

# The Southmead Project

## Child Safeguarding Policy and Procedures

**Reviewed: August 2023**

**Review date: August 2024**

### ***Policy Statement***

This policy applies to all staff, including senior managers and the Board of Trustees, paid staff, volunteers, sessional workers, agency staff, students or anyone working on behalf of the Southmead Project. It is available to clients to view at any time.

The purpose of this policy is:

- To protect children and young people who receive the Southmead Project's services. This includes the children of adults who use our services
- To provide staff and volunteers with the overarching principles that guide our approach to safeguarding and child protection
- To comply with our statutory obligations
- To protect our reputation within the community

The Southmead Project believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practise in a way that protects them.

A child is defined as anyone who has not yet reached their 18<sup>th</sup> birthday. 'Children' therefore means 'children and young people' throughout this policy.

### ***Legal framework***

This policy has been drawn up on the basis of law and guidance that seeks to protect children including:

- Working together to safeguarding children: statutory guidance on inter-agency working to safeguard and promote the welfare of children (HM Government 2018)

It should be considered in conjunction with the Keeping Bristol Safe Partnership procedures: <http://www.proceduresonline.com/swcpp/bristol/index.html>

The scope of this Safeguarding Policy is broad ranging and in practice it will be implemented via a range of policies and procedures within the organisation. These include:

- Safeguarding Adults Policy

- Employment Policy - whistleblowing (ability to inform on other staff or practices within the organisation); grievance and disciplinary procedures (to address breaches of procedures/policies); and staff induction and training
- Health and Safety Policy and Lone Working Policy – mitigating risk to staff and clients
- Equal Opportunities Policy – ensuring safeguarding procedures are in line with this policy, in particular around discriminatory abuse and ensuring that the safeguarding policy and procedures are not discriminatory
- Data Protection and Information Sharing Policy – how records are stored and access to those records, and confidentiality policy to ensure that clients are aware of our duty to disclose
- Suicide and Deliberate Self-Harm Prevention Policy
- Complaints Procedure for Clients

## ***Types of Abuse***

Child abuse can be described in the following ways, which can help professional to spot the signs, understand the effects and make referrals:

### **Physical abuse**

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.<sup>1</sup>

Signs of physical abuse can include:

- Frequent injuries
- Unexplained or unusual fractures or broken bones
- Unexplained bruises or cuts, burns or scalds, or bite marks

### **Emotional abuse**

The persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.<sup>2</sup>

Signs of emotional abuse can include:

- Being excessively withdrawn, fearful or anxious about doing something wrong

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<sup>1</sup> [http://www.workingtogetheronline.co.uk/glossary/phys\\_abuse.html](http://www.workingtogetheronline.co.uk/glossary/phys_abuse.html)

<sup>2</sup> [http://www.workingtogetheronline.co.uk/glossary/emo\\_abuse.html](http://www.workingtogetheronline.co.uk/glossary/emo_abuse.html)

- Parents or carers who withdraw their attention from their child, giving the child 'the cold shoulder'
- Parents or carers blaming their problems on their child
- Parents or carers who humiliate their child, for example, by name calling or making negative comments

## **Sexual abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

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

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.<sup>3</sup>

Signs of sexual abuse can include:

- Displaying knowledge or interest in sexual acts inappropriate to their age
- Using sexual language or have sexual knowledge that you wouldn't expect them to have
- Asking others to behave sexually or play sexual games
- Physical health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy

## **Neglect.**

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.<sup>4</sup>

Signs of neglect can include:

- Living in a home that is indisputably dirty or unsafe
- Left hungry or dirty
- Left without adequate clothing e.g. not having a winter coat
- Living in dangerous conditions i.e. around drugs, alcohol or violence
- Often being angry, aggressive or self-harming
- Failing to receive basic health care
- Parents who fail to seek medical treatment

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<sup>3</sup> [http://www.workingtogetheronline.co.uk/glossary/sex\\_abuse.html](http://www.workingtogetheronline.co.uk/glossary/sex_abuse.html)

<sup>4</sup> <http://www.workingtogetheronline.co.uk/glossary/neglect.html>

## **Other types of abuse.**

We also recognise that there are other types of abuse, which can include:

- Child sexual exploitation (CSE)
- Domestic violence
- Hidden harm (children being exposed to parental abuse of drugs and alcohol)
- Historical child abuse
- Grooming
- Radicalisation
- Child abduction
- Criminal exploitation
- Bullying and cyberbullying
- Female Genital Mutilation (FGM)
- Forced marriage
- Gender-based violence / violence against women and girls (VAWG)
- Peer abuse (including sexual abuse and harassment)
- Trafficking and modern slavery

## ***The Southmead Project Child Protection Statement***

### **We recognise that:**

- The welfare of the child is paramount, as enshrined in the Children Act 1989.
- All children, regardless of age, disability, gender identity, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse.
- Some children are additionally vulnerable because of Special Educational Needs and Disabilities (SEND), experience of being in care, mental health issues, identifying as LGBT+, refugees, the impact of previous experiences, their level of dependency, communication needs or other issues.
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.
- Confidentiality is important to our clients, but we have an obligation to protect children and their welfare is always the paramount consideration.

### **The Southmead Project will seek to keep children and young people safe by:**

- Valuing them, listening to and respecting them.
- Appointing a Designated Safeguarding Officer (DSO) for children and young people and a deputy.
- Adopting child protection and safeguarding practices through procedures and a code of conduct for staff and volunteers.
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures.
- Recruiting staff and volunteers safely, ensuring that all staff, volunteers and trustees have enhanced Disclosure Barring Service (DBS) checks, including a Barred List check. In addition to checks, we will adopt an ongoing culture of vigilance to all adults working in our service to ensure the safety of children.
- Providing thorough and effective training to staff and volunteers on child protection policies and procedures.

- Recording and storing information professionally and securely, and sharing information about safeguarding and good practice with staff and volunteers via resources and one-to-one discussions.
- Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers as appropriate.
- Using our procedures to manage allegations against staff and volunteers appropriately.
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise.
- Ensuring that we have effective complaints and whistleblowing measures in place and that line managers will report all concerns, complaints and allegations of abuse against or by staff that they manage to the appropriate Local Authority Designated Officer.
- Ensuring that we provide a safe physical environment for our clients, staff and volunteers by applying health and safety measures in accordance with the law and regulatory guidance.

### ***Procedure Following Disclosure***

If a client discloses that they are aware of a child at risk of abuse, the following procedure applies:

- Believe what the person is saying and take it seriously, and all allegations of abuse or potential abuse must be acted on.
- Reassure the person who has made the disclosure to you that they have done the right thing. Explain to the person that you will now pass this on to the DSO or Deputy DSO and the appropriate action will be taken.
- Take the allegations to the DSO or Deputy DSO to discuss what actions to take. The person disclosed to, with the support of the DSO or Deputy DSO, will pass on the relevant information to Children's Services, or failing this the Police, and will liaise as necessary.
- Record exactly what you have been told as soon after the disclosure as possible.
- A safeguarding report form is to be completed on our Case Management System (OASIS) by the person disclosed to, in order to record any discussions or actions taken, which is an encrypted and secure online database.
- If for any reason you cannot immediately contact the DSO or Deputy DSO, contact the CEO. If you cannot get in contact with the DSO, Deputy DSO or CEO, contact Children's Services, the emergency duty Social Worker (if out of hours) or the Police directly to pass on all relevant information. Your actions must be communicated to the DSO or Deputy DSO as soon as possible and the same day if it involves a child protection issue. There might sometimes be a concern about a child's welfare that does not reach statutory thresholds for a child protection concern. In this case, you can consider seeking consent from a parent or carer to work with agencies to make an Early Help referral.
- Under no circumstance should you confront the alleged abuser. Do not share suspicions or information with any other person other than the DSO or Deputy DSO for safeguarding, Children's Services and the Police, or otherwise you will risk forewarning the alleged abuser and compromise any investigation or prosecution.
- The Southmead Project operates a confidential service. However, if a member of staff or volunteer has a strong suspicion that a child is at risk of harm, the responsibility to safeguard the child overrides that of a client or colleague. Staff or volunteers **MUST** break confidentiality if necessary in these circumstances. (See the Data Protection and Information Sharing policy). In this event, a staff member or volunteer is expected to discuss the action they propose to take with the client beforehand, unless it is felt that doing so would place the child at greater risk.
- If someone discloses that they are involved in the abuse of a child, **YOU MUST TAKE ACTION.**

Emergency action: in common law, if you see a child in need of medical attention, you have a right and responsibility to seek medical attention by dialling 999 and asking for the ambulance service. You don't require parental consent in an emergency.

## ***Referral Procedure***

Referrals are ideally made where the organisation has sufficient information about the client and child / young person involved (one or more of the following: name, address, contact details, date of birth, parent/carer's name). If this information is not provided, the staff member or volunteer can seek an anonymised referral (with First Response in Bristol) to discuss their concerns and what action can be taken.

When making a referral, the following procedures should be followed:

- A staff member or volunteer may be given direct information about a child who is currently at risk of harm or they may be given information which leads them to a professional judgement that a child is being harmed or is at risk of harm.
- A staff member or volunteer may also spot signs of abuse and give the young person the opportunity to disclose (where they are 16 or 17 years old). It is important to remember that a young person may exhibit the signs of abuse without verbally disclosing it and a referral can still be made on this basis.
- The staff member or volunteer should inform the client that they will need to report the concern to the DSO or Deputy DSO (unless to do so would place the child at greater risk).
- The staff member or volunteer with immediate concerns should report the matter to the DSO or Deputy DSO as soon as possible and within 24 hours. They are to discuss the concerns before making a referral so that the DSO or Deputy DSO can advise and support the staff member or volunteer. This discussion and subsequent decisions will be recorded and dated on a safeguarding report form on our online case management system (OASIS).
- If the concern is an emergency or requires a response within 4 hours, the staff member or volunteer should refer to the police.
- If the staff member or volunteer cannot get hold of the DSO or Deputy DSO for any reason, they should speak with the CEO. If the DSO, Deputy DSO and CEO are all unavailable and the concern is an emergency, then the staff member or volunteer should contact the police.
- If there is consent from the client to make a referral regarding a child known to them or in their care, then the staff member should do this by telephone immediately after speaking with the DSO or Deputy DSO. If making an Early Help referral, then consent from either the young person or their parent will be required.
- If gaining consent from a client on behalf of a child known to them or in their care may place a child at greater risk of harm then this route is not an option.
- If there is no consent from the client to make a referral regarding a child known to them or in their care, the DSO or Deputy DSO will decide whether or not to break confidentiality and make a referral. This decision and the reasoning behind it must be clearly recorded and, if a referral is made, must be shared with Children's Services (First Response in Bristol).
- The staff member or volunteer should inform the client that a referral will be made (unless to do so would put the child at greater risk).
- If there are no identifying details, then an anonymised referral can be made by the Southmead Project or the client can be encouraged to make the referral themselves.
- If a young person (16 or 17 years old) discloses historical abuse, then a referral will need to be made. If there is not much information known to the staff member or volunteer then they can make a referral based on what they do know. This needs to be handled sensitively and carefully with the young person.

- If it is decided that a referral is necessary, the person disclosed to, with the support of the DSO or Deputy DSO, will pass on the relevant information to Children’s Services, or failing this the Police. Any identifying information will be passed on either by secure email or by emailing a password-protected document to Children’s Services (First Response in Bristol) or the Police.
- Children’s Services (First Response in Bristol) will advise the referrer of the outcome of the referral, which should be done in writing and placed on the safeguarding report form on our case management system (OASIS).
- It is the responsibility of the DSO to ensure that the outcome of the referral is recorded and if feedback is not received from Children’s Services (First Response in Bristol) the DSO should contact them to seek confirmation regarding the outcome. The DSO will inform the staff member or volunteer of the outcome of the referral.
- Situations where a referral can’t be made (e.g. due to a lack of identifying information) may still leave staff members or volunteer with uncomfortable feelings and these should be discussed in person with the DSO.
- If necessary, the safeguarding decision-making of other professionals should be professionally challenged and formally escalated in order to resolve disagreements.

## ***Training and Support for Staff***

The Southmead Project commits resources for induction, training of staff (paid and unpaid), effective communications and support mechanisms in relation to safeguarding.

### **Recruitment**

There will be at least one recruitment panel member on all staff and volunteer interviews who is trained on safer recruitment.

**Induction** will include:

- Discussion of the Safeguarding Policy (and confirmation of understanding)
- Discussion of other relevant policies
- Ensure familiarity with reporting processes, the roles of line manager, DSO and Deputy DSO (and who acts in their absence)
- Initial training on safeguarding including: safe working practices, safer recruitment, understanding child protection and adult safeguarding

### **Training**

All staff who, through their role, are in contact with adults at risk will have access to safeguarding training at an appropriate level at least every 3 years. This includes the Designated Safeguarding Officer (DSO), Deputy DSO, and trustees who are responsible for safeguarding.

The most recent training course that the Southmead Project whole staff team and trustees attended was:

- Child protection and safeguarding awareness (1 day course) with the Training Exchange on 17<sup>th</sup> June 2022

In addition, the DSO, Deputy DSO and trustees who are responsible for safeguarding are to attend advanced child protection training at an appropriate level at least every 3 years.

### **Communications and discussion of safeguarding issues**

Commitment to the following will ensure effective communication of safeguarding issues and practice:

- Safeguarding as a regular agenda item across team meetings, Leadership Team meetings, Trustee meetings, line management meetings, and clinical supervision.
- Regular staff updates regarding safeguarding as deemed necessary.
- Learning lessons from local and national Child Safeguarding Practice Reviews.
- Participation in multi-agency safeguarding procedures and meetings in order to be involved in child/adult protection procedures.
- Provision of a clear and effective reporting procedure, which encourages reporting of concerns.
- Encouraging open discussion (e.g. during supervision and team meetings) to identify any barriers to reporting so that they can be addressed.
- Inclusion of safeguarding as a discussion prompt during supervision meetings/appraisals to encourage reflection.

### **Support**

We recognise that involvement in situations where there is risk of actual harm can be stressful for staff concerned. The mechanisms in place to support staff include:

- Debriefing support for paid and unpaid staff with the DSO, Deputy DSO, their line manager or member of the Leadership Team, as well as with colleagues, so that they can reflect on the issues they have dealt with.
- Seeking further support as appropriate e.g. access to counselling (12 sessions per year with an external private counsellor will be paid for by the Southmead Project).
- Staff who have initiated child protection concerns will be contacted by their line manager, the DSO or Deputy DSO the same day or as soon as possible thereafter.
- Clinical supervision and group supervision with an external supervisor, paid for by the Southmead Project.
- Regular line management meetings.

### ***Allegations Made against The Southmead Project Staff or Volunteers***

If an allegation of abuse is made against a member of staff or volunteer, the referral procedures above will be followed.

If the information you have regarding risk to a child relates to abuse by a member of the Southmead Project, you should immediately inform your line manager in the first instance, or if the allegation concerns your line manager you should speak directly to the CEO or Chair of the Board of Trustees. The CEO or the Chair of the Board of Trustees will immediately inform the individual concerned that they are suspended from duties pending investigation. This is not an assumption of guilt, but serves to allow the appropriate investigation to take place and protects the member of staff or volunteer from further allegations. A written record of the concern should also be completed.

Here are some examples of potential signs that an adult may be abusing a child:

- Paying an excessive amount of attention to a child or groups of children, providing presents, money or having favourites
- Seeking out vulnerable children, e.g. disabled children
- Trying to spend time alone with a particular child or group of children on a regular basis
- Making inappropriate or sexual comments



- Sharing inappropriate images
- Being vague about where they have worked or when they have been employed
- Encouraging secretiveness

The manager should inform the appropriate Local Authority Designated Officer (LADO) within 24 hours of the allegation coming to their attention. The LADO will advise on the route to be followed. The LADO's contact details can be found below, and the LADO referral form in Bristol can be found here: <https://bristolsafeguarding.org/children/lado-concerns-about-professionals/>

Further information regarding managing allegations is available on the South West Child Protection procedures website, here:

[http://www.proceduresonline.com/swcpp/bristol/p\\_alleg\\_against\\_staff.html](http://www.proceduresonline.com/swcpp/bristol/p_alleg_against_staff.html)

## ***Record Keeping***

Records must be made of discussions, decisions and actions taken at all stages of the procedure, clearly indicating who was present. A safeguarding form will be completed on our case management system (OASIS), which is a secure and encrypted online database. If any identifying information needs to be stored in an electronic document then this is to be password-protected, and any hard copy files are to be kept in lockable storage or filing cabinets.

## ***Responsibilities***

All staff (paid or unpaid) have responsibility to follow the guidance laid out in this policy and related policies, and to pass on any welfare concerns using the required procedures. We expect all staff (paid or unpaid) to promote good practice by being an excellent role model, contribute to discussions about safeguarding and to positively involve people in developing safe practices.

### **Additional specific responsibilities**

**Trustees** have responsibility to ensure:

- This policy is in place and appropriate
- Sufficient resources (time and money) are allocated to ensure that the policy can be effectively implemented

**The Leadership Team** has responsibility to ensure:

- This policy is accessible to all employees and volunteers
- The policy is implemented
- The policy is monitored and reviewed
- Liaison with, and monitoring of, the Designated Safeguarding Officer's work

**The Designated Safeguarding Officer** is the Head of Therapeutic Services. This person's responsibilities are:

- Promoting the welfare of children and young people
- Ensuring staff (paid and unpaid) have access to appropriate training/information
- Booking safeguarding training for the team every 3 years
- Providing support and advice to the team around safeguarding

- Receiving staff concerns about safeguarding and responding to them seriously, swiftly and appropriately
- Supporting staff to make referrals
- Overseeing all records relating to safeguarding
- Keeping up-to-date with local arrangements for safeguarding and DBS
- Developing and maintaining effective links with relevant agencies
- Taking forward concerns about responses

## ***Contact details***

### **Designated Safeguarding Officer (DSO)**

Name: Emma Bull (Head of Therapeutic Services)

Phone/email: 0117 9506 022 / 07393 499 069 / emma.bull@southmeadproject.com

### **Deputy DSO**

Name: Rachel Morse (Counselling Lead)

Phone/email: 0117 9506 022 / 07393 499 075 / rachel.morse@southmeadproject.com

### **Designated Safeguarding Trustee**

Name: Helen Gunson (safeguarding trustee)

Phone/email: 0117 9506 022 / [helen.gunson@southmeadproject.com](mailto:helen.gunson@southmeadproject.com)

### **Local Authority Designated Officer**

Name: Nicola Laird

Phone: 0117 9037795

Email: [childprotection@bristol.gov.uk](mailto:childprotection@bristol.gov.uk) / [LADO@bristol.gov.uk](mailto:LADO@bristol.gov.uk)

## ***Reporting a Concern in Bristol***

First Response is the place to call if you are concerned about a child or young person or think they need some help. This is the number for new referrals or requests for help: **0117 903 6444**. The out-of-hours Emergency Duty Team can be contacted out-of-hours, on weekends and Bank Holidays on: **01454 615 165**.

Non-urgent referrals or requests for help by a professional can be made using a web form: <https://www.bristol.gov.uk/social-care-health/first-response-for-professionals-working-with-children>

For enquiries about existing cases with an allocated social worker, please check this site for up-to-date numbers: <https://www.bristol.gov.uk/social-care-health/social-work-contact-details-children-and-young-people> or call:

- North Bristol, Social Work Assessment team: **0117 903 8700**
- East/Central Bristol, Social Work Assessment team: **0117 903 6500**
- South Bristol (Hartcliffe), Social Work Assessment team: **0117 357 4700**

If a child does not live in Bristol, you can find their local Council here: <https://www.gov.uk/find-local-council>

## ***Reporting a Concern in South Gloucestershire***

Any concerns about abuse or neglect can be reported in South Gloucestershire by calling:

- **01454 866 000** (Monday to Thursday, 9am to 5pm, and Fridays 9am to 4.30pm)
- **01454 615 165** (Emergency Duty Team out-of-hours, weekends and Bank Holidays)

A copy of the South Gloucestershire Children's Partnership Access and Response Team 'request for help' form can be found here: <https://sites.southglos.gov.uk/safeguarding/children/i-am-a-professional/concerned-about-a-child-2/> and <https://sites.southglos.gov.uk/safeguarding/wp-content/uploads/sites/221/2016/08/Request-for-Help-Form-final-launch-July-2023.pdf>

For further information, the South Gloucestershire Children's Partnership website is: <http://sites.southglos.gov.uk/safeguarding/children/i-am-a-professional/concerned-about-a-child-2/>

### ***Reporting a Concern in Bath and North East Somerset (BANES)***

Any concerns about abuse or neglect can be reported to the BANES Children's Social Work Services by calling:

- **01225 396 111 or 01225 477 929** (Monday to Thursday, 8.30am to 5pm, and Fridays 8.30am to 4.30pm)
- **01454 615 165** (Emergency Duty Team out-of-hours, weekends and Bank Holidays)

A copy of the BANES 'Report a concern about a child or young person' form can be found here: <https://www.bathnes.gov.uk/webforms/concerned-about-a-child-or-family/>

For further information, the Bath and North East Somerset Council website is: <https://beta.bathnes.gov.uk/report-concern-about-child>

### ***Reporting a Concern in North Somerset***

Any concerns about abuse or neglect can be reported to the North Somerset child protection team on:

- **01275 888 808**
- **01454 615 165** (Emergency Duty Team out-of-hours, weekends and Bank Holidays)

For further information, the North Somerset Council website is: <https://nsod.n-somerset.gov.uk/kb5/northsomerset/directory/site.page?id=gE-ZtDakyBs>

### ***Additional Support***

If you are concerned about the immediate safety of a child, the Police should be contacted on **101** at any time (or in emergencies by dialling **999**).

In addition, **CEOP** can be contacted on [www.ceop.police.uk](http://www.ceop.police.uk) and the **NSPCC Helpline** number is **0800 800 5000**.

### ***Review***

We are committed to reviewing this policy annually and in light of any significant changes in practices or legislation. A copy of this policy will be made available on the Southmead Project website so that it is easily accessible for all clients, professionals and partner organisations, which can be found here: <https://www.southmeadproject.org.uk/our-resources>

This policy was last reviewed on: 10/08/2023

Signed: Imogen McCabe