation with The MAZI Project's policy and procedures for reporting concerns;
- Awareness of how to access key resources and local procedures;
- The names of designated safeguarding managers;
- The role of the LADO and how to respond to allegations against colleagues;
- The need to explain to all young people at start of support the safeguarding statement in our Young People's Handbook;
- How to contact local social care teams and the emergency duty team;
- Code of Conduct and Concerns at Work Policy (Whistleblowing).

This training is provided by the line manager and e-learning.

Non direct support colleagues are required to complete the online [Educare Awareness Course](#) provided by The MAZI Project or another approved course as directed. An individual assessment will be made by the line manager in cases where progression on to a higher level of training is required. Any additional training for trustees will be reviewed on an annual basis by the CEO.

Direct support colleagues, along with an induction in Child Protection Awareness, it is a mandatory requirement that all colleagues working directly and regularly with young people attend the first available local safeguarding partnership approved interagency training after commencing their employment, and that this is refreshed at least every 3 years. Additional training will be considered on a case-by-case basis by the line manager.

Service managers and Designated Managers will receive induction training and inter-agency training as described above for support colleagues, and will then be expected to attend a managers and/or advanced course as advised by the relevant local authority safeguarding partnership.

Line managers are responsible for assessing the training history of new colleagues, arranging awareness training where required, and ensuring that the booking of local safeguarding partnership inter-agency training takes place **within the first 4 weeks of employment**, ensuring that the colleague concerned attends.

2. Refresher training;

All colleagues regardless of their position will be expected to attend refresher training at the

appropriate level at no later than 3 years.

3. Training plan

On an annual basis The MAZI Project will

- Identify the volume of different 'standard' safeguarding training required and review against local approved training resources.
- For all operational colleagues; Review competency levels expected of colleagues in different roles across the organisation and identify inter-team training needs. Line managers will assess individual colleague training requirements based on their role, and relevant guidance. This will be combined with the annual training plan.
- Ensure the necessary resources are allocated and reflect the mandatory nature of safeguarding training. Managers should liaise with their colleagues as necessary to ensure adequate cover is in place to facilitate attendance at safeguarding training.
- The safeguarding training plan and People HR will be monitored regularly to ensure all colleagues have up-to-date training in place.

4. Responsibilities for implementation of the training plan

The People Support Officer is responsible for:

- Ensuring all colleagues are booked on relevant courses (unless otherwise agreed);
- Alerting managers of all colleagues whose safeguarding training is 3 years old.

Line managers are responsible for:

- Ensuring that safeguarding and promoting the welfare of children and young people is addressed through colleague induction, training and regular supervision;
- Ensuring that colleagues are booked on the appropriate training;
- Ensuring that the People HR system is regularly updated with safeguarding training attended.

The People Manager is responsible for:

- Ensuring performance reporting to the Strategic Leadership Team (SLT).

The Operations Director is responsible for:

- Ensuring safeguarding training plans are in place across the organisation, so the necessary resources and planning are in place to maintain colleagues' skills and competencies;
- Reporting to the Board.

The SLT (and Board) are responsible for:

- Ensuring that the organisation-wide safeguarding training plan is adequately resourced and

reviewed on an annual basis;

- Monitoring the frequency of supervision and ensuring that individual training and development needs are identified through supervision and the annual PDR process.

5. Resources

The MAZI Project will ensure adequate planning, resources and support for safeguarding training, including:

- An annual organisation-wide training plan for safeguarding and promoting the welfare of children and young people;
- Adequate financial resources;
- Adequate resources for e-learning opportunities;
- Releasing colleagues to attend the appropriate training courses, training tasks, e-learning and to apply their learning in practice;
- Resources for training and multi-agency initiatives designed to safeguard and promote the welfare of children and young people, such as specialist training and/or providing colleagues who contribute to the planning, delivery and/ or evaluation of such training;
- Making colleagues available to support local authority safeguarding partnerships and/or sub groups.

○ Maintaining training records, monitoring, review and reporting

- People HR will be regularly updated with safeguarding training attended; • Performance reports will be provided annually to SLT and Board on the proportion of colleagues trained to the required level;
- Wider safeguarding training needs will be reviewed annually, following the Safeguarding Audit and in discussion with manager to maintain colleagues' skills and competencies; • Line managers will report monthly to SLT on the frequency of supervision.

○ Support and supervision

Working to ensure children are protected from harm requires sound professional judgements to be made. It is demanding work that can be distressing and stressful. All colleagues have access to advice and support from their line manager, and those providing supervision will be trained in supervision skills and have attended relevant safeguarding training.

Reflective supervision will address:

- Support and reflection on safeguarding practice;
- Management of performance and practice in relation to safeguarding and promoting the welfare of children and young people;
- Professional development, including ensuring relevant training is made available and attended.

Appendix 5: Safeguarding Code of Conduct

Colleagues should also refer to [section 7](#) of this Policy.

1. Every service user should be treated equally and with dignity, with their safety and wellbeing central to each worker's relationship with them.
2. All colleagues are required to be conversant with and follow The MAZI Project's **Concerns at Work Policy** (Whistleblowing).
3. Where there are any concerns that a colleague may have behaved inappropriately or where we receive information that may constitute an allegation, all colleagues are required to report this to a Designated Safeguarding Manager as soon as possible, however trivial. This includes reporting concerns about colleagues from other organisations.
4. Workers should not enter into a close relationship - social, physical, emotional or sexual - or form relationships with any service user outside of the range of our service specification.

Workers should not take service users to their homes, give out their personal telephone numbers or email addresses or connect with them via any social media sites (unless expressly authorised to do so) or befriend service users using personal online accounts, including e-mail, chat rooms and social networking sites.

5. Any inappropriate behaviour towards workers by a service user should be recorded and reported, and if this behaviour was witnessed by other colleagues, the witness (es) should also record and report what they witnessed.
6. Workers should avoid giving lifts to service users except to assist in the provision of housing and support services or as part of organised activities.
7. Colleagues must never threaten or physically punish service users in their care. Any use of corporal punishment is not permitted. This may be a criminal matter for the police and will be viewed as a disciplinary matter and may be considered as gross misconduct. The term corporal punishment should be taken to include:

- Any application of force as a punishment; slapping; throwing missiles; rough handling; • Punching or pushing in the heat of the moment in response to violence from young people.

Neither will any worker make a physical intervention (restraint), where any other course of action is likely to fail, even if this is to avert the immediate and serious danger of personal injury to a child / young person, the worker or another person, as workers are not trained to do this safely.

8. Colleagues are required to follow clear procedures to prevent themselves or others from personal benefit when working with service users.

The MAZI Project is not a specialist financial advice or welfare rights agency and it is outside of workers' professional role to provide such a level of advice to service users on their finances. However, we need to recognise that, as part of their support role, colleagues inevitably find that money is an important issue in people's lives and need to be able to offer basic budgeting, benefits and debt advice to service users. Where there is a need for specific, detailed

professional financial advice, service users will be referred to an appropriate internal or external service.

To ensure appropriate accountability, details of all interactions in relation to finance, e.g. budgeting, debt, benefits, are recorded by colleagues in detail and discussed through the supervision process.

All colleagues are required to account fully for any monies paid to The MAZI Project or handled by The MAZI Project's teams on behalf of a service user, for example, individual grants. Colleagues must follow the relevant financial procedures when handling or accounting for any monies held by The MAZI Project or The MAZI Project's workers on behalf of a service user.

9. Colleagues must never take on the role of Lasting Power of Attorney for a service user and if requested to do so, should discuss the situation with their line manager immediately, so that appropriate support and advice can be provided to the service user.
10. Gifts offered or given to colleagues by service users (or vice versa) must be reported to the line manager, so that a decision can be made on how the gift, or offer of a gift, should be dealt with.
11. All allegations or suspicions of abuse, including inappropriate behaviour, inappropriate relationships or corporal punishment by a worker (paid or otherwise) will be taken seriously and treated carefully and fairly in accordance with our **Safeguarding Policies**, the South West Child Protection Procedures and the Safeguarding Adults Multi-agency Policy and, where appropriate, reported to the police as potential or actual criminal activity.
12. Inappropriate behaviour or relationships with any service user outside the boundaries of our service specifications, including the list above is likely to additionally result in a disciplinary investigation being undertaken and may be considered as gross misconduct.

Appendix 6: Safeguarding and child protection resources

- [South West Child Protection Procedures](#) access to all South West Local Authority resources • [Working Together to Safeguard Children, 2018](#)
- [NSPCC Signs, symptoms and effects of child abuse and neglect](#)
- [“What to do if you’re worried a child is being abused”](#) (Advice for Practitioners, HM Govt, 2015)

Local Authority Threshold’s Guidance

- Bristol – [Threshold Guidance](#)
- South Glos – [Threshold Tool](#)

Local Authority Professional Disagreement guidance

- Bristol – [Professional Differences Escalation Procedure](#)
- South Glos – [Professional Differences Policy](#)

Child Exploitation

- [Child Sexual Exploitation: Definition and Guidance for Practitioners \(DfE, February 2017\)](#). • [Barnardo’s BASE](#) - provide support to protect CYP at risk of child sexual exploitation • [Exploitation](#)

[Identification Tool](#) South Gloucs – for use in cases of sexual or criminal exploitation, county lines, modern slavery / trafficking, serious youth violence

County lines

- [Govt Guidance for professionals on criminal exploitation of Children & vulnerable adults](#)

Radicalisation

- [Contest Strategy](#) HM Government 2018 (supersedes the Prevent Strategy 2011 and the previous CONTEST strategy)
- [Channel Duty Guidance 2021](#); multi-agency programme which provides support to individuals who are at risk of being drawn into terrorism.

Online safety:

- NSPCC [helpful advice and tools](#) to help keep young people safe online
- [Bristol Online Safety resources](#)
- [South Gloucestershire Online Safety resources](#)
- [UK Council for Internet Safety Digital Resilience Framework](#)
- [CEOP \(Child Protection & Online Protection Command\) report incident or concerns of online abuse](#)
- [CEOP resources for awareness raising of online child abuse and exploitation](#)
- [Internet Watch Foundation](#) - anonymous and confidential child sexual abuse images reporting

Legislation

- [Working Together to Safeguard Children, 2018](#)
- [Children Act 2004](#)
- [Children and Families Act 2014](#)
- [Female Genital Mutilation Act 2003](#), amended by the [Serious Crime Act 2015](#)

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Approved by Chair:	Approved by Board:
Rob Hagen	Catherine Lightfoot
Chair	Trustee
Date: 02/09/2024	Date: 02/09/2024

