



# Safeguarding Children

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## POLICY STATEMENT

Action is fully committed to safeguarding the welfare of all children and young people. It recognises its responsibility to work with partners to keep children and young people safe from harm and improve their life chances.

### Definition of a Child or Young Person:

As defined by the Children’s Acts 1989 and 2004, a **child** is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders’ Institution, does not change his or her status or entitlement to services or protection under the Children Act 1989. For the purposes of this policy a child will refer to any child or young person under the age of 18.

## **Definition of safeguarding and promotion of child welfare:**

This policy is aligned to the definition outlined in the Governments' Working together to Safeguard Children (2015) guidance:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

*Working together to Safeguard Children (2015)*

## **Introduction**

This policy has been produced to set out the guidelines and expectations for all staff, trustees and volunteers in relation to safeguarding of children and young people. The procedures have been designed to ensure all children we come into contact with are kept safe from harm and have the opportunity to improve their life chances.

We currently deliver housing related support projects to young people from the age of 16, and as such, anyone under the age of 18 is covered by this policy and classed as a child. It is essential, therefore, that Action has robust and clear processes relating to the reporting of safeguarding concerns for this age group.

It is acknowledged that all employees, trustees and volunteers have the potential to be involved in identifying and potentially preventing abuse. Therefore clear procedures are provided to assist and support them in this potentially difficult process.

There are moral and legal responsibilities to implement procedures, to provide a duty of care for children/young people, help safeguard their well-being and protect them from abuse. **Employees, trustees and volunteers need to be able to identify where there may be a problem. It is not within the remit of Action employees, trustees and volunteers to prove there is a problem.** Employees, trustees and volunteers need to know how to obtain fast and professional advice, and refer any concerns to relevant specialists and designated officers. The welfare of children/young people is the primary concern.

## **In implementing this Safeguarding Policy, Action will:**

- Ensure that all employees, trustees and volunteers understand their legal responsibility to protect children and young people from harm, abuse and exploitation.
- Ensure that all employees, trustees and volunteers are aware of the need to prioritise the safeguarding of children over the safeguarding and support of vulnerable adults where a conflict may arise.

- Ensure that all employees, trustees and volunteers understand their responsibility to work to the standards that are detailed in the organisation's *Safeguarding Children Policy and Procedures*
- Ensure that all employees, trustees and volunteers understand their duty to report concerns that arise about a child or young person, or a worker's conduct towards a child/young person
- Ensure that the CHAPOs understand their responsibility to refer any child safeguarding concerns to the local statutory child safeguarding agencies (i.e. Police and/or Social Care).
- Ensure that any procedures relating to the conduct of employees, trustees and volunteers are implemented in a consistent and equitable manner.
- Provide opportunities for all employees, trustees and volunteers to develop their skills and knowledge particularly in relation to the safeguarding of children and young people.
- Abide by the relevant Local Authority's Child Protection Procedures, and all other protocols issued by local Safeguarding Children Boards in each of the localities we operate in, including encouraging full participation by customers in processes (e.g. Child Protection Conferences, and family group conferences where applicable).
- Ensure that customers are encouraged to be involved in the work of the organisation and, when requested, have access to all guidelines and procedures.
- Keep up-to-date with local and national developments relating to the safeguarding of children and young people, by circulating local and national updates and good practice guidance.
- Ensure that Safeguarding is treated as a key organisational priority by ensuring that appropriate resource is made available and senior managers through Action's Safeguarding and Risk Management Board (SRMB) are responsible and accountable for the implementation of policy and procedure across the organisation.
- Ensure that Action's Safer Recruitment Policy and Procedures is implemented and reviewed to ensure that recruitment and human resources management take account of the need to safeguard and promote the welfare of children and young people, including arrangements for appropriate checks on new staff and volunteers. Action's commitment to safeguarding and the safer recruitment policy is to be clearly stated in all adverts and application processes.

## **Principles of child safeguarding**

All children/young people whatever their age, culture, disability, gender, language, ethnic origin, religious belief, sexual orientation or transgender status have the right to protection from abuse.

All employees, trustees and volunteers have a legal duty and responsibility to report concerns and suspected abuse. This includes concerns about other members of staff, trustees, volunteers or contractors. Poor practice that has the potential to impact negatively on clients, their children or members of the public should also be raised with a line manager or a member of the SRMB. It is the responsibility of all employees, trustees and volunteers to work to avoid the need for a Serious Case Review by taking early preventative action.

Staff are required to abide by Action's Code of Conduct and the Child Safeguarding Procedures issued by local Safeguarding Children Boards in each area that we operate in.

All staff including housing officers, maintenance staff and contractors may become aware of conditions that could have an adverse impact on children, and are obliged under section 11 of the Children Act (2004) to comply with certain duties in the provision of services to children and young people.

Confidentiality shall be upheld in line with current GDPR legislation and Human Rights legislation. However, this legislation and any potential confidentiality issues should never be a barrier or reason not to report child abuse or neglect.

All employees and volunteers who have lone working contact, or potential for lone working contact, with any customer, will be subject to an enhanced DBS check (see Lone Working and Undertaking Visits procedure).

We must assure ourselves that any external agencies or contractors working with our customers or on a site or property where they may come into contact with our customers must also have an enhanced DBS. This will be obtained from the organisation or individual working with that customer by the relevant Manager. Any external agencies or contractors will be made aware of our Safeguarding policies and procedures.

## **Definitions of Safeguarding**

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

**Child protection** is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering significant harm.

**Children in need** are children who are defined as being 'in need', under section 17 of the Children Act 1989 and are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (s17 (10) of the Children Act 1989), plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- What will happen to a child's health or development without services being provided and
- The likely effect the services will have on the child's standard of health and development.

Local Authorities have a duty to safeguard and promote the welfare of children in need. All areas should have a 'continuum of need' to identify the different levels of support required depending on the different situation of each child.

Local copies of each continuum of need will be made available in support projects' CHAPO folder and also on the Safeguarding page on Action's Intranet.

**The concept of significant harm:** Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports.

### **What is abuse and neglect? Key definitions and concepts**

Abuse and neglect are forms of maltreatment of a child. There are four types of abuse for children – neglect, physical, sexual and emotional. However, there are many ways in which this can be manifested under each heading.

Where a child is disabled, injuries or behavioural symptoms may mistakenly be attributed to his/her disability rather than the abuse. Similarly, where a child is black or from a minority ethnic group, aggressive behaviour, emotional and behavioural problems and educational difficulties may be wrongly attributed to

racial stereotypes, rather than abuse. Cultural and religious beliefs should not be used to justify hurting a child.

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

**The Impact of Physical Abuse** - Physical abuse can lead directly to neurological damage, physical injuries, pain, disability or death. Harm may be caused to children both by the abuse itself, and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour, emotional and behavioural problems, and educational difficulties. Violence is pervasive and the physical abuse of children frequently co exists with domestic abuse.

Changes to the law have clarified the term “reasonable chastisement”. Smacking and other forms of corporal punishment that leave marks or injuries should be considered as physical abuse.

**Emotional abuse** - Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve serious 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.

**The Impact of Emotional Abuse** - There is increasing evidence of the adverse long-term consequences for children’s development where they have been subject to sustained emotional abuse, including the impact of serious bullying and racism. Emotional abuse has an important impact on a developing child’s mental health, behaviour and self-esteem. It can be especially damaging in infancy. In families where the child experiences a low level of emotional warmth and a high level of criticism, negative incidents may have a more damaging impact on the child. Underlying emotional abuse may be as significant as other forms of abuse in terms of its impact on the child. Where there is domestic abuse, the emotional impact on the child should always be carefully assessed. Adult mental health problems and parental substance misuse may be features in families where children are exposed to emotional abuse.

**Sexual Abuse** - Sexual abuse involves forcing a child or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative

acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials or watching sexual activities, encouraging children to behave in sexually inappropriate ways.

**Child Sexual Exploitation (CSE)** - Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money, as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

**Department of Education 2012**

The Impact of CSE - Sexual exploitation results in children and young people suffering harm, and causes significant damage to their physical and mental health. Some young people may be supported to recover whilst others may suffer serious life-long impairments which may, on occasion, lead to their death, for example through suicide or murder.

**The Impact of Sexual Abuse** - Disturbed behaviour including self-harm, inappropriate sexualised behaviour, sadness, depression and a loss of self-esteem, have all been linked to sexual abuse. The adverse effects of sexual abuse may endure into adulthood. The severity of impact on a child is believed to increase the longer abuse continues, the more extensive the abuse, and the older the child.

**Neglect** - Neglect is 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 and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**The Impact of Neglect** - Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead

to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress.

**Abuse of Disabled Children** - Disabled children are at increased risk of abuse and those with multiple disabilities are at even more significant risk both of abuse and neglect. Parents of disabled children may experience multiple stresses. This group of children may be particularly vulnerable to abuse for a number of reasons including:

- Having fewer social contacts than other children.
- Receiving intimate personal care from a larger number of carers.
- Having an impaired capacity to understand what they are experiencing is abuse or to challenge the abuser.
- Having communication difficulties resulting in difficulties in telling people what is happening.
- Being reluctant to complain for fear of losing services.
- Being particularly vulnerable to bullying or intimidation.
- Being more vulnerable to abuse by peers than other children.

**Hate Crime** - Hate crime is defined as:

‘Any criminal offence which is perceived, by the victim or any other person to be motivated by a hostility or prejudice based on a personal characteristic’

**Mate Crime** is defined as:

‘People with learning disabilities are often befriended by people who then exploit them. These are groups and individuals who pretend to be friends but who are really taking advantage of people’

**Bullying** - Bullying is defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). There is increasing use of new technologies as a tool for bullying and such incidents should be taken seriously. The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm). All settings in which children are provided with services or are living away from home should have rigorously enforced anti-bullying strategies. Bullying affects a child’s self-esteem and they may feel too ashamed to tell even their parents about what is going on. The long term effects of bullying can be as severe as traumatic stress disorder and children may need professional support both in the short and longer term. Schools and education are critical partners in a co-ordinated preventative approach, if relevant.

**Self-harm and Suicidal Behaviour** - Children and young people who harm or attempt to harm themselves should be taken seriously. The self-harming



behaviour in itself may cause impairment of the child's health or development and in some circumstances present significant harm or the risk of significant harm. Additionally consideration should always be given to the possibility that the self-harming behaviour may indicate that the child or young person has experienced trauma and/or abuse and neglect. Some young people harm themselves as a way of dealing with the stresses of serious illness or the pressures of "everyday life" that may arise with their family, peer group, school etc. Self-harming behaviour may also arise alongside eating disorders and/or drug misuse.

**Female Genital Mutilation (FGM)** - Female genital mutilation (FGM) is a collective term for procedures that include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences both at the time and in later life. The procedure is typically performed on girls of 4 -13 years but may be performed on new born babies or on young women. FGM can result in death. FGM is a criminal offence (Prohibition of Female Circumcision Act 2003). Under the act it is an offence to arrange, procure, aid or abet female genital mutilation. Parents/carers may be liable under this act. It is also an offence to allow the procedure to be undertaken in another country. Where an employee or volunteer becomes aware that a girl is at risk of FGM a referral should be made to Children's Social Care.

**Forced Marriage-** A forced marriage is one that is conducted without the full consent of both parties and where duress is a factor. Forced marriage can amount to sexual and emotional abuse and put children at risk of physical abuse. In circumstances where there are concerns that a child is at imminent risk of a forced marriage, urgent referrals should be made to Children's Social Care. In the case of a young person at risk of forced marriage it is likely that an initial discussion with the parent, carer or other community member may significantly increase the level of risk to the young person.

**Domestic Violence and Abuse** - The cross-government definition of domestic violence and abuse is:

"Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional"

Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development and emotional wellbeing, despite the best efforts of the victim's parent to protect the child.

**Parental Alcohol and Substance Misuse-** As with parental illness it is important not to generalise or make assumptions about the ability of an alcohol or substance misusing parent to care for a child. It is however important to assess the impact that the behaviour has, or is likely to have on the child. Some parents manage their substance misuse in a way that allows them to meet the needs of their children where as others are more chaotic in their usage and are unable to consistently prioritise the needs of their children. Children are particularly vulnerable when their parents are attempting to withdraw from drug or alcohol use, particularly if this is not being professionally supervised. Some parents' caring skills are diminished by the use of drugs or alcohol; others may experience psychological problems that place the child at risk of injury, neglect or emotional harm. Parents who are chaotic drug users may struggle to prioritise the children's needs and fail to provide enough money to meet their basic requirements for food, housing and warmth. Children may also be at physical risk from drugs (including prescribed drugs) left insecurely stored and from the paraphernalia, such as needles, to which they may have access. Even when the physical danger is minimised it is important to assess the emotional impact on children who are exposed to long term parental drug or alcohol misuse. This can link to neglect (see above) and should be monitored by anyone visiting the property.

**Alcohol and substance misuse by young people** - Dependent or chaotic substance misuse amongst young people is a major factor in youth crime and anti-social behaviour. It may also bring young people into networks of older individuals who exploit them, including sexual exploitation. The risks associated with young people's substance misuse do not necessarily only arise from the substance or how it is taken, but factors such as the frequency of use, where it is taken, volume of consumption, levels of intoxication, competence of the young person and knowledge of the effects of the substances must be considered as relevant to the assessment of the risks of significant harm. Practitioners who identify alcohol and/or substance misuse by a young person should ensure that appropriate assessments are carried out.

**Disguised Compliance** - 'Disguised compliance' involves a parent or carer giving the appearance of co-operating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention  
(<https://www.nspcc.org.uk/globalassets/documents/information-service/factsheet-disguised-compliance.pdf>)

There may be instances where it appears seriously detrimental to a child or young person to remain in the family home and statutory services and other practitioners appear unwilling to sanction removal. There could be many reasons for this, but disguised compliance by the family could be one of them. If you are aware of information that clearly indicates a child or young person remains at risk of harm in a setting and it contradicts the information other services appear to be receiving you must seek support from a manager immediately and escalate the concerns to an appropriate level.

## **What to do if you are worried about a child or young person.**

Action recognises that it has a duty to act on reports or suspicions of abuse, or where there are suspicions that the child is suffering or likely to suffer significant harm. It also acknowledges that taking action in cases of child abuse is never easy. However the safety of the child should override any doubts or hesitations. When worrying changes are observed in a child's or young person's behaviour, physical condition or appearance, or there are suspicions or even a 'gut feeling' that something is not right, employees and volunteers will:

See flow chart below

### Stage 1

- Initially talk to a child/young person about what you are observing. It is okay to ask questions, for example: "I've noticed that you don't appear yourself today, is everything okay?" But never use leading questions.
- Listen carefully to what the child/young person has to say and take it seriously.
- Never investigate or take sole responsibility for a situation where a child/young person makes a disclosure.
- Always explain to children and young people that any information they have given will have to be shared with others.
- Support Projects should immediately notify the office's CHAPO or a member of the SRMB if not available.
- For non-support projects immediately notify your line manager or a member of the SRMB
- Following discussion a referral should be made to the local safeguarding board
- If the incident occurs out of normal working hours, contact the On Call Manager on 07747 565791 for further advice as to whether to refer to the local safeguarding board or police.
- Record what was said as soon as possible after any disclosure.
- The person who receives the allegation or has the concern should complete the safeguarding log and incident report form on the case management system and ensure it is signed and dated.
- Respect confidentiality and file documents securely.

- Ensure that case notes are inputted onto the case management system and the safeguarding log within 24 hours.

## Stage 2

Where an employee or volunteer has a suspicion that a child has been abused or significantly harmed, or is at risk of abuse or significant harm they will take immediate action. The employee or volunteer will contact the police or local children's Social Care team. Local contact information should be stored with copies of this policy, in the CHAPO folder or will be available on the safeguarding page of the Intranet.

In an emergency – do not delay – ring 999

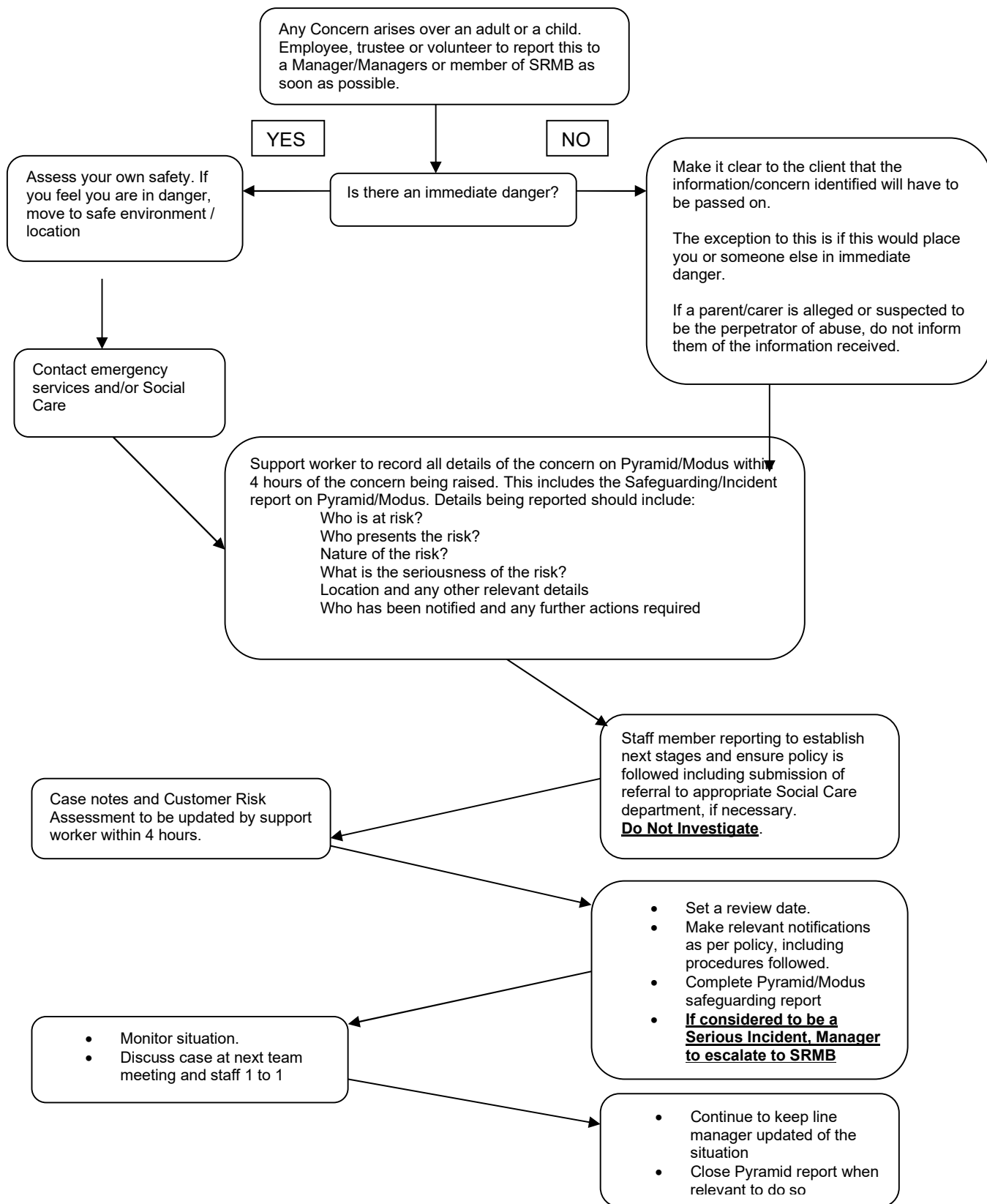
If a referral is made direct to Children's Social Care this must be followed up in writing within 48 hours.

- Employees and volunteers can also seek advice and clarity about a situation that is beginning to raise concern through the NSPCC National Child Protection Helpline on 0808 800 5000 or their local Safeguarding Board.
- Specific advice about issues concerning South Asian children can be sought on the NSPCC National Child Protection Asian Helpline on 0800 096 7719.

In the event of a Serious Case Review the IT file will be immediately exported therefore it is essential that there is a good audit trail of all communications made and received, contact and actions.

### What trustees should do if they suspect a child or young person is a risk of harm

Trustees should immediately contact a member of the SRMB for advice and contact details re relevant local safeguarding board.



## **Guidance for employees, trustees and volunteers**

### **Examples of potential child safeguarding concerns:**

- Suspicions that a child is being sexually exploited
- Suspicions that a child is being bullied
- Suspicions that a child is being financially abused
- A child is engaged in substance misuse activities
- A child alleges historical abuse
- A child reports inappropriate relationship or behaviours from a worker either internally or from a partner agency or contractor

All employees, trustees and volunteers are to be aware that any document related to child or adult safeguarding concerns could potentially be used as a legal document. This means these documents could be used in a court of law if deemed necessary. Due to this all written evidence must be recorded in an accurate, concise and timely manner. This includes notes taken immediately following the concern observed, which must be scanned and attached to the relevant client record on the case management system (please see flowchart above). All relevant facts must also be recorded in the case notes on the case management system and the Safeguarding tab must be completed with dates and times of incidents as soon as possible and within 24 hours.

If an employee or volunteer has any concerns or is unsure about anything related to child and adult protection, including perceived poor or inappropriate practice, then they need to speak to the Child and Adult Protection Officer (CHAPO), who will be a local manager, or if they are not available another service manager or member of SRMB. With any child or adult safeguarding concerns the employee or volunteer is required to follow the flowchart in this policy (above), which will be displayed in your office.

All child safeguarding concerns must be reported immediately. Any child and adult safeguarding matters take priority over everything else (for example other appointments are to be cancelled if necessary). Employees and volunteers must liaise with their line manager regarding any future visits to the customer due to potential risk issues. The risk assessment should be updated immediately and signed by the line manager (see flowchart).

Trustees should seek advice immediately from the Chair of the SRMB or if they are unavailable another member of the SRMB

When a report is received regarding a potential Child or Adult Protection concern, the CHAPO will ensure as much information as possible is obtained by the employee or volunteer, including the following:

- Time/date/location of risk
- What is the risk?
- Who is at risk?

What is already known about the customer/child that may contribute to the risk?

What is the seriousness/immediacy of the risk?

Is there anyone else involved/at risk?

What action has already been taken and by whom?

The CHAPO should then assess with the employee or volunteer the seriousness of the risk. They will decide whether the incident should be phoned through to Children's Social Care or monitored internally.

If it is to be reported to Social Care, the employee or volunteer should phone the incident through. Details of the time, date and who they spoke to **must** be recorded on the case management system. This should be supported, in writing, and emailed securely to Children's Social Care, within **48 hours**. The letter must include all of the risk details highlighted in the phone call, including any risks to employees and volunteers visiting that person or property. A copy of the letter must be scanned into the customer's file on the case management system.

The employee or volunteer must then follow up this referral the next working day for feedback from Children's Social Care. It is important to note that they may not be able to give much feedback, depending on the nature of their enquiries. If this is the case and a potential risk to employees and volunteers has been highlighted as a result of the referral, the risk assessment should reflect new risk management plans to address this, and Children's Social Care should be informed of the risk. The response needs to be updated on the case management system recording any further action required by Action or Children's Social Care.

## **Supervision**

As well as reporting initial concerns to the CHAPO, employees and volunteers should inform their line manager (if they are different). All child or adult safeguarding issues **MUST** be discussed with the line manager in regular, minuted supervision sessions and updates given within the Customer section of the contract Team Meeting.

Line managers and workers should be aware that dealing with Child Safeguarding issues can be potentially distressing. Employees and volunteers should be aware that the Westfield counselling service is available free of charge to all employees. For contact information speak to HR.

## **Training for staff, trustees, and volunteers**

Action will ensure that **all** staff members, trustees and volunteers who may come in to contact with children or young people, whether paid or unpaid, undertake training to gain a basic awareness of the signs and symptoms of child abuse and how to report concerns. Safeguarding training should be prioritised for new employees and volunteers and must be completed within six months of the start of employment.

Staff and volunteers should attend child and adult protection training every two years as a minimum. All new staff should attend local safeguarding training as soon as possible and within six months of their employment start date. Training is usually delivered by local Safeguarding Boards, and this is the preferred method of delivery. However where local training is not available, employees and volunteers should attend any in-house or on-line training available in order to ensure that their knowledge is refreshed and updated. Local area Safeguarding Boards may offer online training as an alternative to traditional group training. Managers should ensure that training is made available as part of any new employee's induction.

All staff, trustees and volunteers should read Action's Safeguarding policies and procedures within the first week of employment and carry out the quiz to check their understanding.

Service Managers are responsible for ensuring that all employees and volunteers receive appropriate training, and that the training matrices for their team is updated and maintained. A copy of each training certificate should be held in the local HR folder electronically and a manual copy held on site in a centralised training folder.

Managers should carry out a training needs analysis of their team to identify additional training in relation to the needs of their customers e.g.:

- CSE
- Prevent agenda ( mandatory for all action staff)
- Hate crime
- Domestic abuse ( mandatory for all Action staff)

### **Child and Adult Protection Officers (CHAPOs)**

All Service Managers and Operational Managers are designated Child and Adult Protection Officers (CHAPO's).

CHAPO's are responsible for ensuring all local safeguarding information is recorded on Pyramid, the information is printed off and placed in the CHAPO folder, which is available in each office. The folder should include details of safeguarding log, referrals and local information relating to safeguarding.

All concerns raised with CHAPO's, even if they do not result in a referral to Children's Social Care, should be recorded on the case management system and stored in the safeguarding folder.

Child and Adult Safeguarding should be a standard item on every team meeting agenda. This is to ensure that if a CHAPO was absent the chair would be able to follow up on a case if it has not been concluded.

**Role of the CHAPO** – The designated CHAPO's are responsible for ensuring that ALL Child and Adult Protection concerns are dealt with and monitored in the appropriate way, though it is the responsibility of the support worker for



carrying out the actions. CHAPO's are responsible for ensuring concerns are logged and recorded correctly, and ensuring the necessary reporting through to, and follow up with, Children's Social Care.

### **Multi-agency working**

No single professional can have a full picture of a child's needs and circumstances, and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. Local areas will have their own arrangements for working jointly to protect children from harm and improve their life chances.

Where possible staff should work with partner agencies to engage in a multi-agency approach to supporting the child, this may include one of the following:

**MARAC** – MARAC is a **Multi-Agency Risk Assessment Conference** to tackle domestic abuse in the community. To refer a case to MARAC a referral is required- these are obtained from the police, and are for victims who are deemed at high risk of domestic abuse. The referral is then forwarded to the police.

Once a referral is received the MARAC agenda is sent out to lead agencies eight working days prior to the multi-agency meeting. If you are unable to attend or to send a representative from Action, then you need to contact the lead agency (police) ask for the MARAC department and pass on any relevant information. All information will be shared at the meeting and actions agreed. At each meeting the previous MARAC cases will be reviewed to ensure that the actions are carried out. Details of local MARAC contacts should be placed within the safeguarding folder.

**Multi-Agency Public Protection Arrangements (MAPPA)** is the name given to arrangements in [England](#) and [Wales](#) for the "responsible authorities" tasked with the management of registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public.<sup>[1]</sup> The "responsible authorities" of the MAPPA include the [National Probation Service](#), [HM Prison Service](#) and [England and Wales Police Forces](#). MAPPA is coordinated and supported nationally by the Public Protection Unit within the [National Offender Management Service](#). MAPPA was introduced by the Criminal Justice and Courts Services Act 2000 and was strengthened under the [Criminal Justice Act 2003](#). MAPPA 3 meetings should be attended by an Operational Manager or Service Manager; MAPPA 2 can be attended by local support staff or Service Managers.

**VARMS** - Vulnerable Adults Risk Management Meetings are multi-agency meetings and they have different titles and processes in different local Authority areas. They offer a multi-agency approach to providing support to a vulnerable adult or young person. CHAPOs will have information about local procedures which they must make all their staff aware of.

## **Managing allegations made against a member of staff, trustee or volunteer**

An allegation is **not** a concern about the quality of care or practice or a complaint; an allegation may relate to a person who works with children or young people who has:

- behaved in a way that has harmed a child or young person, or may have harmed a child or young person;
- possibly committed a criminal offence against or related to a child or young person; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children or young people.

Action will ensure that any allegations made against employees, trustees and volunteers will be dealt with swiftly and in accordance with these procedures:

- The worker receiving the report must ensure that the child or young person is safe and away from the person against whom the allegation is made.
- A member of the senior management team or the SRMB should be informed immediately. In the case of an allegation involving a member of the management team, the allegation should be taken to someone higher up. For example if the allegation is against a Service Manager, a member of SMT (senior management) must be notified. This person must be independent of the allegations being made. In the eventuality that the allegation is made against the Chief Executive Officer, the HR Manager should be notified for guidance. If an allegation is made against a trustee this should be taken to the Chief Executive Officer
- The notified managers should adhere to the guidance laid out in the local area's Child Safeguarding Procedures.
- The person reporting the concerns to the manager should also inform his/her line manager if appropriate. The notified manager should inform the line manager of the employee and volunteer about who the allegations are being made and the Chair of the SRMB(QAC Manager), or in their absence a member of the Senior Management Team.
- The responsible officer should contact the Local Authority Designated Officer (LADO) within the local Safeguarding Unit for advice on how to proceed with the immediate situation, within one working day, even if the allegations are made directly to the police. Outside of working hours the Emergency Duty Team can give advice and/or in the event of an emergency situation arising, the police should be contacted.

- The individual who first received/witnessed the concern should make a full written record of what was seen, heard and/or told as soon as possible after observing the incident/receiving the report. It is important that the report is an accurate and factual description. The manager (if appropriate) can support the worker during this process but must not complete the report for the worker. This report must be made available on request from either the police and/or social services.
- Regardless of whether a police and/or social care investigation follows, Action will ensure that an internal investigation takes place and consideration is given to the implementation of disciplinary procedures. This may involve an immediate suspension and/or ultimate dismissal dependant on the nature of the incident.
- The Independent Safeguarding Authority may be informed about the allegations, and outcome. This will be decided as part of the LADO process.
- Please see Confidential Reporting Policy in relation to whistleblowing.
- Any staff member about whom an allegation is made will be immediately removed from work dealing with clients; this may or may not include suspension without prejudice. Support will be offered through the HR department whilst an investigation is ongoing.
- Any individual (paid worker or unpaid volunteer) removed (i.e. dismissed) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, must be referred to the Disclosure and Barring Service. It is an offence for the organisation to fail to make a referral without good reason.

## **Data Protection & Confidentiality GDPR**

It is acknowledged that we may have a legal duty to breach a customer's confidentiality if they are deemed to be a risk to themselves or others. This should be clearly identified with customers at referral, assessment, sign-up and reviews. All customers should also sign at least two documents (assessment and referral confidentiality waivers) to state they understand the company's policy on this subject and that they are happy to accept support under this proviso. In addition, any comment that leads an employee and volunteer to believe confidentiality may have to be breached, should be discussed with the customer immediately providing it is safe to do so.

At assessment all customers should be made aware that Action operates an information-sharing policy with partner agencies, and that concerns may be passed on to other relevant agencies even if they do not warrant a full child or adult safeguarding referral.

Under our Data Protection policy, customer records will be destroyed after twenty years.

Please see Data Protection Policy for full guidance – all disclosures must follow the procedures laid out in this policy.

## **Governance and Review**

Role of Trustees – in line with the Charity Commission’s expectations, Action’s trustees will proactively safeguard and where appropriate promote the well-being and welfare of the charity’s customers. They will take reasonable steps to protect beneficiaries, staff, volunteers and others connected with the activities of the charity from harm. This is a key governance priority for Action.

Safeguarding and Risk Management Board (SRMB) – this group was set up in January 2019 (superceding the Safeguarding and Risk Governance Group set up in December 2015) The Board oversees and monitors the development and review of all safeguarding policies and procedures within the organisation. It also provides a forum to carry out internal serious incident reviews to facilitate a lessons learnt approach to share across the organisation to enable improvements and learning in service delivery and safeguarding. SRMB is chaired by the QAC Manager and has representatives from different customer groups and areas of the organisation at a managerial level.

SRMB will review this policy on an annual basis. Key stakeholders, such as local safeguarding boards will be consulted on the content of the policy to ensure it aligns with Local Safeguarding policies. .

- The policy will be disseminated to all employees, trustees and volunteers through the established methodology, through the governance structure and in local team meetings.
- Safeguarding must be an agenda item at every team meeting, Service Manager meeting, Senior Management Team meeting and Board meeting for trustees.
- The QAC Manager must ensure that information, updates and good practice guidance is regularly and promptly circulated.
- All employees and volunteers will be required to sign that they have read, understood and agree to be bound by this policy.
- The QAC Manager will review safeguarding practice annually and prepare a report to the Board of Trustees.

## **Relevant Acts and Legislation**

There is no single piece of legislation that covers child safeguarding, but rather a number of different laws and government and local guidance.

### The Children Act 1989

The current child safeguarding system is based around The Children Act 1989 which was introduced in an effort to reform and clarify the existing laws affecting children. The overriding principle means that a child's welfare is paramount when making any decisions about a child's upbringing. The court must also ascertain the wishes and feelings of the child and shall not make an Order

unless this is better for the child than making no Order at all. Every effort should be made to preserve the child's home and family links. It introduced the concept of parental responsibility which sets out the rights, duties, powers and responsibilities of the parent or carer of a child.

It set out in detail what local authorities and the courts should do to protect the welfare of children. It charged local authorities with the "*duty to investigate ... if they have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm*" (section 47). Local authorities were also charged with a duty to provide "*services for children in need, their families and others*" (section 17). It is section 31 of the Children Act 1989 that gives the NSPCC "*authorised person status*" which means the NSPCC has the power to apply directly for a court order if it believes a child is suffering or likely to suffer significant harm.

The Children Act 1989 also defined "*harm*" as ill-treatment (including sexual abuse and non-physical forms of ill-treatment) or the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural). "*Significant*" is not defined in the Act, although it does say that the court should compare the health and development of the child "*with that which could be reasonably expected of a similar child*". So the courts have to decide for themselves what constitutes "*significant harm*" by looking at the facts of each individual case. This legislates for England and Wales.

Working together to Safeguard Children – A guide to interagency working to safeguard and promote the welfare of children (latest review 2015)

The Human Rights Act 1998 incorporates the European Convention on Human Rights into UK law. Whilst it does not specifically mention children's rights, children are covered by this legislation as they are persons in the eyes of the law, just as adults are. The Act makes it unlawful for public authorities to act in a manner which is incompatible with the rights and freedoms contained in the Act. It also requires the Government and the courts to ensure that court rulings and new Bills are compatible with the Act wherever possible. These rights include the right to respect for private and family life.

Children Act 2004 - The Government's response to the 2002 Victoria Climbié Inquiry report was the Every Child Matters programme, which in turn led to The Children Act 2004.

The Act does not replace or even amend much of the Children Act 1989. Instead it sets out the process for integrating services to children so that every child can achieve the five outcomes laid out in the Every Child Matters policy: be healthy; stay safe; enjoy and achieve; make a positive contribution and achieve economic well-being.

The Children Act 2004 covers England and Wales in separate sections. Guidance for professionals in England is published on the **Every Child Matters** website (<http://www.everychildmatters.co.uk/>).

### **Anti-Social Behaviour, Crime and Policing Act 2014**

This details safeguarding, partnership working, identifying vulnerability and information sharing as essential elements of good practice  
([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/352562/ASB\\_Guidance\\_v8\\_July2014\\_final\\_2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/352562/ASB_Guidance_v8_July2014_final_2.pdf))

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The Sex Offenders Act 1997 requires sex offenders convicted or cautioned on or after 1 September 1997 to notify the police of their names and addresses and of any subsequent changes.

The **Independent Safeguarding Authority** (ISA) was a [British non-departmental public body](#), that existed until 1 December 2012, when it merged with the [Criminal Records Bureau](#) (CRB) to form the **Disclosure and Barring Service** (DBS). CRB's have now been replaced by DBS checks.

The Sexual Offences Act 2003 was introduced to update the legislation relating to offences against children. It includes the offences of grooming, abuse of position of trust, trafficking, and covers offences committed by British citizens whilst abroad. It also updated the Sex Offenders Act 1997 to strengthen the monitoring of offenders on the sex offenders' register.

Every Child Matters - In 2003, the Government published a green paper called Every Child Matters (ECM). This was published alongside the formal response to the report into the death of Victoria Climbié, the young girl who was horrifically abused and tortured, and eventually killed by her great aunt and the man with whom they lived.

Following consultation, the Children's Act 2004 was passed. This provided the legislative framework for 'Every Child Matters'; the aim being to transform children's services through maximising opportunities, while minimising risk, for every child and young person.

### **Inter-Agency Governance**

*Working Together to Safeguard Children* (HM Government, 2015) is guidance for inter-agency working to safeguard and promote the welfare of children. This guidance has been extended to cover CSE.

The Children Act (2004) requires local agencies to establish structures and processes that enable multi-agency governance of services for children, young people and their families.

Each local authority will have a director and a lead member for children's services. It is vital that these individuals exert strong leadership to drive this agenda forward.

New partnerships are being forged by local authorities working with partner organisations. The new Local Safeguarding Children Boards (LSCBs) will coordinate and monitor member agencies' efforts to safeguard and promote the welfare of children, and good practice dictates an independent chair in order to

ensure impartiality. Section 11 toolkits are also being introduced in certain areas for quality assurance purposes and to allow scrutiny of local procedures.

The children's agenda will be owned by every organisation within a locality that works with children. Organisations that do not work directly with children but influence the lives of children, such as housing corporations, will also need to take ownership of this agenda.