

The logo for Young Somerset, featuring the text 'Young Somerset' in a sans-serif font inside a circular border. The background of the top half of the page is a grayscale photograph of a child's hands holding a wooden toy figure.

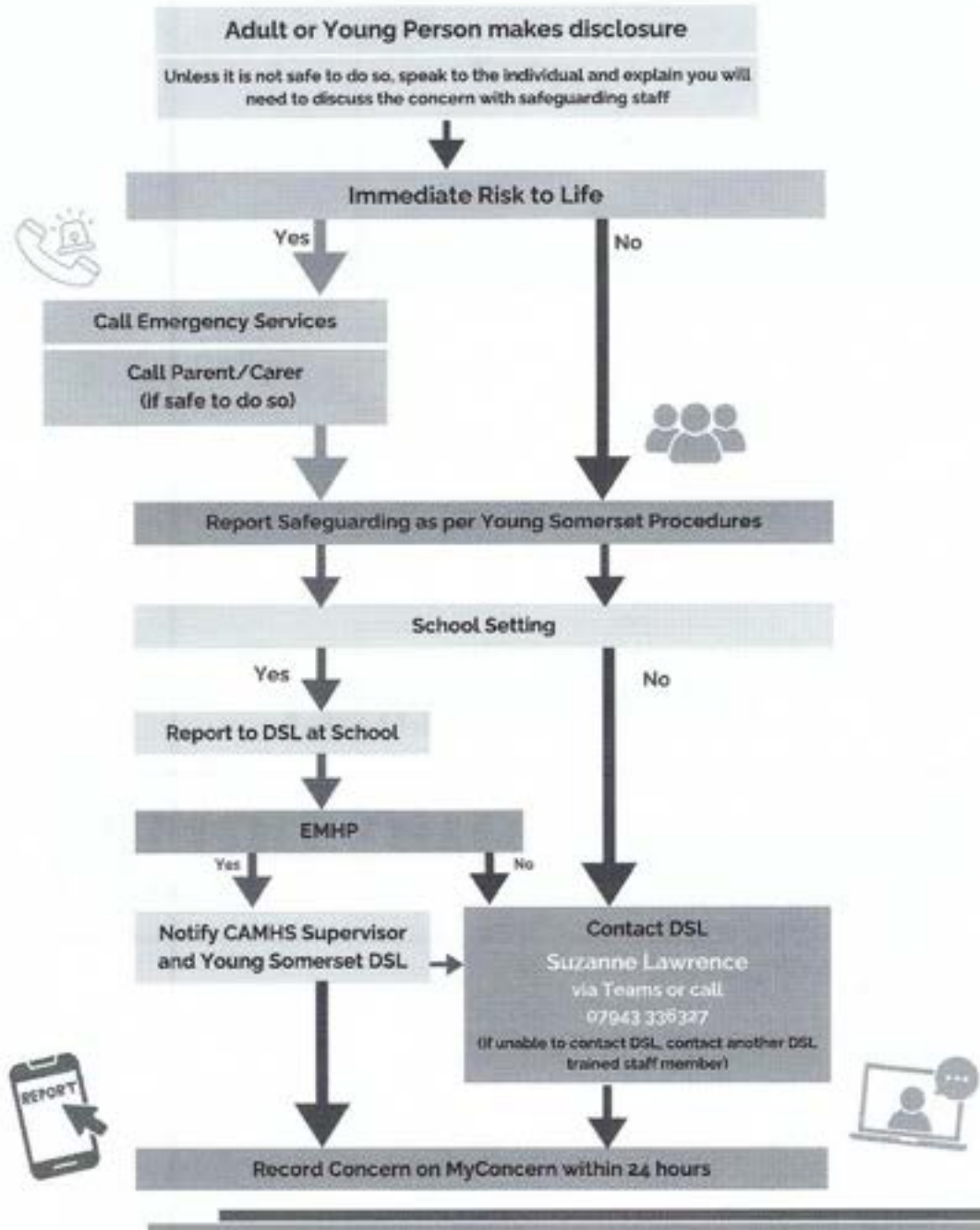
Young
Somerset

YOUNG SOMERSET

SAFEGUARDING POLICY

Safeguarding

Reporting a Concern



For detail of full Safeguarding Team please visit Young Somerset Intranet – Safeguarding Page – How to Report.

[How to Report \(sharepoint.com\)](#)

Index

| | |
|--|-----------|
| Index | 3 |
| 1. Statement of Intent/Policy Statement | 5 |
| 2. Aim/Purpose of the Policy | 6 |
| 3. Scope | 7 |
| 4. Legal Content | 7 |
| 5. Roles and Responsibilities | 8 |
| 5.1 The Designated Safeguarding Lead (DSL):..... | 8 |
| 5.2 The Deputy Designated Safeguarding Lead(s):..... | 9 |
| 5.3 The Safeguarding Trustee..... | 9 |
| 6. Systems and Procedures | 9 |
| 6.1 Recruitment and Staffing Procedures..... | 9 |
| 6.2 Staff Training..... | 10 |
| 7. Good Practice | 11 |
| 7.1 Professional Working Boundaries..... | 11 |
| 7.2 Use of Mobile/Camera Phones..... | 12 |
| 8. Allegations and concerns around staff and other adults working with young people and vulnerable adults | 13 |
| 8.1 Procedure to report..... | 14 |
| 8.2 Self reporting..... | 14 |
| 9. Allegations, Disclosures and Concerns around Children, Young People or any Adult at Risk | 15 |
| 9.1 Indicators of abuse Appendix 1..... | 15 |
| 9.2 Reporting concerns..... | 15 |
| 9.3 Responding to Suspicions of Abuse..... | 15 |
| 9.4 Recording Suspicions of Abuse and Disclosures..... | 16 |
| 9.5 Informing Parents / Carers..... | 16 |
| 10. Implementation Methods | 16 |
| 10.1 Liaison with other bodies..... | 16 |
| 10.2 Record Keeping in Young Somerset..... | 17 |
| 10.3 Uses of the recorded information..... | 18 |

| | |
|--|-----------|
| 10.4 Information sharing and confidentiality..... | 19 |
| 10.5 Monitoring and Reviewing | 20 |
| 10.6 Complaints..... | 20 |
| Appendix 1 – Categories and Indicators of Abuse..... | 20 |
| Physical..... | 21 |
| Emotional | 22 |
| Neglect | 23 |
| Sexual | 24 |
| Appendix 2 Patient Safety Incident Response Framework Plan..... | 29 |
| Incident Flowchart..... | 30 |
| Introduction..... | 31 |
| Our services | 32 |
| Mental Health and Wellbeing Team..... | 33 |
| Targeted Youth Services | 35 |
| Alternative Education Provision | 36 |
| Bold & Brave | 36 |
| Business & Innovation | 37 |
| Formulating our patient safety incident approach | 37 |
| Stakeholder Engagement | 37 |
| Steps Taken to Implement PSIRF and a Just Culture | 37 |
| Defining Our Service User (Patient Safety) Improvement Process..... | 38 |
| Our Patient Safety Incident Response Plan..... | 39 |
| Commitment to Multi-Disiplinary Learning..... | 39 |

1. Statement of Intent/Policy Statement

Young Somerset (YS) are dedicated to protecting any person engaged with our services. Our commitment is to all children (including unborn babies), young people and adults at risk, (definition of adult at risk being, they are unable to safeguard their own well-being, property, rights, or other interests. They are at risk of harm. They have needs for care and support and are unable to protect themselves against abuse or neglect) our safeguarding commitment is built on the following principles:

- Safeguarding is everyone's responsibility. We recognise that working in partnership with organisations, statutory and other services from Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) will be essential to this.
- The welfare of service users and their families must always be the paramount consideration.
- All service users and their families, regardless of their background, have the right to be protected from abuse, exploitation, or harm
- That all safeguarding concerns and allegations of abuse must be taken seriously, reported, and responded to appropriately

YS can work directly with children, young people up to the age of 25. Practitioners also work directly with parents and carers where appropriate.

Staff and volunteers work directly with service users in varying settings. Support can be 1:1, group work, in person and virtual.

It is essential that everybody working within and/or volunteering for YS understands their safeguarding responsibilities.

This policy relates to all children and young people up to the age of 25. It is also applicable to any adult you may feel is at risk including parents and carers of young people we are working with.

Safeguarding is everyone's responsibility, and it is the duty of YS to safeguard and promote the welfare of children and young people. This is our core safeguarding principle.

YS adheres to the processes set out by Somerset Safeguarding Children's Panel alongside, where appropriate Patient Safety Incident Response Framework (PSIRF). Appendix 2

In adhering to this principle, we focus on providing a safe and welcoming environment for all service users whether that be a child, young person, parent or carer regardless of age, ability, culture, race, language, religion, gender identity or sexual identity. All service users engaged with YS have equal rights to support and protection. We also recognise that some people are at risk because of previous experiences, their level of dependency, communication needs or other issues.

One of the cornerstones of our safeguarding culture is this policy and the procedures contained within it. This policy applies to all staff, volunteers, and trustees, all of whom are trained in its contents and on their safeguarding duties.

We update this policy at least annually to reflect changes to law and guidance and best practice.

This policy needs to be read in conjunction with each individual Team Handbook and with knowledge of;

South West Child Protection Procedures (Somerset Safeguarding Children Partnership Procedures)

Somerset Safeguarding Adults

Working Together to Safeguard Children (2023)

Revised Prevent Duty Guidance: for England and Wales (2023)

Home Office Domestic Abuse Statutory Guidance (2022)

Serious Violence Duty: statutory guidance (2022)

Modern Slavery Statutory Guidance for England and Wales (2023)

1. Aim/Purpose of the Policy

The aim of this policy is to ensure YS safeguards and promotes the welfare of all service users. In addition, it is vital that all staff and volunteers can be confident in knowing the procedures of the organisation and that YS acknowledge the need to safeguard staff in their roles, when working directly with service users.

With regard specifically to children, a child is defined as anyone under the age of 18.

For the purpose of this policy, safeguarding is defined as:

- Providing help and support to meet the needs of children as soon as problems emerge
- Protecting children and any service user from maltreatment
- Preventing the impairment of children and any service users health or development
- Ensuring that children and all service users live in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children and service users to achieve the best outcomes.

An awareness and understanding of safeguarding is fundamental to promoting the welfare of every service user. There are a range of threats, including: sexual, physical, and emotional abuse; neglect; child criminal exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

The importance of staff practising a professional curiosity with their employment and interaction with service users is absolutely vital to ensuring that concerns can be identified and reported at an early stage.

This policy also seeks to embed 'Early Help' as part of YS's duty to protect young people. It recognises that parents and carers have the prime responsibility for ensuring the welfare and wellbeing of

children, young people. If a concern is regarding an adult risk YS will liaise with Somerset Safeguarding Adults Board.

YS has specific duties to safeguard and promote the welfare of all children, young people referred to the service. Where YS staff intervene to fulfil these duties, this should be done with the consent of the parent/carer unless seeking consent would:

- Place a person (the individual, family member, worker or a third party) at increased risk of significant harm (if a child) or serious harm (if an adult).
- Prejudice the prevention, detection, or prosecution of a serious crime.
- Lead to an unjustified delay in making enquiries about allegations of significant harm (to a child) or serious harm (to an adult).

Young people who engage with YS's services may also be supported by a wide range of other universal and targeted services. No single practitioner can have a full picture of a child, young person's needs. YS will work together with parents, carers and other professionals to ensure that children, young people receive the right support at the right time.

With regard to any adult at risk YS will work with any other agency involved or ensure referral is made to Somerset Adult Safeguarding Board.

2. Scope

This policy applies to anyone working on behalf of YS, including Senior Managers and the Board of Trustees, paid staff, freelance staff, volunteers, sessional workers, agency staff and students. Staff will also be aware of their responsibilities in line with the Somerset Integrated Care Board in relation to safeguarding children and adults.

3. Legal Content

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

This policy takes account of:

- [Keeping children safe in education 2024](#)
- [The Rehabilitation of Offenders Act 1974](#)
- [The Children Acts 1989 & 2004](#)
- [Adoption and Children Act 2002](#)
- [Data Protection Act 2018](#)
- [Protection of Children Act 1999](#)
- [SEND Code of Practice](#)

- *Sexual Offences Act 2003*
- *Information Sharing: A Guide for People Working with Children, Young People and Families 2018*
- *Statutory Guidance: Working Together to Safeguard Children Policy and Updates*
- Early years foundation stage (EYFS) statutory framework - GOV.UK (www.gov.uk)
- *The UN Convention for the Rights of the Child*
- *Mental Capacity Act 2005 – we are mindful of review of Mental Health Bill and will be amending and updating where appropriate*

4. Roles and Responsibilities

- **The Designated Safeguarding Lead (DSL):** Suzanne Lawrence 079743336327
- **Other YS staff who are trained to DSL level are:**
Ruth Gavenlock, Alex Walker, Barney Simmons, Siobhan Gallagher, Liz Foster, Tracey Robinson, Gemma Fitzjohn, Fiona Lewis, Verity Jones, Alex Murphy, Rashid Sennah, Steve Baker.
- **The CEO is:** Nik Harwood 07974087586
- **Chair of the Trustees and Safeguarding Trustee is:** David Elstone 07976388294

5.1 The Designated Safeguarding Lead (DSL):

The DSL takes lead responsibility for safeguarding and child protection (including online safety) in YS. The DSL duties include:

- Ensuring safeguarding policy is up to date and known, understood, and used appropriately by staff.
- Keeping up to date with local and national policy changes.
- Working with the Board of Trustees to ensure that YS policies are reviewed annually and that the procedures are reviewed quarterly.
- Acting as a source of support, advice, and expertise for all staff on all safeguarding matters.
- Acting as a point of contact with safeguarding partners.
- Making and managing referrals to Somerset Children’s Social Care, the police, or other agencies.
- Taking part in Strategy Discussions and inter-agency meetings where appropriate.
- Liaising with the Local Authority Designated Officer (LADO) and Chair of Trustees if allegations are made against staff and need referring to LADO.
- Making staff aware of training courses and the latest local safeguarding arrangements available through the local safeguarding partner arrangements.
- Having an overview of TES training and allocating “study plans” commensurate to role.

- Transferring relevant safeguarding information to appropriate agencies.
- Ensuring all staff are using My Concerns in a timely and professional manner.
- Initiating and coordinating PSIRF procedures.
- Adhering to National Protocol for PSIRF.
- DSL has responsibility for ensuring strong links with Somerset Adult Safeguarding Board and that key staff in all teams attend additional training to ensure an understanding of Mental Capacity Act and Deprivation of Liberty in line with our work with over 16s. This will ensure YS can identify issues, raise concerns, make referrals and assist in assessments where appropriate.

5.2 The Deputy Designated Safeguarding Lead(s):

All Safeguarding Team members are trained to the same level as the DSL and support the DSL with safeguarding matters on a day-to-day basis. The ultimate lead responsibility for safeguarding remains with the DSL.

The DSL and supporting DSLs are notified of safeguarding concerns from staff and or volunteers by staff making direct contact if they are seeking immediate advice. The DSL would be the first point of contact for any serious safeguarding concern, however, should they be unavailable staff can contact any DSL trained staff member of staff.

The DSL will have day to day responsibility for managing and responding to concerns.

In the absence of the named DSL, as above, supporting DSL trained staff will respond to these concerns in the same way. There will always be a DSL available.

There is a rota that is shared with all staff that shows cover for DSL in planned absence.

5.3 The Safeguarding Trustee

The role of the Safeguarding Trustee is to provide support and challenge to the DSL and the leadership of YS on how they manage safeguarding so that the safety and wellbeing of children and young people can continuously improve.

The DSL and the safeguarding trustee meet at least quarterly to discuss safeguarding issues and to agree steps to continuously improve safeguarding practices in YS.

5. Systems and Procedures

6.1 Recruitment and Staffing Procedures

- YS Safer Recruitment and Selection Policy outlines procedures for safer recruitment which will be adhered to.

- Applications for staff and volunteer positions are exempt from the 1974 Rehabilitation of Offenders Act (above), and therefore applicants must declare previous convictions.
- All applicants are checked by the Disclosure and Barring Service. Applicants are informed of the need to carry out checks before posts can be confirmed. If an applicant is rejected because of information which has been disclosed in the checks, they have a right to know and to challenge incorrect information.
- References will be thoroughly checked and verified and gaps in employment history are explored
- The 1999 Protection of Children Act is adhered to regarding any person who is dismissed from employment, or resigns in circumstances that would otherwise have led to dismissal, for reasons of child protection concerns.
- At induction, new staff are taken through all the procedures concerning safeguarding, so that if an incident arises, all staff know how to react and who to contact.
- As part of induction process all staff will have an overview of My Concerns, the data base used for recording all safeguarding concerns relating to children and young people
- The Somerset Safeguarding Child Protection Procedures are available for staff, volunteers and families to access [Policies and Procedures - Somerset Safeguarding Children Partnership](#)
- YS would expect any member of staff and/or volunteer, who became the subject of a police and/or children's social care investigation outside of their employment to notify their Head Service immediately. This is also addressed in Line Management. Failure to disclose would lead to investigation and possible suspension.
- Within YS the DSL, as part of the wider management team will liaise and work closely with members of the Senior Leadership Team.

6.2 Staff Training

As part of the induction process all staff must read and ensure they understand the Employee Handbook, Lone Working Policy, Social Media Policy, amongst other documents pertinent to their employment.

The DSL ensures that all staff members understand the procedures for recording and reporting their concerns around safeguarding. Training is provided for all staff and volunteers to help them recognise children, young people or any adult at risk who may be suffering, or be at risk of suffering, significant harm and to understand their own role, and the roles of colleagues.

YS subscribes to TES safeguarding training package. The courses are quality assured. Staff at YS also have opportunity to attend courses with the SSCP. YS staff working directly with young people are expected to access the SSCP website to keep up to date with local themes.

Any member of staff and/or volunteer who feels unsure about any safeguarding procedures is expected to contact the DSL to discuss.

The DSL and supporting DSL staff will receive enhanced training matched to experience and reviewed annually.

Induction will include:

- YS's own safeguarding procedures recording and reporting concerns

- Training for all staff - TES Child Protection Course



This course has been reviewed as giving enough information relating to safeguarding, types of abuse, including Prevent, Domestic Abuse and Female Genital Mutilation for all staff regardless of role.

- Training for all staff working directly with service users/families

Prevent Level 1
Domestic Abuse

- Detail of staff's responsibility to contribute, as necessary, to multi-agency assessments, planning and provision for vulnerable children and families
- The correct way to record details on all YS systems, including My Concerns with support of Line Manager
- Key staff will also attend additional training to ensure an understanding of Mental Capacity Act and Deprivation of Liberty in line with our work with over 16s.

6. Good Practice

Staff and volunteers are required to ensure that all sessions adhere to the principles of good practice regarding Health and Safety in line with YS policy and team specific protocols.

7.1 Professional Working Boundaries

Maintaining professional boundaries with young people and families is vitally important. This protects not only the young person but also staff and volunteers from confusion and the blurring of those boundaries.

Staff and volunteers should never be asked to work with a relative or family friend. If a worker finds themselves in a situation where there is a conflict of interest, they will be expected to flag this to their Line Manager immediately.

Staff/volunteers will never disclose their personal address or phone number to young people or any adult carer; they will always offer a work number. Staff/volunteers will never communicate via any personal email/social media accounts.

Staff need to balance the need to be open, honest, and transparent with young people and to draw on their own experiences to develop working relationships, with the need to avoid risky personal disclosure. Staff must devise and agree their response strategy with their Line Manager for these situations and be clear about disclosures about sexuality, drug use, personal history, etc. There is a key difference between being friendly and being a friend. Staff and volunteers must always maintain professional boundaries.

7.2 Use of Mobile/Camera Phones

The use of modern technology to support learning and development and ensuring that service users are kept safe can cause a conflict for both staff and parents.

To ensure those working with YS benefit from technology and to ensure that procedures are in place to keep service users safe the following steps will be taken:

- Staff/volunteers will ensure their own personal devices are not in sight of, or accessible during any sessions with service users.
- All personal devices should be switched off and put away for the duration of any session with a service user.
- Staff will not use personal cameras/phones to take pictures of any service user.
- Staff/volunteers will **never** share personal contact information with a young person and/or their parent/carer or any other service user. This includes all social media accounts.
- All contact with service users should only be made using a YS device.
- When phones/laptops and/or similar equipment being used staff/volunteers must ensure that they are present throughout the duration of the session. No equipment should be left unsupervised. All devices should be locked when not in use.
- Children and young people will not be photographed unless prior permission has been received in writing from a parent or carer with parental responsibility (usually through annual parental consent forms). Consent should also be obtained for any adult if planning on using for promotional purposes. Further information is contained within the YS Social Media Policy.

7.3 Internet Access/Use

The internet can provide valuable information for supporting staff development, improving quality delivery and as a learning tool for children and young people. While the benefits are recognised, we also have to consider possible misuse. In settings where YS staff work which have internet access, the following applies.

- Staff and volunteers working directly with young people must first seek permission from their Line Managers to use the internet as part of the programme.
- YS Wi-Fi access is filtered and moderated using Hornet, administered, and managed by YS's ICT provider (currently CJ Systems).
- In the event when only one service user is using the computer in a room the door must be left open or ajar.
- Any service user must first seek permission from the YS staff member in charge before using the computer.

- The YS staff member in charge will regularly monitor use of the internet ensuring only relevant and appropriate sites are being accessed.
- If communal/shared computers are used, YS staff will be responsible for regularly clearing cached history/cookies etc. to protect any personal information that may have been entered by a service user.
- When sharing your screen via phone/laptop or any other device as part of training/direct work ensure notifications are turned off to negate the possibility of breach of GDPR.
- When speaking via Teams or any other virtual means to service user or other agencies staff must ensure they have their background set to YS corporate background.

7. Allegations and concerns around staff and other adults working with young people and vulnerable adults

YS adheres to the processes set out by Somerset Safeguarding Children's Partnership alongside Patient Safety Incident Referral Framework (PSIRF).

All YS staff and volunteers are expected to report any concerns regarding colleagues/volunteers and any person working with and with access to any service user.

The purpose being to demonstrate our commitment to safeguarding all service users and protect them from abuse/exploitation.

Following the correct procedure will safeguard staff members from possible allegations of collusion and or unprofessional conduct.

YS is committed to protecting anyone accessing our service and we recognise staff and volunteers need clear guidance on who to report concerns to and the process of how to refer.

YS's Whistleblowing Policy allows staff to raise concerns or make allegations and for an appropriate enquiry to take place.

It is vital that staff and volunteers report any concern, no matter how small, and even if no more than a sense of unease or "nagging" doubt that a colleague may have acted in a way that is inconsistent with the Staff Code of Conduct, including inappropriate conduct outside of work.

Examples of such behaviour could include, but are not limited to:

- being over friendly to a young person
- having favourites
- taking photographs of young person on own devices
- using inappropriate sexualised, intimidating, or offensive language
- over sharing with a young person
- using personal phone to make contact as opposed to work phone
- engaging with the young person or member of their family over social media
- being accepting of and not challenging inappropriate comments

- mention of significant issues within their home life

The subsequent investigation will consider if the adult in question: -

- behaved in 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 he or she may pose a risk of harm to children and/or;
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Following investigation where it is felt that one or more of the above criteria have been met the matter would be referred to the LADO – Local Authority Designated Officer in line with guidance from SSCP.

The DSL will use the Allegation Referral Form to report or seek advice/guidance.

8.1 Procedure to report

It is important that all staff and volunteers feel able to raise concerns about any adult working within YS.

All concerns should be reported the Chief Executive Officer (CEO) – Nik Harwood Nikharwood@youngsomerset.org.uk unless the concern is regarding the CEO.

If the concern is regarding the CEO, then concern should be reported to the Chair of the Trustees David Elstone davidelstone@youngsomerset.org.uk.

Concerns can also be reported directly to the Local Area Designated Officer (LADO) we would recommend that you only do this in exceptional circumstances.

Staff may also report their concerns directly to Children’s Social Care or the police if they believe direct reporting is necessary to secure action.

8.2 Self reporting

If a member of staff/volunteer should feel that their behaviour could be called in to question YS expect that member of staff/volunteer to contact their immediate Line Manager so this can be discussed. An example could be a young person messaging them over social media, finding out where they live, anything that could jeopardise the professional working relationship. Another example may be a young person, or someone associated with that young person forming an unhealthy attachment to you or a colleague. These types of issues must be reported and recorded.

8. Allegations, Disclosures and Concerns around Children, Young People or any Adult at Risk

9.1 Indicators of abuse Appendix 1

All YS staff/volunteers are expected to be aware of the categories of and warning signs/indicators of abuse. Staff/volunteers are expected to demonstrate a professional curiosity into the wellbeing of all children, young people and vulnerable adults accessing the service.

Staff are expected to undertake additional safeguarding training specific to their role as instructed in Induction process and ongoing Line Management.

9.2 Reporting concerns

All safeguarding concerns must be reported directed to the DSL, if the DSL is unavailable then contact must be made with any other DSL trained staff, detail can be found on the staff intranet. Contact can be made with colleagues using Teams. All staff should ensure they have telephone numbers for DSL staff in their work phones in case they need to make contact by telephone.

For GDPR purposes all emails containing any personal information relating to service users or sensitive information about a colleague must be encrypted – start email subject line with “#encrypt”

Where a disclosure is made to a member of staff, staff should:

- Offer reassurance without leading (as mentioned below).
- Listen.
- Explain the action that will be taken next.
- Where possible make detailed notes of the disclosure.

9.3 Responding to Suspicions of Abuse

In line with the Somerset Safeguarding Child Protection Procedures, staff:

- **Notice, Listen, Record and Refer**
- Refer to DSL who will then discuss next steps.
- Only involve those who need to be involved, such as the DSL or DSL trained member of staff if DSL not available.
- Staff should never promise that they will not tell anyone about a report of any form of abuse, as this may ultimately not be in the best interests of any person at risk.
- It is acknowledged that abuse of children, young people and adults can take many different forms; physical, emotional, sexual and neglect. If a child, young person or adult at risk shows

signs and symptoms of abuse staff should liaise with DSL regarding referring the concern on to partner agencies.

- Staff should deal with any person they have concerns for with sensitivity. Moreover, staff must take great care not to influence the outcome of any suspicion or concern in the way that they speak to or in the questioning.
- If staff members are unsure how to proceed, or indeed whether they should proceed, *they must speak the DSL or their Line Manager*. There should be no delay, as this might threaten the welfare of the person concerned.
- In an emergency and in the case of no-one being available, an immediate contact should be made to Somerset Children's Social Care on **0300 123 2224** and/or police.

9.4 Recording Suspicions of Abuse and Disclosures

- All safeguarding concerns are recorded and managed on My Concerns.
- When a concern arises, it must be added to My Concern within 24hrs

Where a concern has been identified detail and actions must be recorded on My Concern. The person identifying the concern will access My Concern and enter all the relevant details as a "new concern". Working with the DSL the person raising the concern must keep the record updated with all actions taken, referrals made and outcomes recorded.

9.5 Informing Parents / Carers

Parents/carers should normally be informed **unless doing so may place the child / young person at further risk**. This should be discussed and agreed with the DSL and national guidance followed.

9. Implementation Methods

10.1 Liaison with other bodies

- All staff work within the Somerset Safeguarding Children Protection Procedures. A copy of this is electronically accessible for staff, volunteers, and parents/carers. Hard copies are provided on request to any parent or carer, child, young person, or vulnerable adult.
- As part of induction all staff sign to confirm they have read and understood this policy and are familiar with the Somerset Safeguarding Children Protection Procedures.
- All staff have access to the Somerset Safeguarding Children Partnership website.
- Staff who are working outside of normal hours can report directly to Somerset Children's Social Care (**0300 123 2224**). Out of Hours the Emergency Duty Team (EDT) can be contacted on **0300 123 2327**.
- Any member of staff working outside of normal hours must ensure they have all emergency contact numbers of YS staff stored on their work phones.

- Should a member of staff be involved in an Out of Hours emergency contact, then their Line Manager is informed as soon as possible and the matter is reported on My Concern.
- If a report on a family is made direct to Children’s Social Care, YS staff act within the Somerset Safeguarding Children Protection Procedures in deciding whether to inform the child’s parents/carers at the same time.
- Approaches to YS staff for information from the Police, CAFCASS (Children and Families Court Advisory Support Service) or solicitors regarding families, are passed to DSL who will inform the CEO about such approaches. No information should be shared without the direct authorisation of the DSL.
- Staff do not give press interviews to anyone alone either by telephone, mail, or in person. In rare circumstances, if needed, staff are supported in giving interviews by their Line Manager or a member of SLT.
- Concerns around the actions of partner agencies will be raised via the Resolving Professional Differences protocol wherever appropriate.
- Any information regarding a young person and/or their family, if being emailed to another agency or to a parent/carer must be done by ensuring that #encrypt is used on the “Subject” line – this will ensure the email will be encrypted.

10.2 Record Keeping in Young Somerset

Research and serious case reviews repeatedly identify common features of inadequate practice, including poor recording keeping. Other common issues include failing to act on and refer the early signs of abuse and neglect; failing to re-assess concerns when situations do not improve, not sharing information, sharing information too slowly, and a lack of challenge to those who appear not to be acting. These issues can be reduced through effective record keeping.

At YS we use My Concern to record all safeguarding concerns. My Concern is a web-based reporting system, fully encrypted.

The contents of these records are only available to staff who have a legitimate need, or right, to view them. They contain any concerns, discussions and decisions made and the reasons for those decisions. They are based on fact rather than opinion and speculation. All notes made are electronically dated and kept in order; there is also an up-to-date chronology which reflects this process.

We must ensure that records kept are brief, accurate, up to date, and transparent. Good and agreed practice in YS is that children, young people, and their families are aware that records are kept of involvement.

In addition, there are a number of systems used across YS to record work with young people, for example Iaptus, Views and Transform. Staff will only access systems to view and update the records of those with whom they are directly working. Staff in Management, Supervisory or analytic roles will have access to the systems to enable them to support staff and where appropriate to inform data reports for SLT and Managers commensurate with their roles.

Any access to records/systems without a valid reason will be viewed and dealt with as gross misconduct. All staff must have signed the Staff Agreement for Accessing Data form.

All YS records should be kept up to date and positively and proactively shared. This may be done in a variety of ways. This may be in the form of reflective letters to children, young people, and their families. Action plans may also be used or contemporaneous notes, which are sent to families. The method may vary from case to case.

The worker should briefly and conscientiously record all relevant facts in sufficient detail to enable someone reading the file to understand what has happened and how the actions taken were decided upon. The most transparent way for most families and young people is to receive letters confirming conversations and agreements. With agreement, letters or other records should be copied to relevant agencies and it should be noted on records to whom copies are sent. Workers should record:

- (a) Visits and contacts – if the visit were ineffective, state time and date. If effective, give time and date, who was seen and summarise what was said and done.
- (b) Telephone calls – give time, date, and details of conversation as well as who telephoned.
- (c) Meetings – date, time, and place of meeting, who attended, what was decided and why. Meeting notes should be added to the file. Families and young people should be sent copies of notes of meetings about them or a letter summarising the main agreements of the meeting.
- (d) Discussions with their Line Manager or supervisor about the work - this should be noted in the file when any significant decisions are taken. Casework supervision notes might be the most relevant documents to record this. (E.g. significant decisions would be the decision to take legal action or safeguarding action).

The source of any information given by another person should be clearly stated. If that person is repeating information from someone else, the names and roles of both should be included. Families should be made aware of this information, and it should be recorded that this has been done.

If the worker forms an opinion about some matter connected with the case, then this should be recorded as an opinion and the facts and observations which led to the caseworkers forming the opinion should be stated. This opinion and view should be shared with the service user.

The information should be recorded at the time, or as soon as possible afterwards, when it is fresh in the caseworker's mind. In the case of any information and/or concern being shared with a third party, this must be recorded within notes and on My Concern.

All records should be signed and dated.

10.3 Uses of the recorded information

The recorded information may be used in many different ways, e.g.

- (a) As an *aide memoire* for the worker
- (b) To provide information for a colleague who has to take action when the caseworker is unavailable, or for a new worker taking over the case.
- (c) By a Line Manager in supervision of the caseworker or performing monitoring checks.
- (d) By families, children, and young people to help understand the role and involvement of workers.
- (e) For future reference when requests are made by other agencies for example – Rapid Review/Child Death Review/Strategy Meeting any formal investigations.

10.4 Information sharing and confidentiality

Confidentiality is a priority. All documented concerns and allegations are kept confidential and shared only with key members of staff; such staff ensure their own record-keeping is appropriate to their level of professional responsibility. Senior Leaders and Team Leaders are responsible for ensuring appropriate record keeping is maintained by staff.

Information which needs to be shared falls strictly under the guidance of:

Information Sharing: A Guide for People Working with Children, Young People and Families 2018 [see Section 4. Legal Content]

[Information sharing advice for safeguarding practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/682023/Information-sharing-advice-for-safeguarding-practitioners-2018.pdf)

The seven golden rules to sharing information

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals are shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk.

You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to-date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

In cases of Child Protection/strategy meeting everything must be shared with Children’s Social Care. In other cases, the above guidance must be followed.

10.5 Monitoring and Reviewing

The DSL and SLT are responsible for monitoring and reviewing the effectiveness of all policies relating to YS and reporting any concerns to the CEO. Safeguarding will be a standing agenda item on all individual staff supervision, Line Management, Senior Leadership and Board meetings.

DSL meets Monthly with Service Managers to review safeguarding concerns that have been dealt with across the organisation and discuss trends, training and any other safeguarding issues.

The Safeguarding Policy will be reviewed annually but can also be amended in the interim and amendments signed off by CEO and Chair of Trustees.

10.6 Complaints

YS will ensure that all children, young people, vulnerable adults, and parents/carers know how to complain about staff or volunteer activity which may include an allegation of abuse. [Complaints Policy](#)

Appendix 1 – Categories and Indicators of Abuse

There are four main categories of abuse:

Physical

It can be difficult to know what you can do if you're worried about a child who's being physically abused. We have information and advice to help you feel confident in taking the next steps to keep children and young people safe.

What is physical abuse?

Physical abuse is when someone hurts or harms a child or young person on purpose. It includes:

- hitting with hands or objects
- slapping and punching
- kicking
- shaking
- throwing
- poisoning
- burning and scalding
- biting and scratching
- breaking bones
- drowning.

It's important to remember that physical abuse is any way of intentionally causing physical harm to a child or young person. It also includes making up the symptoms of an illness or causing a child to become unwell.

Signs of physical abuse

Bumps and bruises don't always mean a child is being physically abused. All children have accidents, trips, and falls. And there isn't just one sign or symptom to look out for. But it's important to be aware of the signs.

If a child regularly has injuries, there seems to be a pattern to the injuries or the explanation doesn't match the injuries, then this should be reported.

Physical abuse symptoms include:

- bruises
- broken or fractured bones
- burns or scalds
- bite marks.

It can also include other injuries and health problems, such as:

- scarring
- the effects of poisoning, such as vomiting, drowsiness or seizures
- breathing problems from drowning, suffocation, or poisoning.
-

Head injuries in babies and toddlers can be signs of abuse so it's important to be aware of these. Visible signs include:

- swelling
- bruising
- fractures
- being extremely sleepy or unconscious
- breathing problems
- seizures
- vomiting
- unusual behaviour, such as being irritable or not feeding properly.

Emotional

Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child. It's sometimes called psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate, or ignore a child.

Emotional abuse is often a part of other kinds of abuse which means it can be difficult to spot the signs or tell the difference, though it can also happen on its own.

Emotional abuse includes:

- humiliating or constantly criticising a child
- threatening, shouting at a child, or calling them names
- making the child the subject of jokes, or using sarcasm to hurt a child
- blaming and scapegoating
- making a child perform degrading acts
- not recognising a child's own individuality or trying to control their lives
- pushing a child too hard or not recognising their limitations
- exposing a child to upsetting events or situations, like domestic abuse or drug taking
- failing to promote a child's social development
- not allowing them to have friends
- persistently ignoring them
- being absent
- manipulating a child
- never saying anything kind, expressing positive feelings or congratulating a child on successes
- never showing any emotions in interactions with a child, also known as emotional neglect.

Signs of emotional abuse

There might not be any obvious physical signs of emotional abuse or neglect. And a child might not tell anyone what's happening until they reach a 'crisis point'. That's why it's important to look out for signs in how a child is acting.

As children grow up, their emotions change. This means it can be difficult to tell if they're being emotionally abused. But children who are being emotionally abused might:

- seem unconfident or lack self-assurance
- struggle to control their emotions
- have difficulty making or maintaining relationships

- act in a way that's inappropriate for their age.

The signs of emotional abuse can also be different for children at different ages.

Neglect

Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse. A child might be left hungry or dirty, or without proper clothing, shelter, supervision, or health care. This can put children and young people in danger. And it can also have long term effects on their physical and mental wellbeing.

Types of Neglect

Neglect can be a lot of different things, which can make it hard to spot. But broadly speaking, there are 4 types of neglect.

- **Physical neglect**
A child's basic needs, such as food, clothing, or shelter, are not met or they aren't properly supervised or kept safe.
- **Educational neglect**
A parent doesn't ensure their child is given an education.
- **Emotional neglect**
A child doesn't get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating, or isolating them.
- **Medical neglect**
A child isn't given proper health care. This includes dental care and refusing or ignoring medical recommendations.

Signs of Neglect

Neglect can be really difficult to spot. Having one of the signs doesn't necessarily mean a child is being neglected. But if you notice multiple signs that last for a while, they might show there's a serious problem. Children and young people who are neglected might have:

Poor appearance & hygiene

- being smelly or dirty
- being hungry or not given money for food
- having unwashed clothes
- having the wrong clothing, such as no warm clothes in winter
- having frequent and untreated nappy rash in infants.

Health and development problems

- anaemia
- body issues, such as poor muscle tone or prominent joints
- medical or dental issues
- missed medical appointments, such as for vaccinations

- not given the correct medicines
- poor language or social skills
- regular illness or infections
- repeated accidental injuries, often caused by lack of supervision
- skin issues, such as sores, rashes, flea bites, scabies, or ringworm
- thin or swollen tummy
- tiredness
- untreated injuries
- weight or growth issues.

Housing and family issues

- living in an unsuitable home environment, such as having no heating
- being left alone for a long time
- taking on the role of carer for other family members.

Changes in behaviour

- becoming clingy
- becoming aggressive
- being withdrawn, depressed or anxious
- changes in eating habits
- displaying obsessive behaviour
- finding it hard to concentrate or take part in activities
- missing school
- showing signs of self-harm
- using drugs or alcohol

A child might not understand they're being neglected. This can make it a very difficult issue to tackle.

Sexual

Sexual abuse is when a child or young person is sexually abused, they're forced or tricked into sexual activities. They might not understand that what's happening is abuse or that it's wrong. And they might be afraid to tell someone. Sexual abuse can happen anywhere – and it can happen in person or online. It's never a child's/young person's fault they were sexually abused – it's important to make sure children know this.

There are 2 types of sexual abuse – contact and non-contact abuse.

Sexual abuse can happen in person or online.

Contact abuse is where an abuser makes physical contact with a child. This includes:

- sexual touching of any part of a child's body, whether they're clothed or not

- using a body part or object to rape or penetrate a child
- forcing a child to take part in sexual activities
- making a child undress or touch someone else.

Contact abuse can include touching, kissing and oral sex – sexual abuse isn't just penetrative.

Non-contact abuse is where a child is abused without being touched by the abuser. This can be in person or online and includes:

- exposing or flashing
- showing pornography
- exposing a child to sexual acts
- making them masturbate
- forcing a child to make, view or share child abuse images or videos
- making, viewing, or distributing child abuse images or videos
- forcing a child to take part in sexual activities or conversations online or through a smartphone.

Signs of sexual abuse

Knowing the signs of sexual abuse can help give a voice to children. Sometimes children won't understand that what's happening to them is wrong. Or they might be scared to speak out. Some of the signs you might notice include:

Emotional and behavioural signs

- Avoiding being alone with or frightened of people or a person they know.
- Language or sexual behaviour you wouldn't expect them to know.
- Having nightmares or bed-wetting.
- Alcohol or drug misuse.
- Self-harm.
- Changes in eating habits or developing an eating problem.
- Changes in their mood, feeling irritable and angry, or anything out of the ordinary.

Physical signs

If a child is being or has been sexually abused online, they might:

- spend a lot more or a lot less time than usual online, texting, gaming, or using social media
- seem distant, upset, or angry after using the internet or texting
- be secretive about who they're talking to and what they're doing online or on their mobile phone
- have lots of new phone numbers, texts or email addresses on their mobile phone, laptop, or tablet.

Children and young people might also drop hints and clues about the abuse.

Effects of sexual abuse

Sexual abuse can have both short and long term effects. The impact of sexual abuse can last a lifetime. Children, young people, and adults may live with:

- anxiety and depression
- eating disorders
- post-traumatic stress
- difficulty coping with stress
- self-harm
- suicidal thoughts and suicide
- sexually transmitted infections
- pregnancy
- feelings of shame and guilt
- drug and alcohol problems
- relationship problems with family, friends, and partners.

Please use the link below to learn more about:

- Female Genital Mutilation
- Prevent/Radicalisation
- Child Sexual Exploitation
- Child Criminal Exploitation
- Up skirting

<https://www.nspcc.org.uk/what-is-child-abuse/spotting-signs-child-abuse/>

Domestic Abuse Act 2021

Statutory definition

The act sets out the first definition in law of what constitutes domestic abuse. The definition goes well beyond physical violence. It recognises that domestic abuse can be emotional, coercive or controlling or economic. To fall within the definition, both victim and perpetrator must be “personally connected”. The definition ensures that different types of relationships are captured, including ex-partners and family members.

The definition is gender neutral to ensure that all victims and all types of domestic abuse are sufficiently captured, and no victim is excluded from protection or access to services. The supporting statutory guidance will provide more detail on the features of domestic abuse, including by recognising that the majority of victims are women, and the majority of perpetrators are men. The definition of domestic abuse does not extend to paid and unpaid carers, unless they are also personally connected, such as a family member.

Children as victims

The act defines domestic abuse as occurring where the victim and perpetrator are aged over 16. Abusive behaviour directed at a person under 16 would be dealt with as child abuse rather than domestic abuse.

However, for the first time, a child who sees or hears, or experiences the effects of, domestic abuse and is related to the person being abused or the perpetrator, is also to be regarded as a victim of

domestic abuse in their own right. This will help to ensure that locally commissioned services consider and address the needs of children affected by domestic abuse.

One of the key functions of the Domestic Abuse Commissioner will be to encourage good practice in the identification of children affected by domestic abuse and the provision of protection and support for these children.

Extension of coercive control offence

The act extends the offence of coercive and controlling behaviour, no longer making it a requirement for abusers and victims to either still be in a relationship or to still live together. There is significant research which shows that those who leave abusive ex-partners can often face sustained or increased controlling or coercive behaviour post-separation. As a consequence, we know that victims are at a heightened risk of homicide during the period immediately following separation.

This change will have particular significance in the context of economic abuse, given that it does not require physical proximity but commonly continues, escalates and, in some cases, may begin after separation, which can present major challenges for victims seeking to rebuild their lives. Figures show that one in four women report economic abuse post-separation, and economic abuse can continue for many years after the relationship has ended.

Local authority accommodation duty

Part 4 of the act places a duty on relevant local authorities in England, including all those with social services responsibilities, to provide support to victims of domestic abuse and their children within refuges and other forms of safe accommodation. This has been accompanied by government funding of £125m for local authorities to allow them to fulfil this duty.

The act also places a duty on each such authority to appoint a multi-agency domestic abuse local partnership board. The local authority will then need to consult with the board to assess the need for accommodation-based domestic abuse support within their local area, develop and publish a strategy for the provision of this support, and then monitor and evaluate the effectiveness of the strategy. Local authorities will be required to report back to national government on the progress of this work. There will be a national oversight board chaired by a minister, which the Domestic Abuse Commissioner will sit on.

Domestic abuse protection orders (DAPOs) and disclosure scheme

Domestic abuse protection orders (DAPOs) are intended to consolidate the existing array of protection orders relating to domestic abuse, such as domestic violence protection orders and non-molestation orders. DAPOs will bring together the strongest elements of these schemes, which will allow courts to implement both prohibitions and positive requirements on perpetrators, as well as a monitoring requirement to ensure that perpetrators are complying with the terms of their order.

Breaching a DAPO, which is a criminal offence, carries a maximum penalty of five years' imprisonment.

While the guidance for DAPOs has not yet been released, third parties will be able to apply for a DAPO directly to the Family Court. This means that social worker may be able to apply on behalf of individuals who they are working with and are experiencing domestic abuse.

The act also puts the domestic violence disclosure scheme, commonly known as 'Clare's Law', on a statutory footing for the first time. The scheme allows the police to disclose information about individuals with a history of abusive or violent behaviour which would protect a potential victim from harm.

There are two avenues for disclosure under Clare's Law: the 'right to ask', and the 'right to know'.

A person can apply for a disclosure under the 'right to ask' if they are concerned about whether a partner or potential partner has a history of abusive behaviour. Third parties can also seek a disclosure if they are worried that a someone is at risk.

When such an application is made, the police must decide whether or not to disclose any history of violent or abusive behaviour on the basis of whether it could prevent further harm.

The 'right to know' allows the police to make a proactive disclosure to a potential victim on their own initiative if they believe it could protect that person. The 'right to know' could arise following information received from a criminal investigation, or through a statutory or third sector agency.

As such, where workers are made aware that someone, they are working with is experiencing domestic abuse or may be vulnerable to it, they should report their concerns to the police, and can seek information about whether a perpetrator has a previous history of domestic abuse. This can help them to intervene and support the victim and their family.

Homelessness eligibility

The Domestic Abuse Act amends homelessness legislation to give victims of domestic abuse automatic priority need status for settled housing, without needing to fulfil the vulnerability test.

It is vital that staff are aware of the range of behavioural indicators of abuse and report any concerns to the DSL. It is the responsibility of staff to report their concerns.

All staff should be aware that abuse, neglect, and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Anyone working with young people must also have an understanding of the concept of extra familial, Out of the Home safeguarding – please follow this link and watch the video contained therein:- <https://www.safeguardingchildren.co.uk/beaware-professionals/contextual-safeguarding/> Staff are expected to take up opportunities on enhanced safeguarding training and complete additional training as part of continuing professional development (CPD).



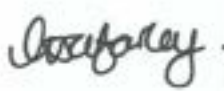
Appendix 2

Patient Safety Incident Response Plan

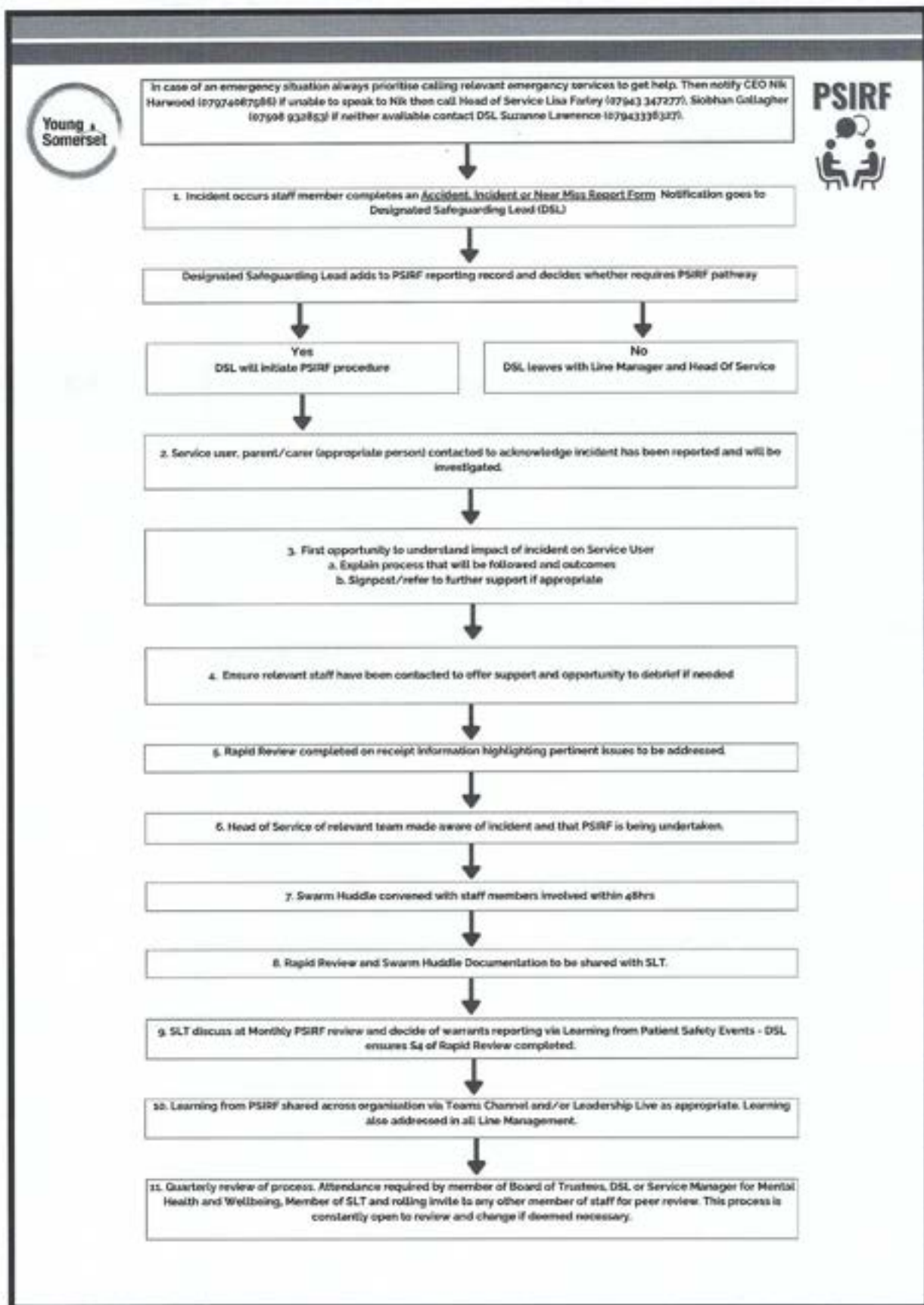
– Small Provider

Effective date:

Estimated review date 16th December 2025

| | NAME | TITLE | SIGNATURE | DATE |
|------------|------------------|--|--|------------|
| Author | Suzanne Lawrence | Designated Safeguarding Lead |  | 12.12.24 |
| Reviewer | Liz Foster | Service Manager Mental Health & Wellbeing |  | 12.12.2024 |
| Authoriser | Lisa Farley | Head of Service Mental Health & Wellbeing Services |  | 12.12.24 |

Incident Flowchart



Introduction

This patient safety incident response plan sets out how Young Somerset (YS) intends to respond to patient safety incidents over a period of 18 months. The plan is not a permanent rule that cannot be changed. We will remain flexible and consider the specific circumstances in which service user and staff safety issues and incidents occurred and the needs of those affected. The NHS Patient Safety Strategy was published in 2019 with some key objectives to transform how patient safety is managed within healthcare and within organisations that are commissioned by the Integrated Care Board (ICB).

YS reports to the Somerset Integrated Care Board (Som ICB) and therefore it is a condition of our continued relationship with the Som ICB to be embracing and embedding PSIRF (Patient Safety Incident Report Framework) into our practice and culture across the organisation.

YS works directly with and supports young people from 0 – 25. It is inevitable that as part of the support we offer to young people we will often also be supporting their families and any adults at risk that we may find we are working with directly or indirectly.

Where PSIRF relates to "Patient Safety" for the purposes of YS that will translate into "service users and staff".

Please note that there may be instances where the PSIRF process is halted to allow for Internal Enquiry and/or disciplinary procedures.

Background

A key objective was to establish a new improvement focused Patient Safety Incident Response Framework (PSIRF) with the purpose of learning and improving the way we support our service users across YS and to ensure that all staff are embracing this new Framework and understand the principles of PSIRF. Staff should be confident that when involved in a patient safety event they will be treated fairly and openly in line with the just culture and given confidence to speak up when things go wrong, without fearing unjustified blame.

We must reiterate to staff that reporting and investigating patient safety events is not to apportion blame, but rather to review the system factors, learn from them and make changes to prevent the same patient safety event from being repeated.

Staff should be given opportunity to be involved in the learning response following the patient safety event.

And staff should be treated with compassion and given adequate support. Whilst the occurrence of a patient safety event may be the worst day of a service user's or their family's life, we should also acknowledge that it may be the worst day of a staff member's life too, because they did not come to work with the intention to cause harm.

Our Services

The programme supports improvement by ensuring that YS are embedding the four core principles into their day-to-day practice

1. Compassionate engagement and involvement of those affected by service user safety incidents.

The focus is on understanding and addressing the needs of our service users, families, and any staff affected by an incident. This includes listening to their concerns, answering their questions, and providing emotional support throughout the process.

The basis of this approach is that nobody has come to work to cause harm and therefore when things have not gone to plan or faults have been identified in a process as an organisation, we want to be able address these incidents openly, fairly and with all staff feeling safe and supported.

PSIRF will be used in all incidents where there is no evidence of gross negligence, deliberate act or criminal actions.

2. Application of a range of system-based approaches to learning from service user safety incidents.

At YS we have opted to use the Rapid Review, Swarm Huddle and After Action systems approach to allow us to quickly analyse incidents that arise. The process itself is detailed in the [flow chart](#).

The benefit of this approach is that is immediate. All those immediately involved meet with the purpose of gathering information about what happened and how it happened. This collaborative approach with those involved should ensure a comprehensive understanding of the event.

By addressing the incident immediately, we can capture fresh insights and reflections, which will help in preventing the loss of crucial information and reduces the risk of fear, gossip, and blame.

The goal is to quickly identify what needs to be done to reduce the risk of recurrence and implement those actions promptly.

This approach not only helps in understanding and mitigating the immediate risks but also fosters a culture of continuous learning and improvement in safety and a robust approach to reviewing systems/procedures that are not working as well as we would want.

3. Considered and proportionate responses to service user safety incidents.

PSIRF supports organisations to respond to incidents in a way that maximises learning and improvement rather than basing responses on arbitrary and subjective definitions of harm. YS will explore incidents relevant to our context, as in the service we provide to service users and the cohort we serve rather than exploring only those that meet a certain nationally defined threshold. We have followed guidance from National Health Service PSIRF documentation but not all the thresholds and examples that are referred to within that documentation are applicable to YS.

Some events require a specific type of response as set out in policies. These responses may include reporting to the Local Authority Designated Officer (LADO) police/Somerset ICB/Health & Safety Executive depending on the nature of the event.

As demonstrated on the **flow chart** any incident that is reported via Accident, Incident or Near Miss Report Form will be reviewed by the DSL. The DSL will decide if the incident warrants investigation using the PSIRF approach. That decision is made on the basis of whether there is a risk of this incident occurring again and therefore is there an opportunity to learn from this incident. All incidents that are submitted via the Accident, Incident or Near Miss Report Form are recorded on a spreadsheet and it will be indicated on that spreadsheet if it was decided to use PSIRF or not and if not the reasons why. Senior Leadership Team will have oversight of that spreadsheet which gives opportunity for constant review and transparency.

Young Somerset already reports monthly to Open Mental Health any incident that is defined by them (OMH) as a serious incident.

All serious incidents would result in reporting on the Learning From Patient Safety Events portal.

Young Somerset will always complete a full Patient Safety Investigation in line with the National event response requirements. As we are a service provider working with service users at risk of suicide and/or with mental health problems we need to be aware of our role in informing and participating fully in any full investigation.

4. Supportive oversight focused on strengthening response system functioning and improvement.

YS will ensure that the systems and processes for responding to incidents are continuously reviewed and effectively managed. PSIRF will be on the agenda of Senior Leadership Team (SLT) meeting agendas monthly for review and oversight. This will give opportunity to analyse data on incidents and identify patterns and areas for improvement. Implementing and monitoring learning and subsequent actions based on recommendations from investigations will ensure that lessons learned from incidents are applied to prevent future occurrences. YS will also listen to and learn from staff with regard to the implementation of PSIRF.

Quarterly reviews of the PSIRF process with a member of SLT, member of Board of Trustees, DSL, Service Manager and/or Head of Service for Mental Health and Wellbeing. Incidents will be scrutinised to ensure all learning has been taken from incidents, appropriate action has been taken and learning shared as appropriate. The review will also ensure that the PSIRF process itself is robust and fit for purpose.

Young Somerset will work collaboratively with SomICB and other stakeholders to facilitate effective governance and oversight at both local and where applicable wider levels.

This approach aims to create a culture of continuous learning and improvement, ultimately leading to a safer environment.

Mental Health and Wellbeing Team

Young Somerset delivers Children and Young People's Psychological Therapies for Somerset. It is a national transformation programme launched in 2011 that seeks to improve the quality and access of services that provide emotional wellbeing support for children and young people. The aim of the programme is to improve both the effectiveness of treatment and the experiences of children, young people and parents in Child and Adolescent Mental Health Services (CAMHS).

This service is provided by Senior Wellbeing Practitioners, Advanced Wellbeing Practitioners, Children's Wellbeing Practitioners and Educational Mental Health Practitioners through delivery of Low intensity Cognitive Behavioural Therapy for mild to

moderate anxiety and depression. 0-5 Pathway Practitioners deliver High Intensity Cognitive Behavioural Therapy for Parents of children with behavioural concerns.

Clinical Practitioners are supported by the Wellbeing Support Team.

Wellbeing Support Practitioners also provide non-clinical support to children, young people and families in school and community settings.

Educational Mental Health Practitioners work alongside CAMHS partners.

Targeted Youth Services

Jigsaw is for Young People who have had a recent hospital admission for their mental health difficulties or low emotional wellbeing.

Off the Ward works with paediatric wards in both Musgrove and Yeovil hospitals, to provide support to young people who have been diagnosed with a long-term condition such as diabetes.

The Umbrella Project provides youth club support for young people with mild to moderate mental health issues, social isolation and emotional distress.

We've Got This offers peer support opportunities for young people aged 16-25 who feel they could benefit from support with their mental health. This work is funded by Open Mental Health.

These teams create bespoke interventions to suit the needs of young people which might include mentoring, respite and positive activities. Using a youth work approach, youth workers support the young person, and their family, through the use of activities and 1:1 work using a strengths focused outcomes model so the young people we work with can go on their own journey to alleviate their mental health and low emotional wellbeing difficulties.

Our aim is to reduce readmissions to hospitals for young people as they make their own informed decisions for change in the future. Our youth workers can also provide some support, advice and guidance and signposting for the whole family within the home and will do our utmost to advocate for the family in situations where they do not feel like they have a voice.

Alternative Education Provision

Our work is supporting young people to make their own informed decisions for change. Across our 4 key youth work areas the outcomes are improving confidence, reducing social isolation, learning new things, improving wellbeing and developing aspirations.

We offer bespoke services including art, mechanics, music etc. These can be carried out in group settings or 1:1 for those young people experiencing additional challenges.

Our outdoor education specialists and countryside apprentices use a youth worker approach to encourage young people to learn new skills and thrive outdoors.

Bold & Brave

Bold and Brave is a Young Somerset not-for-profit enterprise consisting of a gift shop and café. We are currently based in Taunton and working towards expanding into other areas of the county. The shop gives young people the opportunity to research, design, ethically produce, showcase and sell their own quality products, as well as gaining customer service and retail experience in a relaxed environment. We also have rooms to host meetings for colleagues, as well as providing space for 1:1s, group work and workshops with young people. The cafe is in Taunton Library and provides a vibrant experience for young people as they learn a range of important life and employability skills as well as opportunities for inter-generational conversations with our customers. Both venues offer young people the opportunity to be part of a work placement programme, receiving mentoring, job coaching and life skills training, whilst gaining retail and hospitality experience.

Bold and Brave offers supported internships across the shop and café to young adults with SEND to develop job skills.

Business and Innovation

The work of the Business & Innovation Team is supported by two main contracted organisations, providing specialist ICT, HR and Health & Safety support and advice.

Young Somerset is ever evolving, and we will be adopting the PSIRF approach to all incidents are investigated as an opportunity to learn and share outcomes across the organisation.

Formulating our Patient Safety Incident Approach

Young Somerset have worked with the ICB to formulate our Patient Safety Profile.

As a small provider we are not expected to have a PSIRF Policy, but we have undertaken consultation with staff across the organisation to introduce the principles of PSIRF to guide which systems would work best for Young Somerset.

A team of 3 Service Managers have attended the relevant training provided by ICB in our locality and have worked with Improvement Facilitator for Patient Safety Quality, Safety & Improvement Team to formulate our plan

Stakeholder Engagement

Service Managers from all Teams have had input to the formulation of this plan.

PSIRF has been discussed with trustees and advice sought from trustees who have had extensive experience within the health sector.

Practitioners from Mental Health & Wellbeing Team who deliver Low Intensity Cognitive Behavioural Therapy directly to young people and also deliver parent led support have been involved in identifying systems approaches that work for Young Somerset.

Practitioners feel Rapid Review and Swarm Huddle approach best fit Young Somerset.

Steps Taken to Implement PISRF and a Just Culture

All Young Somerset staff undertook an anonymous survey to enable us to gauge the perception of the culture of the organisation as we embark on this process, this will then be reviewed.

A Working Party has been formed to regularly review the PSIRF process in action with a view to amend processes in a timely manner if felt appropriate.

PSIRF is a standing item on our agenda for fortnightly safeguarding reviews.

Young Somerset will promote the principles of PSIRF when working with other partners/stakeholders, e.g. CAMHS, schools, Children's Social Care and any other organisations that we engage with.

This plan has been approved by the Senior Leadership Team and our Board of Trustees.

Senior Leadership Team together with Service Managers have identified what would constitute a Serious Incident.

Parents/Carers - the open and transparent nature of addressing possible service user incidents has been commented on as being extremely welcomed and reassuring. "Feel that this has been followed quickly and with the best interests of the young person clearly at the forefront."

Defining our Service User (patient safety) Improvement Process

The service user improvement process refers to a series of steps and strategies aimed at enhancing the safety and quality of service users and staff. This process typically involves:

- **Identifying Safety Issues:** Recognizing areas where service user safety can be compromised, such as procedural mistakes, miscommunication, lack of staff training.
- **Analysing Causes:** Using methods such as Rapid Review, Swarm Huddle and After Action Review, to understand the underlying reasons for any incident.
- **Implementing Solutions:** Sharing learning across the organisation and reporting internally and where appropriate to any external agency at the appropriate time.
- **Monitoring and Evaluating:** Continuously reviewing the effectiveness of implemented solutions and making necessary adjustment
- **Engaging service users and staff:** Involving staff, service users, and their families. Ensuring that service users and any family members and/or other professionals involved are aware of the investigation process and their rights to escalate or report (where appropriate) any incident to a statutory agency (police/ICB) if unhappy with the process. Learning/feedback from service users, family and/other stakeholders will help to ensure comprehensive and sustainable improvements.

This process aims to create a culture of safety within Young Somerset, ensuring that every patient receives the highest standard of care.

Our Patient Safety Incident Response Plan

With reference to NHS guidance relating to the implementation of PSIRF Young Somerset will consider the following factors as a guide:

- Incident occurs that has caused physical, mental harm to service user, staff member, stakeholder that is in some way attributable to Young Somerset.
- Incident occurs could have caused physical, mental harm to service user, staff member, stakeholder that is in some way attributable to Young Somerset.
- Incident occurs has caused reputational damage to Young Somerset.
- Incident occurs that could cause reputational damage to Young Somerset.
- Was there an intention to cause harm? If yes "Follow organisational guidance for appropriate management action. This could involve contact relevant regulatory bodies, suspension of staff, and referral to police and disciplinary processes. Wider investigation is still needed to understand how and why patients were not protected from the actions of the individual."
- In most instances the intention to cause harm is not present.

It is important to recognise that any incident that raises concerns about systems/processes should be reported and discussion can be had to decide if falls under PSIRF examples being:

- Any failure to share information that puts anyone engaged in our service at risk.
- Any failure to follow clearly set out procedures set out in Employee handbook and policies.
- Failure to ensure sufficient staffing
- Issues with risk assessment that may not be fit for purpose
- Admin procedures not fully adhered to leading to miscommunication


This list is in no way exhaustive, and all incidents reported via Accident, Incident or Near Miss Report Form will be reviewed to see if they fall under the PSIRF heading and if not, reasons given.

Commitment to Multi-Disciplinary Learning

Young Somerset (YS) is committed to ensuring the highest standards of care and safety. To this end, we will promptly report any multi-disciplinary incidents we identify to

Somerset Integrated Care Board (Som ICB) to facilitate a coordinated learning response. We believe that collaboration and shared learning are essential for continuous improvement. Therefore, YS is eager to participate in any multi-disciplinary learning responses that we may be asked to contribute to, ensuring that our insights and experiences help enhance overall patient safety and care quality.

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| <i>Signed by CEO: Nik Harwood</i> | |
| Signature |  |
| Date | 12 th December 2024 |
| Review Date | 12 th December 2024 |

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| <i>Signed by Board: David Elstone, Chair</i> | |
| Signature |  |
| Date | 11 th DECEMBER 2024 |
| Review Date | |