

The Somerville

SAFEGUARDING POLICY

March 2026

Kirsty Collander-Brown

Next review due: March 2027



DESIGNATED SAFEGUARDING OFFICERS

Kirsty Collander-Brown - CEO

Email: kirsty.cb@somerville-online.org.uk

Phone: 07748 985319



Coach La La - Deputy Safeguarding Lead

Email: Coachlala@somerville-online.org.uk

Phone: 0207 732 1403



Shereener Browne - Trustee for Safeguarding

Email: trustee_safeguarding@somerville-online.org.uk



STATEMENT, PURPOSE AND STAFF CODE



Statement

At Somerville, we believe everyone has a responsibility to promote the welfare of all children and young people, to keep them safe, and to practise in ways that protect them.

We are committed to anti-discriminatory practice and give equal priority to keeping all children and young people safe, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation. We recognise that some children are additionally vulnerable because of the impact of discrimination, previous experiences, their level of dependency, communication needs, or other factors, and we are committed to understanding and responding to these needs.

We will respond promptly and appropriately to any concerns about a child or young person's safety or wellbeing and will work in partnership with families and relevant agencies to ensure they are protected.

Purpose

The purpose of this policy statement is:

- To protect children and young people using Somerville from harm.
- To provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection.

This policy applies to anyone working on behalf of Somerville, including senior managers, the board of trustees, paid staff, volunteers, sessional workers, agency staff and students.

Staff Code

At Somerville the welfare of children and young people and adults at risk is paramount. Our staff and volunteers will:

- Listen and respect children, young people and adults at risk at all times and treat them with dignity
- Ensure that language is appropriate and not offensive or discriminatory;
- Give constructive feedback rather than negative criticism, and recognise the developmental needs and capacity of in their communication style
- Work in an open environment (avoiding private or unobserved locations or situations)
- Maintain appropriate distance with children, young people and adults at risk and avoid unnecessary physical contact
- Not develop relationships, either physical or emotional which could in any way be deemed exploitative or abusive
- Report any cause for concern to designated safeguarding lead (or deputy)
- Report and concerns about other members of staff to designated safeguarding lead (or deputy), or to Trustee
Safeguarding lead if about senior management
- Ensure that safeguarding is an active discussion at session debriefs
- Record accurately in our incident / safeguarding concern form

FRAMEWORK AND PRINCIPLES



Legal Framework

The policy has been produced in line with relevant legislation and statutory guidance including:

[Children Act 1989](#)

[Children Act 2004](#)

[Working Together to Safeguard Children 2023](#)

[Care Act 2014 \(legislation.gov.uk\)](#)

This work links with the London Child Protection and Lewisham Adult Safeguarding Policy and Procedures by creating guidance, forms and tools, whilst establishing a platform to receive ongoing feedback and to promote good practice:

[Lewisham Safeguarding Children Partnership](#)

[Adult Safeguarding Pathway Lewisham](#)

Principles

Everyone shares responsibility for safeguarding and promoting the welfare of children irrespective of individual professional or volunteering roles.

- We put the welfare of the children, young people and adults at risk first
- All staff, volunteers and trustees must adhere to the Somerville Code of Conduct.
- All staff volunteers and trustees adhere to the Somerville Safeguarding Policy
- Recruitment of staff, volunteers and trustees adheres to our Safer Recruitment Policy
- Our high quality youth work offer is maintained through reflective practice, with recorded post session debriefs
- We provide effective management for staff and volunteers through supervision, support and training.
- We reviewing our policy and good practice annually and/or in line with changes in legislation

INCLUSIVE SAFEGAURDING PRACTICES



Inclusive Safeguarding Practice

Safeguarding responses at Somerville will:

- Be child-centred and person-centred, taking account of individual needs and circumstances
- Communicate in ways that are accessible and understandable
- Involve children, young people and adults at risk appropriately in decisions affecting them
- Recognise that behaviour which appears “challenging” may be a response to trauma, discrimination or unmet need

Where necessary, reasonable adjustments will be made to ensure safeguarding processes are accessible to disabled children and adults at risk, and interpreters or additional support will be used where language or communication barriers exist.

Equality, Inclusion and Bias

Somerville is committed to inclusive and anti-discriminatory safeguarding. We recognise that children, young people and adults at risk experience harm, risk and access to support differently depending on their identity, background and lived experience.

Safeguarding practice at Somerville actively considers how factors such as:

- race and ethnicity
- disability and neurodiversity
- gender and gender identity
- sexual orientation
- culture, religion and belief
- language and communication needs
- socio-economic disadvantage
- immigration or asylum status

may increase vulnerability to harm, affect how abuse is experienced, or influence whether concerns are disclosed or recognised.

SAFE STAFFING AND ROLE OF SAFEGAUARDING LEAD



Online safety

All staff, volunteers and trustees must:

- maintain professional boundaries online at all times
- not engage in private or personal online communication with children or young people they work with, outside of agreed organisational systems and purposes
- not “friend”, follow, or connect with children or young people on personal social media accounts
- not share personal contact details or engage in one-to-one online communication without authorisation and safeguarding oversight
- use organisational accounts, devices and platforms where online contact is required as part of a role

Any online contact with children or young people must be:

- Transparent
- Appropriate
- Proportionate
- In line with this safeguarding policy and the organisation’s code of conduct

Safe Staffing

Somerville recognises that appropriate staffing ratios are a key safeguarding measure and are essential to ensuring the safety, wellbeing and effective supervision of children, young people and adults at risk.

Staffing ratios will be determined through risk assessment and will take account of:

- the age of participants
- the needs and vulnerabilities of individuals or the group
- the nature of the activity
- whether provision is open-access or structured
- the physical environment and size of the site

As a minimum standard, Somerville operates to the following guidance, in line with NSPCC safeguarding principles we will not exceed a ratio of 1 adult to 10 young people.

There will always be a minimum of two adults present during sessions, except where one-to-one work has been specifically authorised, risk-assessed and recorded.

Staffing ratios may be adjusted at any time in response to emerging risk, behaviour, safeguarding concerns or environmental factors. Ratios are reviewed as part of ongoing dynamic risk assessment.

Role of the Designated Safeguarding Lead

- Providing the 'first port of call' and offering advice and support to all staff regarding safeguarding issues.
- Making referrals as necessary.
- Keeping up to date with changes and developments in safeguarding.
- Disseminating policy and good practice to all staff
- Ensuring that staff/volunteers understand their responsibilities
- Ensuring that all staff/volunteers have read, and are aware of Somerville policies and procedures
- Ensuring that new staff receive induction about safeguarding procedures and existing staff receive training as required.
- Organising information relating to safeguarding so that this is accessible to all staff/volunteers.

In the absence of the Designated Safeguarding Lead, the Deputy Designated Safeguarding Lead will assume the responsibilities of this role. In the absence of all of these people, or in respect to a complaint about either of these persons, referral must be made to the local safeguarding authority.

The Designated Safeguarding Lead, Deputy Designated Safeguarding Lead and the Trustee with responsibility for Safeguarding should attend Level 3 Safeguarding Training at least every three years, with annual updates.

Safeguarding Areas of Concern



Categories of Abuse

Abuse and neglect are forms of maltreatment of a child or adult at risk. Somebody may abuse or neglect a child or either directly by inflicting harm, or indirectly, by failing to act to prevent harm. Children / adults at risk may be abused in a family or in an institutional or community setting; by those known to them; or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

There are four types of abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

Physical Abuse

This is the non-accidental infliction of physical force that results in bodily injury, pain or impairment. Physical abuse includes hitting, kicking, punching and other ways of inflicting pain or injury such as poisoning, drowning or smothering. It also includes inducing illness with intent; giving a person harmful drugs or alcohol; illegal use of restraint.

Sexual Abuse

This is the direct or indirect involvement of a child/adult at risk by another child or adult in sexual activity they have been coerced into or have not or cannot consent to (statutory rape), cannot understand or lack the mental capacity to be able to give consent to, e.g. encouraging a child to look at pornographic material is also abuse. Sexual abuse can include kissing, touching genitals or breasts, vaginal or anal intercourse and oral sex.

Emotional Abuse

This is any form of mental cruelty with a harmful effect on someone's emotional health or development like denying love or affection, constant threats or humiliation, witnessing abuse of others, sarcasm, degrading punishments, isolating or ignoring a child/adult at risk or other forms of emotional abuse designed to undermine a person's confidence and sense of self-worth.

Neglect

This is the failure of any person who has the responsibility for the charge, care or custody of a child/adult at risk to provide the amount and type of care that a reasonable person would be expected to provide i.e. withholding necessities like food/drink, warmth, safety, medical attention, educational or social needs. Neglect can be intentional or unintentional.

Harmful behaviour between young people and Harmful Sexual Behaviour

Children are capable of abusing their peers (including online) and Somerville works to minimise the risk of child-on-child abuse and deals with any allegations robustly. Abuse is abuse and should never be tolerated or passed off as 'banter', or 'just having a laugh'. Examples include:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying).
- abuse in intimate personal relationships.
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse).
- sexual violence such as rape, assault by penetration and sexual assault
- sexual harassment such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.
- up skirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause victim humiliation, distress or alarm.
- consensual and non-consensual sharing of nudes and semi nudes' images and or videos
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

The Domestic Abuse Act 2021 defines domestic abuse as any of the following behaviours, either as a pattern of behaviour, or as a single incident, between two people over the age of 16, who are 'personally connected' to each other:

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) economic abuse (adverse effect of the victim to acquire, use or maintain money or other property; or obtain goods or services); and (e) psychological, emotional or other abuse.

The definition of Domestic Abuse applies to children if they see or hear, or experience the effects of, the abuse; and they are related to the abusive person.

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

Child Sexual Exploitation (CSE)

CSE is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. Indicators of Child Sexual Exploitation may include:

- Acquisition of money, clothes, mobile phones, etc. without plausible explanation.
- Gang-association and/or isolation from peers/social networks.
- Exclusion or unexplained absences from school, college or work.
- Leaving home/care without explanation and persistently going missing or returning late.
- Excessive receipt of texts/phone calls.
- Returning home under the influence of drugs/alcohol.
- Inappropriate sexualised behaviour for age/sexually transmitted infections.
- Evidence of/suspicious of physical or sexual assault.
- Relationships with controlling or significantly older individuals or groups.
- Frequenting areas known for sex work.
- Concerning use of internet or other social media.
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

Harmful Sexual Behaviour

This is an umbrella term that includes sexual violence and sexual harassment. Problematic, abusive and violent sexual behaviours are inappropriate and may cause developmental damage. Harmful sexual behaviour can occur online and offline (both physical and verbal) and it is important to recognise the gendered nature such behaviour can take. Harmful sexual behaviour, like all child-on-child abuse, is never acceptable and will be taken seriously. Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Youth Produced Sexual or Indecent Imagery

Indecent imagery is the legal term used to define nude or semi-nude images, videos or live streams of children and young people under the age of 18. This could be via social media, gaming platforms, chat apps or forms. It could also involve sharing between devices via services like Apple's Airdrop which works offline. Consensual and non-consensual sharing of nude images and/or videos can be signs that children are at risk.

Consensual image sharing between children of a similar age may require a different, proportionate safeguarding response. While it may not be abusive, children still need to understand that creating or sharing sexual images of under-18s is illegal. Non-consensual image sharing is both illegal and abusive and should always be treated as a safeguarding concern.

Members of staff/volunteers should not view sexual imagery which is reported to them, or copy, print, share store or save the images under any circumstances. In referring any incident of this nature, staff should describe the content of the images as reported to them.

Child Criminal Exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence.

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

- children who appear with unexplained gifts or new possessions.
- children who associate with other young people involved in exploitation.
- children who suffer from changes in emotional well-being.
- children who misuse drugs and alcohol.
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

CCE and CSE can affect children, both male and female and can include children who have moved (commonly referred to as trafficking) for the purpose of exploitation.

Online Safety and Digital Safeguarding

Somerville recognises that children, young people and adults at risk increasingly engage with others online and through digital platforms. Online spaces can provide positive opportunities for connection, creativity and learning, but they also present safeguarding risks. Online safeguarding concerns may arise through (but are not limited to):

- social media platforms
- messaging apps and direct messages
- gaming platforms and in-game chat functions
- live streaming and video sharing platforms
- online forums and group chats

Online risks may include:

- online bullying or harassment (including cyberbullying and discriminatory abuse)
- sexual harassment, sexual exploitation or grooming
- pressure to share sexual images or videos
- non-consensual sharing of images
- exposure to harmful or extremist content
- exploitation, coercion or manipulation through online contact

Female Genital Mutilation (FGM)

Female genital mutilation refers to procedures that intentionally alter the female genital organs for non-medical reasons. The practice is illegal in the UK. Professionals in all agencies, and individuals and groups, need to be alert to the possibility of a girl being at risk of FGM, and have a specific legal duty to act with regards to concerns about FGM.

There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

Indications that FGM may have already taken place may include:

- difficulty walking, sitting or standing and may even look uncomfortable.
- spending longer than normal in the bathroom or toilet due to difficulties urinating.
- spending long periods of time away with bladder or menstrual problems.
- frequent urinary, menstrual or stomach problems.
- prolonged or repeated absences, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return
- confiding in a professional without being explicit about the problem due to embarrassment or fear.
- talking about pain or discomfort between her legs
-

Victims of FGM are likely to come from a community that is known to practise FGM.

FGM is illegal in the UK and there is a mandatory duty to report to the police where it is discovered (either through disclosure by the victim or evidence as above) that FGM appears to have been carried out on a girl under 18. This must be referred to the Designated Safeguarding Lead in accordance with this policy.

County Lines

County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”.’

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Forced Marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage.

Radicalisation

Children are vulnerable to extremist ideology and radicalisation.

Extremism is the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes.
- glorifying violence, especially to other faiths or cultures.
- making remarks or comments about being at extremist events or rallies.
- evidence of possessing illegal or extremist literature.
- advocating messages similar to illegal organisations or other extremist groups.
- out of character changes in dress, behaviour and peer relationships..
- secretive behaviour.
- online searches or sharing extremist messages or social profiles.
- intolerance of difference, including faith, culture, gender, race or sexuality.
- graffiti, art work or writing that displays extremist themes.
- attempts to impose extremist views or practices on others.
- advocating violence towards others.

If any concerns arise, or are disclosed by a child, they will be responded to following normal safeguarding processes and advice would be sought from the local authority (either Prevent coordinator or children's social services) if necessary.

Mental Health and Emotional Wellbeing

Somerville recognises that mental health and emotional wellbeing are central to safeguarding. Children, young people and adults at risk may experience emotional distress at different points in their lives, and this does not automatically indicate a safeguarding concern. However, where distress is persistent, escalating, or linked to risk of harm, it may require safeguarding action.

Somerville aims to create an environment where emotional wellbeing is supported and where individuals feel able to speak openly about how they are feeling. Staff and volunteers are expected to respond with empathy, respect and curiosity, while remaining within their role and responsibilities.

Understanding distress and thresholds

Emotional distress may be influenced by a range of factors, including:

- trauma, loss or bereavement
- bullying, discrimination or exclusion
- family conflict or instability
- poverty, insecurity or unmet needs
- neurodiversity, disability or additional needs

Responding to Concerns



Ways that abuse might be brought to your attention

- A child or young person might make a direct disclosure about themselves
- A child or young person might make a direct disclosure about another person
- A child or young person might offer information that is worrying but not a direct disclosure
- A member of staff might be concerned about a child/ adult at risk's appearance or behaviour or about the behaviour of a parent or carer towards them
- A parent or carer might make a disclosure about abuse that a child/adult at risk is suffering or at risk of suffering a parent/carer might offer information about a child/ at risk that is worrying but not a direct disclosure.

Helping a child in immediate danger or in need of an emergency response

- If the child, young person or adult at risk is in immediate danger, remain with them and call the police.
- If the child, young person or adult at risk is elsewhere, contact the police and explain the situation to them.
- If they need emergency medical attention, call an ambulance and, while you are waiting for it to arrive, get help from your first aider.
- You also need to contact your Designated Safeguarding Lead (or deputy) to let them know what is happening.
- A decision will need to be made about who should inform the family or care givers and the local authority, and when they should be informed. If you have involved the police and/or the health services, they should be part of this decision. Consider the welfare of the child, young person or adult at risk in your decision making as the highest priority.

Issues that will need to be taken into account are:

- the child, young person or adult at risk wishes and feelings
- the parent care givers right to know (unless this would place the child/adult or someone else in danger, or would interfere with a criminal investigation)
- the impact of telling or not telling the parent / carer giver
- the current assessment of the risk to the child, young person or adult at risk and the source of that risk

Responding to online safety concerns

If a member of staff or volunteer becomes aware of an online safety concern, including concerning messages, images, videos, behaviours or disclosures:

- they must not investigate, respond directly, or view sexual imagery
- they must report the concern immediately to the Designated Safeguarding Lead (or Deputy)
- the concern must be recorded in line with Somerville's safeguarding procedures

Online safety concerns will be assessed in the same way as offline concerns, with particular attention paid to:

- consent
- age and power imbalance
- coercion or pressure
- impact on the child, young person or adult at risk

Where appropriate, concerns may be escalated to external agencies including children's social care, adult social care, the police, or specialist online safety services.

Somerville works to ensure that children, young people and adults at risk are supported to develop safe, informed and confident use of online spaces, while prioritising their welfare and protection at all times.

Mental Health and Emotional Wellbeing

Staff and volunteers are not expected to diagnose mental health conditions or provide therapeutic support.

Their role is to:

- notice changes in behaviour, mood or presentation
- listen and respond appropriately
- share concerns promptly with the Designated Safeguarding Lead

Where concerns indicate increasing vulnerability or risk, safeguarding procedures will be followed.

Responding to mental health concerns

- When a child, young person or adult at risk shares concerns about their mental health:
- listen calmly and without judgement
- take concerns seriously and offer reassurance
- be clear about the limits of confidentiality
- avoid making promises or offering solutions beyond your role
- report concerns to the Designated Safeguarding Lead (or Deputy) where appropriate

Somerville will work in partnership with families, carers and external agencies to ensure individuals are supported and referred to appropriate services when needed.

Suicide Prevention and Self-Harm

Somerville recognises that suicidal thoughts and self-harm are serious safeguarding concerns and require a timely, appropriate response. Any expression of suicidal ideation, intent to self-harm, or behaviour indicating risk of serious harm must be taken seriously.

Recognising risk

Indicators of suicide risk or self-harm may include:

- talking about wanting to die or not being here
- expressing hopelessness, shame or feeling like a burden
- withdrawal from relationships or activities
- significant changes in mood or behaviour
- evidence or disclosure of self-harm
-

Risk may be immediate or may develop over time.

Responding to Concerns

If a child, young person or adult at risk expresses suicidal thoughts or self-harm:

- listen calmly and non-judgementally
- acknowledge what they have shared and reassure them they have done the right thing
- do not promise confidentiality
- explain that information must be shared to help keep them safe
- report the concern immediately to the Designated Safeguarding Lead (or Deputy)

If there is immediate risk of harm, emergency services must be contacted without delay.

How to escalate and respond to signs or suspicions of abuse or neglect

If you are concerned about a child or adult at risk you need to report this to the Designated Safeguarding Lead (or deputy) normally in the same working day. Concerns may arise through a variety of ways, but most likely be a personal observation or a disclosure from the child or adult at risk themselves or a third party.

The aim is to safeguard the child or adult at risk and get them the support needed from statutory health or social or voluntary services. There is also a duty to refer criminal cases to the police.

If a significant concern or harm has been reported, there will be a referral made to the multi-agency team MASH and/or initial communication with a duty social worker to advise on a referral. We might be asked to provide detailed information but are usually not involved or informed beyond that point.

Next steps by social services/MASH might involve a child protection conference, child Safety Framework Assessment, Early Help Assessment (EHA); the outcome might be a Child-In-Need (CIN) or Child Protection (CP) plan.

How to respond to allegations of child abuse against staff

If an allegation is made against a staff member it should be reported instantly to the Designated Safeguarding Lead. They will follow internal investigation and disciplinary procedures as well as escalate, as appropriate. If the allegation is about a senior member of staff, then the incident should be passed to the trustee with responsibility for safeguarding or the chair of the board.

Whistleblowing and Low-Level Concerns

Somerville recognises that some concerns about the behaviour of staff, volunteers or trustees may not meet the threshold for an allegation or require referral to the LADO, but may still indicate a need for early intervention. These are sometimes referred to as low-level concerns and may include behaviour that is inconsistent with the organisation's code of conduct, creates discomfort, or could indicate emerging patterns of concern.

All such concerns should be reported to the Designated Safeguarding Lead, recorded appropriately, and addressed promptly through advice, supervision, training or management action. Addressing low-level concerns early helps to promote a safe culture, prevent escalation, and protect children, young people, adults at risk and staff.

Somerville actively encourages staff and volunteers to raise concerns about poor practice, unsafe behaviour or safeguarding failures, including concerns about senior staff or trustees. Concerns may be raised internally or externally (e.g. NSPCC Whistleblowing Helpline). No individual will be treated unfairly for raising a genuine concern.

It is not safeguarding but I am still concerned

Sometimes concerns about a child/ adult at risk may not be about abuse or neglect. You may be concerned that they or their family need some help in making sure all the child/adult at risk's needs are met to address a particular problem. Examples of this might be where a child/adult at risk is suffering because of poverty, getting into trouble in the community, or has a disability and needs extra help. In these instances, we may be able to get them help by using the MASH referral, ask for an Early Help Assessment (EHA), refer to their GP etc. Talk to the Designated Safeguarding Lead (or deputy).

Process and action to be taken by designated person

For all incidents contact the Designated Safeguarding Lead (or Deputy). They will seek external guidance as appropriate and agree to act as follows:

- internal follow-up or whether to make an external referral for the child/vulnerable adult
- what action to take e.g. need more information, discuss with third party, refer to social care services, report to the police
- degree of urgency and timeline for actions
- individuals' roles – who does what
- whether separate process is needed for dealing with suspected abuser – e.g. disciplinary procedure, referral to LADO, report to police
- whether/how to inform parent/carer
- what to discuss with child/adult and how to support them
- what communication is needed with partner organisation; what action by partner
- how to manage confidentiality
- Implement action/timetable as agreed above
- ensure detailed written record is made has been passed to DSL – normally within 2 working days
- consider support needs of staff member
- record to be stored securely and confidentially
- Follow up with any agencies (i.e. EHA/MASH) and child/adult and parent/ carer as appropriate

What and how information will be recorded

It is important that any records that are created in the course of managing child safeguarding situations are managed and protected appropriately. UK Data Protection law requires that personal information generated from such records be:

- adequate, relevant and not excessive for the purposes(s) for which they are held.
- accurate and where necessary kept up to date.
- not kept for longer than is necessary for its purpose.
- In any given situation, an accurate record should be kept, and should be signed by the person or people making the statement.

The following details should be included – be specific:

- date and time of incident / disclosure.
- name, age, contact details of children involved.
- parties who were involved, including any witnesses to an event (names and addresses.
- what was observed, said or done and by whom – be specific, avoid vague or blanket statements.
- any investigation actions undertaken by you / the organisation to look into the matter
- any further action taken.
- where relevant, the reasons why a decision was taken not to refer those concerns to a statutory agency.
- any interpretation / conclusion drawn from what was observed, said or alleged should be clearly recorded as such.
- names and contact details of person reporting the concern and of the person to whom the concern was reported, date and time when it was reported and recorded.

Refer to Somerville Safeguarding Concern / Incident Report Form

Confidentiality

The legal principle is that the “welfare of the child is paramount”. Privacy and confidentiality should be respected where possible but if doing this leaves a child at risk of harm then the child’s safety has to come first. Legally, it is fine to share information if someone is worried about the safety of a child or adult at risk. Not everyone needs to know when a concern or worry is raised. This respects the child/ adult at risk’s, family’s and/or staff’s rights to privacy. So only people who need to know should be told about it. Otherwise, there might be gossip and rumours or other people may be genuinely concerned. It is fine to say that a concern has been raised and it is being dealt with following the organisation’s procedures.

Useful Contact Details

ChildLine

Freephone: 0800 1111 or chat with a counsellor via their website.

NSPCC Helpline

0808 800 5000 or help@nspcc.org.uk

Worried about a child? Contact trained helpline counsellors for 24/7 help, advice and support

Police

Non-emergency: 101

textphone 18001 101

Emergency: 999

textphone 18000

Lewisham Contacts

Lewisham Health and Social Care for Children and Families

If you think a child or young person may be in immediate danger, call 999

Otherwise contact Lewisham Health and Social Care for Children and Families

020 8314 6660; out of hours call 020 8314 6000 and ask to speak to the out-of-hours duty social worker.

Multi Agency Safeguarding Hub (MASH)

MASH provides a single point of access to the services that help keep children safe; it brings together a variety of agencies into an integrated team; where information is shared appropriately and securely on children, families and adults.

020 8314 6660

MASHagency@lewisham.gov.uk

Lewisham Children Social Care, Laurence House, First Floor, 1 Catford Road, SE6 4RU

POLICY CONTROL SHEET

Document Title Safeguarding Policy

Organisation Somerville Adventure Playground

Version Number Version 1.0

Date Approved 16th March 2026

Approved By Board of Trustees

Next Review Date March 2027

Review Frequency Annually (or sooner in response to incidents, legislation changes, or organisational need)

Policy Owner Kirsty Collander-Brown - Designated Safeguarding Lead (DSL)

Last Updated 16th March 2026

Status Live

DISTRIBUTION

This policy is shared and embedded across the organisation as follows:

- Provided to all staff and volunteers during induction
- Included in staff onboarding materials
- Available on shared drive: [Google Drive / Policies / Safeguarding 2026
- Printed copy available on site in: front office
- Regularly revisited through team meetings and safeguarding training
- Shared with trustees and key partners where appropriate
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All staff are required to confirm they have read and understood this policy.